Some final responses to Dr. Waugh

In the article "Abortion and our changing society" (*Can Med Assoc J* 1997;156:408), Dr. Douglas Waugh comments on the remarkable change in the attitude in the medical profession and the public toward elective abortion during the past 30 years. Since therapeutic abortion was legalized in 1969 and subsequently removed entirely from the Criminal Code, there has been a steady rise in the number of therapeutic abortions. What was once considered to be totally unacceptable for a physician, and immoral and unethical in the eyes of the public, has become widely accepted. This should cause us to stop and think.

We can ask ourselves: Where will we stand in 30 years if there are amendments to the Criminal Code in regard to the taking of human life, as are now being discussed? If mercy killing, physician-assisted suicide and euthanasia became legal activities — even under certain restricted guidelines — there would be inevitable progression until widespread acceptance of these practices would be accompanied by major changes in attitudes. The public perception of legalized killing would change. The medical profession's attitude would change. People who are elderly, infirm or mentally or physically disabled would be increasingly at risk. This is a frightening thought and not beyond the realm of possibility. We must be alert.

Paul V. Adams, MD
Winnipeg, Man.

Before we assume that the attitude of Canadians is changing, we should consider the likelihood that a small number of Canadians are pushing for changes, whereas apathy to resist them remains a consistent feature of the Canadian public (and its medical leaders). With our thorough knowledge of human development many physicians, even those who perform abortions, feel uncomfortable with this issue of taking rather than saving lives.

I hope that physicians reading the article do not follow like sheep the implication that changing values are just an inevitable outcome. For people with genuine morals, right and wrong do not change with popular public opinion. Giving up right and wrong under duress implies that one's morals are not genuine. I should also note that former British Prime Minister Winston Churchill was likely referring to the process of true justice, not a process that confuses legal and illegal with right and wrong.

Before we congratulate our society on its social evolution over the last 50 years, we should reflect on the outcome of the society in history that practised throwing people to the lions, or perhaps the society of the 1940s that practised execution of races believed to be inferior. Thank you for pointing out the work that needs to be done.

Timothy J. Cuddy, MD
Burlington, Ont.

Winston Churchill may have said that "the mill of justice grinds very slow, but it grinds exceedingly fine," but if so he was paraphrasing Friedrich von Logau (1654): "Though the mills of God grind slowly, yet they grind exceeding small."

I yield to no one my admiration of Churchill and his command of English, but he does not need spurious attribution. Dr. Waugh, whose contributions I much enjoy, will doubtless produce chapter and verse to prove me wrong, in which case I shall once again be shown to be a wrong-headed pedant.

Kenneth Macrae Leighton, MD
Smithers, BC

Dr. Waugh's reflections demonstrate an unholy faith that recent attitudinal changes represent progress instead of mere drift.

That "abortion services" are liberally advertised in his Yellow Pages hardly merits applause. Gratifyingly, my Yellow Pages contain 3 listings for local "abortion alternatives" and only 2 for Toronto-based abortion clinics.

By his minimization of the overwhelming cost in human lives (in that there is a "levelling off" of the abortion rate at "only" 15.5 abortions per 1000 fertile women per year in Canada) on the one hand, and by his description of the prolife resistance forces as "attenuated" on the other, Waugh seems to have deluded himself into complacency.

The fact is that new abortionists are now difficult to recruit countrywide from among "more-or-less respectable" physicians. Within various North American jurisdictions, serious political consideration given to delisting abortion services is yet another indication that tolerance for abortion on demand, as an acceptable form of birth control, is dissipating.

Most ironic in the weave of Waugh's article is the Churchill "mills of justice" quote, which is clearly derived from Henry Wadsworth Longfellow:

Though the mills of God
grind slowly
yet they grind exceeding small.

Though with patience
He stands wanting,
with exactness grinds He all.

[*Bartlett's Familiar Quotations* states that Longfellow had merely translated Friedrich von Logau's work. — Ed.]

The contrast with wanton democratic processes is vivid. Instead of continuing to view the preborn as inconvenient protoplasmic bits rather than human beings, albeit disenfranchised within the prochoice paradigm, and instead of considering the status quo as the fine point of progressive evolution, Waugh would be wiser to heed Bob Dylan's advice to "not speak too soon cause the wheel's still in spin."

James D.F. Harris, MD
London, Ont.

Dr. Waugh planned to respond to these letters but was unable to do so before his death on Apr. 18, 1997. In this issue, CMAJ *features a tribute to Waugh (page 1524) as well as an article on issues surrounding access to abortion services (page 1545). — Ed.*

Episiotomy: lessons learned at last

I read with interest and some concern the article "Association between median episiotomy and severe perineal lacerations in primiparous women" (*Can Med Assoc J* 1997;156: 797-802), by Dr. Michel Labrecque and associates. When I was a medical student, more than 40 years ago, we were told never to do a median episiotomy, for the reason given in this article. This was in the so-called Third World (South Africa).

I am intrigued that it has taken more than 40 years for this teaching to surface here.

Frank I. Jackson, MB, ChB
Edmonton, Alta.

Osteoporosis

In the article "Effects of ovarian hormone therapy on skeletal and extraskeletal tissues in women" (*Can Med Assoc J* 1996;155[suppl]:929-34), Dr. Robert G. Josse states that "the risk of osteoporotic fractures of both wrist and hip is reduced by 50% to 60% in women who begin estrogen therapy within the first 3 years of menopause and who continue therapy for 6 to 9 years." Two references are given, one from a 1980 article and the other from a 1981 article. According to the recent literature, prevention of osteoporosis and fractures through estrogen therapy depends not only on starting therapy within 5 years of menopause but continuing it indefinitely. For example, Felson, Zhang and Hannan[1] reported that "in the women less than 75 years of age who had taken estrogen for seven or more years, the bone density was, averaging all sites, 11.2% greater than in women who had never received estrogen. Among women 75 years of age and older in whom the duration of therapy was comparable, bone density was only 3.2% higher than in women who had never taken estrogen."

The view that hormone replacement therapy for fracture prevention must be started shortly after menopause and continued indefinitely is supported by a 1995 report by Cauley and associates for the Study of Osteoporotic Fractures Research Group.[2] The important findings of this prospective cohort study were that hip and wrist fractures were significantly reduced in women who had started taking estrogen replacement therapy within 5 years of menopause and who did not discontinue it. Estrogen given in combination with a progestin was just as effective as estrogen alone and protected current smokers as well as nonsmokers. By contrast, there was no significant protection among current users who had started hormone replacement therapy more than 5 years after menopause, or among women who had started hormone replacement therapy shortly after menopause, continued taking it for many years, but were no longer current users.[2]

Ettinger and Grady's[3] conclusion from reviewing the literature was that "to provide maximal protection, estrogen treatment may have to be started at the time of menopause and never stopped."

What explains the discrepancy between Josse's conclusions and those of these other authors? Have I misread the literature? Is the recent literature wrong? Or are proponents of hormone replacement therapy unwilling to state that these drugs have to be taken for life because many women would be unwilling to undertake a lifelong program?

Kenneth G. Marshall, MD
Department of Family Medicine
University of Western Ontario
London, Ont.

References

1. Felson DT, Zhang Y, Hannan MT. The effect of postmenopausal estrogen therapy on bone density in elderly women. *N Engl J Med* 1993;329:1141-6.
2. Cauley JA, Seeley DG, Ensrud K, Ettinger B, Black D, Cummings SR, for the Study of Osteoporotic Fractures Research Group. Estrogen replacement therapy and fractures in older women. *Ann Intern Med* 1995;122:9-16.
3. Ettinger B, Grady D. The waning effect of postmenopausal estrogen therapy on osteoporosis. *N Engl J Med* 1993;329:1192-3.

[Drs. Hanley and Josse respond:]

Dr. Marshall's comments provide emphasis to our conclusions regarding the timing of ovarian hormone therapy. Although we agree that achievement of maximum benefits of hormone therapy on bones probably depends on continued or at least long-term (more than 10 years') use, we feel that the evidence supporting this position is not as strong as it should be. We chose not to cite the article by Felson, Zhang and