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Abortion and Maternal Mortality.

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REALIZING the truth of the adage that "Fools rush in where angels fear to tread," it was with some trepidation that I accepted the learned Editor's invitation to contribute to the *Journal of Obstetrics and Gynæcology of the British Empire*, which I regard as a scientific publication, far beyond my scope as a writer. However, having had exceptional opportunities for studying reports of cases of abortion, and being of opinion that this great and growing practice has a marked effect on maternal mortality figures, I am emboldened to offer the following observations, *quantum valeat*, as the lawyers say.

For some time past my attention has been directed to the large number of inquests and criminal charges arising out of abortions and attempted abortions. As a rule, three or four cases are reported each week in newspapers that come under my notice. Probably there are many more reported elsewhere, or unreported. Their significance can be judged only if such reports are carefully read. They show the real facts of life. For instance, one abortifacient is said to have remarked, "I have done it hundreds of times," and an East-End doctor, tried for murder, had kept records showing that he had performed 400 abortions. Then there is the report of the Romford Guardians, who complain of the large number of cases of attempted abortions brought into their hospital. There can be no doubt as to the prevalence of this practice both among the married and unmarried. Formerly abortion was mostly practised on unmarried women. To-day, for economic reasons, and for reasons of convenience, abortion and attempted abortion among married women are very common. The unwanted child is a prominent feature in modern life. Fear of pain is another prevalent cause.

A letter in the *British Medical Journal*, November 23rd, 1929, puts the point: "I am convinced that it is the memory of the first terrible experience of labour which makes the young married woman say, 'Never again,' and even take all means in her knowledge and power to avoid the continuance of pregnancy. This seems one of the strongest arguments in favour of easing the pain of labour in primiparæ. It is unnecessary to stress the immediate and remote pathological results of abortion, particularly if actively procured." I am afraid that the wide and long-continued discussion concerning maternal mortality has added to the fears of many women of the educated and sensitive type.

Many women, educated and uneducated, do not see any harm in attempting abortion by the use of drugs during the earlier stages of pregnancy. They do not appreciate the dangers they run. In some cases abortifacients are used, and in others drugs sold as a cure for amenorrhœa are taken in large quantities by pregnant women. This statement is based on the evidence given in abortion cases and on information supplied by obstetricians, general practitioners, midwives, and nurses. Instrumental abortion is rife; likewise abortion by the injection of fluids, and in some cases by the use of electricity. Only a few cases come to light.

When speaking at a joint meeting of the Medico-Legal Society, of which I am President, and the Royal Society of Medicine, Sir Bernard Spilsbury stated that he made a postmortem once every ten days on a woman whose death has been caused by an illegal operation. He further stated that the immediate mortality is lower than formerly owing to greater skill being exercised by most of the abortionists, and that for every fatality there is a very large number of immediately non-fatal cases. For obvious reasons statistics are not available concerning attempted abortion, but reported cases, and other information, undoubtedly show that every year large numbers of women are attempting to terminate their pregnancies. The practice of abortion is not confined to this country. Indeed, it is causing serious perturbation in Germany, Austria, and America. It is stated that in the United States of America there are a million criminal abortions each year, or one for every two and a half births.¹ It is estimated that in New York City alone 8,000 deaths occur annually as a result of criminal abortion.² In Germany, according to Heynemann,³ "The increase of premature interruption of pregnancy, particularly in its first few months, was already noted towards the end of last century, it was rising rapidly at the beginning of the second decade of this century, and

has progressed to an alarming degree in the post-war period. An ever-growing number of women seek the help of hospitals or polyclinics, and especially of physicians in private practice on account of a miscarriage. All the publications are agreed that this increase is mostly due to the growing practice of criminal abortion."

I mention these facts to show that the secret practice of abortion and attempted abortion is widespread. I suppose this will be admitted. I am not concerned with deaths or illnesses openly admitted to be due to abortion or attempted abortion. The points I wish to make are these :

1. The practice of attempted abortion is widespread among all classes.

2. In a large number of cases the attempt fails so that the woman goes to full time.

3. Attempted abortion tends to weaken the woman's power of resistance and renders her liable to puerperal sepsis and other complications. I am told that the woman's life is endangered not only in the pregnancy she has attempted to terminate but in the next pregnancy also. Again, to quote Sir Bernard Spilsbury, "It is impossible to give an accurate estimate of the proportion of these cases that are damaged, many of them permanently, by septic infection, but it is not inconsiderable, and it not only affects the health of the woman, but it reduces the chances and increases the risks of subsequent pregnancies."

Eden⁴ has recently stated: "It is part of the midwife's duty to attend miscarriage, but the subject has assumed grave proportions in recent years. A large number of deaths from puerperal sepsis which are included in our national returns are cases of miscarriage. There seems to be no doubt that a much larger proportion of cases of miscarriage become septic than cases of confinement. . . . Another reason for the high sepsis rate in miscarriage is that so many are provoked, not only by unmarried women, but also by married women, who are unwilling for various reasons to have a child. Often they find someone who attempts to bring on a miscarriage by some form of instrumental interference. Often this is an entirely unqualified person, sometimes a doctor or midwife, sometimes a masseuse or masseur who uses some form of electrical appliance. When instruments are used unskilfully or on the sly, it is only too common for antiseptic methods to be more or less completely discarded, and the result is that the unfortunate patient becomes infected. Sometimes, further, her condition is concealed until the illness has reached a

stage at which nothing can be done. . . . No one is willing to accept the responsibility of looking after cases of miscarriage. It is difficult to get them admitted to hospitals—indeed, some lying-in hospitals refuse to take them on any consideration whatever. The result is that miscarriages tend to remain in unqualified hands. So far as private practitioners are concerned, they always have the fear of being mixed up in criminal proceedings.”

4. If a woman dies of puerperal sepsis, due to abortion or attempted abortion, usually the cause of death is not registered as “post-abortive sepsis,” but as “puerperal sepsis,” of which I see there were 224 cases in 1929. *The reason is that the woman rarely admits that she has been guilty of attempted abortion.* The medical practitioner may or may not suspect that drugs have been taken, or that other means have been adopted in the hope of terminating the pregnancy. I am told that the after effects of taking pills and the injection of fluids are difficult to diagnose. Whether the practitioner suspects that the death is the result of criminal abortion, or not, he usually registers the death as puerperal sepsis.

5. A small percentage, such as four per thousand, is easily changed by a new factor of comparatively small dimensions. For instance :—

Take the yearly number of deliveries at	600,000
Assume that one per cent, of the 600,000, un-	
successfully attempted abortion	6,000
Assume that 10 per cent of these die of puerperal	
sepsis or other complications	600

This is equal to one per cent of the 600,000. Therefore the small percentage of four per thousand would be reduced to three per thousand in the absence of this factor.* If one reduces one per cent to half per cent there will still be a very material factor in the mortality. Of course these figures are estimates, but in deciding why maternal mortality should not have been reduced, notwithstanding improved medical and nursing methods, I submit that the widespread practice of abortion, or attempted abortion, which admittedly increases the liability of those women who are subjected to it to puerperal sepsis and other diseases of pregnancy, cannot be disregarded. It may be said that 6,000 attempted abortions is an excessive estimate. May I point out that this gives only 115 per week spread over the whole country? To prove that

* The much-quoted maternal mortality rate is very misleading. In some districts it is very low and in others very high. It would be interesting to ascertain whether abortion is more rife in the industrial towns where the rate is high.

this is a moderate estimate I refer to the expenditure upon advertisements which are more or less veiled invitations to use abortifacients. The widespread demand for such abortifacients is proved by the fact that those who sell them are prepared to pay high prices for advertisements. As President for the Advertising Association I have taken an active part in preventing the publication of these notices. There is no difficulty in procuring an ample supply of advertisements of this sort at a very high rate. The difficulty is to keep them out. This shows that literally thousands of women respond to such advertisements.

Attempted abortion is a serious criminal offence, whether the attempt is made by the pregnant woman herself or by some other person, but there is good reason for thinking that, as stated already, many women do not regard such an attempt as legally or morally wrongful, when made in the early stages of pregnancy or, to use a popular expression, "when there is no life." In short, the prevalence of abortion is due to the psychology of the modern woman. It may be said that the medical profession should lend its aid to prevent it. This raises the much-debated question of medical confidences. In 1914, Mr. Justice Avory, when charging the Grand Jury at Birmingham, said that in a clear case of criminal abortion in which the life of the woman was in danger, it was the duty of the doctor to inform the police. This led the College of Physicians and the British Medical Association to intervene. An interview took place with the Lord Chief Justice, the Attorney-General and the Public Prosecutor, at which it was explained that the authorities desired that abortions attempted or procured by third parties should be reported when the doctor was of opinion that the patient was likely to die. This view did not meet with the approval of the College or the British Medical Association. In 1916 the former passed a series of resolutions expressing the opinion :—

1. That the patient's confidences must be respected.
2. That in clear cases of criminal abortion the patient, especially if she is likely to die, should be urged to make a statement for use against the abortitioner, provided her chances of recovery are not thereby prejudiced.
3. That if she refuses, the practitioner is under no legal obligation (so the College was advised) to take further action.
4. That before taking steps which may lead to legal proceedings, the practitioner will be wise to obtain the best medical and legal advice obtainable, "since in the present state of the law there is no certainty that he will be protected against subsequent litigation."

The British Medical Association expressed a similar opinion. This view does not meet with universal approval. Sidney Smith⁵ says: "It is no part of a doctor's duty to act as a detective, but it is equally certain that it is no part of his duty to act as a screen for the professional abortionist." Similar views are expressed by Robertson.⁶ Abortion cases are rarely, in practice, reported to the police unless the result has been fatal.

In the past this question has been entirely in the hands of men—ecclesiastics, lawyers, doctors and politicians. I refer, of course, not to criminal abortion only, but to abortion undertaken to save the mother's life or to avoid serious injury to her health, a subject which has excited much discussion and violent differences of opinion. For a historical account of these discussions see a paper read by the author⁷ before a Joint Meeting of the Medico-Legal Society and the Section of Obstetrics and Gynæcology of the Royal Society of Medicine.

It must be admitted that to-day abortion in all its aspects is mainly a woman's question. According to Havelock Ellis,⁸ German writers insist that the foetus is not yet an independent human being and that every woman, by virtue of the right over her own body, is entitled to decide whether it shall become one.

This novel, far-reaching and, if I may say so, dangerous doctrine has not been preached in this country, nor, if preached, would it be likely to receive overt support. Nevertheless, it represents the views of a large section of the female community, at any rate so far as the early stages of pregnancy are concerned. The spread of contraception and the improvement in contraceptive methods may tend to reduce the number of criminal abortions and attempted abortions, but in any event it is certain that this practice must continue to have an important influence on maternal mortality and morbidity.

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3. Heynemann. "Biologie und Pathologie des Weibes," 1927.
4. Eden, T. W. "The Prevention of Puerperal Sepsis: Mother and Child," March, 1931.
5. Smith, Sidney. "Forensic Medicine," 1925.
6. Robertson. "Medical Conduct and Practice," 1921.
7. Riddell, The Rt. Hon. Lord. "Medico-Legal Problems," 1929.
8. Ellis, Havelock "Medical Conduct and Practice," 1921.