LARGE ADENOCELE, COMPLICATED WITH MILK CYST.

BY

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ELIZABETH H—, æt. 24, married, was admitted into St. Thomas's Hospital on November 27th, 1872, with a tumour of the left breast. She stated that she first noticed a swelling at the lower part of the breast, eight years ago; it was then about the size of an egg, and had gradually increased in size, but had never caused her any pain, except during the last month, when she complained of a shooting pain below the nipple. She had been married two years, and had an infant, seven months old, which she was suckling until she sought admission into the hospital. She was of spare frame, but her general health was good, and the catamenial period was reported to be regular; the bowels habitually constipated.

Three years since she went to St. Bartholomew's Hospital, and was there for two months, but refused to have any operation performed.

At the time of her admission into St. Thomas's Hospital the tumour, or rather the enlarged breast, measured twenty-

six and a half inches in circumference, the nipple being six inches from the chest-wall above. It was uniform, globular, without fluctuation, and felt doughy, like the normal breast during lactation; the cutaneous veins were enormously distended. The bulk of the tumour was below the nipple; and the great weight was sustained by the patient's left hand. There was no tenderness nor discoloration at any part; but milk could be expressed from the nipple. The axillary glands were slightly enlarged.

FIG. 1.

On December 4th the tumour was removed, crescentic incisions being made, including the nipple. The breast

proper being apparently unaffected, a considerable portion of it was left: the hæmorrhage was troublesome, but was arrested by torsion of the bleeding vessels, and the edges of the wound were brought together with wire sutures, its surface having been previously sponged with spirit and water.

The patient went on well until the eighth day, when she had an alarming rigor, accompanied by high temperature and quick pulse, and arrested secretion from the wound. The subsequent formation of abscess above the breast explained these symptoms, and after that was opened she made a good recovery, and left the hospital on January 8th.

This large spheroidal tumour, the growth of which commenced, apparently, from the outer side of the breast, weighed eleven pounds, and was found, on cutting into it from behind, to consist of an enormous milk cyst, surrounded by succulent, solid walls, on which were milk tubes, and at least one extra cyst.

The walls were of different thickness at different parts; but along the section had an average density of an inch and a quarter. The greatest thickness was behind, at the outer and back part of the tumour, where the wall was two inches thick; and the thinnest part was below and to the outer side of the nipple. The structure of the walls was juicy, and, to the naked eye, resembled a section of healthy breast, with interspersed connective tissue; but it was more succulent than usual, and milk exuded freely from the open orifices of divided milk-tubes. The walls did not appear to be generally cystic, but at their thickest part a hard mass projected, as a knob, into the interior of the cyst; and this proved to be another cyst, filled with very firm cheese. The lining membrane of the large cyst was ragged and fibrinous; that of the small one was smooth. The contained milk, about two pints, was like fresh cream, and not lumpy. It was composed, according to Dr. Bernay's analysis, of the constituents of ordinary cream, with a larger proportion of albumen than usual. The solid growth weighed between eight and nine pounds.

A portion of the breast tissue which was removed was found to be continuous with the new growth; but their connection was so slight as to require the most careful examination to trace it.

Microscopic appearances.—The succulent tissue of the walls of the large cyst was composed of a large abundance of connective tissue, of acinous glandular tissue, and of ducts and vessels. The lining of the cyst consisted of the same structures, saturated with oily matter.

FIG. 2.

This tumour appears to belong to the class described by Mr. Birkett as "Adenocycle with ducts or sinuses, and

secretion." ('Guy's Hospital Reports' for 1855.) It commenced in a virgin breast, at or before the age of sixteen.

In reply to a recent inquiry on the subject, the patient writes that she does "not remember seeing any milk or fluid of any kind exuding from the nipple until after her confinement, and then it did not flow freely, but only now and then."

These circumstances, associated with the comparative rarity of this form of adenoid, and the unusually large size of the tumour, induce me to bring this case before the Society. When the exact nature and connections of the growth were ascertained during the operation, I regretted that an effort had not been made to save the nipple by excluding it from the section of the surface removed. This step had been carefully considered; but the size of the pendulous mass, the absence of all external trace of the original gland, and the position of the nipple seemed to forbid this attempt; and the necessary severity of the operation rendered it desirable not to protract or extend it further by removing the normal gland tissue.

Postscript.—Mrs. H— writes to me that she was confined on the 9th of November, 1873, and that her breast was "very painful for the first three or four days, and very full at the upper part towards the right breast." But at the date of the letter (between a fortnight and three weeks after delivery) this inconvenience had entirely disappeared; and she adds that the breast had ceased to be in the least degree troublesome to her.