

CASE FROM HOSPITAL PRACTICE.

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*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. Hosp. Assist. Thomas saw him. His temperature was natural, but he complained of pain, and there was a foetid 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.,
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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 hypospadiac 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 hypospadiac 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 a roll after roll of formed yellow faeculent matter, while at the same time through the cloaca thinner rolls were being expelled with difficulty. This discharge of faeces 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 Hospital 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 faeces must have been expelled; and we can under these circumstances understand 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