venous drip. At the moment of entry into the chest, the patient is in considerable distress as exhibited by intense sweating and hypoxia. However, the anaesthesiologist calms the patient and reminds him of the previous week's training in breathing control.¹ There is no untoward mediastinal shift and any alteration in blood pressure and pulse rate is soon corrected. Similarly, on closing the chest, the patient reinflates the lung voluntarily under the exhortations of the anaesthesiologist. Acupuncture needle stimulation was omitted for periods of some minutes during the procedure of pneumonectomy with no untoward effect on the patient.

Unfortunately I was unable to see the whole operation of pneumonectomy from beginning to end but I did see a few gastrectomies in toto where coeliac plexus blocks were performed with local anaesthetics as a prelude to definitive procedures. I would regard the acupuncture needle as adjunct therapy in operations where there are other factors such as preoperative sedation, local anaesthesia, and pethidine which also play an adjunct part. Finally, one's faith in the politicians and politics of the country plays a very important part indeed.—I am, etc.,

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¹ Capperault, I., *Surgery, Gynaecology, and Obstetrics*, 1972, 135, 440.

Lithium Therapy and Hypothyroidism

SIR,—We were interested to read the report by Dr. J. Candy (29 July, p. 277) and are impressed by the similarity between his experience and our own.

Our patient, a 29-year-old male schizophrenic of ten years' standing, had received chlorpromazine 600 mg and lithium carbonate 1,600 mg daily for 22 months prior to our seeing him. Over this period he had shown progressive weight gain and on examination was obviously myxoedematous. There was no goitre or cardiac failure. The P.B.I. was 1.5 µg/100 ml (normal 3.5 to 6.5) and the radioiodine uptake 4% at 24 hours (normal > 20%). The serum cholesterol was 420 mg/100 ml and the electrocardiograph showed a low voltage pattern with a sinus bradycardia of 48/min. The serum lithium was 1.9 mEq/litre. Tests for thyroid antibodies were negative. The chlorpromazine and lithium were withdrawn and treatment with L-thyroxine begun. Within three months the patient was clinically euthyroid, and thyroxine was discontinued. There has been no clinical deterioration in the subsequent two months.

In the absence of other causes of hypothyroidism and the lack of deterioration since discontinuing thyroxine we consider that our patient exhibits lithium-induced hypothyroidism similar to that described by Dr. Candy. We think that this had its onset soon after starting lithium therapy. The two unusual aspects of our patient are that the radioiodine uptake was reduced and that he did not have a goitre. Other recorded instances of this condition have emphasized these two features and attribute the hypothyroidism to inhibition of hormone production with a concomitant increase in T.S.H. secretion causing the goitre.¹ It would seem likely that minor degrees of lithium-induced hypothyroidism are more common than was

hitherto considered and any undue weight gain in patients on such treatment should arouse this suspicion.—We are, etc.,

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¹ Granville-Grossman, K., *Recent Advances in Clinical Psychiatry*. London, Churchill, 1971.

Dilatation of Colon in Crohn's Disease

SIR,—I would like to report a case of toxic dilatation of the colon occurring in Crohn's disease. Nine previous cases have been described¹⁻⁴ and 14 other possible ones,^{5,6} but the diagnostic criteria were not convincing.

A married woman aged 22 was admitted to hospital because of worsening symptoms from her chronic colitis, which had been present for two years. She had been treated with bowel sedatives, dietary supplements, and tetracosactrin 0.2 mg twice a week. She took Minovlar as an oral contraceptive. She improved with bed rest until the 10th day after admission, when she developed increasing lower abdominal pain with distension and tenderness. The pulse rose to 110/min and the blood pressure fell at one time to 90/50. Erect and supine abdominal x-ray pictures showed pathological dilatation of the colon. She recovered with intensive medical measures over the next 24 hours, and one week later underwent total colectomy with ileorectal anastomosis. Histological examination showed appearances of Crohn's disease.

I am grateful to Mr. J. L. Dawson for permission to publish details of a patient under his care, and to Drs. C. W. Elston and B. C. Morson for their opinions on the sections.—I am, etc.,

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Contraception and Infertility

SIR,—Dr. J. Slome (23 September, p. 770) may be amused to learn that he caused the general-practitioner joint author (K.L.O.) of our "Second Opinion, Please" article (9 September, p. 637) to rush out to buy a bottle of glycerin, the contents of which he has been happily transferring to various surfaces using Spencer-Wells forceps. However, we must admit that our use of the phrase "plug of mucus" was misleading. "The mucus occupying the cervical canal" would have been better.

Whatever instrument is used to remove mucus it must be clean, dry, and warm. When I (K.L.O.) started performing post-coital tests in my surgery disposable syringes were not available, and working with a sterilizer not an autoclave it was very difficult to get any tubular instrument both clean and dry. Experiments followed with the extremely limited range of instruments available and it was found that enough

mucus for microscopy was retained between the blades of a Spencer-Wells forceps closed but not clamped.

That pregnancy may not result for a couple in whom no abnormality can be demonstrated is a well-known fact. A general practitioner tries always to tell the truth, but the whole truth would often be confusing and sometimes unkind. Certainly to inform the wife at that stage of the investigation that she might do better were she to change her supplier of spermatozoa would have been unhelpful.

The growing number of post-termination infections leading to tubal blockage referred to in our paper relates to legal terminations carried out since 1968. We do not, of course, suggest that there were fewer infections after illegal abortions before 1968, because there are no reliable figures on either the numbers of such abortions or the incidence of postabortion infection. However, since a proportion of all terminations will be complicated by infection it seems reasonable to suppose that the steady rise in the number of legal terminations will be accompanied by a corresponding rise in the number of blocked tubes. An important aspect of this problem is that early termination is much less likely to be complicated by infection than late termination, so when this operation is indicated it should be performed without delay. Outpatient termination on a day-case basis has been carried out for some time at King's College Hospital¹ and at Lewisham Hospital.² The infection rate is low and hopefully the incidence of tubal blockage will be equally so. The best prophylaxis, of course, remains the prevention of unplanned pregnancy by adequate contraceptive measures in the first place.—We are, etc.,

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Placental Haemangioma

SIR,—With reference to Dr. L. B. D. Courtney's letter (23 September, p. 769), we have seen a similar haemangioma of the placenta (chorioangioma) recently. A 24-year-old primigravida presented with acute hydrops at 28 weeks. Four weeks earlier she had been observed to be large for dates. She proceeded directly to a vaginal delivery of a male infant weight 1,130 g who survived for twelve hours. Projecting from the fetal surface of the placenta was a tumour 3 cm in diameter, which was confirmed by histology as a haemangioma. It can be seen on the sonogram (Fig. 1) as a protrusion from the placenta close to the midline alongside the fetal trunk. The gross hydrops is also apparent.

The human placental lactogen levels in this patient were 8.5, 5.6, and 3.5 µg/ml at 19, 24, and 26 weeks respectively (Fig. 2). We know of no previous recorded instance of placental function tests in relation to these malformations, and it is difficult to envisage how such a comparatively small tumour can exert influence on placental function. However, it may be speculated that the initial ele-