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Abortion—Part VI

By Rt. Rev. Msgr. Paul V. Harrington, J.C.L.

Where originally the indications for abortion had reference to the physical health of the expectant mother and more recently to the mental health, now, the horizons have been broadened and the citizenry are being asked to allow the direct killing of a fetus when there is a possibility that the offspring might be physically handicapped or mentally retarded.

DEFECTIVE OFFSPRING

The spotlight was directed to this particular indication for abortion in 1962 when there arose the great difficulty with thalidomide and other similar tranquilizing drugs, which, if taken in the early stages of pregnancy, did apparently cause some babies to be born without arms or without legs or with some deformity.

The two celebrated cases that received great publicity at that time concerned the Vandems in Liege, Belgium, and the Finkbines in Arizona.

Mrs. Suzanne Vandem gave birth on May 29, 1962, to a baby girl who was born without arms. On May 29, 1962, the newborn was given barbiturates in a mixture of honey and died. Charges of murder were filed by the prosecutor against the mother of the child and her sister and the family doctor. There was much interest in the case throughout the entire world and there was much popular sentiment favoring the murdering of the infant and screaming for the acquittal of all the accused.

During the trial, Mrs. Vandem pleaded: "Day and night I had thought of all possible solutions. But all the time there was that nagging thought that my child all its life would reproach me for the way I brought it into this world. I am sure of that. It was the only solution."

The defense was based on the assertion by the five defendants that they felt pity for a "hopelessly deformed" and wretched human thing who faced a prospective existence without a glimmer of human happiness.

In his summation to the all male jury, the defense attorney stated "if you tell the accused that they are not guilty you will have found the human conclusion to this trial. If people chose a solution which may be erroneous they have only to account to their own conscience. God, perhaps, has already forgiven them. You may disapprove of the stand they took, but you cannot condemn them." 2

The jury found all the defendants without guilt.

Vatican Radio, in commenting on the acquittal of the Vandemps et al inquired: "Who assumed—and by what right—that the child could not have only spoken, would have asked to die? She was innocent. Responsibility for her deformity rested, if at all, with her mother, and with society, not with her. By what right did society, the real culprit, acquit the mother, thus ratifying the death sentence on the creature who alone was innocent? . . . The slain infant was a person, the repository of all the rights vested in man. But she was looked upon merely as a body, a faulty product. . . . A breech was opened in the bulwark which protected the weak, the frail, the physically handicapped, the old and the sick. An injury was inflicted on the most sacred, the most inviolable of all rights—the right to life. The murder of a deformed infant is unjustifiable. Objectively and morally such an act suggests the refusal to face life's daily pains. It represents rebellion against the law of nature and the law of God, Who is love." 3

The Robert Finkbines, in a suit brought by them and a hospital, were denied the right to have a legal abortion in Arizona and the County Attorney was prepared to prosecute them if an abortion was attempted. Mrs. Sherri Finkbine had taken an European made tranquilizer early in her pregnancy and she feared that her baby might be deformed.

A Catholic couple from San Francisco offered to adopt the yet unborn child who might be handicapped because of their religious convictions that abortion is immoral but the offer was rejected by the Finkbines because "it wouldn't be fair to the child" and because "we have concluded to seek help in a more favorable climate." 4

After gynecological and psychiatric tests in Sweden, Mrs. Sherri Finkbine was aborted.

During the thalidomide crisis, Richard Oulahan, Jr. made a very sane and common-sense observation: "For the poignant causes of the worldwide controversy, the thalidomide victims themselves, there was hope. Armless, legless, or even totally without limbs, they can be helped to lead useful lives. They can have the gift of parental love and enjoy the companionship of other human beings. Surgery and artificial limbs and special training have improved the lot of thousands of gruesomely crippled people." 5

At the time of the Finkbine case, Most Rev. Thomas J. Riley, Auxiliary Bishop of Boston, declared:

It is no more allowable to kill an infant in its mother's womb than is it to kill an innocent boy or girl, or a young man or woman or an adult. . . . Once we admit that an autonomous human being who has been guilty of no personal wrongdoing may be deprived of his life, the way is open for defending direct abortion in other circumstances as well. . . . With still greater emphasis it must be asserted that the life of the child cannot become the object of direct attack for fear that it will be born maimed. It must be allowed to live, and it must be afforded the same ordinary care that would be given to any other human being suffering from physical deformity or disease. This answer to the problem is not welcome to those who view the problems of human morality from the point of view of mere expediency, or who seek their answer in emotional reactions rather than through the exercise of reason. From these points of view all human rights would disappear, and morality would become merely a matter of recognizing the prevalence of superior physical force." 6

Similarly, an editorial, entitled "Sentence of Death" declared: We are told that the chances of having a deformed baby in these circumstances are fifty-fifty—which is to say that it is just as likely to be a healthy baby as not. The people who share Mrs. Finkbine's view consider themselves very
practical: they are solving the problem realistically, as they judge it. And yet how many people send a man to the gallows if they only had a fifty-fifty conviction of his guilt? Why in all this do people generally shy away from speaking of abortion in terms of what it really is—murder. A human life is destroyed in these circumstances, and yet how many people believe the healthy there would be a pretty good chance of catching up with most of us before the end. Who has given the healthy physical superiority over the afflicted also called which people make decisions without thinking about their ultimate meaning in terms of true values. If an unborn child of some months can be destroyed because it might be permanently deformed, a child born a few months and paralyzed by polio might, in the same reasoning fall under a similar decision. In some manner, and against all of this, the sacrosanctness of human life, even the life of the handicapped, must be recognized. The mystery of life must receive emphasis in the divine creation that might allow or legalize a destruction of life.

The exact same arguments which prevailed during the thalidomide episode refer to the destruction and murder of the fetus in cases where the expectant mother was infected with a virus disease during her pregnancy. The particular virus which is of present concern is rubella or German measles. As usual, there is much hysteria and emotion about little fact and truth in the arguments and in the releases, which are attempting to influence the legislation that might allow or legalize abortion when rubella has been contracted especially in the early stages of pregnancy.

What are the facts about the effect of rubella on the fetus? What do the studies and surveys show? Heffernan and Lynch tried to give the objective and factual situation in 1951:

The monumental work of Gregg, in 1947, commenting on this investigation stated: "to date the available evidence points to a ten to one chance that a woman who has rubella in pregnancy, will give birth to a child with gross congenital deformity . . . the likelihood that such a child be born long after rubella is the first and second months is the greatest. It was estimated at 100% by Australian authors, but this was modified to 118 to 4 by a compilation of Australian surveys. Utilizing the figures on normal babies alone, I should lower the incidence still more." However, Morten of Los Angeles, estimated that only four out of ten women who get German measles in the early stages of pregnancy are likely to have abnormal babies.

- Fox and Barton, in 1946, published the results of their investigations in 22,226 cases of rubella in the U.S. The 11 pregnant women who had rubella, the disease in 5 occurred during the first 2 months and 4 during the second to fourth months; 1 in the seventh month; and 1 in the ninth month. One stillbirth occurred among the 11 children of women who had twins, both normal; 1 woman gave birth to a child with congenital cataracts. These authors conclude: "Our results do not justifiably condemn termination of pregnancy because of rubella. The occurrence of congenital malformations following virus disease in pregnant women is a subject deserving of further careful investigation."

Other virus diseases have also been implicated as a cause of congenital malformations in the newborn. Among these are mumps, ordinary measles, chicken pox and infectious mononucleosis. Although at first these malformations were thought to be due to the infection of the fetus by transplacental migration of the virus, grave doubt as to the validity of this hypothesis has been developed by recent investigations. These have shown that both restricted maternal diet and fetal irradiation are capable of causing abnormal development in the offspring of laboratory animals. . . . The experiments of Gilman, Gilbert and Spence tend to demonstrate that the effects of Trypan blue and, by inference, rubella virus are not direct effects on the fetus but cause remote preceding metabolic states which subsequently interfere with fetal development. They suggest that the supposed mode of action of the rubella virus on the human fetus be re-examined as passage of the virus through the placental barrier is debatable.

This relationship of virus disease and congenital malformations is a serious problem. However, reports which followed Gregg's pronouncement 10 years ago have indicated that the early profound pessimism of the Australian investigators was unwarranted. In this short time, further investigation has shown that therapeutic abortion performed on a woman who has suffered from a virus infection during pregnancy might result in the destruction of a normal baby. Pending the development of more adequate specific therapy for the cure of virus infections during pregnancy it would seem advisable to recommend that young women before marriage be vaccinated against these mild infections so as to acquire immunity against them.

By reason of these facts, Heffernan and Lynch conclude: "from a medical point of view they (therapeutic abortions) must be condemned since they assume untenable premises to be facts, they are destructive in their approach, and are separated, by the mere width of the uterine wall, from the concept that defective children and the incurably ill shall be sacrificed 'for the good of the community.'"

The October 12, 1957 issue of the Journal of the American Medical Association carried an article and an editorial on the problem of rubella in pregnancy.

The article by Greenberg, Pellitteri and Barton indicated that many of the previous studies were inaccurate, incorrect and erroneous and the results were incorrect and erroneous and the authors concluded: "Blanket advocacy of therapeutic abortion in pregnant women who develop rubella during the early months of pregnancy is medically unjustified."
The editorial in the same issue declares: "The fact that the chances that the infant will be normal in spite of the mother's infection are much better than was formerly thought seems a valid reason not to interrupt the pregnancy."13

A more recent article provides a warning, specific statistics and an observation. The warning is that rubella is difficult to diagnose except in an epidemic; the statistics are that the danger of malformation of the fetus is as follows: calculated from the first day of the last menstrual period, the risk from 1 to 4 weeks is 38%; from 5 to 8 weeks, 36%; from 9 to 12 weeks, 15%; from 13 to 16 weeks, 7%. The observation is that some of the lesions are not severe, e.g., a common congenital heart lesion is patent ductus arteriosus, which is amenable to surgery.13

There is apparently some correlation between rubella in a pregnant woman and malformation in the development of the fetus. However, it is definite that not every child, born of a mother who suffered from rubella during pregnancy, suffers from a congenital crippling or deforming condition. It would appear that the earlier in the pregnancy that the virus disease hits, the greater the probability of deformity and the later in the pregnancy the less the probability, with this reservation that even if the rubella strikes in the first few days or weeks of the pregnancy, it is not certain that the fetus will be affected.

If the statistics just offered are reasonably accurate, it would mean that, if rubella affects the expectant mother in the first four weeks of pregnancy, 58 out of every 100 children would be victimized by some congenital condition; but it also means that 42 out of every 100 children would be born normal. In the second category, 36 out of every 100 children would be affected but 64 out of every 100 children would be spared. In the third category, 15 out of every 100 children would be handicapped but 85 out of every 100 children would be safe. In the last category, 7 out of every 100 children would suffer but 93 out of every 100 children would be normal.

Now, the big question arose—should the 42 normal children, the 64 normal children, the 85 normal children, the 93 normal children be sacrificed and murdered merely to ensure that their counterpart will be spared being born with some congenital condition? It certainly doesn't make any sense to say that 93 healthy children should be killed in order to spare 7 handicapped children; or to murder 85 perfectly normal children to protect 15 children who may be born with some anomaly.

To murder all the children, whose mothers suffered from rubella during pregnancy, in order to safeguard the few certainly smacks of a 20th century repeat of the infamous plot of King Herod. When a price is put on innocent blood! If abortion is to be legalized in cases where rubella is experienced during pregnancy by the mother-to-be, we can rightfully label this the SLAUGHTER OF THE HOLY INNOCENTS!

In the interests of justice and equity, can the 7 handicapped children demand that the 93 healthy children be murdered in order that they may be spared the ordeal of being born with an affliction? Can the 15 make a similar demand of the 58? Can the 36 require that the 64 be denied the right to life or the right to be born? Can even the 42 be asked to forego the privilege of life in order to protect the 58? Even if the victimized children make the demand, do the healthy children have any obligation to comply? Do they even have the right to agree?

Another recent report, on the relationship between rubella and pregnancy, appeared in the Australian Medical Journal on October 30, 1965 and was prepared by Dr. David Pitt, who had been studying this particular problem since 1952. As a result of circularizing the general practitioners and obstetricians in Australia, 665 agreed to notify him of cases of rubella in the first four months of pregnancy. By 1957, he had 47 cases and in a preliminary report, issued in the publication on June 17, 1961, Pitt stated: "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. 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."

In the most recent paper, which appeared in the journal on October 30, 1963, Pitt reported: "103 children (in the first sixteen weeks) 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%... 60% in first four weeks... 33% from fifth to twelfth weeks."

An editorial in the November 17, 1965 issue of the Medical Journal of Australia stated: "The three papers by David Pitt... 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 of 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."14

If abortion is not the answer to the problem, how and in what way do we care for the situation of all, most of the children will be born perfectly healthy and absolutely normal; thus, they present no problems to themselves, their mothers or their physicians. Of those unfortunate few children who are affected, many will be the victims of congenital conditions, which can be treated and thus are reversible and non-permanent. The medical literature indicates that the common or frequent congenital anomalies are heart lesions, cataracts and impaired hearing. Medical science, with all of its recent developments and findings, can do much to.
cure or to alleviate these conditions. If we use open-heart surgery for people who have acquired cardiac problems during life, why can't we use the same discoveries for infants who are born with congenital conditions? As for cataracts, these readily respond to surgery. Thus, those children who are born with a congenital anomaly, physical or mental, should be allowed to be born is to be found in the mystery and value of life—not in the ephemeral, transitory and changeable bases of personal happiness, significant contribution to society, usefulness, etc.

God creates little children not for the benefit of the children themselves, not for the benefit of their families, not for the benefit of society. God creates little children in order that they may, using what He has given them, bring honor and glory to Him. This is what is important: children are born and live in order to glorify God. Nothing else matters or is important: health, personal happiness, contribution to society, usefulness, personal responsibility, independence.

If God, Who created the child who is born with a congenital anomaly, can love him and derive honor and glory from him and his physical handicap or mental retardation, why can't we? Why can't we encourage them to live or not. The institutions are full of idiots with no brain at all. They were never of any use to themselves or anyone else. I do think there is no good in keeping humans alive who can never be human beings.
not be murdered. The child with a curable and reversible handicap should not be killed. The infant, though permanently victimized, who will be a blessing to so many should not be denied the opportunity to be born or to live so that he can function as an important and useful instrument for the perfection and sanctification of others.

It would certainly be inappropriate and inopportune, at this time, to consider permanent legislation, which would authorize abortion in cases of mental retardation or of congenital malformations. It seems that the premature or the stillborn should be classed in one group, the handicapped in another, and that termination of the pregnancy in these two cases could be justified by the parents, who would be carrying their handicapped child to term.

The condition of blood incompatibility between the mother and her intrauterine child—known as erythroblastosis—has presented problems in the past. This condition became one of the well-known contraindications to pregnancy, and if conception had occurred, therapeutic abortion was recommended, even though the mother’s health and life were not jeopardized, because there could not be assurance that a live and healthy baby would be delivered. However, when it was discovered that, once the child was delivered and, if he were anemic, his entire blood supply could be successfully replaced by transfusion of healthy blood, many of the difficulties were solved.

Some serious problems remained because if the blood of the fetus deteriorated too rapidly, he would die within the womb before he had a chance to be delivered. Doctor Watts, an obstetrician on the Staff of Providence Hospital, Southfield, Michigan, wrote on this subject recently. He stated “In an effort to save these babies, early termination of pregnancy and blood exchange of the newborn was necessary. However, prematurity often resulted in fetal loss. On the other hand, delayed interruption of the pregnancy produced infants suffering with severe anemia, heart failure and advanced stages of erythroblastosis fetalis that could not be corrected by the best pediatric care. The obstetrician, guided in his judgment by such indirect methods as blood titer studies, past history and clinical evaluation of the status of the pregnancy, was at a great disadvantage in determining the optimum time for delivery. There was no set standard and as a result the infant mortality rate associated with erythroblastosis fetalis remained unimproved.”

“A breakthrough occurred in this problem with the work and publication of Liley in New Zealand. Obtaining amniotic fluid from the pregnant, RH sensitized mother, by a technique of abdominal amniocentesis, he was able to show that when this specimen of fluid was subjected to spectrophotometric analysis, a particular absorption curve could be demonstrated that represented bilirubin products present in the fluid. By plotting optical density against wave length, Dr. Liley could plot a graph that gave a rough measure of these bilirubin products and from this an evaluation of the severity of the hemolytic process in the unborn fetus could be made. For the first time an essentially simple technique and laboratory test was described that could have great clinical application in the field of obstetrics. . . . It is remarkable how accurate this test has been in assisting the obstetrician in his evaluation of the hemolytic process in the unborn fetus, as well as in ruling out the unaffected infants.”

In addition to this tremendously important discovery, Doctor Liley worked assiduously to find a solution to the problem of the severely affected fetus who was doomed to inevitable death within the uterus because termination of the pregnancy was contraindicated by reason of extreme prematurity. Again, Doctor Watts described the new findings: “Doctor Liley developed a technique of transabdominal intrauterine fetal injections of small amounts of fresh blood cells. Admittedly a heroic procedure, it nevertheless enabled the fetus to receive fresh blood that would correct temporarily the severe fetal anemia until the optimum time for delivery could be reached. Dr. Liley has been successful with this procedure and has a number of living children saved from an otherwise impossible situation.”

This dramatic procedure is being used and has been successful. Children, previously doomed to die within their mother’s womb, are now being born normally. The University Hospital in Boston recently reported the premature birth of a female child weighing four pounds and eight and one-half ounces. The hemolytic process was so severe that two intrauterine transfusions were necessary before birth, seven exchanges of blood within thirty-six hours after birth and two subsequent transfusions were required. The infant made rapid strides towards sound health and was able to leave the hospital. In this connection, both the University Hospital and Boston City Hospital have reported that eight out of the last nine children, with blood incompatibility, have survived.
strates beyond question that, if the medical profession accepts the present challenge of disease and problems and dedicates itself to persevering and patient research, their efforts will ultimately be successful, solutions will be found, and the best traditions of the profession will be upheld and continued. If Doctor Liley had succeeded in the suggestions and recommendations of his colleagues that abortion is the only answer to serious erythroblastosis fetalis, a technique for intrauterine transfusion would never have been discovered, and thousands of infants would never have been born.

Now that the severity of the hemolytic process can be determined and intrauterine transfusion, if necessary, can be accomplished, erythroblastosis fetalis should no longer be listed as an indication for abortion. Again, the positive and constructive approach has succeeded in bringing life where the negative and destructive attitudes of abortion could only bring death.

THE UNWED MOTHER

The next problem for which liberal abortion laws presumably will be the cure-all is that of illegitimacy, the unfortunate child born out of wedlock. Regrettably, the problem of illegitimacy and the unwed mother is only a small part of a much larger and broader problem—that of promiscuity and sexual relations outside of marriage.

Obviously, there will be no specific and definitive statistics to indicate on how many occasions each day, week, month or year illicit marital relations are had by the total populace or on how many occasions during the same period sexual intercourse is indulged in by any given individual. One can appreciate the total complexity only by direction—the number of illegitimate births, the availability and use of contraceptives, particularly oral contraceptives, the incidence of venereal disease.

Rev. William P. Briddy, director of Catholic Charities of the Diocese of Harrisburg, Pennsylvania, reports that in 1962, 310,000 illegitimate births were recorded in the United States.21

Doctor Duncan E. Reid, chief of staff at Boston Hospital for Women, said that "the number of unwed mothers is increasing in the United States despite availability of birth control devices, that 30 percent of the obstetrical patients at one large Boston hospital gave birth to 1,000 illegitimate babies in 1965 and that 500 babies were born to unwed women at his hospital in 1965."22

Pregnancy, as a reason for marriage or existing at the time of marriage, is also part of the problem.

Doctor Harold T. Christensen estimates that one out of every six resides in America is pregnant when she marries and this includes all age groups.23 As for pregnancy and marriage in the teen-agers, again there are no reliable statistics but figures indicate that about 12,000 teen-agers are married and still attending high school and of this number, 5,812 are aged 14 or 15 years. There is a reasonable assumption that the rate of pregnancy among teen-agers is higher than among other groups or otherwise they would wait a few years before they married.24

Another report states that "fifty percent of all teen-age girls who marry are pregnant at the time of the ceremony. Eighty percent of teen-agers who marry teen-age boys are pregnant."25

Father Briddy refers to a recent survey that shows that 38 to 40 percent of illegitimate births occur in the teen-age group from 15 to 19 years of age, and not a few of these girls have been involved with married men.

A further study reveals "that in 1965, in one American city alone, there were 626 illegitimate births among the 7,143 live births. In this city, Toledo, Ohio, with a population of some 320,000, slightly more than half of the illegitimate births were to girls under 19 years, a percentage that compares to 40.7 percent in 1963 and 45.6 percent in 1964. The city’s illegitimacy rate per 1,000 live births has gone up from 29.7 in 1950 to 87.6 in 1965."26

It was revealed that 52 girls dropped out of a High School in Springfield, Massachusetts, during the academic year, 1965-1966, because they were pregnant. In the two previous years, an average of 20 girls left school for the same reason. In the first month of the current school year, 8 girls have abandoned school because of pregnancy.27

Doctor Philip M. Sarrel, chief resident in obstetrics and gynecology at Yale New Haven Medical Center has been interested in the problem of illegitimacy among teen-age girls. "As part of a research project a follow-up study was made of 100 girls who, as clinic patients, had their first babies at Yale New Haven Medical Center in 1959-1960. They had become pregnant between the ages of twelve and seventeen. The study showed that during the next five years these same girls had 240 additional babies. That’s almost as many pregnancies as 100 women are physically capable of having," Doctor Sarrel said. At the end of the five years the oldest of these girls was twenty-two. Of the 100 girls, 36 married after they had their first baby, but at the end of the period studied only nine were still living with their husbands.28

A newspaper story began with these words: "The problem of out-of-wedlock pregnancy reaches down into the seventh grade in the Boston public schools."29 To meet this growing and serious problem, the city’s first Adolescent Pre-Natal Clinic has been established within the obstetrical department at Boston City Hospital. This cares for the necessary medical attention which these young girls need so desperately but something also had to be done for the educational needs of these school girls because many wished to continue their education but they were forced to leave school once their pregnancy was discovered.

In order to provide further education outside of the usual school-structured program, the Committee on the Educational Needs of the Teen-age Unwed Mother was organized. This project is funded by the Office of Economic Opportunity and the City Anti-Poverty Agency. Classes are held at settlement houses and health units and reflects a cor-

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porate effort of Boston City Hospital and the Boston School Department, which provides the teachers. Three types of courses are offered—general, business and college.

The project director revealed: “We look for ‘high risk pregnancies’—girls from 12 to 19. The girls must have the support of at least one parent, be in their first pregnancy, have passing marks in the schools they left and be healthy enough to carry through with the program.”

A recent series of articles on “The Pill” disclosed the following: “No one knows how many of the 200,000 women who will take a birth control pill today in Massachusetts are unmarried but physicians agree there is a growing black market in oral contraceptives. Statistics show that many drug stores contraceptive pill sales to single women account for a third of all those sold.”

As for venereal infection, Doctor Nicholas J. Fiumara, director of Communicable Diseases of the Commonwealth of Massachusetts, revealed that Massachusetts had a 12 percent increase in the number of reported cases of infectious syphilis last year and 186 more cases of gonorrhea. New cases of primary and secondary syphilis in Massachusetts went up from 276 to 351 within a year, with the total number of reported cases rising from 1,804 in 1965 to 2,004 in 1966. Reports of gonorrhea increased from 4,595 in 1965 to 4,779 in the fiscal year just ended. The dangerous resurgence of venereal disease in Massachusetts, which teen-agers contribute at least 30 percent, is shown in the above statistics, which reflect a national and world-wide trend.

A report of the World Health Organization, released in April 1965, states: “The incidence of venereal disease among young people has increased in many countries in recent years, especially among girls aged 15 and 19 years of age.”

The above indicates that we have a very serious problem of national proportions—the incidence of illicit and immoral sexual relations outside of marriage—but these statistics only refer to those who purchase contraceptives, have become pregnant outside of marriage or contracted venereal disease. It is reasonable to assume that there are many more violations of the moral law than reflected by the surveys and reports mentioned above—namely, by those who do not use contraceptives, have not conceived out of wedlock and have not been infected by venereal infection. By combining both parts of the equation that we are facing in a most grave problem for which we must, by using ingenuity, imagination, common sense and prudence, find an effective solution and remedy.

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The proponents of more liberal abortion laws address themselves only to one part of the problem, that of pregnancies out of wedlock. They take no cognizance of the other aspects of the problem. By this neglect, one would almost interpret their position as one of moral indifference and based upon a pragmatic principle of “enjoy sexual relations outside of marriage but be smart and sophisticated enough not to be burdened by pregnancy or venereal disease.”

And even for the aspect of illegitimacy, they propose a solution which is negative, destructive, unimaginative and will accomplish nothing towards eliminating or ameliorating the problem and preventing its reoccurrence in the same individuals. 310,000 illegitimate births were reported in 1962. An estimate of 200,000 teen-age girls undergoing abortion each year. While one set of figures cannot be set side by side with the other, there is no doubt that there is a relevancy and a reference between them.

Abortion merely removes the visible, concrete evidence of violations of the moral law; it does not go to the heart of the issue and probe the reasons for the immoral behavior of the persons directly concerned. Those who suggest and recommend abortion as the panacea for illegitimacy should hang their heads in shame. They refuse to acknowledge the real scope of the problem and they offer nothing in the way of a constructive and positive solution for the small portion of the problem which they recognize. In short, they make no significant contribution to the national interests, to individual morality, to family life, to society and to the common good.

In addition, by abortion, the only innocent one is the one who is murdered and killed. In contradiction to the pregnancies that result from rape and forced assault, the greater number of illegitimate births result from sexual intimacies in which there is greater or less voluntariness and consent and, therefore, greater or less personal responsibility for the pregnancy. Yet, the parents of the child are not scolded or reprimanded for their immoral behavior; at most, they are criticized for “being caught.” Everything has to be done for the comfort of the guilty couple—to enable them to avoid embarrassment, to be free of social stigma, to avoid trauma, to be relieved of any form of responsibility to the child or society. Nothing is done for the child; no interest is manifested in him or in his wish or desire to be given the chance to be born, a chance he will never again have; no concern is demonstrated for his personal rights; no consideration is shown for his dignity as a person. The innocent child is just murdered by abortion. Many reasons and causes have been given to account for the present immoral pattern of living: lack of religious belief and the absence of an abiding and purposeful standard of ethical principles; poor family background accounting for impoverished personality structures; the seductive nature of present feminine fashions; the sex-oriented media of communications including billboard advertising, movies and theatrical productions, television performances, pornographic magazines,
obscene literature; liberal rules in college dormitories; early teen-age steady dating, the use of alcohol by the young and the immature.

All those who have contact with and responsibility for the youth of our country—parents, clergymen, teachers, youth leaders, etc.—must concentrate on impressing upon our young people that God really exists, He is not dead; that He created all things; that He established the Ten Commandments, the Ten Commandments for the creation of new life and for the personal pleasure and sense-gratification of legitimately married persons; that He intended sexual intimacies to be correlated to married persons; that He intended sexual intercourse to be voluntary and deliberate short-circuiting of pregnancy; He willed or intended that sexual relations because the unwed mother is just a girl who accidentally and unintentionally became pregnant.

What Father Bridy says of the background and problems of the unwed young is also true of many other young girls who indulge in promiscuous, illicit, extramarital sexual relations because the unwed mother is just a girl who accidentally and unintentionally became pregnant.

He says: "The action of a girl whereby she becomes illegitimately pregnant is most often a symptom of deeper problems which must be solved, deeper needs which must be fulfilled. The girl may be personally inadequate; she may lack good social relationships or the ability to make them; she may have unstable parents, uneducated parents, a domineering mother, a vacillating or alcoholic father; there may be poor economic circumstances; there is also the lack of social controls which lead to breakdown of all total disregard for social morals. The girl may not have had any correct, improper sex education in the home. And we cannot exclude the harmful influence of movies, pornography, television and drinking of alcoholic beverages. These are some of the major factors which contribute to and may often precipitate illegitimate pregnancy. These are the many factored problems which account for the unwed mother; these are the areas where help must be given and legislation passed. If we are to help the unwed mother let us strike at the myriad causes of this problem."

When one considers the multitude and complexity of the causes of illegitimacy and promiscuity, one really sees how negative, sterile, destructive and completely useless is the suggestion and solution of our adversaries—abortion, murder, killing of the innocent, unborn child.

Father Bridy appeals and pleads for a positive and constructive approach to the problem of illegitimacy. He quotes Leontyne Young, the author of the excellent study Out of Wedlock: "We have come increasingly to recognize that when a girl becomes illegitimately pregnant, she is by that very action telling us she needs help" and often continues: "Not the help which merely equips her to avoid another out-of-wedlock pregnancy; not the help which encourages an irresponsible life and can leave far deeper scars than that of bearing a child; but the kind of help which will make her a better person, and assure her of an emotionally, physically and morally responsible and good life."

This positive and constructive help can be obtained only by the girl affiliating with a recognized and responsible social agency and receiving the understanding and sympathetic attention of a professionally trained social worker.

Since the Supreme Court is interested mainly in the legal technicalities concerning the right to print and publish without interesting itself in the deleterious effect and demoralizing influence of obscenity, smut and pornography on the innocent minds of young people and since all professional surveys clearly indicate that the socially unacceptable sexual conduct of many of the young people of America is the result of the seductive and suggestive literature, movies, plays, etc., then, it seems that the society at large must find some way to keep the youngsters, the teen-agers and young adults from coming into direct contact with this poisonous cesspool. It seems unrealistic even to hope that the purveyors of smut, obscenity and pornography, who are selfishly interested only in their own financial gain and who are personally indifferent to the influence of their filth on youthful minds, could ever come to a realization of the enduring damage and lasting deterioration for which they are responsible and thus cease and desist from further productions.

If the proponents of legalized abortion would only abandon their negative and destructive solution for illegitimacy and work directly and actively with the opponents of legalized abortion towards a new religious and moral awakening, towards providing society with the number of high-calibre social agencies which are so necessary, towards the elimination of all the baneful influences so rampant in society today, towards the stemming of the tide of deteriorating and disintegrating factors which surround us, they would find a great sense of personal fulfillment and satisfaction. Society at large would be eternally grateful to them for their dedication and commitment to a positive and constructive program that would mean the strengthening of the moral fibre of the citizen and the inevitable stabilizing of marriage and family life.

Socio-economic indications

Another category which, according to the proponents for easy abortion,
would warrant intervention and the termination of pregnancy, would be the socio-economic factors. This classification would include the economically impoverished couple, the couple who could not finance the higher education of any additional child, the couple who do not wish to be burdened with new responsibilities, the "worn-out mother," the mother whose temperament and personality would not allow for the birth of any more children without causing definite pressure and strain to the mother and the family.

One can readily see that these factors have absolutely nothing to do with the life or health of mother or child. One will observe also that any single situation or any group in combination form the basis for the current seeking of an abortion on psychiatric grounds but since they with men tal health-Doctor Posin remarked that the psychiatrist should not be involved. His solution to the problem was that social scientists, economists and the tender-hearted citizenry should find the answer to the difficulty and not prostitute psychiatry and exploit it.28 One further notes that the reasons mentioned above are the usual ones set forth as contra-indications for pregnancy.

Thirdly, we are separated by a reverence for sex which makes their tasteless and mechanistic methods of sex education unacceptable and repugnant. Finally, we are separated by a reverence for God which makes us entirely unable to accept their "new morality," woven out of the fabric of the old immorality and made relevant in what they like to call "the post-Christian era."29

REFERENCES

9. loc. cit.
10. loc. cit.
11. J.A.M.A., 165

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A very important distinction must be made. It is one thing not to bring life into existence and it is an entirely different matter to prevent conception by positive means and directly, intentionally and maliciously to kill new life once it is conceived. A couple, by reason of circumstances, might very well be free of any obligation or responsibility here and now to have another child. This does not mean that they can with impunity and without moral culpability choose and use any effective means that will prevent conception even though these means may be proscribed as evil, sinful, immoral and illicit. Their freedom from a responsibility to procreate here and now certainly does not give them the liberty or the privilege to intervene and terminate by abortion a pregnancy that was not planned, wanted or desired; since such intervention is direct killing and murder.

Thus, the current attempt to seek the legalization of abortion or the liberalization of present abortion laws on socio-economic or general psychiatric grounds lacks all validity.

The recent remarks of Doctor Eugene F. Diamond are timely:

I am particularly grieved by those who say that the only difference between the Catholic position and the modernist position is a matter of means to a common end. I doubt this very much. I doubt that the average Catholic is ready to adopt the contraceptive mentality. We are separated from the modernist view by formidable obstacles:

First of all, we are separated by a reverence for life which prevents our accepting their views on abortion—therapeutic or otherwise.

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The Catholic Physician

REV. DINO J. LORENZETTI

The Catholic physician, by his very title is someone more than a doctor who is a specialist in curing the sick, a respectable gentleman in the community, and a learned spokesman. Through his baptism, he is given a special commission, invested in his person which is inseparable from his profession. He is to bring the Light of Christ to his fellowman.

Primitive man feared two great evils; sickness and darkness—sickness as the unknown enemy that destroyed him from within, and darkness which helped his enemy to destroy him from without. With both he was helpless.

Ancient man somehow associated life with light. With the warmth of the sun, plants "took" life, and in the brightness of the day he could see his enemy and thus protect his life from the aggressor.

The medical doctor was always recognized as a man of vision gifted with knowledge, artistic ability, and natural talents exceeding the men of his day. His profession trained him to discern the darkness of disease and with his skill, assist his fellowman to greater health and life.

Christ, the Divine Physician and "Light of the World" during His public life restored sight to the blind, health to the sick, and knowledge to the ignorant. In His love for mankind, He inspired those who wished to follow Him, in the Way, the Truth and the Life. A Way the Truth can be brought to Life is for each "enlightened" Catholic physician to live in a Christlike manner, serving God the Father, through the inspiration of the Holy Spirit in assisting His people walking in the darkness of sickness and sin.

The Catholic physician striving for perfection in his vocation should listen to the voice of the Divine Healer. In so doing, he will become conscious, through the light of Christ, of the needs of his brothers crying not only from physical pain but also from economic, social, and psychological sufferings. He should become sensitized to the needs of each individual with a soul that will live for eternity. Each patient should be considered a person calling with a need and not a "case number." For some, the Catholic physician should respond with words of comfort; others may need his guidance through a critical stage, and still others his willingness to complete necessary medical and governmental forms.

Every client needs the doctor's time, patience and love. It is here where the Catholic physician should excel over his colleagues through his personal love and concern for everyone. When this is accomplished, then the words of Christ will re-echo "Amen, I say to you, as long as you did it for one of these, the least of My brethren, you did it for Me."

In the Buffalo community, Catholic physicians have shown a tremendously generous dedication to...