The pheasant's revenge: an unusual zoonotic injury

Hunting accidents are many and varied. We report an unusual injury sustained during a pheasant shoot.

Case report

A woman was admitted on Boxing Day morning complaining of abdominal pain. Nine days previously she had been on a hunting party where her husband had been demonstrating his ballistic prowess. She was sitting on his shooting stick a few paces behind the gun line and watched him bagging a low, fastflying pheasant. The bird, however, continued on its normal trajectory and came down low and fast. She saw her husband duck and succeeded in turning side on but was struck on the lower lateral aspect of her left chest wall by the lifeless bird, which weighed 2.04 kg. She was examined at the local casualty department and was discharged without further investigation. Subsequently, she experienced pain over the site of the injury and noticed progressive abdominal discomfort and distension. She became anorectic and unwell with worsening of her pain on the day of admission.

On examination she was pale but not shocked. There was pronounced tenderness over the 9th, 10th, and 11th ribs on the left, with signs of underlying pulmonary collapse. Abdominal examination showed that she had a soft, distended abdomen with considerable tenderness on the left. The bowel sounds were active, and rectal examination yielded normal results. Her haemoglobin concentration was 92 g/l, and abdominal radiography showed a large soft tissue mass in the left hypochondrium with displacement of the splenic flexure towards the midline. After resuscitation laparotomy showed a discrete capsular tear over the diaphragmatic surface of the spleen with evidence of a ruptured subcapsular haematoma; 1100 ml of liquid and clotted blood was removed and a splenectomy was performed. Her recovery was uneventful.

Comment

Animal bites and their management are well documented,^{1,2} and there are also anecdotal reports of big game, such as lions, tigers, rhinoceroses, etc, crushing their tormentors, but there seem to be no reports of pheasants inflicting injuries as in our patient. It is perhaps understandable that our patient could not see the irony of the fact that a dead fowl delivered a near fatal injury. We can only hope that when served the bird made up for its earlier misdemeanour.

We thank Mr R H S Lane for allowing us to report this case.

- 1 Edlich RF, Spengler MD, Rodeheaver GT. Mammalian bites. *Compr Ther* 1983;9:41-7.
- 2 Rest JG, Goldstein EJ. Management of human and animal bite wounds. *Emerg Med Clin North Am* 1985;3:117-26.

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Possible pituitary dwarfism from the Roman period

In modern publications dwarfism is uncommon. Nevertheless, in ancient populations there are even fewer reports of the condition, most of the descriptions being of achondroplasia. Here I report a case of possible pituitary dwarfism encountered in a routine analysis of specimens from the Roman period.

Description

Examination of the burials from a Roman cemetery site in Gloucester showed a skeleton (No 557) of abnormally small proportions (figure). Pelvic morphology suggests that the remains are those of a woman. The distal epiphyses of the right humerus and the proximal epiphysis of the right radius and ulna have only just fused. The parts of the right innominate bone have fused but the iliac crest is unfused. The portion of the sacrum which survives shows non-fusion of the

Skeletal remains from skeleton No 557 with normal female bones from the same cemetery for comparison.

epiphyseal lamina for the right sacroiliac joint. The right femoral condyles and head have fused to the diaphysis but the epiphyseal line of the latter is still visible. The epiphyses of the right tibia have fused but the proximal epiphyseal line is still present. Measurements of the parietal chord and arc of the skull give lower values than those for the remaining women from the cemetery. Epiphyseal union suggests that this skeleton belonged to a woman who was about 21-22 years old at death, though evidence from tooth development conflicts with this estimate: the third mandibular molar is not present and the mandibular canines are only just erupting. The cranial sutures have recently closed.

The bones are all gracile, slender, and shorter than normal but in proportion with each other. Muscle development was poor. Estimation of stature by using the maximum length of the right femur¹ was 131.2 cm. The mean stature for the women in the cemetery was 153 cm. There were no appreciable pathological changes on any of the bones except areas of periosteal new bone formation on the outer surfaces of the ilium and on the anterior distal and the medial proximal shaft of the right femur, and large plaques of extracortical new bone over the whole of both the endocranial and extracranial surfaces of the frontal bone. The extracranial new bone appears less organised and therefore possibly younger than the endocranial deposits. This diffuse homogeneous deposition suggests a possible postinfective cause. x Ray films of the long bones show persistent epiphyseal lines, and Harris lines of arrested growth in the distal shaft of the femur are evident.

Comment

The findings in this skeleton suggest proportionate dwarfism, which has several possible causes, among which pituitary dwarfism is the most likely. Given the presence of plaques of periosteal new bone on the endocranial surface of the skull and on some of the postcranial bones, the aetiology is likely to be postinfective, possibly tuberculous, but clearly this must remain speculative. Only one definite paleopathological case of pituitary dwarfism has been reported, in a skeleton from New Mexico,² and this showed features comparable with those in this specimen from Gloucester.

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