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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

The care of children in hospital

SIR,—The unanimous recommendation of Lady Marre's group,¹ announced in the press in late July, will have been well received by the people, both lay and medical, who were concerned to see the treatment of children with cancer continued in the Royal Manchester Children's Hospital, because of the great advantages to the child and family concerned, and not transferred to the adult-orientated Christie Hospital. The inquiry, which was endorsed by the Minister of State for Health, revealed very clearly the inadequacy of the outpatient facilities, as well as the services required for the personal care of the sick child, in an institution whose primary responsibility is to the care of the sick adult.

The principle so strongly underlined by Lady Marre and her colleagues is that the care of children should be in the hands of people who are deeply concerned with children and, whether they are physicians, surgeons, nurses, technicians, or domestic and portering staff, have elected to work with this age group. Although the comments and recommendations are concerned with cancer in childhood, they are equally applicable to the management of all chronic long-term

illnesses and handicaps which are responding to therapy in a way that was thought impossible some years ago.

For this reason it is essential that each region in the country should have one or more (depending on need) children's centres which are of adequate size and fully equipped for the handling of difficult paediatric problems and have a staff trained and concerned to look after children. Depending on regional arrangements, these centres would be either children's hospitals or large-sized children's units in a big medical complex; but in the latter situation the unit must be clearly identifiable as a children's centre, with a sufficient degree of administrative and nursing independence and with the provision of all the necessary medical, paramedical, and educational facilities to allow it to be a viable unit within the complex. This concept must be accepted by administrators (lay, nursing, and medical) as well as practising doctors and nurses.

In this way it will be possible to maintain first-class medical and nursing standards for the care of children and to create the humane and understanding approach to sick children

and their families so well described by Lady Marre and her colleagues.

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¹ *Hospital Services for Children with Cancer in the North Western Region*. Report of the Group appointed by the Secretary of State for Social Services to examine the decision to develop a new Regional Department at the Christie Hospital for the treatment of children with cancer, and to recommend whether the development should proceed. 1979.

Needle aspiration of the breast

SIR,—Mr A J Webb (25 August, p 491) has done much to demonstrate the accuracy and practicality of the cytological diagnosis of malignancy in surgical practice. One of us (H D) gained valuable practical knowledge from a workshop and symposium on breast cytology chaired by him in 1976. We would, however, like to clear up several points raised in his letter.

(1) In our early use of aspiration cytology biopsy we ourselves obtained an unacceptably high incidence of false-negative and unsatisfactory samples. The references were quoted in our paper (21 July, p 185) to support these findings.

(2) We agree that it would be wasteful of resources to employ a cytologist at a general surgical clinic, but this is not true for a busy specialised breast clinic, attendance at which

does not put an additional burden on our cytology service.

(3) After using both methods, we prefer the syringe pistol holder and consider that the texture of a breast lump can be accurately ascertained when using this instrument. This is also the view held by Swedish workers with considerable experience of fine-needle cytology.

(4) The technique of preparation of the smears was described in detail because we, like other cytologists, have found that many satisfactory samples are rendered useless by faulty preparation of slides. Our method is very simple in practice and can readily be taught to nursing staff.

(5) Like Mr Webb, we prefer Romanowsky stained preparations, but occasionally Papanicolaou stained smears have provided additional information useful in the evaluation of a "suspicious" smear where only a few abnormal cells were seen. We have found that with wider experience there has been a decrease in the number of "suspicious" reports.

(6) We do not yet have the confidence which comes from extensive experience and therefore employ more frozen-section biopsies than does Mr Webb, and will continue to do so in the foreseeable future, as a wrong diagnosis of cancer may have serious consequences.

(7) We regret the omission of Dr Lopes Cardoso's middle name. However, the date of publication of his atlas is correct—it refers to the edition published in the Netherlands.

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Abortion

SIR,—I read with great interest your leading article (28 July, p 230) on Mr Corrie's Abortion (Amendment) Bill, which received a second reading in the House on 13 July. The Doctors and Overpopulation Group has made its views known to all members of Parliament and I would like to take this opportunity of supporting the views expressed in your editorial by saying how disturbed the group is by this recent attack on the abortion laws in this country. It is another example of Parliament's inability to assess adequately expert opinion rather than to accept the emotional pleas of a small minority of people who seek to impose their standards on society at large even though those standards, no matter how laudable, are not generally accepted. The only way that we can ensure that the majority view is maintained, both the majority of our profession and of society at large, is for us individually to contact our members of Parliament and say how much we support the 1967 Act. There is no doubt that this Act has been of immense benefit not only to the woman who finds herself in a distressing position but also to doctors, who have been largely protected both individually and as a group from scurrilous attacks. It is undoubtedly true that there have been some abuses of the Act, but surely it is better that we should seek to improve the Department of Health and Social Security's control of this Act than to make a fundamental attack on the principles of the existing law. I would urge all doctors who believe that the 1967 Act is fundamentally correct to contact their members of Parliament, if possible seeing

them in their regular surgeries in the constituency.

It might be worth asking individual members of Parliament, particularly those who support the present amendments, whether they are prepared to take positive action and do all they can to prevent unwanted pregnancies by encouraging the provision of adequate family planning services, after care, and improved social services. It might also be worth while asking members of Parliament if they are aware that the latest United Nations prediction that the time the world population will take to double is a mere 43 years and how they reconcile that with the present energy crisis.

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SIR,—Surely Sidney Smith would have attributed the present controversy over legislation on abortion to the fact that all the groups of participants are arguing from different premises.

One group disapproved of abortion on any grounds. This is eugenically unsound, but at least has the merit of being consistent. Another group argues that (a) women should have the right to decide whether or not to have a child; and (b) that unwanted children are likely to be neglected and rejected at best, battered or killed at worst. This again is logical and, on the face of it, reasonable—so far as it goes. Unfortunately the champions of this view do not proceed to the logical conclusion, which is that the proper time to decide whether a pregnancy is desired or not is before the risk is taken, not after. In these days of ready availability of a variety of methods of contraception there is really little or no excuse for unwanted pregnancies, and it does not say much for the capacity for logical thinking of the feminist lobby in claiming that they are showing responsibility in demanding abortion on demand. Incidentally, this was *not* envisaged in the Abortion Act, though in some areas this is what has resulted (with the totally unforeseen and undesirable consequence that professional staff who have conscientious objections to abortion are virtually prohibited from specialising in gynaecology).

A third group regards abortion as a regrettable necessity in the fairly small number of cases where there are definite medical or psychiatric grounds on the maternal side or where there is a definite or substantial risk that the child will be seriously abnormal. Unfortunately, it is in this last class of case that termination is most likely to have to be carried out late, and this is where we run into trouble with the fourth group, whose sentiments unhappily outrun their sense and knowledge: the present proposed reform of the legislation would have very little impact in reducing the number of "social" abortions—what it would do is ensure that either abnormal children will be born quite unnecessarily because it would be too late to carry out termination legally by the time it was known definitely that the fetus was affected or potentially normal babies will be aborted to avoid the risk of producing an abnormal one. It is not really tolerable on humane or economic grounds that we should sit back and accept retrogressive legislation on this issue, just at the time when it is becoming

feasible to prevent the tragedies of abnormal children from an increasing range of causes. On the other hand, it does not seem a wise or justifiable use of scarce NHS resources to accede to the "abortion on demand" lobby.

It seems to me that the logical answer to the problem would be to separate facilities very stringently. The hospital services should continue to provide termination on strict medical, psychiatric, and genetic grounds without payment direct by the patient and with the present time limits permitted. Abortion on social grounds could be available in separate clinics or day hospitals, but with much more stringent limitations on the duration of pregnancy, and with the client paying an economic fee (which would still probably work out cheaper than a backstreet abortion). This would have the additional advantages that nobody would be compelled to carry out procedures to which they have conscientious objections: it is not very likely that there would be an awkward shortage of staff without such scruples, and as the work would be restricted to the low-risk category it would be an office-hours job; and the hospitals would be relieved of a very tiresome burden so that they could concentrate on their proper work of treating the sick. If the clinics had to come under a department, social services would be appropriate.

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SIR,—Having read Professor Peter Huntingford's letter (25 August, p 496), I am more convinced than ever that reduction to the simplest possible terms will always clarify an issue, and I am at one with him in deploring the terms "serious," "grave," and "substantial."

His last paragraph approximates to such clarity when he says "the right of women to choose freely whether or not they bear a child"—but I fear that the phrase is slanted and ignores an essential ingredient in the abortive act. Whereas the secondary effect of abortion is certainly that the woman will not bear a child, the primary effect is the killing of that child, admittedly small and defenceless.

Maybe there are many who will seek to justify the killing of their fellow members of the human race on the grounds that they are not wanted, or might be handicapped; if so, let them proclaim these views "in good set terms." But if the principle of getting rid of the unwanted by killing them is to expand its application further, who among us will be safe when someone else can decide our fate? Even the advocates of euthanasia usually insist that it be voluntary. Who yet has asked a fetus whether it wants to live or be killed?

BRIAN JOHNSON

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SIR,—Professor Peter Hungerford (25 August, p 496) says that he is fed up with semantic arguments about abortion which ignore reality. He then invokes two major fantasies of the last decade, those of sexual equality and the woman's right to choose. The second of these has become an article of faith to many pro-abortionists and its credentials should be examined. Whence does this right derive? A woman takes part in a more or less pleasurable activity with a man and then, without her volition, with no conscious effort