Correspondence

Follow-up After Abortion

Sir,—I am sure that all concerned with this Act will be extremely interested in the report of Mr. T. L. T. Lewis (25 January, p. 241) in which he gives the figures for terminations notified in England and Wales. It would be interesting to know how the large numbers of women who are having abortions done on psychiatric and other grounds fare in the months and years following the termination. In an attempt to assess this outcome a prospective study has been undertaken on the cases referred with a view to termination to my colleagues and myself since the inception of the Act. The follow-up period is still relatively short, and it is hoped to present detailed results of this study after a longer period of time has elapsed.

In the meantime you might be interested in the preliminary impressions on our experience in this area since the Act came into force. The figures relate to those cases referred to my psychiatric colleagues and myself during the period from the introduction of the Act on 27 April 1966 to 31 December 1968. Of the 42 cases referred with a view to termination, termination was recommended in 33 cases. In this group two "spontaneous abortions" had occurred, and the other 31 were in fact terminated. The recommendations were on psychiatric grounds, or, in a small number of cases, on combined psychiatric and social grounds—that is, either entirely because of the condition of the pregnant woman herself or because of the possible effects continuation of the pregnancy might have on other children of the family. In the nine cases where termination was not recommended our follow-up shows that termination was subsequently performed in one, in one a "spontaneous abortion" occurred, in one there was a stillbirth, and in the remaining six pregnancies as subsequently proceeded. The cases have been reviewed with the assistance of our psychiatric social worker, Mrs. M. J. Marszalek. Considerable tact has been required in the follow-up of some of the cases, especially as the subject is an emotional problem. Our conclusion is that in the majority of cases it may be possible to determine among other things whether this fear is well-founded or not.—I am, etc.,

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Sunderland.
Co. Durham.

Pregnancy Advisory Services

Sir,—You appear to have some reservations about the establishment of the pregnancy advisory services (25 January, p. 199), and suggest that in certain circumstances these might be open to "grave ethical objections." In fact, the London-based Pregnancy Advisory Service, in the only one about which I can speak with authority, is a registered charity run on similar lines to the Family Planning Association. It employs a full-time social worker and doctors on a personal basis who advise patients who have not been able to obtain a sympathetic hearing from their own doctors, or those who, in increasing numbers, have actually been sent to us by their family doctors because, although they have grounds for abortion under the Abortion Act, the local consultants are unable or unwilling to accept most abortion cases, and the patients cannot afford the fees charged for abortions in regular private practices.

There is a wide regional variation in the legal abortion rate. Women who qualify for abortion under the Act find it extremely difficult to obtain legal abortions in some areas, either because of the shortage of hospital facilities or because local gynaecologists happen to be hostile to this procedure, sometimes on moral or religious grounds. If each regional hospital board had one specialist abortion unit (half a day a week from 10 surgeons), then greater equality of treatment might prevail. Until the Department of Health and Social Security fully recognizes its responsibilities in this field, the Pregnancy Advisory Service and the Birmingham Pregnancy Advisory Service must seek to alleviate some of these more glaring inequalities.

SIR THEODORE FOX once remarked: "On the whole, the family planning movement has been greeted not by the medical profession but in spite of it." The same is true of the services mentioned above. We are confident, however, that in the entire "ethical" nature of the service that we provide will continue to be recognized by the medical establishment.—I am, etc.,

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Honorary Medical Secretary,
Pregnancy Advisory Service.

Abortions and Gynaecological Practice

Sir,—We were most interested to read the article on the Abortion Act by Mr. T. L. T. Lewis (25 January, p. 241), which illus- trates clearly the effect exerted by this Act upon current gynaecological practice in hospitals throughout the country. It would be of interest to see whether the experiences at the Chelsea Hospital for Women and Guy's Hospital are reflected in a provincial hospital such as Cheltenham. Here as elsewhere the number of therapeutic abortions has increased greatly, and we have modified Tables II and IV in Mr. Lewis's article to include the Cheltenham figures for the comparable periods.

When considering the high proportion of terminations performed on women who are single, divorced, or separated Mr. Lewis rightly stresses the fact that "...it is difficult to understand how medical indications can be so much more frequent in the women without husbands."

In Cheltenham so far we have found that the proportion of married women (68%) undergoing therapeutic abortion is significantly higher than the comparable average for England and Wales (45%), while the figures for those without husbands are 32% and 55% respectively. However, time will tell whether these proportions will vary and as new cases occur.

We note with interest that the total number of therapeutic abortions performed in Chel-