Thyroid Medullary Carcinoma, Prostaglandins, and Nutmeg

SIR,—Many of those who read our article (5 July, p. 11) must have been both surprised by the low plasma levels of prostaglandin-like activity reported (pg/l) and jealous of the sensitivity of our assay. The values before and after surgery were 1 million times higher and should have read 5·4 and 0·5 ng prostaglandin E_2 equivalents/ml respectively. These correct values were in our original manuscript and the proofs and we are assured that they will appear in the reprints. —We are, etc.,

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Abortion (Amendment) Bill

SIR,—Dr. Myre Sim (28 June, p. 748) and others have a right to their own religious and philosophical views on abortion and must lead their private and professional lives accordingly. I, however, believe that it is right to terminate the life of a fetus when: (1) it is the mother's wish that an abortion be performed; (2) the pregnancy is at a stage when the fetus is unable to survive ex utero; (3) the risks to the health of the mother from an abortion are less than are the risks of a full-term pregnancy; and (4) the child which would result from the pregnancy going to term is unwanted, at physical risk, or threatens the health or well-being of the mother or her existing family.

I find no ethical distinction between the prevention of conception and the removal of the conceptus from the uterus. On medical grounds I much prefer the former, but when this fails or is omitted the life of the fetus may, in my view, be less important than the consequences of continuing the pregnancy. The fetus is part of its mother until it becomes capable of an independent existence, and I therefore believe that she should co-operate in any decision on termination.

Guided by these views I have on a number of occasions referred women to a gynaecologist for termination. I am pleased to record that these have been performed promptly in N.H.S. hospitals. Had this not been possible (as indeed in some cases it would not have been had I been working in Birmingham instead of London) I should without hesitation have referred the women to one of the private non-profit-making agencies which, I undertand from friends who have used them, are excellent. I am only sorry that our profession has been so tardy in providing adequate outpatient facilities for early diagnosis, counselling, termination, and follow-up within the N.H.S.

I do not regard any of this as shameful, still less as "filthy," "sinful," or "murderous" (and neither, incidentally, did the women who were aborted or the gynaecologists who did the operations). I am simply very glad that the atmosphere of guilt, dirt, and secrecy which pervaded the subject of abortion when I was a medical student has disappeared, along with the knitting needles, syringes, and soapy water. I have no doubt that our patients are better for it. As to the much-abused private sector, I and their patients are grateful to them for filling a gap in the N.H.S. as well as in the medical services of other countries. Only on the grounds of inadequate medical standards could I argue for a curtailment of their activities.

It is of no great concern to me that some people hold different views from my own; I have no wish to force them to act other than according to their conscience. I am, however, unimpressed by the claims to moral superiority typified by Dr. Myre Sim's talk of "stables" and by the grandiose title of the federation of which he is president. Neither do I take kindly to their attempt to enforce by legislation a point of view which to me has about as much relevance to the welfare of my patients as the taboos on blood transfusion or drug therapy advocated by some religious groups. The few women I meet who feel about abortion as Dr. Myre Sim does do not need legislation to protect them; their views are respected, and in any case an attempt to abort their fetus against their wishes would be a serious common law offence.

In conclusion, it seems to me difficult enough to square one's own conscience without trying to square other people's, and we must all take care of our own souls in the best way we can. Dr. Myre Sim and company may pray for mine if they wish; I shall not be offended. I do, however, claim an equal right of conscience in my private and professional life and I shall therefore make my views known to the House of Commons select committee on the Abortion (Amendment) Bill by sending them a copy of this letter.—I am, etc.,

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SIR,—It seems to be held that abortion is wrong because it takes the life of a potential child and that contraception is licit because it does not. I think this is a false distinction. The ovum itself is a potential child, and so abstinence from intercourse is a form of abortion and termination of pregnancy is a form of contraception. If this status of the ovum is denied it is necessary to explain why the moment of fertilization is chosen as the start of an independant life in favour of some other arbitrary point. I maintain that there is no point that can be logically defended as the start of a life and that there is no moral difference between allowing or causing an ovum to die and allowing or causing a child to die. It is part of being human that we have to compromise and live with the recognition that we are continually denying life to potential children.

It seems to me that discussion of abortion is confused because two questions are not sufficiently differentiated. Firstly, how early in the development of the ovum should intervention be classed as murder? And secondly, is it ever morally wrong to intervene before that stage and, if so, why? In my view, the answers are: firstly, it is the job of the legislators to specify an age after which abortion is deemed to be murder. This is not a moral decision but a political one based on what society will accept and what is enforceable. Secondly, I think it is sometimes morally wrong to procure an abortion before the age at which it is legally murder and that the act can be wrong in itself (if it harms unduly an interested party) and the means can be wrong (if the most appropriate means are not chosen). To my mind the test of morality is what is believed to be the best compromise, taking into account the interests of all concerned, including the unborn child. For me "best" implies that which expresses most concern for the true interests of the parties.

Our job as doctors is to help the patient to decide what are the true interests of all concerned and then to carry out her decision. We are apt to forget that what to do about an unwanted pregnancy is primarily the patient's problem, and it should therefore be the patient who makes the decision. I believe that the doctor should have the right to opt out, but he should not have the power of veto, so if he disagrees with a particular proposal of abortion he should be prepared to refer the patient to a practitioner whom he thinks would be more likely to agree with the patient. I think the basic fault in the present law, and in the proposed amendment, is that it takes the moral decision out of the hands of the patient. There must be a limit, but it should be incorporated into the laws prohibiting murder.

No doubt doctors are flouting the law, as Dr. Myre Sim asserts (28 June, p. 748), but that is not necessarily immoral, for many believe that the law is unjust. Moreover, if it is held to be immoral it is only the doctors themselves who can rectify the matter. It is not possible to make men moral by legislation.—I am, etc.,

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Screening Methods for Covert Bacteriuria in Schoolgirls

SIR,—Dr. Bridget Edwards and her colleagues (31 May, p. 463) have shown very clearly that the dipstream technique offers a reliable method of investigating urinary tract infections in children. They have approached the problem of false positive results due to contamination in a practical manner and have shown that if non-faecal organisms or mixed cultures in counts of 10^8/1 or more are excluded the false positive rate is only 1·8%.

However, their figures seem to show that if only the MacConkey side of the dipslide is inspected with the naked eye and any specimen in which growth fails to appear on that medium is considered uninfected the false positive rate becomes 4·6%, which is still very satisfactory. This procedure does not require skilled bacteriological assistance and I am sure it will be of great value to general practitioners, particularly in these times of high transport and postal charges.

This part of their investigation does, of course, cast doubt on the value of the CLED medium, the use of which appears to have actually *raised* the initial false positive rate from 4·6% to 13·5%. Though the practitioner can ignore any growth on the CLED side of the dipslide, misinterpretation would be minimized by the omission of this medium altogether. If this were done the investigation shows that only a very few cases of genuine bacteriuria in children would escape detection, and I venture to suggest that this will hold good in adult