venous drip. At the moment of entry into the chest, the patient is in considerable distress as evidenced by intense sweating and hypoxia. However, the anaesthesiologist calms the patient and reminds him of the previous week's trauma in breathing control. There is no untoward medical or cardiac change during the operation or any alteration in blood pressure and pulse rate is soon corrected. Similarly, on closing the chest, the patient relieves the lung voluntarily under the exhortations of the anaesthesiologist. Acupuncture needle stimu-
lation was omitted for periods of some minutes during the procedure of pneumo-
nectomy 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. One's faith in the physicians and politicians of the country plays a very important part indeed. --I am, etc.,

Ian Capperauld

Dalkith, Midlothian

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Lithium Therapy and Hypothyroidism

SIR.—We were interested to read the report by Dr. J. C. 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 no weight gain and on ex-
amination 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 radioisotope uptake 4% at 24 hours (normal > 20%). His 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 anti-
body were negative. The chlorpromazine and lithium were withdrawn and treatment with L-thyroxine begun. Within three months the patient was clinically euthyroid, and thyroid function was discontinued. There has been no clinical deterioration in the sub-
sequent two months.

In the absence of other causes of hypo-
thyroidism 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 untoward aspects of our patient are that the radioisotope uptake was reduced and that he did not have a goitre. Other recorded in-
stances of this condition have emphasized these features and attribute the hypo-
thyroidism to inhibition of hormone produc-
tion with a concomitant increase in T.S.H. secrection causing the goitre.2 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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D. J. Jolley
G. Hay
I. W. Dyomock

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Manchester


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 de-
scribed1 and 14 other possible ones,2 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 Misolvair as an oral contraceptive. She was admitted with right rectal pain until the 10th day after admission, when she developed increasing lower abdominal pain with distension and tenesmus. The pulse rose to 110/min and the blood pressure fell at one time to 90/50. Rectum and suprapubic 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 per-
mision to publish details of a patient under his care, and to Drs. C. W. Elton and B. Morson for their opinions on the sections.—I am, etc.,

A. W. Clark

King's College Hospital, London S.E.5

4 Brooke, B. N., British Medical Journal, 1972, 1, 310.
5 Hawkins, W. A., and Turnbull, R. G., Gastro-
eutology, 1969, 56, 1204.

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 Sep-
tember, 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 occupy-
ing 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 steriliser not an autoclave it was very dif-
cult 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 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 is always to tell the truth, but the whole truth would undoubtedly be confusing and sometimes unknow. Certainly to inform the wife at that stage of the investi-
gation that she might do better were she to change her supplier of spermatozoa would have been unhelpful.

The growing number of post-termination pregnancies 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 compli-
cated 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 blocked tubes. An important aspect of this problem is that early termination is much less likely to be complicated by infection than the second termination, and in this context it is indicated it should be performed without delay. Ouapatient termination on a day-case basis has been carried out for some time at King's College Hospital1 and at Lewisham Hospital. 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 Haemangiomia

SIR,—With reference to Dr. L. B. D. Courtney's letter (23 September, p. 769), we have seen a similar haemangiomia of the placenta (chorioangioma) recently. A 24-year-old primigravida presented with acute haem-
rythromelitis 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 his-
tology as a haemangiomia. It can be seen on the sonogram (Fig. 1) as a protrusion from the placenta close to the midline along-
oral the placental trunk. The gross haemorrhage 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 have no previous record in the number 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. How-

ever, it may be speculated that the initial ele-