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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

Mortality from abortion: the NHS record

SIR,—Since accurate records were kept following the 1967 Abortion Act figures have appeared from time to time which show conclusively that the mortality from abortion performed in NHS hospitals is consistently and significantly higher than the mortality of non-NHS abortion. In the past 10 years approximately 1.5 million abortions have been performed. The majority have been non-NHS abortions, yet of the 86 deaths resulting from these abortions, 72 occurred in NHS patients.

In spite of the fact that for most of the past decade the non-NHS sector has performed many more abortions than the NHS, there has not been a single year in which the number of NHS abortion deaths has been fewer than those following non-NHS abortion. For most of these years the excess of NHS over non-NHS deaths is considerable. One of us (CB) has already shown by reference to the Confidential Enquiry into Maternal Deaths during 1970-2 that the majority of abortion deaths were due to what were called "avoidable factors."¹ From the clinical examples given it is clear that this is generally a euphemism for negligence. In several cases it seems that death has been due to a lack of skill either in performing the abortion, in anaesthetising the patient, or in diagnosing and treating surgical or anaesthetic complications. At the very least this suggests a lack of supervision

of the junior staff who undoubtedly handle a significant proportion of the cases, but it may reflect skills even at consultant levels. Another cause may be the performing of more late abortions, although the difference between the NHS and non-NHS sectors is not great. The choice of technique is sometimes very questionable, as is the tendency, which is marked in the NHS, to combine abortion and sterilisation in spite of the known medical and psychological problems which this may cause. It is clear that the excess of NHS deaths is not accounted for by pre-existing disease. These figures are disturbing.

Even more disturbing is the reluctance of the Department of Health and Social Security to publish and accept the facts. One of us (PH) as far back as 1970 experienced difficulty in using differential morbidity statistics originally provided by the DHSS. Permission to publish them was eventually withdrawn. It was necessary to have a parliamentary question tabled to obtain recent differential mortality statistics. The figures for deaths and reported complications appear to be the only abortion statistics which are not broken down into NHS and non-NHS cases. If the DHSS is reluctant to permit its performance in this field to be publicly scrutinised it is perhaps not surprising if that performance is not as good as it might be. We believe that this issue is long overdue for

public discussion and that it also merits some official comment. Our letter is written with the hope that it may bring about both of these things.

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¹ Brewer, C L, *New Society*, 1977, **39**, 281.

Whooping-cough fatality rate

SIR,—One of the remarkable things about the increase in notifications of whooping cough over the past 18 months has been the change in the case fatality rate (as measured by the ratio of deaths to notifications). Since the 1950s this rate has been about 1:1000. In 1977, with seven deaths and 17 390 notifications, and in the first half of 1978, with five deaths in 29 262 notifications these rates are about 1:2500 and 1:6000 respectively.

How can this apparent decrease in case fatality rate, if real, be explained? Less whooping-cough vaccine has been used recently. Vaccine is believed to make the disease milder in those not fully protected by it, yet with less vaccine in use it appears that there has been an increase in mild cases, as suggested by the drop in case fatality rate. There may have been a large epidemic with a relatively avirulent strain of *Bordetella pertussis*, but this is something new. Could it be that the reduction in case fatality rates is due to the use of antibiotics? I do not think