Ovarian cyst in an infant newly born.

of the breast, but only of sarcomata, fibromata, myxomata of the breast, whose investigation only comprises one special branch of the investigation of sarcomata, fibromata, and myxomata in general.

We shall notice, in conclusion, two publications devoted to this subject, both of quite recent date.

The first is an inaugural thesis at Zürich, in 1871. The author, M. v. Wyss,* furnishes an interesting and very complete study of non-cancerous tumours of the breast; relying upon some personal observations, he sets forth the whole anatomical and clinical history. For the rest he adopts altogether the views previously announced by Billroth and Virchow.

M. Cadiat,† in a very elaborate memoir, looks at the subject from quite a different stand-point. Accepting the views of Velpeau, Lebert, and Robin, he sets himself to prove their truth by new arguments, into the *minutiæ* of which we cannot enter.

We shall content ourselves with producing the leading conclusions of the author; it will be seen to what extent they differ from our own. According to him, indeed, "Adenoma with multiple forms is the most common breast-tumour . . . it begets the cystic tumour, whence are derived the cysto-sarcoma, and even the tumour called sarcoma. . . . Almost every tumour of the breast is composed of a mixture of a glandular element with a fibro-plastic element. This glandular element, which always precedes the other in development, and which is always found with all its varieties in the very midst of the fibro-plastic tissue which surrounds and invades it, may be regarded as the fundamental element of mammary tumours; it may be said that it is that which is their characteristic. They are then essentially glandular."

We have set forth, in the foregoing pages, the reasons which hinder us from adopting that view.

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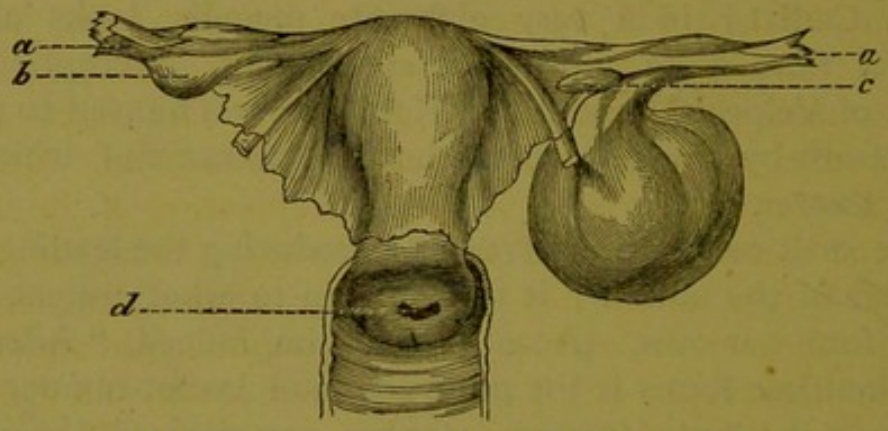
* Wyss, H. v., "Beitrag zur Kenntniss der Brustdrüsen Geschwülste." Diss. Zürich, 1871.

† Cadiat, 'Du développement des tumeurs cystiques du sein.' "Journ. de l'Anatomie et de la Physiologie." Par C. Robin. No. 2, 1874. Paris. P. 183.

OVARIAN CYST IN AN INFANT NEWLY BORN.

Dr Gallingworth [C.J.]

On the 24th January, 1874, I was called upon to make a post-mortem examination of the body of a newly-born female child, whose mother was a domestic servant, and was to be taken into custody on a charge of concealment of birth.



Ovarian Cyst in an Infant newly born.

a a. Fallopian tubes. *b*. Right ovary.
c. Left ovary, with cyst attached. (The cyst is turned downwards in the drawing to display the ovary.)
d. Os uteri.

The body was that of a well-nourished infant, at or near the full term. There were no marks of violence. The cord had been torn across at a distance of about an inch from its termination in the child's body, and at the line of junction with the body there was another rent partially detaching it. The lungs had not been fully inflated, but portions floated freely on water; and as delivery was accomplished without assistance, and the child received into a pot de chambre and left there without any tendance, it is probable that the cause of death was suffocation. The post-mortem examination, however, proved to be of considerable scientific, if not of very great forensic interest. On examining the interior

of the abdomen, I noticed a cyst in the left iliac region, which led me to remove the genital apparatus entire, and hand it over for minute investigation to my friend Dr. Julius Dreschfeld, assistant-physician to the Manchester Royal Infirmary, whose elaborate and careful report I have the privilege of appending :—

Report by Dr. Dreschfeld.—"The parts submitted to me for examination consisted of the sexual organs of a newly-born female child, and appeared healthy and normal, except the left ovary, which only measured 4 mm. in length, and appeared as an appendage to a cystic growth, of the size of a large cherry, springing from the internal border of that ovary. The length of the anterior surface of the uterus was 24 mm., its cavity measured 20 mm., and the fundus had a width of 12 mm. The length of the right Fallopian tube was 20 mm., and that of the left 21. The right ovary measured 14 mm., and had a width of 3 mm., while the left ovary was only 4 mm. long, From the junction of the upper with the inner border of the left ovary sprang the cystic growth before mentioned, measuring 48 mm. in circumference taken in a vertical plane, and 40 mm. in circumference in the horizontal plane. The cyst was unilocular, of a globular form, of smooth exterior, and semi-transparent. It was connected with the left ovary and broad ligament by a somewhat flattened base, measuring 6 mm., passing thence through a somewhat narrower neck into the general body of the cyst. It was covered in its entirety by peritoneum, and blood-vessels were seen passing along its walls.

"With the view of disturbing the parts as little as possible, a few drops of the contents were drawn off by a subcutaneous injection syringe and examined. The drops thus removed consisted of a thin, reddish, serum-like fluid, of slightly alkaline reaction, not coagulable spontaneously, but coagulating on the application of heat. The microscopical examination revealed the presence of a quantity of granular matter, free nuclei, lymphoid cells with granular contents and large nuclei, and a large number of cylinder-cells with a somewhat pointed base. Some of these cylindrical cells contained granular matter, in some places semi-transparent

and in others dark. They all contained a well-formed large nucleus, lying mostly near their broad free border. A thin section of the left ovary showed it to be of normal structure, containing in its stroma well-formed ovisacs (Pflüger's tubes). Between the upper border of the ovary and the Fallopian tube a number of small tubes with club-shaped extremities were seen, evidently the remains of the Wolffian bodies. Thus the contents of the cyst, as well as its situation, point to the conclusion that it is ovarian, and that it had for its centre of formation a Graafian follicle."