Abortion in Russia. (Parsons: Medical World, July 12, 1935.)

The author writes: "I visited two Abortion Hospitals, one in Leningrad and one in Moscow. As the information I received in the Moscow Abortionium was more complete, owing to the fact that the doctor in charge spoke English, I will describe that first, afterwards noting the differences.

"The Abortion Hospital in Moscow has 110 beds, and a staff of seven doctors, men and women. 13,000 abortions were done there in 1933, the number usually done being about 40 per day. We were told that the demand for this operation decreases with each year, and that the birth-rate is increasing, being 40 per 1,000 of population. Most of the patients are workers themselves, or are the wives of workers, and come not only from Moscow, but also from the provinces.

"The principle on which justification exists for the performance of abortion is that 'every woman has the right to decide for herself whether she will bring a child into the world or not,' and the reasons which caused the Soviet Government to legalize the operation, together with the conditions under which it may be performed, are given fully in a book entitled 'The Protection of Motherhood and Childhood in the Soviet Union,' by Dr. E. Cons, which I commend to your notice. The Soviet Government fully realized that a woman who wants to get rid of her pregnancy will resort to any method which will bring about this result, and that as long as abortion was illegal, secret abortions would be carried out, with all the train of evil consequences with which we are all, alas, only too familiar, namely, chronic ill-health as the result of injury or infection, and in some cases even death itself. The Soviet Government also realized the utter futility of fighting against the performance of secret abortions. It therefore decided to check this evil and so protect the health of its womanhood by legalizing abortion under certain conditions, which I will briefly enumerate:

"(1) The operation known as abortion may be lawfully performed free of charge in Soviet hospitals where the conditions guarantee a maximum of injury.

"(2) All persons who are not licensed doctors are strictly prohibited from performing abortions.

"(3) The midwife guilty of performing this operation is deprived of the right of practice and is liable to punishment by the People's Courts of Justice.

"(4) The physician performing abortion in the course of his private practice with a mercenary purpose is liable to punishment by the People's Courts of Justice.

"(5) The performance of abortion with the consent of the mother, but by persons without medical training or by persons with this training but in insanitary surroundings, is punished by a forfeiting of liberty or by compulsory labour of a year, or by a fine up to a sum of 600 roubles.

"(6) If this operation was performed under the above-mentioned conditions, as a trade or without the consent of the mother, or has caused her death, it is punished by forfeiting of liberty for a term of not more than five years."

"A summary of the above six clauses will show that the operation must be performed only by a doctor, in sanitary surroundings, e.g., a hospital, and with the consent of the mother. Further, a doctor is not allowed to do the operation for a profit.

"If a woman wishes to have an abortion she first has a consultation with a doctor at the hospital, who ascertains her reason for desiring the operation. If there is any medical contra-indication to pregnancy and childbirth, the operation is done without question. Similarly, if there is a sound economic reason, as, for instance, if the woman has already had several children and cannot afford to have any more. If the woman is a primigravida, and there is no reason to justify abortion beyond her own personal desire to get rid of an unwanted pregnancy, the physician tries to persuade her to give up the idea. If he fails he will see the husband, and get him to use his powers of persuasion. But if the woman remains adamant, in spite of persuasion, even up to the 'eleventh hour,' the operation is performed.

"Abortion is permitted only during the first three months of pregnancy.

"About 1 in 5,000 of the women coming to arrange for an abortion turn out not to be pregnant at all, e.g., the woman who has had several children and who is left with a legacy of a subinvolved uterus. This type of patient is admitted to hospital for a week, and tests are carried out to ascertain whether she is pregnant or not. The Zondek-Aschheim test has not so far been used, as far as I could ascertain. The operation is performed free for medical reasons and in necessitous cases. Otherwise the fee varies from 10 to 70 roubles. The patients are admitted the day before operation, and prepared in the usual manner. No anaesthetic is given. The surgeon operates without gloves. The patient is placed in the lithotomy position, washed with lysoform externally, the vagina is washed out with alcohol and the cervical canal treated with iodine. The cervix is pulled down by means of a

*Cons, E.: "Protection of Motherhood and Childhood in the Soviet Union."
volsellum, a uterine sound introduced, the cervical canal dilated up with Hegars, and the uterus very thoroughly curetted with a blunt curette. Iodine is again applied to the cervical canal. No further cleaning up was done. The patient was removed to a wheelchair (not a trolley) with little or no assistance, and in my opinion she looked shocked.

"The usual time taken in operating is from four to ten minutes. The one I have described took six minutes. The patients do not make any fuss. They make a grimace, but emit no audible sign of feeling pain. After operation the patient remains in hospital for three days. On the first day she remains in bed. On the second day she is allowed to stand up; on the third day she goes home.

"We were told that there is never any bleeding following the operation, and on visiting the wards the surgeon examined several of the patients to demonstrate the truth of this statement.

"The patient is allowed seven or eight days' leave of absence from her work after she returns home, and she is examined before she returns to work.

"A second abortion will not be performed under a six months' interval. But advice on contraceptive methods is given, the most favoured method being the cervical cap of silver or aluminium. Elony and rubber caps are also used. The Graafian ring is not advocated.

"Complications.—(1) Inflammation arises sometimes, but very seldom. (2) Perforation of the uterus may occur in those who have had too many abortions.

"The mortality following the operation of abortion as above described is very small, at this hospital 1 in 10,000, but the figures given in the book which I have already brought to your notice are even better, viz., 1 in 20,000 for the whole U.S.S.R., and for the whole of Moscow, where the statistics are very exact, they are given as 1 in 23,000.

"The general principles in the Abortion in Leningrad were similar to those which prevailed in the Abortion in Moscow, with these differences: In the Leningrad hospital:

"(1) The surgeon wore gloves.

"(2) The patient was brought to the operating theatre and removed therefrom on a trolley.

"(3) The cleansing of the vulva and vagina was by means of soap and water and corrosive sublimate solution 1 in 1,000, and the patient was cleaned up after operation.

"(4) An anaesthetic was given to primigravidae—chloroform or ether being used.

"In the Leningrad hospital 6,000 cases were done in the first six months of last year. Complications were few, but four cases of perforation of the uterus had been recorded. Abdominal section was done in each case, and all four patients recovered. We were told that the death-rate was nil. Shock was admitted, but we were assured it was not serious. Leningrad has a population of 3,000,000, and 80,000 abortions are done there each year.

"One of my Russian guides was an intelligent married woman. She had had a son nineteen years previously, and had had two abortions performed since. I asked her if she would be kind enough to explain to me exactly what it felt like. She said that 'she felt no pain, but that it gave her a bad feeling in her mouth.'

"As we left one of the wards in the Moscow hospital, one of the patients expressed a desire to ask us some questions. We were delighted at this, and re-entered the ward. The patient asked us three very pertinent questions, which I made a note of at the time. They were these:

"(1) Are the women in your country able to have this operation done as freely as we are?

"(2) What is it that prevents them having it done?

"(3) Why are you so interested?

"No one will dispute the intelligence behind these questions."

VENEREAL DISEASES.

Gonococcal Vaginitis in the Adult: A Method of Isolating the Gonococcus from the Vaginal Secretion. (King, A. J., and Masc all, W. N.: Lancet, June 29, 1935.)

It is commonly thought that the gonococcus cannot survive long in the adult vagina. The authors show that this is not the case, but that the gonococcus is often unaffected by the acidity of the secretion and the presence of secondary organisms.

The younger the patient, the more likely is a gonococcal vaginitis. The fornices retain the infection longest.

A method is described by which the gonococcus can be isolated from the vaginal secretion. Out of 98 cases with positive vaginal cultures, 44 were positive in the vaginal secretion cultures only, the gonococcal fixation tests, urethral and cervical cultures and smears being negative.

Treatment should be directed equally to the vaginal fornices as to the cervical canal and urethra if good results are to be obtained.

F. W. F. P.


Syphilis is transmissible by blood transfusion only when the virus is present in the donor's blood. This occurs before the development of latency or during pregnancy in the chronic disease. A case is noted where infection occurred before the appearance of the chancre in the donor.

Fifteen cases are reviewed. The incubation period varied between 4 and 14 weeks. No case was found where transmitted syphilis was observed without producing an acute secondary lesion.

F. W. F. P.