tosus were negative; W.R. was negative. Chest x-ray examination showed increase in the transverse diameter of the heart. She was now treated with oral penicillin and aspirin, and her fever and arthritis disappeared.

The next day a loud pericardial friction rub was heard over the lower half of the praecordium, and an electrocardiogram at this time showed depressed T waves in all leads and pericarditic elevation of S-T segments in leads V1 to V4. These changes were not present on the next day, when painful swelling of the left wrist developed, to disappear 24 hours later. Subsequently two conjunctival ulcers appeared in the right eye, but these went with her other ulcers in the next week, during which she became free of symptoms. Treatment with aspirin and penicillin continued, and she was given A.C.T.H., 20 units daily. Further investigation showed a normal E.C.G.; decrease in heart size on x-ray film; a urinary infection, which was treated with tetracycline; no acid-fast bacilli in the sputum; E.S.R. 28 mm. in one hour; lactic dehydrogenase 150 units; and seromucoids 208 mg./100 ml. She was discharged home.

DISCUSSION

The arthritis of Behçet's disease may be migratory (Strachan and Wiggzell, 1963); the diagnosis in this patient was obvious, with the presence of oral and vulval ulceration, eye involvement, and thrombophlebitis. A search of the literature for cardiac manifestations revealed nothing striking. The patient of Stucchi and Vollenweider (1958) was a man of 45 who suffered from paroxysmal atrial fibrillation and heart-block; Oshima *et al.* (1963) reported a case with incomplete right bundle-branch block; and one of the cases of McMenemey and Lawrence (1957) was found at necropsy to have "myocardial degeneration." The present case had signs of pericarditis and myocarditis. Carditis, together with pyrexia and migratory polyarthritis, suggested a diagnosis of rheumatic fever. However, despite the growth of streptococci from a throat swab, the patient's blood carried a low antistreptolysin titre: this makes it less likely that her illness was caused by an abnormal

host-response to streptococcal antigen. Streptococcal infection has never been implicated, although the relation of Behçet's disease to "focal sepsis" and chronic upper respiratory infection has been noted (Thomas, 1947; Phillips and Scott, 1955). The cause of the disease remains unknown. The presence of circulating antibodies to buccal mucosa makes autoimmunity a possibility (Oshima *et al.*, 1963), while the microscopical appearance of involved nervous tissue favours a viral aetiology (Rubinstein and Urich, 1963). The relation of this disease to Reiter's syndrome is interesting: painful aphthous ulceration sometimes occurs with the latter (Baron, 1960), well-recognized features of which are pericarditis (Paronen, 1948) and myocarditis (Neu *et al.*, 1960).

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Listeria monocytogenes Meningitis After Prostatectomy

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The source of human infections with *L. monocytogenes* and its portal of entry remain uncertain. Subclinical infections have been reported by Rappaport *et al.* (1960) to be a common cause of abortion in Israel, although this is disputed by Rabau and David (1963). *L. monocytogenes* has not been shown to be an important cause of abortion in Britain (Macnaughton, 1962).

Genital infections in the male may be associated with impairment of reproductive capacity (Toaff *et al.*, 1962). The following report of meningitis caused by *L. monocytogenes*, which presented 17 days after prostatectomy, suggests that chronic genito-urinary infection may persist into old age.

CASE REPORT

In 1959 a retired aircraft fitter aged 73 was found to have carcinoma of the prostate. He was treated with stilboestrol 30 mg. daily. On 27 March 1963 he developed acute retention of urine, and a retropubic prostatectomy was performed on 22 April. Recovery was uneventful. The diagnosis of carcinoma of the prostate was histologically confirmed.

During the night of 9 May he developed a headache and became restless. Next day he was admitted to the Royal Hants County

Hospital, Winchester, with signs of meningitis. The lungs were clinically and radiologically normal.

The cerebrospinal fluid contained 800 cells per c.mm., with equal numbers of polymorphs and lymphocytes, and 40 mg. of sugar per 100 ml. Bacteria, fungi, or malignant cells were not found in stained smears. On account of the patient's critical condition treatment was begun with penicillin, chloramphenicol, and sulphadimidine, although there was no evidence of septic meningitis. Twenty-four hours later there were 1,000 cells per c.mm., with a similar differential, and 79 mg. of sugar per 100 ml. At this time there was no bacterial growth from the first specimen. The white-blood-cell count was 17,500 c.mm. (polymorphs 89%, lymphocytes 11%). A catheter specimen of urine contained pus and a few red cells. There was moderate albuminuria.

The pyrexia and neck-stiffness diminished over the next two days, but he remained stuporous. There was no further improvement: he developed pneumonia and died on 16 May.

On 13 May colonies of *L. monocytogenes* were seen on the culture plates from the first specimen of cerebrospinal fluid, and it was later grown both from the second specimen of cerebrospinal fluid and from the urine. Blood culture taken on 13 May was negative. Treatment was continued with chloramphenicol alone. Professor Seeliger has reported from Bonn that the organism belonged to serotype IVb.

At necropsy the meninges were slightly inflamed and there was a thin purulent exudate around the base of the brain. The cut surface of the brain appeared normal. Residual tumour was found in the prostatic bed, together with several small abscesses which contained greenish pus. *L. monocytogenes* was not recovered from these, probably on account of treatment with chloramphenicol. No distant deposits of carcinoma were identified.

DISCUSSION

Although fungal meningitis is particularly associated with the debilitation of malignant disease, no such association has been demonstrated with meningitis caused by *L. monocytogenes* (Nichols and Woolley, 1962). The peak incidence of listeria meningitis is in infancy, but there is a lesser peak in late adult life.

Bacteraemia may follow prostatectomy, and subacute bacterial endocarditis has been reported (*Brit. med. J.*, 1963). Meningitis is a rare complication of the operation, but it is the commonest clinical presentation of infection with *L. monocytogenes*. If this organism were a common inhabitant of the genito-urinary tract of the elderly male it would be reasonable to expect that listeria meningitis after prostatectomy would have been previously recorded, but a preliminary search has revealed no such record.

The unusual sequence of events in this case suggests that the organism may persist in the male genito-urinary tract for years.

Torsion of Spleen With Spontaneous Rupture of Splenic Vein Presenting as a Case of Accidental Haemorrhage

Brit. med. J., 1964, 1, 1028

Torsion of the spleen is a very rare condition. Torsion of the spleen resulting in the spontaneous rupture of the obstructed splenic vein with massive intraperitoneal and extraperitoneal haemorrhage has, to our knowledge, not been reported. In the following case a full-term pregnancy with a macerated foetus led to the diagnosis of accidental haemorrhage.

CASE REPORT

At 10 a.m. on 13 October 1962 a 33-year-old Javanese woman was admitted to the Kandang Kerbau Maternity Hospital. At 5.30 a.m. that day she slipped and fell heavily on her buttocks while in the toilet. At 6 a.m. she began to have abdominal pains on and off at five-minute intervals. There was no bleeding per vaginam. It was her fifth pregnancy. She could not feel any foetal movement.

On examination she was found to be anaemic. Her pulse was 100 and her blood-pressure was 90/70 mm. Hg. She appeared to have a full-term pregnancy. The abdomen was tense and no foetal heart sounds were heard. The foetal head was engaged. On vaginal examination the cervix was not effaced and the os was closed. The membranes were intact. There was no clinical evidence of pelvic fracture. A diagnosis of concealed accidental haemorrhage was made. Low rupture of membranes was done and a few ounces of blood-stained liquor were released.

By 6.45 p.m. the patient had not gone into labour. The abdominal and vaginal findings were the same as those on admission. At 7 p.m. a classical caesarean section was performed and a macerated female foetus weighing 6 lb. (2,720 g.) was delivered. Free blood was noted in the peritoneal cavity. The uterus was intact and there was no concealed accidental haemorrhage.

The incision was extended into the upper abdomen and to the left of the midline. A large retroperitoneal haematoma was found. The spleen was congested and was about four times its normal size. Its pedicle was 6 in. (15 cm.) long. There was a one and a half times clockwise rotation of the spleen on its pedicle. The splenic artery was still pulsating, but the splenic vein was distended and had ruptured, resulting in retroperitoneal and intraperitoneal haemorrhage. The pedicle was untwisted and the individual vessels were dissected out, doubly ligated, and divided, and the spleen was removed. The uterine incision was closed in layers. Five pints (2.8

litres) of blood was given during the operation. The abdominal incision was closed in layers.

After the operation the patient made a rapid recovery. Her skin sutures were removed on the eighth day and she was discharged on the 12th post-operative day.

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litres) of blood was given during the operation. The abdominal incision was closed in layers.

After the operation the patient made a rapid recovery. Her skin sutures were removed on the eighth day and she was discharged on the 12th post-operative day.

DISCUSSION

Torsion of the spleen is a complication of the wandering spleen. This is a congenital anomaly in which the spleen has a long pedicle, sometimes up to 1 ft. (30 cm.) in length, and the spleen has been noted in all the quadrants of the abdomen. Because of its rarity, when torsion occurs it is rarely correctly diagnosed pre-operatively. Bohrer (1940) noted that this condition has been variously diagnosed as twisted ovarian cyst, appendicular mass, and uterine fibroids.

Torsion of the pedicle may be acute or chronic. The acute cases present with symptoms suggestive of intra-abdominal catastrophe. The provisional diagnosis is usually an acute perforation or acute pancreatitis. Cramp-like abdominal pains occur and a mass may be felt on palpation. In chronic torsion the symptoms are less dramatic. After a period of indefinite abdominal discomfort all symptoms abate. This may result in atrophy of the spleen.

In the case reported above the full-term pregnancy, the dead foetus, and the signs and symptoms of internal haemorrhage led to the diagnosis of a concealed accidental haemorrhage. It was only at the time of the operation that the correct diagnosis was revealed.

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