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Abortion - - Part XIII

Rt. Rev. Msgr. Paul V. Harrington, P.A., J.C.L.

b) EUROPE: [1]

In studying the problem of abortion in Europe, one finds that the continent may be divided into three parts or sections, depending upon the type of legislation that is in effect. In southern and western Europe, the laws, permitting abortion, are conservative; in northern Europe, they are liberal; in eastern Europe, they are very liberal: in some places, abortion is allowed on request.

1) Southern and Western Europe:

This section would comprise about one-half of the countries of Europe and would include about 300 million people. In general, the laws of these countries prohibit abortion but an interruption of pregnancy for medical reasons is allowed either by an exception, written into the statue, or by judicial decree or legal interpretation. Therapeutic abortion is done reluctantly in these countries.

a) Germany:

In Germany, the Penal Code of 1871 (section 218) prohibited all abortions without any exception. In 1935, the Law for the Prevention of Offspring Suffering from Hereditary Disease was enacted and section 14 of ... s law provided for abortion on ... dical indications and this excepti... still continues in force in all but tw... of the states of the Federal Repub... even though the provision for abo... on or sterilization for eugenic reas... s has been repealed. In those two... tates, abortion to save the life of the ... other is allowed under a general pe... ission to perform otherwise forbid... acts provided they are done to sa... guard "life and limb".

A new Federal Penal Code ... being drafted and paragraph 157 ... fines interruption of pregnancy and ... rmits an abortion for medical indicat... ns.

In the German Democratic R... public (East Germany), section 218 ... f the Penal Code of 1871 was replac... after 1945 by several state laws ... which allowed a legal abortion for ... dical, eugenic and humanitarian reas... s and, in some instances, for social ... economic indications. In 1950, the ... w for the Protection of Mother an... Child was enacted and this allo... s for abortion only on medical and ... ugenic indications.

In the Federal Republic (West Germany), all requests for ther... peutic abortions must be submitte... to a Chamber of Physicians. This bo... dy will grant the permission only a... ter receiving the written reports sub... mitted

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by an obstetrician/gynecologist and one other medical expert who is a specialist in the field of medicine concerned with the particular indication at hand. These medical experts are appointed by the Chamber of Physicians. In the Democratic Republic, the requests must be submitted to a Commission, which consults with physicians, social service representatives and members of the Union of German Women.

In the years immediately following the Second World War, there was a marked increase in the number of abortions both in East and West Germany – many being done because of alleged rape. However, many obstetricians, writing in the German medical journals, decried this increase and begged doctors to limit abortions to medical indications.

In 1950, in West Germany, there were 9,500 therapeutic abortions or about 12 per 1,000 live births. This steadily decreased until 1959, when the total was 3,100 or 3.3 per 1,000 births. From 1959 to the present, the incidence and number of abortions have stabilized and have remained constant.

In East Germany, the number of authorized abortions in the period 1959 to 1962 was bout 800 or 2.7 per 1,000 live births and remains about the same to this day.

b) France:

In France, the Code of Public Health, which came into force on May 11, 1955, regulates abortion. It stipulates that a doctor can perform an abortion only if the life of the mother is seriously threatened and then only after consulting with two other doctors, one of whom must be a medical expert who is affiliated with the civil courts. The role of the doctors is to confirm that a serious complication in the pregnancy exists and this can be resolved with protection to the life of the mother only by interrupting the pregnancy. A copy of the authorization must be sent to the Council of Physicians.

Because the law insists that there must be a danger to the mother's life before an abortion can be allowed, it is understandable that the complication must be a medical one – not eugenic or psychiatric – and it is not surprising that pulmonary tuberculosis was the involvement in one-half of the reported abortions and cardiovascular-renal disorders accounted for one-quarter of the interruptions. Only three pregnancies were interrupted for psychiatric reasons.

There are no current official statistics for abortions in France. In the city of Paris, there were 132 cases reported in a three year period in the mid 1950's. This amounted to 0.5 abortions per 1000 live births. If this ratio figure were to be multiplied in accordance with the live birth population throughout the entire country of France, there would be a grand total of about 400 abortions.

c) England and Scotland:

In England, abortions were controlled by the Offences against the Person Act, which was passed in 1861. This act did not define what an unlawful abortion was but stipulated that unlawful abortion was a felony that was punishable by life imprisonment. There was no exception in the law for a therapeutically induced abortion.

However, in 1938, Doctor Bourne aborted a young girl who was allegedly raped and became pregnant, pre-

sumably by reason of the rape. The doctor was charged with the commission of a felony and Justice Macnaghten, in the famous case of Rex vs. Bourne, was of the opinion that, in accordance with the Infant Life Act of 1929, an abortion need not be unlawful if performed in good faith in order to protect and save the life of the mother. Thus, the Judge held that "if the doctor is of the opinion .... that the probable consequences .... will be to make the woman a physical and mental wreck, the jury is quite entitled to take the view that the doctor .... is operating for the purpose of preserving the life of the mother."

Doctor Bourne was found "not guilty" of the charge and a legal precedent was established for abortions in England.

Despite this precedent, the British medical profession remained very conservative both in its position on abortion and in the performance of them. In 1958, in the National Service Hospitals, about 1600 interruptions of pregnancy occurred. In 1964, this number increased to about 3,300 cases which represented a ratio of 3.8 per 1,000 live births.

However, in private nursing homes and in the offices of gynecologists or surgeons in and around London, it is estimated that 10,000 illegal abortions are performed.

Just in passing, one might mention the status of abortion in Aberdeen, Scotland. Because of the very liberal views concerning the interruption of pregnancy of a certain Sir Dugald Baird at the University of Aberdeen and the impact his position has had on the citizens of that area, the ratio of abortion to live births is 20 per 1,000.

The parliamentary fight for a rtion reform began in England i July, 1966, with the introduction a bill by a young liberal member Parliament, Mr. David Steel. bill would have allowed the inter ption of pregnancy in *four* instances:

1) when the continuance the pregnancy would involve seri risk to the life or grave injury the physical or mental health the pregnant woman – either be re or after the birth of the child;

2) when there is substant risk that if the child were born i ould suffer from such physical or ental abnormalities as to be seriously andicapped;

3) when the pregnant w an's capacity as a mother would be s erely overstrained by the care of the c ld or of another child as the case may ;

4) when the pregnant woma vas a defective, became pregnant while under the age of 16 or as the r ilt of rape.

When this bill first came bef the House of Commons, it was pass by a vote of 223 to 29. This majorit came as a distinct surprise to thos who were opposed to easy aborti n in England and the opposition w nt to work to salvage what they co d by amending the original bill.

Because the number of Cath cs in England is not large and becaus there was a mood for some reform an some modification of the existing ab rtion statutes, it was decided, by those opposing easy abortion, that their most effective strategy would b not to launch a total opposition o all reform but to adopt a mo erate position whereby they might ho e for a final bill that was well drafte and limited in scope.

Norman St. John-Stevas, a Catholic and conservative member of Parliament, led the opposition both inside and outside the Parliament.

Outside the Parliament, he was able, through his weekly column in the Catholic Herald, to alert the Catholic population as to the issue its gravity and to bring them together to form an opposing force. Individuals, who were against easy abortion, formed a society for the Protection of Unborn Children. This was an organization of Catholics and non-Catholics but no member of the executive committee was a Catholic.

The medical societies and the British Medical Association and the Royal College of Gynecologists demanded modifications of the bill as it was proposed.

Public debates and meetings were held by the opponents to the Steel bill. As a result, a petition against the bill was drafted, which demanded that a royal commission be established to investigate all facts and conditions concerning the present abortion situation and this petition attracted the signatures of 500,000 people. This was ultimately presented to the Prime Minister.

Within the Parliament, Norman St. John-Stevas organized a non-partisan group of Catholics and non-Catholics who vigorously opposed the original bill and worked for its amendment.

During the parliamentary debate, David Steel and his co-sponsors withdrew from consideration the fourth category for the allowance of abortion. It is interesting that the section permitting an abortion for rape was removed because, from the point of view of propaganda value and emotional response, this is *the* glamor issue. It was withdrawn for a very specific reason – "rape is so easy to allege, so difficult to prove, and so outside the competence of the average doctor to determine that the provision concerning it would be practically unworkable."

After the debate had been completed, the bill, as approved and adopted, recognized abortion as a crime but allowed it under certain specified and determined conditions. This fact is important – that abortion is basically considered to be a crime – because there is a ***substantial recognition of respect for the sanctity of life.***

The first two categories were accepted as presented except that the words "serious" and "grave" were eliminated from the first category. In this final form, they are virtually identical to the provisions of the Modern Penal Code, presented by the American Law Institute.

The third category – relating to the pregnant woman's capacity as a mother and the element of overstrain by the caring for this new child – was referred to as the "social clause" and most of the debate and opposition was centered about it. The proponents considered this to be the most important and essential provision for the liberalizing of the current abortion laws, since it would constitute the basis in law and provide the right for every woman to demand abortion on request. There was nothing medical or health-relating about this provision and thus it became the target of the various medical societies.

The social clause underwent two modifications. At first, the reference to the strain on the maternal capacity was removed and a substitution was made allowing abortion when there

was risk to the "future well-being of herself and of the child or her other children." Secondly, another clause was added whereby in determining whether or not there is risk to health or well-being "account may be taken of the patient's total environment, actual or reasonably forseeable."

Ultimately, the word "well-being" was struck because this referred primarily to social provisions and not to health situations. In the final form, this category provided for abortion when there was risk of injury "to the physical or mental health of the pregnant woman or any existing children of her family greater than if the pregnancy were terminated." In this form, the stress and the emphasis was on the health issues and thus became acceptable to the medical societies who vigorously opposed the allowance of abortion for non-medical reasons.

Further safeguards were also written into the bill that was ultimately adopted: the opinion of two registered medical practitioners is required for the verification of the necessary conditions; the Minister of Health is to be notified by the doctors of each and every abortion; abortions can only be performed in National Health Service Hospitals or other places approved by the Ministry of Health; a conscience clause was inserted to protect from legal action any doctor who, by reason of conscientious objection, refuses to perform an abortion.

The English experience clearly demonstrates that even when proponents of easy abortion or abortion on request or demand attempt to legislate their preferences, their efforts can be seriously restricted or limited by the amending process. It also points out that most cultured and civilized people – Catholic and non-Catholic – have a basic respect for the sanctity of human life and do not wish to see this respect violated by allowing abortion for elusive social and personal reasons and that these forces can be mobilized into very effective opposition to ultra-liberal proposals.

Norman St. John Stevas remarks that "the English debate shows the folly of rushing into legislation without adequate investigation of the facts and discussion of the issues. It became clear after the abortion bill had been introduced that no one had any reliable information about the incidence of illegal abortion and that the statistics about legal abortion were also inadequate. Many estimates were offered, in the press and elsewhere, of the number of illegal abortions taking place each year; the most popular figures ranging between 50,000 and 100,000, but on examination these turned out to be nothing better than guesses. Newspapers constantly used the figure of 100,000 but they were merely reproducing each others' estimates. The source of this figure appears to have been propaganda published by the Abortion Law Reform Association. . . . . The Frequency of Illegal Abortion' . . . . suggested that the figure was much more likely to be 10,000 a year."

This is so reminiscent of our present experience in the United States. The figures for illegal abortions in our country each year vary from 200,000 to 2,000,000. The very fact that there is such a wide variance is proof that we have absolutely no reliable knowledge as to the frequency of illegal abortion and we should not attempt, by liberalizing the existing laws, to solve a problem, the extent and scope of which, we do not know.

Also, it is interesting to note that the proponents of liberal abortion

laws, in their propaganda, always mention the 2,000,000 figure – they never make reference to the 200,000 figure.

Another interesting observation of Norman St. John-Stevas has reference to the effectiveness of liberal abortion laws in decreasing the number of illegal abortions: "Even less work had been done to quantify the likely effect on the number of legal and illegal abortions of the passage of the bill. This is all the more surprising since it was one of the principal contentions of the supporters of the bill that it would reduce the number of illegal abortions. Such evidence as there is indicates that no such effect is brought about by reforming statutes that attempt to regulate abortion rather than liberate it from the law. Legal and illegal rates tend to rise together as abortion becomes an accepted practice in the community. Mothers who find they do not come within the terms of the statute turn once again to the illegal abortionist. The only way to abolish illegal abortions is to remove legal sanctions all together."

We in the United States should take this warning very seriously because we are told by the proponents of liberal abortion laws that a change in legislation will eliminate both the illegal abortion and the professional illegal abortionist. Yet, in the statute suggested by the Modern Penal Code, which would allow abortion when the mother's health or life is threatened, when there is danger that the child might be born defective or handicapped or when the pregnancy resulted from rape, only 15 percent of abortions would be legalized; the remaining 85 percent would continue to be illegal.

More liberal laws just will not put the criminal abortionist out of business and just will not eliminate illegal abortions.

The new English bill has been in effect only since May, 1968, but an article, written one month after the effective date of the bill, indicates that "already there has been an appreciable increase in the demand for abortions." This article expresses the fear that the number of illegal abortions will be substantially increased because of three conditions: the lack of sufficient beds in the National Service Hospitals and clinics; the limitations placed by the bill on the conditions for which abortion will be allowed; and, finally, the unwillingness of women to have their names registered in the Ministry of Health as having submitted to an abortion.[2]

It has been reported that, up to the present, about 40% of the abortions have been performed in private nursing homes with the evident result that the profiteering abortionist, who was supposed to be put out of business by a liberalizing of the law, is very much "in business".

The Observer, England's national Sunday paper, notes that abortion is virtually available on demand and that London is fast becoming the abortion mecca of the West. The newspaper points out: "London not only has more legal abortionists at work than any other Western city but many of them who are in private practice are actively looking for business."

There has been a twelve-fold increase in abortions in Landsdowne Hospital, Cardiff, Wales, under the new law.[3]

Time Magazine of March 7, 1969, evaluating the relaxed British law, states: " . . . . it has swamped physicians and produced some socially divisive results. It has also turned London into the abortion capital of the Western world." Mention is made in this article that 10,000 legal abortions, under the Bourne decision, were performed prior to the liberalization of the law in 1968." In the first eight months under the new law there were 22,256, and it is expected that the total for the first twelve months will go to at least 35,000, possibly to 50,000." This obviously represents a triple or even a five-fold increase in legal abortions in just one year. Gynecologists are particularly unhappy about the present situation because there is an already existing shortage of hospital beds, too many are being used for abortions and there are not adequate facilities for the legitimate gynecological problems. "They (the gynecologists) find themselves spending half their office hours passing judgment on patients seeking abortions and half their operating-room time performing them. This, say some gynecologists, is not the type of practice that they chose or for which they were trained."

In summarizing the situation after eight months, Time magazine concludes: "At bottom, what is most distressing to the protesting doctors is the fact that some of their colleagues are making a lot of money out of abortions in London's private Harley Street hospitals and suburban nursing homes."

Mrs. Jill Knight, a Member of Parliament in England, and a staunch opponent of abortion and abortion-law reform, gave some very interesting and useful factual insights into the present situation in England. Speaking at the Fourth International ym-posium on Life, Rhythn and Abortion, held in Chicago in pril, 1969, she stated that the new w in Britain is so broad and so pen ssive that almost any woman who w s an abortion could qualify under e or other of the available categories

She declared that most the doctors in England are consci ious men, who consider very serious their having taken the Hippocratic ath, promising to protect life, and not about to become involved with abortions. It is difficult in pla like Birmingham and Liverpool to d a doctor who will agree to an abortion. Thus, abortoria hav been established in London and th are staffed by commercial abort ists, each of whom perform up to irty abortions a day for a standard e of 150 pound sterling (about 375 American dollars) – payable ad-vance. It is obvious that, in th con-text and with this arrangeme the poor do not have much cha to secure an abortion. Yet, the opa-ganda, favoring liberalizati of current abortion statutes, alway efers to the discrimination in favor the rich and against the poor nder present law and the equality of por-tunity for abortion for the oor, which will result from a change the law.

With shame and personal em-barrassment, Mrs. Knight classifi her native country and its Capital City, London, as the "Abortion mi of Europe with daily trains fro the suburbs bringing women into L don "for a day of shopping" and ret ning them to their homes that same evening. She also referred t the chartered planes that bring w men from Paris and Hamburg in sea ch of an easy abortion.

The Member of the English Parliament spoke of the open and very visible advertising in magazines throughout Europe and in transit ads in England of where to obtain an abortion in London and how to arrange for it.

The abortionist never sees his "patient" until he prepares to terminate her pregnancy. He knows nothing of her past medical history or her history of previous pregnancies, if any. He takes his fee first – in the early days, while a girl was supposed to be resting after the abortion, she left without presenting the usual stipend. The "doctor" never sees the patient after he has destroyed the life and, therefore, never knows how the patient recuperates – whether she lives or whether she dies – what complications she may experience or what the morbidity will be. The experience of less than a year has manifested the usual and now-to-be-expected complications – medical problems, premature labor, cases of an incompetent cervix and sterility.

This report on the English experience also mentioned that, in the short span of eight months, there have been cases of young girls – aged 14 and 15 years – who have been aborted more than once.

Mrs. Knight provided two important observations: first, because of the existence of a liberal law, women feel that they have a "right" to have an abortion and they consider that they also have the right to sue a doctor who refuses an abortion. Recall, there is no conscience clause in the English law, which exempts a doctor from performing an abortion for the ordinary and usual reasons. Thus, if he is sued, he is presumed guilty until he proves his innocence. This certainly is contrary to the ordinary presumption of innocence until guilt is established. Secondly, she noted that, in a recent meeting of the Royal Academy of Nursing, there was a report that the morale of the student nurse is being shattered by the prospect of facing abortions in the operating theatre.

By reason of the performance of the new and liberal abortion bill in England during the first eight months and because of the present climate, she appealed to all of her audience to become interested in the problem, to become involved in the effort to oppose current bills that seek to liberalize the abortion statutes in the several states, to become organized – so that the shameful mistake and tragic plight of England will not be repeated in the United States.

2) Northern Europe:

As mentioned previously, the laws and the abortion practice in Northern Europe are more liberal than Southern and Western Europe but more conservative than Eastern Europe.

a) Sweden:

In Sweden, a law was passed in 1734 which made induced abortion a capital crime. In 1890, the penalty was reduced to two years at hard labor and in 1921, the penalty was again lessened and therapeutic abortion was acceptable under the law. In 1938, an entirely new law was written which recognized sociomedical, humanitarian and eugenic reasons as permitting abortion. This new legislation was further liberalized in 1946 and in 1963 to include as a reason the likelihood of forseeable maternal weaknesses or the strain of giving birth and caring for the new baby.

The present statues permit an interruption of pregnancy:

1) when, because of illness, physical defect or weakness in the woman, the birth of the child would occasion a serious danger to her life or health;

2) when, out of consideration for the woman's living conditions and other circumstances, it may be assumed that her bodily or mental strength would be seriously impaired by the birth of the child and the care of the child;

3) when the woman has been made pregnant under conditions of rape or offences against decency and has involved a gross disregard of the woman's freedom of action;

4) when cause can be shown that the woman or the father of the expected child might transmit to the offspring insanity, feeblemindedness, a serious disease or other serious physical defect;

5) when cause can be shown that the expected child, because of injury, incurred during fetal life, might suffer from a serious disease or serious physical defect.

Very recently, the government of Sweden has appointed a commission of experts to study and to evaluate the abortion climate for purposes of recommending a further liberalization of the law with respect to abortion.

With a few minor variations, the above law for the country of Sweden is found also in Denmark, Finland and Norway.

In Sweden, the termination of pregnancy on grounds other than illness or physical defect in the woman may not be carried out after the twentieth week of pregnancy. The National Board of Health may, however, for special reasons permit the operation to be performed u o the end of the twenty-fourth week.

Where an abortion is pe rmed because of the danger of tran ission of insanity, feebleminded s, a serious disease or other seriou physical defect, the physician ually secures the woman's permissi to be sterilized.

It is estimated that 38 percen f the women apply for and are all ed a second abortion. Not infre ntly, sterilization accompanies a cond abortion. In the period 1946 951, more than 25 percent of a legal abortions were accompanied b terilization and when it is conside that with the double operation, the rtality rate is four times greater tha when abortion is done by itself, this pears to be a very drastic measure i rder to avoid future interrupti of pregnancy.

In Sweden, about 85 percen f all legal abortions are authorized the Royal Medical Board in Sto olm and the permission is given the basis of a written report by a ph ician who has examined the woma The remaining 15 percent are permit d on the authority of a certificate sig d by two physicians.

The number of legal aborti s in Sweden increased from about 0 in 1938 to more than 6,300 in 19 and the ratio of abortions per 1,0 live births increased during this riod from 5 to 57. The number o legal abortions dropped to 2,800 in 960 but increased again by 1965 to 245, which represents a ratio of 51 legal abortions per 1,000 live birt . A preliminary report for the year 966 indicates that the number of legal abortions has jumped to 7,700 an increase of one-fourth over the year 1965.

While Sweden may be regarded as having a fairly liberal law, there is a conscientious effort made to enforce the law and to insist that the requirements of the law for reasons and indications be met before permission for abortion is granted. In 1962, when 2,600 authorizations were granted, 39 percent of the petitions for interruption of pregnancy were rejected.

It is generally admitted that the illegal or criminal abortions have greatly increased along with the dramatic rise in legal abortions. The liberalization of the laws obviously has not terminated the illegal abortion but has merely increased the total number of all abortions performed each year. The liberalized law will allow some women to interrupt their pregnancies who would not resort to illegal operations.

With a liberal law, what prompts a woman to seek an illegal abortion? Many reasons are given: since the law is strictly enforced, the condition of some women would not come under the statutory provisions permitting abortion; some women have requested legal abortion but have been turned down; some women do not wish to be involved in the examination and procedural delays accompanying the request for authorization; some women do not wish to be identified and they feel that the procedure to obtain permission for a legal abortion invades their privacy.

It is probable that the liberalization of the laws in Sweden has created an "abortion mentality or mood". There is evidence of a sizeable number of Swedish women travelling to Poland to have an abortion which would not be permitted in Sweden. In this latter country, pregnancy is interrupted on request or demand – no reasons need be given; no requirements need be met. These women who go to Poland either have been refused in Sweden or just wish to escape the demands of the law.

It is of concern to note that in mid-1966, the police security chief of Stockholm became anxious about Swedish women who went on "package deal abortion holidays" to Poland because of the danger of blackmail by the Polish authorities, since the interruptions of pregnancy outside of, beyond and against the law are crimes in Sweden and this fact could be urged against the women and jeopardize their security and safety.[4]

Since the liberalization of the law does not extinguish illegal abortions and since the increased number of illegal abortions is equal to, if not greater than, the increased number of legal abortions, the real effect of liberalization, even on a moderate basis, is almost to bring into concrete actuality a program of abortion on request or demand. It is estimated that there are about 12,000 illegal abortions a year in Sweden. This is almost double the number of legal abortions in the year, 1965. If the legal and the illegal abortions are added together, the total of abortions of all types would be about 18,200, or a ratio of about 150 abortions per 1,000 live births.

b) Denmark:

The change in abortion laws in Denmark began in 1939 and new legislation was added in 1956.

Doctor Trolle reports on 566 abortions which were performed at the Rigs hospital in Copenhagen between 1942 and 1948. The age of the patients ranged from 14 to 49 years. More abortions took place in the earlier years of the survey as compared

to the later period. As to the status of the patients, the survey reports that 62.4 percent were married; 27 percent were unmarried; 8.3 percent were divorcees and 2.3 percent were widows.

With reference to the indications for which the abortions were performed, Doctor Trolle states that 52.7 percent were for psychotic depressive states; 20.3 percent were for general medical indications; 13.8 percent were for medico-social indications; 10.8 percent were for eugenic indications and 2.4 percent were for ethical considerations.

For purposes of understanding this survey, definitions of conditions and what they comprised and included is important. General medical indications included psychoses other than psychotic depressive states, which was a category by itself, tuberculosis, cardiac disease and various obstetrical conditions, e.g., vesico-vaginal fistula and previous difficult labor. Medico-social indications usually combined poor health and circumstances such as multiparity. Eugenic reasons usually referred to hereditary disease, RH incompatibility and rubella in pregnancy. Ethical considerations are present in cases of rape, incest and pregnancy under the age of 16 years. It is important to note that, in this category, there is embraced a pregnancy, resulting from an unwanted intercourse, and a pregnancy of a girl under 16 years of age which may have resulted from an intercourse in which the girl was a most willing and cooperative partner.

In this particular study, 48 percent of the abortions were performed before the third month; 35 percent were carried out before the end of the fourth month.

Sterilization accompanied rtion in 2.5 percent of the cases.

In 477 out of the 566 c , the interruption of the pregna was accomplished by dilating th ervix and emptying the uterus. In per- cent of these cases, complicat s did occur: fever, tearing of the rvix, hemorrhage, thrombosis and fora- tion of the uterus. Hysterecto was used where the interruption o urred later in pregnancy or where iliza- tion accompanied the abortion

In addition to the usual co dera- tions for abortion, as set forth the legislation of the Scand vian countries, the law of Denmark mits the interruption of pregnancy the induction of an abortion is ne ssary to avert a serious danger to the fe or health of the woman. In or r to evaluate this danger, an appr tion shall be made of all the circum nces of the case, including the con ions under which the woman will h e to live, and consideration shall be iven not only to the physical or ntal illness, but also to any act l or potential state of physical or ntal infirmity."

The Pregnancy Act of 1956 lded the ground for abortion whe the mother was judged unfit to take proper care of her child. T s is basically a social indication and considers the welfare of the child more than that of the mother and is con- cerned with situations in whic the prospective mother is mentall re- tarded or mentally ill. This indic tion can be humiliating to the woman.

The Danish law provides that abortion be performed before the 6th week of pregnancy when the in-

dications of an ethical nature, or of hereditary and possible defect are presented. There is no time limit imposed by the law when medical or soci-medical reasons are offered and, in urgent cases, abortion can be performed at any stage of pregnancy.

In Denmark, most abortions are performed because of medical indications and these include three separate categories of complications: the *convention conflicts,* where the pregnancy or the birth of the child would run counter to the customs of the social group to which the prospective mother belonged, e.g., illegitimacy in a married woman; the *stress syndrome,* which would refer to more or less chronic conditions existing before the pregnancy and would be commonly found among many married women who have several children and suffer because of marital problems or housing; the *stress syndrome of housewives,* which would include social, financial or housing problems, on the one hand, and a fear of reduction in the standard of living on the other hand.

If the abortion is to be performed because of a threat to the life or health of the mother because of a specific disease, no complicated procedure is necessary; the authorization can be given by the chief of service. But if some other indication or reason is offered, the matter must be presented for permission and authorization to the Mothers' Aid Institution. More than 20 of these committees are located throughout the country of Denmark and several are found in the capital City of Copenhagen. They consist of a psychiatrist, gynecologist and social worker, who conduct a thorough medical and social investigation and their vote must be unanimous before permission for abortion is given.

Vera Skalts and Magna Norgaard, officials of the Mothers' Aid Institution in Copenhagen, have stated that where an indication other than medical threat to the life and health of the mother is presented, the woman should receive information about alternate solutions to the existing problems beside abortion and attempts should be made to resolve the problems and avoid abortion. This is a more positive approach to the solution of personal and familiar problems than relying on the negative and destructive nature of abortion. Both of these officials have repeatedly stressed the undesirability of abortion as a solution to social problems and the necessity to try to persuade women not to submit to abortion. Practical help and constructive support should be provided to women who are carrying unwanted babies and these prospective mothers should be encouraged to carry their unborn children to term. They note "that a number of women in an originally unwanted pregnancy can be encouraged to change their minds and carry through their pregnancy; the Centers are convinced that a much greater number ought to be helped and could be helped if satisfactory means of help and support were available."

The Danish system attempts to interest the woman in delaying her decision to have an abortion and to reconsider her request in the light of counselling and the availability of social services that could assist her in solving the personal and familiar problems that make the present pregnancy unwanted.

Time to think and reconsider is important and necessary because the original decision to seek an abortion may have been made hastily, in panic or while in a depressed state. The depressions which are found in the early stages of pregnancy are usually not deep and if the petition for abortion is rejected or the counselling services are used, the panic and depression usually disappear. This is the opinion and conclusion of Doctor Henrik Hoffmeyer, Assistant Superintendent of the State Psychiatric Hospital in Copenhagen.

He notes also that suicidal threats or superficial suicidal acts are often merely connected with the appeal for a legal abortion, because the women, in whom suicide is a real danger, seldom see a doctor or consult the Mothers' Aid Institution.

Doctor Hoffmeyer seriously believes that legal restrictions and delays in handling applications and in authorizing abortions serve a very useful and valuable purpose because, on the one hand, "unlimited abortions or abortions for social reasons would expose some women to a danger that they could be subjected to pressure from the husband, the fiance, or other relatives" and, on the other hand, if women acted too hastily in seeking or having abortion, they could live to regret it.

In 1963-1964, two-thirds of the applicants for abortion were married; twenty-four percent were unmarried and ten percent were divorced, separated or widowed.

In 1939, there were about 500 legal abortions in Denmark. Between 1940 and 1956, there was a 700 percent increase, with 49 to 54 legal abortions per 1,000 births. There were 5)0 in 1955 with an increase in the r io to 70 legal abortions per 1,0(live births. The number of legal ab ions dropped to about 3,970 in 19 but the trend has increased and i 965, the number of legal abortio was 5,190 and the ratio was 60 ab ions per 1,000 live births.

As in Sweden, even with a mo rately liberal abortion law, illega bortions have not disappeared; the have not even declined and it is p able that they have increased. Whi legal abortions number about 5,0(per year in Denmark, it is estimat that the illegal abortions number out 15,000 or higher. If this is true approximation there are three t es as many illegal abortions as the are legal abortions and both cat ries combined indicate there are .000 abortions per year, which rep sent about 235 abortions per 1,0(live births – a very significant loss life. The startling conclusion is th for every four pregnancies tha are allowed to go to term and p duce living children, approximatel one pregnancy is interrupted.

The Institute of Human Gene s at the University of Copenhagen ain-tains evidence of hereditary d ects which can be used if a request is ade for an abortion on eugenic groun .

In September, 1967, the Minis r of Justice, K. Axel Nielsen, appoin d a committee to examine the hole problem of abortion and to inves gate the possibilities of legal abortio on demand.

What is unique and interesting bout the experience of Denmark is the recognition by the Mothers' Aid nstitution that an abortion is a deplo able event and women, considering abortion as a solution to personal, family or social problems, should be counselled about alternate solutions and should be discouraged from having an abortion. This is a very positive and constructive approach to the unwanted pregnancy.

c) Finland:

A liberal abortion statute was passed in Finland in 1950 and allowed interruptions of pregnancy for medical, eugenic and humanitarian indications. These latter indications would refer to forced or statutory rape and incest. This law was similar to the law of Sweden and Denmark. With reference to eugenic considerations, the statute mentioned only the hereditary transmission of mental disease, mental deficiency and other severe illness or defect.

The procedure for obtaining an abortion in Finland is not complicated. The application must be approved by two physicians – one of whom is to be a gynecologist or a surgeon on the permanent staff of a hospital and the second is to be drawn from the list of medical specialists, which is established by the State Medical Board.

In Finland, the interruption of the pregnancy must occur before the end of the fourth month.

In 1951, there were 3,000 legal abortions, which represented a ratio of 32 interruptions per 1,000 live births. This increased in number to 6,200 in 1960 or a ratio of 75 abortions per 1,000 live births. This number and ratio reflects more than a doubling of legal abortions in a period of ten years. The number of legal abortions declined to about 4,800 in 1965, which would be 61 abortions per 1,000 live births.

There is no estimate of the number of illegal abortions in Finland.

d) Norway:

Norway legislated with reference to abortion in 1960 and this statute merely recognized as the law what had become the accepted medical practice over a long period of time without legal approbation. In 1899, the Department of Justic of Norway indicated that abortions, performed by physicians on medical indications, would not be challenged as illegal. Since the mid 1930's, eugenic considerations have been considered by the doctors as the equivalent of medical indications and, therefore, sufficient grounds for interrupting the pregnancy.

In Norway, under the new statute, a termination of a pregnancy is allowed in order to avert "a serious danger to the woman's life or health. In the evaluation of the danger, any special disposition of the woman for physical or mental illness shall be taken into account as well as her living conditions and other circumstances which can make her ill or result in damage to her physical or mental health."

The Norwegian statute of 1960 extended the understanding of eugenic indication so as to include damage or disease acquired during intrauterine life. This is a new concept since, in the other Scandinavian countries, eugenic reasons referred only to the transmission of hereditary mental defects, or other serious illnesses. These would be passed on, if at all, at the moment of conception or fertilization and would not, in any way, refer to contamination or involvement of the fetus during pregnancy.

Like the situation in Finland, authorization for abortion in Norway is given by two physicians. One of these must be a gynecologist or staff surgeon and the second is appointed by the county health officer and must be expert in psychiatry or social medicine.

In Norway, the pregnancy cannot be terminated beyond the end of the third month.

Surveys have determined that 2,000 abortions were performed in hospitals in 1949 and 3,200 in 1954. This latter figure represents a ratio of 50 abortions per 1,000 live births. Thus far, there are no statistics as to the number of abortions performed under the new statutes of 1960.

In summing up the abortion evidence in northern Europe, one can say that the greatest number of legal abortions are done because of medical indications and most of these are performed precisely for psychiatric reasons, which include the "exhausted" or "tired" mother syndrome. Few pregnancies are terminated for eugenic considerations and even less are done for humanitarian reasons.

The statutes with respect to abortion in the Scandinavian countries are moderately liberal, do not, at least in theory, grant abortion on demand or request and are strictly executed. In Sweden and Denmark, the number of illegal abortions is estimated to be larger than the number of legal abortions and the combination of both represent a very significant and tremendous loss of life. It is important to note that officials in Sweden and Denmark are seriously considering and are investigating the possibilities of adopting even more liberal laws, allowing abortion on request and demand.

The conclusion is inevitable fr[illegible] the experience of many countries t[illegible] the original liberalization of abortio[illegible] laws is only a temporary stop-gap [illegible], in time, will necessarily lead t[illegible] even more liberal statutes and ultima[illegible]y to abortion on request. It is foolha[illegible]y, in face of the evidence, to thin[illegible] that limited liberalization will sati[illegible] or suffice.

Doctor Christopher Tiet[illegible] in evaluating the goals and object[illegible]s of the liberal statutes in the no[illegible]ern European countries and their s[illegible]cess, declares: "One of the major g[illegible]s of the liberalization of abortion l[illegible]s in Scandinavia was to reduc[illegible] the incidence of illegal abortion. A [illegible]ther objective was to reduce the [illegible]otal number of abortions, legal and [illegible]egal combined, by establishing earl[illegible] contact with the pregnant wom[illegible] and making available to them a [illegible]road range of social services. It is d[illegible]tful whether the first of these two [illegible]jectives has been achieved in any [illegible] the countries concerned and it is ev[illegible] less likely, a fortiori, that the secon[illegible] goal has been realized. Whether the [illegible]beral abortion laws have actually co[illegible]ributed to an 'abortion mentality' ha[illegible] been a much debated question."

Those in the United States, w[illegible] are interested in liberalizing the ab[illegible]tion laws in this country, should [illegible] pect that the results would be similar [illegible] the known experience of the Scandi[illegible]avian countries: that the numbers o[illegible] legal abortions would greatly increas[illegible] that there would be a very sign[illegible]icant number of illegal abortions; th[illegible] the total number of all abortions – legal and illegal – would represent [illegible] tremendous loss of life; that illegal abortions and criminal abortionists w[illegible]l not disappear merely because the[illegible] has been a broadening of the law.

In the Northern European countries, the legal abortion rate varies from three percent to seven percent, i.e., from 3 abortions per 100 live births to 7 abortions per 100 live births.

One final reflection is that the death rate in the Scandinavian countries for abortions, performed in hospitals, is rather high: one maternal death in every 2,500 abortions. Another source mentions that, in Sweden and Denmark, the ratio of maternal deaths to abortions is 60 per 1,000 or one maternal death in each 1,666 performed abortions. The reasons for this high rate appear to be: that these countries allow abortions to be performed later in pregnancy; they will abort women who are not in good health; the procedure is generally done under anaesthesia and this accounts for many deaths.

3) Eastern European Countries:

As mentioned previously, the most liberal abortion laws and policies in the world are to be found in the countries of Eastern Europe: the Soviet Union and the Soviet satellite states, all under the influence of the principles and ideologies of Marxist Communism.

a) The Soviet Union:

From 1919 up to the present, the official policy of the Soviet Union has changed rather dramatically on three separate occasions – beginning with a completely liberal program and changing to a policy, which forbade any abortions except for medical reasons and returning once again to a position of abortion on request.

On November 8, 1920, by reason of a joint decree of the Commissariats of Health and Justice, the Soviet Union became the first major world power to allow abortion at the request of the pregnant woman. This was supposedly introduced by the government as an indication of its desire to emancipate women, to give them equal rights, among which was the right not to give birth to an unwanted child. The preamble to the Soviet decree states the purpose: "The limitation of the harm caused to the health of women by abortions carried out outside of hospitals" and "to give women the possibility of deciding by themselves the question of motherhood."

Also, there is evidence of a wish to eliminate illegal abortions and to keep families small so that the mother, unencumbered by too many domestic responsibilities, would be available to join the labor market as the country began a tremendous industrialization program.

There is indication that the numbers of legal abortions had a fourfold increase from 1920 to 1925 and from 1925 to 1935 increased ten times as compared to the previous period.

These abortions were performed free of charge at government hospitals – called abortoria and were described as being done on an assembly-line basis – at eight minute intervals; or another description mentioned that eight abortions were done in a two hour period with gruesome efficiency. Official reports do not indicate any high incidence of death or complication but the reason appears to be that the patient was discharged very soon after the operation and any problems would be seen by local hospitals and not at the abortoria.

Doctors in the Soviet Union took a dim view of the numbers of abortions that were being performed and the manner of execution and attempted to

advise women against interruption of pregnancy. The medical literature warned against the physical and emotional complications. In addition, there were social, economic and political situations which appeared to cry for change in official abortion policy. There seemed to be an impending danger of conflict with Nazi Germany and the Soviet Union would have to increase its population, which had suffered from fifteen years of abortion on request.

Doctor Muller points out: "The great Soviet Experiment of free abortion, which continued for eight years after the revolution, still affords us the best evidence of physical injury following the operation." Doctor Joseph DeLee, the former medical director of the University of Chicago Lying-In, reports the morbidity of that experience as follows: "Russia, which has legalized abortion has completely reversed its position under the accumulated bad experience with 140,000 such operations a year. The authorities call the practice a serious psychic, moral and social evil and inherently dangerous even when performed *lege artis.* They found trauma-uterine perforation, cervical laceration and stenosis, parametritis, etc. – ectopic pregnancy and biological trauma – amenorrhea, sterility, endocrinopathies. Subsequent labor was more often pathologic: placenta praevia, atonia uteri, adherent placenta, postpartum hemorrhage and postpartum fever."[5] This report is so reminiscent of the results of the Japanese experience.

In any event, on June 27, 1936, a new decree was issued, which prohibited abortion except for determined medical or eugenic considerations – for fetal deformity or medical-maternal indications.

On November 23, 195 the Presidium of the Supreme oviet repealed the 1936 decree an since that date there has been an ficial policy of legal abortion on re st or demand. Reasons for the cha e are hard to come by as is all info ation in the Soviet Union. There is cula- tion that there was cons rable pressure brought to bear the government by the populac who wished a limitation of family ze in order to enjoy the material c forts of life.

The abortion rate in the oviet Union is believed to be the hig st in the world. The estimates the numbers of abortions vary fro two million to six million a year d it appears that, once again, the a hori- ties are becoming concerned. Th e are reports that doctors in the oviet Union refuse to abort unless a man already has at least two childr and unless there are unusual reas s to interrupt the pregnancy, e.g., ape, overcrowding etc.

It is interesting to note that bor- tions are performed three tim s as frequently on working wives as om- pared to non-working wives an are requested more often by rban married women. The reasons u ally presented for seeking abortion ar lack of housing and child care faciliti and unwillingness to bear a child a the present time.

It is reported that the inciden e of abortion among female undergra uate students at Moscow State Univers ty is alarmingly high – ranging fron 40 percent up to 80 percent. Abortio s at the University clinic cost about one dollar each.

There is no pressure by the government on the citizens to pursue a program of contraception in order to prevent births or limit population. Thus, it is said that the officials will be satisfied to have abortion serve as the vehicle of birth prevention or population control.

As would be expected, there are no official or reliable statistics for legal abortions in the Soviet Union.

b) Hungary:

In 1952 and in 1953, serious efforts were made to enforce the current laws against criminal abortion and this did lead to an increase in births in 1953 and in 1954. It is curious that, in spite of all of the abortions that are performed in Hungary, the country does pursue a policy of encouraging birth as evidenced by the fact of offering family allowances for the third and all subsequent children.

There were 195,600 live births recorded in 1950. This was followed by a substantial decrease in the next two years with 185,800 live births registered in 1952. There was an increase to 223,300 in 1954 and then a steady decline in births until 1962 when only 130,100 babies were born. This last figure represented a rate of 12.9 per 1,000 population. In 1965, 133,000 births were recorded; a rate of 13.1 per 1,000 population – very low in relation to the births of other countries and continents.

In the early 1950's, medical boards were established for the purpose of granting permission for therapeutic abortions. With a very liberal policy, the numbers of abortions increased very rapidly. On June 3, 1956, Hungary established a policy of abortion on request or demand.

From 1950 through 1952 – before medical boards were constituted – there were 1,700 legal abortions reported each year. This was a rate of 0.2 abortions per 1,000 population. After the medical boards were established, the number of legal abortions rose very markedly from 2,800 in 1953 to 16,300 in 1954. This latter figure represented a rate of 1.7 legal abortions per 1,000 population. After the policy of abortion on request became operative in June, 1956, the number of legal abortions in the year 1957 was 123,400 as compared to 82,000 legal abortions in 1956.

The number of legal interruptions of pregnancy was continuing to increase each year as the number of live births was continuing to decrease. In 1959, the number of legal abortions about equalled the number of live births – there being 152,400 legal abortions and 151,200 live births.

The increase in legal abortions persisted until 1964. In that year, there were 184,400 legal abortions or a rate of 18.2 abortions per 1,000 population. In the same year, there were 132,100 live births recorded. Thus, the ratio of legal abortions to live births was 140 to 100 or 7 legal abortions for every 5 births.

In 1965, there was a slight increase in live births – 133,000 – and a small decline in legal abortions – 180,300. This represents 1,356 legal abortions per 1,000 live births. In this same year, the birth rate was 13.1 per 100,000 population as contrasted with the legal abortion rate of 17.8 per 100,000 population. More life was being extinguished than was allowed to be born!

If the 17.8 abortions per 1,000 population in Hungary in 1965 were to be applied to the 195,000,000 population of the United States in that same year and we had a policy of legal abortion on request we would have had approximately 3,471,000 legal abortions that year. Can we afford such tremendous loss of life? Would we want a reputation for such destruction of life?

There is another dimension to this abortion problem in Hungary and in other countries with a very liberal policy and that refers to the category, which is called "other abortions" and this includes hospital admissions of women who have not had legal abortions but who suffered spontaneous miscarriages or who were admitted because of medical complications following an illegal abortion.

These statistics will more than likely include less and less spontaneous abortions as time goes on because many of the women, who would normally miscarry, will have already submitted to a legal abortion before the miscarriage would occur. Therefore, even though the numbers and rates of "other" abortions seem to be decreasing, this total would reflect merely less spontaneous miscarriages and more illegal abortions.

Medical boards do exist in Hungary but they function only as a formality; they do not make decisions or grant authorizations because every abortion that is requested must be performed. The policy in Eastern Europe is to prohibit the interruption of pregnancy beyond the completion of three months, unless there are medical indications, and also to prohibit an abortion if the patient has already had an induced abortion within the previous six months. In Hunga , all abortions must be performe in a hospital where a patient rem s for two or three days and, if e is employed, she receives a period sick leave, in addition.

In 1964, less than four per t of abortions were performed bec e of illness; the remainder were do for social or family reasons. Abo one-third of the women interrupte their pregnancies because they alrea had sufficient number of children.

Between 1960 and 1964, th percentage of women undergoing their third or higher abortion inc ased from 25.5 percent to 31.4 perc t. In the same period the percent of those having their fifth or gher abortion increased from 5.2 perc t to 7.5 percent. It would appea that women, who begin by controllin their fertility by using abortion, ret n to the same means again and again.

During the years 1960 and 964, there was a marked increase i the number of childless women and women with one child requ ting abortion. In these four years, here was 64 percent increase in the n nber of childless women who submit d to abortion and the rate per 1,00 was almost as high among women wit one child as among women with two children.

About 7,000 unmarried w men under the age of twenty yea interrupted a pregnancy in 1964.

A liberal abortion policy is not without its liabilities as regard the health and welfare of the w men patients. Permanent impairmen of health has been reported a ong thousands of Hungarian women, who have interrupted pregnancies. Me lical

authorities have noted with great concern and alarm the rise in premature births and spontaneous abortions and the increased problem of sterility among the women and mental retardation in the children born to mothers who had been previously aborted. It was reported that the numbers of premature births almost doubled and more than half the mentally retarded children had been born prematurely. One out of every three women who became sterile had previously had an abortion.

Andras Klinger of the Hungarian Central Office of Statistics has concluded that the incidence of premature birth increases with the number of pregnancy interruptions, which the prospective mother has had. A 1964 study of the relationship of abortion to prematurity demonstrates that there is a 10 percent incidence among women who have never been aborted; 14 percent among those who have had one abortion; 16 percent for those with two abortions and 21 percent for those with three or more abortions.

This same official notes the obvious fact that the prematurity of birth will have its own impact on infant mortality and on the mental health and physical development of the child, if it survives. He states that abortion cannot be considered a proper means of birth control and the disastrous effect of interruption of pregnancy on the health of the mother or future children is more than a sufficient reason to change the liberal policy of abortion on request.

In 1964, for every 1,000 women who requested the interruption of a pregnancy, 1.3 experienced a perforation of the uterus; 8.5 suffered feverish conditions and 16.4 suffered from hemorrhage.

Leading intellectuals in Hungary, authors, magazine and newspaper editors have noted with great concern the dangers to the nation of a liberal abortion policy and decried the anti-child attitude and mentality which the country now experiences. The one child family has arrived. The average number of children in Hungary is presently .86 per married couple.

One noted Hungarian writer declares that abortion entails not merely the destruction of the child but also results in destruction of the mother and her nation.

A Communist writer, who originally favored a liberal policy concerning abortion, evaluated in 1964 the liberalization law of 1956 in these words: "I would not have believed that, scarcely eight years, we would be looking at this freedom with doubt, struggling with the monstrous possibility of the extinction of our nation. . . . . The fact is that the Hungarian nation is growing weaker. An unexpected world crisis, an unknown epidemic may come when strong peoples will survive, while smaller and weaker ones will fall. And then our history and our literature will be but a memory, stuff for scholars."

With a high incidence of abortion and a low birth rate over the past twelve years, Hungary faces problems in business and industry in the decades ahead and a smaller and smaller group of earning young people will have the responsibility of supporting an ever increasing number of aged people.

c) Czechoslovakia:

In 1953, there were 1,500 registered legal abortions (0.1 abortions per 1,000 population) and 29,100 "other"

abortions (2.3 ratio of abortions per 1,000 population) for a total abortion figure of 30,600 or 2.4 abortions per 1,000 population. These totals are to be compared with 271,700 live births recorded in that same year.

The number of live births declined steadily from 1953 to 1960 when 217,300 live births were registered. There was an increase of live births in 1963 to 236,000 and another rise in 1964 to 241,300 and a decline of 10,000 live births in 1965.

As the live births were decreasing from 1953, the number of legal abortions was increasing from 1,500 in that year to 7,300 in 1957. At this time, the number of "other" abortions rose from 29,100 in 1953 to 33,000 in 1955 and declined to 30,200 in 1957.

In 1957, there was a total of 37,500 of all abortions, representing 2.8 abortions per 1,000 population as contrasted with 252,700 live births.

There was a two year period of discussion before legal abortions for non-medical reasons were allowed. In December, 1957, the liberal law was enacted in Czechoslovakia. This statute permitted legal abortions for the following reasons: advanced age, a large number of children, death or disability of the husband, disruption of the family, economic responsibility of the woman for the support of the family or the child, a difficult situation resulting from the pregnancy of an unmarried woman. In 1962, the law was amended so that abortions could not be performed for reasons of multiparity unless and until the woman has already had three children. Czechoslovakia provides a family allowance for the third and subsequent children.

The medical board that aut[illegible]rizes abortions consists of physicia[illegible] and social service workers. Czechos[illegible]akia has the same requirements as H[illegible]gary with reference to abortions [illegible]king place in hospitals, an in-patient [illegible]y of two or three days and a sic[illegible]eave absence for working women.

In the first year after the [illegible]eral statute was enacted, the num[illegible]r of legal abortions increased drama[illegible]ally from 7,300 to 61,400; the num[illegible]r of "other" abortions decreased i[illegible] this one year period from 30,2[illegible] to 27,700. The total abortions in [illegible]958 were 89,100 or 6.7 abortio[illegible] per 1,000 population and this figur[illegible]s to be compared to 235,000 live bi[illegible]s in the same year.

The number of legal abortio[illegible] rose steadily until 1961 when the h[illegible] of 94,300 or 6.8 abortions per [illegible]000 population was registered. Durin[illegible] this same year, there were 26,000 "[illegible]er" abortions or 1.9 abortions per [illegible]000 population for a total numb[illegible] of abortions of 120,300 or 8.7 abo[illegible]ions per 1,000 live births as compa[illegible]d to 218,400 live births.

The number of legal abo[illegible]ions decreased from 1961 to 1964 [illegible]hen 70,700 legal abortions or 5 abo[illegible]ions per 1,000 population were perfo[illegible]ned. During this same period, the "o[illegible]er" type of abortions increased to 2[illegible],400 in 1963 and declined to 26,2[illegible] in 1965.

In 1965, there were 79,600 [illegible]egal abortions or 5.6 legal abortion[illegible] per 1,000 population or 344 [illegible]egal abortions per 1,000 live births and 26,200 "other" abortions or 1.8 abortions per 1,000 population [illegible]or a total of all abortions of 105,800 [illegible] 7.4

abortions per 1,000 population. This total is to be related to 231,600 live births.

If the ratio of legal abortions to population in Czechoslovakia in 1965 were to be applied to the population of 195,000,000 in the United States in that same year, the number of legal abortions would have amounted to 1,092,000 on the assumption that the law in both countries was identical.

As compared to Hungary, the live births in Czechoslovakia during the period of 1950 to 1965 did not decrease as rapidly or as much. While there was a marked increase in the number of legal abortions in Czechoslovakia during this period, the numbers would not begin to compare with those of Hungary; strangely enough, the numbers of "other" abortions, while less in Czechoslovakia, were not that much below the figures of Hungary. Finally, the number of abortions never exceeded the number of live births in Czechoslovakia.

d) Poland:

We have already mentioned that Poland was probably the easiest country in which to have an abortion as witness the number of women who traveled from Sweden to have an abortion that would not be allowed or authorized in their own country.

In Poland, a law was passed in 1956 which indicated that an abortion would be permitted if a physician could determine that a "difficult social situation" existed. However, since 1960, an oral statement by the woman herself to the effect that she was experiencing such a situation sufficed for the permission, which was granted by a physician without any investigation or determination of the validity of the reason by him. Many legal abortions are performed in Poland on ambulatory patients.

The number of legal abortions rose from 1,400 in 1955 which was a ratio of 0.1 abortions per 1,000 population to 143,800 or 4.9 abortions per 1,000 population in 1961. This latter figure if applied to the population of 183,000,000 in the United States in that year would have resulted in 896,300 legal abortions – presuming that we had the same type of law as did Poland.

e) Rumania:

In October, 1966, Rumania repealed its 1957 liberal abortion law and the preamble of the new statute gives the apparent reason for the change: "great prejudice to the birth rate and the rate of natural increase" that had resulted from a liberal abortion law. By 1965, the birth rate in Rumania had dropped to 14.6 per 1,000 population and this represented the second lowest birth rate in Europe.

In summary conclusion, the legal abortion rate, related to live births, in Eastern Europe ranges from 30 percent to 140 percent. The death rate from legal abortions is one in 25,000 cases as compared to the rate in Northern Europe of one in 2,500 cases. Apparently, in Eastern Europe, the better results are due to the fact that legal abortions must be done sooner in the pregnancy – not beyond the completion of the third month; that the women are in better health; the vacuum method of extraction is more commonly used and no anaesthesia is required.

As to what effect a very liberal law on abortion has had on illegal abortions, Doctor Christopher Tietze

says: "There can be no doubt that the number of illegal abortions has been dramatically reduced, but they have not entirely disappeared even in countries such as Hungary, where abortion is available on request. It has been suggested that this stubborn survival of illegal abortion is associated with the relative lack of privacy of the official procedure."

The present study has presented the experience of Japan and the European countries in abortion, ranging from the use of abortion as a means of limiting population and including the conservative policies of western and southern Europe, through the liberal laws of northern Europe and concluding with the most liberal provisions in eastern Europe. There is every reason to believe that the experience of Japan and the European countries would be at least similar in the United States if the same type of laws were enacted.

FOOTNOTES

1. Russell B. Shaw, *Abortion and Public Policy* and *Abortion on Trial;* Andre E. Hellegers, *A Doctor looks at Abortion;* Christopher Tietze, M.D., *Statistics of Induced Abortion,* International Symposium on Abortion, Washington, D.C., September, 1967; and *Abortion in Europe,* American Journal of Public Health, Vol. 57, Number 11, Nc mber, 1967, pp. 1923 – 1932; The tholic Lawyer, Vol. 10, Number 2, pring, 1964 – pp. 168 - 169; *Legal Ab on in Denmark,* Catholic Medical Q terly, Vol. 4, Number 3, (April, 1951), . 85 - 86; Robert M. Byrn, *The rtion Question: a Non-Sectarian A oach,* The Catholic Lawyer, Vol 11, N er 4, Autumn, 1965, p. 321; arles Kindregan, *Eugenic Abortion the Law* (private manuscript); *The rrible Choice: The Abortion Dilemma,* ntam Books, March 15, 1968, pp. 3-59; William N. Bergin, M.D., *Som ody's Going to Get Killed,* Hawaii dical Journal, Vol. 26, Number 2, No nber/ December, 1966; Norman St. John-Stevas, *The English Experience,* A rica, December 9, 1967; Jan-Otto O sson, *International Symposium on A tion,* Washington, D.C. September, 1967; Frederiksen and Brackett, *Demo phic Effects of Abortion,* Public ealth Reports, Vol. 83, No. 12, De nber, 1968, pp. 999 et seq.; *Abort : A Painful Lesson for Britain,* Time, arch 7, 1969; *The Catholic Lawyer,* V . 14, Number 4, Autumn, 1968, pp. 3 337; Mrs. Jill Knight, M.P., *A Repor from Great Britain,* Fourth Intern onal Symposium on Life, Rhythm, Ab tion, Chicago, Illinois, April 10-12, 196
2. *Boston Sunday Globe,* June 2, 196
3. *Newsletter* – National Right t Life Committee – No. 2, November, 19
4. *Boston Globe,* June 4, 1966
5. Ratner, *A Public Health Physician iews Abortion,* Child and Family, Vol. No. 1 – Winter, 1968