Thesis for M.D. Degree

Some Observations Upon
The Uterus and Its Appendages
In The Insane

By

John Cadus, M.D., M.S., M.R.C.P.

In: B. s C. M.

1896
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 diurnal conditions of the Uterus and Appendages and diurnal 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 & Tuber in 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 & other observations which go to...
established the relation between sexual and mental pathology. Going so far back as 1819 we find that Dr. Robert Cook in his observations on Periperal Insanity dwells ably on the relation of organic arrangements of the uterus to insanity. Dr. C. & F. Fox in the Report of Bridlington House for 1864 assert that masturbation which may be independent in many instances as 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 Krankhaftes Zustande und Vorgänge in den Sexual Organen des Weibes Zu Geisterstrukturen" comments in the altered mental condition during pregnancy, menstrual onset, & Menopause, Amenorrhoea, Uterine Congestion, Vaginismus, other genital conditions of the external genitals Psoriasis Vulvae, Desparuma, Conditions of itching,
of Sexual Organs, Prolapse of Uterus, Chronic Endo-Metritis, Cancer of Cervix, Mal-positions of the Uterus. Then in cases cited he relates to Hysteria, Somnambulism, Folie Circulaire, Erotic Mania, Indanicholos, 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.

Dr. G. R. Shepherd in the "Yale Medical Journal" 1894-95 contribute an article on "Uterine Mal-positiion & Disease as a "Cause of Insanity."

And H. 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. D. 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 acute disease of the ovary or uterus or displacement of either is sufficient to cause mental disarrangement which will subside when the disease of the pelvic organs is relieved; that there is indeed amongst women a distinct class of insane cases where the etiology must be studied from the point of view of diseased sexual organs. The disarrangement in such cases may be functional, or with less hopeful prognosis, organic.

Amongst general considerations he remarks upon the difficulties to be encountered in this field of observation mentioning amongst others the disappointing little help obtained by reference to the Case Books of the larger Asylums.
It would appear that there must be this care 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**

I. S.R.H.  
*Age*: 62, Widow. Has had three children.

**Chronic Mania of several years duration. using excitable & troublesome & delusional.**

*P. M.*  
**Hacked Eye Appearance**

1) **R. Appendages**  
Tube = 3½ in. - normal  
Meso-Salpinx - normal. Parametrium very indistinct. One small smooth, Broad, irregular Cyst.
(2) Ovary. Atrophied 1½ in. × ⅓ in. Tissue pale in section. It is an atrophied follicle there is a dark-stained detachable lining membrane.

(2) Left Appendages
Juno = 4 in. - normal
Heco. Salpinx = normal. Parametrium very indistinct. Two minute simple Broad Ligament cysts. projecting posteriorly also one projecting anteriorly = marble size. contained straw coloured albuminous fluid.


(3) Uterus. Internal measurement 2 in. × 2.
Senile atrophic changes marked. small fibro-muscular nodules. pea size on the middle of Potenix Wall.

Microscopic Appearances
Ovary. X 90. Tunica Albuginea a thick as ova was surface. Follicles are crowded irregularly here & there and
what appears to be dense fibrous tissue surrounds them.

\[ x \times 690 = \text{vessel walls thickened many of them have thin lumens obliterated.}\]

\underline{Uterus} \times 90. Large thick-walled vascular spaces seen in the atrophied remains of utricular glands. Vessel walls generally are thickened. \[ x \times 690. \]

\underline{Glandular epithelium} is small. Fibrous tissue seen in excess in the vessel walls.

\section*{II. A. S. \at 33. no occupation - single.}

\underline{Predisposing Causes} = Heredity, Exciting = Alcohol

Father & two sisters died of drink.

Admitted 3 Dec 95 - Died 10 Jan 96.

\underline{Mania \& Potus.} Heard voices de. Telle.

very restless, noisy & sleepless; deep destructive in habits. Had deep Coronal ulcerations.

\underline{Post-mortem} Thin poorly nourished. Odema of face. Brain membranes, lateral ventricles dilated. Livers fibroid = 60 oz.
(1) R. Appendage.
Tube = 4 in. normal.
Intra. Salpingeum - Pars ovarica fairly well defined
Ovary. 1 3/4 in. x 1 in. section well defined
Marginal follicles. Streuma appears somewhat
homogeneous. On section Black Pigmented Serosa.

(2) L. Appendage.
Tube = 5 in. normal. Pars ovarica small but distinct
Ovary. Replaced by a Unilocular Cyst
of large orange size & shape containing
clear straw-coloured fluid. Cyst has
a smooth lining & its walls are thicker
towards the hilar portion, traces of Ovarian
Tissue being recognised here - Incoherent adhesions.

(3) Uterus. Internally 2 1/2 in. x 2 in. 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 stromal echinocytes.

X 690. Whilst the Albicans is dense there is no marked tendency to the formation of fibrous tissue. Round the follicles blood vessels walls are not marked.

Wrink. 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.

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.


Suffering from mania coming into dementia.

[Handwritten note: Syphilis, Nad Syphilis.]
Part - Hunter.

(11).

Naked Eye Appearance.

1. Appendages
- Tube = 14 in. - small, fimbriated and much congested.
- Ureter = Salpinges - Veins congested. Paraureteric indistinct.
- Ovary - elongated though small. = 14 in. X ½ in.
- Superficially pale & smooth - in section a few small follicles seen - stroma hemorrhagic.

2. Appendages
- Tube = 3½ in. - no fimbriated congestion.
- Ureter = Salpinges - Veins less congested. Pararureteric distinct.
- In section considerably paler than R. Ovary.

3. Uterus = 2 1/4 X 1 1/4 externally. In section
- Arbor vitae well marked. Innervc of Corpus
- smooth & mm. hemorrhagic.

Microscopic Appearance.

R. Tube (ampulla) X 90. Walls thickened.
Bl. vessels much engorged. Many ecchymoses
- Innotice irregular & imperfect.
X 690. Innumeral glands show marked
- Leucocytes, columnar ciliated epithelium
- is retained over many of them.
call, are seen in the lumens between the glands.

R. Ovary x 90. No large follicles are seen near the surface, thus are many at the deeper levels. Venules are numerous, engorged, & there is some stromal ecchymosis.

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 air-gaped.

X 690. Catarrhal change, as seen in the uterine glands.

IV. A. P. act 79. Suffering from chronic mania duration 30 years. Married 5 had a family.

Post-mortem, haked eye appearances.

(i). R. Appendage

Tube = 3 in. Fimbriae attenuated, tube slightly thickened at mid-points. Ovarian Fimbriae ture is thickened.

Meso. Salpinge from the anteroin Surface close to hilum of Ovary there openings a glassy, shaped cyst 14 in long by 3 in. wide. There is fat
in the composition of its walls; near the extremity it contains turbid yellow, watery fluid. Paraovarium very faint in outline.

Ovarian Sac well marked.

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

L. Appendages:

Tube: 4 1/2 in.; normal.

In eso. Salpinx: Healthy. Paraovarial outline very faint.

Ovary: irregularly rounded in shape. Its surface is irregularly modulated as on opposite side. On section the organ is wholly cystic except in its upper outer third where there is a densely calcified Corpus Luteum of marble size. Contents of Cyst is straw-colored watery fluid.

Uterus: Semile changes. On section a turbid yellow watery fluid is seen in small quantity.
in cavity of uterus itself. In its Brenner's the
mouths of the glands are well seen and a
similar fluid is expressible from them. The
Cervical Canal is blocked by an abundant
mucous-purulent secretion like whites of egg.

Microscopic Character of fluids of uterine cavity
proper - epithelial cells in various stages of
fatty degeneration - no mucous globules.

Secretion of Cervical Canal - mucous globules

hus cells, epithelial cells in various stage
of fatty degeneration.
The OS Internum is very narrow. the Cervical
Canal is much widened and seemingly
excavated by some process which has produced
the mucous-hus described (see microscopic
section of cervix)

Microscopic Appearances.
R. Tube x 90. muscular s Fibrous factors
of the wall thickened. Immural pleiae
simplified  x 690. Epithelium of
Mucous is shed in many parts. Leucocytes
is at parts marked. Many of the crypts are
full of small closely packed irregularly-shaped cells.

Uterine Corpus x90. Glands not well seen.

x690 proliferation of connective tissue of the wall also the cellular structure of the glands is not well seen in this specimen.

R. Ovary x90. One or two large blood filled follicles.

x690. The Membrana Granulosa of the blood-filled follicles is proliferative.

Blood Vessels well-formed. Corpus Luteum remains partially organised are seen.

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

V. Q. D. Act 35. Congenital Imbecile

Very excited, noisy, destructive & troublesome.


R. Appendages.

Tube 3 1/2 in. — normal, within 1/2 inch of fimbriated extremity there springs from the upper surface of the tube a slender stalk of 1/2 in length.
(16).

the stalks terminate in a rosette of minute filibrinoid threads, from its centre another stalk springs 3/4 inch in length terminating in a unicellular cup of pea-size containing albuminous fluid (Pedunculated Hydatid).

Meso-Salpinx - Vasular - Parovarium small.

Ovary elongated 1 3/4 in. X 1/2 in. surface smooth generally in section a few marginal follicles are seen.

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

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

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

Uterus 2 in X 1 1/2 externally. In section some watery fluid in cavity of Uterus proper - mucoid secretion in Cervical Canal.
Microscopic Appearances.

Tube (left) was examined at 200 The factors of the wall including the complicated mucosal folds are well formed. The epithelium of the cist is in the main perfect.

R. Ovary: Follicles are abundant though small is accumulated in clusters. Some of these clusters are isolated from their neighbours by compressing less cellular tissue. The Blood vessel walls are well marked. The other patches are regularly distributed of compressing less cellular tissue are seen. In the intervals between the nuclei of these patches are definite structure intiapaible

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


Suffering from Melancholia which followed influenza. Refused food very depressed.


R. Appendages.

Ovary, elongated 2 in. x 1/4 in. : surface smooth, on section, micro:, smooth.

L. Appendages:

Tube - 3 1/2 in.: Tuberculae well marked, a few cysts similar to opposite side.

Inguin. Salpinge, a small pedunculated hydatid springs from the ant. surface of outer portion.

Parovarium: more distinct than R.:

Ovary, elongated 1 1/2 in. x 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 grayish white yellow secretion occupies cavity of cervix. A more watery, turbid fluid is present in small quantity in corpus.

Microscopic Appearances:

Uterus X 90. The glands show decided atrophied change, and there is a considerable amount of leucocytes in the mucosal intestinal tissue. In the muscular layers there is some subarteritis obliterans.
Tube x 90. The vessels are engorged or their lumina in some cases distended. The type of the tubal epithelium is degraded into cubical epithelium at many parts. The cells 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 adjacent 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 interposed between the tissues of the organ are present.

VII. H.C. cut 71. Suffering from Senile Dementia. Widow. Has had paralytic attacks 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.

**Ireos. Salpinx**. Fimbriae faint. Healthily thin, small pedunculated, hydrid from Ant. Outer portion.

**Ovary** - elongated 1 3/8X 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 condition at the outer pole of the ovary is unilocular s 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, somewhat thickened.

**Ireos. Salpinx**. Parovarium indistinct, a few small cysts towards the outer portion, a small pedunculated hydrid approaching from the anterior outer portion.

**Ovary** - small, atrophied, surface smooth, thick skin.

Ovarian tissue does not appear to extend to same extent
into the ovarian ligament as on offsets side.
Uterus 2 1/2 in. x 2, on Section cervical canal
contains streak-like substance. Uterine cavity
contains blood clot & sanguineous debris, the
mucosa is deeply exchymosed generally.

Microscopic Appearances.

Ovary x 90. Many of the vessels are engorged
and 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
ipsilateralous change.

Uterus x 90. The mucosa is destroyed in many places
by intra-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.

VIII. M. A. F. aged 48, widow, suffering
from melancholia then Dementia. Suicidal
Post-mortem: Naked Eye appearances.

P. Appendages.

Tube = 3½ in: Thicker considerably in its outer third is lengthened, its mucosa is absolutely hypertrophied. In the dorsum of outer part of tube within ½ in. of frimbriated end a frimbriated stalk springs. The length of this latter is 1 in. Fin bries round the abdominal ostium are well marked.

Mes. Salpinges: Normal. Parovarium distinct

Ovary: Of normal size & structure. A recently-ruptured follicle is present at the outer pole.

L. Appendages.

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

Mes. Salpinges: Normal. Parovarium very distinct

Ovary: Normal size & structure.

Both ovaries on section show net-work-like mottling of red & white, the red appearing to sap off in mesh-like fashion the enclosed white areas.
Uterus: 2 1/2 in. x 1 3/4 in.
At Rf. Upper Posterior Portion of Fundus there are three pedunculated leiomyoids of pea-size. The pedicles are less than 1/8 inch in lengths. On section nothing abnormal is visible — Carcinoma in Cervical Canal is well marked.

Microscopic Appearance.

R. Tube x 90. A large portion of the tubal structure is destroyed by hemorrhage. Cataractous changes & leucocytosis 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 coat.

Ovary x 90. Tunica 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 circular in outline & structureless in contents.
IX. A.D. aged 30 married, suffering from chronic melancholia, suicidal, alcoholic, of immoral habit, been living with a woman, no children, syphilitic, had occasional severe fits, nature uncertain, always abusive, noisy.

Post-Mortem. Naked Eye Observations.

R. Appendages.

Tube - 6 in.: general size normal, fibribris not well marked.

Mesosalpinx Broad. The ovarian fibribris 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 in. x 1½ in.; on section the tissue is seen to be soft & oedematous. 3 there are three distended follicles of small marble-size at the margin, them contain clear straw-coloured fluid, corpus luteal remains are seen.

L. Appendages, an irregularly matted as a whole by the inflammatory process.
Tube = 4 inches, contracted, somewhat thickened at hard, frayed end and of irregular shape. The abdominal ostium is much distended admitting a lead pencil. The Os has evidently been separated from an adjacent viscera in the process of P. M. manipulation.


Ovary. is matted to the Broad Ligament & has been mutilated by P. M. manipulation.

It appears to have been of somewhat bulky dimensions, its texture is firmer than that of the other side. On section these small whitish points of short size are seen there are still harder than the surrounding tissue and appear to be ex-sanguine.

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

Microscopic Appearance: x 90 & X 690. Nothing special to note.

(26)

Post-Maternal, Normal Egg Appearances

(1). R. Appendages.

Tube = 3 ½ in: somewhat thickened, an inch from the abdominal ostium proper there is an accessory ostium with well developed funiculi. The distal & proximal portions of the tube involved are represented by two distinct apertures.

Mes. Salpinges: normal in size.

Ovary: normal size & contours, no section of corpus luteum is seen.

(2). L. Appendages.

Tube = 4 in: outer inch is twice thickened & convoluted. (See Microscopic Examination)

Mes. Salpinx: Shows a small intraligamentous cyst of pea-size & shape. Contents: albuminous fluid and the cyst is evidently developed from one of the vertical tubules of the Paovarianum.

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

(3). Uterus = 3 in X 2 in: appears normal.
Microscopic Appearances

L. Ovary, x 90. Irregular Albuginea distinct. Remainder of follicles are seen deeply set in the organ. Vein walls are thickened.

L. Tube, x 90. Bladder vessels enlarged and engorged. Immune glands are considerably multiplied. Their epithelium is irregular and many places being shed. The connective tissue of glands is also thickened & there is denudation.

Uterus, x 90. Immune & other layers appear normal.


Post mortem. Baked eggs. Appearances.

R. Appendages. Tube much elongated; the outer 2 inches are transformed into a cyst of tangential shape. Nature of fluid it contained not ascertained. Within the cyst the fibrin of the terminal portions of the tube are seen spreading out graduatly disappearing over the inner surface of the attenuated walls.
There are no inflammatory adhesions sites on
the tube cysts, and during life it would seem
to have been a pedunculated floating cyst.
Two hydratids spring from the anterior, crines margin
of the cyst.

These: Salpinx. Pars ovaria is unusually well
marked it has no relation whatever to the
cyst.

Ovary: 3 x ½ in; and in section shows a ripe
follicle of short size.

21. Appendixes have been sectioned in removal.
Tube portion present = 2½ inches in length,
d is three thickened. The outer portion of the tube
is not distinctly traceable but appears to terminate
in a candelion analogous to that affecting
the other side - the wall of the cyst are
much thicker however.

Ovary is not traceable

3. Uterus: 2 in x 1 in, wall thinned. The Utero-Vesicle
pouch has been obliterated by the mutual inflammatory
adhesions of the peritoneum on the anterior
surface of uterus so that in the posterior surface of bladder
Innoca is unhealthy is thinned sarcoenic.
Microscopic Appearances.

R. ovary x 90. The Yarnia Albuginea is thickened and follicles irregularly accumulated of irregular shape. Membrana Granulosa is irregularly multiplied. So irregular are some of the follicles in shape so irregular their aggregation that in these cases where this Membrana Granulosa has multiplied so far as to fill the follicles with compressed cell elements; the structure has the appearance of a Schorhousen Cancer.

Uterus x 90. The elements of the walls seem thickened so are hypertrophied & do not stain well.

L. tube x 90 all the elements of the wall are infiltrated with inflammatory exudation and in the cross section of the tube the remnants of the lumen appear as some 10 or so irregularly shaped cavities lined by an inflammatory epithelium. The mucosal layers are unrecognizable.

XII. R.J.P. aged 68. Widow, suffering from Senile Dementia. Duration years.

Post-Mortem. Irregular Eye Appearances.

a small tuft of fimbrisae on a slender stalk springs from a point on the upper surface of the tube situated ½ inch from the ostium.

Calibre & structure of the tube appear normal.

Meso. Salpinx. There is a fairly well marked ovarian sac. Parovarium distinct.

Ovary. 1½ x ¾ in. Structure & configuration appear normal - on section some ripe marginal follicles are seen & the remainder of a corpus luteum.

2. Appendages.

Tube = 4 in. normal

Meso. Salpinx. Ovarian Sac not so marked

Nor is the Parovarium so distinct as on the right side.

Ovary. 1½ in. x ½ in. Structure & configuration appear normal - on section one or two small marginal follicles are seen.

Uterus. 1½ x 1½ in. Plug of clear mucus in cervix. Mucous p.4.4.

Microscopic Appearances.

Uterus X90 Tubular structure of mucosa, also fluid
vessel wall, thick, muscular layer, not easily
distinguishable from each other.

Ovary X90. "Germinal" layer is still well
reproduced, in parts being well seen in the dips
of the simple surface corrugation. 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. act 75. widow. suffering from
Chronic Mania for eleven years.

Post mortem. Naked Eye appearances.

19R. Appendages.

Tube - 3 in. of small calibre.

Ovary. Ovarian sac well marked.

Ovarian in the centre of the
Ovary. Ovarian there is a small node of
size within the layers of the Broad Ligament.

This node is composed of hard blood clots and
a calcified rounded node of gun-shot size.

This condition is probably the sequel of a
simple Broad Ligament Cyst.
vessels wall. thick, muscular layers not easily differentiable from each other.

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

XIII. C. R. aged 75. widow. suffering from

Chronic Mania for eleven years.

Post-Mortem. Naked Eye Appearances.

19R. Appendages.

Tube = 3 in. of small calibre.

Ileo-Salpinx. Ovarian sac well marked.

Parovarium: small, in the centre of the

Ileo-Salpinx there is a small nodule of

sea-slug within the layer of the Broad Ligament.

This nodule is composed of hard blood clot &

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) A. Appendages.

 Tube = 4 in. also of small calibre.

\underline{\text{Meso.-Salpinx. Ovarian Sacs well-marked.}}

\underline{\text{Panniculus small : situates a at the other side in the outer angle of the sac.}}

\underline{\text{A small nodule is present of fibrous tense tissue pea-size in the peritoneum immediately anterior to the Ovarian fimbria.}}

\underline{\text{L. Ovary. Very small, elliptical in shape.}}

\underline{\text{Comparatively smooth : contains two corpora lutea.}}

(3) Uterus = 3 in \times 1\frac{7}{8} somewhat thin-walled.

\underline{\text{Mucosa of Corpus is soft \& hemorrhagic.}}

\underline{\text{That of Cervix is not so soft \& is not hemorrhagic.}}

\underline{\text{Microscopic Appearances:}}

\underline{\text{Uterus \times 90}}

\underline{\text{In the outer half of the wall the vessels are numerous \& thin-walled, an extraordinarily thickened encloses little or 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 leucocytosis, at parts, little if any typical gland structure is present.

XIV. M. A. A. act 68. Widow, suffering from chronic insanity for 10 years, owing delusional labias.

Post Mortem. Baked Eye Appearance.

(1st Appendages.

Tube. = 2 1/2 bentorted within the peritoneum.
Fimbriae abundant.

Sperm. Salpinx. Thickened 3 shows a small ovarian sac. 1 Parovarium not recognisable.

The Ovary is very small 1/2 in X 3/8 and has a perfectly smooth surface. On section the term appears practically barren.

(3) 2 Appendages.

Tube = 3 in. arched from adhesion contraction.
of ovary. Calibre appears normal. Tissue free and luminant.

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

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

(3). Uterus 2 2/3 X 1 1/2 there is a small fibroid sub-peritoneal nodule, partially pedunculated at the upper posterior part of fundus.

On section this nodule is seen to be partially calcified. The uterine cavity is filled with blood though not distended with blood clot. Musca 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 hemorrhage. The microscopic section of cervices is from this region.

Microscopic Appearances.

Uterus X 90. Nothing unusual is noticeable in the muscular coat. Superficial ulceration.
is noticeable with the thickening of the portion
which might represent the edges of the ulcer.
Underneath the ulcerated portion the glandular
arrangement is very irregular, contorted.
The glands to the side of the ulceration are
in the main healthy, their lining epithelium
being tall, lumina cut off, and at times
with slight catarrhal change 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 40. (Apparently barren to naked eye)
The sites of atrophied follicles are readily
seen, an ovum, however, is detected in the
centre of an irregularly shaped follicle.
At some distance from the surface of the
ovary — it is surrounded by an un-
differentiated material filling the remainder
of the follicle.


R. S. Manic, suffered from chronic
mania for some years past.

(1) Appendages.

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

Hyper. Salpinge: partially adherent to ovary.

in direction the Pancreas is faintly seen.

Ovary: superficially matted on both surfaces of broad ligament. In section a circular aggregation of small follicles are observable.

(2) Appendages.

Tube = 3½ in: of very fine calibre. outer end somewhat thickened. Sinus in a follicular aphelost. Hyper. Salpinge: This Pancreas Early seen.

Ovary: smooth. atrophied. 7/8 X 1/4.

Uterus: 2½ X 1½ wide. thinned. Increase of corpus is softened. breaking down. That lining the anterior wall is in a softened, polyhedral condition, one of the pyloric being the seif of a few. The structure to the naked eye is suggestive of an adenomatous process. This polyphuo.
and the portion of the uterus wall from which it springs are reserved for microscopic examination.

**Microscopic appearance.**

R. Tube: Compressible glands are much thickened in inflammatory infiltrate of very vascular; at some few points columns, epithelium is retained; in the main however it is shed and an inflammatory exudation occupies the recesses of the mucosa.

**Musco. S halpin.** is also much infiltrated with inflammatory matter.

**Uterus X 20.** (Cystic Poly pus of Mucosa.) Subjacent to the pus ; also at its side the uterine glands are dilated and filled in some instances with structureless effusion. The unicocular Cystic Poly pus itself (see naked eye Examen.) appears to be but an exaggeration of this condition, in one or two adjacent glands their adjacent wall breaking down to form their comparatively large cavity.
The lining epithelium is one, two or three layered and comprised for the most part of cells of a degenerated columnar type. The walls of the cyst is very vascular.

XVII. A. H. aged 60, suffering from Chronic Mania. Duration one year. Pat. mute. Haired Eye Appearance.

1. R. Appendage:
   Tube 3 in. appears normal.
   Mes. Salpinx shows some intra-ligamentous hemorrhage towards the hilum of ovary.
   Parsaria... very faint.
   Ovary: atrophied, smooth, surface 1/2 in X 1/8.
   The ovarian tissue extends for 1/2 in into the ligament.
   There are apparently derived from the Tunica Albuginea.

2. Appendage:
   Tube = 4 in. somewhat thickened at the ampullary portion & its lumen is somewhat patent on section.
   Mes. Salpinx. There is a well marked ovarian sac 1 in. appears to be general in these cases. the Parsaria is found.
toward the outer angles of sac. The ovarian fimbria of the tube joins the ovary at its posterior border at the junction of its outer, middle third. It is probable that this ovarian sac is caused by inflammatory adhesions involving the posterior border of ovary at a point of the meso-oophorium at or the level of the isthmus.

Ovary. - Atrophied surface is smooth. 1½ x ½ as on the other side. Though to a less extent, the superficial layers of the ovary extend into the round ligament.

Uterus. - Ungated = 3½ X 1½ linear hypertrophied. There is a sub-serous calcareous nodule (Calcified Fibroid) in the left antecurial portion of the fundus. In sect. the time of the hypertrophied cervix shows considerable hollow. There appears to be rotten; specially noteworthy in the times of Corpus Uteri.
Microscopic Appearance.

1. Tubules: Blood vessels of the wall are numerous and engorged, muscular layers not differentiable. The muscular folds are thickened irregularly for the most part wanting in epithelium.

Histologic Cervices. The squamous epithelium of the surface is markedly developed. Surface "feetings" are present and the superficial layers of the squamous epithelium are traceable round their walls; in one or two instances the overhanging edges of these pockets suggest a mode of superficial cyst formation. The Stratum Lucidum of the squamous epithelium is especially well-marked at some parts. In the rest the section shows an irregularly more strongly of the ordinary cervical factors. Calancial changes are present in the mucous glands of the cervix.

XVII. F. S. act 70. - Single - Chronic Memin of considerable duration.

Post-operative Appearances.

R. Appendages. Tube = 3 in. very small in calibre
Intra. Salping. partially resorbed by a very thin-walled cyst developed probably from one of the paramesial tubules. The cyst is of tangerine size and contains straw-coloured sero-albuminoid fluid amounting in quantity to some drachms.

Ovary. 1\(\text{in.}\) x \(\frac{3}{8}\) in; smooth on surface and pitted on section.

2. Appendages.

Tube. 4 in; very thin except at ampulla where it is comparatively thicker.

Intra. Salping. somewhat thickened and contracted.

Ovary. 1\(\frac{1}{4}\) x \(\frac{1}{4}\) in; elongated, almost cord-like in form. Smooth on surface.

Uterus. 2 x 1\(\frac{1}{2}\) in; a plug of viscid mucus occupies the cervical canal and a blood-stained lens viscid mucoid material separates the walls of the corpus. The Arbor Vitae is well-marked in the cervical canal (see microscopic section).

Microscopic Appearance.

Corin\(\times 90\) Some little distance beneath the
mucous surface. circular areas of haemorrhage are seen.

Part. Mortes. Sable Eye Appearance.
R. Appendages
Tube = 4 inches and is normal.
Inso. Salpinges normal. Paramoies is well marked the convoluted character of its tubules being well marked.
Ovary. 1 1/4 x 1 1/4 inch. The breadth of the ovary increases distally. Surface smooth, on section there is some melting seen due to the presence of dark green yellow spots in some of the follicles. This colo-mastication is double due to the presence of the blood-colouring matter from the haemorrhages in the follicles.
L. Appendages
Tube = 3 1/2 inch - normal.
Inso. Salpinges congested, in its outer half is some ecchymoses. There is also some intra-ligamentous
Blind ovariæ close to the hilum of the ovary.
The ovarian sac is well marked.

1. Ovary = 1 x ½ inch smooth on surface and
mottled on section in same manner as organ on other 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. fallopian and a "fitting" resulting in
the formation of the ovarian sac referred to
Uterus = 1½ x 2½. On section nothing noteworthy
is found.

**Microscopic Appearances.**

**Uterus x 90** Catarrhal changes are present in
the mucous glands of the cervix.

**Unruptured Ovary x 90** Superficially the Tunica
Allagina is the connective tissue of the organ,
supplant 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 tissue causing
such obliteration is noticeable; a degenerated
Summary A. (Special to Dr. manufacturing)


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)


2. Slide & Drawing XIV A. — Early stage of malignant disease???

3. Slide & Drawing XIV B. — Eversion of a well-formed follicle containing an ovum in the ovary of a woman of 68.
(4) Slide + Drawing XV: Development of Cystic Polypus from Uterine Islands.

(5) A Slide + Drawing XVI: Possible development of Cervical Cyst from invagination of the squamous epithelium of vaginal portion.

(6) Case IV: 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 around them.

(8) In Case III (also see Case IX): The immunity from specific change in the uterus and appendages 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's Cancer nothing more may be noticeable in the condition of the internal organs of generation than mucosal hyperemia.

(11) Case XII. Semblance of the histology of seminiferous cancer in centre of an ovary by the multiplication of membrane granulomas in closely adjacent follicles parted off from each other by fibrous stroma.

(12) Hydatids. Predominant hydatids spring in almost all cases from the anterior outer portion of the Uretero-Salpinx share a close relation to either the Parovarium or the finnibivated end of the tube.

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

(14) The adventitious formation of the ovarian sac as seen in cases V, XIII, XIV, XXI.
inflammatory adhesions between the upper outer portion of the ovary & the perio-osal/salpinge close upon the Parovarium; the ovarian ligament being tense the result is the formation of a deep pocket which has to be distinguished from the congenital non-inflammatory & true ovarian sac.

John Gordon Gordon Bruce
M.B. & C. M.
One of the Gifts referred to as a stone. It is a large, irregularly shaped stone, possibly a type of rock or mineral. It is marked with various lines and labels, possibly indicating measurements or observations. The stone is surrounded by a grid and other annotations, suggesting it is part of a scientific or archaeological study. The annotations on the left side of the page are in a cursive script, possibly providing additional context or notes about the stone. The page also includes a label at the top right corner, possibly indicating the location or context of the stone.
Shewing a follicle sets contained ovum in a stroma and to the naked eye apparently barren ovary.