Outcome of Unplanned Pregnancies in Trials of Progestogen-only Oral Contraceptives

Drug and Dose	Study	No. of Unplanned Pregnancies	Outcome of Unplanned Pregnancies					
			Livebirth	Stillbirth	Miscarriage	Ectopic Gestation	Termination	Unknown
Chlormadinone acetate 0.5 mg	F.P.A.	20	9	0	4	0	7	0
" " "	Yugo A ¹	4	0	0	0	1	3	0
" " "	Yugo B ²	2	0	0	0	0	2	0
Ethinodiol diacetate 0.5 mg	F.P.A.	3	0	1	1	0	0	1
Lyncestrenol 0.5 mg	F.P.A.	1	1	0	0	0	0	0
Megestrol acetate 0.5 mg	F.P.A.	8	5	0	0	0	2	1
" " 0.7 mg	Yugo B	6	0	0	0	1	5	0
Norethisterone 0.35 mg	F.P.A.	12	5	0	1	0	4	2
Norethisterone acetate 0.3 mg	F.P.A.	8	6	0	0	1	1	0
" " "	Yugo A	1	0	0	0	0	1	0
" " "	Yugo B	1	0	0	0	0	1	0
" " 0.3+0.6 mg	F.P.A.	2	1	0	0	0	1	0
" " 0.6 mg	F.P.A.	2	2	0	0	0	0	0
Norgestrel 0.05 mg	Yugo A	3	2	0	0	0	1	0
" " 0.075 mg	F.P.A.	3	1	0	1	0	1	0
" " "	Yugo B	1	0	0	0	0	1	0
Total		77	32	1	7	3	30	4

The outcome of 21 pregnancies occurring among 43 women taking megestrol acetate 0.25 mg in the Yugo A study have been omitted since this dose of the steroid was clearly a very ineffective contraceptive.

have both reported an excess of ectopic gestations among the unplanned pregnancies occurring in women using progestogen-only oral contraceptives. Their findings stimulated us to review the outcome of unplanned pregnancies occurring among the participants in the trials of progestogen-only oral contraceptives conducted by the Family Planning Association and in similar trials carried out in Ljubljana, Yugoslavia, with which one of us (M.P.V.) was associated.^{1,2} The results are shown in the table. Of the 73 pregnancies of known outcome 3 (4.1%) were extrauterine.

These data are closely similar to those that have been reported in relation to intra-uterine devices. Lehfeldt *et al.*,³ for example, found that 4.3% of pregnancies occurring with an intrauterine device in situ were ectopic, while Vessey *et al.*⁴ reported a corresponding figure of 8.9%. The implication is that progestogen-only oral contraceptives, like intrauterine devices, are much more effective at preventing uterine implantation than extrauterine. From the practical point of view we agree with Mr. Hawkins that the doctor responsible for the care of a patient who has become pregnant while using progestogen-only oral contraceptives must be on the alert in case the pregnancy is ectopic.—We are, etc.,

MICHAEL SMITH
M. P. VESSEY
W. BOUNDS
J. WARREN

Family Planning Association,
London W.1

- 1 Mears, E., *et al.*, *British Medical Journal*, 1969, 2, 730.
- 2 Vessey, M. P., *et al.*, *Lancet*, 1972, 1, 915.
- 3 Lehfeldt, H., Tietze, C., and Gorstein, F., *American Journal of Obstetrics and Gynecology*, 1970, 108, 1005.
- 4 Vessey, M. P., *et al.*, *Lancet*, 1974, 1, 495.

Catecholamine Excretion Levels in Neuroblastoma

SIR,—Dr. Jane V. Bond (31 August, p. 574) referred to our paper on neuroblastoma (3 August, p. 301). She pointed out that no mention was made of the use of catecholamine estimations and suggested that this might have been because in the period 1962-7 routine examinations were not being carried out. In fact, several hospitals were using these estimations as diagnostic tests and also during the follow-up of surviving

children, though the incidence of these tests increased during the later years.

Out of our total number of 639 children, we found only 109 patients who had definite reports of vanillylmandelic acid (VMA) estimations being carried out at the time of diagnosis. In 90 of these the level was raised, in 17 it was normal, and in two it was unspecified. We had records of 33 patients who were followed up over a period of time with VMA estimations being used regularly, and within the limits of our data our findings confirmed the fact that a quick return to normal levels is associated with good prognosis and vice versa. However, in view of the fact that our source material came from many different hospitals and these tests were carried out by different laboratories and under varied conditions we did not consider it worth while to publish such incomplete information in a paper largely concerned with natural history and prognostic factors.—I am, etc.,

L. M. KINNIER WILSON

Marie Curie Memorial Foundation,
Epidemiology Unit,
Oxted, Surrey

Status of Ward Sisters

SIR,—When the recent pay award to the nursing profession was announced there was general jubilation at this much-needed pay rise. However, when the details were made known¹ it was found that the ward sisters, who hold key positions in the nursing profession, came out badly compared with other branches of the profession. District nurses and health visitors are in Grade I and will receive a higher salary than ward sisters, who are placed in Grade II.

All nurses in training are influenced by the standards of ward sisters, patient care depends directly on their competence, and the entire organization of the ward is their responsibility. I feel these important factors have been neglected by the Halsbury Committee. It has downgraded the ward sister's position so that it becomes quite intolerable for skilled nurses to continue as ward sisters and they are being forced out of the wards, and in some cases they are leaving the profession altogether.

This lack of recognition of the ward sister's value is also seen in the limitation of the salary increments to six, which forces

nurses into nursing administration when their interest is still patient care.—I am, etc.,

R. V. CLARKE

West Highland Hospital,
Oban

¹ Report of the Committee of Inquiry into the Pay and Related Conditions of Service of Nurses and Midwives. London, H.M.S.O., 1974.

Tissue for Transplantation

SIR,—While I am unable to accept many of Mr. J. R. Salaman's conclusions in his frank if somewhat despondent communication (21 September, p. 736), he makes one very germane point.

There is a great and, as Mr. Salaman suggests, misplaced reluctance within the nephrological and renal transplant spheres to approach close relatives of patients in terminal renal failure to obtain live donor kidneys. The advantages of transplanting a kidney which functions immediately are considerable apart from the expected greater long-term viability. The procedure of removing a kidney from a healthy donor is very safe (18 May, p. 344).—I am, etc.,

ROGER GABRIEL

Hull Royal Infirmary,
Hull

SIR,—Many persons are willing to donate kidneys (or any of their organs) for transplant surgery.

Some time ago a patient told me she wished to donate her eyes. She had informed her solicitor. Her medical record file had been accordingly endorsed. She was killed in a road accident. Neither her solicitor nor I heard of her death for some considerable time. Similar happenings must be quite frequent.

Why not an internationally agreed symbol tattooed, say, in the mid-lumbar region, indicating willingness to donate one or any organ?—I am, etc.,

J. N. WARREN

Arundel, Sussex

Gilbert's Disease and Postanaesthetic Jaundice

SIR,—Further to the discussion of the role of halothane in postanaesthetic jaundice I