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The Merchants of Calumny

Donald DeMarco, Ph.D.

In all of English literature, perhaps the most dramatic and devastating argument against prejudice is that given by Shylock in *The Merchant of Venice*:

...I am a Jew. Hath not a Jew eyes? hath not a Jew hands, organs, dimensions, senses, affections, passions? fed with the same food, hurt with the same weapons, subject to the same diseases, healed by the same means, warmed and cooled by the same winter and summer, as a Christian is? If you prick us, do we not bleed? if you tickle us, do we not laugh? if you poison us, do we not die? and if you wrong us, shall we not revenge? if we are like you in the rest, we will resemble you in that.¹

There can be no retort to Shylock's statement. One must either recognize the facts presented and agree that Shylock is both human

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and deserving of equal treatment with Christians, or ignore the facts and walk away. The reason for this is that the Jew's self-defense is mounted on too fundamental a level to be undercut. He wisely avoids sophisticated reasons, academic distinctions and intellectual subtleties that could render his argument suspect, weak or unclear. His self-defense is really a self-description and in describing the elementary fact he makes his case irrefutable and undebatable.

Taking the fundamental and forthright approach of Shylock, can a convincing argument be raised in defense of the humanity of the human fetus and his right to equal protection with adults? Substituting 'human fetus' for 'Jew' and 'adult' for 'Christian,' the same argument used by Shylock is set forth in defense of the human unborn against his detractors — the merchants of calumny.

1. I am a human fetus:

In his article on "The Humanity of the Unborn Child," pediatrician

Eugene Diamond writes:

To consider the fetus not to be a separate person but merely a part of the mother has not been tenable since the sixteenth century when Arantius showed that the maternal and fetal circulations were separate — neither continuous nor contiguous.²

Contrary to the unscientific thinking of Justice Homes, who once declared that the unborn child is "a part of its mother,"³ medical evidence⁴ shows conclusively that the fetus is a distinct human being in its own right "with its separate principle of growth and development, with its separate nervous system and blood circulation, with its own skeleton and musculature, its brain and heart and vital organs."⁵

Genetics clearly establishes the human fetus as a member of the human race by recognizing the genesis of his 23 pairs of chromosomes per somatic cell as being derived equally from a human mother and a human father. Fetology establishes the self-hood of the human fetus by tracing the growth and development of the fetus from a single cell which neither belongs exclusively to the mother or father. Dr. H. M. I. Liley writes:

He (the unborn baby) has his own space capsule, the amniotic sac. He has his own lifeline, the umbilical cord and he has his own root system, the placenta. These all belong to the baby himself, not to his mother. They are all developed from his original cell.⁶

The self-hood of the human fetus is further corroborated by electrocardiographic (ECG) readings of his heart beat at 7-1/2 weeks⁷ and

electroencephalographic recordings of his brain waves at 43-45 days⁸ (EEG).

2. ...Hath not a human fetus eyes?

His eyes begin to form at 19 days. By 8-1/2 weeks the eyelids become sensitive to touch. If the eye is stroked, the child will squint.⁹ Hough and Shettles describe the fetus after 8 weeks as having "a human face with eyelids half closed as though in someone who is about to fall asleep."¹⁰ During the fifth month hair begins to grow on his eyebrows and a fringe of eyelashes appears.

In the sixth month his eyelids will open and close. His eyes will look up, down and sideways. The iris diaphragm will contract and dilate to admit the proper light intensity. Dr. Albert Liley, one of the world's most renowned fetologists, contends that the child may perceive light through the abdominal wall of his mother.¹¹

3. ...hath not a human fetus hands, organs, dimensions, senses, affections, passions?

The hands with fingers and thumbs are recognizable by the seventh week of fetal life.¹² The lines in the hands (and feet), which will remain a distinctive feature throughout the life of the individual, are engraved at 8 weeks.¹³ At 8-1/2 weeks the palms of the hands become sensitive to touch. If the palm of the fetus is touched, the fingers will close to a small fist.¹⁴ The child's grip at 16 weeks is quite strong. At this time he is able to maintain his grasp on an object,

such as a slender rod, while that object is being moved up and down or slightly away from him.¹⁵

All the organ systems are present in the human fetus by eight weeks.¹⁶ In the ninth and tenth weeks, if the child's forehead is touched, he may turn his head away from the stimulus and pucker up his brow and frown. By the twelfth week, his organs, dimensions, senses, affections and passions are present and operative.

By the end of the first trimester (twelfth week), the fetus is a sentient moving being. We need not pause to speculate as to the nature of his psychic attributes but we may assume that the organization of psycho-somatic self is now well underway.¹⁷

4. ...fed with the same food?

In Shakespearian England, as scholars have pointed out, the segregated Jew did not dine in the company of the Christian. Moreover, in accordance with his Jewish tradition, his diet was markedly different from that of the Christian. The human fetus and his mother, on the other hand, are quite literally fed with the same food.

The taste buds, salivary and digestive glands develop in the fetus during the third month. At this time the baby is able to swallow and utilize amniotic fluid.¹⁸ Although the blood of the mother and her child do not mix during fetal development, the child receives oxygen and food from his mother through placental attachment, "much like he receives food from her after he is born."¹⁹

When a child *in utero* fails to receive adequate nourishment, it is possible to correct this problem by injecting supplementary nutrients directly into the amniotic fluid which he normally swallows (250 to 700 cc. a day). In the words of one doctor, "We well may be able to offer the child that is starving because of a placental defect a nipple to use before birth."²⁰

5. ...hurt with the same weapons?

In a recent interview, a California doctor who performed abortions was asked the following question: "Doctor, what does the aborted baby feel while it's dying?" The doctor answered, "Oh, I think that depends on your philosophy." Furthermore, he stated that the question was not an important one.²¹

To Dr. Albert W. Liley of New Zealand, the question of fetal pain can be answered on the basis of objective evidence and is a crucially important one. In 1963 Dr. Liley developed the first surgical technique for administering blood transfusions to the fetus within the womb.²² According to Dr. Liley, the fetus feels pain as early as three months. In offering instructions for carrying out the surgical techniques of fetal blood transfusions, he advises his colleagues to take into serious consideration this fact of fetal pain. During the actual surgical procedure, the child must be sedated and given pain relieving medication. Dr. H. M. I. Liley, Dr. Liley's wife and research assistant and a distinguished fetologist and pediatrician in her own right,

remarks in her well known book *Modern Motherhood*:

When doctors first began invading the sanctuary of the womb, they did not know that the unborn baby would react to pain in the same fashion as a child would. But they soon learned that he would. By no means a 'vegetable' as he has so often been pictured, the unborn knows perfectly well when he has been hurt, and he will protest it just as violently as would a baby lying in a crib.²³

In reference to aborting a 12-week-old fetus by the method of dilatation and curettage (D&C), where the neck of the womb is opened to allow the removal of the fetus in pieces, by the scraping of a sharp instrument called a curette). Dr. Diamond states, "When this procedure is done, there is little doubt that the fetus, in fact, feels what is done to it."²⁴

In the words of physician Gino Papola, "The curette will become mightier than the sword."²⁵

The weaponry used against the unborn — curette, suction and salt, together with the methods of starvation and suffocation which follow a hysterectomy abortion, are fatal for the unborn for physiological reasons alone. Being assaulted by these weapons and methods, the adult would succumb for the same medical reasons the aborted fetus does.

6...subject to the same diseases?

Dr. H. M. I. Liley writes, "No problem in fetal health or disease can any longer be considered in isolation. At the very least two

people are involved, the mother and her child."²⁶

The most convenient way in which the physician may diagnose the condition of the fetus is from an analysis of the amniotic fluid which surrounds the unborn child. In observing the color, turbidity and volume of the amniotic fluid, or the enzymes and other chemicals contained therein, he is able to diagnose a long list of fetal diseases.²⁷ In addition, the electrocardiogram of the unborn and the analysis of his heart sounds through phonocardiography is helpful to the diagnostician.

In Ashley Montagu's book, *Life before Birth*, the author lists some of the diseases which may affect the unborn child. The list includes pneumonia, scarlet fever, typhoid, streptococcal infections, rheumatic fever, listeriosis, syphilis, malaria, virus diseases, tuberculosis, viral hepatitis, and others. All these diseases can be transmitted from the pregnant mother to her unborn child.²⁸

7...healed by the same means?

Dr. Liley's technique of intrauterine blood transfusion has been mentioned. Perhaps the most famous case involving a blood transfusion given to the unborn fetus occurred in 1964. Because of certain religious beliefs, a pregnant woman refused to allow her unborn to undergo a blood transfusion. The child, because of an Rh problem in his blood, vitally needed this particular operation. The case went to court. The judge ruled that the unborn's right to survival was a value which outweighed the mother's right to prac-

tice her religious beliefs in this manner.²⁹

Analysis of the amniotic fluid surrounding the unborn has led to diagnoses of the adrenogenital syndrome, hemolytic anemia, adrenal insufficiency, congenital hyperanemia and glycogen storage disease. Some of these and, hopefully in the future, all of these maladies can be treated before birth.³⁰

Apart from medical means, there are ways in which nature heals the injured fetus. If the child sustains a fractured limb where his mother suffered a fall, the limb would heal naturally. Even a gunshot wound (incurred at three months) would heal naturally and by the time of his birth, only a scar would remain.³¹

8...warmed and cooled by the same winter and summer as an adult is?

Through temperatures both high and low as well as changes in temperature, the unborn is directly affected.³²

When the body is colder than normal, metabolism is retarded and oxygen is circulated in the blood stream at a slower rate. This means that when the body is cooled, the brain needs less oxygen than normal. When a patient faces a lengthy operation in which he is to receive heavy amounts of anesthesia, it is sometimes medically expedient to cool the body so as to combat the harmful effects to the brain represented by large doses of anesthesia.

Drs. F. Wilson and C. B. Sedzmir have reported a case where a woman 32 weeks pregnant had been

cooled in preparation for surgery. As her body temperature was being reduced, the heartbeat of her unborn child dropped from 160 to 85 beats per minute. Furthermore, when trimethaphan was injected into the woman, for the purpose of providing a relatively bloodless field for surgery, the fetus protested by kicking rather furiously. The doctors conjectured that the kicking was brought on by a state of induced anoxia (lack of oxygen) in the child caused by the drug injection. In another case, a patient's temperature was cooled to 86 degrees F. prior to her operation. At the same time, her 24-week unborn child's heart beat fell from 180 beats per minute to 120.³³ In both cases, after the mother's temperature returned to normal, the child's metabolic and circulatory rates returned to normal.

9...if you prick us do we not bleed?

Blood cells begin to appear at about 17 days. The heart commences development at 18 days and, although this figure is given as the normal time for such development, Marcel and Exchaquet attest to observing contractions of the heart as early as 2 weeks.³⁴

At 30 days the heart is beating regularly 65 times a minute³⁵ and pumping blood cells through a closed circulatory system.³⁶ At 5-1/2 weeks the heart is functionally complete and is essentially similar to that of an adult in general configuration.³⁷

By the seventh week of life, the liver manufactures red blood cells and the kidney is engaged in eliminating uric acid from the blood.³⁸ Straus, et al. have shown that the electrocardiogram of a 7-1/2-week fetus demonstrates the existence of a functionally complete cardiac system.³⁹

The blood which the unborn sheds when aborted is his own, its type (antigens and antibodies) being determined genetically from the zygote cell at conception and not from either the mother's or father's blood type exclusively.

10. . . . if you tickle us do we not laugh?

Dr. Andre Hellegers writes, "If we tickle the baby's nose, he will flex his head backwards away from the stimulus."⁴⁰

About the end of the twelfth week, the vocal cords of the unborn are completed. The child, however, is unable to cry (or laugh) primarily because his voice cannot be activated in the absence of air.⁴¹

Dr. Liley relates an incident where an air bubble had been injected into an eight month unborn baby's amniotic sac for the purpose of locating the placenta on x-ray. The air bubble happened to cover the child's face. When this occurred, the child inhaled, allowing his vocal cords to become operative, and produced a cry which was clearly audible to all those present, including the physician and the technical assistants. The mother later reported to the doctor that the air bubble kept moving over

the baby's face whenever she lay down to sleep, allowing the child to cry so loudly that both she and her husband were kept awake.⁴²

11. . . . if you poison us do we not die?

Dr. Willke described induced abortion by the method of saline poisoning in the following way:

A large needle is inserted through the abdominal wall of the mother into the baby's bag of water. A concentrated salt solution is injected into his amniotic fluid. This immediately poisons the baby, causing him to convulse and die. About a day later the mother goes into labor and delivers a dead baby.⁴³

There is enough scientific evidence reported to justify the claim that the unborn child is as susceptible to poisoning as the rest of the population.⁴⁴ Lead, mercury, arsenic, copper, phosphorus, bromide iodide, potassium chlorate and strontium are just a few of the many inorganic poisons which can reach the child through his mother's body.⁴⁵

Dr. P. Bernhard in 1949, Dr. J. M. O'Lane in 1963 and Dr. J. R. Zabriskie in the same year found, as a result of their extensive studies, a strong index of correlation between pregnant women smokers and abnormally high rates of spontaneous abortion and prematurity⁴⁶ (prematurity is the number one cause of death in early infancy).⁴⁷

12. . . . and if you wrong us, shall we not revenge? if we are like you in the rest, we will resemble you in that.

It is written in the Talmud that "Whoso sheds the blood of man

within man, his blood shall be shed."⁴⁸

Professor Ian Donald of Glasgow University, in reporting on 20,000 legal abortions in England in 1969 (which resulted in the deaths of 15 mothers) writes, "We can look forward to this (legal abortion) being the dominant cause of death to young women."⁴⁹

The Royal College of Obstetrics and Gynecologists, in an inquiry into the effects of the first year of England's *Abortion Act (1967)*, states:

Eight maternal deaths occurred in relation to 27,331 terminations of pregnancy during the year 1968-9. This gives a mortality rate of 0.3 per thousand, which is higher than the maternal mortality rate (including abortions, criminal or otherwise) for all pregnancies in England and Wales at the comparable time. A statement issued by the Secretary of State to Parliament on 4 February 1970 reveals a similar state of affairs in respect of about 54,000 induced abortions notified from all sources during 1969; among these there were 15 maternal deaths.⁵⁰

In a documented report presented before the Minnesota State Legislature, legal abortion mortality rates were compared with the maternal mortality rates per births. The maternal mortality rate for the state of Minnesota was established by Rosenfield et al.⁵¹ at 14 per 100,000 live births. The deaths of women per 100,000 legal abortions in countries having a history of legal abortions showed Finland to have a rate of 66 per 100,000, Denmark 41.4, Sweden 39.2 and Great Britain 39.2.⁵²

On the basis of the mortality rates for mothers undergoing abortions in various countries where abortion was practiced under legal auspices, the following conclusion was reported by the *American College of Obstetrics and Gynecology*:

The inherent risks of a therapeutic abortion are serious and may be life-threatening; this fact should be fully appreciated by both the medical profession and the public. In nations where abortion may be obtained on demand, a considerable morbidity and mortality have been reported.⁵³

Apart from mortality figures, non-fatal medical complications arising from induced abortions have been documented and reported, indicating the grave risks to health and fertility a woman assumes in undergoing an abortion.

Dr. Stallworthy et al. reported the results obtained in 1,182 legal abortions in one teaching hospital in England. The report showed that nearly 17% of the patients lost more than 500 ml. of blood and 9.5% required transfusion. In addition, cervical lacerations occurred in 4.2%, and the uterus was perforated in 1.2%. Emergency laparotomy was required 6 times and hysterectomy was twice necessary to save life. In 27% of the patients pyrexia (high fever) of 38°C or more persisted for longer than 24 hours. Fourteen patients suffered peritonitis.⁵⁴

"It is disquieting," wrote the doctors, "that postabortal infection, which is one of the common causes of death after criminal abortion, should have occurred in 27% of this series."⁵⁵

The Stallworthy report was especially disturbing since it showed almost identical results with those reported by Sood.⁵⁶

Dr. Droege-muller, reporting on Colorado's first year experience with legal abortion, reported that 8 out of every 100 women required blood transfusions after being aborted.⁵⁷

The incidence of major hemorrhaging following legal abortion was reported in Russia as 14.2%⁵⁸ (D&C); Great Britain 21%⁵⁹ (all methods of inducing abortion); Sweden 3 to 7.8% (saline).

Statistics

In Japan, the 1969 survey of the office of the prime minister reported the following complications resulting from induced abortion: 9% sterility after three years; 14% habitual spontaneous abortion; 4% extra-uterine pregnancies; 17% menstrual irregularities; 20% abdominal pains; 19% dizziness; 27% headache; 3% frigidity; 13% exhaustion; 3% neurosis.⁶¹

The Nagoya survey by the Women's Associations reported 59% were severely troubled with adverse after-effects or were in poorer health following abortions. In the Mainichi survey in 1969, 18% complained of being physically unwell after one abortion; 27% after two; 40% after three; and 51% after 4.⁶²

The Swedish experience with legal abortion is well documented. Perhaps the most thorough follow-up study on women who have undergone abortions has been done by Dr. Martin Ekblad. Dr. Ekblad

studied 479 women at the time of their abortion and again 2-1/2 years later. He found that 10% continued to feel the operation unpleasant; 14% had mild self-reproach; 11% suffered serious self-reproach and self-regret; and 1% had gross psychiatric breakdowns.⁶³

A study in Poland has shown a 14% decrease in sexual libido 5 years after abortion;⁶⁴ while the Czechs have reported decrease in libido in 33% of patients 9 months after the abortion.⁶⁵

It has been said that "You can drag a baby out of the uterus but you cannot wipe it out of the mind."⁶⁶ According to certain psychologists and psychiatrists the feminine principle is one of receiving, keeping and nourishing.⁶⁷ Although the pregnant woman may initially deny her unborn child, once she admits she is pregnant (and she must do this to undergo an abortion), she feels an unconscious attachment to him; Because of this, many women feel the part of themselves is lost through abortion.⁶⁸

The psychiatrist Karl Stern states that it is not infrequent that women who have had abortions break down with a serious depression or even psychosis when the time arrives when they would have given birth to their child. What is remarkable about this, notes Stern, is that the patient may very well be unaware of when that due date was, or even indifferent to the moral dimension of abortion. Her profound reaction of loss coincides with the time of

birth which did not take place.⁶⁹

A World Health Organization group of scientists have concluded that, "There is no doubt that the termination of pregnancy may precipitate a serious psychoneurotic or even psychotic reaction in a susceptible individual."⁷⁰

Apart from the death brought to the unborn, and the mortality or morbidity suffered by the mother as a result of abortion, there are also serious dangers to subsequent children of aborted mothers.

Fourteen years after legalizing abortion, Hungary reported a 5% increase in premature babies.⁷¹ In addition, due to birth injury, post-natal asphyxia and atelectasis (collapsing of the lungs) which are leading causes of death in premature infants, Hungary's infancy mortality rate was 1,278.2 per 100,000 live births compared to a 549.4 per 100,000 rate for the U.S.⁷² Following legalized abortion on request, the perinatal mortality rate in Hungary had doubled!

The frequency of spontaneous abortions (miscarriages) in women who have undergone legal abortions has been reported as 30 to 40% higher than in cases where women had not been aborted.⁷³ Furthermore, the incidence of fetal death during pregnancy is twice as great for a woman who had an abortion compared to those who hadn't.⁷⁴ Dr. Kellaris, a leading gynecologist in Greece, speaks of his country's biggest social problem being women not being able to retain pregnancies

due to their having been previously aborted so often.⁷⁵

Findings such as these have led one authority to conclude:

Induced abortion plays an important role in the development of a subsequent child... the impact of premature birth on infant mortality and of the mental and physical development of the child is connected with the frequency of abortions.⁷⁶

Pound of Flesh

Just as Shylock, the Jew, cannot be prejudiced with impunity, neither can the human fetus be aborted without grave reprisals being suffered by his mother, her future progeny, the medical profession, and all of society. The merchants of calumny who banalize the human fetus and suppress the medical risks which abortion represents are bargaining for their own pound of flesh.

The desire to believe that the human fetus is not human and that abortion does not give rise to frequent and serious complications is very strong in some people. They would prefer that the world should bend to their beliefs rather than they themselves be enlarged by a world which is wider than will. Perhaps the essence of prejudice lies in a fear of accepting what is different. But in the case of the human fetus, this prejudice takes an ironic twist. We all contain the unborn. We are the unborn. The abortionist is the inverse of Narcissus. He hates his own repeated image. He has no memory. He has no ontogeny. The human fetus tells him how small he must be. In re-

jecting his own smallness, he then lashes out against the unborn. To accept one's smallness requires greatness. This is the essential paradox of man.

In accepting his smallness, his finitude, his fallibility, man honors a truth and thereby acknowledges the universe. When he insists upon nothing less than his own perfection, emancipated forever from any attachment or resemblance with the humble fetus, he acknowledges only his vanity.

Inseparable from a fear of finitude is a terror of death. If man grows from a single cell, what fortress in this world can ever be a safeguard against his destruction? If man's life begins in the penumbra of nothingness, that shadow must remain to lurk behind his every heartbeat.

As he came forth from his mother's womb, so again shall he depart, naked as he came, having nothing from his labor that he can carry in his hand.⁷⁶

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