

These results with the present results suggest that increased dose or prolonged treatment of HCG is deleterious to gestation.

Yoshinaga *et al*¹¹ have shown that daily doses of 10 μ g and 25 μ g LH are found optimal for the maintenance of pregnancy, as higher or lower doses are less effective; higher doses of LH may stimulate the secretion of estrogen more than that of the progesterone, leading to resorption of foetuses¹¹. Even in the present study, the foetal loss after HCG treatment may be because of high estrogen production leading to the resorption of the embryos, as no vaginal bleeding is observed. The persistence of placentomas in the uterus observed on day 20 of pregnancy also supports that foetal loss is mainly due to resorption and not due to abortion. Though the ovaries of HCG administered, barbiturate treated rats are significantly heavier with large corpora lutea, they do not show normal histological appearance which may be partly due to the luteolytic activity of HCG and partly due to absence of placental gonadotrophins^{16,17}. However, exact dose and duration of the administration of HCG to maintain the pregnancy in barbiturate treated rats is to be studied.

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ANNOUNCEMENT

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The First Pandit Jawaharlal Nehru Award for Sciences has been awarded to Dr. Avtar Singh Paintal, Director, Sardar Patel Chest Institute, New Delhi presented by Mr. Zail Singh, the President of India.

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