action between thymic lymphocytes and thyroid antigen stimulating B-lymphocytes and H.T.S.I. production,[27] or a reduction in the controlling T-lymphocyte population leading to increased autoantibody formation by the B cells.[28] The latter view seems most likely in the light of present knowledge, but perhaps it is safer to describe the underlying abnormality with the fashionable and anodyne phrase[29] "failure of immunological surveillance."

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Pregnancy with an Intrauterine Contraceptive Device

For ten years now it has been known that when a woman with an intrauterine contraceptive device in situ becomes pregnant she runs a high risk of spontaneous abortion and that about 1 in 5 of the pregnancies will be ectopic.[1-3] In the U.S.A. additional concern has centred on the possible association of infection in the pregnant uterus with the Dalkon Shield device; 209 septic abortions and 11 maternal deaths have been imputed to its presence.[4] Tatum and his colleagues[5] have recently emphasized that the tail of this device is structurally and functionally different from the monofilament tails of four others—the Lippes loop, Saf-T-Coil, Copper 7, and Copper T. They concluded from their experiments that the unique characteristics of the polyfilament Dalkon tail could provide a mechanism whereby pathogenic organisms could ascend from the vagina to infect the uterine cavity. Infection would be more likely and more serious if the Shield were not removed before the 8-10th week of pregnancy, after which time the whole of the tail would be drawn up inside the uterus. Certainly most of the serious infections reported have occurred in the second trimester of pregnancy.

Also in the U.S.A. Dreishpoon detailed 31 pregnancies with intrauterine devices in situ but none of them Dalkon Shields.[6] Four of the pregnancies were ectopic, 15 ended in abortion, and only 7 were uncomplicated and full-time. In the end there were 10 "take-home" babies, but he was so impressed by the high rates of abortion, sepsis, and haemorrhage that he advised that early termination of pregnancy be performed if there were an intrauterine device present.

On this side of the Atlantic Steven and Fraser[7] have reviewed 82 pregnancies with devices in the uterus. Four of the pregnancies were ectopic, a usual proportion, and 24 were terminated legally. Of the remaining 54, 31 ended in spontaneous abortion, more than half of these in the second trimester. Even among the 23 viable pregnancies the complication rate was high: haemorrhage, ante- or post-partum, in 13%, and manual removal of the placenta in 17%. These results led the authors to suggest that an intrauterine device might not only stimulate the pregnant uterus to excessive contractions but also affect the attachment to the placenta to the uterine wall. Nevertheless, 22 of the 23 babies survived, and though the device was a Dalkon Shield in 30 of the 82 patients sepsis occurred in only one, where the type was not specified.

It seems reasonable to conclude that, while reservations about the use of the Dalkon Shield with its polyfilament tail will continue, every woman should be warned emphatically at the time of insertion of any intrauterine device that she should report at once whenever a period is two weeks overdue. If pregnancy is then confirmed the device should be removed while the tail is still accessible vaginally, and the question of termination of the pregnancy discussed with the patient in accordance with the circumstances of her individual case.

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Response to Stress and Ulcers

Psychosomatic research into the pathogenesis of peptic ulcer has been dominated for far too long by the grand generalizations of a generation ago. The simple and seductive theories then in play suggested that certain people—the ambitious, the striving, and the go-getters according to Alvarez[1] and to Dunbar[2] or, according to Alexander,[3] people with unconscious conflicts about dependence—were ulcer-prone. This susceptibility culminated in ulceration or a relapse if these individuals were exposed to emotional stress. The effect of emotion on the mucosa of the stomach had already been amply shown in the cases of Alexis St. Martin[4] and of "Tom."[5]

But since then many studies[6-9] have made it clear that both personality-type and specific conflict are inadequate and weak indicators of individual susceptibility. Those, moreover, who would incriminate the stress of modern life in precipitation have had to accommodate themselves to the falling incidence[10]