closely resembling what was then called haematoporphyrin—was made in an article in the *Lancet* in 1890.¹

I fully agree with the retrospective diagnosis suggested by Dr. Ida Macalpine and Dr. Richard Hunter in their article, which is a historical document of outstanding importance.—I am, etc.,

Paris.

R. GARCIN.

REFERENCE

- ¹ Ranking, J. E., and Pardington, G. L., *Lancet*, 1890, 2, 607.

Complications of Intrauterine Devices

SIR,—Intrauterine devices are being used extensively in India. I have fitted 1,500 Lippe's loops in my practice, which consists mostly of tea-garden workers. Breast feeding is the rule in this community up to two or three years. Sometimes the amenorrhoea continues into another pregnancy. In these cases it becomes very essential to select the proper time for the insertion of the "loop." An attempt is made to fit the device four to six weeks after delivery, or soon after the menstrual period. Follow-up checks are attempted after one month and again after two months, but usually this is impossible owing to the objection of these women to repeated examinations.

In spite of all these precautions there were cases in which the "loop" was inserted in early pregnancy, sometimes resulting in an abortion, though in many cases the pregnancy continued to full term and normal delivery. The "loop" was found embedded in the margin of the placenta in two of these cases. In two others the "loop" was apparently embedded in the uterine tissue and in one case resulted in pregnancy and delivery of a healthy child at full term.

I think in these cases the loop gets embedded in the uterine decidua and is rendered harmless. In some of these cases the loop may work its way out of the uterus into the abdominal cavity and give rise to further serious complications. I give below a case in which the loop migrated into the pelvic cavity and had to be removed surgically.

A 36-year-old woman, para 8, whose last menstrual period was on 22 September 1965, was given a Lippe's loop size "C" on 29 September. She complained of bleeding off and on between her periods, which was controlled with calcium and vitamin K. She had to be admitted, however, to the hospital on 25 March 1966 with "flooding." The cervix was one finger dilated and the loop could be felt under the decidua in the post-vaginal wall. On 28 April operation was performed by Lieutenant-Colonel S. C. Chatterjee. The uterus was retroverted and had the remains of an incomplete abortion. The loop, which had penetrated into the pouch of Douglas, was removed by a posterior colpotomy.

I am sure many of your readers have come across such complications in the use of intra-uterine devices. It only stresses the importance of proper selection of cases to be given Lippe's loops, especially in India, where mass campaigns to popularize such devices have been launched. After all, Lippe's loop is not so harmless.—I am, etc.,

S. P. NANDA.

Assam,
India.

Neonatal Goitre

SIR,—I wish to report the occurrence of a goitre in an infant born to a mother who was taking iodides during pregnancy.

A female infant was seen immediately after birth, as she was cyanosed and having difficulty in respiration. This was confirmed on examination (Fig. 1), when it was seen that she had a large goitre causing her symptoms. The swelling embraced both lobes of the thyroid and the isthmus. She was intubated, suction was applied, and she improved. Following the tube's removal her respirations were satisfactory and she had good air entry into her lungs provided

FIG. 1

FIG. 2

she lay on her side with her head held backwards. No other abnormality was found on examination. Her x-ray revealed a large soft tissue swelling with possible displacement of the trachea forwards (Fig. 2). On questioning, the mother stated that for the past 10 years she had taken "Eupinal" nightly for bronchitis. This contains 6.87% ammonium iodide.

The child was placed in an incubator and kept under observation in the special baby-care unit. She was started on L-thyroxine, 0.02 mg. twice daily. With this treatment the goitre gradually regressed. She was discharged home at 1 month of age in satisfactory condition. She was seen a month later in the outpatient department, when the goitre was still present but quite small.

Neonatal goitre has been reported by Louw¹ and other authors.^{2,3} These have been drug-induced, mainly due to iodides taken by the mother during pregnancy, but have also been seen after P.A.S. ingestion. Affected infants have had large goitres with com-

pression of the trachea causing obstruction to respiration. Subtotal thyroidectomy has been advocated as the treatment of choice in those goitres causing respiratory obstruction. Tracheotomy has been tried but found to be unsatisfactory.^{1,2}

Our patient's goitre subsided with medical treatment, though we had a few anxious moments.

I feel that the importance of this case is in the fact that Eupinal can be obtained over the counter in chemists' shops. Probably, of people taking this expectorant during pregnancy, only a few have children so affected. The importance of this occurring with possibly serious results needs to be publicized.—I am, etc.,

General Hospital,
Wakefield.

C. S. LIVINGSTONE.

REFERENCES

- ¹ Louw, J. H., *S. Afr. med. J.*, 1963, 37, 976.
² Norris, W. J., and Pollock, W. F., *Amer. J. Surg.*, 1955, 90, 345.
³ Parmelee, A. H., Allen, E., Stein, I. F., and Buxbaum, H., *Amer. J. Obstet. Gynec.*, 1940, 40, 145.

Preclinical Curriculum

SIR,—A proposition I would like to put forward for consideration at a time when a Royal Commission is considering medical education is that preclinical teaching as carried out at present should be replaced by a course of at least two years in the study and understanding of health, to be followed by the study of disease. Such a course would include physiology, biochemistry, and anatomy more fully related to the function and maintenance of the healthy body, and also genetics, development, growth, and psychology, with attendance at clinics concerned with preventive medicine, health education, and early diagnosis of illness.

Upon such a foundation I believe both a rational curriculum and a more effective medical service could be established.—I am, etc.,

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Queen's University, Belfast.

Diet and Diverticulitis

SIR,—In your leading article (14 May, p. 1186) on diverticular disease of the colon you make no mention of certain facts that appear to us of decisive importance. We refer to the virtual non-existence of this disease in Africans living tribally in Africa, whereas in many of their urbanized cousins, especially the negroes in the United States, the disease is as common as in the whites. In a recent joint work¹ we show, for example, that in the Charles Johnson Memorial Hospital of 600 beds, in one of the native reserves of Natal, no case of diverticulitis has ever been seen. Whereas the following personal communication from Dr. Donald Kozell (1965), physician to the Cook County Hospital, Chicago, shows the position in the United States: "We see every complication of diverticulitis with equal frequency in both races. I would cite a reference to you by Kocour, 1937,² in which he comments on the rarity of diverticulitis in the U.S. negro. However, you will notice that the reference goes back to 1937, and the picture has changed since then."

This remarkable difference between Africa and the United States can be explained, both