Medical Memoranda

Premenarchal Pregnancy

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"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 though her secondary 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 enlargement 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 intercrural 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 inhibited 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 10 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.).

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Familial Occurrence of Thyrotoxic Periodic Paralysis

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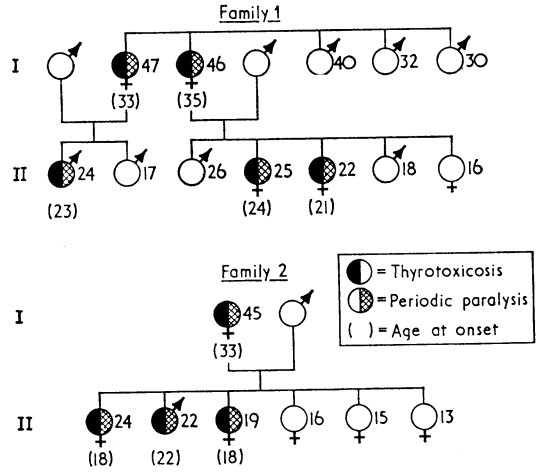
We reported the incidence of periodic paralysis in thyrotoxic Chinese males and females to be 13 and 0.17% respectively (McFadzean and Yeung, 1967). Since a similar high incidence had been reported among other mongoloid peoples we thought that the basic defect might be genetically determined. The purpose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



Pedigrees of two families in which thyrotoxicosis associated with periodic paralysis occurred.

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 two 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 thyrotoxicosis 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 thyrotoxicosis. Since the trait alone cannot be detected it is not possible to determine the precise mode of inheritance.

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Reference

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