

Abortion Laws Condemned

► NINETEENTH century abortion laws are not suitable to govern 20th century conditions, a Columbia University professor at the College of Physicians and Surgeons said.

Taking rubella, or German measles, as a typical reason for abortion because it is likely to produce deformed children if the pregnant woman contracts it in the first three months of pregnancy, Dr. Robert E. Hall cited the case of nine prominent physicians in San Francisco who were ordered to appear before the California State Board of Medical Examiners on charges of unprofessional conduct for having performed therapeutic abortions on such women.

"The laws must be changed," Dr. Hall emphasized. "To illustrate the absurdity of the present situation, while the nine California physicians are facing charges for having performed rubella abortions, in New York City a hospital is being sued for having refused to perform an abortion on a woman with documented first-trimester rubella who subsequently gave birth to a deformed infant."

Of the Roman Catholic Church's opposition to change in the abortion law, Dr. Hall said that the "non-Catholic

has a right to form his views of abortion in light of the developments in modern medicine and to put it into voluntary practice without outside interference or contrary legislation."

Dr. Hall reported the words of Richard Cardinal Cushing, Archbishop of Boston, and a rabbi, Dr. Israel Margolies of New York.

Cardinal Cushing said, "Catholics do not need the support of civil law to be faithful to their own religious convictions and they do not seek to impose their moral views on other members of society."

Dr. Margolies said, "Is it not time that we matured sufficiently as a people to assert once and for all that the sexual purposes of human beings and their reproductive consequences are not the business of the state, but rather free decisions to be made by husband and wife?"

The nine San Francisco doctors, according to Dr. Hall, have acted in accordance with a standard of medicine condoned by their consciences, accepted by their peers and demanded by their patients.

"To condemn them," he said, "would be to condemn society."

Pump Aids Watery Brain

► HYDROCEPHALUS, commonly called water on the brain, can soon be treated by a miniaturized implantable pump the size of a paper clip.

The pump has already been tested on nine infants with an average age of three months, Drs. Ernest Mathews and Joseph Ransohoff of New York University Medical Center told the American College of Surgeons. The average time the babies remained on the pump was 100 hours, the least being 21 hours and the longest being 400.

The aim of the pump, which is expected to be an improvement over the recent "fluid shunt" system, is to maintain a depressed fontanel, the "soft spot" that is normal in all babies, and a slowly decreasing head circumference. Results showed that the condition could be controlled by the removal of small amounts of fluid, but that a means of rate control may be required outside the body.

Hydrocephalus is marked by an excessive accumulation of cerebrospinal fluid in the brain cavities. The present method of treating it is to implant a

shunt that carries the fluid to a vein as the pressure increases. The shunt procedure may be necessary only once, but the child can be made dependent on the method indefinitely.

The pump has been developed with the aid of the life science and space environmental laboratory of the Fairchild-Hiller Division of Republic Aviation, Farmingdale, N.Y. It weighs about an ounce and a quarter, and its rate can be set to transport up to about 1.5 cubic inches of fluid per hour.

It is planned to implant the pump in the bony part of the skull, inserting the intake catheter into the lateral ventricle of the brain and directing the outflow into the superior sagittal sinus. The drive unit is placed directly outside the implanted pump and activates it by means of a rotating magnet that drives a magnetic rotor within the pump.

To avoid obstruction problems, the pump is reversible so the intake catheter can be cleared. A slow but steady rate of flow is expected to prevent blocking of the outflow catheter.

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