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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.

Reactions to Immunization

SIR,—In a recent edition of the "Nationwide" television programme Mr. Jack Ashley, M.P., and Professor George Dick discussed immunization victims. However admirable the aims of such programmes, they could be indirectly responsible for the death or ill health of children in future because parents may be dissuaded from immunizing their children.

The young parents of today will not have seen the devastating effects of acute poliomyelitis, the lethal result of pertussis in the young baby, or the chronic pulmonary disease that can be left in its wake. They have not witnessed the horrors of tetanus or even heard of a sudden death or an emergency tracheostomy resulting from diphtheria. They do, however, see children with brain damage caused by pre- and postnatal events which have nothing whatsoever to do with immunization. They will now have anxiety and doubt, and understandably may refuse protection from these preventable and potentially fatal infectious diseases.

It is improbable that one can prove that an adverse reaction leading to brain damage was caused by the immunization procedure, nor is it possible to predict the remote possibility that it will occur. Professor Dick's statement that the general practitioner should advise on immunization rather than the doctors at the child health clinics reveals an ignorance of the specialized training and knowledge that these doctors possess, and the confidence that the mothers attending such clinics have in them.

Obviously I support wholeheartedly any and every type of aid for those children who are damaged. However, this sensational television programme and similar press reports undermine the whole immunization programme and may well produce infinitely more human misery than they attempt to alleviate. These highly emotive problems should be carefully researched and presented to the public factually and with the utmost care. The presentation on television of one sadly brain-damaged child has a greater impact on the public than the cold statement of fact that immunization has saved countless children from chronic disability or death.—I am, etc.,

E. PERCIVAL JAMES

Truro

Progestogen-only Contraception and Tubal Pregnancies

SIR,—Over the past two years we have been taking part in clinical trials on progestogen-only contraception in the form of continuous daily dosage of 0·35 mg of norethisterone *B.P.* We have encountered the complication of ectopic pregnancy in four women taking the preparation as prescribed. In each case the presence of tubal pregnancy was confirmed at operation and by subsequent histological examination of the specimen. Details of the cases are as follows.

Case 1. Age 33 years. Para 2+0. Commenced on norethisterone 0·35 mg daily (Noriday) on 14 December 1971; developed an ectopic pregnancy in the right Fallopian tube one year later.

Case 2. Age 25 years. Para 1+0. Commenced on norethisterone 0·35 mg daily (Micronor) in May 1972 and in October 1972 developed an ectopic pregnancy in the right Fallopian tube.

Case 3. Age 29 years. Para 4+0. Commenced on norethisterone 0·35 mg daily (Noriday) in May 1972. While on the medication a ruptured ectopic pregnancy occurred in September 1972 accompanied by severe intra-abdominal bleeding and shock. A left-sided ectopic pregnancy was found at operation.

Case 4. Age 22 years. Para 0+0. Oral contraception with norethisterone 0·35 mg daily (Noriday) commenced in October 1972; changed over to Micronor in May 1973. In September 1973, while still taking the preparation, developed a ruptured ectopic pregnancy.

According to our records 135 women had taken the preparation Noriday for a total of 1,024 months and during this time there were four pregnancies including two of the ectopics described above. We do not have precise figures as to the number of women who took the preparation Micronor, but the total dose does not exceed 650 treatment cycles, and in this group two of the ectopic pregnancies described above were encountered. From our limited experience, therefore, it would appear that in women taking 0·35 mg norethisterone daily we have encountered an ectopic pregnancy rate of 2 per 100 women per annum. This incidence of ectopic pregnancies is unusually high.

A delay in diagnosis of 7-14 days was a feature of all the cases described. The fact that the patient was taking an oral contraceptive was considered to militate against the diagnosis of ectopic pregnancy. The situation was further complicated by the fact that the accepted side effects of progestogen-only contraception—namely, spotting and break-through bleeding, lengthening of the cycle, and short periods of amenorrhoea—are also symptoms of ectopic pregnancy. Our experience, however, indicates that when a patient on progestogen-only contraception complains of pelvic discomfort the possibility of tubal pregnancy should be considered.

The findings have been notified to the Committee on Safety of Medicines.

We are at present investigating by scanning electron microscopy the effect of norethisterone 0·35 mg daily on the cilia of the human Fallopian tube to find out if a selective effect on the cilia could predispose towards tubal pregnancy.—I am, etc.,

JOHN BONNAR

Nuffield Department of Obstetrics and Gynaecology, John Radcliffe Hospital, Oxford