



A Review of Book Reviews: A Sociological Analysis of Reviews of the Edited Book *Experience with Abortion*

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Abstract

This paper offers an analysis of the book reviews published about the 1973 book *Experience with Abortion: A case study of North-East Scotland*, a volume edited by Gordon Horobin. The paper sets the scene at the time of publication of *Experience with Abortion*, and includes abortion as a societal issue, the 1967 Abortion Act and the role of the MRC Medical Sociology Unit in Aberdeen. The reviews were analysed using content analysis. Considering the controversy of abortion in the early 1970s, it is interesting that the book reviews were overwhelmingly positive towards both *Experience with Abortion* and the need for high quality social science research in this field. Several reviews highlighted the importance of having someone like Sir Dugald Baird in Aberdeen and of the Aberdeen-based Medical Research Council's (MRC) Medical Sociology Unit. Nearly 40 years later, abortion has disappeared off the sociology and social policy agenda, at least in the United Kingdom (UK) and Horobin's legacy in medical sociology appears to be in areas other than abortion or reproductive health more generally.

Keywords: History, Content Analysis, Reproductive Health, Medical Sociology, Aberdeen, Dugald Baird,

Introduction

1.1 After having been in a post in the Section of Population Health (previously the Department of Public Health) at the University of Aberdeen for fifteen years, it was time to pack up in the spring of 2009 to move to Bournemouth University. Sorting through filing cabinet drawers and forgotten and dusty piles of paper, I unearthed a brown folder with off-prints and photocopies of book reviews of *Experience with Abortion: A case study of North-East Scotland*, published in 1973 (Horobin 1973). This paperwork had originally belonged to the book's editor Gordon Horobin. I remember rescuing this material more than two decades previously when his office, in the Department of Sociology at the University of Aberdeen, was cleared after his death in 1987. Gordon Horobin was the Deputy Director of the MRC Medical Sociology Unit in Aberdeen until its move to Glasgow in 1984. This folder contained (1) correspondence between Gordon Horobin and the publisher; (2) statements of royalties for the years ending 31 December 1974 and 1975; and (3) copies of printed book reviews sent by the Cambridge University Press.

1.2 This short article outlines *Experience with Abortion* and its significance at the time of publication. It also offers a description of the key factors of the royalty statements and finally, a sociological analysis of the book reviews.

Abortion

2.1 Abortion is still a controversial social issue in many countries in 2012, on par with issues such as euthanasia, sex work and drug misuse. Both abortion and euthanasia are moral issues centring on the philosophical questions of where life starts and ends. Abortion differs from euthanasia in that it is largely a woman's issue. Abortion affects the pregnant woman more directly than the father, showing similarities to maternity care provision, where pregnancy and childbirth are largely seen as woman's issues. Abortion is therefore also a Feminist issue, but that is not to say that all Feminists support a woman's choice for abortion (see for example BBC 2011). Social controversy around the issue of abortion varies across the globe. In some countries the social force is towards limiting a woman's choice, for example, in

predominantly Roman Catholic countries such as El Salvador, Chile, Poland, and Nicaragua, more restricted laws have been introduced where abortion was previously less prohibited (Leiva 2010). In other countries the move has been towards greater availability of legal abortion services, for example in Nepal which legalised abortion up to 12 weeks of pregnancy and 18 weeks in cases of rape or incest (Cohen 2002).

2.2 Epidemiologically, most evidence suggests that the introduction of legalised abortion reduces the number of maternal deaths associated with illegal abortion. As Scott, Dolk and Gavin (2007: 154) put it: "Legality and safety are highly correlated." The overwhelming majority of unsafe abortions today occur in countries of the South. It is estimated that 68,000 women die as a result and many more suffer long-term morbidity (Grimes *et al.* 2006). Today, unsafe abortion is the leading causes of maternal mortality with one in eight pregnant women dying due to this (Haddad & Nour 2009).

2.3 Offering an autobiographical historical perspective and looking back on his own career as a doctor who has performed abortions, Potts (2010: 157) reminded us that:

"As a young obstetrician in England I practised before the reform of the abortion law. I saw many women who had resorted to illegal, unsafe abortions. The latter either failed or were dangerous."

The Abortion Act of 1967 legalised abortion in England and Wales. The provision was that "two doctors must agree that the mental or physical health of the mothers of children would be seriously affected by the birth of the child" (McKeown & Lowe 1974: 282). With the legalisation of abortion the number of illegal terminations, so-called backstreet abortions, or what Mechanic (1968: 381) referred to as 'backdoor solutions', all often dangerous interventions for the mother, dropped sharply. As the law in Scotland was different from that in England and Wales, abortion for social reasons had never been illegal before 1967 in Scotland. In the North-East of Scotland, a social-minded obstetrician called Dugald Baird (see below) had been offering women abortions for social reasons since the 1950s.

The book

3.1 *Experience with Abortion*, published in 1973 by Cambridge University Press, was the first study of abortion of its kind to be published in the UK (United Kingdom) since the 1967 Abortion Act. The contributors to the book had been involved in a multi-disciplinary longitudinal study of women's experience of abortion in Aberdeen in the period 1963-1969. The mixed-method study reported in the various chapters is based on epidemiological data, qualitative interviews and a battery of standardised psychological tests. The chapters include topics such as: 'Epidemiological background'; 'The Woman's Story: Married Women'; 'The Woman's Story: Single Women'; 'Overall Clinical Psychiatric Assessment'; and 'Decision-making in Therapeutic Abortion'. Most contributors were affiliated with the MRC Medical Sociology Unit which was based in Aberdeen from 1965 until 1984 (van Teijlingen & Barbour 1996). The hardbound version of the book consists of nine chapters in addition to: (1) a Foreword by Raymond Illsley (the then director of the MRC Medical Sociology Unit); (2) an Editorial Preface by Gordon Horobin; and (3) an eleven-page Introduction. The latter was jointly written by Ian MacGillivray (the then Regius Professor of Obstetrics & Gynaecology at the University of Aberdeen) and Gordon Horobin. The contributors to the nine chapters of the book had a background in sociology (n=3), obstetrics (n=2) and mental health (n=3). At the moment several chapters can be (partly) accessed through Google books (<http://books.google.co.uk>).

Methods

4.1 In addition to the original dataset of printed and photocopied book reviews, electronic databases such as Scopus and Google Scholar were searched for further book reviews of *Experience with Abortion*. The key method used in this secondary analysis of data was a simple thematic content analysis (Franzosi 2004; Weber 1990). Cambridge University Press was contacted for details about total sales of *Experience with Abortion* to supplement the information available on sales figures. As this is literature-based secondary research, i.e. not involving people, no ethical approval was required.

Royalty Statements

5.1 *Experience with Abortion* was published on the sixth of December 1973. In December 1973 alone the book sold 491 copies. A further 235 were sold in 1974, whilst sales tailed off in 1975 with only a further 48 copies sold. By the end of 1975, total sales stood at 774 copies according to the end of year Statement of Sales from Cambridge University Press, with no royalties due. I was unable to find out what kind of contract Cambridge University Press had offered Horobin as editor. Perhaps the advance covered the sales of the first print run. After contacting Cambridge University Press about the total sales of *Experience with Abortion*, I was informed by letter that:

"unfortunately the work is too old for us to have any reliable information regarding the book reviews and correspondence ... the total number of copies sold over the life of the work was 890, but I cannot say exactly when they were sold."

The book review in *The Lancet* commented that *Experience with Abortion* "is quite an expensive book, but it is excellent value considering the amount of work that has preceded its publication" (Anonymous *Lancet* 1974), which may help explain why overall fewer than 900 copies had been sold.

Analysis of book reviews

6.1 The searching of electronic data bases did not add any further reviews to the ones originally found in Gordon Horobin's files. Although it showed that a copy of *Experience with Abortion* had been received from the publishers by both the journals *Science* (*Anonymous Science* 1974: 1288) and *The Journal of the American Medical Association* (*Anonymous JAMA* 1974: 215), as it appeared in their published list of books received for review. However, it does not seem as if these two journals ever published a review of this book.

6.2 Table 1 lists the journals and the length of the review. Most reviews were written in English, with one in each of the following four languages: Spanish (Dexeus 1974), Portuguese (*Anonymous Revista Interarium* 1974), Dutch (Treffers 1975) and French (Berenberg 1974). Reviewers often highlight the multi-disciplinary nature of the different chapters, which are written by sociologists, obstetricians, psychologists and psychiatrists (James 1975; Treffers 1975; Malcolm 1975; Tietze 1975; Kane 1974; *Anonymous Revista Interarium* 1974; *Anonymous Lancet* 1974).

Abortion in Aberdeen: Sir Dugald Baird

7.1 Many reviews commented on the work of Sir Dugald Baird (Sim 1974; James 1975) and/or to Aberdeen's reputation as a city with a fairly liberal policy towards abortion before the Abortion Act of 1967 (Sim 1974; Simms 1975; James 1975; Treffers 1975; Malcolm 1975; Tietze 1975; Kane 1974; *Anonymous Revista Interarium* 1974). Several reviews refer specifically to Dugald Baird's paper under the title 'Fifth Freedom' (*Anonymous Lancet* 1974).

7.2 The North-East of Scotland was a self-contained community before the discovery of North-Sea oil was mentioned in several reviews, as well as the strong influence of the University of Aberdeen on medical training of local practitioners. *New Society* highlighted that "Decision-making is monopolised by 132 general practitioners and seven gynaecologists." At the Aberdeen medical school, Sir Dugald Baird taught all but eleven of the former and had trained or worked with all of the latter" (Lafitte 1974). The *New Scientist* reviewer highlighted that fact that general practitioners (GPs) soon

"cottoned on to referring their 'deserving' patients to the liberal gynaecologists and their 'undeserving' ones to those who were more likely to turn them down" (Simms 1974).

7.3 Several reviews highlighted one of the key findings of *Experience with Abortion*, namely that "regrets at having had an abortion were far less common than regrets at having continued with the pregnancy in both the single and ever-married groups" (*Anonymous Nursing Times* 1974). Simms (1974) made a similar concluding comment after highlighting that some the cases of women who were refused abortion "are astonishing" for an area with a 'liberal' reputation towards abortion. The book reviewers of *Experience with Abortion* were overwhelmingly positive:

"excellent study, compressive, packed with factual evidence and statistics, and yet remarkably readable" (Kane 1974: 48)

"This untidy but rich, teasing and rewarding assembly of research findings is the most comprehensive account yet of responses to the Abortion Act in any part of Britain" (Lafitte 1974: 141-142).

The reviewer for one of the gynaecological journals advised, "Every gynaecologist, whatever his personal views on legal abortion, should read this book" (Bender 1974). The *New England Journal of Medicine* reviewer highlighted one particular chapter "devoted to the patterns of decision making by general practitioners and consultants, with poignant insights into the attitudes and habits of the medical profession" (Tietze 1975).

7.4 One or two reviews were less complimentary, for example the one in the *British Medical Journal*:

"The book is a full record of the research and includes tables and statistics in abundance. And yet it all seems so dull and obvious" (Rhodes 1974: 463).

7.5 The *British Medical Journal* reviewer goes on to pose a rhetorical question about the usefulness of *Experience with Abortion* for doctors' ethical decision-making by raising the question: "And do studies like this help with the moral judgements?" (Rhodes 1974: 463). Although the question is not answered, it is implied that the answer is "No!" Although a South African reviewer had a slightly different opinion, namely that the book is "well worth reading, especially for those members of the medical profession who are caught up in the throes of an ethical crisis" (G.H.R. 1975).

7.6 The view of an anti-abortionist came through in a Catholic journal:

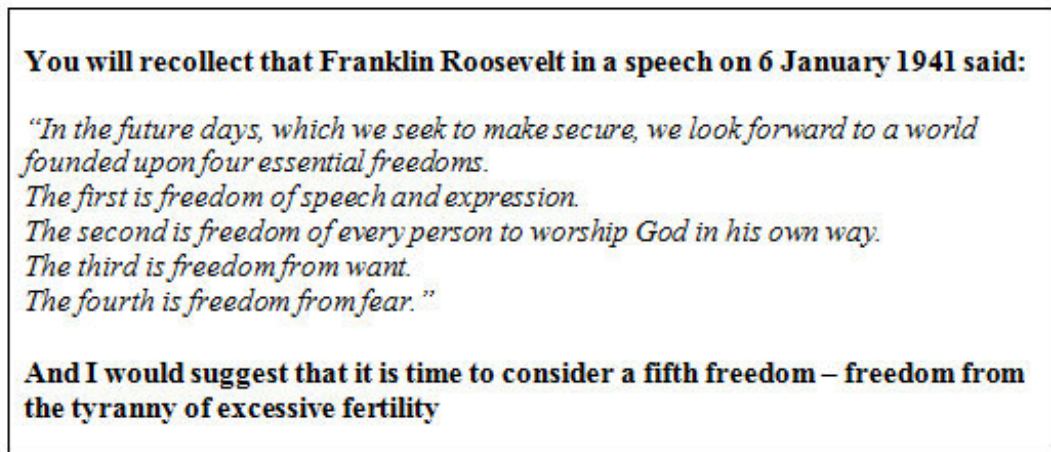
"This publication, for all its shortcomings, will be quoted in support for earlier abortion. The case presented is very weak and can easily be refuted, and for this reason alone, those who would defend our society from the present onslaught should be familiar with its data" (Sim 1974).

Even more negative in its tone, was letter to an Aberdeen-based newspaper in reply to the review which had appeared the day before in the local paper *The Press & Journal*. This reply with the title 'The case against abortion' was submitted by a lay reader in the Episcopal Church and a "member of the newly-formed Aberdeen branch of the Society for the Protection of the Unborn Children." According to this writer, the most serious defect in *Experience with Abortion* was "its failure to question the basic philosophy of induced abortion" (Farr 1974: 8).

Discussion

8.1 It is obvious from many of the reviews that one person had been key in the developments in NHS health service provision for women around abortion and sterilisation. Sir Dugald Baird was the professor of Obstetrics and Gynaecology (although officially Regius Chair of Midwifery) at the University of Aberdeen from 1937 to 1965 (van Teijlingen 2005). He was probably best known for his support of the termination of pregnancies for socio-economic reasons. Figure 1 shows the key message from Dugald Baird's paper 'A Fifth Freedom', in which he set out to highlight (a) the burden of excessive fertility on women; (b) the need for adequate information on family planning services; and (c) the importance of good access to such services (Baird 1965).

Figure 1. Key message from Dugald Baird's paper 'A Fifth Freedom'



(Source Baird 1965: 1141)

8.2 In the period 1938–1947, some 233 women in North-East Scotland had their pregnancies terminated in Aberdeen and were sterilised (Aitken-Swan 1973). Baird started offering abortions on the NHS in the 1950s. He would offer to terminate the unwanted pregnancies of women of high parity and then offer subsequent sterilisation. As he was a strong supporter of abortion law reform, it created the impression that abortion was rife in Aberdeen. MacGillivray and Horobin (1973: 6) expelled that myth as although many '*...thought the situation was one of "abortion on demand". This was and is far from the truth.*'

8.3 Several reviewers picked out the chapter by Colin Farmer (1973) entitled 'Decision-making in Therapeutic Abortion' which highlights the arbitrary nature of the decision-making process. It also highlights that a woman's successful outcome of an abortion application depended on a large amount of luck. Thus having a liberal or conservative doctor at the consultation could make the difference to the outcome of the abortion application. Although several reviews had picked up on the fact that nearly all doctors in North-East Scotland had been trained by or worked with Dugald Baird, James (1975: 508), in a review published in *Population Studies*, picked up that:

"In spite of the fact that most Aberdeen doctors have been taught by Sir Dugald Baird, it is interesting to find this variability. For instance, the proportion of referred women who were refused termination by the consultant varied from four per cent for one consultant to 40 per cent for another; and in 27 Aberdeen medical practices (with roughly equal proportions of women patients in their childbearing years), the range of variation in the proportion of women referred for abortion was more than fourfold."

8.4 The above quote illustrates that the influence of one person, in this case Sir Dugald Baird, should be seen in the light of other factors affecting women's access to abortion services, such as their own doctors' (GPs') attitudes towards abortion.

8.5 It is interesting that some of the reviews are published anonymously or only with the authors initials. This appears to be something which characterised book reviews in certain health journals at the time, rather than reflecting the sensitivity and social controversy around abortion. There is no reason to believe that, at the time, writing a book review on the topic of abortion could not be done under one's own name. For example, a book review published in *The Lancet* on the far less contentious topic of primary health care was also published anonymously (Shepherd 1995).

8.6 The attitudes of health care providers is now a key medical sociology issue in the so-called 'doctor-patient relationship'. But judging from the reviews, this notion was less well-known in the 1970s than it is today. This is perhaps one of the signs of success for medical sociology. At the same time, abortion raised other sociological issues, such as that of professional boundaries, medicalisation and the limitations of professional authority (Macintyre 1973). Horobin (1985) published a review essay on the state of UK medical sociology in which he interestingly enough, did not refer to abortion. He did, however, highlight a key contradiction between the general population and most health care professionals (including medical sociologists). The latter:

assign to health, however we conceive of it, primacy amongst human values. Medical sociologists, being in the health trade as much as doctors, are inclined to take that primacy for granted: most people, most of the time, do not.... There is thus a paradox at the heart of encounters with the world of medicine (Horobin 1985: 99).

8.7 It is the sentiment behind this quote, namely that alliances between medical sociologists and patients "against a medical paternalism carry the danger of replacing it with another, and potentially nastier, form of paternalism transferred to researchers and other health experts in licensing them to determine what is good for us", which is highlighted in the edited collection called *Developments in Sociology* (Murcott 2001: 262) and not his work on abortion. Horobin (1985: 104) did recognise that medical sociology in the previous two decades had shown "a healthy bias towards practical issues largely because of its uneasy symbiosis with medicine and its separation from academic sociology". Abortion was, of course, one of such 'practical' issues, something it no longer is on the UK sociology research agenda, nor on the social policy agenda. This point is perhaps best illustrated by the fact that neither Gerhardt's (1989) 'history of medical sociology', nor the fourth edition of the textbook *Sociology of Health & Health Care* by Taylor and Field (2007: 269) list the term 'abortion' in its index. Interestingly, the former work quotes several of Horobin's contributions to medical sociology, but not *Experience with Abortion*.

8.8 As with any research (primary or secondary) there are, of course, limitations to this paper. Firstly, analysing the reviews does not say anything about how the book was received by its readers, be it health care providers, policy makers, maternity care researchers, social scientists or the general public. Secondly, some book reviews might have been missed despite the attempts made to search widely for further reviews.

8.9 Finally, in the light of the discussion the UK on how to measure the wider social impact of academic research through the Research Excellence Framework, the so-called REF (HEFCE 2011; van Teijlingen *et al.* 2011; Parker & van Teijlingen 2012), it is worth noting that analysing the volume of, and tone of, book reviews is perhaps one way of measuring the non-academic impact of an academic book. However, it is also worth remembering that the opinions and ideas of book reviewers do not necessarily reflect those of its readers.

Final thoughts

9.1 The high number of the book reviews suggests that abortion was a controversial topic in the early 1970s and, judging by the different countries in which book reviews were published, abortion was a 'hot' topic elsewhere too and not just in the UK. At the same time we should not forget that abortion is still a controversial topic in many countries across the globe and that unsafe and illegal abortions still kill far too many women especially in countries of the South.

9.2 Some of the new and challenging findings reported in *Experience with Abortion: A case study of North-East Scotland* are 'obvious' to today's social scientists. Perhaps this is one of the successes of medical sociology that key sociological concepts are now much more part of everyday life and thinking than they were nearly four decades ago. Horobin has a legacy in the medical sociology literature, as some of the quotes related to doctor-patient relationship above illustrate, but it is clear that he is not really remembered for his work on abortion.

9.3 It must have been a good feeling for the editor, the contributors and the *MRC Medical Sociology Unit* to have at least 24 book reviews (Table 1), and to have sold nearly 900 copies of an edited book in the days before Amazon and other internet-based book sellers.

Table 1. Journals which published a book review of the 'Experience with Abortion'

| Journal | Date | Length |
|---|-----------|----------|
| <i>New England Journal of Medicine</i> | Jan 1975 | ¼ page |
| <i>Focus</i> | Mar 1975 | 1 page |
| <i>Hibernia</i> (brief mention in review of another book) | Feb 1975 | 1 page |
| <i>Revista Interarium</i> (review in Portugese of three related pieces of work) | 1974 | 1 page |
| <i>Progresos de Obstetricia y Ginecologia</i> | Dec. 1974 | ¼ page |
| <i>Catholic Herald</i> | Jan 1974 | ¼ page |
| <i>Tijdschrift voor Sociale Geneeskunde</i> (Dutch social medicine journal) | Jun 1975 | 1/3 page |
| <i>Population Studies</i> | Dec 1975 | 1½ pages |
| <i>Journal of Social Policy</i> | Vol 4 (1) | 1+ page |
| <i>The Medical Journal of Australia</i> | Aug 1974 | 1/3 page |
| <i>Excerpta Medica</i> | 1974 | ¼ page |
| <i>South African Medical Journal</i> | May 1974 | 12 lines |
| <i>Courrier</i> (some 15 lines in both French and English) | 1974 | 30 lines |
| <i>British Journal of Psychiatry</i> | 1974 | 1/3 page |
| <i>The Journal of Obstetrics & Gynaecology of the British Commonwealth</i> | Mar 1974 | 1 page |
| <i>The Lancet</i> | Apr 1974 | ½ page |
| <i>Sunday Telegraph</i> (national UK daily newspaper) | Dec 1973 | Letter |
| <i>New Society</i> (joint review with another book on abortion) | Jan 1974 | 2 pages |
| <i>British Medical Journal</i> | Mar 1974 | 1/3 page |
| <i>New Scientist</i> | Apr 1974 | ¼ page |
| <i>Nursing Times</i> | 1974 | ½ page |
| <i>International Planned Parenthood</i> | 1974 | 2/3 page |

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