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# Letter From Australia

When I read the recent work of Whitelaw (*J.A.M.A.* February 28, 1966) on the longterm effects on the patient of the contraceptive pill, I meditated on the traditional wisdom of the Church in refusing to be put off balance by each of the latest contributions of "science" in turn when they destroyed unjustly the lives of babies.

## TB AND HEART FAILURE

When I was a student, the teaching of medicine everywhere was that, should a patient with TB or heart failure become pregnant, abortion was necessary to save the mother. Somebody's Dictum had said TB is worse during pregnancy and Somebody Else's Dictum had said heart failure is made worse during pregnancy. Such situations were ideal states for statistics; it would have been the simplest thing in the world for a medical school to arrange to treat every second patient with abortion and compare the results in 100 aborted versus 100 who were not.

But the doctors who really thought abortion necessary were not allowed by their consciences to deny to their patients the correct treatment. There were always a few doctors forbidden by the patient to abort, or who did not through ignorance or negligence or cussedness. And observant clinicians discovered that the number of TB and heart patients who did get worse during pregnancy was surprisingly large.

Twenty-five years of statistics of

AUGUST, 1966

the "unscientific" and backward Catholic hospitals in Dublin were published in the *British Medical Journal* to prove that the "angers" of pregnancy in TB and heart failure were illusory. But what of the thousands of unnecessary infant murders? The less said about them the better. The fashion of therapeutic abortion for a dozen diseases was quietly dropped before anti-TB drugs. (See Haig, "Heart disease complicated by pregnancy," *Edin. Med. J.* August 1949; O'Sullivan, *Catholic Medical Quarterly* 1952; Russell, "Changing indications for therapeutic abortion: twenty years' experience at Los Angeles County Hospital" *J.A.M.A.* January 10, 1953.)

## PITT: MATERNAL RUBELLA

This is Australian and almost topical: it has to do with an editorial in *Medical Journal of Australia (M.J.A.)* of November 17, 1965 which begins

The three papers by David Pitt . . . recently published in this Journal,<sup>1,2,3</sup> mark the completion of a prospective survey of the results of rubella in pregnancy which Pitt initiated almost ten years ago.

Because of the great difficulty in collecting an adequate number of fully documented patients for a prospective survey, this is likely to remain one of the definitive studies of the epidemiology of the congenital rubella syndrome. Though some other series deal with greater numbers of cases, very few rival it for thoroughness of documentation of the individual cases, and in some respects the audiological data break completely new ground.

However, medical progress does not stand

still. In the third paper of their triad, Pitt and Keir list under six headings the recent advances in the study of rubella which have enormously extended our understanding of the congenital rubella syndrome. First among these comes the isolation of the rubella virus in 1962 . . . Doubtless most of you know, or know of, David Pitt, ex-master and official of Guild of St. Luke, whose work on rubella has made him a world leader.

A scientific breakthrough in the true medical tradition was that of Sydney's (Sir) Norman Gregg (*Trans. Aust. Opth. Soc.* 1941). The ten years after brought no advance but only a unanimous agreement among Australian scientists (and many in U. S. and Britain) that — to save her worry — abortion of every pregnant woman afflicted with rubella was the only thing.

In Australia an epidemic of rubella occurs every year or two. By 1951 the abortions must have amounted to hundreds; nobody knew the true incidence of foetal malformations; lives and clinical material were being sacrificed on a vast scale. I pointed this out in letters to *M.J.A.* on January 21 and April 21, 1951.

Pitt was a general practitioner and editor of *General Practitioner of Australia and New Zealand* until 1961. In 1952 Pitt received the help of Melbourne's Chair of Obstetrics and several times circularized Australian gps and obstetricians; 665 agreed to notify him of cases of rubella in first four months of pregnancy. By 1957 he had 47 cases and in a preliminary report "Criticisms were made of high risk figures which had been given by

some early Australian workers . . . these estimates, being based on retrospective data, were therefore likely to be fallacious . . . prospective studies were needed . . . (Pitt, *M.J.A.* June 17, 1961).

In his latest paper (*M.J.A.* October 30, 1965) Pitt was able to write: 103 children (in first six months) suffering from antenatal rubella have been studied . . . 100 of these have survived and are now aged between 4 and 8 years. . . the total incidence of major defects . . . has been . . . 23.8% . . . 6% in first four weeks . . . 33% from fifth to twelfth weeks . . .

The final quotation from Pitt is from his 1961 paper " . . . in only 14 (out of 61) cases was termination of pregnancy carried out; this . . . illustrates the change in medical practice . . . since . . . termination of pregnancy was practically a routine procedure in this country."

#### ROCK: THE TIME HAS COME

Up till World War II drugs would not reach the market if not approved by the senior physicians (internists) the most intelligent and responsible doctors who decided what treatment (including surgery and endocrines) was good for the patient. The senior physicians decided what specialists were of use to the patient and in medical education; they decided the scope of each specialty. The powerful hormone progesterin has been known for 40 years and I could not imagine any responsible doctor approving its release without exhaustive trials over five years.

Until I read *The Time Has Come* in 1963, I had imagined the pill

was composed of some wondrous new drug. Imagine my sense of anticlimax when I discovered that Rock's claims applied only to progestin, which I had known of since a postgraduate course in physiology in 1934. "But" my better sense told me, "before recommending its release Dr. Rock has doubtless given it to hundreds of women for several years."

My confidence that Rock had thoroughly tried progesterin was shaken recently when I read Morton Mintz's statement in *The Therapeutic Nightmare* (p. 272) that FDA had released Enovid when it had been tested on only 132 women for a year continuously. The *Medical Letter* of June 10, 1960 said "No physician can feel completely safe that long-term use will prove safe for all patients." Of 61 professors of obstetrics circularized by FDA, 21 advised against release and 14 "did not have sufficient data."

Armed with Mintz's data, I have been able to read more critically on pages 164-166 Rock's description of how he first tried one or more of the three approved progestins on 50 sterile women and got them approved by FDA for sterility and miscarriage prevention. Before he could have formed judicial opinions on the use of progesterin for these purposes, it was released for contraception to "a much large number of women" in Puerto Rico, and later to several thousands. In 1963 more than a million were taking it.

Nowhere does Rock or his supporters tackle the two all-important questions (1) Is the pill 100%

effective in preventing pregnancy? (2) Does the pill cause ovarian atrophy with sterility? Regarding 100% effectiveness, a careful study of Rock's data will show you it never was 100% effective. He says "With this regimen, we found that during the twenty days virtually 100 percent postponement of ovulation resulted."

"Virtually" is a significant word. He is talking of only 50 patients and virtually 100% could mean 45 or 47. In two excellent letters to *M.J.A.* of March 20, 1965 and March 12, 1966, Australian Dr. Morgan hints that in cases of pill failure the detail men have been instructed to doubt the woman's truthfulness. In his first letter Morgan reported two patients who became pregnant while taking an oral contraceptive sold here as Sequens. In *M.J.A.* of December 18, 1965 Dr. Donald had reported a pill failure with Cvin. March 12 Morgan quotes (*M.J.A.* and *B.M.J.*) three other doctors reporting pill failures. Morgan says that one of his Sequens failures, a mother of five children, had spontaneously aborted. She started Ovulen but it caused depression and bad headaches. In April 1965 she started Ovin but stopped in October because she felt pregnant; she was.

Three of Morgan's comments are worthy of notice:

When pregnancy does occur due to tablet failure, there is an increased incidence of spontaneous abortion.

The patient's distress caused by these "pill" failures is greater than when other methods of contraception fail, because these earlier methods were not expected to be so reliable.

I am in an even better position to know that it was a tablet failure, not a patient failure . . . more doctors recently are believing women rather than the manufacturers implications that failures are always due to patients forgetting doses.

Thirty years ago wild theories could not be inflicted on humanity because the word of the careful physician was law. If a doctor hears about a "side effect" from a patient or a friend it cannot be chance; it must mean that ill-effect is common (I put side effect in quotes to show it is not the truth). The daughter of a patient of mine after two years on the pill has had two ovarian cysts removed and is now sterile. She has had bouts of increased intracranial tension. I would not have taken notice of this but for two cases of post-pilular pseudo-

tumor cerebri reported by Arbenz (*Schweiz Med. Wschr.* November 27, 1965); it is a sign of physical addiction like the postcortisone pseudotumor cerebri reported by Earl Walker (*J.A.M.A.* June 1, 1964).

In my ruggedly rhyming review of *The Time Has Come* (L. August 1964) I wrote in ignorance of magic pill worketh no ill but only good effect." The ignorance was culpable; I should have known excessive doses of ovarian hormone would cause ovarian atrophy, even as excessive doses of adrenal hormone cause adrenal atrophy.

April, 1966.

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