penis the patient was able to produce a few millilitres of fluid from this orifice. This fluid did not contain any spermatozoa.

Investigations.—Hb 96% ; E.S.R. 2 mm. in one hour ; Wassermann reaction and Kahn test negative ; 17-ketosteroids 10.4 mg. in 24 hours ; buccal smear showed no Barr bodies. I.V.P.: no suggestion of prostatic indentation of urethra.

Psychometry.—The Minnesota multiphasic personality inventory scales were within normal limits whether scored as a male or a female. The score on the Epstein test was within normal limits.

He was diagnosed as having schizophrenia and his physical state as one of cryptorchidism with a gross hypospadias. This was later confirmed at operation.

He was given no specific treatment, but after a few weeks he found himself a job with an engineering firm and left hospital, remaining in employment for 10 months. While in hospital he was referred for surgical opinion and subsequently had a series of operations ; firstly, for repair of a left inguinal hernia, and, secondly, for a plastic operation to enable him to urinate in a standing position.

Since he left hospital he has shown more floridly schizophrenic symptoms. He believes that he is in communication with two people on Mars, and they are dictating a book on spiritualism to him. His communication with them is at times interrupted by other "spirit voices," which sometimes swear at him or pass insulting remarks. He is undertaking a process of "spiritual cleansing" which requires him to bath as often as possible, and he spends much of his spare time in the bath.

He does not speak of any of these ideas other than during psychiatric interview, but then it is difficult to interrupt the flow of his ideas. So far his delusions have not interfered with his work, though his employers describe him as slow and lacking in initiative. He feels extremely well and can see no reason for taking any form of medication.

His mental condition has remained unchanged since his plastic operation, but his mood has been one of mild elation since he was

first referred for a surgical opinion, and he was grateful for the operation enabling him to urinate standing up. Until his admission he had never sought medical help for this problem.

COMMENT

Since Freud many analysts have stressed the aetiological importance in schizophrenia of patients' uncertainty about their sexual role. Organically orientated workers have also attempted to implicate gonadal malfunction in the aetiology of schizophrenia, but the weight of evidence suggests that such changes in structure or function as have been shown are either coincidental or the result of the disease (David, 1957).

Were either theory correct it would be anticipated that people with so marked abnormality of their sexual organs as to lead to incorrect sex assignment would have a high incidence of schizophrenia. In fact this association seems to be extremely rare.

I wish to thank Dr. B. M. Mandelbrote for permission to publish this case, and Professor G. Harris for permission to use the photographs, which were taken in the department of anatomy, University of Oxford.

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Haemorrhage from Base of Tongue

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When a patient presents with expectoration of blood its source is usually obvious. The history alone will often indicate the site of haemorrhage. We describe the case of a patient admitted to hospital with apparent haemoptysis who was found to be bleeding from the rupture of an enlarged vein at the base of the tongue. Enlarged, or varicose, veins have been noted in this area before, but little attention has been paid to them (Eggston and Wolff, 1947). It has been suspected that they could be the cause of bleeding, but we have been unable to find any previous description of a patient in whom this had actually been shown.

CASE REPORT

A man aged 58 was admitted to hospital after he had expectorated blood continuously for three days. During the previous week an exacerbation of his bronchitis had caused repeated coughing. On admission it was assumed that he had haemoptysis, but careful questioning suggested that the blood was coming from above the larynx. He had noted that he could produce heavily blood-stained saliva without coughing. There was no history of any abnormal bleeding.

General and oral examination showed nothing abnormal, apart from the presence of blood in the oropharynx. Chest x-ray picture, platelet count, and prothrombin time were normal, but the haemoglobin, which was 14.6 g./100 ml. on admission, fell to 9.6 g./100 ml. during the next five days.

Indirect laryngoscopy, performed the day after admission, showed an enlarged vein at the right side of the base of the tongue which extended over the anterior part of the epiglottis. There was a pool of blood around this vein. These findings were confirmed on

examination under general anaesthesia, and it was then obvious that the haemorrhage was caused by a rupture of this vein in the glosso-epiglottic fold. Diathermy was applied to the bleeding-point and haemorrhage stopped completely. The patient returned home four days later.

COMMENT

Spontaneous haemorrhage from the throat is rare, but it must be considered when one of the usual causes of expectoration of blood cannot be found. If the site of haemorrhage is not visible on ordinary examination there should be no delay in using a laryngeal mirror to inspect the base of the tongue, hypopharynx, and larynx.

Our patient had a large vein at the base of the tongue, and it is probable that it had ruptured during a bout of coughing. It is stated that varicose veins in this area may occur in association with gout, cirrhosis of the liver, and influenza (Thomson and Negus, 1955), though no reason for this is given. In the above case the only associated condition was chronic bronchitis.

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