maximum suppression of plasma cortisol. We have found this dosage of methopirapone satisfactory in the evaluation of pituitary-corticotrophin reserve.

Finally, the diagnosis of isolated corticotrophin deficiency in our patient does not rest solely on the lack of response to methopirapone. We feel sure that Dr. Sprunt will agree that both the correction of insulin-induced hypoglycaemia-unresponsiveness with exogenous corticotrophin and the low-normal plasma cortisol during fever further support the presence of a hypothalamic-pituitary defect affecting the secretion of corticotrophin.—We are, etc.,

K. A. WOEGER.

R. ARKY.

Department of Medicine,
Harvard Medical School,
Boston, Massachusetts, U.S.A.

REFERENCE

- ¹ Buus, O., Binder, C., and Petersen, F., *Lancet*, 1962, **1**, 1040.

Systemic Reaction to Bromsulphthalein

SIR,—Dr. M. J. Phillips in his letter (4 September, p. 595) asks if our patient who developed a systemic reaction to bromsulphthalein had ever been in the habit of using laxatives containing phenolphthalein. The patient has never had any difficulty with his bowels and denies taking laxatives of any type; the general practitioner confirms that he has not prescribed any therapy of this kind.

Phenolphthalein would seem to have few toxic side-effects.

Blatt *et al.*¹ reported that up to 8 g. were ingested by children without untoward effects. Skin rashes are known to occur sometimes, and severe non-fatal reactions with collapse have been reported but are rare; they appear to occur with an excessive purgative effect in hypersensitive individuals and might be explained by water and electrolyte changes.

The molecules of these two substances do appear to be similar; however, I have not seen a report of a systemic reaction to bromsulphthalein in which a preceding history of phenolphthalein ingestion has been given. The association would seem, therefore, to remain hypothetical, but inquiries in any future case might reveal some connexion.

As Dr. Phillips suggests, more cases of systemic reactions to bromsulphthalein may be described, and it might be of interest if the incidence could be determined. The reaction has been reported to the Committee on Safety of Drugs.—I am, etc.,

The Royal Hospital,
Sheffield 1.

T. W. ASTIN.

REFERENCE

- ¹ Blatt, M. L., Steigmann, F., and Dyniewicz, J. M., *J. Pediatr.*, 1943, **22**, 719.

Failure of Oral Contraceptives

SIR,—Dr. Kenneth Heber (16 October, p. 943) described the rare combination of contraceptive failure and ectopic pregnancy, and he suggested that his patient's gastro-intestinal upset just before the apparent time of conception might have interfered with the absorption of the contraceptive pill (Volidan). A similar case is now recorded, except that this patient had no gastro-intestinal or any other upset at the time of conception.

The patient was a 33-year-old white woman, gravida-10, para-9, with seven living children.

When she first consulted me on 16 September she had had a daily loss since her last period on 20 August 1965. Her other complaints were menorrhagia and dyspareunia for several months, and lower abdominal pains with the last period. She had been taking Lyndiol (mestranol and lynoestrenol) for the past seven months. The uterus was slightly enlarged and tender, and tenderness was elicited in the left fornix, but no mass was felt apart from a cystic ovary. In view of her grand-multiparity and history a curettage and a possible hysterectomy were advised. Two weeks before she was due to enter hospital she complained that her abdominal pains had returned and the vaginal bleeding was more profuse. Her admission to hospital was expedited and a laparotomy performed on 1 October. About 4–5 oz. (120–150 ml.) of blood was found in the pouch of Douglas. The distal half of the left Fallopian tube was more than twice the normal size, and its site of junction with the proximal half was well defined. No gestation sac or early foetus could be found. The left ovary contained a ruptured cyst. A diagnosis of an early tubal abortion was considered, but doubt was expressed on account of the oral contraception. A total hysterectomy and left salpingo-oophorectomy were then performed, and the patient was discharged 10 days later. The histological report stated: "Section of uterus having a dilated tube with blood clot filling one part of lumen shows remnant of chorionic villous material in blood clot in the tubal lumen."

The patient was an intelligent woman, and in spite of close questioning she was absolutely certain that she had never failed to take the pill regularly and according to instructions. As there was nothing in her history to suggest interference with the absorption of the Lyndiol, this would appear to be a true case of failure of oral contraception.—I am, etc.,

Port Elizabeth,
South Africa.

G. MAIZELS.

Treatment of Acute Pancreatitis

SIR,—I agree with the observations made by Dr. A. Douglas McCutcheon in his letter (6 November, p. 1125) that the Trasylol-treated group did better than the placebo-treated group, the opposite to the claim made by the authors (11 September, p. 627).

In a study we made on twelve cases of Trasylol-treated patients, comparing them with cases not treated with Trasylol before 1959,¹ we got the impression that Trasylol gave a beneficial response in acute pancreatitis.

Bedacht,^{2,3} with his experience with 15 patients, points out that kallikrein inactivator is a great advance in treatment of acute and chronic pancreatic disorders. Werle *et al.*,⁴ testing the therapeutic effect of the gland inactivator in 16 patients with acute pancreatic necrosis, found that it favourably influences the course of the disease, and even very severe cases, which would otherwise have almost certainly proved fatal, recovered. Moshal *et al.*,⁵ in a series composed of 32 consecutive patients with acute pancreatitis (of which 17 were controls and 15 treated with Trasylol), concluded from their results that Trasylol was of value in reducing the duration of pain, and also observed that satisfactory reduction of serum trypsin to within normal limits was achieved in all patients given large doses of Trasylol.

Similar favourable results were also observed by McHardy *et al.*,⁶ and they also confirmed earlier favourable results.^{7–8} Good results were also reported by Kazmers⁹ in his 12 cases treated with Trasylol.

As there seems to be still confusion, and until a clear-cut picture on efficacy of Trasylol therapy is proved, the best will be to accept the conclusions of Georg Maurer,¹⁰ who suggests from his experience of 36 cases treated with Trasylol that the treatment of pancreatitis should be a combination of conservative regimen and surgery, and in this the inactivator (Trasylol) is an indispensable aid. With the combined regimen he had no fatality in 23 cases of proved pancreatic necrosis.—I am, etc.,

Department of Cardiology,
Royal Victoria Infirmary,
Newcastle upon Tyne 1.

I. S. MENON.

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Shocks from Electrical Apparatus

SIR,—The letter of Drs. A. A. and Betty R. Warltier (20 November, p. 1245) offering an explanation for electric shocks noticed when handling patients connected to diathermy prompts me to report an accident occurring some months ago which electrical checks revealed *was* due to faulty apparatus.

The accident was suffered by an elderly lady undergoing pinning of the left femoral neck. She was on an orthopaedic table with only an "antistatic" mattress under her. Two x-ray machines were in use, and the diathermy pad was in contact with the right thigh. At the head end of the table the patient was noticed to feel "charged" when touched. The significance of this was not appreciated until a few minutes later, when both legs went rigid for a few seconds and then relaxed. Simultaneously, the radiographer, whilst repositioning the lateral x-ray machine, saw a blue spark where the cone of the x-ray tube touched the footpiece of the table.

Electrical checks confirmed the x-ray machine to be in sound order, but revealed the earth lead in the diathermy mains plug to be disconnected. A leak in the diathermy apparatus had found a route to earth through the patient's right leg and x-ray machine.

Although the patient suffered no obvious ill effects, the accident might easily have been fatal, especially if the earthing of the diathermy mains leak had occurred at a point on the body more distant from the diathermy pad than the foot.—I am, etc.,

Lambeth Hospital,
London S.E.11.

W. A. LINDSAY.

Standardization of Medical Records

SIR,—Dr. Eirian Williams's views (20 November, p. 1242) on the application of the recommendations for the standardization of medical records to the smaller district hospital are of great importance. Hospital staffs have long awaited direction on problems concerning patients' records, and many of the views expressed in the report will be