Thesis for M.D. Degree

Some Observations Upon
The Uterus, and Its Appendages
In the Insane

By

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M.B. & C. B.

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Whilst it is the object of this Thesis to deal with the subject in the main as limited by the title, it is well that some consideration be given to the general literature bearing upon the relation between discard conditions of the Uterus and Appendages and discard conditions of the Mind.

It has long been held that a decided relation does exist between pathological conditions of the sexual apparatus in women and Insanity. So far indeed has this been carried beyond the limits of sound judgement that certain writers have ventured to propose excision of certain portions of the genital organs as a remedy for morbid conditions of the Brain: one such instance of this literature is a pamphlet by Dr. J. B. Brown published in 1866.
recommending "Clitoridectomy" a cure for certain forms of insanity. In many instances it might appear as rational in view of the great advance in brain surgery to excise certain portions of that organ which are believed to have a relation to the sexual apparatus for morbid conditions of the latter. It has to be said however, that the operative removal of the ovaries, tubes or both sides produces in many cases a distinctive altered mental status, as much a sequel to the operative procedure as is the altered mental condition following removal of the thyroid gland. Albeit the train of symptoms following the two operations presents little, if any, analogy and so far as is at present known they afford different fields of speculation as to their cause.

Such publications as the one above referred to have in no way checked sound clinical and other observations which go to
establishes the relation between sexual and mental pathology. Going so far back as 1819 we find that Dr. Robert Cobbe in his observations on Peripetal Insanity dwells ably on the relation of organic disarrangements of the Uterus to Insanity. Dr. C. S. Fox in the Report of Brompton Hospital for 1864 asserts that Masturbation, which may be dependent in many instances on a sexually pathological condition, may be in turn a cause of Insanity and not only a symptom of an unsound mental condition.

In 1869 Dr. Louis Mayer in his — "Die Beziehungen der Krankhaftens Zustande" "und Vorgänge in den Sexual Organern" "des Weibes Zu Geisterstörungen" comments on the altered mental condition during pregnancy, menstrual onset, omenopause, Amenorrhoea, Uterine congestion, Vaginismus and other genitale conditions of the external genitals Bureitis Vulvae, Dispharumia, Catarrhine of Funnus,
of sexual organs, Prostatectomy, Uteri, Cervix, Adnexal malpositions of the uterus. These in cases cited he relates to Hysteria, Somnambulism, Folie Circulaire,Erotic Mania, Indebtedness, Hypochondriasis, etc.

Pozzi in his Gynaecology 1891 says—
"It is certain that any genital disease in a woman predisposed to Hysteria will produce a development of that neurosis."

D. G. R. Shepherd in the "Yale Medical Journal" 1894-95 contribute an article "On Uterine malposition & Disease as a Cause of Insanity."

And N. A. Tomlinson in 1893 in "The Association of Visceral Disease with Insanity" also deals though not so directly with the subject under consideration.

Such is a short summary of the comparatively less-well-known literature on the subject. Amongst the larger general treatises on the
Diseases of Women. Dr. J.C. Skene of New York devote a chapter to Gynecology "as Related to Insanity in Women." He states that insanity is often caused by disease of the reproductive organs; that an acute disease of the Ovary or Uterus or displacement of either is sufficient to cause mental derangement which will subside when the disease of the pelvic organs is relieved; that there is indeed amongst women a distinct class of insane cases when the pathology must be studied from the point of view of disease sexual organs. The derangement in such cases may be functional, or, with less hopeful prognosis, organic.

Amnogst general considerations he remarks upon the difficulties to be encountered in this field of observation mentioning amongst others the comparatively little help obtained by reference to the Case-Books of the larger Asylums.
It would appear that there must be this
reason for some time & coming more particularly
to the subject matter of the Thesis. It has
been deemed well to place on record a series
of cases, the insane condition of which
being first summarised, full consideration
is then given to the macroscopic, microscopic
post-mortem appearances of the uterus
and its Adnexa.

Thereafter is appended a summary
of these points which would appear to be
the more important in regard to (A) the
Gynaecology of the Insane, (B) General
Gynaecology.

Series of Cases.


Chronic Insanity of several years duration, using
insane, irritable, troublesome, & delirious.

P. M. Naked Eye Appearances.

1) R. Appendices. Tube = 3½ in - normal

Mes. Salpinx - normal. Parovarian very

indistinct. One small simple Broad ligament cyst.
projecting posteriorly.

Ovary. Atrophied 1\(\frac{3}{4}\) in. \(\times\) \(\frac{3}{8}\). Tissue pale, in section, thin atrophied follicle there is a dark-stained detachable lining membrane.

(2) **Left Appendage**

**Falc** 4 in. normal

**Mes.-Salpinx** normal – Parovarium very indistinct two minute simple Broad ligament

**Cyst** projecting posteriorly also one projecting anteriorly – marble size – contained straw coloured albuminous fluid.

Ovary. Atrophied 1\(\frac{3}{4}\) in. \(\times\) \(\frac{3}{8}\). indistinct traces of Graafian Follicles. Tissue pale.

(3) **Uterus**. Internal measurement 2 in. \(\times\) 2.

Senile atrophic changes marked – small fibro-muscular nodules pea size in the middle of Peritoneal Wall.

**Microscopic Appearances**

Ovary \(\times\) 90. **Tunica Albuginea** a thick new ova was surface. Follicles, are crowded irregularly here, there and
what appears to be dense fibrous tissue surrounds them.

X 690 - vessel walls thickened many of them have their lumens obliterated.

Uterus X 90. Large thick-walled vessels spaces seen & the atrophied remains of utricular glands. Vessel walls generally are thickened. X 690. Glandular Epithelium.

Small. Fibrous tissue seen in excess in the vessel walls.

II. A S. age 33. no occupations - single.

Predisposing Cause = Heredity. Exciting = Alcohol

Father & two sisters died of Drink

Admitted 3 Dec 95 - Died 10 Jan 96.

Mania & Paresis. Heard voices etc. Feeble

very restless, noisy & sleepless: dry destructiveness in habits. Had deep cornual ulcerations

1 cm punctura

pasty Walter. Thin poorly nourished

Edema of Face. Brain Membranes: Lateral

Ventricles dilated. Liver fibrous = 60 g.
(9)

Numerous Gall Stones - Kidneys congested
Some congestion of the Internal Os.

(1). Appendixes.

Tube 4 in. normal.

Meso. Salphinx - Panniculus fairly well defined
Ovary 1 1/2 in X 1 in section well defined
Marginal follicles. Stroma appears somewhat hemorrhagic. on section Black Pigmented Scar.

(2). Appendixes.

Tube 5 in. normal Panniculus small but distinct
Ovary Replaced by an Unilocular Cyst of large orange size shape containing clear straw-coloured fluid. Cyst has a smooth lining but wall are thicker towards the hilar portion, traces of Ovarian Tissues being recognised here - no superficial adhesions.

(3). Uterus

Internally 2 1/2 in X 2 - mucosa smooth
Shows some black pigment near the orifice of Fallopian Tubes.

Microscopic Appearances.

Ovary X 90. Tunica Albuginea intense
thus are many blood filled follicles, irregularly accumulated. There are many also which are not blood filled but those of any size are irregular in shape. Very few of the follicles contain healthy ova. There are also seen large sternal echinocytes.

X 690. Whilst the Albagia is dense there is no marked tendency to the formation of fibrous tissue. Round the follicles blood vessel walls are well marked.

Uterus X 90. Vessel walls are seen to contain a considerable amount of muscular tissue.

Cyst Wall X 90. Composed mainly of wavy bundles of fibrous tissue. There is considerable differentiation into layers: one or two large blood vessels are seen.

X 690. There is also some muscular tissue in the wall. The epithelial lining on the inner surface of the wall is not distinctly seen.

Post-mortem Naked Eye Appearance:

10. R. Appendages
   Tube = 4 in. - small, furrowed and much congested.
   Meso - Salpinx - Vein congested. Parovarium indistinct.
   Ovary - elongated though small = 1 1/4 in x 1 1/2 in.
   Superficially pale & smooth. In section a few small follicles seen. Stroma haemorrhagic.

2. Appendages:
   Tube = 3 1/2 in. - no funicular congestion.
   Meso - Salpinx - Vein un congested. Parovarium distinct.
   Ovary = 1 3/8 in. smooth & pale superficially.
   In section considerably paler than R. Ovary.

3. Uterus = 2 1/4 x 1 1/4 externally. In Section
   Arbor Utrae well marked. Lumina of Corpus
   smooth & pink haemorrhagic.

   R. Tube (Ammella) x 90. Walls thickened.
   Bl. vessels much engorged. Many eddies.
   Innena singular & imperfect.
   x 690. Innecal fomdos show marked
   Leucocytes. Columnas ciliated epithelium
   is stained over many of them. Irregular shaped.
cell, are seen in the lumen between the glands.

Ovary x 90. No large follicles are seen near the surface, there are many at the deeper level. Vessels are numerous engorged & there is some stromal ecchymoses.

x 690. Many of the young follicles are perfectly formed, some of the older ones are represented by blood-filled spaces.

Uterus x 90 wall appears normal, the mucosa is circular.

x 690. Cataractal changes are seen in the uterine glands.

IV. A. P. act 79. suffering from chronic mania duration 30 years. Married 3 had a family.

Post mortem. Hacked Eye appearances.

(R) Appendages

Tube = 3 in. Fimbriae attenuated, tube slightly thickened at mid-portion. Ovarian Fimbriae thin & thickened.

Mes. Salpinx, from the anterior Surface close to hilum of ovary thin shining, a gloving, shaped cyst 1/4 in long by in wide. There is fat
in the composition of its walls, near the extremity it contains turbid yellow, watery fluid. Parenchyma very faint in outline. Ovarian Sac well marked.

Ovary—size normal, irregular, modulated surface due to projection of small cysts. On section, this tissue is seen to be almost wholly cystic. The cysts are from short to long sizes and contain yellow, viscid material.

L. Appendages

Tube: 4½ in. normal.

Fibro. Salphinx—Healthy. Parovarial outlines very faint.

Ovary: irregularly rounded in shape; in this surface is irregularly modulated as on opposite side. On section, this organ is wholly cystic except in its upper outer third where tissue is a densely calcified Corpus luteum of marble size. Contents of Cysts are straw-colored watery fluid.

Uterus: Semi-cylindrical. On section a turbid yellow watery fluid is seen in small quantity.
in cavity of uterus itself. In its interior the
mouth of the glands are well seen and a
similar fluid is expressible from them. The
Cervical Canal is blocked by an abundant
mucopurulent secretion like that of egg.
Microscopic Character of fluids of uterine cavity
proper — epithelial cells in various stages of
fatty degeneration — no mucus globules.
Section of Cervical Canal — Mucous globules,
fus cells, epithelial cells in various stages
of fatty degeneration.
The OS Intervenous is very narrow, the Cervical
Canal is much widened & seemingly
excavated by some process which has produced
the mucus has described (see microscopic
section of cervix).

Microscopic Appearances.
R. Tube X 90. Muscular & fibrous factors
of the wall thickened. Immoral plicals
simplified. X 690. Epithelium of
mucosa is shed in many parts. Excoriation,
is at parts marked. Many of the crypts are.
full of small closely packed irregularly-shaped cells.

Uterus Corpus \(x \times 90\). Glands not well seen.

\(x \times 690\) proliferation of connective tissue of the wall also the cellular structure of the glands is not well seen in this specimen.

R. Ovary \(x \times 90\). One or two large blood-filled follicles.

\(x \times 690\). The Membrana Granulosa of the blood-filled follicles is proliferative.

Blood Vessels well-formed. Corpora Lutea remains partially organised are seen.

The excavation of the Cervix is surrounded by firm fibro-muscular tissue is lined by irregularly distributed, proliferative cylindrical epithelium.

V. E. D. act 35. Congenital Imbecile

Very excited, noisy, destructive & troublesome.


1. R. Appendages.

Tube = 3 ½ in. - normal. contains 1½ inch of fertilized extremity that springs from the upper surface of the tube a slender stalk of ½ in. length.


This stalk terminates in a rosette of minute fungineae from its centre another & still finer stalk springs 3/4 inch in length terminating in a unicellular cyst of pea-size containing albuminous fluid (Pedunculated Hydatid)

Meso. Salpinx – Vascular – Parovarium small;
Ovary elongated 1 2/3 inches x 1/4 inch surface smooth, generally on section a few marginal follicles are seen.

(2) Appendages. Tube short 2 1/2 inches somewhat thicker than the Rt.

Meso. Salpinx. This. Parovarium v. small not so vascular, but from its base it from anterior surface of Meso. Salpinx a very attenuated thread-like stalk springs 1 1/2 inch in length terminating in a hydatid on right side. Ovarian Sac marked.

Ovary. more rounded. Surface not so smooth as Rt. few marginal follicles seen on section. Ovarian Ligament short & thick.

Uterus. 2 inches x 1 1/2 internally. In section some watery fluid in cavity of Uterus proper – Fundal section in Cervical Canal.
Microscopic Appearances.

Tube (left) was ampulla x 90. The folds of the wall including the complicated mucosal folds are well formed. The epithelium of the lobe is in the main perfect.

R. Ovary x 90. Follicles are abundant though small and accumulated in clusters. Some of these clusters are isolated from their neighbours by containing less cellular tissue. The blood vessel walls are well-marked. The other patches irregularly distributed of containing more cellular tissue are seen. In the intervals between the nuclei of these patches no definite structure is traceable.

Uterus x 90. The mucosal and other coats are well-formed. The epithelium of the glands is normal.


Post Mortem: Naked Eye Appearances.

R. Appendages.

Ovary - elongated 3 in. X 2 in.; surface smooth, on section lining 2/3 is pale & also fluid.

Appendages:

Tube - 3 1/2 in.; Fimbriae well-marked a few cysts similar to opposite side.

Inferior, Fallopian, a small pedunculated hydatid stems from the amp: surface of outer portion.

Parovarium more distinct than Lt.

Ovary - elongated 1 1/2 in. X 1 1/2 in.; surface smooth, on section tissue pale but not so pale as opposite side.

Uterus - 2 1/2 in. X 1 1/2 in.; of fair bulk, on section a glairy white yellow secretion occupies cavity of cervix is a more watery turbid fluid is present in small quantity in corpus.

Microscopic Appearances

Uterus X 90. The glands show decided cellular change and there is a considerable amount of leucocytes in the mucosal interstitial tissue. In the muscular layers there is some indurated obliteration.
Tube x 90. The vessels are engorged so their lumen is, in some cases, distended. The type of the tubal epithelium is degraded into cubical epithelium at many parts. The Cilia are at many parts with difficulty detected. Columnar epithelium is however seen in many parts, though frequently there is a double layer, the subjacent layer being of irregular formation. At other parts there is but a single layer of low columnar epithelium, the regularity of which is interrupted by subjacent oval or rounded cells apparently of inflammatory origin.

Ovary - Vessel walls thickened, several degenerate follicles are seen i.e. degenerated in the direction of being filled with inflammatory products. No follicles of typical, healthy structure are detected. Large areas of structureless material slightly stained is interpolated between the tissues of the organ are present.

VII. H.C. 45. 2. Suffering from Senile Dementia. Widow. Has had paralytic attack, for 12 years. Epithelium of Vulva.
R. Appendages

Tube = 2 3/4 inch. Several small simple Broad ligament cysts = small shot size in region of ampulla.

**Mes. Salpinx**. Parovarium faint. Healthy tissue. is a small pedunculated hydrated from Ant. Ovary present.

Ovary elongated 1 3/8 X cystic at outer end measuring here 1/2 inch transversely. on section the ovarian tissue appears to extend for some distance into the ovarian ligament. The cystic end of the cystic end of the ovary is unilocular it appears to have been the result of distension of a follicle. The cystic fluid is clear, watery, straw-coloured.

L. Appendages

Tube = 3 inches appears somewhat contorted and elongated towards the outer end it somewhat thickened.

**Mes. Salpinx**. Parovarium indistinct, a few small cysti towards the outer portion. a small pedunculated hydrated sling from the anterior portion.

Ovary small watery fluid surface smooth histi.

Ovarian tissue does not appear to extend to same extent
into the ovarian ligament as on ophth. side. Uterus 2½m. X 2. on Section cervical canal contains starchy like substance. Uterine Cavity contains blood clot & serous debris, the mucosa is deeply edematous generally.

**Microscopic Appearances**

Ovary x 90. Many of the vessels are engorged in some cases there is parietal thickening amounting in one or two instances to luminal obliteration. Some partially obliterated follicles of atypical structure are seen accumulated in irregular groups. The structure of the organ in some places is suggestive of pysematous change.

Uterus x 90. The mucosa is destroyed in many places by ultra-glandular & interstitial blood effusion, whilst the muscular coat shows degeneration from the same cause and also there is some degree of leukocytosis in this portion of the uterine wall.

Post-mortem, naked eye appearances.

**Right Appendages**

Tube = 3½ in: thickened considerably in its outer third, v lengthened, its mucosa is also here hypertrophied. On the dorsum of outer part of tube within ¼ in: of frilliated end, a frilliated "stalk" springs. The length of the latter is 1 in. Fine bristles round the abdominal ostium are well marked.

**Mesosalpinx** - normal - Pars ovarium distinct

Ovary: of normal size & structure, a recently-septated follicle is present at the outer pole.

**Left Appendages**

Tube = 4 in: also somewhat thickened in its outer third though not to same extent as opposite side.

**Mesosalpinx** - normal, Pars ovarium, say distinct

Ovary: normal size & structure.

Both ovaries, on section, show net-work-like molting of red-white, the red appearing to mask off in mesh-like fashion the enclosed white areas.
Uterus = 2½ in. x 1½ in. At Rt. Upper Posterior Patina of Fundus there are three pedunculated fibroids of pea-size. The pedicles are less than ¼ inch in length. On section nothing abnormal is visible - Arteria Vitae in Cervical Canal is well marked.

Microscopic Appearance.

R. Tube x 90. A large portion of the tubal structure is destroyed by haemorrhage. Catarhal changes & leucocytes are present in the mucosal ridges.

Uterus x 90. Many of the glands are imperfect in structure & there is no noteworthy change in the muscular coats.

Ovary x 90. Cornu Albuginea is well marked & its component structures are delicately outlined. Towards the central portion of the organ some large spaces are visible filled with structureless material (Corpora Lutea?). Follicles are present in some number, some well defined, the majority irregular in outline & structureless in content.
A.D. 30 married, suffering from chronic melancholia, suicidal. Alcoholice, of immoral habits, been living with a man, no children, syphilitic. Had occasional severe fits, nature uncertain. Always abusive & noisy.

Post-Mortem. Naked Eye Appearances

R. Appendages.

Tube = 5 in. general size normal, fimbriae not well marked.

Meso-Salpinx. Broads. The ovarian fimbriae 2½ in. long, the proximal half of it is cord-like, shows no grooves. Parovarian tubules faintly marked.

Ovary - Bulky & soft. Surface somewhat smooth. 1½ x 1½ in. on section, the tissue is seen to be soft & irregular. There are three distended follicles, of small marble size at the margin, they contain clear straw-coloured fluid, corpus luteal remains are seen.

L. Appendages - appear irregularly matted as a whole by the inflammatory process.
Tube = 4 inches, contorted, somewhat thickened & hard. Tumourated end of irregular shape. The abdominal ostium is much distended admitting a lead pencil. The Ov has evidently been separated from an adjacent viscus in the process of P. M. manipulation.

**Mes. Salphinx.** Thickened & partially obliterated. Parametrium not recognisable.

Ovary is matted to the Broad Ligament & has been ruptured by P. M. manipulation. It appears to have been of somewhat bulky dimensions. Its tissue is firmer than that of the other side. On section these small whitish points of soft slyce are seen these are still harder than the surrounding tissue and appear to be er-sanguine.

Uterus = 2 3/4 in. x 1 3/4 in. On section nothing abnormal is detected.

**Microscopic Appearance.** x 90 & x 690.

Nothing special to note.

X. C. H. aged 61. Single, suffering from mania with epilepsy. Alcoholic. and immoral, three months insane.
Part. Muten, distal Eye Appearances.

1. R. Appendages.
   Tube = 3 1/2 in; somewhat thickened, an inch from the abdominal ostium proper there is an accessory ostium with well-developed funiculus, & the distal & proximal portions of the tube involved are represented by two distinct apertures.

   Meso. Salpinge. normal in size.

   Ovary. normal size & contour, no section no corpus luteum is seen.

2. L. Appendages.
   Tube = 4 in; outer inch is twice thickened & distorted. (See microscopic examination)

   Meso. Salpinges. Shows a small intra-ligamentous cyst of pea-size & shape, containing albuminous fluid and the cyst is evidently developed from one of the vertical tubules of the Parovarium.

   Ovary. normal size & contours, no section, but internal remains are seen but no ripe follicles.

3. Uterus = 3 in. X 2 in; appears normal.
Microscopic Appearances

Ovary. X 90. Tunica Albuginea distinct. Remains of follicles are seen deeply set in the organ. Vessel walls are thickened.

Tube. X 90. Blood vessels enlarged and engorged. Intercanalical folds are considerably multiplied. Their epithelial line is irregular and in many places being shed. The connective tissue of folds is also thickened and there is haemocytosis.

Uterus. X 90. Intercanalical folds other layers appear normal.


Post-mortem. Radical Eye Appearances.

(1) B. Appendages.

Tube much elongated; the outer 9 inches are transformed into a cyst of tumours of shape. Nature of fluid it contained not ascertained. Within the cyst the fibres of the pericardial portion of the tube are seen spreading out gradually disappearing over the inner surface of the attenuated walls.
There are no inflammatory adhesions seen on the tube or cysts, and during life it would seem to have been a pedunculated floating cyst.

Two hydatids spring from the Anterior, mine margin of the cyst.

**Intra-Salpinx.** Paravarian is unusually well marked. It has no relation whatsoever to the cyst.

**Ovary.** 3½ × 2½ in.; and on section shows a ripe follicle of that size.

\[2\] Ovaries: 2 in. × 1 in., wall thinned. The Utero-Vesicle pouch has been obliterated by the muscular inflammatory adhesions of the peritoneum on the Anterior surface of uterus; so that in the posterior surface of bladder mucosa is unhealthy, is thinned cavernous.
Microscopic Appearances.

R. Ovary x 90. The Tunica Albuginea is thickened. Follicles, irregularly accreted, of irregular shape. Membrana Granulosa is irregularly multiplied. So irregular are some of the follicles in shape s so irregulars their aggregation that in these cases where the Membrana Granulosa has multiplied so far as to fill the follicles with compressed cell elements, the structure has the appearance of a Schorhous Cancer.

Uterus x 90, The elements of the walls seem thickened and an hypertrophied  and do not stain well.

L. Tube x 90, All the elements of the wall are infiltrated with inflammatory exudation, and in the cross sections of the lube the remnants of the lumen appear as some 10 or so irregularly shaped cavities lined by desquamated epithelium. The muscular layers are unrecognizable.

XII R. J. B. aged 68, widow, suffering from Senile Dementia. Duration years.

Post-Mortem

R. Appendages

Tube = 3 in. appears normal - slender -
a small tuft of fimbriae on a slender stalk, springing from a point on the upper surface of the tube situated 1/2 inch from the ostium. Calibre & structure of the tube appear normal. 

\underline{Meso-Salpinx.} There is a fairly well marked ovarian sac. Parovarium distinct.

\underline{Ovary.} 1 3/4 x 3/4 in. Structure & configuration appear normal - on section some ripe marginal follicles are seen, & the remainder of a corpus luteum.

2. Appendages.

\underline{Tube} = 4 in: normal

\underline{Meso-Salpinx.} Ovarian Sac not so marked nor is the Parovarium so distinct as on the Right side.

\underline{Ovary.} 1 1/2 in x 1/2 in. Structure & configuration appear normal, & on section one or two small marginal follicles are seen.

\underline{Uterus.} 1 1/2 x 1/2 in: plug of clear mucosa in cervix. Mucosa pale.

Microscopic Appearances.

\underline{Uterus.} X90 tubular structure of mucosa, atrophic fluid
vessel walls, thick, muscular layer, not easily
differentiable from each other.

Ovary X90. "Germinal" Layer is still well
represented, in parts being well seen in the dips
of the simple surface corrugations. There are
no follicle remnants near the surface of the
organ but deeper many of them are irregularly
accumulated. Some few showing the kidney
shape noted in some previous sections.

XIII. A.R. aged 75, widow, suffering from
Chronic Mania for eleven years.

Post-Mortem. Normal eye appearances.

19R. Appendages.

Tubo 3 in. of small calibre.

Intra-Salpinges. Ovarian sac well marked.

Parovarian small, in the centre of the
Intra-Salpinges. There is a small nodule of
pea-size within the layer of the Broad Ligament.
This nodule is composed of hard blood clot &
a calcified rounded nodule of gun-shot size.
This condition is probably the sequel of a
simple Broad Ligament Cyst.
R. Ovary is small and contains two corpora lutea.

(2) L. Appendages.

Ille = 4 in. also of small calibre.

Sacro - Salpinx, Ovarian Sac well-marked.

Panarvain small is situated on the other side in the outer angle of the sac. A small nodule is present of fibrous tissue, pea-sized in the peritoneum, immediately anterior to the ovarian fimbria.

L. Ovary: very small, elliptical in shape. Very comparatively smooth and contains two corpora lutea.

(3) Uterus = 3 in. x 1½ sm smooth thin-walled

Muscular Corpus is soft & haemorrhagic that of Cervix is not so soft as it is not haemorrhagic.

Histological Appearances.

Uterus, x90. In the outer half of the wall the vessel lumina are numerous & thin wall, an extra-ordinarily thickened enclosing little if any blood. In the inner half of the wall the tissue
is mainly composed of a network of engorged blood spaces, though here too at many points the vessels are much thickened, thickening being apparently due in the main to an inflammatory exudation amongst the wall elements. There is marked leukocytosis, at parts, little if any typical gland structure is present.

XIV. M. A. A. act 68. Widow, suffering from chronic mania for 10 years, being delusional and abusive.

Post-Mortem Results 

1. Appendages,

Tube. = 2½ contorted within the peritoneum. Fimbriae abundant.

Meso Salpinx. Thickened, shows a small ovarian sac. 1 Parovarium not recognizable. The Ovary is very small 1/2 in X 3/8 and has a perfectly smooth surface. On section the tissue appears practically barren.

2. Appendages,

Tube = 3 in., arched from adhesion, contracting.

[Signatures and additional notes]
of ovary. Calibre appears normal. Fixation free and apparent.

Salpinx also somewhat thickened. Ovary is adherent by its upper surface in the ovarian sac. Panniculi is indistinct.

Ovary is also small, smooth surface and apparently barren tissue.

(3) Uterus: 2 3/4 x 1 1/2 times in a small fibroid sub-peritoneal nodule, partially pedunculated at the upper posterior part of fundus.

In section this nodule is seen to be partially calcified. The uterine cavity is filled with blood though not distended with blood clot. Mucosa is generally smooth, the small bits of gland mouths are evident. There is however a roughened portion of mucosa at the middle of posterior wall. This may possibly account for the brownish appearance.

The microscopic section of corpus is from this region.

Microscopic Appearances:

Uterus x 90. Nothing unusual is noticeable in the muscular coat. Superficial ulceration
is noticeable with thickening of the portion which might represent the edges of the ulcer. Underneath the ulcerated portion the glandular arrangement is very irregular and distorted. The glands, to the side of the ulceration, are in the main healthy. Their lining epithelium being tall cuboidal and ciliated epithelium with slight catarhal changes here and there.

In other glands, again, some large round cells are noticeable breaking up the regularity of the lining epithelium. Tracts of sub-mucosal hemorrhage are noticeable here and there.

Ovary. X 10. (Apparantly barren i.e. naked eye)

The site of atrophied follicles are readily seen as a scar. However, it is detected in the centre of an irregularly-shaped follicle at some distance from the surface of the ovary — it is surrounded by an undifferentiated material filling the remainder of the follicle.

XV. R. S. Married. Suffered from Chronic Manic for some years past.

(1) R. Appendages.

Tube = 4 in. arched round the ovary in its outer half, its funicular end being adherent to that organ. Its outer end is also somewhat thickened.

Sulphur, partially adherent to ovary; in direction the Pancreas is faintly seen.

Ovary, superficially matted on both surfaces of broad ligament. In sections irregular aggregations of small follicles are observable.

(2) L. Appendages.

Tube = 3 ½ in.; of very fine calibre, outer end somewhat thickened & funicularly adnated.

Sulphur. Thin Pancreas barely seen.

Ovary, smooth; staphylophied 7/8 X ½.

Uterus, 2½ X ½ wall, thinned. Mucosa of mucous is softened by breaking down. That lining the uterine wall is in a softened, polyhedral condition, one of the polyhpi being the shape of a pea. The structure is suggestive of an adenomatous process. This polyhpa.
and the portion of the uterus wall from
which it springs are reserved for microscopic
examination.

**Microscopic appearance.**

R. Tube...mucosal glands are much thickened
inflammatorily infiltrated & very vascular; at some few points, columnar epithelium
is retained, in the main however it is shed
and an inflammatory exudation occupies
the remains of the mucosa.

These Salping...is also much infiltrated
with inflammatory matter.

**Uterus X 90.** (Cystic Poly...of Mucosa) Subjected
to the polyposes is also at its side the uterine
glands are dilated and filled in some
instances with structureless effusion.
The unicellular Cystic Polyposes itself
(see naked Eye Exam.) appears to be but
an exaggeration of that condition, in one
or two adjacent glands then adjacent wall
breaking down to form this comparatively
large cavity.
The lining of the fallopian tube is one, two or three layered and composed for the most part of cells of a stratified columnar type. The wall of the cyst is very vascular.


1) **R. Appendix**

- Tube 5 cm appears normal
- **Salpinx** shows some intra-ligamentous hemorrhage towards the hilum of ovary.
- **Parovarium** very faint.
- **Ovary** atrophied. Smooth surface 1/2 in. x 7/8 in.
  - The ovarian tube extends for 1/2 in. into the ligament
  - There are apparently derived from the Tunica Albuginea

2) **Left Appendix**

- Tube = 4 cm. somewhat thickened at the ampullary portion & its lumen is somewhat patent on section.
- **Salpinx**. There is a well marked ovarian sac & an appendix to be removed.
  - In these cases the Parovarium is found.
toward the outer angle of sac. The Ovarian

fimbriae of the tube join the Ovary at its posterior border at the junction of its outer 1 middle thirds. It is probable that the ovarian sac is caused by inflammatory adhesions involving the posterior border of ovary 1 a portion of the

meso - Oviduct above the level of the

Ilium.

Ovary. Atrophied surface is smooth

1½ in. x ½ in. on the outer side, though
to a less extent, the superficial layers
of the ovary extend into the round
ligament.

Uterus. Ungorged = 3½ x 1½ cervix hypertrophied.

There is a sub - cervix Calcareous nodule
(Calcified Fibroid) in the left anterio-
portion of the fundus. In section the

tissue of the hypertrophied cervix shows
considerable pallor. There appears to be

nothing specially noteworthy in the times of

Corpus Uteri.
Microscopic Appearance.

1. Tube: Blood vessels of the walls are numerous and engorged. Muscular layers not differentiable. The muscular bands are thickened irregularly, for the most part wanting in epithelium.

Histological Section. The squamous epithelium of the surface is markedly developed. Surface "folds" are present and the superficial layers of the squamous epithelium are traceable round the walls; in one or two instances the overhanging edges of these folds suggest a mode of superficial cyst formation. The Stratumen Lucidum of the squamous epithelium is especially well-marked at some parts. In the rest the section shows an irregular hypertrophy of the ordinary cervical factors. Calenbal changes are present in the mucous glands of the cervix.

XVII. J.S. act 70. — Single — Chronic Inflammation of considerable duration.

Post-mortal Appearance.

R. Appendages. Tube — 2 in. — very small in calibre.
Intra. Salpinges, partially surmounted by a very thin-walled cyst developed probably from one of the parovarian tubes. The cyst is of tangerine size and contains straw-colored sero-albuminous fluid amounting in quantity to some drachmes.

Ovary - 1 in x 3/4 in: smooth on surface and pale on section.

2. Appendages.

Tube x 4 in: very thin except at ampullae where it is comparatively thicker.

Intra. Salpinges somewhat thinned and contracted.

Ovary - 1 1/4 x 1 1/4 in: elongated, almost cord-like in form. Smooth on surface.

Uterus - 2 x 1 1/2 in: a plug of viscid mucous occupies the cervical canal and a blood-stained less viscid mucoid material separates the walls of the corpus.

The Arter Vitae is well marked in the cervical canal (see microscopic section).

Microscopic Appearance.

Cervix x 90 Some little distance beneath the
mucous surface irregular areas of haemorrhage are seen.

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XVIII. E. O'H. aged 39, single, suffering from melancholia. Duration = 1 year.

Pat. Mentions: Right Eye Affection.

R. Appendages

Tube = 4 inches and is normal.

Illus. Fallopian: Normal. Parovarium is small.

marked the convoluted character of its tubules being well marked.

Ovary: ⅓ x ⅔ inch. The breadth of the ovary increases distally. Surface smooth.

in section there is some mottling seen due to the presence of dark green yellow spots in

some of the follicles, this coloration is doubtless due to the deposit of the blood-colouring matter

from the haemorrhages into the follicles.

L. Appendages

Tube = 3½ in = normal.

Illus. Fallopian: congested, in its outer half, in some ecchymoses, there is also some intra-ligamentous
blood effusively close to the lumen of the ovary.
The ovarian sac is well-marked.

1. Ovary = 1 x 1½ inches. Smooth on surface and
    mottled in section in same manner as organ
    on left side. The ovarian ligament is attached
to the inner end of the posterior border at a
point which appears to cause strain in the
meso-osalpinx and a "fritting" resulting in
the formation of the ovarian sac referred to
Uterus, 1½ x 2½. In section nothing noteworthy
is found.

Microscopic Appearances

Uterus X90 Endometrial changes are present in
the mucous glands of the cervix.

Umbilicated Ovary X90 Superficially the Tunica
Albuginea & the connective tissues of the organ
subjected to this are increased in density.
Towards the centre of the organ follicles of
various stages of degeneration are present.
In the case of those that are almost obliterated
concentric arrangement of the tissues causing
such obliteration is noticeable; a degenerated
Summary A. (Special to Susan)

2. Comparative anaemia of the follicles.
3. Case VIII — Peculiar mottled condition of the ovary with hyperaemia and stromal hemorrhage of tubes in notorious masturbator.

Summary B. (General)

(4) **Slide & Drawing XV.** Development of Cystic Polyps from Utriularis glands.

(3) **Slide & Drawing XVI.** Possible development of Cervical Cyst from invagination of the squamous epithelium of vaginal portion.

(5. B) **Case TV.** Development of Cervical Cyst with subsequent suppuration from dilatation of Cervical Canal.

(6) **Average Length of Right & Left Tubes.**

In eight cases out of eighteen, the right tube is longer than the left tube.

(7) **In Senile Ovaries the aggregation of thickened vessels, apparently in the site of old corpora lutea, there may be readily mistaken for follicles with some fibrous change round them.**

(8) **In Case III.** (also see Case IX). The immunity from specific change in the uterus and affections in a patient who died from acquired Syphilitic Disease of the Brain.

(9) **Case IV.** Uterine Stone of marble size.
probably from calcification of Corpus luteum.

(10). Case XIII. With a condition of Vulva.

Cancer nothing more may be noticeable in the condition of the internal organs of generation than mucosal hyperemia.

(11). Case XII. Simblence of the histology of seminal cancers in centre of an ovary by the multiplication of membranous glandulars or closely adjacent follicles, partitioned off from each other by fibrous stroma.

(12). Hydatidos. Dendromylated hydatid's spring in almost all cases from the anterior outer portion of the Meso-Salpinx than a close relation to either the Parovarium or the fimbriated end of the tube.

(13). The Parovarium is appreciably more prominent in the anterior than the posterior surface of the Meso-Salpinx.

(14). The adventitious formations of the ovarie

sae as seen in cases V, XIII, XIV, X.
inflammatory adhesions between the inner ovary portion of the ovary & the meso-osalpinge close upon the Paravarius: the ovarian Ligament being tense the result is the formation of a deep pocket which has to be distinguished from the congenital nico-inflammating or true ovarian sac.

John Gooden Gooden-Beauvoir
M.B. & C. M.
One of the cysts representing lumen of left tube. Tissue generally infiltrated with inflammatory material no trace of a normal epithelium. Inflammatory exudation into cyst lumen. Tend is also seen in field.
Shewing the Kidney Shaps assumed by some of the atrophied Graaffian Follicles in a small ovary. Vessels well-marked. Atrophic changes in the other tissues.
Showing round cell invasion of the cancer of one of the uterine glands. Taken in conjunction with the condition of the muscularis of the wall of the uterine mucosa. The degenerative changes in adjacent glands and some cellular infiltration of the muscularis of the uterus may indicate an early stage of a malignant process.
Shewing a follicle. Its contained ovum in a sheath and to the naked eye apparently barren ovary.
Showing portion of the wall of Unilocular Cystic Polyps of Uterine Mucosa, inter-mediate shapes seen between this condition & adjacent uterine glands, from one or several of which the polyps is clearly developed.
Showing a possible method of development of Cervical Cyst from misagination of the squamous epithelium of the vaginal portion, the overhanging edges approximating.