

## A PSEUDOHERMAPHRODITE

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CASES of this character are encountered from time to time, but are by no means common. As we had an excellent opportunity of studying this one carefully and as we were particularly fortunate in having most faithful illustrations by Mr. Brödel, I have thought it wise to place the salient features on record.

On May 7, 1902, I was summoned by Dr. E. R. Trippe of Easton to see a case of strangulated hernia, which he said needed immediate attention. The patient (N. C.) had had a hernia for several years and had been wearing a right-sided truss. The hernia had frequently come down for a short time but had always been reduced without much difficulty. This time it had been down for nearly a day and attempt to return it had proved futile. I advised immediate operation.

The following note was made: "The patient's general expression is half masculine. The face is well developed and shows a comparatively heavy beard. The upper lip resembles that of an adult male. In the median line the beard extends half way down the neck. The Adam's apple is not well developed or, at least, not at all prominent. In general appearance the hair over the head is that of a female; it is about eighteen inches long. The voice is masculine in type. The chest development is more masculine than feminine. There is a moderate amount of hair over the sternum; the mammary development is slight and there is a moderate amount of areolar pigment around the nipples and along their lower margins is a good quantity of hair.

The fingers are long and slightly more feminine than masculine in type. The thumbs, however, are distinctly masculine. The forearm and arm are fairly well covered with hair. The umbilical fossa is deep. The pubic hair is well developed and in the median line and also laterally extends upward to a point 2 cm. above the umbilicus. The legs and thighs are well covered with hair and are masculine in appearance. (Fig. 4.) The labium majus on the left side is well developed. On the right side it is also well formed in the lower portion but at the upper part is stretched out over a tumor that extends down from the inguinal region. No clitoris is to be recognized but in its place appears an organ suggesting a penis two inches in length and  $2\frac{1}{2}$  inches in circumference. (Fig. 1.) This can be traced to the lower border

of the symphysis where it is recognized as a small cord. The glans is  $1\frac{1}{2}$  inches in length,  $1\frac{1}{2}$  inches from side to side. It is well developed in the upper portion. The lower portion shows a distinct furrow  $\frac{3}{8}$  inch in depth and  $1\frac{1}{2}$  inches in length and ending  $\frac{1}{4}$  inch above the meatus in a ridge. (Fig. 2.) The mucosa lining the furrow appears more delicate than that covering the glans. The prepuce is well developed and can be drawn down to cover fully one-third of the glans. The urethra proper is situated just below and posterior to the ridge commencing at the proximal end of the groove in the penis. It is distinctly female in type, and  $2\frac{1}{4}$  inches in length.

The hymen is represented by a ragged ridge composed of numerous tags forming an elevation about 1 mm. in height around the vagina. The finger enters the vagina for a distance of  $1\frac{1}{2}$  inches. Laterally the mucosa is smooth, but posteriorly there is a considerable amount of scar tissue. The width of the vagina is 2 inches. Laterally it extends up to the pubic bones. No cervix can be made out and on bimanual examination no pelvic organs can be detected. The recto-vaginal septum is normal as far as it goes.

The mass in the right inguinal region extending downwards to the right labium majus is 7 inches long and on an average 3 inches in breadth. (Fig. 1.) It is elastic and everywhere resistant and can be pushed upward and downward over a wide area. The lower two-thirds are dull on percussion but no definite solid mass can be detected.

Operation at the Church Home and Infirmary, May 8, 1902. An incision was made over the tumor and by transmitted light the sac was seen to contain a good deal of fluid. This proved to be turbid, and of a yellowish color. Occupying the sac and projecting through the external ring was a knuckle of gut fully 4 cm. in diameter, also a testicle and a portion of the epididymis. (Fig. 3.) As we were rather doubtful about the condition of the gut at the point of constriction, an incision was made higher up in the abdomen. The inguinal canal was opened and, the internal ring having been severed, it was found that a loop of intestine fully 8 inches long had formed the hernia. As it was impossible to return the testicle, this together with the redundant sac was removed. The peritoneum was closed with catgut. Just over the femoral artery was a slight area of oozing