

recovery, is to restore gluten but to remain for life off such products as eggs, beef, pork and all cow-derived meats. The arteries may be target organs in sensitive strains to antigens from ingested foods, and the removal of antigens lowers the immunological sensitivity in damaged areas. The 'clotting' of the acute attack I ascribe to an immune adherence phenomenon between cells. I would appreciate letters from interested practitioners.

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#### REFERENCES

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#### EPIDEMIOLOGY IN COUNTRY PRACTICE

Sir,

One out of ten to the Council of the Royal College of General Practitioners for producing an expensive and limited facsimile edition of *Epidemiology in country practice* and to you for encouraging them in your editorial (*August Journal*).

It would have been more appropriate to have issued it in paperback in an unlimited edition at a lower price and attempted to sell it more widely. You hope that it will inspire the next generation of general practitioners; how can it as a limited edition (one copy between 20 general practitioners)?

Pickles would turn in his grave.

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- Journal of the Royal College of General Practitioners* (1972). Editorial, 22, 495.  
Pickles, W. N. (1939). *Epidemiology in Country Practice*. Facsimile edition. Republished 1972. London: Royal College of General Practitioners.

#### BOOK REVIEWS

**Reports on Confidential Enquiries into Maternal Deaths in England and Wales 1967-1969.**  
Department of Health and Social Security. Reports on Health and Social Subjects No. 1. 1972. Pp. 129. London: H.M.S.O. Price: 85p.

These triennial reports are by the Department's consultant advisers in obstetrics and anaesthetics with the help of the Office of Population Censuses and Surveys. They are based on reports of individual cases by obstetricians acting as regional assessors, and try to show whether there were any avoidable factors which might have contributed to death. They are intended not to apportion blame but to show where a further reduction in the maternal death rate might be made.

As obstetric standards rise, assessment becomes more strict; although there has been a considerable reduction in maternal deaths, the proportion in which avoidable factors were considered to be present is higher than ever at 56 per cent in this report. It assesses 86.3 per cent of the deaths due to pregnancy and childbirth known to the Registrar General, and, as pregnancy is not always recorded on certificates of death due to other causes, even more cases of associated death than are known to the Registrar General.

During the triennium, the birth rate continued its steady fall from the 1964 peak down to 16.6 in 1969, and the maternity rate fell in all age groups except under 20 years. Although the number of women in the 20-30 years age group rose, the total number of births fell by 6.3 per cent to 808,192 in 1969.

In 1969, the first full year of the Abortion Act, 6.2 per cent of all known pregnancies were terminated. In that year the fall in the number of births was at the rate of 2.75 per cent, the most rapid for several years, but the excess over recent averages accounted for only about 8,000 fewer births. This crude measure of the effect of the Act suggests that most of the 54,158 terminations would not have progressed to births in this country if the Act had not been passed.

Hospital delivery of 8,000 patients needs about 60,000 bed-days. These were saved, surely enough to have accommodated the National Health Service share of terminations, except that they were obstetric, not gynaecological beds. Is there a case for making early termination part of the maternity service?

Abortion, pulmonary embolus, toxæmia and haemorrhage are still the major causes of maternal death, in that order as toxæmia and haemorrhage have changed places since the last report. As before, if cases of septic abortion are added to those of puerperal and postoperative sepsis, it is apparent that sepsis is the major cause, abortion without sepsis taking third place after pulmonary embolus. As deaths from illegal abortion fell from 28 in 1968 to 17 in 1969, there may in the future be a fall in illegal and therefore in septic abortion.

Deaths from toxæmia fell by 20 percent to 53, but the number of deaths from eclampsia has not fallen since 1961. Avoidable factors were present in two thirds of the cases of toxæmia and a rather higher proportion of the 41 deaths from eclampsia. This is the field in which general practitioners are most likely to be able to play a significant part in