

Editorial

POPULATION, CONTRACEPTION AND ABORTION

THE United States is a big country in a favourable latitude. It practises strict control of immigration and it has a density of population of 50 per square mile. Kenya, a country which has recently expelled part of its population, has a density of 32, and New Zealand 23. Compared with these 1961 densities, England and Wales was more densely populated than New Zealand soon after Domesday, than Kenya and the United States in the 14th century. Not for 500 years (700 but for the Black Death) has it been as thinly populated as the United States at the present time. Its 1961 density was 790 *per square mile*, 15 times and 34 times more dense than the United States and New Zealand.

Agriculturally, the adequacy of the land for its population can be measured and clearly shown to be inadequate.¹ The most intensive farming could not hope to feed more than half the present population. Culturally, there is no yardstick; adequacy is a matter of opinion. Compared with the United State's 13 acres and New Zealand's 34 acres per head of population, our own *eight-tenths of one acre* is woefully small, so small that we were driven to consider whether Cublington, with Wing and Stewkley, should be destroyed to make room for an airport. For all except those who are willing to live an urban life and are able to believe that it will always be possible to import enough food and raw materials, the stark implication is that the population is too big for the land in every way.

For 700 years after Domesday when it was 1.2 millions, the population increased slowly at an average rate of 7,000 per annum. The birth rate was high but infant mortality was enormous and the expectation of life for those who survived was only 40 to 50 years. At about the time of the industrial revolution when the population had grown to 6.2 millions there was a startling rise in the rate of increase to an average of 200,000 per annum, resulting in a population of almost 49 millions by 1970. There was no natural cause. Man himself created conditions in which death rates, especially of infants, were so greatly reduced that two centuries of population explosion began.

Fall in birth rate lagged far behind that in death rate. It was 28.7 per 1,000 in 1901, when the death rate was already down to 16.9 per 1,000, the difference being equivalent to a population increase of 383,000 per annum. The excess of births over deaths was not impressively lowered in peace time until the industrial depression of 1931. Even then, the rates were 15.8 and 12.3, and the corresponding increase 128,000. The birth rate rose after the 1939-45 war, but it has been falling steadily since 1964. In 1970 it was 16 per 1,000, almost down to 1931 level in a time of prosperity, but the death rate was 11.7 per 1,000, a differential enough to maintain a population increase at the 200,000 average level of the last two centuries.

If immigration and emigration cancel out, a considerable fall in birth rate is still needed for stabilization. It would be sure to cause a relative increase in the elderly and senile whose numbers are at present counterbalanced by the large number of young resulting from a population-increasing birth rate. This is unavoidable without resort

to euthanasia, which is not acceptable. Liberalization of the D.I.Y. variety, no longer a crime, by its acceptance in the elderly as natural death rather than a matter for the coroner, would be humane but would deal with only a small fraction of the problem. The land is over-populated, there are no colonies to absorb the excess; we must reduce the birth rate and provide for a relative increase in the elderly and infirm.

Unlike euthanasia, contraception is encouraged, accepted, subsidized and for some already free. Besides dealing with the population explosion it could also reduce the need for termination of pregnancy. Religious bodies still fighting a losing battle against contraception should bear in mind that if the birth rate had remained at even the 1901 level, we might now have a population of 70 millions increasing at well over a million each year, and little more than half an acre of land per head. If they would be realistic and give contraception their blessing, it would be a valuable contribution to population control, and might have a useful effect in reducing the demand for termination which they so strongly oppose.

Apart from its not negligible effect in limiting population growth, there is a need for termination of pregnancy which should not be denied. In the permissive society that we have created, the young are expected, at earlier and earlier ages, to have foresight, forbearance and discipline of their own, derived less and less from the experience and wisdom of their parents. For many reasons, inexperience, impulsiveness, lack of knowledge, the thrill of risk-taking, they will start pregnancies which will be regretted long before the foetus has either the capacity for independent existence or a brain capable of beginning to form a mind of its own. At this early stage, abortion on demand might well be made available, as it is in many countries such as USSR, Hungary, states in USA including New York, and with limitations relating to the mother's age, east Germany, Finland, Czechoslovakia and Denmark.² When it is readily available it leads to termination early in pregnancy when the risk is minimal³ which more than compensates for extra pregnancies due to lack of precautions because it is known to be available.

There is an overwhelming need to control, by any reasonable means, the still rapidly increasing density of our population. It cannot go on indefinitely. If we do not control the explosion we created, sooner or later Nature will do so, using her traditional means of famine, poison, disease, or violence using man as her agent. The denser the population, the more it is vulnerable.

REFERENCES

1. Stamp, L. D. (1969). *Man and the Land*. London: Collins.
2. World Health Organization (1971). *Abortion Laws*. Geneva. World Health Organization.
3. World Health Organization (1970). Technical Report Series No. 461. Spontaneous and Induced Abortion. Geneva: World Health Organization.