she would pass for a girl, except for her noticeable length and strength of limb, the presence of a downy growth of dark hair above the upper lip, and the striking fact that her voice is gruff and exactly like that of a man's.

Bodily conformation and description.—She is 64½ inches in height (in boots) and her weight is 130 pounds. The most noticeable points about her when stripped are the largeness of the bones, both of trunk and limbs, the prominence of bony points, the excessive muscular development (from a female point of view), and the relative absence of subcutaneous fat. She lacks entirely the roundness of limb and throat which is so characteristic of the female sex. The length of the right arm from the acromion process to the middle finger-tip is 29 inches, and from the axilla to the same point 27½ inches, the corresponding measurements for the left arm being identical. The pelvis is much more of the male than the female type, the muscular development and prominent bony points contributing to this effect. The circumferential measurement of the pelvis taken at a point half way between the anterior superior spine and the great trochanter is only 33½ inches, which is much less than one would expect in a female of her height. The apparent breadth of pelvis is increased by the fact that she possesses a "waist" as a result of the wearing of corsets and the consequent constriction of the body above the iliac crests. There is no approach to breasts of the female type even in the most rudimentary form. Nipples are present of the male kind but not raised above the level of the surrounding skin, and there is no sign of either glandular or adipose tissue in the mammary region. The legs from the thighs downwards are covered by a slight growth of fairly long dark hair. In addition to the rudimentary moustache before referred to, the features are hard and unrounded, and the ears are rather large. On the whole, the bodily conformation is that of a male rather than of a female.

Description of genital organs.—A scrotum is present, but is cleft in the middle. The left half contains a soft elastic body which in shape and feel resembles a testicle, and no doubt is one. Firm pressure on the organ in question elicits a feeling of discomfort and pain corresponding to the normal testicular sensation. The right half of the scrotum is much less developed than the left and is empty. Between the two halves of the scrotum and in a normal position is a rudimentary penis about an inch long. There is a well-formed glans and corona glandis, but the meatus urinarius is represented by a mesial depression placed below the normal site of this aperture, and it is quite occluded. There is a definite prepuce which on the dorsal aspect presents a free margin partially covering the glans, but which on the ventral aspect is incomplete, tapering away on each side into a narrow fold of skin which is gradually lost in the cleft of the scrotum so that the penis is hooded rather than surrounded by the prepuce. Extending downwards from the meatal depression in the middle line is a narrow ridge of tissue which corresponds in the upper part with the frænulum præputii and which tacks down the penis, so that in the normal position only its dorsal aspect appears in view. Between the two halves of the scrotum there is a deep cleft, in the posterior portion of which can be seen an oval aperture about half an inch long and which represents the vagina. The margins of this opening are bounded by an incomplete ring of tissue representing the hymen. Slightly in front of the vaginal opening is a space corresponding to the vestibule and containing the opening of the urethra. Posterior to it can be seen a well-marked fourchette and fossa navicularis.

Bearing in mind that the male external organs represent a further stage in development than the corresponding female ones, the condition described may partly be explained as due to arrested development. The failure of union on the part of the *genital folds* would account for the absence of the male urethra, and a similar non-development of the *genital ridge* would explain the incomplete and cleft scrotum. On the other hand, the existence of the rudimentary vagina and hymen is to be regarded as a partial development along female lines, these structures being normally developed by a fusion of the lower ends of the Müllerian ducts. The simulation of the female type of external genitalia is heightened by the existence of a vestibule and female urethra. Here again the development has proceeded on female lines, these structures being formed from the primitive sinus urino-genitalis. It is to be noted, too, that an arrested development of the genital folds, which normally form not only the penile urethra but

the erectile tissue surrounding it (corpus spongiosum), would explain the diminutive size of the penis and the imperfectly formed prepuce. It is probable, on the other hand, that such portions of the penis as are derived from the genital eminence are normally formed—at any rate, the appearance presented is consistent with this explanation. It was, unfortunately, impossible to examine the internal organs. The rudimentary condition of the vagina rendered the presence of a uterus unlikely; at the same time, the history of menstruation, if authentic, suggests the presence of an ovary. On the whole, the case approximates most closely to the variety described as internal male pseudo-hermaphroditism, although, as has been said, one cannot exclude the possible presence of an ovary.

References.—1. Quain's Anatomy (Embryology). 2. Heisler's Text-book of Embryology. 3. Coates' Manual of Pathology.

APPENDICITIS WITH THE CÆCUM ON THE LEFT SIDE.

BY GRAHAM W. CHRISTIE, M.B., CH.B. EDIN.,

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THE annotation in THE LANCET of Jan. 22nd on this subject has reminded me of a similar case which came under my observation about a year ago.

The patient, a married woman aged 22, was admitted to Stockport Infirmary with a view to having appendectomy performed, her medical attendant having diagnosed the case as one of chronic appendicitis. The history was that six weeks previous to admission she had suddenly been taken ill with an attack of acute pain on the right side of the abdomen, accompanied by vomiting. She had been confined to bed since, her appetite was still poor, with persistence of dyspeptic symptoms, and she had never been free from pain in the right side. Menstruation was normal and regular. On examination distinct tenderness in the right iliac region was elicited; per vaginam nothing abnormal was felt. I opened the abdomen by a median incision below the umbilicus. The cæcum was sought for in the usual position but could not be found. The descending and sigmoid colon occupied the right side of the abdomen and pelvis, while further exploration revealed the ascending colon on the left side, with the cæcum and a long inflamed appendix occupying the left iliac fossa. The spleen could be felt on the right side. The right ovary, which was much enlarged and cystic, was removed and appendectomy performed. The patient was kept in bed for 16 days and except for a little bronchitis made an uninterrupted recovery. Three months later patient expressed herself as well and free from pain.

The position of the heart was that of dextrocardia. It was therefore a case of general transposition of the abdominal and thoracic viscera with the appendix in the left iliac fossa.

A CASE OF ECTOPIC GESTATION AND APPENDICITIS.

BY F. M. NEILD, M.B., B.S. LOND.

IN a recent number of THE LANCET I saw a note on a case of ectopic gestation mistaken for appendicitis. The following case may be of interest, as the two were associated.

The patient, aged about 30, sent for me on April 1st, 1915. Two days previously she had had an attack of severe pain in the abdomen with vomiting. She at first felt cold and afterwards hot, but did not take her temperature, though she thought she had fever. The pain was now gone and she felt much better. For some months previously she had had frequent attacks of abdominal pain, which she referred to the right iliac fossa, but none so severe as this last one. She was convinced she had appendicitis, but had not told me before because she did not want an operation. Now, however, she had made up her mind to have one if I thought it necessary. Menstruation had been quite regular. She had had two children; the younger one was 2 years old. The pulse and temperature were normal. The abdomen moved well on respiration, but there was marked tenderness over McBurney's spot. There was little or no rigidity. I advised her to have the appendix removed.