Medical Memoranda

Two Children of Same Family Showing Features of Mongolism

Mongolism occurs in all races, though most descriptions have come from Europe or America. It is not uncommon among the Chinese population of Singapore, and we have recently seen two mongols in a single Chinese sibship.

CASE REPORTS

Case 1.—A 2-year-old Chinese girl was admitted to hospital on November 14, 1955, for bronchopneumonia. It was

FIG. 1.—Case 1. Mother with her 2-year-old mongol baby. Note the mongolian facies, flat bridge of nose, slanting eyes with squint, and small ears.

noticed that she had the typical mongoloid facies (Fig. 1). Her eyes were slanting, with prominent epicanthic folds, and a squint was present. The small ears, the flat bridge of the nose, the protruding tongue, and the foreshortened mouth were all characteristics of a mongol. There was a general hypotonia of all muscles. Moist sounds were heard over both lungs. The abdomen was soft, but an umbilical hernia was not present. The liver was enlarged two fingerbreadths. A wide gap was present between the first and second toes and she had a single crease across the palm. The milestones of the child were very delayed. She was first able to lift her head at 10 months and to sit with support at 1 year. The first tooth appeared at 1 year. She was able to stand with support at 2 years but was unable to talk.

Whilst being questioned, the mother casually remarked that her youngest child was also "very soft," and had similar features to the patient. Her three older children, aged 10, 8, and 7, were

FIG. 2.—Case 2. Father with the youngest child (mongol baby). Note the mongolian features, the protruding tongue, and the hypotonic limbs.

normal and attending school. The mother is now 44 years of age and the father 46.

Case 2.—The mother was asked to bring her youngest child, a boy aged 1 year. He was noted to have the features

of a mongol, but was even more hypotonic than his sister. He had a small head (circumference, 15 in., 38 cm.) with a very flattened occiput. His eyes were slanting, with marked epicanthic folds; the bridge of the nose was very flat and the tongue protruding (Fig. 2). This child had a large umbilical hernia. No murmur was heard over the heart and the lungs were clear. Although 1 year of age he was unable to lift his head.

Both the mongols were lovable pleasant children and the parents were very fond of them.

COMMENT

The aetiology of mongolism is not fully understood. The relationship of mongolism to twinning indicates that the origin is in the germ cell (Jenkins, 1933). But the association of mongolism with diminished maternal fecundity, as suggested by the age of the mother and the long interval before the birth of a mongol, supports the theory that the mongol is a product of fertilization of the ovum the viability of which is diminished.

This is a rare example of two mongols occurring in the same family.

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REFERENCE

Jenkins, R. L. (1933). *Amer. J. Dis. Child.*, 45, 506.

Acquired Diverticulum of the Mitral Valve

A woman of 63 sought advice because of severe inflammation of both eyes. She attributed this to putting her head out of the window a fortnight previously in an attempt to obtain relief during an attack of dyspnoea. She was admitted immediately to an eye and ear hospital and treated for seven days for acute iridocyclitis. She returned home and for a time was able to go out for walks, but vision was rapidly lost, and she was certified blind four months after the onset of the disease. During the next year a massive oedema of the legs and ascites developed and she became increasingly breathless. A loud blowing systolic murmur was heard in the mitral area. A diagnosis of mitral incompetence was made, palliative treatment was given, and at the end of the year she died.

Before these disturbances she had been in excellent health, and had never suffered from sore throats or any form of acute rheumatism. The appearance of a severe mitral lesion so abruptly and at such a late age was difficult to explain, and would in fact have remained unexplained had she not died when one of us (J. R.) was on holiday. No certificate could be issued and a necropsy was ordered by the coroner.

NECROPSY REPORT

A thin elderly woman with gross pitting oedema of the lower limbs and vulva and gross swelling of the abdomen. The oedema extended to the back, where extensive blebs were present. Each pleural cavity contained about 30 oz. (750 ml.) of clear fluid and there were dense adhesions at the right base in proximity to an ancient calcified focus in the lower lobe of the lung. The lungs were oedematous.

The heart muscle was pale and flabby but showed no zones of fibrosis. The left coronary artery was partially obstructed by a calcified zone 1 in. (2.5 cm.) from its origin, and the right coronary artery showed confluent fatty patches without obstruction. The heart valves, generally, showed senile opacity and fibrosis. The anterior cusp of the mitral valve was distorted by a pouch large enough to accommodate the tip of the little finger to a depth of over 1 cm. The pouch was directed backwards so that during ventricular systole it would impinge on the posterior cusp as a