

The disease followed a rhythmic but irregular course; it was more frequent in cold weather, but the correlation was not close.

In a controlled therapeutic experiment on a group of twelve boys a series of drugs, including belladonna and ephedrine, was tried. None had any effect on the enuresis.

We are indebted to Lieut.-Col. R. C. Grant for generously assisting us with the records of these cases.

A CASE OF COMBINED INTRA-UTERINE AND EXTRA-UTERINE PREGNANCY

BY

R. B. LEECH, M.B., B.Ch.

C.M.S. Hospital, Mengo, Uganda

The following case of combined intra-uterine and extra-uterine pregnancy is reported because of the rarity of the occurrence.

Case History

The patient comes from a village some forty miles away where we have one of our district maternity centres. I visit this centre every fortnight to hold a general clinic and examine any abnormal obstetric cases, which the trained African midwife collects for me in her routine ante-natal examinations. In this way I had the good fortune to examine the patient three times before she finally came into hospital here, though on none of these occasions did I suspect the true diagnosis.

Ante-natal Observations.—She was an African woman aged about 30, who had had three normal pregnancies and labours, the last some eighteen months previously. I first saw her on September 5, 1940, and diagnosed a pregnancy of four months' duration, though she said she was still having short periods at that time. I was next asked to see her on February 20, 1941, and found on abdominal examination a uterus of about nine months' gestation with swellings somewhat resembling a foetal head on each side of it. I considered the possibility of twins, but the findings did not really support this diagnosis; so, remembering the clinical axiom that common conditions commonly occur, I made the provisional diagnosis of fibroids, though I was puzzled at not having recorded any suspicion of them at my previous examination. I advised her to come into hospital a little later.

From Delivery to Laparotomy.—She went into labour on March 5, and was delivered in the maternity centre by the midwife after a normal labour; the baby was a fully developed boy weighing 5½ lb. I saw her, however, on March 6, and found the para-uterine swellings still present; I still thought they might be fibroids, but regret that I made no more than a perfunctory examination, as all seemed well. The next day the patient began complaining of abdominal pain, which slowly increased but was not severe enough to prevent her being discharged from the maternity centre a week later. The pain continued to grow worse, and she came into the central hospital here on account of it on March 27. The baby was somewhat under-nourished, as no breast milk had come in. On examination the woman was obviously ill and in pain. There was a fair pulse and some pallor. On palpation of the abdomen and vaginal examination I could come to no other conclusion but that there was an intraperitoneal extra-uterine foetus present, and I was almost convinced that I heard a foetal heart. I left her to recuperate from the journey, and performed a laparotomy the next day.

Findings at Operation.—The peritoneal cavity was filled with straw-coloured clear fluid containing large fibrinous clots. Much of the peritoneum and the whole of the great omentum were covered in a thick jelly-like material. A foetus was lying free among the coils of intestine and there was a fair pulsation in the cord. I delivered the baby, and found the ruptured sac arising from the placenta, which was attached by what amounted to little more than a thick pedicle; this sprang from the right broad ligament just behind the fimbria in the position of the ovary, there being no direct connexion with the Fallopian tube. There were also two thick bands of adhesions running

from the great omentum to the sac and ending in two subsidiary placentae near the main one. The uterus appeared to be involuting normally. Removal of the sac and placentae was not difficult, and the patient is now making a good recovery. The baby was a boy weighing 6 lb., and was without evident abnormality save for clots of what seemed to be fibrin adherent to the skin in places. It breathed weakly for about half an hour, but all the usual care could not maintain life.

Commentary

The frequency of extra-uterine pregnancy is not easy to ascertain, but Schumann (1921) calculated the frequency for one year in one town to be one in every 303 pregnancies. Mall (1915) further calculates that 1% of extra-uterine pregnancies go to full term, and notes that the foetus in these cases is especially liable to maldevelopment. Cases of extra-uterine associated with intra-uterine pregnancy—referred to by Parry (1876) as combined pregnancy—have been reported a number of times, 306 having been traced by Subodh Mitra (1940); but only ten of these (according to Novak, 1926) have resulted in the birth of both children alive.

Although no ovarian tissue was found by the pathologist in the wall of the amniotic sac, the position of the placental site in this case suggested strongly that the pregnancy originated in the ovary. Ovarian pregnancy is the least common type of extra-uterine gestation, only forty-one recorded cases having been traced by Lockyer (1917); but Williams (1923) considers that a higher proportion of ovarian pregnancies go to full term than do pregnancies of tubal origin. It is of interest to note, too, that no long period of sterility preceded this pregnancy; this perhaps suggests that the mechanism believed to be largely responsible for tubal gestation—namely, some form of obstruction in the tube—did not come into play.

I can offer no special explanation of the fact that the patient had short periods up to within six months of delivery of full-term children, but have an impression that slight menstruation may continue after conception more often than in England, although histories here are very unreliable.

It seems likely that the amniotic sac of the extra-uterine foetus ruptured when the abdominal pain began, two days after the delivery of the uterine pregnancy. It was probably due to some sudden abdominal strain by the patient, or possibly even to an abdominal examination. The action of the amniotic fluid within the peritoneal cavity—that of a mild irritant—is of interest.

The breasts secreted very little milk even after the delivery of the second baby, owing perhaps to the general debility of the patient, so that no deduction can be drawn as to the inhibitory action of the extra-uterine gestation on lactation.

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R. M. Greenthal (*Wisconsin med. J.*, 1941, **40**, 25), who reviews the literature and records his observations on 100 cases, comes to the conclusion that the disease called "roseola infantum" by Zahorsky in 1910 and "exanthema subitum" by Veeder and Hempelmann in 1921 is a clinical entity. It affects children during the first two years of life and seems to confer immunity. Its characteristic features are a febrile period of three days, and after the temperature has become normal a rash lasting about two days. The blood shows a relative lymphocytosis and often a lymphopenia. There are no complications or sequelae. The aetiology is unknown. The incubation period is about ten days.