THE AUTHORS’ RESPONSE

The article “Effects of Legalized Abortion on Neonatal Mortality and Obstetrical Morbidity at Harlem Hospital Center” documented a decrease in both neonatal mortality and the incidence of spontaneous abortions.

We believe that the basis for decreased neonatal mortality is that prior to legalized abortion in New York State, illegal second trimester abortions led to the delivery of nonviable low birth weight infants who were technically classified as live births. The decline in the number of incomplete (and septic) abortions observed at Harlem Hospital Center was undoubtedly due to the fact that abortions were no longer being illegally performed by nonphysicians.

The lack of decline in the birth rate may be an indication that the place where abortions were performed, rather than the total number of abortions, had changed.

The authors would welcome the day when intelligent use of birth control methods, excellent teenage education, and increased standards of living would result in few unwanted pregnancies and hence in a reduced number of abortions.

We agree with the general tenor of Ms. Mahoney’s letter and would hope that adverse conditions which have led to widespread abortion will be ameliorated.

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ABORTION AND THE PUBLIC GOOD

Considering the slant of your August editorial on abortion, I would like you to grant “equal time” to the testimony of Dr. Andre Hellegers before the Senate committee which is considering the Human Life Amendment. I enclose a copy of the testimony, and sincerely hope you will consider printing it in full.

[Editor’s Note: Limitations of space in this journal are such that we do not consider printing lengthy material which is already in the public domain, as is Dr. Hellegers’ testimony before the Senate.]

The abortion situation is far more than a simple “right to choose.” If, indeed, this is a new, unique member of the species Homo sapiens, as all our textbooks tell us the developing unborn is, then the question is much larger. Questions about “potential” life are moot—the emphasis should be on whether this is human life, potential or no.

There are alarming indications from other countries with longer history of permissive abortion than ours, which indicate that open abortion laws may indeed be a detriment to public health. I enclose a copy of “Czechs Tighten Reins on Abortion” from Medical World News, which reports an alarming rise in premature births due to cervical scarring, which is the legacy of abortion (Medical World News, October 12, 1973). Japan, another country with a long history of open abortion laws, is also concerned about the situation.

I realize that APHA is on record as favoring abortion as the choice of each woman and her physician. But I do hope, in the interest of all of us physicians who believe that abortion actually works against the public good and who favor positive nonviolent solutions, that you consider and print Dr. Hellegers’ testimony. Especially since it deals specifically with the topic of public health.

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ON TRAINING PUBLIC HEALTH PERSONNEL

In the February, 1975, issue of AJPH (65:161, 1975), Milton Terris echoes one of the supposed truisms of “modern” public health—namely, that the function of schools of public health, training, and research, can only be carried out properly within such schools. He lists as necessary conditions for accomplishing these goals “...continuing and increasing federal and state financial support,” and “...close linkages with the health departments and other health service agencies...” and finally he emphasizes that they must “...in every case