C A S E
OF
CONGENITAL IMPERFECTION
OF THE
MAMMÆ, SEXUAL ORGANS, STERNUM,
AND HEART,
IN A WOMAN AGED TWENTY-TWO YEARS.

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THE following case is of so rare and remarkable a character, that I venture to submit it to the Society in its present necessarily imperfect form, although I am fully aware that there are several points of interest connected with it which could only be determined by a post-mortem examination.

H. D—, æt. 22, an unmarried female servant, was admitted as an out-patient at the Middlesex Hospital, under my care, on March 11th, 1864. She was brought to the hospital by her mistress on account of a noisy cough, unattended by expectoration, which, together with a nervous manner and a tendency to cry when spoken to, gave the case at first the appearance of being one of hysteria. She

stated that till lately she had been strong and well able to work as a servant, but was now less equal to exertion. Had had no serious illness, and had never suffered from rheumatism in any form. Had been troubled with cough for about a year, and also with palpitation of the heart, breathlessness in going upstairs, or even in quick walking on level ground, and with pain in the left side immediately below the usual situation of the left breast. Had been in a slighter degree subject to these latter symptoms so long as she remembered, and had frequently been affected with cough on exposure to cold, but had become decidedly worse in all these respects since she had been employed as a servant of all work, with much going up and down stairs.

She had never menstruated, neither had she had any feelings of fulness in the pelvic region, any lumbar uneasiness or pain, or any vicarious hæmorrhage, such as hæmoptysis or hæmatemesis.

Is of medium height and of feminine but rather girlish appearance. Complexion clear and florid; voice feminine. Is of spare habit; hair brown and in fair quantity. Eyes brown, general aspect healthy, but hands and forearms midway up to the elbows cold and red, with a slight purplish tint; feet also generally cold. Lips of normal colour, tongue clean. Pulse, in the erect position, variable in frequency, irregular, and exceedingly small; on one occasion it was only 66, but more commonly from 80 to 86; it always increased in frequency, and became quite regular and of better volume, when the patient assumed the recumbent posture, and again fell more or less in frequency, remaining quite regular, after she had lain still for some time. This was verified on several different occasions.

The upper part of the chest is normal, but rather flat. Nearly in a line with the interspace between the second and third ribs a depression commences in the sternum, which is at top about an inch in breadth, but widens and deepens lower down, until over the lower part of the sternum and at the ensiform cartilage it is fully two inches in breadth, and about three quarters of an inch in depth.

The lower costal cartilages appear to be less firm than usual, and yield readily under a moderate degree of pressure. About the middle of the ensiform cartilage a small space, that can be covered by the point of the finger, is exquisitely tender on the slightest pressure, and is stated by the patient to have been so from her earliest remembrance. On examination this tender spot does not, either to sight or touch, present any peculiarity as compared with the surrounding surface, but again and again on different occasions she shrank and complained of pain when the finger was either intentionally or inadvertently pressed on it. The patient has always been aware of the peculiar conformation of her chest, upon which she has never either exerted any undue pressure or received any blow. The chest is perfectly flat in the mammary region, and on the most careful manipulation no trace of the mammary glands could be discovered.

The above woodcut is taken from a photograph of a plaster cast of the chest.

There is a rudimentary nipple in the usual situation on either side ; this consists of a small pink-coloured, lens-

shaped elevation, about a line and a half in diameter, and raised about half a line above the surrounding surface. Around each nipple is a very pale pink-brown areola, about two thirds of an inch in diameter, dotted with minute rudimentary follicles, but, instead of projecting a little from the chest, these areolæ are slightly depressed below the surrounding surface.

The chest expands equally on both sides ; the resonance on percussion over the lungs is normal ; and on examination of the lungs there is no evidence of definite pulmonary disease, but the respiration is dry, puerile, and rather harsh throughout both lungs. The præcordial dulness is increased in extent, especially towards the right side, and the impulse of the heart is forcible and very perceptible to the eye over a considerable space at the lower end of the sternum and beneath the left costal cartilages. The heart's action is regular, and the sounds are clear and free from murmur when the patient is in the recumbent posture, but it becomes at once irregular when she sits or stands upright. A triple sound is then also sometimes heard ; the third sound, which appears to be a reduplication of the systole, is always of a murmurish character, and is frequently supplanted by a loud murmur intermediate between the systole and diastole. This murmur is most intense a little below the fourth costal cartilage, but may be heard from the third costal cartilage downwards, and also, though much less loud, in the direction of the axilla. Sounds at the base of the heart both clear.

The hips are less rounded and the pelvis is evidently smaller than is usual in ordinary women of her age. The circumference round the hips is thirty and one eighth inches, that round the shoulders on a level with the acromion processes is thirty-four and a half inches. The same measurements taken in two other women for the purpose of comparison appear to show that these dimensions are abnormal and disproportionate. In a young woman aged eighteen years the measurement round the shoulders was thirty-two and a half inches, that round the hips thirty-one and a half

inches. In the other case, that of a married woman over thirty years of age, who had had one child, and was not pregnant, when measured the dimensions were thirty-nine inches round the hips, and thirty-six and a quarter inches round the shoulders. Thinking it desirable to ascertain the condition of the genital organs, I requested my friend and colleague Dr. Hall Davis to examine the patient, and I subjoin the report with which he has been kind enough to furnish me :

“Mons veneris very slightly prominent, has very scanty covering of hair ; skin very fair on these parts. Clitoris and nymphæ present and of normal size. Hymen and vestibule very vascular ; the opening through it admits with difficulty the index finger. Vagina very narrow, admits two and three quarter inches of index finger. No os uteri found projecting into vagina, although there is one spot the size of top of index finger which feels thickened. On pressing firmly against the vaginal cul-de-sac no cervix of the uterus, nor anything like ovaries or other solid matter, can be felt beyond it. No orifice can be detected by the touch at the thickened point. No examination by speculum was made, as the vagina was much too narrow for such a mode of inquiry. On examination per rectum there appears to be a uterus, that is to say, a solid body is felt on pressing against the anterior wall of the rectum, but this body is smaller and much less distinct than an ordinary uterus, and nothing resembling ovaries could be discovered.”

After a careful search I have only been able to find four cases on record in any respects similar to the above, two of them described by English and two by French authors. Rokitansky, indeed, speaks of the ovaries, together with the other portions of the female sexual organs, as being often found in a state of imperfect development, and says that in such cases the mammæ are likewise found imperfectly deve-

loped.¹ But such cases must nevertheless be rare, or they would have been more frequently described. It will be observed, moreover, that although the four cases about to be quoted all resemble the one now submitted for consideration in the important feature of the undeveloped state of the mammæ, yet they all, except the second case, which closely resembles mine, differ from it in various other respects.

The first English case I have been able to find was communicated to the Royal Society by Mr. Charles Pears in 1805.² It was that of a woman named Ann Joseph, who died of pulmonary disease in the twenty-ninth year of her age. She was of a fair florid complexion, with dark-brown hair, and was strong and able to endure hard work. "Having ceased to grow at ten years of age, she was in stature not more than four feet six inches high. Her breadth across the shoulders was as much as fourteen inches, but her pelvis (contrary to what is usually observed in the proportions of the female skeleton) measured only nine inches from the ossa ilia across the sacrum. Her breasts and nipples never enlarged more than in the male subject; she never menstruated; there was no appearance of hair on the pubes, nor were there any indications of puberty, either in mind or body, even at twenty-nine years of age." On post-mortem examination the following appearances were observed in the female organs:—"The os tincæ and uterus had the usual form, but had never increased beyond their size in the infant state; the passage into the uterus through the cervix was oblique. The cavity of the uterus was of the common shape, and the Fallopian tubes were pervious to the fimbriæ; the coats of the uterus were membranous. The ovaria were so indistinct as rather to show the rudiments which ought to have formed them than any part of their natural structure."

¹ Rokitsansky's 'Manual of Pathological Anatomy' (Dr. Sieveking's translation for Sydenham Society), vol. ii, pp. 327 and 329.

² 'Philosophical Transactions of the Royal Society,' A.D. 1805, pp. 225-7.

The only other English case I have found was described by Mr. Baynham in the third volume of 'The London Medical Gazette.'¹ It was that of an unmarried woman, called Elizabeth Fomes, who died of diseased heart in April, 1829, aged forty-eight years. She had always been delicate, and had never menstruated nor suffered any inconvenience from this deviation from nature. At the post-mortem examination "the uterus was found to be accurately formed, but not in the least developed from the period of infancy, the body of the organ not being larger than an almond. The orifice was well marked and the cavity free. The Fallopian tubes were delicate, but disproportionately long, and their fimbriated extremities beautifully disposed. The ovaries could not be accurately distinguished, being in appearance little else than accumulated cellular substance. The vagina was not particularly short or diminutive. Two other points deserving notice were that there had never been any hair upon the pubes, nor any perceptible formation of the mammæ."

The two French cases were both published in the second volume of the 'Mémoires de la Société Médicale d'Emulation.'² They were both, like my own, examined only during life. The first, that of a young woman aged twenty-one years, was described by M. Cailliot; the second, that of a woman aged twenty-five years, by M. Rénauldin. In both cases the vagina consisted only of an extremely narrow canal, and neither of them had menstruated. The subject of M. Cailliot's report had enjoyed uninterrupted good health, and had experienced none of the discomforts and ailments, such as vicarious hæmorrhage, which so frequently attend the absence of the catamenia. The subject of M. Rénauldin's case had begun about the age of puberty to suffer from headache, palpitation, nausea, and occasional vomiting of black matters; and it was on account of these ailments that she had sought medical aid, and had

¹ 'London Medical Gazette,' vol. iii, p. 732.

² 'Mémoires de la Société Médicale d'Emulation,' vol. ii, pp. 270-6. Paris, 1798.

even undergone a fruitless surgical operation. M. Cailliot says of his patient that the breasts were but slightly developed, resembling in size those of a girl below marriageable age. In M. Rénauldin's patient the mammæ were entirely undeveloped, not exceeding in size those of an ordinary man.

In the absence of any conclusive examination of the internal sexual organs, the two principal points of interest presented by the above case are the abnormal state of the mammæ and of the heart. Both are the subjects of congenital imperfection, the result probably of arrested development. Regarding the precise nature of the cardiac imperfection, I feel unable to offer any positive opinion; but it seems almost certain, from the result of Dr. Hall Davis's examination, and from the light thrown on the case by the post-mortem examinations quoted above, that the defective development of the mammæ is associated with a rudimentary and imperfect formation of the ovaries.