Medical Memoranda

Premenarchal Pregnancy

"Precocious motherhood" is a fascinating condition, which is
amply discussed and fully referenced in textbooks such as those
of Dewhurst (1963) and Huffman (1968). Pregnancy and
labour in the very young are associated with surprisingly
few physical or psychical complications; in particular, the caesarean
section rate is very low. However, premenarchal pregnancy is
still a rarity.

CASE HISTORY

A girl aged 13 years and 8 months was brought to the antenatal
clinic by her mother. The girl had never menstruated but her
grandmother thought she might have been "interfered with." She
was a little shy but not unduly embarrassed. She looked a child
even second; sex characters were normally developed. Her
height was 4 ft. 10 in. (147 cm.), and her weight 7 st. (44.5 kg.).

The breasts showed no signs of pregnancy. The vulva looked
normal with no evidence of old or recent trauma. The vagina
reluctantly admitted a finger, but softening of the cervix and enlarge-
ment of the uterus were not made out. She was asked to attend
again in four weeks, by which time her breasts looked active and
the uterus was felt to be the size of a 10-week pregnancy. The
pregnancy presumably resulted from intercultural coitus.

The question of therapeutic abortion was aired, but for reasons
of religion the girl's mother refused this. To save embarrassment
the patient's antenatal care was provided away from the clinic, and
when admitted in labour she was nursed in a single room.

The pregnancy was uneventful. Labour lasted 18 hours and
50 minutes, and was terminated by a compassionate low forceps
delivery under general anaesthesia followed by a necessary manual
removal of the placenta. Lactation was initiated with oestrogens.
The puerperium was complicated by a Proteus mirabilis infection.

The baby, a girl, weighed a mature 8 lb. 3 oz. (3,700 g.) and
measured 21 in. (53 cm.). If her maturity was indeed 40 weeks,
then the patient must have been 16 weeks pregnant when first seen
and no signs of pregnancy discovered. The baby was adopted by
the patient's mother and is alive and well.

The police were notified of the pregnancy by the family, and as
a result a friend of the family, a single man in his twenties, appeared
in court. He was sentenced to imprisonment for, appropriately
enough, nine months.

The patient was seen again five years later. She was married
and 24 weeks pregnant, and was without any psychic trauma from
her earlier experience. Her height was 4 ft. 11½ in. (151 cm.).
After a six-and-a-half-hour labour at term she had a normal delivery
of a boy weighing 8 lb. 13 oz. (4,000 g.).

S. BENDER, M.D., F.R.C.S.E.D., F.R.C.O.G.
Chester.

REFERENCES

Dewhurst, C. J. (1963). Gynaecological Disorders of Infants and

Saunders, Philadelphia.

Familial Occurrence of Thyrotoxic
Periodic Paralysis

We reported the incidence of periodic paralysis in thyrotoxic
Chinese males and females to be 13 and 0.17%, respectively
(McFadzean and Yeung, 1967). Since a similar high incidence
had been reported among other mongoloid peoples we thought
that the basic defect might be genetically determined. The
purpose of this communication is to report two families in
which certain members of two generations developed thyro-
otoxicosis associated in each instance with attacks of periodic
paralysis.

METHODS AND RESULTS

The criteria for the diagnosis of thyrotoxicosis and of periodic
paralysis were those previously used (McFadzean and Yeung,
1967).

It will be seen from the pedigrees that the two female sibs
in Family 1 I had thyrotoxicosis associated with periodic
paralysis. One of the male offsprings of the elder of the
two was also affected as were two of the daughters of the
younger sister. In Family 2 three of the six children of an
affected mother, two females and one male, developed thyro-
otoxicosis and periodic paralysis. It will also be seen that all
thyrotoxic members of both families had periodic paralysis and
that periodic paralysis was not encountered in the euthyroid
members. As previously reported the attacks of paralysis ceased
and could no longer be induced on control of the thyrotoxicosis.

COMMENT

It would appear that the liability to develop periodic paralysis
is a trait which is transmitted from one generation to the next
and which is unmasked only on the development of thyrotoxic-
osis. Since the trait alone cannot be detected it is not possible
to determine the precise mode of inheritance.

A. J. S. MCFADZEAN, O.B.E., M.D., F.R.C.P.
ROSE YEUNG, M.D., F.R.C.P.Ed.
University Department of Medicine, Queen Mary Hospital, Hong Kong.

REFERENCE