CASE FROM HOSPITAL PRACTICE.

BY SURGEON, W. OWEN M. D., B. A.,
2nd Medical Officer, Port Blair.

Injury to head: concussion of brain: apparent recovery: sudden death: P. M. revealed fracture of skull.

Convict Petty Officer Amira Jaibla, No. 16452, of the Pahargaon station, aged 40, was admitted into Haddo Hospital on the 5th of May 1881. The day previous to his admission he had been struck by another convict, with a large and heavy stick having at its end an iron ferrule, over the occipital region.

On admission he had an ugly wound, 3 inches in length, reaching to the bone. The edges were somewhat bruised, and it gave one the idea of having been inflicted with a blunt instrument. The tissues below the wound were separated for about one inch from the skull.

No fracture could be detected. He had well marked symptoms of concussion of the brain, was drowsy and stupid, and would only answer questions on being pressed and spoken to in a loud tone of voice, and then only in monosyllables. The pupils were dilated. He was kept on low diet and given a little rum and water as his pulse was weak. The bowels were cleared out and the above symptoms gradually passed away.

May 13th.—Is better. Complains of great pain in the wound, which was sloughy but now is red and granulating. He denies ever having had syphilis; but he has enlarged glands in both groins. Has a large spleen. Complains of pain in the neck. Gets grs. iv. of opium with mutton and other extras but no alcohol.

May 19th.—Went on well till the 17th, the pain being much less, but on that date got fever, and again on the 18th. Much discharge is coming from the wound. Given quinine grs. v. daily. Opium reduced to grs. ii.

May 22nd.—This morning the temperature is normal. Says he is better. The only symptom is pain in the head at the seat of injury.

Same treatment.

At 3 P. M. on this day Mr. Hospl. Assist. Thomas saw him. His temperature was natural, but he complained of pain, and there was a fœtid smell from the wound. About 4-30 P. M. he got fever and lay down. At 5 P. M., when the attendants came to give him milk, he would not answer, and was found to be unconscious, and when Mr. Thomas arrived he was pulseless and very hot, this last continuing for one hour after death. The Post-mortem revealed a fracture which commenced one inch above the posterior inferior angle of the left parietal and extended downwards behind the ear to the foramen magnum.

The bone in the line of fracture was rather softened. On opening the skull great vascularity of the dura mater was noticed, and at the left side posteriorly exit was given to a large amount of pus. Between the skull and dura mater corresponding to the posterior lobe of the left hemisphere there was a large mass of yellowish black matter.

There was disorganisation of the dura mater with a certain amount of disorganisation of the brain substance immediately adjacent. The surrounding brain substance was also softened.

The fracture did not correspond to the wound but was to the left of it. The surface of the brain was red and the vessels congested, more markedly over the right hemisphere.

In this case the absence of symptoms was remarkable, pain being the only one, and such a case might lead the unwary to form a wrong prognosis. It would seem to bear out what Mr. Bryant says, "a compound fracture with or without depression, uncomplicated with brain disturbance or injury, is a cause of far less anxiety than a simple fracture in which severe brain concussion has taken place and is indicated by symptoms."

Haddo, Port Blair, March 20th, 1882.

A CASE OF SPURIOUS HERMAPHRODITISM.

BY SURGEON-MAJOR B. EVERS, M. D., C. M.,
Civil Surgeon Warda, C. P.

In his obstetric memoirs Sir James Simpson relates that in three instances he was consulted regarding children who had been baptised as girls, but who were really hypospadic males; and he refers also to a case, "where a child taken into a convent in Malta as a female, turned out at puberty to be an amorous hypospadic male; and subsequently became a sailor instead of a nun."

As cases of supposed Hermaphroditism are so seldom seen, I hope the following record will interest my readers. On the morning of the 13th March, an infant said to be six months old, was brought to me for examination. The mother informed me that the child had never passed a stool since its birth and that there was something wrong about its genitals; in short, she could not tell whether the infant was a male or female. The child's abdomen was very much swollen, and its limbs by contrast looked very thin indeed. I examined the cleft of the nates, and found that the anus was absent; there was no depression, or discoloration, or tubercle, &c., to indicate where the natural aperture ought to have been. A little above the sacro-coccygeal articulation, however, I noticed a circular depression about the size of an eight anna piece; and the skin in this situation was darker in colour than that of the general surface, and there were also wrinkles radiating from the centre. Evidently this dark spot had by some arrest in development become misplaced, *i. e.*, in my opinion, it ought to have been in the cleft of the nates to mark the position of the anus. But absence of the anus was not the only deformity the poor creature laboured under, the scrotum was cleft in the middle line, each half forming a labium as in the female; and in the lower part of each I could feel the testicle; the labia presented the wrinkled appearance peculiar to the ordinary scrotum. Just below what might be called the anterior commissure of these false labia, there protruded the penis, quite an inch in length, and with a properly formed glans (uncovered): the urethral opening however being situated at the under surface of the glans, but not far from the tip of the organ. Below the penis, at an interval of about half an inch, I found an opening resembling a vagina, with a small membranous fold like the hymen, stretched across its lower part; the orifice was large enough to admit an ordinary cedarwood lead-pencil. This opening, however, was simply a cloacal formation communication with the rectum. Pressing with the left forefinger in the cleft of the nates (the child struggling and crying of course) I felt at one spot an indistinct kind of *impulse*, and here I plunged my bistoury, a hissing noise caused by the escape of gas showed me that I had penetrated the bowel; a blunt-pointed knife was then introduced and an incision about an inch and a quarter long was made. The child now began to force down, and then through this artificial opening came roll after roll of formed yellow fæculent matter, while at the same time through the cloaca thinner rolls were being expelled with difficulty. This discharge of fæces continued all day, and next morning the child's abdomen looked very flat indeed. The artificial anus was kept open (the mother was taught how to do it) by the frequent introduction of the forefinger well oiled. On the first afternoon the little patient was feverish, and some diaphoretic mixture had to be given: no other ill effects followed. By the 18th March the child had improved so much in general appearance, and in health, that the mother asked permission to return to her village. I went into camp after this date, but the Hospisal Assistant informs me that the woman returned in a week's time to show him the child, and it still continues to improve. The mother's statement that the child had never passed a stool for six months, did certainly surprise me, but we have seen that there was an *outlet*, though a very small one, through which the fæces must have been expelled; and we can understand under these circumstances how it is that the child has lived to the age of six months. West observes regarding absence of the anus, and imperforate anus, that "the affection in any form is so rare as to render a correct estimate of the comparative frequency of its varieties by no means easy. Dr. Collins observed only one instance of it out of 16,654 children, born in the Dublin Lying-in Hospital; and

Dr. Zohrer of Vienna mentions that he met with it only twice out of 50,000 new born children."

Wardha, April 3rd, 1882.

RETENTION OF URINE—EXTRAVASATION—OPERATION—RECOVERY.

By J. R. MASSEY,

In Medical charge Marine Survey Party No. 2.

On the 25th January 1882 a native, named Goolab Khan, about 28 years of age, a peon by occupation, was brought to me at Hukitola (in a basket slung across a pole) from the Lighthouse, suffering from retention of urine.

On examination the patient stated that he had not voided urine for the last three days, but that it dribbled away in very small quantities, for which he had been to the Native Doctor of the Lighthouse, but gained no relief; further states that a metallic catheter was tried, but could not be passed into the bladder, the act of partial catheterism causing him great pain at the time and resulting in some bleeding. When he could not get relief he was sent to me.

I found him pale, emaciated, in low health; countenance indicating that he was suffering much; pulse small, but quick; hypogastrium dull and distended, and a perinæal tumour the size of a pigeon's egg.

His previous history is as follows :—

He had been married about six months, but a month ago had sexual intercourse with a woman of ill-fame, resulting in gonorrhœa, which was neglected and allowed to run on, till the above alarming symptoms set in three days ago, which necessitated his applying for medical aid to the Hospital Assistant of the Lighthouse.

The patient was laid on the floor, over which a rough tent wrapper had been spread, and a No. 10 German silver catheter passed with some difficulty down about four to five inches of the urethra canal, meeting with two strictures, which gave way, not being very old, or firm, apparently recent depositions of plastic matter. Before the instrument could be passed into the bladder, as I was proceeding very cautiously with the catheter, about three-fourths of a pint of thickish milky urine escaped through the instrument; it was now passed on into the bladder, but only about half a pint more of similar fluid escaped, the last quarter of it being tinged with blood. The urine on further examination was found to contain abundant shreds of lymph. The perinæal intumescence was now examined, and I arrived at the conclusion that it was an abscess, deceived to a great extent by the duration of the case and the condition of the patient. Putting the patient in a modified lithotomy position, I made an oblique incision about an inch long with a Syme's lancet. I had barely time to finish the incision, when about a little more than a pint of blood-stained urine welled out; it was now observed that there was a great deal of urine extravasated in the surrounding structures, and a couple of scarificating incisions more were made. The sac which I opened was found to communicate with the cavity of the bladder, as tested by the passage of a catheter *per urethram* into the bladder and the left index finger into the wound; the tissues on digital examination were found to be soft and œdematous to the feel. The perinæal wound was now dressed with carbolic oil, a piece of India rubber through it was left tied, and hot fomentations were ordered to relieve the œdema and pain.

The patient felt greatly relieved, and very patiently bore the operation which was conducted without chloroform. An opium suppository was ordered, and a mixture of

℞.			
	Tinct. Hyoscyami	...	♏xx.
	Spt. Ammon. Aromat.	...	„ xv.
	„ Ætheri Nitrosi	...	„ xv.
	Infus. Buchu	...	ad. ℥i mft. mist.

to be given three times a day.

A catheter had to be left in for three to four hours every day on account of the stricture.

Acute cystitis set in after three days of the operation, the mixture, suppository nightly, and fomentation were continued, the bladder being washed out with a weak lotion of Condy's Fluid for a few days. The cystitis soon subsided, and the patient progressed favorably, the perinæal wound closing by the 11th February, (18 days after the operation) when all the urine without difficulty was voided through the urethra; but the catheter was still passed daily, and left in for shorter intervals as the case progressed.

The patient was now on a very fair road to convalescence, and much improved in appearance and strength.

I regret to say that I cannot give further particulars of the case, as I had to leave the station owing to the Marine Survey Party leaving for the Santipilly Reef, but with instructions left the case in charge of Hospital Assistant Chakra Dhar Das, the native medical subordinate of Hukitola, who I am thankful to say helped me greatly throughout the case, and under whose kind and persevering care I am sure the case must have resulted in an early discharge.

The case presents many peculiarities, the chief being,—

(*a.*) The stricture, sharply following an attack of gonorrhœa, which was neglected, the bands of recent lymph clogging up a great portion of the urethral canal, these soon disappeared under the use of the catheter, and strange to say, that not more than a drop or two of discharge from the urethra was observed as the case progressed.

(*b.*) The communication of the perinæal sac with the cavity of the bladder; the vesical wall here was before operation very probably ruptured from over-distension and softening.

Though the notes are incomplete, still I earnestly trust that the case will prove of some interest, especially to junior members of the profession as myself, who often are placed in predicaments where they have to act for themselves *practically.*

Notices to Correspondents.

Communications have been received from *Surgeon* G. F. POYNDER, A. M. D.; *Surgeon-Major* B. EVERS, M. D., C. B., *Civil Surgeon, Warda, C. P.*; *Assistant-Surgeon* MAHENDRA NATH OHDEDAR, *Srinagar*; S. O. BISHOP, ESQ., M. R. C. S. E.; *Messrs.* GEO. BAIRD & Co., *Lahore*; *Surgeon* H. W. HILL, M.B., *Civil Surgeon, Maunbhoom*; *Assistant Apothecary* J. R. MASSEY, *Marine Survey*; T. F. PEDLEY, ESQ., *Rangoon*; *Surgeon* HUME, M. B., *Civil Surgeon, Amraoti*; *Surgeon-Major* J. MACARTNEY, M. D., A. M. D.; *Surgeon* W. OWEN, M. D., B. A., *Second Medical Officer, Port-Blair*; *Surgeon* J. C. LUCAS, *Bombay Medical Service*; *Surgeon* ED. LAWRIE, M. B., *Professor of Surgery, Lahore*; *Surgeon* SHIRLEY DEAKIN, F. R. C. S., *Junior Civil Surgeon, Allahabad*; HEALTH OFFICERS, *Calcutta, Madras and Bombay.*

Acknowledgments.

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