

a patient aged 12 on whom he operated for increasing obstruction with vomiting, and in whom the duodenum was two-thirds closed.

In Case 2 the obstruction was of the extrinsic variety and showed the main characteristic features—i.e., bile-stained vomiting coming on soon after birth, loss of weight, and dehydration. At operation the colon was on the left side of the abdomen with the caecum in the region of the spleen, while the small gut was on the right side. The main interest, however, lies in the fact that the child survived the operation of gastro-jejunostomy. Forshall tabulates in her paper the previously recorded survivals after an anastomosis and reports two further cases, making in all a total of 32. Case 2 adds another to the small list.

Summary

Two cases of duodenal obstruction in the newborn are described, one of which survived gastro-jejunostomy.

The syndrome of congenital occlusion of the duodenum is clear-cut, and though rare it should be recognized when it occurs and should be diagnosed early. This is important, as the condition is amenable to surgical intervention, and, contrary to general belief, the very young infant stands up extremely well to the required major surgery.

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URETERIC CALCULUS CAUSING ANURIA

BY

NESTOR J. S. NATHAN, M.R.C.S., D.P.H., D.R.C.O.G.

AND

CYRIL JOSEPHS, M.B., B.S., D.C.H.

(From the Staincliffe General Hospital, Dewsbury)

Anuria due to mechanical obstruction is an uncommon phenomenon. In the following case the patient had absolute anuria, which was found to be due to a calculus blocking the ureter just below the pelvis of a solitary kidney. He made a complete recovery after removal of the calculus.

Case Report

The patient, a man aged 63, had been gassed during the 1914-18 war and subsequently had had bronchitis. In 1936 a perforated duodenal ulcer had been oversewn. He was fit until 1946, when frequency and difficulty of micturition began. In June, 1946, a transurethral prostatectomy was performed. He remained unwell and lost a considerable amount of weight. He was admitted to hospital on Dec. 9, 1946, his general condition being very poor. The urine contained pus and grew a culture of *B. coli*. An intravenous pyelography showed a non-functioning right kidney. A course of sulphathiazole combined with penicillin had no effect.

On Dec. 20 the right kidney was explored by Mr. E. R. Flint. There was a large pyelonephrosis, but no obvious cause could be found. The right kidney was removed. After operation the patient made an excellent recovery, the urine cleared up, and he gained weight rapidly.

On Aug. 19, 1947, he was readmitted complaining of pain in his left loin and anuria. On catheterization only 1 oz. (28 ml.) of urine was obtained. The urine was normal. The blood urea was 279 mg. per 100 ml. of blood. Anuria persisted for seven days in spite of intravenous 4.285% sodium sulphate solution, fluids, hot packs to the loin, light baths, pilocarpine, and cupping. Cystoscopy was carried out and intravenous indigo carmine given. There was no secretion from the left kidney.

A second operation was performed by Mr. E. R. Flint on Aug. 26. The left kidney was explored and freed from its bed. A stone was palpable in the ureter 3 in. (7.5 cm.) below the

renal pelvis. An incision was made in the ureter. There was a profuse discharge of pus, and a stone the size of a plum-stone impacted in the left ureter was removed. The ureter was drained and a superficial drain was also inserted into the wound. Eighteen hours after his return from the theatre 6 oz. (170 ml.) of urine was passed normally. Urine drained freely from the ureteric drain, but each day the amount of urine passed normally increased. The ureteric drain was removed on the fifth day; the wound healed, and no residual sinus occurred. The patient was discharged on Sept. 29, 1947, perfectly fit and passing urine normally.

We are indebted to Mr. E. R. Flint for permission to publish this report.

Medical Memoranda

Unusual Case of Twins

The following case is unusual enough to merit publication.

CASE HISTORY

A married woman aged 23 was referred to us on May 22, 1947, as a possible case of twins. She had had a normal delivery of a living healthy child on April 7, 1946. Her previous medical history revealed nothing of note. On examination a severe degree of anaemia was present. The abdomen measured 38 in. (96 cm.). Palpation of the abdomen suggested the presence of twins. X-ray examination next day confirmed the diagnosis and showed that both foetuses were presenting by the breech.

The patient later stated that after the x-ray examination she went home and spent most of the afternoon scrubbing her kitchen floor. She was sick and vomited once during the night. Next day she was uncomfortable all day, complaining of a dragging pain on the right side of the abdomen. She retired to bed at 8 p.m. and slept until about 5.30 a.m., when she was awakened by the onset of labour. The pains were frequent and strong. The midwife did not arrive until about 7 a.m., by which time the first child had been born (at 6.15 a.m.) by the vertex. A neighbour who was present at the time is quite certain about this. The midwife separated the infant and, because of a mass in the vagina, sent for us. By the time we arrived, about 8 a.m., a placenta had been expelled, but the cord led into the uterus. The cord of the already born infant also led into the uterus.

Vaginal examination revealed the second foetus presenting by the vertex in the L.O.P. position. Manual rotation was easily carried out, and two more pains sufficed to expel the infant—dead. The placenta of the living twin was easily expressed some 15 minutes later. At no stage during labour or after did any undue haemorrhage occur, which was fortunate considering the degree of anaemia present.

Both placentae appeared healthy. The opening in the first bag of membranes delivered (that of the second child) was close to the edge: that of the second nearly central. The first child weighed 5½ lb. (2.5 kg.), the second 6½ lb. (3.1 kg.). Both were males. The mother made an uninterrupted recovery.

COMMENT

The outstanding points in this case seem to be: (1) Spontaneous version so near to the onset of labour—less than 43 hours. The events of the day before delivery suggest that version occurred on that day. (2) The unusual sequence of events during labour: foetus A, placenta B, foetus B, placenta A. Such an occurrence must be very rare. We can find no similar case in modern textbooks. Meigs (1856) mentions a case in these words: "I saw a twin labour in which the first child pushed the placenta of its brother before it into the world." He gives no further details and we are left in doubt whether this case was exactly similar to ours. Smellie (Case 411) describes a case in which the membranes of the second child came down in advance of the head and membranes of the first child (McClintock, 1876). Commenting on this, McClintock states that he never met with such an anomaly, and adds: "Were it not recorded by such a careful and accurate observer as William Smellie, I would feel inclined to doubt its actual occurrence."

J. H. YOUNG, M.B., Ch.B., D.R.C.O.G.
F. E. CULL, M.B., Ch.B.

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