zyme appears in maternal serum, and its concentration increases with gestational age; it is higher with toxemia of pregnancy as compared to normal pregnancies.

Elevation of alkaline phosphatase in normal or toxemic pregnancies is an expression of production of this enzyme by the placenta. This fraction is measured after inactivation of maternal serum by heating to $56^\circ$ to $65^\circ$ C. The other isoenzymes of alkaline phosphatase, including hepatic alkaline phosphatase, are heat labile and can be calculated by subtracting the heat-stable placental alkaline phosphatase from the total serum alkaline phosphatase.

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REFERENCES

Obstetrics and gynecology as a career
To the Editors:

Dr. Tyson’s article (Am. J. Obstet. Gynecol. 117: 130, 1973) touches on serious problems facing our discipline but avoids some of the most obvious. Without going into unnecessary detail, it must be pointed out that he and others in similar self-deprecating articles ignore or omit two very vital questions while lamenting the demise of the attractiveness of our specialty for the American graduate.

First, our “glorious leaders” have been saying for years that the likes of midwives, nurses, montrices, firemen, etc., could and should handle the majority of obstetric care.

Second, we as a specialty have allowed ourselves to be dominated by an antilife philosophy, so that our journals and meetings have a high incidence of articles or discussions about contraception, sterilization, or abortion.

Is there then any wonder that the student filled with knowledge of intensive care units, desirous of saving lives, rejects us?

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Cervical laceration during abortion
To the Editors:

Several articles reporting the use of prostaglandin for mid-trimester abortions have appeared recently. They all present cervical laceration or cervicovaginal fistula as complications. I believe that the use of intracervical laminaria prior to prostaglandin instillation might prevent these complications.

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