CORRESPONDENCE

Owing to the Government's restrictions on the use of power in industry, including printing, we have been obliged to defer publication of some letters and print others in shortened form. We regret this inconvenience. Correspondents are asked to help by keeping their letters as short as possible.

Progestogen-only Contraception and Tubal Pregnancies

D. F. Hawkins, F.R.C.O.G. 387

Jaundice after Halothane

M. P. Coplans, F.F.A.R.C.S., and E. B. Lewis, F.F.A.R.C.S.; Fiona Acheson, F.F.A.R.C.S.I., and others 387

Sensitivity of *Haemophilus influenzae* to Cephalosporins

S. Selwyn, M.D. 388

Medical Audit

R. Shackman, F.R.C.S.; D. Hooker, M.R.C.G.P. 388

Current Practice in Tetanus Prophylaxis

D. B. Caro, F.R.C.S., and Elizabeth J. Shaw, F.R.C.P.A. 389

Death from Accidental Potassium Poisoning in Childhood

C. J. Bacon, M.B. 389

Breast Cancer Regression under Oestrogen Therapy

M. L'Hermite, M.D., and others 390

Geriatric Orthopaedics

T. C. Thorne, F.F.A.R.C.S., and J. A. Lee, F.F.A.R.C.S. 390

Death during Dental Anaesthesia

D. Blatchley, F.F.A.R.C.S. 391

Vaginal Cytology

J. C. McC. Browne, F.R.C.O.G. 391

Gamekeeper's Thumb on the Ski Slopes

B. P. Krishnamurthy, L.M.S.S.A. 391

British Academy of Psychopharmacology

S. Brandon, M.D., M.R.C.PSYCH., and others 391

Home Graduates Only

H. A. Leslie, M.B. 391

Vitamin A, Pregnancy, and Oral Contraceptives

Fiona A. Bubb, B.Sc. 391

¹²⁵I-Fibrinogen and Blocking of the Thyroid Gland

K. Forsberg 392

Anticonvulsant Osteomalacia and Vitamin D

D. J. F. Rowe, B.Sc., and T. C. B. Stamp, M.D. 392

Pyomyositis in London

P. E. T. Isaacs, M.R.C.P. 392

Malignant Carcinoid Tumour with Gangrene of the Small Intestine

Flora Hartveit, M.D., and others 393

Radiation Protection in Dentistry

M. Savage, L.D.S. 393

False Interpretation of Fetal Heart Monitoring

T. E. Torbet, F.R.C.O.G., and M. B. D. Cooke, B.A. 393

Correction of Plasma Calcium Measurements

R. B. Payne, M.D., and others 393

Chemotherapy of Disseminated Malignant Tumours

L. A. Price, M.R.C.P., and J. H. Goldie, F.R.C.P.(C.) 393

Drugs Causing Weight Gain

J. D. F. Lockhart, M.B., D.P.H. 394

Remission of Diabetes during Pregnancy

J. M. Stowers, F.R.C.P., and others 394

Nervous System Involvement in Ankylosing Spondylitis

M. A. Edgar, F.R.C.S. 394

A Seat Belt Syndrome?

W. Gissane, F.R.C.S., and J. P. Bull, F.R.C.P. 394

A Professional Responsibility?

J. B. Harman, F.R.C.P. 394

Consultant Discontent

V. D. Jones, M.R.C.O.G., and others; J. A. Bentham, F.R.C.O.G.; J. H. E. Bergin, M.B., D.M.R.D. 395

Transfer of Registrars

K. C. McKeown, F.R.C.S. 395

Junior Hospital Doctors in Ireland

D. McDonnell, M.R.C.PSYCH. 395

Practice Expenses and Inflation

M. G. Mayne, M.R.C.G.P. 395

Nothing New under the Sun?

J. Rubie, M.D. 395

Progestogen-only Contraception and Tubal Pregnancies

SIR,—The letter from Mr. J. Bonnar (16 February, p. 287) reporting a relatively high incidence of ectopic gestation in patients using progestogen-only oral contraception is of sufficient importance to demand prompt comment.

In our studies of 535 women taking these preparations for a total of 4,594 months, we have encountered three ectopic gestations.

Case 1. Age 30. Para 5 + 3. Started chlormadinone acetate 0.5 mg daily in June 1969. Irregular menstruation and an incident of abdominal pain 25 September 1969. Laparotomy 22 October 1969—left fimbrial ectopic gestation.

Case 2. Age 23. Para 2 + 0. Started norethisterone 0.35 mg daily in April 1969. Pain 27 June 1970. Laparotomy 1 July 1970 for ruptured left tubal pregnancy located 3 cm from fimbria.

Case 3. Age 19. Para 2 + 0. Started megestrol acetate 0.5 mg in oil daily in January 1971. Eight weeks' amenorrhoea and suprapubic pain led to laparoscopic diagnosis of a ruptured left tubal pregnancy on 23 June 1971.

In case 2 the patient admitted to missing some pills, but this was not so with cases 1 and 3. The computed (life table) rates for ectopic gestation are 0.6, 1.2, and 1.0 per 100 woman-years for chlormadinone acetate, norethisterone, and megestrol acetate in oil respectively—not so high as Mr. Bonnar's figure of 2 per cent 100 woman-years, but directly comparable with Tietze's calculation of 0.8-1.2 ectopic pregnancies per 100 woman-years in patients not employing any contraception at all.¹

We have thus found no evidence that progestogen-only oral contraception tends to cause ectopic gestation. On the other

hand there is little doubt that this procedure has the property of preventing intrauterine pregnancy but not preventing tubal pregnancy—a situation somewhat resembling that with intrauterine devices. There were 35 pregnancies in our study, of which three were ectopic. The patient taking progestogen-only oral contraceptives who presents with symptoms suggesting early pregnancy should be considered to have an increased risk of ectopic gestation.

The basic significance of these observations seems to have escaped comment. The mode of action of low-dose progestogens in preventing pregnancy can not, as has been claimed, be an effect on cervical mucus, as this would prevent ectopic pregnancy also. It seems likely that their direct action on the endometrium² is responsible for the contraceptive action.—I am, etc.,

D. F. HAWKINS

Institute of Obstetrics and Gynaecology,
Hammersmith Hospital,
London W.12

¹ Tietze, C., *British Medical Journal*, 1966, 2, 302.

² Diczfalussy, E., *American Journal of Obstetrics and Gynecology*, 1968, 100, 136.

Jaundice after Halothane

SIR,—The Anaesthetists' Subcommittee of the Central Committee for Hospital Medical Services has asked us to express in public its disquiet at the content of the letter re-

cently sent on this topic to all doctors and dentists by the Committee on Safety of Medicines.

Dr. W. H. W. Inman and Professor W. W. Mushin (5 January, p. 5) have done useful work in analysing the cases reported to that committee. Whether or not the conclusions that they draw are valid deductions from this type of evidence is, however, a matter on which other opinions are possible. These opinions can legitimately be presented through your correspondence columns and already a larger comparable series has been reported by Professor B. R. J. Simpson and others (16 February, p. 288) in which the single crucial finding of Dr. Inman and Professor Mushin was not supported.

The letter from the Committee on Safety of Medicines to which we refer, however, has gone to a very much wider audience, many of whom are insufficiently aware of the tentative and equivocal nature of the evidence. In quoting the paper, overt support is given not only to the findings of Dr. Inman and Professor Mushin but to the conclusions as well, giving the impression that there is new and important information which must now be borne in mind. In fact, apart from the observation refuted by Professor Simpson and his colleagues, their paper has merely confirmed that in a series consisting of voluntary reports of random cases certain features are found more commonly than is usual. This was exactly the position 10 years ago when the first series was analysed by Sherlock.¹

We do not believe that anyone has adequate information on the relative usage of