general practitioners themselves on what constitutes the proper use and action of psychotropic drugs surely goes some way towards explain- ing a certain confusion in the minds of general practitioners on the subject. The survey was conducted in urban area in 1963-4. But today, with ever-increasing numbers of group practices and health centres, realistic ancillary staffing, attachment of health visitors and district nurses, and close and frequent contact with psychiatric and other social workers, the situation in general practice is very different, and altering rapidly. Indeed, I would suggest that the Ministry of Health expectations of general practitioners co-ordinating community psychiatric care are already being filled in the majority of smaller towns and rural areas (including I hope my own) where there are definable communities. It is precisely in large urban areas, where definition of communities is for so much more difficult, that real and very complex community care problems will continue to lie. For these reasons I feel it is unfortunate that this important subject should have been illustrated by a survey based on a London area and undertaken four years ago, especially since it seeks to draw general conclusions about the capabilities of general practice.

I hope that it is not now so "unrealistic to expect more from general practice in this field."—I am, etc.,

Barnstaple,
Devon.

D. C. PENGELLY

Koro in Korea

SIR,—I was interested to read an account of epidemic koro in Korea by Dr. Chang Tong Mun (9 March, p. 640). I should like to describe such a case seen by me in 1961 while I was a house-officer at the General Hospital, West Hartlepool, Co. Durham.

Around midnight I was called to the casualty department to see a Chinese boy who was working in a local Chinese restaurant. I saw that the boy, aged about 18 years, was holding and pulling at his penis with his hands. While passing urine he felt that his penis was shrinking, and he feared that it would disintegrate into the abdomen. Having never seen or heard of such a condition, I thought it to be psychogenic. He was reassured, and was sent away after being given a hypnotic. He again came after about two weeks, and was seen by another resident (Dr. Riazuddin) this time, and again sent away after reassurance. Because he came around midnight on both occasions, and because this condition was unknown to us, we concluded that the possibility that the patient was wilfully mithievous!

Now, having read Dr. Mun's letter about koro, I at last know that such a condition really occurs in the Chinese. It may be more commonly seen in areas where Chinese are the big part of the population, so that such misconceptions are widely known. Apart from the various exotic conditions that must already be borne in mind while dealing with immigrant patients, one will now have to add yet another which may be seen in Great Britain with its fair share of Chinese.
—I am, etc.,

B. K. GARG
Deputy Director of Paediatrics,
G. V. M. Medical College,
Kapurthala, India.

Unusual Complication of Epidural Anaesthesia

SIR,—We would like to report a complication of epidural anaesthesia which does not appear to be recorded in the literature.

A patient aged 19 years, a gravid one, was admitted in labour at term with an occipito-posterior position. The first stage was prolonged, and after 19½ hours epidural analgesia was induced on account of severe pains with contractions and slow progress in labour. A Lee catheter was introduced into the epidural space through a Tuohy needle, through the L4–S interspace. Before withdrawing the needle 20 cm. of the catheter was introduced without difficulty, and 15 cm. remained after withdrawal of the needle. It was 50 minutes before adequate analgesia was obtained, and a total of 27 ml. of Marcain (bupivacaine 0.5% with adrenaline 1 in 200,000) was required. Analgesia and relaxation were good subsequently, a living male infant being delivered by forceps four hours later.

Difficulty was experienced in withdrawing the catheter after delivery. It came out easily until 5 cm. remained, and then stuck. Traction threatened to break the catheter, and it was only after first flexing the patient's spine and then extending it that the catheter could be withdrawn. On examining the catheter it was found to have a knot 1 cm. from its tip, as shown in the accompanying Figure.

It is thought that the knot was caused by the catheter forming a loop in the epidural space, then doubling back on itself and through the loop. This complication could be avoided by not introducing more cather than is necessary to leave about 2.5 cm. within the canal after withdrawal of the needle.—We are, etc.,

Guy's Hospital,
London S.E.1.

T. G. NASH
D. J. OPENSHAW

Factor IX Levels and Oestrogens

SIR,—In asking if we can tell whether the effect of factor IX levels in the puerperium is the same with a total dose of 54 mg. as with 180 mg. Miss A. M. Dickins (20 April, p. 175) raises an important point. At present we cannot provide a useful answer.

Our work in recent months has been to study the effects on coagulation of stilboestrol given in amounts which we had shown to cause an increase in the incidence of puerperal thrombophlebitis. Although a variety of other effects on coagulation have been found, the effect on factor IX has been by far the most marked. We now have in hand a series of studies to elucidate the effect of