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EDITORIAL

LEGAL ABORTION WITHOUT HOSPITALIZATION

ALAN J. MARGOLIS, MD, FACOG and EDMUND W. OVERSTREET, MD, FACOG

OBSTETRICIANS TODAY are fearfully watching the rising numbers of legal abortions now being performed in various areas of the United States. Rates in some major hospitals have reached 300-500 abortions per 1000 births and continue to increase. In California, since the liberalized (but still moderately restrictive) law took effect in Nov 1967, the rate for the entire state has doubled for each 6-month period. Now it has reached about 60 per 1000 births.

From the Department of Obstetrics and Gynecology, University of California School of Medicine at San Francisco.

Submitted for publication May 22, 1970. The illustration at the top of the page is from a 15th-century German woodcut. (The Bettmann Archive)

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Now that Hawaii, Alaska and New York have repealed all restrictive statutes, those states may be expected rapidly to reach and, doubtlessly, to surpass California's experience. The widespread movement throughout the United States to remove abortion from the ambit of the law and return it to the physician-patient relationship is building enormous impetus and impact. If and when this occurs, the sheer numbers of abortions may well become overwhelming. For example, despite the 15,000-odd legal abortions performed in California in 1969, it is estimated fairly reliably that approximately 76,000 illegal abortions were performed upon California women during that time. Should abortion-on-request simply for the unwanted pregnancy soon become legal, the prospect of 90,000-odd abortions per year would be awesome indeed. Physicians in states in which repeal has already been accomplished are already fearful that the influx of patients from surrounding states may well approximate such a situation. Hence, it is the hope of many that when repeal does come it will be mediated by a major national judicial or legislative decision which will apply to *all* states uniformly, rather than being brought about by spotty, gradual repeal state by state.

Already, however, many hospitals and their staffs are encountering increasing problems in handling the present numbers of abortions. Encroachment on available hospital beds, limited operating room time, overwhelmed admissions personnel, preoccupation of hospital staff time, and the revolt of residents are only a few of the troubles which have developed. Since we may expect these problems to be compounded tremendously as liberalization of abortion proceeds, it is essential for us to plan ahead in organizing our abortion procedures to handle the expected load.

Various solutions to these problems have been proposed. All of them are ameliorative to some degree. It seems likely that for a

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