

TRANSACTIONS  
OF THE  
PHILADELPHIA ACADEMY OF SURGERY

*Stated Meeting April 5, 1915*

The President, DR. JOHN H. GIBBON, in the Chair

GYNÆCOMASTIA

DR. NATHANIEL GINSBURG presented a man, nineteen years of age, in whom for six months the left breast has slowly and steadily increased in size without evidence of pain, and at present presents the appearance of a young female breast about puberty or a little later (Fig. 1). There is prominence of the nipple and distinct mammary tissue hypertrophy, with an areola of pigmentation about the nipple which is more marked than present on the right side. There is no record of antecedent injury, unless his occupation (a shoemaker) has predisposed him to occupational traumatism to this region. The breast tumor is a diffuse, somewhat circumscribed, enlargement, corresponding anatomically to the normal young adult breast outlines. There is no fixation or retraction of the nipple. There is no mammary secretion and no enlargement of the axillary lymph-nodes. Dr. John Speese (*ANNALS OF SURGERY*, April, 1912) regards this type of benign tumor in the young male breast as an adenofibroma and I am in agreement with his views, believing this case will histologically conform to that type of tumor. I do not believe this case in its inception could have been termed "Adolescent Mastitis" unless this is synonymous with adenofibroma.

DR. JOHN H. GIBBON (Transactions of the Philadelphia Academy of Surgery, April, 1912) reported the case of a young man twenty-one years of age, also a shoemaker, upon whom he had operated; and examination of whose tumor showed it to be an adenofibroma of the breast.

This is an unusual and rare breast tumor in the male, and since it is steadily increasing in size, with a view of removing the malignant potentiality present, I have advised and shall perform a plastic resection with preservation of the nipple.

Note.—Plastic resection of the breast and histological examination showed the breast enlargement to be a case of gynæcomastia.

DR. PENN G. SKILLERN, JR., disagreed with Dr. Ginsburg in his diagnosis of neoplasm, and regarded it as a case of unilateral gynæco-

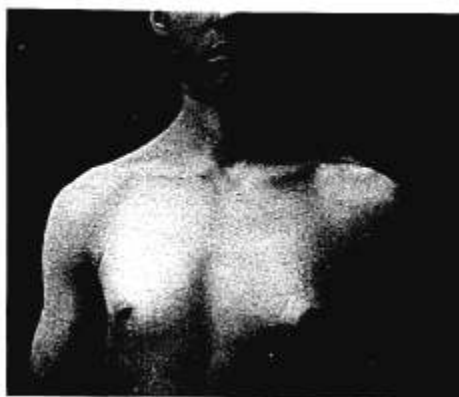


FIG. 1.—Hypertrophy of breast in a young adult male.

#### LOCAL DIPHTHEROID WOUND INFECTION

mastia, or physiological metamorphosis of the male breast into the female type, of which there are now about one hundred and ten cases on record. In support of this view, he related the history of the following case, which was seen by him in the Surgical Out-patient Department of the University Hospital (Case-record 39964), March 4, 1914, and reported, together with a photograph, in *International Clinics*, 1914, 24th series, vol. ii, p. 238.

A white male, aged nineteen years, single, student, stated that for the past two years he has noticed a gradual enlargement of the left breast, and that as the result of conversation with some medical students he feared he was getting a cancer. Examination revealed no neoplasm, but a well-developed left breast, corresponding to that of a sixteen-year-old girl. The right breast, the genitalia, and the sexual instincts were wholly masculine. Chiefly for cosmetic reasons, but also to anticipate the malignant degenerations to which anomalous structures are notoriously liable, a plastic operation was performed a year later.

Gynæcomastia may be bilateral or unilateral, and when one breast alone is involved, it is more often the left. Many cases are associated with anomalies of other portions of the reproductive apparatus, such as hypospadias, absence of pubic hair, etc. At times there is a familial predisposition. It might be expected that such an anomaly would show degenerative changes, such as increase in the amount of fibrous tissue, and atypical architecture of the mammary tissue itself. These changes, however, must be considered as part and parcel of this condition, and, *per se*, do not justify the microscopical diagnosis of neoplasm. A tumor could hardly make a male breast mimic so perfectly a female.

#### FRACTURE OF THE SESAMOID BONES OF THE THUMB

DR. PENN G. SKILLERN, JR., read a paper with the above title, for which see page 297.

#### LOCAL DIPHTHEROID WOUND INFECTION

DR. ARTHUR E. BILLINGS (by invitation) read a paper with the above title, for which see page 343.

DR. J. STEWART RODMAN related the history of a little girl operated on three years ago at the Medico-Chirurgical Hospital for appendicitis with abscess. The wound was allowed to remain open for drainage. When drainage had about ceased and when the granulating wound was perfectly healthy, a diphtheria epidemic broke out in the children's ward. Several days after the outbreak of this epidemic a grayish

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membrane appeared on the granulations in the wound, which kept reforming in spite of being stripped off when the wound was dressed. Finally it occurred to some one that it would be well to have a bacteriological examination made, and there proved to be a local infection of the wound with diphtheritic infection. The child was removed to the Municipal Hospital, made a complete recovery and was subsequently operated on for ventral hernia.

#### ARTHROPLASTY OF THE ELBOW; WITH A REPORT OF FIVE CASES

DR. ASTLEY P. C. ASHHURST read a paper with the above title, for which see page 302.

DR. GWILYM G. DAVIS said that the results obtained by Dr. Ashhurst show that arthroplasty in this joint is more satisfactory than in most others. This accorded with his own experience. It would seem, therefore, that surgeons are justified in carrying out more radical procedures in cases with limitation of motion in the elbow than in joints of the lower extremities in which weight-bearing tends to detract from the good results. The question arises of the necessity of retaining the lateral ligaments. In the majority of his own cases he had not retained these ligaments. Instead of making one large flap he had made two, taking one flap from each side. One of the difficulties of the operation is shown in one of his cases in which there was some trouble with the vitality of the flap. This is a serious difficulty in arthroplasties, especially of the knee. The necessity of using in the arm flaps from other parts of the body, like the fascia lata, is not so urgent as in the knee and hip. While very fair results can be obtained by ordinary resection, this resection without the interposition of flaps necessitates the removal of one to one and a half inches of bone to insure movement. When an arthroplasty is done only sufficient bone to allow interposition of the flaps needs to be removed, and this is less than half the amount necessarily removed in an ordinary resection. The arthroplasty, even without the retention of lateral ligaments, if there is no mishap, is almost certain to give a stable joint.

#### THE OPERATIVE TREATMENT OF FRACTURES OF THE FEMUR, HUMERUS, AND TIBIA

DR. GEORGE P. MÜLLER presented lantern slides illustrating his subject.

#### REVIEW OF A SERIES OF FRACTURES

DR. WILLIAM J. RYAN (by invitation) read a paper with the above title, for which see page 293.