vast expenditure for welfare programmes in both developed and developing countries.

Is this solution too Brave New Worldish? Would it really greatly increase promiscuity and venereal disease? I believe the benefits would far outweigh the disadvantages. Perhaps before too long the fitting of an I.U.D. will be the accepted routine performed by school medical officers on girls prior to their graduation or drop out from high school. Certainly if I had a daughter of 16 I would happily have her fitted with such a device.

However, until such time as this utopian state of affairs exists, I believe that it is the duty of all doctors and others concerned with the medical care of women during the post-natal period to suggest that they have an I.U.D. fitted, except where there is a good reason for not doing so. The woman then would be protected from pregnancy and she would have to act consciously to have another baby rather than to prevent one. This really would be "planned" parenthood.—I am, etc.,

Department of Nutrition, Harvard University, Boston, U.S.A. M. C. LATHAM.

The Fifth Freedom

SIR,—May I congratulate Mr. A. L. Deacon on his letter (18 December, p. 1487)? An American came to see me a few weeks ago who had four children and decided that was to be the limit of her family. She tried the pill, but had to give it up because of side-effects, and then the coil, which was unsuccessful. In talking her problem over amongst her married friends it appeared that several of the husbands had had the operation which Mr. Deacon advocates—and her husband a few weeks ago went in for 15 minutes and had this operation, which is followed by two tests at six-weekly intervals to see whether it has been successful.

I think thanks are due to Mr. Deacon for bringing to our notice an alternative to the usual methods of family planning, which appears to be safe and simple.—I am, etc.,

Birmingham 17. IVOR RADNOR.

Farmer's Lung

SIR,—We have experienced this last summer more rain than for some years. It seems highly likely that, as a result, we may see more patients suffering from farmer's lung than is usual during winter. This is, of course, due to the poor quality of much of the hay harvested last year.

Cases may present either for the first time or as a recrudescence of existing disease. I usually find that the beginning of February coincides with the onset of symptoms, but since the hard weather started in November and indoor foddering began sooner, we may well expect an early farmer's lung season.

Because farmer's lung is a not altogether well-known disease I felt, Sir, that this letter might help to alert some of your readers. For there is no doubt that unless the disease is diagnosed early and further exposure prevented the patient's lungs will undergo irreversible changes, with all their consequences.—I am, etc.,

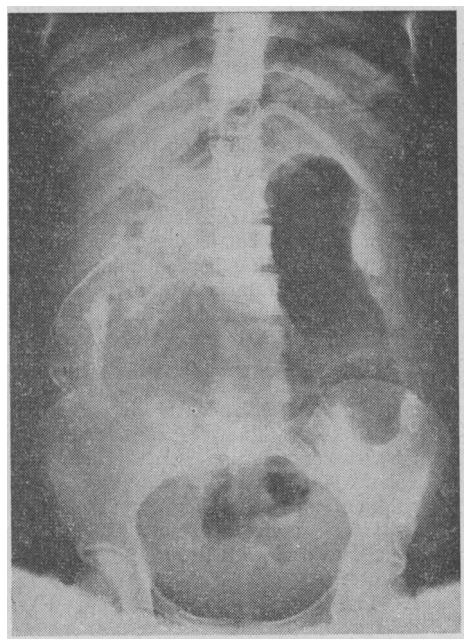
J. MCALLISTER WILLIAMS.
Reynard's Close, Hartington.

Lithopaedion Formation after Silent Uterine Rupture

SIR,—As lithopaedion formation following silent rupture of the uterus is rare the following case is thought to be worth recording.

Case History.—A Maldivian female was admitted to the Station Sick Quarters at Royal Air Force, Gan. Gan is a staging post in the Indian Ocean almost equidistant from Aden and Singapore. Medical aid is given voluntarily to Maldivian patients, but there is no obstetric unit nor any routine antenatal or post-natal care. The patient, aged 25 years, was visiting Addu Atoll, on which Gan is situated, from a more northerly atoll. Three years earlier she had become pregnant for the first time. The pregnancy was apparently uneventful until term, when movements ceased, but she did not go into labour. Her complaint was of a lump in the abdomen which had persisted since the pregnancy. Her general health was good and functional inquiry revealed no other symptoms other than apparent sterility.

A firm mass 22 cm. × 15 cm. was present in the right lower quadrant of the abdomen. It was mobile from side to side and on pressure bony crepitus could be elicited. Vaginal examination revealed a normal cervix, and the uterus was felt separately from the mass. Pressure on the mass caused movement of the cervix. The bony pelvis was within normal limits. A diagnosis of an extrauterine pregnancy with lithopaedion formation was made and the latter was confirmed by x-ray (see Fig.). Laparotomy was performed on 28 April 1965, when the palpable mass was found to arise from the fundus of the uterus. There was no evidence of any extrauterine placental remains and the tubes and ovaries were normal. The mass was contained in a thickened fibrous bag, which was clearly fibrosed membranes, and it was easily excised from the fundus of the uterus. The uterine wall was sutured in two layers with chromic catgut.



At this stage cardiac arrest occurred; regular rhythm was established by external cardiac massage, but further arrest occurred which responded to massage through the chest wall. Regular rhythm was maintained for three hours, but arrest again occurred. Further massage through the chest wall failed to establish a normal rhythm and the patient died at 2.30 p.m. on 28 April 1965. Post-mortem examination was not performed.

It is presumed that silent rupture of the uterus occurred at term and the foetus, within its membranous sac, was extruded into the abdominal cavity.[1,2] There was no history to suggest a tubal pregnancy and the ovaries and Fallopian tubes appeared normal at operation. There were no placental remains in the peritoneal cavity and it seems likely that after rupture of the uterus the tear, plugged by placental tissue, underwent fibrosis, thereby firmly connecting the membranous sac to the fundus of the uterus.

I wish to thank the Director General of Royal Air Force Medical Services for permission to publish this case.

—I am, etc.,

R.A.F. Hospital, Ely, Cambs. J. H. BINNS.

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Fringe or Pop Acne

SIR,—I was interested to read Dr. A. Bowyer's letter (25 December, p. 1548) about "pop acne" and fringes.

Distribution of lesions in acne vulgaris may extend beyond those areas mentioned and may be modified by trauma such as friction from brassière straps and picking.[1] In patients where the distribution is not typical—and indeed all cases—physical and chemical factors should be sought. In those whose acne is long-standing, lesions may be found at the angles of the jaw after those at other sites have disappeared.[2]

Recently, however, I have seen several young girls with acne predominating over the angles of the jaws. These girls have worn a "pop" style, which includes a lock of hair curling forward over these areas. While the beneficial effect of sunlight is undisputed in acne vulgaris, and it is possible that these locks of hair act as a light barrier, two other factors may be operating—namely, friction and transference of sebum or other kind of grease.[3]—I am, etc.,

Chingford, London E.4. CICELY BLAIR.

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Disinfecting the Clinical Thermometer

SIR,—After reading the article on disinfecting the clinical thermometer (11 December, p. 1414), I thought that in the absence of disposable thermometers the next best thing would be a disposable thermometer sheath, a fresh one of which could be slipped over the instrument each time it was to be used.

I have therefore been fabricating these from light-guage polythene experimentally. I find that dimensions of about 1 cm. wide and 10 cm. long are about right. One side is turned down at the top (like a bed-sheet), which makes handling easier.

I find differences in temperature readings due to the sheaths are negligible compared with differences between various thermometers themselves. The sheaths should be as reliably infection-proof as disposable