Four, or perhaps three, of these 18 patients developed their symptoms within a few weeks of starting on oral contraceptives. Two of these four patients had a previous arterial occlusive episode, in one of these five weeks post-partum. On the basis of these figures, involving such a small number of cases, we are unable to draw any conclusions about the possible causal relationship between oral contraceptives and cerebral arterial occlusion, and consider that this can only be demonstrated in patients by a prospective long-term study.

We would like to thank Dr. James Bull, of the Lysholm Department of Radiology, for permission to use the records and films of the department; Dr. R. W. Ross Russell for helpful criticism; and the physicians and surgeons of the National Hospital, Queen Square, for permission to publish this report.

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Medical Memoranda

Pregnancy in a 31 in. (77.5 cm.) Dwarf

Brit. med. J., 1965, 2, 1166

This report concerns pregnancy in a woman who was only 31 in. (77.5 cm.) tall.

A primigravida aged 34 was seen in November 1963 when she was 14 weeks pregnant. She was 2 ft. 7 in. (77.5 cm.) tall, with gross distortion of her lower limbs, pelvis, and spine with marked kyphoscoliosis, but her upper limbs were only slightly bowed (Fig. 1).

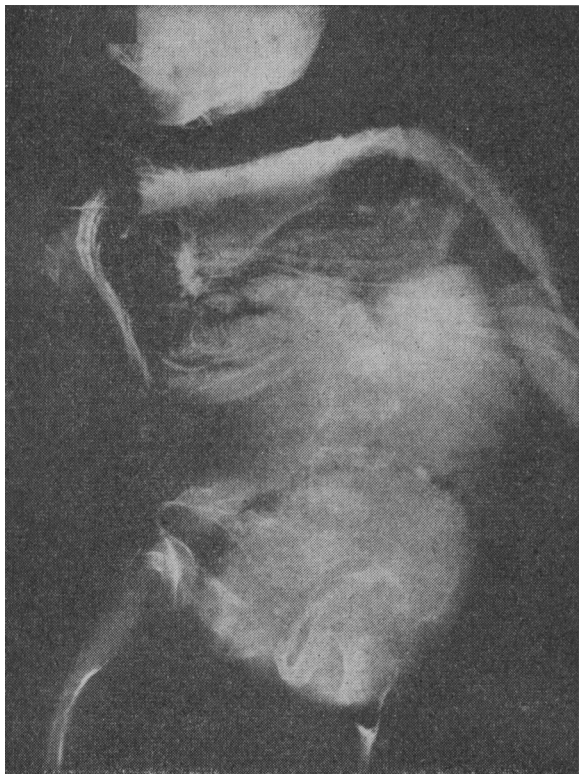

FIG. 1.—Radiograph of patient.

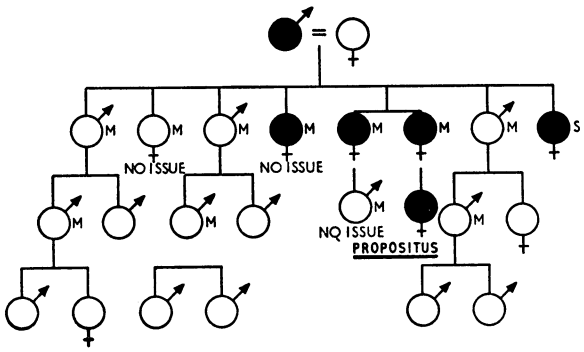

FIG. 2.—Patient's family tree. M=married, S=single.

She had never walked, but moved around either in a wheelchair or on a small stool fitted with rockers which she "worked" along. She was of normal intelligence and with no apparent inferiority complex. She had been married for 15 months and her husband was of normal physique and 5 ft. 7½ in. (169 cm.) in height.

The cause of the dwarfism was osteogenesis imperfecta. The first affected member of her family had been her maternal grandfather, and the disorder had shown itself in Mendelian dominant fashion in four of his eight children, including the patient's mother and the latter's twin sister (Fig. 2). But the patient herself was the only affected grandchild or great-grandchild. None of the affected members of the family exhibited blue sclerotics or otosclerosis.

The patient's pelvic cavity was so very small that the upper border of the 15-weeks-pregnant uterus was well above the umbilicus (Fig. 3). There was little room for it to extend further upwards,

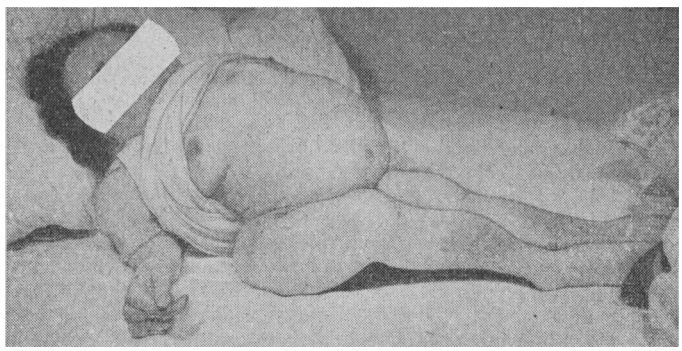

FIG. 3.—Photograph of patient, demonstrating upper border of uterus well above umbilicus at 15 weeks.

for the distance from xiphisternum to symphysis pubis was only 8 in. (20 cm.).

Her weight was 2 st. 12¾ lb. (18.5 kg.); blood-pressure, 120/90 mm. Hg; E.C.G., normal but low voltage; vital capacity, 500 ml.; blood urea, 22 mg./100 ml.; haemoglobin, 80%; serum calcium, 9.3 mg./100 ml.; serum inorganic phosphate, 3.4 mg./100 ml.

As will be seen from these facts the outstanding physiological feature of this case was the grossly restricted vital capacity of 500 ml. Because of this and because there is a considerable maternal mortality, usually from pulmonary hypertension and cardiac failure, associated with pregnancy in kyphoscoliotic patients of greater height than this woman (Berge, 1962; Jones, 1964; Schüssling, 1964), the pregnancy was terminated at the sixteenth week. Anterior hysterotomy and sterilization were carried out under general anaesthesia (by Dr. R. G. Snow), which was well tolerated.

The post-operative course was smooth and the patient soon returned to being a wife to her husband and a book-keeper to her father. The foetus removed at hysterotomy showed an extensive spina bifida and rachischisis.

The photograph (Fig. 3) was taken by Dr. D. A. P. Cooke, F.R.P.S.

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