study to investigate unexpected death associated with restraint in inpatient populations seems indicated.

We agree with Drs. Sedran and Brubacher that excited delirium is a medical emergency, and medical management by emergency department personnel is preferable to physical restraint. Prompt medical intervention and the minimization of restraint will likely reduce the mortality rate among people with excited delirium.

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Africa's population problems not limited to Africa

Dr. Geoffrey Forbes says we should "[l]eave population control to the Africans."[1] Although his proposal may seem noble in Canada, a rich and underpopulated nation far from Africa, it sounds nearsighted in Italy, a densely populated country that is faced with the *emergenza immigrati* — a state of emergency due to the continuous invasion of numberless Africans who clandestinely immigrate to Italy. This country, where unemployment is rising, can offer neither enough jobs nor adequate lodgings to the new arrivals. It is patently clear that Africa's population explosion, besides leading to slaughter and starvation,[2] is responsible for unstoppable emigration from Africa. This movement will produce increasingly serious socio economic problems in both Italy and other European countries.

Population control in Africa, therefore, can no longer be viewed as a matter to be left entirely to the African countries, where substantial lobbies oppose contraception.[3] As a consequence, African mothers still bear 6 sons, on average, despite overpopulation.[2] If this level of reproduction is exported to the West, it will destroy economically and socially whatever affluent countries exist within a few decades.[4]

Contrary to Forbes's claim, vaccination without concurrent contraception will have catastrophic effects not only for Africans.[5] Sadly, as has recently been pointed out, "inadequate provision of contraception will result in . . . the deaths of up to 8.9 million infants and children by 2000."[6]

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Planning motherhood

Dr. André B. Lalonde, in his editorial on safe motherhood, cites figures for maternal and fetal deaths in developing countries that are truly appalling.[1] These data confirm what I observed while practising obstetrics overseas.

However, the solutions Lalonde envisions are not likely to come about in the near future — or even, for some, in our lifetime. To my mind, what is needed immediately is education about birth control to help women who otherwise may be pregnant for most of their reproductive years, whether they want to be or not. Such women must be empowered to control their own fertility through the provision of contraceptives at a cost the majority can afford.

Ideally, education about birth control and availability of the means of contraception should go hand in hand with some form of social care for elderly people. In view of high fetal and early childhood mortality rates, some families consider a large number of children desirable, to ensure that there are offspring to look after the parents as they age. But this attitude tends to increase poverty levels and in the end is counterproductive.

As Lalonde says, an obstetrician can "take overall responsibility to lead, train and retrain the health care team," but such training should surely address contraception, as well as appropriate care during pregnancy and labour.

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Informing women about folic acid

There is compelling evidence that periconceptional folic acid supplementation reduces the risk of neural tube defects. Dr. James McSherry suggests that folic acid be added to the 7 inert pills in a 28-day pack of oral contraceptive pills.[1]

Birth control pills could also be a means to inform women of the importance of periconceptional folic acid supplementation; such information could be included in the package inserts for the pill — some women do read these inserts. This information would also be appropriate for inclusion in provincial middle school curricula.