

THE PROBLEM OF ABORTION¹

RECENT studies in maternal mortality and morbidity have shown that between 18 and 25 per cent of all maternal deaths are associated with abortion. In analyzing the material to determine how maternal deaths may be prevented, however, most students of the subject have avoided the discussion of abortion. Dr. Taussig and the National Committee on Maternal Health, which sponsors his book, *ABORTION, SPONTANEOUS AND INDUCED*, are to be congratulated on publishing a dignified authoritative text which approaches the problem of abortion from all points of view, and brings it squarely into the open as a public health problem.

The book presents a complete discussion of the diagnosis, treatment, and prevention of abortion, preceded by a review of the history of the problem, and followed by a discussion of the legal and social aspects of abortion in the United States and abroad. The text is complete and well arranged for both reference and teaching.

Dr. Taussig's discussion of statistics of abortion reviews all of the available literature on the subject, but is insufficiently critical of the relative undependability of most of the statistical material. His estimates of the number of abortions in the United States as well as of the morbidity and mortality rates traceable to abortion are merely guesses and should be so regarded. The statistical material is confined largely to studies of highly selected samples in the United States and abroad and its limited applicability should be understood by the reader. Unfortunately, there is no better material available.

In the discussion of means of preventing mortality and morbidity due to abortion, Dr. Taussig emphasizes the preventability of spontaneous abortion by proper medical care, especially from the point of view of expectant treatment in cases of habitual abortion. The chapter on therapeutic abortion discusses not only the indications for and techniques of therapeutic abortion, but also the possibility of avoiding abortion in many cases in which proper treatment of the underlying systemic disease is the better method of care. Taussig feels that the problems of spontaneous and therapeutic abortion need further study before standards of medical care for these conditions can be established.

Illegal abortion is probably responsible for the bulk of maternal deaths due to abortion, and prevention of mortality and morbidity due to illegal

¹ Taussig, Frederick J., M.D., F.A.C.S.: *ABORTION, SPONTANEOUS AND INDUCED. MEDICAL AND SOCIAL ASPECTS*. St. Louis, The C. V. Mosby Co., 1936, 536 pp. \$7.50.

abortion is difficult because the problem is officially unrecognized except in its criminal aspects. Dr. Taussig concludes that abortion should be recognized as a public health problem. He feels that the prevalence of illegal abortion among married women with large families² calls for increased social security and adequate housing as a means of encouraging the carrying of these pregnancies to term. He believes that illegal abortion can be prevented to a great extent by the liberalizing of medical and social indications for therapeutic abortion, by the establishment of adequate contraceptive services, and by sterilization in cases in which pregnancy is contraindicated.

The abortion laws of the United States are very much less liberal than the present situation would lead us to believe. In six states *all* abortions are illegal; in thirty-eight states, including New York, abortion is permissible only to save the *life* of the mother, and in only five states is it permitted in order to save the *life* or *preserve the health* of the mother. Dr. Taussig believes that clarification and liberalization of these statutes is necessary in order to place the responsibility for preserving the health of the mother and the best interests of the family as a whole on the shoulders of the physician, preferably in cooperation with a hospital. He feels, however, that complete legalization of abortion has been proved undesirable by the Russian experiment. It has been found that, although mortality following legalized abortion is very low, the frequency of late sequellae is such that the Soviet government has recently passed a law limiting abortion to cases in which it is necessary.

In summarizing his point of view on the means of controlling abortion, Dr. Taussig suggests the following measures:

1. Intensive study of the underlying causes of spontaneous abortion and its prevention.
2. Better training of physicians in the prevention and treatment of abortion.
3. Better hospital facilities for abortion patients.
4. Improvement in home and working conditions for the pregnant mother.
5. Broader and more humane indications for medical interruption of pregnancy.
6. A change in our laws permitting medical intervention in place of the prevalent resort to personal manipulations, or to induction by a professional abortionist or midwife.

² Such statistical material as is available on the prevalence of abortion in selected samples of the population points with great consistency to the fact that abortion is most frequent among married women who have already had several children.

7. Education of women concerning the dangers of abortion.
8. Improved economic and housing conditions among the poor, to decrease the necessity for resorting to abortion.
9. Sterilization of those who for medical reasons should not have more children, or any children at all.
10. Widespread establishment of maternal health clinics under medical control to teach women *safe and harmless* methods of contraception.³

He concludes his book with the following challenge to his medical colleagues: "The medical profession must assume full responsibility for the appalling frequency of abortion and its high death-rate, if it fails to attempt correction of these fundamental evils."⁴

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CONTROL OF CANCER

CANCER is today one of the leading causes of death and will in the future be more generally recognized as one of the important problems in the field of public health. Massachusetts has been the first state to inaugurate through its Health Department a program for the control of the disease. The program is now in its tenth year and Dr. Henry D. Chadwick, commissioner of public health, reported that the death records for 1935 show the first decrease in cancer deaths of both sexes simultaneously in the twentieth century.¹ The mortality from cancer (adjusted for age) during the period 1920-1932 in that State has been practically stationary for females with rates varying from 125 to 130 per 100,000. Death rates from the disease among males have ranged from 84 to 107 per 100,000 population.

The Massachusetts cancer program contains five major activities: hospitalization, tumor diagnostic service, research, diagnostic clinics, and education. An individual with symptoms of cancer is advised to go to his physician and physicians are urged to use the cancer clinics as consultation centers. A comparison of the clinic statistics for the years 1927, 1931, and 1935 shows some interesting changes. "The duration of delay between first symptoms and first consultation with a physician has de-

³ *Loc. cit.*, p. 446.

⁴ *Loc. cit.*, p. 452.

¹ Chadwick, H. D. and Lombard, H. L.: The Massachusetts Cancer Program. *The New England Journal of Medicine*, August 13, 1936, 215, No. 7.

creased slightly over the period but not to the extent desired. The duration of delay between the first visit to a physician and attendance at a clinic has shown a marked improvement in the last four years (from 5.8 months to 3.3 months) but even now this delay is too great. The percentage of patients referred to clinics by physicians has increased markedly both for total attendance and for cancer patients."

The Pondville Hospital, with a capacity in 1935 of 145 beds, admits patients with cancer and with suspicion of cancer, who cannot otherwise receive adequate care. Bed facilities for the disease are inadequate and an additional cancer hospital has been authorized by the State Legislature.

The results of this program in Massachusetts which is being carried on through the cooperation of the medical profession and the State Department of Public Health will be of unusual interest because it is believed that at least a partial control of the disease can be attained. Concerning this problem, Dr. Thomas Parran, Jr., Surgeon General of the United States Public Health Service, has expressed the possibilities of preventive medicine most concisely as follows: "Deaths from cancer are increasing and stand second among all causes. Yet at least 20 per cent of them could be prevented if cases could be recognized early and if we had everywhere the facilities for proper diagnosis and treatment."²

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² Parran, Thomas, Jr.: Health Security. *The Milbank Memorial Fund Quarterly*, April, 1936, xiv, No. 2, pp. 113-124.