Many haematologists argue that the fall in haemoglobin levels during pregnancy should never be eliminated, or at least minimized, by a single prophylactic. Such disregard of altered physiology may be bad medicine. The depression of the haemoglobin concentration is only one of many physiological adaptations that characterize normal pregnancy and which, in the absence of any evidence to the contrary, may be presumed to create a desirable environment for the product of conception. On this basis it could be harmful to force up the haemoglobin concentration in peripheral blood to levels which are not physiological during pregnancy. To do so is neither more logical than, for example, to "correct" the reduced albumin concentration in plasma by giving supplementary protein or, for that matter, to suggest that mothers should protect themselves against a low haemoglobin level by wearing paper bags over their heads.

That having been said, we accept that the risk of true anaemia, though small in Britain, is increased during pregnancy. Further research should establish reliable diagnostic criteria and efficient screening mechanisms. An Expert Committee of W.H.O.2 pointed out that "the indiscriminate use of iron preparations as a routine to all pregnant women is not justified. There is no indication for them to be employed. It is not merely wasteful; it also impedes research upon the problem and a more rational approach to the prophylaxis and treatment of anaemia." We are, etc.,

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References

Magnesium Depletion andDigoxin Toxicity

Sin,—Your recent leading article (25 January, p. 170) draws attention to magnesium depletion in patients on long-term diuretic therapy and the possible effect such depletion may have in patients constantly taking digoxin.

We have measured plasma and erythrocyte levels of magnesium by atomic absorption spectrophotometry1 in a group of 80 unselected patients aged 23–88 (mean 59) on digoxin maintenance therapy and in 22 healthy controls receiving no medication. Plasma digoxin measurements were done by radioimmunoassay. The results (mean values ±1 S.D.) are shown in the table.

Among the patients, nine (11.2%) were considered to be showing definite or possible symptoms of digoxin toxicity and the mean plasma digoxin levels in these patients were significantly lower (P<0.005, Student's t test). The mean plasma levels of magnesium were not significantly different between the controls and either the patient group or between the digoxin-toxic and non-toxic patients (P>0.1).

The mean erythrocyte magnesium levels were

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*References for the table are not provided in the text.*