

CHEST AND ABDOMEN.

I. *Galactocele ex Retentione.* By DR. K. I. ALEXANDROFF, (Kazan, Russia.) A healthy and well nourished woman, æt, 28, married 5 years, normally delivered 3 times (the last time 15 months before), was admitted to Prof. N. I. Bogoliuboff's clinic on account of a tumor in her left breast, which had been first noticed, in the shape of a nut-sized nodule, about six months before her marriage, and had been steadily increasing (first slowly, of late rapidly) ever since, without interfering with lactation. She never had any disease, or sustained any injury. On examination there was found a hard, globular, painless, non-fluctuating tumor of the size of a goose egg, deeply embedded in the middle of the somewhat enlarged mamma, the skin being movable and healthy, the nipple normal. A sarcomatous growth was diagnosed, and the whole breast amputated without delay. On the 13th day the lady was discharged well with her wound closed. The dissection showed that the tumor consisted of two cysts communicating through a slitlike opening. One of them was as large as a goose egg and was filled up with a sticky slimy fluid substance having the color and consistency of sour cream, while the other cyst was not larger than a walnut and contained a cream-like fluid. The internal surface of the fibrous wall was quite smooth, of a yellowish color. Under the microscope the surface proved to be lined with epithelial cells undergoing fatty degeneration. The wall itself consisted of fibrous connective tissue traversed with mostly obliterated and scanty blood vessels and in its outer layers with occasional milk-ducts and islets of glandular tissue. The contents consisted of milk-globules and of numberless colostrum corpuscles of various sizes. The tumor removed proved then to be a typical specimen of a true galactocele of the bilocular variety. Since the contents of the cysts presented a different consistence, it was thought to be very likely that the large one containing a thicker mass was the older of the two. According to Dr. Alexandroff's theory, the course of events was probably this: in the patient there existed, on one hand, the secretion of milk for some time before her marriage, and on the other an obstruction of a milk duct; the milk

secreted, meeting an unsurmountable obstacle to its passage, accumulated behind it, gradually distending the acini and the adjoining part of the obstructed duct. The cyst, while steadily increasing continued to compress the milk-ducts in its neighborhood the more, until one of the latter became with time absolutely impassable, which circumstance then gave rise to the formation of the smaller cyst. The writer gives a carefully written review of the literature of galactoceles. He was able to find only two instances of the acute variety or the so-called *galactocoele ex infiltrationem*, one of which belongs to Velpeau and another to Scanzoni. Of the chronic form, or *galactocoele ex retentionem*, galactocoele proper, he adduces the cases of Scarpa, Forget, Bouchacourt, Velpeau (3 cases, one of them arising in a working man, æt. 75, in whom the galactocoele had attained the size of two male fists,) Astley Cooper, Dupuytren, Bassius and a Warsaw practitioner named Matlakowski. The last named case (published in the Polish *Gazeta Lekarska*, No. 11, 1886,) occurred in a peasant woman, aged 25, who a day or so after her first delivery experienced acute pain in her right breast, caused, as she thought, by her lying on this side. At the same time she could feel a nut-sized lump deep in the gland. The lump began gradually to increase and, in four years, about the time of her third labor, reached the size of a hen's egg, remaining quite painless up to that date. But about four months later, there suddenly appeared an excruciating pain, and induration and enlargement of the breast. On examination, Dr. Matlakowski found a hard, slightly uneven, fluctuating tumor of the size of a goose egg, painless on pressure. He extirpated it. The tumor proved to be a cyst weighing 40 grammes and containing "a very thick, semi-fluid, grayish white substance resembling an inspissated oil color." According to Dr. Wencki's analysis, the matter consisted of proteids, fats, salts and water. Under the microscope there were seen crystals of tristearine and tripalmitine acids, milk corpuscles, and some cocci and diplococci. Having considered symptoms, diagnosis and treatment of true galactocoele, Dr. Alexandroff winds up his interesting little monograph by the following propositions:

1. Galactocoele can arise not only in women, but also in men—in

those namely, in whom the development of mammary glands does not stop at a rudimentary stage but progress so as to allow a secretory action (as in the classical case of Prof. Hall, of Maryland, of a male negro, of 55, who had been an excellent wet nurse for many years.)

2. In women, galactocele can arise both during lactation and quite independently of it (in girls,) though the former case is met more frequently than the latter.

3. The contents of milk-cysts can undergo various metamorphoses. Their pure milky fluid can transform into butter, curds and lime concretions.

4. Galactocele is a benign tumor.

5. Hence, in uncomplicated cases, surgical treatment may be limited to extirpation of cysts alone, or to incision with subsequent cauterization of the internal surface of the sac by thermocautery or chemical substances (iodine, nitrate of silver, etc.)

6. To prevent any diagnostic errors, an exploratory puncture of the cyst must be invariably practised, since such signs of the development of a tumor during lactation, fluctuation, absence of inflammatory symptoms, etc., are but unreliable criteria for a differential diagnosis. —*Khirurgichesky Vestnik*, (St. Petersburg, Russia,) February, 1888.

VALERIUS IDEL ON (Berne.)

II. A Case of Pleuro-Pneumonia Followed by Gangrene of Lungs and Abscess; Resection of Rib; Drainage of Lung Abscess; Recovery. By Dr. BLUNT (Leicester).—This was a successful case, which, except for the active treatment adopted, would probably have had a very different result. The patient, a male, æt. 29, was admitted with all the signs of acute pleuro-pneumonia. Three days after admission the right side was aspirated, and eight ounces of clear serum extracted, but without much relief to the symptoms. About 14 days after this, the cough having increased in severity, he expectorated thirteen ounces of most offensive and purulent sputum. Then the temperature fell, and the patient began to improve, and was allowed for a short time to leave his bed. But in