(perhaps a solution incorporating procaine would have been more satisfactory), and we were surprised to find the patient persevering with its use for several weeks because she was certain that it reduced the amount and thickness of the discharge.

Swabs taken on May 15 while phenoxetol was being used showed Friedländer's bacilli still present but in reduced numbers. After it was discontinued swabs cultured on July 21 again gave a profuse growth of Friedländer's bacilli.

On September 9 the patient was seen by one of us (C. P. M.) at the Metropolitan Ear, Nose, and Throat Hospital. There short-wave diathermy was given daily for a week instead of twice weekly, but no improvement was observed.

On September 16 a course of intramuscular injections of streptomycin was started, 0.5 g. being given twice daily for 22 days as well as the short-wave diathermy. The patient complained of minor toxic symptoms but did not interrupt the treatment.

After a fortnight the nose began to clear, and by the end of the treatment complete relief of symptoms had been obtained. There remained only a very slight mucoid nasal discharge. The patient was free of headache for the first time in seven months. Nasal swabs were examined again on October 16, 26, and 31 and November 8, and no Friedländer's bacilli were isolated. The only organisms present were micrococci. (These, incidentally, were sensitive to streptomycin and so were probably picked up after the end of treatment.)

Comment

In this case it was well worth while to eradicate the particular infection concerned; and bacteriological tests were of help in indicating which antibacterial substances were likely to be effective. It would be optimistic to suppose that damaged sinuses which have been subject to recurring infection over a period of thirteen years will long remain clear; it is, however, reasonable to hope that subsequent infections may be with organisms less virulent and more easily dismissed.

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Torsion of Ovarian Cyst in a Newborn Infant

The occurrence of ovarian cysts and tumours in the newborn is not common, but has from time to time been recorded (Downes, 1921; Dodek, 1933; Bulfamonte, 1942). There are, however, fairly numerous references in the literature to such cysts in young children, and it is likely that some of these have been present since birth. Torsion of an ovarian cyst at or near the moment of birth is a rare accident in the newborn, and among the many suggested causes of torsion of these cysts the process of birth has not been mentioned. A case similar to the one here described was reported by v. Franque (1900).

Case Report

A healthy woman aged 19, who had had one previous full-time normal confinement and no abortions, was admitted to hospital in premature labour in the 35th week of her pregnancy. After an easy labour lasting 7½ hours she was spontaneously delivered of a female infant weighing 4 lb. 9 oz. (2,070 g.), the head being delivered in the occipito-posterior position. The baby was active at birth and appeared to be healthy. When it was about 6 hours old it

Torsion of ovarian cyst in newborn infant.

was noted to be cyanosed, but no other abnormal physical signs were found. It was nursed in an oxygen tent, but its condition deteriorated and it died 22 hours after birth.

Necropsy showed the presence of a considerable degree of pulmonary atelectasis, and examination of the pelvic viscera disclosed a left-sided ovarian cyst 4 cm. in diameter. No further abnormality was found in the body. The cyst had undergone torsion, there being five complete turns in the pedicle, which consisted of Fallopian tube and mesosalpinx (see illustration). The left ovary appeared to be completely replaced by the cyst, no ovarian tissue being visible to the naked eye; the fimbriated end and outer half of the tube had undergone torsion with the cyst.

The cyst was dark purple in colour, and when opened was found to contain thin bloody fluid, but no actual gangrene was present. Histological examination of the cyst wall showed this to consist of fibrous tissue with a cellular lining, but owing to the degree of necrosis it was not easy to classify these cells. A few primordial follicles were visible in the cyst wall. Diagnosis of the type of cyst evidently lay between a cystoma simplex and a follicular cyst, more probably the former.

Comment

The case described by v. Franque was almost exactly similar to this one; the cyst in his case was 4 cm. in diameter; the pedicle was twisted three times, and the infant died 18 hours after birth. He considered that it was a follicular cyst. From the degree of necrosis present in the cyst wall in our case and from the clinical condition of the baby it seems likely that torsion of the cyst must have occurred about the time of birth.

We are indebted to Mr. J. McCorquodale for the photograph.

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REFERENCES

- Bulfamonte, J. C. (1942). *Amer. J. Surg.*, **55**, 175.
- Dodek, S. M. (1933). *Amer. J. Obstet. Gynec.*, **25**, 914.
- Downes, W. A. (1921). *J. Amer. med. Ass.*, **76**, 443.
- v. Franque, O. (1900). *Z. Geburtsh. Gynäk.*, **43**, 257.

One way of alleviating the present x-ray film shortage was revealed at an inquiry conducted by the L.C.C. public control committee into the running of the Hammersmith and District Foot Clinic when it was alleged that one of the partners pretended to take photographs when the apparatus was not working (*News Chronicle*, December 11). After a hearing which lasted nearly nine hours it was decided to revoke the clinic's licence on the grounds that the man was unsuitable to hold a licence. Giving evidence, his woman assistant told the committee that he had taken photographs more than 40 times without plugging the machine in properly; if a patient asked for a photograph he would wet an old film in the dark-room.