

perfusion in association with all cotton-wool spots. These areas were larger in diabetes than in hypertension, and persisted when the spots disappeared, whereas in treated hypertensive patients capillary perfusion usually returned when the spots disappeared. Retinal arterioles were more severely affected in diabetes; they were irregular in calibre, frequently sheathed and occluded, and bore microaneurysms. Fluorescein dye leaked from the arteriolar and capillary aneurysms in the region of the cotton-wool spots as in hypertension. Three diabetic patients were studied before the appearance of cotton-wool spots, and in each case the lesions were preceded by capillary microaneurysms and areas of capillary closure, and finally by arteriolar occlusion.

After destruction of the pituitary gland in seven patients with rapidly advancing retinopathy the spots quickly diminished in size, and in some instances capillaries reopened. Nevertheless, new cotton-wool spots developed in two of these patients. Pituitary ablation occasionally results in rapid subjective improvement in vision, probably owing to the clearing of vitreous haze and retinal oedema.⁵ More commonly and less dramatically there is a reduction in venous dilatation and in the number of retinal haemorrhages, and the rate of formation of new vessels falls.⁶ The beneficial effects on the cotton-wool spots and on capillary perfusion and permeability described by Kohner and her colleagues⁴ suggest an improvement in the state of the arterioles. Unfortunately despite pituitary ablation narrowing of the larger arterioles progressed in most patients, and retinal fibrosis and hard exudates persisted. It is probably these changes which account for the failure of vision to improve in most patients treated by this radical procedure.

Driving and Epilepsy

Regulations that came into operation on 1 June, and referred to in our correspondence columns this week (page 407), allow some people "suffering from epilepsy" to hold a driving licence.¹ They modify a general prohibition that had existed until then.

A person who "suffers from epilepsy" but wants to drive must satisfy three conditions. The first is that he has been free of an attack while awake for at least three years. Secondly, if he has had attacks while asleep in the previous three years he must also have had them before that period. The third condition is that his driving is not likely to be a source of danger to the public. The applicant will have to provide medical evidence on his state of health. Consequently he will be asked to give to the medical officer of health in his county the names of his family doctor and any other doctor or hospital that treated him in the previous three years and to allow reports to be obtained from these sources. The task of the medical officer of health will be to advise the licensing authority on the basis of the information he has obtained. Further details of this procedure are given in a pamphlet issued by the British Epilepsy Association.²

The density and speed of traffic on the roads continue to make the licensing of people "suffering from epilepsy" a controversial matter, as the British Epilepsy Association admits. But the recent change in the regulations does have the

support of informed medical opinion. Before they came into effect a person whose disease was safely controlled was held in the Divisional Court of the Queen's Bench Division to be suffering from epilepsy if he required drugs for its suppression,³ and so he was debarred under the Road Traffic Acts from holding a licence. The working of the new regulations clearly needs careful watching to ensure that they do not lead to any increase of the already formidable risks of travel on the public highway.

Reasons for Abortion

According to the inquiry held recently by the Royal College of Obstetricians and Gynaecologists the great majority of consultants in that specialty consider the real problem of the Abortion Act is not its wording but its interpretation.¹ The inquiry covered the first year of the Act's working. Some statistics for the first eight months (to the end of 1968) have now come from the office of the Registrar General for England and Wales.² They include an analysis of the reasons for which abortions were authorized and carried out.

The total number of abortions in the first eight months was 23,641, of which about 11,000 were performed on single women, 10,000 on married, and 2,000 on separated or divorced. Of the medical reasons given for carrying out the operation psychiatric grounds overwhelmingly predominated, being cited in some 18,000 cases. Among the organic diseases recorded the most frequently given as grounds for operation were neoplasms of various sites, heart disease and hypertension, asthma, and renal infections. The commonest ground for performing abortion when the fetus was liable to defect was rubella (about 800 cases); among other conditions were Down's syndrome (mongolism) 30 cases, and multiple congenital anomalies 65 cases.

Non-medical grounds for abortion were recorded in about 4,000 cases. Youth and immaturity of the mother on one side balanced multiparity on the other, with over 200 cases of each. There were clearly many others in which these reasons were not declared though they might have been, for over 500 operations were performed on girls under 16 and over 400 on women with more than six children. In a number of cases the husband was at least partly the grounds for abortion—"away from home" (14 cases), "opposed to pregnancy" (1 case), a drunkard (12 cases) or a drug addict (1 case), "violent" (3 cases), "young" in one case and "old" in another. Financial troubles were specified in 223 cases and inadequate housing or the like in 77.

Weighing up and defining precisely the medical condition for which a doctor advises termination of pregnancy can be a troublesome problem. When to this is added the need to consider social factors, it is no wonder that interpretations of the Act vary from one doctor to another. Likewise interpretations of the published statistics will vary, but it is to be hoped that the Registrar General will continue to produce them as promptly as possible. Despite their ambiguities, they deserve thorough study from anyone concerned with the law of abortion, and the first instalment is timely in view of the present demands for an inquiry into the working of the Act.

¹ *Motor Vehicles (Driving Licences) Regulations 1970*, S.I. 170. London, H.M.S.O., 1970.

² *Driving Licences and Epilepsy*. British Epilepsy Association, 3-6 Alfred Place, London W.C.1E 7ED.

³ *British Medical Journal*, 1967, 1, 510.

¹ Royal College of Obstetricians and Gynaecologists, *British Medical Journal*, 1970, 2, 529.

² *The Registrar General's Statistical Review of England and Wales for the Year 1968, Supplement on Abortion*. London, H.M.S.O., 1970 (6s. net).