of a strong family resemblance between the infant, the father, and the two elder children.

From birth breast-feeding was difficult, and soon became impossible; she was given expressed breast milk for four weeks, and afterwards a mixture of cows' milk and water was substituted. She never thrived so well as her twin, and on first examination weighed only 9 lb. (4.1 kg.), as against 12 lb. (5.4 kg.). The mother noticed that she was less lively than her twin, was easily made breathless, and sometimes "went blue." She vomited slightly from birth, but at the time of first attendance this was not causing any anxiety.

The child was examined in the out-patient department of the Royal Belfast Hospital for Sick Children on January 20, 1950, when the diagnosis of mongolism was confirmed and its significance explained to the mother. The accompanying photograph was then taken.

She was again brought to the out-patient department on January 28 with a history of severe vomiting of a projectile type. On examination the pylorus was easily palpable and thought to be thickened. In view of the presence of a systolic murmur to the left of the sternum a chest radiograph was taken, which showed considerable generalized enlargement of the heart. A dietetic regimen and "pylostropin" tablets were used until admission could be arranged, but at the time of admission (January 31) she was vomiting as copiously as ever. Surgical treatment of the pylorospasm was decided upon, despite the known multiple hazards present.

Mr. J. A. W. Bingham opened the abdomen by a right transverse rectus-cutting incision under "soneryl"-atropine-vinyl-ether anaesthesia on February 2. Bleeding was slight and the blood dark. Before the peritoneum could be incised the heart stopped suddenly. Cardiac massage, artificial respiration, and oxygen inhalation produced only transient response.

Post-mortem Examination

At the post-mortem examination, carried out by Dr. R. J. Marshall, a poorly nourished female infant with the typical facies of mongolism was seen. The heart was considerably enlarged: normal epicardium; ductus arteriosus closed; the great vessels entered and left the heart in normal arrangement. The right auricle was much enlarged, and the wall markedly trabeculated. The interauricular septum was thin, terminating in a crescentic free edge just proximal to the auriculoventricular ring. The septum was fenestrated, and the foramen ovale closed. Anterior and posterior valve cusps were present, but were abnormal in that they continued uninterruptedly across the septal defect, the distal halves serving as mitral cusps.

The right ventricle was also markedly enlarged, and there was gross defect of the interventricular septum, which was rudimentary and present only at the apex of the organ. The ostium between the edges of the auricular and ventricular septa measured 2 by 1.5 cm.; thus there was virtually a common ventricle, the right half of which was larger than the left.

The stomach and duodenum were essentially normal in size and shape, and, although the pylorus was somewhat thickened, no congenital hypertrophy was noted. The lungs showed patchy interstitial pneumonia with mononuclear infiltration of the alveolar walls and comparatively little alveolar exudate. The liver and spleen showed the persistence of haemopoietic tissue.

Summary

A case of mongolism with persistent ostium atrioventriculare commune in one of twins is recorded. Pylorospasm with intractable vomiting, inanition, and death under anaesthesia exemplify the precarious hold on life which is the inheritance of most mongols. The nature of the cardiac anomaly was such as to preclude lengthy survival in any event.

We are indebted to Dr. P. P. Jackson for the obstetrical details, and to Mr. D. Mehaffy, A.R.P.S., for the photograph.

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Medical Memoranda

A Vestigial Tail

Many cases of children born with a tail have been reported in the last seventy years, but very few in the English literature. The following is the description of one.

CASE REPORT

The patient first attended hospital on May 11, 1949, at the age of 11 months. He had been born with a tail-like appendage, but his mother had not sought advice before, as she thought that nothing could be done until the child had dispensed with napkins. However, the increase in size of the tail at last made her come to hospital. There was no family history of any like anomaly. The child was a firstborn, the pregnancy and delivery had been without incident, and the child had developed normally since birth. There were no bowel or urinary symptoms. On examination he was found to be a healthy normal child, apart from his caudal appendage. The tail was attached to the right posterior anal margin (see illustration) and could be freely moved by the child. It was extensible and when fully pulled out measured just over 3 in. (7.5 cm.). When released it would contract, curl on itself, resembling the tail of a pig, and then relax and flick from side to side.

Photograph showing the vestigial tail at 11 months.

No bone or cartilage could be palpated in the tail. It was covered with normal skin. The anus freely admitted the examining finger, and the sphincter was of normal tone. X-ray examination of the pelvis showed no bony abnormality.

On May 26 the tail was excised by an incision encircling the base. The wound was soundly healed eight days later.

The specimen was reported on as follows: "A finger-like process 7 cm. in length and 1.5 cm. in diameter at the base. It was covered with hair-bearing skin and its core consisted mainly of fibro-fatty tissue with a small eccentric nodule of 'cartilaginous' consistency. *Microscopy*:—The external lining was of epidermis with normal skin appendages. Most of the core was formed of striated muscle bundles. Also present were fat, fibrous tissue, blood vessels, and nerves."

COMMENT

Bartels (1884) traced 116 recorded observations on tails in man. He found references as far back as the writings

of Pliny, and stated that tailed races at one time or another had been reputed to have lived in South America, Asia, Africa, and Western Europe. Harrison (1901) reviewed the occurrence of tails in man and reported a case very similar to the one recorded here. R. J. McNeill Love (1934), in describing a case, suggested that such an abnormality might well be left in the hope that the bearer could use it later to earn his living in a circus.

In the 14-16-mm. embryo the caudal region shows a well-marked tail projecting beyond the cloaca—the proximal part containing vertebrae, the distal part without vertebrae. The latter is termed the caudal filament, and it seems that it is the persistence and growth of this structure which gives rise to a tail.

I wish to thank Mr. Charles Donald for permission to publish this case, Dr. Martin Bodian for the pathological report, and Professor J. D. Boyd for his interest.

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Chorion Carcinoma after Ectopic Gestation

The debt which diagnostic acumen owes to previous experience is too great to be assessed, and it must be accepted that he who would diagnose a condition not previously met is at a grave disadvantage; if, furthermore, he is unaware that such a condition exists, then the handicap will be so overweighted that the issue may well be decided before he can come to the aid of his patient.

That chorion epithelioma follows on hydatidiform mole is well known; that it may follow on normal pregnancy or abortion is taught, though few will have met it; therefore, that it may follow an ectopic pregnancy is a reasonable enough supposition. When, however, one estimates how extremely rarely chorion epithelioma follows normal pregnancy, and then estimates the rarity of ectopic as compared with normal pregnancy, when one adds to that the ease with which ectopic pregnancy is diagnosed, and the satisfactory extirpation which surgery achieves, one becomes prepared to accept the statement that chorion epithelioma after ectopic gestation is a very rare condition.

Rufus Thomas (1934) records a case, reviews the literature (the bibliography is appended), and states that "the number up to date would appear to be at least thirty-six." Walsh (1935) records a case and states that "Szathmari collected 1,412 cases of chorion epithelioma, of which 6.6% followed ectopic gestation"—that is, approximately 94 cases. Dafoe (1939) adds two more cases, the second of which is remarkable in that the patient survived, though metastases had occurred and the Aschheim-Zondek test was still positive one month after excision of the chorion-epitheliomatous tube. Smith and Werthessen (1941) record a case which presented with a hard nodular mass above the pubis and an exfoliative mass around the urethra nine months after an ectopic gestation.

To these few cases one more is published in the hope that a surgeon finding his patient deteriorating after the operation for ectopic gestation will not assume, as I did, that it is due to his own lack of skill or fortune until an estimation of the urinary gonadotrophins has been made and the more deadly possibility has been excluded.

CASE REPORT

The patient, aged 41, had her last regular menstrual period from August 12 to 16, 1948. Clotted blood was passed for four days from September 26—that is, after six weeks' amenorrhoea. She had had nausea, heaviness of the breasts, and frequency of micturition, and complained of an ache in the buttocks and pains ("like labour pains") in the abdomen.

On examination on October 26 no sign of activity could be found in the breasts; the abdomen was tender. The vagina showed the heliotrope discoloration of pregnancy, the uterus was retroverted, and there was a small tender swelling in the left tube. A diagnosis of ectopic gestation was made and the patient was admitted to hospital.

Laparotomy was performed on November 1. The abdomen was opened through a transverse suprapubic incision. The left broad ligament was filled with a clotted haematoma 6 in. (15 cm.) in diameter. The uterus showed some hypertrophy. The right ovary was stuck to the floor of the pouch of Douglas. The left tube and ovary and broad ligament tumour were removed. As bleeding was troublesome the uterus was also removed, the better to secure the main vessels. Bleeding was thereby for the most part satisfactorily controlled, and the application of a piece of "oxycel" gauze produced haemostasis, whereupon the abdomen was closed. Convalescence was uneventful.

In early January, 1949, the patient stated that she had been feeling fairly well until a week previously, when she had had aching pains in the pelvis and thighs and had been sick, and complained that the bowels had become "lazy."

The findings now were: "a thickening in the pelvic floor on the left side amounting almost to a tumour (N.B., blood clot; bleeding; oxycel)." Later in the month the findings were more definite. However, in view of the extensive nature of the first operation so recently performed it was decided to palliate, and if an abscess should form to drain it through the pouch of Douglas. A month later, however, the issue was forced by the patient developing general peritonitis.

The peritoneum was opened and drained, and the haematoma opened. Stinking greenish blood clot was removed, and blood began to well up. The only way to arrest it was by packing. This was done, and on removal of the pack faecal material followed, intimately mixed with blood. Thereafter her condition was wretched indeed, but with the aid of penicillin and repeated transfusion she lived, steadily losing ground, wasting away, but never despairing.

From time to time there was a suggestion of icterus, and about three weeks before she died an intractable cough began. Occasionally frothy sputum was produced but more often nothing at all. Clinical findings in the chest were absent, and skiagrams showed no evidence of growth. A diagnosis of malignant disease, probably chorion epithelioma, was now made, and this was confirmed 48 hours later by the Friedman test. The patient was perfectly conscious to the end and not in pain. She died, unaware that she was dying, of inanition, blood loss, and exhaustion from coughing.

Necropsy revealed a necrotic mass in the pelvis which had eroded the sigmoid colon. The liver and brain were free from metastases. The lungs were very pale and the cut surfaces were uniformly stippled with bright-red dots about 1 cm. apart.

Sections taken from the uterus, tube, and ovary at the time of the original operation showed no evidence of chorion epithelioma. Sections taken at the post-mortem examination revealed the presence of actively dividing chorionic tissue in the pelvic veins and in the lungs.

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