

lation growth to an extent to give concern is a phenomenon of recent origin, about 200 years. The next generation, the coming 50 years, are critical times.

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## ABORTION IN THE UNITED STATES<sup>1</sup>

**T**HIS book represents a skillfully condensed transcript of a conference called by the Planned Parenthood Federation of America to discuss the abortion problem in this country. Participants include 38 specialists from the fields of obstetrics, psychiatry, public health, biology, sociology, law, and demography. Discussion ran for two full days and evenings in April and then for another day in June, 1955.

Editorially the book is interesting. Its text reads like the ideal conference which chairmen dream about: everybody sticking to their points, always raised in proper contexts; viewpoints expressed without repetition and a minimum of bickering; social relations so unproblematical that little time need be wasted on amenities such as introductions or acknowledgments. Of course this paragon of group deliberation is partly the product of a hard-working editor and editorial committee who succeeds in "whittling down 600 pages of expertly stenotyped script by about 60 per cent" and "to regroup under appropriate title heads discussion that had been actually scattered over the entire extent of the conference."

Several generalizations emerge from the personal experiences and fragmentary statistics reported by the discussants. Many of the present state laws regarding abortion are obsolete and unrealistic and as a result the legal positions of doctors performing abortions in these states is far from secure. The current trend is to narrow the conditions under which patients are accepted for abortion and generally to elaborate administrative safeguards against easy abortion. Indeed in some

<sup>1</sup> Calderone, Mary S. (editor): *ABORTION IN THE UNITED STATES*. Hoeber-Harper, New York, 1958, vii + 224 pp. \$5.50.

hospitals these safeguards have been carried to a point which eliminates therapeutic abortion as a possibility even in relatively extreme cases. As a consequence of these trends, the incidence of therapeutic abortion, which has never been high in this country, is decreasing still further. But despite this decrease, or perhaps partly because of it, the private patient who can pay a large fee stands a better chance of securing an abortion than does a patient using the public clinics.

The participants in the conference emphatically disagree about what to do concerning the situation outlined above and in attempting to defend their positions they bring out the many sides of the problem: psychiatric, medical, legal, economic, and moral. Thus, for example, some of the discussants prefer to see the psychiatric and socio-economic indications for abortion broadened and the levels of therapeutic abortion raised closer to those common in Scandinavia. These discussants tend to emphasize such things as more freedom of action for the individual physician, a smaller market for the illegal abortionist, and anguish averted especially among pregnant women who are unwed or married mothers with large families. Other discussants who applaud the current decline in therapeutic abortion stress such adverse consequences of abortion as psychiatric trauma for the patient, legal risk for the doctor, and a possible loosening of morals for teenagers. The editorial staff in no way seek to conceal these clashes of view and some of the exchanges are lively.

The group comes closest to agreement on the needs for reforming state abortion laws and rendering access to abortion more equal for private and clinic patients. These concurrences are embodied in the two most specific proposals of the Statement Committee, under the chairmanship of A. F. Guttmacher:

Consultation centers for women seeking abortion, modeled after the Scandinavian centers now in existence, should be established.

Authoritative legal bodies should study the abortion laws in the various states and frame a model law that could, perhaps jointly, be presented to the states for their consideration to replace existing statutes.

The Statistics Committee, under the chairmanship of C. Tietze, does not try to estimate the annual incidence of induced abortions precisely but is content to say that the annual number of induced abortions in this country falls somewhere between 200,000 and 1,200,000. The lower estimate is based on a ratio of 3.1 induced abortions per 100 pregnancies found by C. Kiser and P. K. Whelpton for their Indianapolis sample and also by D. G. Wiehl and K. Berry for a New York City sample. The upper limit is based on a ratio of 18.9 induced abortions per 100 pregnancies reported by the staff of the Institute of Sex Research from their analysis of 5,293 women.

The appropriateness of the upper limit is placed in doubt by an appendix in which Tietze analyzes the representativeness of the ISR respondents in relation to estimates of 1945 distributions for urban white women in the United States. Tietze concludes that the ISR respondents are usefully representative but his tables contradict this conclusion by showing not only gross differences with respect to age, education, and marital status, but also and more important, tangible differences with respect to age-specific marital fertility.

Other appendices include: (a) a digest of present state laws on abortion and contraception; (b) a brief discussion of abortion in Japan, Germany, U.S.S.R., and Finland; (c) a short bibliography; and (d) an index.

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## THE POPULATION OF JAPAN<sup>1</sup>

THIS volume represents a prodigious amount of work. There are approximately 390 pages of text and accompanying tables, each containing about three times the printed matter found in the usual octavo volume. There are in addition four pages of *Appendices*, sixty pages of *Bibliography*, and five pages of *Index*. Length is, of course, no guarantee of quality,

<sup>1</sup>Taeuber, Irene B.: *THE POPULATION OF JAPAN*. Princeton, New Jersey, Princeton University Press, 1958, 461 pp. \$15.00.