to 100° F. (37.2 to 37.8° C.). The blood count was: red cells, 4,520,000; white cells, 18,900 (neutrophil polymorphs 66%, basophils 1%, lymphocytes 32%, large monocytes 1%); haemoglobin, 74%; colour index, 0.8.

During the first week's in-patient treatment the temporal swelling increased and proptosis developed; the infant became increasingly pale, the haemoglobin eventually falling to 18%. As the most careful examination of the abdomen by medical and surgical members of our staff failed to reveal any abdominal tumour, Dr. Chester Williams's offer of deep x-ray treatment of the temporal swelling was accepted, but deterioration was inexorable. Eventually a nodular mass became palpable beneath the left costal margin; this gradually filled the abdomen and the legs became swollen. Death occurred on the twenty-second day after admission.

On post-mortem examination by Dr. F. E. Aaron a large tumour of the left suprarenal gland was found to have spread extensively, invading the ovaries. The left kidney was engulfed but not infiltrated, and the liver spared. There were several metastases in the cranium, particularly in the right pterygopalatine and infratemporal fossae and in the brain. Histologically, the tumour consisted of small round cells, with occasional pseudo-rosette formation, typical of neuroblastoma.

Comment

With regard to differential diagnosis, scurvy was mentioned by Hutchison in his original description of the syndrome. Blood examination will eliminate chloroma and the leukaemias. Splenic puncture may be carried out if Gaucher's disease is suspected. Sternal puncture and the test for Bence-Jones proteosuria are more likely to be called for in adults, but it is always a golden rule to have the entire skeleton x-rayed and not just the skull, to exclude multiple myelomatosis and also Hand-Schüller-Christian's disease. Eventually, as has been shown above, abdominal palpation confirms the diagnosis.

W. O. LODGE, M.D., F.R.C.S.Ed., F.I.C.S.,
Otolaryngological Consultant.

M. BROOKES, B.M., B.Ch.,
Registrar.

Halifax and Huddersfield Royal Infirmaries.

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Spontaneous Rupture of an Angular Pregnancy

The term "spontaneous rupture of the uterus" seems to vary in meaning from writer to writer. A fairly obvious use of the term would be for rupture occurring as the result of some primary defect in the uterus and in no way the result of external causes such as a contracted pelvis, trauma of any sort, or scarring from previous operation. The following case occurred in a woman who was not in labour and whose infant was dead *in utero* before rupture occurred.

Case Report

A middle-aged Mkamba woman was admitted to hospital on March 17, 1949, having had pain in the epigastrium and vomiting associated with pain in the lower abdomen for the previous 10 days. She stated that she was nine months pregnant, but that the pain was not like labour pains. She had had three normal pregnancies and deliveries; two of the children, the second and the third, were alive. When already three months pregnant she had had some abdominal

pain and slight vaginal blood loss for three to four days. She had had recurrent pain ever since.

Examination of the abdomen showed a tumour, presumed to be the uterus, rising 9 in. (23 cm.) above the symphysis pubis in the midline. It was narrower and much firmer than a normal pregnant uterus. Contractions were not felt, foetal parts could not be identified, and the foetal heart could not be heard. Laboratory examinations revealed no abnormality in the urine or stools. A radiograph taken at Nairobi on March 25 showed a foetus in a breech position with considerable overlap of the skull bones as in maceration. It was decided that this was a case of death *in utero*, and it was hoped that the foetus would be aborted in a natural way.

On the afternoon of March 31 she started to have a slight vaginal loss and the abdominal pains were intensified, suggesting a miscarriage. The next morning the abdominal pain had increased considerably and the abdomen was very tender. There was still some slight vaginal loss, and it was thought that there might be concealed haemorrhage. By the afternoon the abdomen was rigid and the patient pyrexial; it was then thought she had developed peritonitis due to infection from the dead foetus. A vaginal examination showed a slightly dilated external os which contained a blood clot. It was decided to treat the supposed peritonitis in a conservative manner in the hope that it would be easier to deal with when the abortion was complete; but next day, with the pulse steady between 110 and 120 and the temperature up to 103° F. (39.4° C.), a decision was made to open the abdomen—simply to insert a drain so as to embarrass the impending parturition as little as possible. It was felt that a caesarean section was out of the question.

On opening the peritoneum there was a gush of blood followed by the appearance of a foetal limb. Further exploration showed a macerated foetus extruding from a tear in the left cornu of the uterus above the point of entry of the tube. The foetus was removed and the blood mopped up; a low-grade peritonitis was found involving the lower coils of the intestine and the uterine peritoneum. Hysterectomy was performed, during which operation the cervix was found to be closed. The wound was sutured and a drain inserted into the pelvis through a separate incision. Intravenous saline was given during the later stages of the operation, as blood was not available. Post-operative penicillin was given. The drain was removed after 48 hours.

Comment

This case would appear to fit into the group of "spontaneous ruptures of the uterus." Riddell and Scholefield (1938) described a similar case which they thought should be included in the group of angular pregnancies as defined by Munro Kerr and Anderson (1934), such a pregnancy originating in the uterine end of the Fallopian tube, developing towards the uterine cavity, and being normally associated with pain and a tendency to abort. In the case described there was no marked tendency to abort, and the foetus continued to develop in the uterine cavity.

The rupture was presumably the result of infection of the dead and macerated foetus. This infection, by spreading to the already thinned out cornu, was sufficient to cause a spontaneous rupture.

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E. P. RIGBY, M.B., B.S.,
Medical Officer, Kenya Colonial Medical Service.

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