PAPILLIFEROUS CYST FROM AN AXILLARY SUDORIPAROUS GLAND.

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A CASE illustrating this rare condition came under my care in June last, and presented the following features:

A single woman, aged 22, attended my out-patients' department at St. Thomas's, and complained that during the previous two years a lump had been growing in her armpit; its progress had been slow and not attended by any discomfort until the last fortnight, when it had become painful. Examination disclosed at the dome of the right axilla and rather to its outer wall a convex lump about the size of a pigeon's egg with its long axis corresponding to that of the arm. The skin was unaltered but stretched over it, and free all over except at one point, which agreed with a slight depression, the apparent opening of a duct of one of the axillary sudoriparous glands. The lump was in the substance of the skin, and they together could be lifted up from the subjacent fascia; there was evident elasticity denoting fluid, which latter was confirmed by the marked translucency of the tumour. Having had a previous case, as noted below, I made a correct diagnosis and proved the same by its removal. Section showed it to be a skin cyst consisting of one large cavity containing a thin watery fluid; the lining was in general smooth, but over an area the size of a sixpence soft papillary growths were attached.

Histologically the connective tissue of the cyst wall is seen to be sharply defined from its epithelial lining. The latter over the main part of the cyst consists of two or three layers of cubical cells flattened by pressure. The papillary processes show a many-layered epithelium, the surface cells being swollen and vacuolated, as is frequently seen in secreting glands. The appearances suggest an origin from that portion of the duct between the epidermis and the coiled tube. The tubes of the coil in places are dilated, but without any papillary growths.

This class of cyst appears to be very rare, for any literature bearing on the subject is extremely scanty. Curiously my other case¹ was almost identical.

This was from a little girl aged 13, and the tumour was the size of a Barcelona nut, and situated in the outer wall of the axilla. On examination it proved to be multilocular, with one cyst much larger than the others; from several spots on the wall of the largest cyst were sprouting papillary growths which histologically showed a fibrous core upon which were placed layers of a stratified epithelium with the surface cells vacuolated. The contained fluid was thin and clear like water.

Dr. H. D. Rolleston² records a very similar case where the tumour was situated over the left parotid region.

Unna, in his work on the *Histo-pathology of the Skin*, says that cysts of the sudoriparous glands are only known of the duct and not of the coil. Small cysts, generally related with scars, may arise within the epithelial layer, and he terms these "poro-cysts." Cysts from the other part of the duct are placed in the corium, and contain sweat "hydracystoma": there is no reference to these latter having papillary growths.

It is very evident that in this condition we have to deal with retention cysts of the gland, and there is no more likely place in the body for such to occur than the axilla, where the glands are so well developed and the possibilities of blocking

of the duct with dirt so great. Dr. Rolleston compares the appearances with those seen in a duct-papilloma of the breast. In both cases, no doubt, irritating material enters via the duct, and sets up such surface change as to cause the formation of the papillary growths: retention of the secretion, when it occurs, is brought about by the papillary growths and maintained by the cyst tension, causing distortion of the duct.

REFERENCES.

- ¹ *Trans. Path. Soc.*, vol. xlix, p. 290. ² *British Journal of Dermatology*, No. 161, vol. xiv.

TRAUMATIC RUPTURE OF THE SMALL INTESTINE.

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THE following two cases of the small intestine are suggestive. In both of them the intestine was ruptured as the result of external violence, but in neither of them was there any external wound. Both of them were treated by laparotomy; the one recovered, the other died shortly after removal from the theatre.

CASE I.

History.—R. L., aged 13, was swinging on a rope fixed to two gateposts, when they collapsed, and portion of a wall fell upon her, striking the pelvis and abdomen. The accident occurred on April 17th, 1900, at 2.30 p.m.

Condition on Admission.—When admitted she was suffering from Colles's fracture of the right wrist, some haemorrhage from the vagina, and a contusion of the left hip. The next day she complained of pain in the body, and at midnight I was sent for. The pain had been getting worse during the day, and now the abdominal wall was rigid and there was great tenderness over the lower part. Below the iliac spines the resonance was impaired, and there was a doubtful thrill. The urine passed had been free from blood, and the bowels had not been open since admission. The pulse had risen from 100 to 120. The cause of the peritonitis was suspected to be perforation of a hollow viscus, possibly the bladder.

Operation.—At 2.30 a.m. on April 19th, or 36 hours after the injury, median laparotomy was performed. Extravasated blood was found in the subperitoneal tissues. On opening the peritoneum pus escaped, but no gas. The intestinal coils were found matted together with yellow lymph, and very offensive pus lay between them. This was wiped away gradually as the coils were separated towards the pelvis. At last a portion of bowel was seen with a hole in it from which bloody faeces were exuding. This portion was at once separated and drawn outside, and further escape of its contents prevented, whilst the cleansing away of the pus continued until the lowest collection containing faeces was found in Douglas's pouch. When the disturbed parts had been well cleansed, the hole in the small intestine, through which a pea could have been passed, and which was situated opposite the mesenteric attachment, was closed by a single catgut suture, and two continuous Lembert sutures applied longitudinally made all safe. The lumen was considerably narrowed. The kidney pouches were now wiped out—and the left one needed it. Gauze drains were carried down to both, and another, as well as a rubber tube, were inserted into Douglas's pouch. The damaged coil was placed beneath the wound, which was then closed.

Progress.—For two days the patient's condition was very uncertain. She was very noisy and restless, complained of great pain in the body, and vomited occasionally, but the pulse showed a tendency to fall. On the 21st she was distinctly better, and had two spontaneous evacuations. On the 22nd the gauze drains were removed, and from this date her progress to convalescence was uninterrupted. She left the hospital well on June 6th.

Result.—All trouble, however, was not at an end when she ceased to attend hospital. For a long time she had good health, but in January, 1902, nearly two years after the operation, and after a week of abdominal pain an abscess pointed in the abdominal cicatrix, and burst, and a large quantity of most offensive matter escaped. The opening closed in about three weeks, and there has been no local trouble since. It does not appear that this abscess was associated with a silk suture in the parietes, but it is very possible that the Lembert sutures in the gut had something to do with it. The abdomen now looks quite healthy. There is no protrusion at the cicatrix, and there is no induration or thickening to be felt. Though at present the patient suffers from pain and vomiting after food, suggestive of stomach ulcer, and easily controlled by simple treatment, the only inconvenience which can be definitely attributed to the injury is the pain which follows the taking of aperients. This is no doubt due to the intestinal adhesions resulting from the peritonitis.

CASE II.

History.—R. J. W., aged 21, was run over by a bus across the lower part of the abdomen on Christmas Day, 1899. He was admitted to hospital late the same night in a state of partial collapse, and recovered fairly, but in the morning his condition caused anxiety, and I was sent for.