occurred at the age of 13. The last menstrual period was normal on September 28, 1954, the date of examination being October 6.

There was no intermenstrual vaginal discharge, but on one occasion about 12 months previously there had been a slight sanguineous discharge per vaginam for about an hour.

Her weight was 8 st. 9½ lb. (55.1 kg.), which corresponded to her normal limits of 8½ to 9 st. (54 to 57.2 kg.).

On abdominal palpation a somewhat irregular mass was felt arising from the pelvis, corresponding in size to a pregnant uterus of 26 weeks' gestation. The mass gave the impression of solid tumour with cystic areas. The patient was virgo intacta, the hymen just admitting one finger. A markedly effaced small vaginal cervix was felt to be expanded. Bimanually it was not possible to differentiate the mass from the uterus; the adnexa could not be satisfactorily identified. On rectal examination small subserous fibroids could be felt in the posterior wall of the mass. These findings were confirmed by examination under anaesthesia immediately before operation.

Despite the feeling that at her age and in view of the cystic spots in the mass this should be a case of ovarian tumour, a diagnosis of uterine enlargement due to fibroids with cystic degeneration was made.

Laparotomy.—A right subumbilical paramedian incision was made. The uterus was grossly enlarged by a large fibroid, extending from the parametrium behind to the posterior fundus; there were other smaller fibroids lying subserously and scattered over the surface of the uterus. The organ was rotated to the right through 45 degrees and was firmly incarcerated into the true pelvis by the mass of the largest tumour. Both ovaries were enlarged, cystic, and sclerotic, and did not show any evidence of recent ovulation. The uterus was elevated out of the abdominal cavity with difficulty and myomectomy of the large tumour achieved through a fundal incision, the smaller tumours being removed separately. The cavity, which was about 4 in. (10 cm.) deep by 2 in. (5 cm.) wide after retraction, was closed by a long continuous "cobbling" stitch which ensured that no dead spaces were left behind. Gilliam suspension of the still very enlarged uterus and appendicectomy were performed, and the abdomen was closed with catgut and "nobecutane" dressing applied.

Convalescence was normal, the patient being out of bed for increasing periods from the evening of operation.

Pathology (Dr. H. C. Moore).—"The large tumour weighed 1½ lb. (680 g.), and had been apparently 'well encapsulated.' It was very soft. Section disclosed a uniform grey appearance, with very little degenerative change; there were only a few small foci of hyaline change. Several sections showed a uniform appearance. The tumour is a leiomyoma and is extremely cellular—much more so than is usually seen. Nevertheless the nuclei are regular, do not show pleomorphism, and there are no mitoses. In my opinion the tumour is benign."

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Munchausen Syndrome

The following case of Munchausen syndrome (Asher, 1951) is described in the hope that the patient will be recognized and correctly diagnosed at an early stage during any subsequent admissions to hospital.

CASE REPORT

A man giving his age as 22 was brought into the casualty department on September 6, 1954, as a case of suspected skull fracture. He had been found lying in the street near by bleeding from his ears and nose and in a dazed condition.

A long history was obtained, starting with meningitis and convulsions at the age of 8 years. Bleeding from the ears and nose began at 10 and had continued intermittently ever since. In 1951 he had a swelling in the left hyphochondrium accompanied by the usual bleeding from the ears

and nose and also skin haemorrhages. He was admitted to hospital in Dublin and splenectomy was performed; during convalescence from this operation he began to have haematuria, and cystoscopy was said to have shown bleeding from the right kidney; purpura was then diagnosed and he was given special tablets which he thought were cortisone; these improved his general condition and controlled the bleeding. He stated that he had come to England for the first time two weeks before admission and that bleeding had again begun on the previous day.

Clinical examination revealed a patient of somewhat prognathous appearance with small but normal general physique. The respiratory, cardiovascular, and central nervous systems showed no abnormality. The abdomen was soft, with splenectomy and appendicectomy scars. There was subjective tenderness over the whole of the right side of the abdomen, maximal in the right renal area. There was dried blood around the ears and nose, but no obvious bleeding points could be found. Hess's test was faintly positive on one occasion and negative on numerous others. Lumbar puncture and full haematological examinations, including bone-marrow biopsy, revealed no abnormality. The urine, however, showed macroscopic haematuria with small blood clots.

In view of the positive Hess's test a tentative diagnosis of Henoch-Schönlein purpura was made, and a course of corticotrophin was started, which caused no improvement in his bleeding. On the day after admission he became somewhat uncooperative and refused to stay in bed despite sedation. During the next few days he became increasingly unruly, leaving the ward on numerous occasions at all hours of the day and night, and wandering around the hospital, usually with his face and clothes liberally smeared with dried blood. Remonstrations and very heavy sedation proved equally unavailing, and on September 12 it was found necessary to have him transferred to an observation ward at St. John's Hospital, Battersea. A report from this hospital stated that the man was kept under close observation, which precluded self-injury, and that he failed to produce any physical signs. He was discharged after 72 hours at his own request, the diagnosis being "psychopathic malingering."

Subsequent inquiries revealed that this patient is well known at many hospitals and his case has in fact been briefly described (Short, 1951). As long ago as 1951 he was known to have been in 29 hospitals in various parts of the British Isles. His appendicectomy was carried out in Paris, but where and when his splenectomy was performed has not been revealed. He has been an in-patient in various London hospitals in recent months, each admission following a similar pattern to that described above. Since his discharge from St. John's he is known to have been in another hospital in this area. He rarely visits the same hospital twice.

COMMENT

The diagnostic difficulty in this case is the haematuria; it seemed feasible that the patient could simulate bleeding from the ears and nose by scratching the aural and nasal orifices and smearing the blood from the resultant excoriations over his face. It was noted at another hospital, however, that the haematuria and "clots" were produced by soaking small pieces of blood-stained cotton-wool in the urine. This patient will undoubtedly remain a constant nuisance, and any doctor having to treat him in future should consider the desirability of certification. The cost to the Health Service of his innumerable admissions to hospital and exhaustive investigations on each occasion must be fabulous.

We wish to thank Dr. Philip Ellman for permission to publish this case. Acknowledgments are also due to Dr. H. S. Hamilton for his report on this patient's admission to St. John's Hospital, Battersea.

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