two days, and thereafter continued on 100–125 mg. daily in two doses, with prothrombin times (Quick) between 1.4 and 2.1 times the control readings—that is, in the range of moderate therapeutic effect.

After 27 days of treatment, during which the only additional drugs given were chloral hydrate and liquid paraffin, a fever of 102° F. (38.9° C.) was recorded. The following day the white-cell count was 3,700 per c.mm. (polymorphonuclears 3%, mononuclears 97%), compared with a count of 11,000 (polymorphonuclears 80%) on admission. The throat was injected but not sore, and there was no rash on the skin. Phenindione was withdrawn and 600,000 units of procaine penicillin injected daily. On the next day a marrow aspirate showed numerous myelocytes but no mature polymorphs; a few metamyelocytes and band polymorphs were seen in the peripheral blood.

After four days of fever the temperature dropped to around 100° F. (37.8° C.), finally settling after a further week. Mature polymorphs reappeared in the peripheral blood on the sixth febrile day.

COMMENT

It seems from the reported cases that, when agranulocytosis occurs, it is to be looked for after 20 to 30 days of phenindione treatment. In Kirkeby's case, that of a man aged 58, the complication presented with a rash during the fourth week of treatment, which was apparently continued, and agranulocytosis appeared in the fifth week. MacMillan and Brown observed fever in the fourth week, followed by agranulocytosis after some days, in one of their cases, that of a woman aged 57; and in the other case, that of a woman of 64, pyrexia, rash, and agranulocytosis appeared together in the fifth week of a course of treatment which had been interrupted during the fourth week. Mayer's patient developed a rash and fever also in the fourth week. This time interval was observed in our case.

It would probably be wise to withdraw phenindione if a rash or fever appears during treatment, particularly during the fourth week. In our case heparin was substituted.

Kirkeby's patient died in uraemia after marrow function had recovered. MacMillan and Brown's second patient died of agranulocytosis. The other, with our own, recovered.

Numerous myelocytes in the marrow aspirate, as in the present case, suggest a favourable prognosis, provided that infection can be controlled. This is in line with Plum's (1937) work on amidopyrine agranulocytosis and with Hutt's (1951) observations on the agranulocytosis of thiouracil. Plum demonstrated the sequence of events to be: a fall in granulocyte precursors in the marrow; a fall in circulating polymorphs; return of marrow precursors; and, lastly, return of circulating adult cells. Thus to find myelocytes in the marrow during the phase of granulopenia is to observe the beginning of recovery.

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J. A. M. AGER, M.B., B.S.,
G. I. C. INGRAM, M.D., M.R.C.P.,
Department of Clinical Pathology,
St. Thomas's Hospital, London.

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Twin Pregnancy: Well-formed Hydatidiform Mole Associated with Normal Viable Child

An African, Jalu, woman aged about 28 was admitted to the Nyanza General Hospital, Kisumu, on July 6, 1955. She was a multipara and had not been attending the hospital or other antenatal clinic. So far as could be judged, she had had a menstrual period about mid-December, 1954, and was expecting her child in September. Her obstetric history was: a girl in 1945, a boy in 1947, a girl in 1951, and a boy

in 1952 (all these children are still alive and well, and there was no history of obstetrical complication either during pregnancy or on confinement); four-months abortion in March, 1954, apparently complete and uncomplicated.

The patient could only give mid-December as the nearest date of her last menstrual period. She stated that her pregnancy proceeded normally until during the first week in June, when she noticed a slight blood-stained vaginal discharge. This continued until her admission, and, although slight, was more or less continuous.

On examination the height of the fundus of the uterus corresponded to an eight-months pregnancy. The foetus was readily palpated in the R.O.A. position, but was high. The feel of the lower segment indicated that there was an apparent soft mass in the lower left-hand quarter. The foetus seemed to be small, but the foetal heart was strong. The vaginal discharge was bright red and appeared to be normal blood. On vaginal examination a soggy mass was felt between the examining finger and the foetal head. A tentative diagnosis was made of left-sided marginal placenta praevia, but as loss per vaginam was minimal it was decided to be conservative in treatment.

The patient was confined to bed and sedated with 10 gr. (0.65 g.) of potassium bromide thrice daily. She settled down under this treatment and the bleeding ceased.

On July 26 she went into spontaneous labour, and within an hour delivered herself of a live male child weighing 4 lb. (1.8 kg.) and obviously premature. Its state of development was approximately that of a 30-weeks gestation. While waiting for pulsation to cease in the cord, a mass appeared at the perineum and a moderate-sized hydatidiform mole (see Fig.) slipped out, aided by slight pressure on the fundus. The cord was separated and a complete normal placenta and membranes were delivered five minutes later.

It is the intention to follow up the case by Aschheim-Zondek tests at regular intervals, subject to the patient's co-operation—a doubtful possibility in a peasant African. At the time of writing the mother was well and fit, and the puerperium was running a normal course. The baby, on the other hand, was very weakly, and it is doubtful if it will survive.

COMMENT

It is admitted that if the possibility of hydatidiform mole even crossed my mind it was almost immediately discarded because of the advanced stage of pregnancy. My previous experience is of one similar twin pregnancy, but the patient, an Asian, spontaneously emptied her uterus in the fifth month. Discussion with colleagues at the Nyanza General Hospital confirmed my opinion that such pregnancies were a rarity, and no one had heard of one proceeding so far. Investigation at the Medical Research Laboratory Library produced an article by Dr. Elizabeth M. Rose (1952), who had a similar case on June 13, 1949. She could trace only two such previous cases: one by Waters and Crunden (1943) and the other by Favreau and Bélanger (1939).

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J. H. TAYLOR, M.B., Ch.B., D.P.H.,
Kenya Medical Service.

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