the continued presence of the fetus poses a serious threat to the life of the mother, whether or not to abort is basically a moral question.

We all know, though few of us are prepared to admit it, that the vast majority of abortions are performed for purely social reasons. Whether or not you or I are prepared to look on the mother of the unwanted fetus with favour or disfavour is in turn influenced almost entirely by our basic moral attitudes, or lack of them. Hence we really should reword the basic argument on the Bill as "Abortion: a matter of moral judgment." It follows from this that the only place where the issue can be decided is the Houses of Parliament.

Mr Corrie's Bill may or may not represent good legislation, but we would all do well to note the depth of concern about, and revulsion against, the present law. Because of this, it is not surprising that a Bill of this sort is proposed.

ANDREW PATTISON

Shrewsbury, Salop SY2 6PQ

SIR,—While I realise that the tumult of the Corrie Bill may be over before you receive this, I nevertheless must take issue with your leading article on abortion (2 February, p 269), which incidentally gives the impression of trying to bulldoze any remaining antiabortion supporters under the impressive weight of the "unanimous view of the medical experts."

The moral, theological, and immediately practical aspects of the subject have been flogged out ad nauseam. I'm not going over these again, but your article exposes an area which has not received sufficient attention—the inherent implication to the general public of our approval of the present liberal views about sex. So long as we continue to condone abortion on demand (specifically not intended by the 1967 Act, but now accepted by many doctors and generally expected by the public), how can we ultimately help our patients? In our clinical judgments, we look beyond the immediate relief of symptoms to the long-term welfare of the whole person, as well as keeping an eye over our shoulder for the welfare of the community at large. If we should only acknowledge responsibility for the immediate welfare of our individual patient, clearly we should still recognise that the health of society ultimately reflects back on him. This is community health, which we profess to believe in.

We have a sick society; surely this is undeniable. Some indices are directly related to sex—extramarital births, abortions, sexually transmitted diseases, rape—while others are clearly linked—divorce, broken homes, juvenile delinquency, battered wives and babies, mental ill health: the list stretches on and on. I am amazed that the permissive camp can continue their campaign in opposition not only to traditional morality (which by and large has served us well for at least 4000 years, and especially when it has been applied in a healthy and balanced way) but also in the face of overwhelming evidence of a deteriorating situation as they have pushed their liberal views over the past two decades. As Heath has put it, "The whole campaign was a remarkable demonstration of how a determined pressure group can change the attitudes and values of a society."[1]

Surely, as a responsible and leading profession concerned with positive health, we must begin to challenge these views; but we cannot do so while we take such a permissive view of abortion, with the implication that irresponsible sex is acceptable and its unfortunate sequelae can easily be taken care of. That is the message that is getting across. Of course, we are all concerned about the back street abortions and I cannot say that some will not return if the law is tightened again; but this is the price we have to pay for our foolishness in being carried away by the permissives, and this price is small compared to the continuing toll of suicides, murders, rapings, and physical and mental morbidity arising from our oversexed society—to which, I maintain, our implicitly permissive attitude to abortion is making a considerable contribution.

Are we to opt out of our responsibilities to the community as a whole, and in doing so to our individual patients? If your leading article is not curtains to individual care, it surely is to community health. We, as a nation, have got ourselves in a mess (and it is no commendation that we are sharing in dragging much of the rest of the world with us); it is time we began to give a lead back to responsible behaviour. Agreed, the "clock cannot *simply* be turned back" (my italics); it is bound to take time and effort, but that is true of any worthwhile ventures. It is always harder and longer to build than to destroy, but it must be done if we are to restore health and sanity to our community, whatever the outcome of the present Bill.

D A ROCHE

Droitwich, Worcs WR9 7BE

[1] Heath G. *Illusory freedom: intellectual origins and social consequences of the sexual revolution*. London: Heinemann Medical, 1978:35.

SIR,—In the leading article "Abortion: a matter of clinical judgment" (2 February, p 269) the final sentence states, "History suggests that legislation designed to affect human behaviour rarely has the effect intended by the legislator." The 1967 Abortion Act is certainly one prime example of this—MPs never intended to Act to be interpreted as it has been—that is, virtually abortion on demand. This is why every abortion amendment Bill brought before the House has had the majority of MPs in favour of it, only to fail because of lack of Parliamentary time. Surely it is time for democracy to run its course and for the House to be given adequate time to debate the Bill. After all Mr David Steel's Bill would have failed to become law in 1967 had it not been for the extra time allowed it by the Government.

Your leading article also refers to the condemnation of the Corrie Bill by both the BMA and the Royal College of Obstetricians and Gynaecologists. These bodies do not seem to be consistent: in 1969 they sent officials to speak at a press conference at the House of Commons to support the first attempt to reform the Act.

Finally, your article states that the clock cannot simply be turned back. May I point out that the clock on civilisation was turned back by the 1967 Abortion Act? There is no reason to suppose why the Act cannot be amended. You fail to mention those countries which have already amended their legislation—for example, Hungary and New Zealand.

RAY MCGLONE
Medical student

London E14

SIR,—Leadership has been defined as the ability to make people do what you want by persuading them to want it themselves. On the eve of a day which Pope John Paul II has dedicated to prayer for peace and justice in the world, and at a time when our society has ceased putting criminals to death, your leading article "Abortion: a matter of clinical judgment" (2 February, p 269) is persuading us to want to kill the most innocent and defenceless in our society.

You deliberately mention severely handicapped babies and patients with incurable disease, knowing full well that the law at present forbids us to kill them, but that if the present trend continues it will no longer do so. No doubt at the inauguration of the new era in medicine you will be there to lead us in the chant "The National Health Service is dead; long live the National Death Service."

M B HOWITT WILSON

Woking, Surrey GU22 0JN

SIR,—The 1967 Abortion Act apparently assumed that up to a certain point in gestation (28 weeks at that time) the fetus was not a living human being and therefore that abortion before this point in gestation was not murder.

It would seem from the wide-ranging work summarised by Dr H B Valman and Mr J F Pearson in the article "What the fetus feels" (26 January, p 233) that since 1967 medical science has learnt much about the fetus in utero and that the more it discovers the more "alive" the fetus becomes. One might therefore have expected the men of medical science to be in the vanguard of those who, if not entirely convinced, were at least worried that the decisions of 1967 might be wrong. With the fetus coming more and more to life from the earliest weeks, one might have expected a welcome from medical men to a Parliamentary Bill that at least stresses words like "serious" and "substantial risk" in connection with the reasons for abortion even if it does not consider curtailing abortion far more severely.

Paradoxically, one finds in the week after the article by Dr Valman and Mr Pearson your leading article (2 February, p 269) "Abortion: a matter of clinical judgment" complacently suggesting that the medical men of 1980 still find the 1967 Abortion Act perfectly satisfactory. If the medical science of today and the future finds the fetus alive it is going to have to accept that abortion is murder.

R E J RYDER

Cardiff CF4 3L2

SIR,—With reference to Dr A K Clarke's letter (19 January, p 188) concerning the Abortion (Amendment) Bill, women who have abortions can subsequently suffer physical and mental damage with adverse effects on their families. I have seen patients profoundly disturbed by guilt feelings. Many apparently were given insufficient counselling. In some clinics the least excuse is acceptable—for example, "Another baby would be an inconvenience." Careers and "high living" seem to take priority over potential human lives. Laxity in counselling will inevitably pave the way for euthanasia and infanticide when human beings do not conform to the norm of our society.

Medicine in this advanced age should be a tribute to humanity. Babies are now viable at more extreme degrees of prematurity with specialisation in neonatal units. Women with potentially life-threatening conditions may