British Journal of Obstetrics and Gynaecology
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CORRESPONDENCE

Secretion Patterns of Plasma-progesterone, 17-Hydroxyprogesterone and 20α Hydroxypregn-4-en-3-one in Early Abnormal Pregnancy. Harrison, R. F., Youssefnejadian, E., Brodovcky, H., Johnson, M., and Dewhurst, Sir John (1978): *British Journal of Obstetrics and Gynaecology*, **85**, 927.

From: K. Dalton.

Sir,

One wonders why Harrison *et al* used norethisterone and medroxyprogesterone for this study, especially in view of the finding that these synthetic progestogens produce a significant depression of the plasma progesterone levels in the luteal phase in normal menstruating women (Johansson, 1971). It is possible that their use may account for the low hormone levels observed in patients D, E and F. Furthermore, the use of these progestogens is contra-indicated because of the risk of masculinization in the female fetus. Would it not have been safer and more effective to use progesterone intramuscularly or by suppositories, for this is known to raise the plasma progesterone levels (Nillius and Johansson, 1971) without risk to the fetus?

No details are given of the presence or absence of pregnancy symptoms (nausea and vomiting, headaches and tiredness) which may indicate those patients likely to benefit from progesterone supplement (Dalton, 1977) and those whose abortions are due to chromosomal abnormalities.

Yours etc,

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Johansson, E. D. B. (1971): *Acta endocrinology* (Kobenhaven) **68**, 799.

Nillius, S. J., and Johansson, E. D. B. (1971): *American Journal of Obstetrics and Gynecology*, **110**, 470.