

hips. Very prominent Pomum Adami. No hair on upper lip. The condition of the external genitals is the same as in above case. States that menstruation commenced at 13 years of age and has appeared 5 times. Is not married.

Family history:—Father and mother alive, no brothers, one sister alive, no history of mal-development in the parents or other members of the family.

The organs present in both cases are testicles, but the external genitals correspond to the conditions present in the opposite sex. They have been brought up as females and the elder has married. Neither of them was menstruating at the time of examination. Both have since been released on bail and there will probably not be another chance of corroborating their statements regarding menstruation.

A CASE OF DOUBLE MALARIAL INFECTION, COMPLICATED WITH TYPHOID FEVER IN A PATIENT SIX MONTHS' PREGNANT.

By A. BAYLEY DE CASTRO,

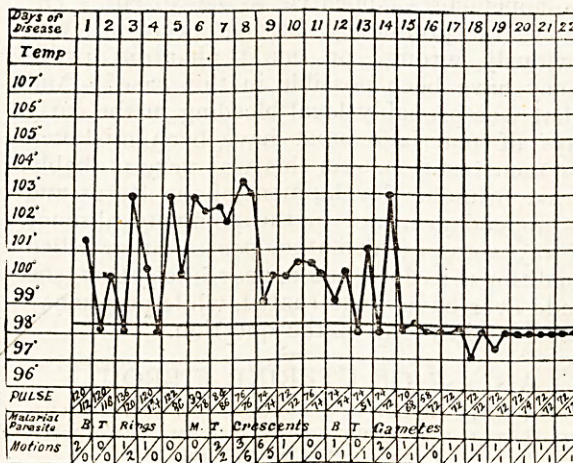
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THE wife of one of my hospital compounders was suddenly taken ill on the afternoon of the 29th March, 1923, with vomiting, rigors, and pyrexia. There was at this time a heavy roll of cases of relapses of malaria in the district, due to the very trying climatic conditions. Blood smears from the patient's peripheral blood shewed young benign tertian rings and gametocytes in each field, whilst scattered about in some fields malignant tertian crescents could be seen.

The question of treatment in this case was rather a vexed one, when the patient's pregnant condition was considered, but, taking as my guide the example given by Knowles in his work at the Pasteur Institute at Shillong, I did not hesitate to administer quinine intravenously until I had the malaria well under control. The patient was given one 7 grain intravenous injection of quinine bihydrochloride, followed by three injections each of 10 grains. The first injection was given in concentrated form, but the other three in 5 c.c. of normal saline. After this the patient was put on to quinine tannate 5 gr. with aspirin, 5 gr. t.d.s., and the well known mist. chlorinæ, with 5 gr. instead of 2 gr. doses of quinine to the ounce.

Remittent fever, however, continued and on the sixth day of disease,—as shewn in the temperature chart,—the fever became continuous whilst the pulse rate dropped from 122 to 90. A typhoidal condition now developed with a typhoid-like facies, a slow pulse rate relative to the fever, and diarrhœa. There was also a persistent frontal headache.

On the ninth day of disease a very acute tenderness of the liver developed. This organ in fact became so acutely tender that the lightest of palpation over it caused extreme pain. This condition is exceptional in a case of pure typhoid, but is not uncommon in the typho-malarial type of enteric fever. Owing to great pressure of work at the time, the Widal reaction was not taken, but Marris' atropine test was performed on the day of the second quinine injection and gave positive results.



The sudden rise of temperature on the fourth day to 103°F. was of a regrettable nature, as it was due to the development of an abscess, the result of a slight leakage into the cellular tissues whilst giving an injection. After this date the patient made an uninterrupted recovery. To-day she is perfectly fit, whilst the pregnancy was normal and the child is now 16 months old.

A CASE OF RUDIMENTARY UTERUS IN AN ADULT FEMALE.

By Asst. Surgeon D. F. MICHAEL, I.M.D.,

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A BRAHMAN woman (married), aged 20, was admitted to the Pusa Hospital for the treatment of amenorrhœa of long standing. She gave a history of having menstruated for the first and last time about two years previously, and that she had become pregnant subsequent to this menstrual period, but that after a few weeks the signs of pregnancy had disappeared through the agency of devils! Examination of the patient revealed the following points of interest:—

The general appearance and physical development was that of a normal woman in good health. Mental condition quite good. The breasts were apparently well developed but appeared to consist more of fat than of glandular tissue. No abnormality could be detected in the abdomen, there was no pain, tenderness