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Abortion Controversy Doesn't Die . . . Carpal Tunnel Syndrome



**Dr. Robert
Mendelsohn**

As the stakes are raised in the abortion issue--clinic bombings and jail sentences--the central role of the medical profession in promoting abortions must not be overlooked.

Doctors were in favor of legal abortion long before the feminists joined in the struggle. While no-one can determine for certain whether abortion is good or bad for individual mothers, fathers, families or for our country, there is no question that abortion has been very good for doctors.

With the falling birth rate, abortion has "saved" modern obstetricians. Hospital OB/GYN departments have been converted to "profit centers" by abortion and--perhaps even more important in the long run--the management of abortion-related complications. Performing abortions has saved many graduating OB/GYN residents from financial disaster in their early--and later--years of practice.

The death-oriented practices of obstetricians have spilled over into pediatrics with denial of life by pediatricians not only to "defective" fetuses, but to those same infants who may have escaped the frying pan of intrauterine destruction only to face the murderous fire by the once-benign newborn nursery.

Has medicine paid a price for its leadership in legalizing abortion? While theoretical arguments abound about the effect of killing on the hearts and souls and minds of members of a profession which once was devoted to saving lives, few can argue with the distorting effect doctors have had on the English language. While the medical profession hasn't minded doing abortions, doctors haven't liked the word. So in the early 1970's, abortion turned into "post-conception planning." If you entered the V.I.P. clinic of Chicago's Cook County Hospital, you may or may not have been a very important person. But, very likely, you would leave those sacred precincts having had an abortion since those initials stood for "voluntary interruption of pregnancy." (And why do doctors continue to confuse the public by insisting on calling a miscarriage a "spontaneous abortion"?)

And what if abortion resulted because of promiscuity? Doctors simply changed the word. A person was no longer "promiscuous"; she now became "sexually active." (Sounds good, doesn't it. After all, who wants to be sexually passive?) What if abortion were linked to venereal disease? Doctors simply changed that pejorative term to the more acceptable initials S.T.D. (sexually transmitted disease). By changing the image, doctors tried to change the reality.

But the wordgame can backfire. Those whose religious views regard abortion as murder increasingly recognize the moral penalty of standing by while murder occurs. The abortion out-patient clinic bombings thus may represent a honing-in on those who directly wield the curette and may carry important implications for abortionists who operate in more protected in-patient settings.

Furthermore, as this Newsletter indicates, the medical carnage of legal abortion raises a new question--has the curette become even more dangerous than the coat hanger? Every one of you readers must keep a close eye on the crucial role of the doctor in the ongoing abortion controversy.

Q

My fiance and I are planning to have a baby soon, and I'm wondering what my chances are of becoming pregnant for an August baby. I've had two abortions, and I've read that chances of having a successful pregnancy are not good with this kind of history. My fiance says I shouldn't worry about getting pregnant. I've been off birth-control pills for one year. How should I achieve a successful pregnancy?--L.M.

A

Becoming pregnant after abortions

Get married. You should enter into a contract between the two of you before you contract for a new life.

After you take this first step, consider such additional factors as the timing of sexual intercourse to coincide with the time of ovulation. Maintain an excellent diet, do proper exercise and get plenty of sleep.

A previous abortion DOES markedly increase the chance of temporary and sometimes permanent sterility. Yet I consider my first response the most important for you. Get married. The cultural and biological advantages of the legal, societal and religious bonds of marriage are, in my opinion, a crucial component in overcoming sterility.

Q

You advised a young woman that "a previous abortion does markedly increase the chance of temporary and sometimes permanent sterility." As a consultant to the National Institutes of Health, I recently reviewed literature on long-term medical effects of abortion. I found that sterility has been a problem in the past, when abortions were done clandestinely, with poor hygiene and many infections. A study from Greece shows the same results.

But numerous studies in countries where abortion has been legal and performed under clean conditions show NO problems with subsequent infertility. This question will be explored further in NIH studies, but we do not expect to find a connection between abortion and infertility.

Incidentally, I thoroughly subscribe to your advice that this couple should get married!--J.W.D., Medical Director, Washtenaw County League for Planned Parenthood

A

I am happy that you and I share some common ground regarding the advisability of marriage.

As for abortion and infertility, your studies claim that sterility is not a problem with "proper" abortions.

Other studies claim the opposite. It all boils down to a duel between the Planned Parenthood crowd and the Right-to-Life committees. Both sides have at their disposal rational, as well as emotional, arguments. From my observation of fellow physicians, I am not nearly as optimistic as you are about the medical benefits of legal abortions done in hospitals. I expect that the battle of expert investigators will continue for as long as there are advocates and opponents of abortion.

The following is the introduction to an article in the Journal of the American Medical Association, June 27, 1980:

"We compared prior pregnancy histories of two groups of multigravidas [women with more than one pregnancy]--240 women having a pregnancy loss up to 28 weeks' gestation and 1,072 women having a term delivery. Women who had two or more prior induced abortions had a twofold to threefold increase in risk of first-trimester spontaneous abortion... The increased risk was present for women who had legal induced abortions since 1973. It was not explained by smoking status, history of prior spontaneous loss, prior abor-

tion method, or degree of cervical dilation. No increase in risk of pregnancy loss was detected among women with a single prior induced abortion. We conclude that multiple induced abortions do increase the risk of subsequent pregnancy losses up to 28 weeks' gestation."

I hope that doctors performing abortions are telling women the chance they are taking of losing future pregnancies.

According to "Making Choices," a 1983 publication of the Alan Guttmacher Institute, 5,000 women annually suffer major complications as a result of abortion. The most frequent complications are hemorrhage, requiring blood transfusion, fever for three days or more, and "major unanticipated surgery." The rate of complications is lowest for abortions performed by vacuum aspiration, rises for abortions performed by D & E (dilation and evacuation), and increases still more for abortions induced by saline, prostaglandins, or urea. The rate is many times higher for abortion performed by hysterectomy or hysterotomy (cutting into the uterus). The largest proportion of abortion-related fatalities result from infections, thromboembolisms (both stable and traveling clots), amniotic fluid embolisms, hemorrhage, anesthesia and analgesia. Surprisingly, there is no difference in the rate of major complications and mortality resulting from abortions which are performed in a hospital and those performed in a non-hospital clinic.

Q

It is midnight as I write you, and I'm crying as I have been each night for the past week. I'm having such terrible thoughts and dreams.

You see, a week ago I had an abortion. I am against abortion, and even the word sends chills up my spine.

I am 42 years old. I lost my first four babies; they were premature and did not survive. I gave birth to three more preemies, and they made it. Their ages are now 21, 19 and 12. I also have two grandchildren.

I had been taking the Pill for about 15 years with no discernible side effects. But a year ago I began to have unexplained chest pains. My doctor immediately took me off the Pill and fitted me with a diaphragm. I had no blood clots or signs of heart disease, but I have had a chronic back and leg problem for several years involving the sciatic nerve and a pinched nerve in my upper back. I am in pain a lot, and my doctor wants to perform surgery. I also have had several infections during this past year, including pneumonia, pleurisy and bouts with the flu.

In February, I was hospitalized with severe back pain for 18 days, and I was to decide about surgery this summer. When I went home, I was given a prescription for pain (Tylenol 4) and a muscle relaxer (Soma tabs). It was then that I discovered I was more than two months pregnant.

Because of my health, my age and the drugs I had taken, my doctor almost insisted that I have an abortion. My family doctor, whom I have known for 20 years, agreed with my gynecologist, saying the pregnancy would destroy me physically. My husband and I had not planned any more children, but I know that if everything had been OK, he would have been pleased. But because of what the doctors said, my husband pressured me to have the abortion. After two weeks, I finally relented after constantly being told what terrible things drugs might do to the baby and the risks of pregnancy at my age.

Now it is over for them, but I'm just waking up. I can't talk to anyone. My husband works nights, and if I do mention it, he just says, "It's over--forget it." Somehow I resent my doctor and feel I never want

to see him again. I keep thinking, "What if?" Maybe my baby would have been perfect. I know I would have had a lot of pain with my back, but I could have stood that. I know it wouldn't be fair to bring a child into the world if he were retarded or deformed, but how do I know that would have happened? And now I feel I will never forget and will always feel I did wrong. Should I have chanced it? Could I have made it just fine and had a healthy, normal child?

I know you probably will think I'm nuts (and maybe I am) to write such a long and personal letter to a stranger. And I suppose only God knows the answer. But if I could just get your opinion, perhaps I might feel better. I read your Newsletters, and you seem so nice and understanding. I know your time is precious, and if you even bother to read this, I appreciate it, and I love you dearly for doing so.--G.R.

A *Emotional effects of abortion*

My associate editor, who has become a person of great stoicism after reading every letter that has ever been sent to my column and Newsletter, cried when she read your letter.

Your doctor's after-the-fact advice about the dangers of Soma was correct--the prescribing information clearly states that this drug, indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions, has not been established as safe for use in pregnancy. The manufacturer warns, "Therefore, use of this drug in pregnancy, in nursing mothers, or in women of childbearing potential requires that the potential benefits of the drug be weighed against the potential hazards to mother and child."

Even if you did not know you were pregnant at the time you took those prescriptions, the drug company warned the doctor who prescribed the drug about using Soma in women of childbearing potential. Did that doctor pass on to you that warning which the drug company had so frankly shared with him? Did he ask you whether you might be pregnant before his pen touched the prescription pad? Did he recommend that you have a pregnancy test before you had the prescription filled? Did he apologize to you--when he recommended that abortion--for his earlier failure to properly warn you? Despite your doctor's classification of you as a geriatric mother, would you have had an abortion solely on the basis of your age if you hadn't taken those drugs?

Rather than continuing to blame yourself and your husband, it is high time to closely examine the crucial role your doctor played in creating the need for you to face that awesome decision.

Q

I just finished reading the letter from the woman who grieved so deeply about the baby she had aborted. I also had an abortion several years ago. My husband was such a difficult person that I could not tolerate the thought of carrying another baby for nine months. I already had two daughters and had had two miscarriages prior to this pregnancy. No form of birth control seemed to work for me, and I am such a poor surgical risk that the doctor refused to tie my tubes or do a hysterectomy. My husband refused to have a vasectomy.

All this was pure hell, but nothing like the anguish I suffered after the abortion. At night, I would dream about putting my baby in an incinerator and watching it burn. I finally forced myself to go back to the hospital where the abortion had been performed. I sat there for a while, realizing that this experience was over, and I had to continue to live for the children I had. I think I've become a more understanding person. While I often think about the baby I could have had, the hurt and pain isn't what it used to be. I no longer condemn myself for what I did. Tell the lady who wrote you that there are no magic buttons or levers to

press to help her come to terms with the fact that she had an abortion. She just needs to accept herself and go on.--C.R.

A

Your moving letter is representative of many I receive on abortion. While abortion is certainly an important question in its own right, it must at the same time be viewed in a larger context as one of a variety of measures to limit population. These include sterilization and contraception in all its forms.

***Abortion
to control
gender***

Holding fast to the dictum that "Whatever can be done will be done," doctors are performing ever-increasing numbers of abortions in cases where amniocentesis has revealed that the sex of the soon-to-be-baby isn't quite what mom and dad had in mind. In major medical centers, as well as in hospitals throughout the country where private physicians practice, doctors have turned to amniocentesis, chorion-villus sampling, and abortions to control the gender of the child to be born. Of course, these medical centers only permit this needling of the uterus and fetal membranes "in carefully selected cases," and the doctors perform abortions on children of the wrong sex "with great reluctance." And probably they accept their fees with similar reluctance.

Despite the inroads sexual equality has made in recent years, the age-old preferences for sons in many cultures leads me to predict that it will be primarily females who are killed, aborted, eliminated, terminated, or whatever euphemism one prefers. This is an issue that the Women's Movement would do well to consider in its concern about sex discrimination.

The ethical systems of traditional religions find this kind of action abhorrent. Even Joseph Fletcher, the father of modern situational ethics, who has condoned the withholding of life-saving surgery in mongoloid babies, is worried about this latest medical trick. However, the ethics of modern medicine, the dominant religion of our secular society, merely require that we deliberate, even "agonize," over this problem while the physician-priests continue their lethal work in the inner sanctums of the temples of medicine.

***"Preventive"
abortions***

A report from the prestigious Beth Israel Hospital in Boston, appearing in the equally prestigious New England Journal of Medicine, has described one single family with an unusually high frequency of cancer of the kidney. Geneticists who studied this family found a defect in some of their chromosomes which they claim is responsible for the tumors. On this basis, the researchers state that amniocentesis (the drawing of fluid from membranes surrounding the fetus within the mother's uterus) will enable them to determine before birth whether future family members will be predisposed to having kidney cancer. While they admit that inheritance of this kind of cancer is rare and thus far only one affected family has been discovered, the doctors hypothesize that someday similar techniques will enable them to find the seeds of other kinds of cancer in the unborn. Once these "tainted" babies are identified, abortion can be carried out.

Years ago, I became concerned when geneticists began practicing "preventive medicine" by identifying and aborting infants who were presumably affected with mongolism and Tay-Sachs disease, since mistakes occurred frequently enough so that normal babies also were destroyed.

I became even more concerned when some cancer surgeons proposed preventing breast cancer by performing bilateral mastectomies on healthy

young women whose families had a history of breast cancer. And my alarm level became even higher when prestigious medical centers around the country began to abort fetuses of the "wrong" sex. Now, this macabre achievement, aborting fetuses who may someday develop cancer, makes me suspect that the field of preventive medicine is fast becoming one of the most dangerous specialties of modern medicine. As a matter of fact, the term "preventive medicine" is rapidly becoming a codeword for abortion. I used to think it was a good idea to tell your doctor as much as possible about your family history. But now, I'm not so sure.

**Abortion:
The final
solution?** Allow me to call your attention to a book entitled, "Medical Holo-
causts: Exterminative Medicine in Nazi Germany and Contemporary America,"
by William Brennan, PhD (Nordland Publishing, 12160 Killbrock Drive,
Florissant, Missouri 63033, \$8.95).

Dr. Brennan, a historian and professor in the School of Social Services at St. Louis University, has written an important volume in which he compares the behavior of doctors who perform abortions in America today with the behavior of doctors in Germany during the pre-Nazi and Nazi eras. Dr. Brennan's extensively documented book reaches the following conclusion: "Responsibility for today's massive destruction of human lives, even more so than during the Nazi era, must be placed squarely on the shoulders of the medical profession." His thesis is that "The involvement of German doctors in promoting, planning and implementing the killing of unwanted and defective human beings before as well as after birth was so great as to constitute a medical holocaust."

Brennan quotes Andrew C. Ivy, M.D., the medical consultant at the Nuremberg Trials: "Had the [medical] profession taken a strong stand against the mass killing of sick Germans before the war, it is conceivable that the entire idea and technique of death factories for genocide would not have materialized...Far from opposing the Nazi state militantly, part of the German medical profession cooperated consciously and even willingly, while the remainder acquiesced in silence."

Brennan points out, "Before Hitler inaugurated the final solution to the Jewish question in 1941, doctors already had become the most experienced killers in Germany. From 1939 until 1945, physicians were almost exclusively responsible for putting to death around 275,000 German adults and children in mental hospitals and euthanasia institutions...Doctors first tested out the gas chambers and crematoriums on German patients in psychiatric hospitals before they were used on Jews and others in concentration camps."

Brennan argues that modern-day doctors began to perform illegal abortions on a large scale years before the 1973 Supreme Court decision, and the doctors' lobbying efforts were chiefly responsible for the liberalization of abortion laws. He states that even the language of modern doctors parallels that of the Nazis, pointing out that the Nazis referred to the Jews as "parasites on modern society" just as today the fetus is referred to as a parasite on the mother's body.

The Nazis' attitude toward the Jews as subhuman is mimicked by today's references to the fetus as "a blob of tissue." The word "evacuation" was euphemistically used by the Nazis to hide the reality of the concentration camps just as the present language of "evacuating the uterus" is used to hide the reality of abortion.

For a new and authoritative insight into the leadership role of doctors in what Herbert Ratner, M.D., a decade ago referred to as "the specialty of exterminative medicine," I suggest you read Professor Brennan's book.

*Prospective
medical school
students
and abortion*

According to a study by the Department of Health, Education and Welfare, 40 percent of the nation's medical schools routinely question prospective students about their attitudes on abortion.

None of the schools which questioned students about these attitudes felt that this item affected the candidate's chances of admission.

Q

What can you tell me about carpal tunnel syndrome which I have been diagnosed as having in my right wrist? How can I treat it naturally? The best most doctors can do for me is to prescribe an arthritis medication (Motrin) which I refuse to take because this isn't arthritis and because the side effects of Motrin are nasty.--N.H.

A

*Treating
carpal tunnel
syndrome*

The carpal tunnel is a structure in the wrist containing the flexor tendons of the hand and an important nerve. Pain in this area can be associated with a variety of conditions including obesity, rheumatoid arthritis, hypothyroidism, pregnancy, pituitary disorders (acromegaly) and multiple myeloma (a bone marrow tumor). Sometimes the painful wrist is the earliest sign of these conditions.

In the large majority of cases of carpal tunnel syndrome, the doctor is unable to discover the cause. Therefore, he tries to relieve the pain by splints to immobilize the wrist or by giving local injections of hydrocortisone. These injections may provide relief, but the relapse rate is high. As in your case, doctors also may turn to anti-inflammatory agents. If all these measures fail, they turn to surgery.

The side effects of Motrin can be quite serious. There also are plenty of problems involved in hydrocortisone injections, e.g., the doctor must be very careful not to inject the nerve.

Since the medical treatment for this condition is so often unsatisfactory, I have for years been recommending that my patients consult experts in muscle and joint therapy, including physiatrists (M.D. specialists in physical medicine and rehabilitation), physiotherapists, chiropractors, massage therapists, and athletic coaches. Plenty of the patients seem to have been helped.

Q

My wife, who is five months pregnant, is suffering constant pain in her hands from carpal tunnel syndrome. She has been taking 350 mg of Vitamin B6 daily with no improvement. The doctors say they won't operate until six months after our baby is born. They tell her to take aspirin or Tylenol, but she won't take either because of the baby.

We tried putting a splint on her arm to keep her hand tilted slightly backwards. While that helped for a while, it doesn't help any more.--T.P.

A

*Carpal tunnel
syndrome during
pregnancy*

I am overjoyed that your wife's doctors won't operate until six months after the baby is born, since by then your wife's carpal tunnel syndrome may disappear all by itself. If her doctors don't believe this, ask them to consult Conn's "Current Therapy" (W.B. Saunders, 1978) which clearly states, in the section on carpal tunnel syndrome, "When associated with pregnancy, the syndrome generally disappears after delivery."

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Another View

by **Marian Tompson**
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I don't remember the man's name, but I do remember his anger. "Doctors are just a bunch of robots," he stormed. "They have two buttons, a 'live' button and a 'kill' button. You pay your money, push the button of your choice and they will carry out your wishes." He was plainly outraged that physicians--the healers--would be such willing participants in the wholesale slaughter of innocents with which we are ushering in the New Age.

When Dellann and Don found they were expecting their first child, there was no doubt they wanted their baby to live. Lawrence was born on April 5, 1982, a healthy, full-term, six and-a-half pound boy. The birth itself was a disappointment. Lawrence was in a breech position, and their obstetrician had assured his parents that the baby could be delivered vaginally. But after five minutes of fetal monitoring during which the baby's heart rate dipped to 60 for a few seconds before recovering immediately, the doctor insisted on an immediate Caesarean section. (Curiously, the medical records, as opposed to the fetal monitor tracings, reported that the heart rate went down to 40 and remained there. This erroneous report was used by all later practitioners in the case.) It was only the beginning of a situation that soon went from bad to worse.

To begin with, against his parents' wishes, Lawrence was denied the benefits of breast milk during the first 12 hours after birth. On the first day, the baby was brought to Dellann for only a few minutes before she had recovered from the general anesthesia. (Dellann was to remain in the hospital for a week suffering from a high fever and infection from the surgery.) That night, Lawrence was given glucose water and formula, again without his parents' knowledge or consent and against previous agreements. During the night, a nurse claimed she had observed the baby having a seizure. On that basis alone, Lawrence was given phenobarbital, against his parents' wishes and without their knowledge.

The next day, the hospital staff decided Lawrence had become an "emergency," and every kind of testing was ordered. But his parents, unconvinced, refused to give their consent. So, on the following day, the hospital transferred the baby to a university medical center for further testing under threat of a court order against Dellann and Don. After the first tests were shown to be negative, the tests were repeated. During the remainder of the next six weeks, which Lawrence spent in the neonatal intensive care unit, he received more than 300 blood gas tests (followed by transfusions to replace the blood taken for the tests), 100 x-ray tests, a multitude of other tests and a combination of more than 20 drugs. Although Dellann pumped her breasts faithfully and brought the milk to the hospital to be fed to Lawrence, the milk was used only on a token basis.

Lawrence never left the neonatal intensive care unit. He died there on May 22 of liver failure. The autopsy showed no structural defects in his liver. It revealed no other diagnosis other than reactions to medications. Having examined the medical records, Dellann and Don are convinced that the overly aggressive treatments of the intensive care nursery, coupled with its failure to use the breast milk they brought and its indiscriminate use of unproven technology and medications, caused the death of their son. The bill for the baby's stay in the intensive care unit was \$110,000. An additional \$10,000 was billed by the hospital at which Lawrence was born. Since the family was covered by a group major medical insurance policy which will pay up to \$250,000 per person, they strongly suspect that much of what took place was done to take advantage of insurance benefits. The deep emotional scars of their baby's death have led them to research neonatal intensive care treatment and to alert other parents to its abuses.

So I think the angry man I quoted initially was only partially correct. Dellann and Don could choose life. But given the reality of the treatment that was forced on their child, they actually didn't have a choice after all.