

## ABORTION

Sir,

In your Editorial concerning the need for more data on the sequelae of abortion (*April Journal*) you point out that your two leading quotations are not based on sound evidence. This is certainly true: *Babies for Burning* hardly deserves reference at all following the analysis published in the *Sunday Times*, and it is not possible on reading Kotasek's paper to assess the validity of the statements made.

You have also misquoted him. Kotasek does not say that 20 to 30 per cent of women become sterile after abortion, but "permanent complications such as chronic inflammatory conditions of the genital organs, sterility and ectopic pregnancies are registered in about 20 to 30 per cent of all women who had pregnancy interruption". You might have provided your readers with a more objective justification in calling for research into the sequelae of abortion had you referred to *Induced Abortion as a Public Health Problem*.

It has always distressed me that the data collected on a national basis from the notification of abortions to the Chief Medical Officer of Health have not been put to greater use. If the data are unreliable as might be suggested in the absence of definitions for the complications to be notified and because of variability in the quality of follow-up after abortion, why are the questions still asked?

Hopefully, the Manchester Research Unit and the Royal College of Obstetricians and Gynaecologists in setting up their welcome and necessary study will not make their objectives unattainable before they start by attempting to answer too many questions at once.

We still do not know on a national basis the incidence of immediate complications of abortion by age, parity, duration of pregnancy, technique and in relation to coincident sterilisation.

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## REFERENCES

- Journal of the Royal College of General Practitioners* (1975). Editorial, 235-36.  
World Health Organisation (1972). Report of a Working Group. *Induced Abortion as a Public Health Problem*. Euro, 9601. W.H.O.

## ABORTION AMENDMENT BILL

Sir,

It was a nasty jolt for me to read in *The Times* that my College had come out against the Abortion Law Amendment Bill. It occurs to me that perhaps the lack of one single letter in support of the bill is because members with my views have taken the rather more positive step of sending written

evidence to the Select Committee (Abortion Amendment Bill) as I have done. I can see no alternative to the generally apathetic acceptance of abortion on demand but to support this Bill. I will not wallow in a sea of puritan condemnation, but would like to point out that the alternative would certainly be a strengthening of abortion on demand.

This, in its turn, would lead to a weakening of the principle of parental responsibility in our society by shifting responsibility for unplanned and unwanted pregnancy to the *State*.

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## REFERENCE

- Royal College of General Practitioners (1975). *Journal of the Royal College of General Practitioners*, 25, 774-76.

## THE NUFFIELD EXPERIMENT

Sir,

Your Editorial on the *Nuffield Experiment* (*August Journal*) is illuminating and informative. It however omits one vital motivation for those of us who were instrumental in achieving it.

In 1972/73, vocational training for entry into general practice as a principal was accepted by the profession, with 1977 the target date for starting such training for everyone. This made it essential to increase substantially the number of general-practitioner trainers to meet the demand for training of an annual entry of over 1,000 young doctors.

To achieve this and ensure a high all-round standard of teaching, it seemed essential to organise general-practice teacher training centrally, so that each region or area would have an opportunity to second its keen and energetic innovators, who should be identifiable as the course organisers of training schemes. They, in turn, could then undertake the training of the general-practitioner teachers they needed in the schemes being developed in their own localities.

Your editorial does not record the farsighted planning done by Council and its Officers during 1973, as well as by Dr Ian Watson who, as Deputy President, was able to introduce this thinking to the Nuffield Provincial Hospitals Trust at their Conference at Pembroke College Oxford, in June 1973.

The Nuffield Provincial Hospitals Trust, as you say responded with vision and generosity to a need which was based on the clear recognition that special training for general practice had to be available by a certain date to all entering this field. This response may well prove as significant as their previous recognition of the need for postgraduate training centres.

In paying this tribute to Dr Watson and the Nuffield Provincial Hospitals Trust, I should also like to reinforce the recognition given in