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Marriage and the Law

SIR,—As a consultant obstetrician of some 20 years' experience I come across young unmarried girls whose intention is to keep the baby and to get married as soon as possible. Normally over the age of 16 this does not raise any real problems. However, I have recently seen two such patients, the last being a girl who will be 16 on 30 June 1969, on which day she intends to get married. Her baby is due on 8 July, and in my experience, and in particular in this patient, I feel she will be delivered before her birthday. I have consulted the medical social workers, the Medical Defence Union, and registrar of marriages, and am informed that as the law stands there is no legal outlet, and marriage is not permissible in law before the age of 16, whatever the circumstances. However, the registrar of marriages did say that the law in relation to the legalization of illegitimate children has been radically changed, and in the case mentioned above, even if this baby is born prematurely, it can subsequently be registered as if born in wedlock.

While it is true that in this day and age the stigma is no longer what it has hitherto, there is likely to be considerable anxiety for a girl and her parents, and under some circumstances (not this one) I believe severe anxiety could bring about temporary or permanent psychological disorders.

I would be interested to know what your readers' experience and opinions are on this problem, in particular in respect of the present legal position. It does seem to me that the law could readily be amended to relieve these patients of anxiety early in pregnancy of the danger of birth before marriage. In my view this would be of such considerable relief to both patient and her relatives as to permit the pregnancy to be more likely to proceed normally.—I am, etc.,

St. Mary's General Hospital, Portsmouth.

JOHN FOLEY.

Priorities in Medicine

SIR,—So this is the important statement on priorities by the Planning Unit (11 January, p. 106)? Despair must be the main reaction of those researchers who see the road ahead, but see it blocked by committees of experts, B.M.A. Planning Unit reports, superficial clichés, and the price to be paid for nonconformity. If the Planning 'Unit had taken a cursory glance at even my review of the transplant problem at least the general reader would know where we really stand today.

Comparison of the statement on priorities by the Planning Unit: "The operation [renal transplantation] is now successful in most of the cases treated, the patient enjoys better general health than the subject of dialysis, and he requires very much less medical supervision" with a very recent report on prospective tissue-typing based on the results of the top American transplant teams. "An immediate improvement in clinical results, however, should not be expected for the initial mortality is high in both matched and mismatched patients." And, to demonstrate how human we all are, these authors had to exclude about 30% of the patients in their report because out of 104 there were 7 technical failures, 7 immediate and permanent anurias, and 12 patients with insufficient data.

Where on earth did the Planning Unit get the glib information about transplanted spleens just around the corner? The first recorded human debacle of a ruptured spleen on day 4 and the inconclusive evidence of the spleen as a major centre of antihaemophilic factor synthesis has rightly led to a pause— to put it mildly. Did the Planning Unit seriously weigh up what it describes as "recent claims"? Is there one surgical unit in this country collaborating with haematologists on this one specific issue and did the Planning Unit consult it? Has anyone in the Planning Unit seen a transplanted spleen 48 hours after transplantation?

Then: "The Planning Unit believes that organ transplantation and mechanical organ replacement are of enormous potential benefit, and that they should be the subjects of vigorous clinical research." Clinical research? But this is what the fuss is all about. Are we (and the public) not concerned about using the human as the experimental animal? Or has the Planning Unit accepted my dictum, "It is cheaper and administratively easier to use the human as the experimental animal?" Surely not clinical, but animal experimental research, and here is the rub. Who is to pay for it all? Can any university surgical department stand up and declare that it has any reasonable funds at all for this kind of work or that there is any likelihood of adequate