carcinoma of the cervix, vagina or bladder. The section from the bladder side (Fig 2), however, showed squamous metaplasia of the bladder and conversion to squamous cell carcinoma. Other sections showed no evidence of schistosomiasis. Squamous metaplasia of the bladder is so common that it cannot be considered as premalignant and no explanation of this malignant change in a simple obstetric vesicovaginal fistula can be offered. So far as is known, there is no history of insertion of native 'medicine'.

Acknowledgment: I am grateful to Dr O A Ojo for sharing the care of this patient.

Mixed Mesodermal Tumour of the Uterus Occurring after Radiotherapy

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Miss N K, aged 67

History: Presented in July 1965 with postmenopausal bleeding; curettage was negative. In February 1966 bilateral ovarian serous cystadenocarcinomata were removed. There were multiple secondary deposits in the peritoneal cavity and the uterus was not removed. Post-operative radiotherapy gave a total dose of 4,000 r to the pelvis and abdomen and chlorambucil 5 mg daily was begun. Her condition remained satisfactory until August 1967 when there was further vaginal bleeding. Curettings showed carcinomatous and sarcomatous elements. Hysterectomy was carried out; at operation there was no evidence of malignant disease in the peritoneal cavity. The uterine tumour was confirmed as a mixed mesodermal tumour. In November 1967 she developed an iliofemoral vein thrombosis, and died in December. Permission for post-mortem was refused.

Comment

There is a definite relationship between previous irradiation and mixed mesodermal tumours (Speert & Peightal 1949, Woodruff & Williams 1962). The time interval between irradiation and tumour development is two to sixteen years. There is no previous report of a second primary tumour developing while a patient was taking chlorambucil.

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REFERENCES
Speert H & Peightal T C (1949) *Amer. J. Obstet. Gynec.* **57**, 261
Woodruff J D & Williams T J (1962) *Obstet. Gynec. Surv.* **17**, 1

Endotoxic Shock Occurring in the Puerperium

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A young primigravida had a normal pregnancy and delivery. On the 5th day of the puerperium she developed pyrexia and had several loose watery motions. Seven hours later her temperature was 105° F (40·5° C) and the systolic blood pressure 80 mmHg. Subsequently her blood pressure became unrecordable. A diagnosis of endotoxic shock was made. Treatment was with intravenous hydrocortisone (300 mg initially), intravenous ampicillin and intravenous fluids (1,300 ml dextrose in water over twelve hours). Severe oliguria developed but tubular function remained unimpaired. Slow recovery took place but it was thirty-six hours before the blood pressure returned to normal. Blood and stool cultures were negative.

Comment

In endotoxic shock there is vasoconstriction and pooling of blood in the kidneys, lungs and bowel thus reducing the circulating blood volume. Treatment is aimed at improving tissue perfusion and combating infection. Hydrocortisone in large doses (50 mg/kg body weight) improves regional blood flow. Large volumes of plasma and dextran should be given intravenously and monitored by the central venous pressure. Antibiotics effective against Gram-negative organisms should also be given intravenously and in large doses. Treatment of this case was considered inadequate.

Iniencephaly Causing Obstructed Labour

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Iniencephaly is the rarest form of exencephalic malformation in which rachischisis is exhibited – only 75 cases so far have been reported in the literature. The criteria for this defect, originally described by Saint-Hilaire in 1836, are: fœtal retroflexion, deficiency of the occiput and variable rachischisis. The deformity was first classified by Lewis (1897) into two main groups: iniencephalus apertus – in which encephalocele is present and iniencephalus clausus in which it is not. From the pathological standpoint, iniencephaly does resemble a severe form of the Klippel-Fiel syndrome (congenital brevicollis), the post-mortem findings in both of these conditions being similar.

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