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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