

ing the cavity with carbolic acid, fearing (from what I had read in Dr. Reichert's<sup>1</sup> paper on cases of carbolic acid poisoning) that the injection of this drug into such a cavity as the larger cyst presented, might possibly terminate disastrously for the patient.

I believe that these tumours were essentially cystic from their very inception. That they are of slow growth we have many reasons for believing; the patient in the present case having been conscious of their presence for nearly two years, while a patient I saw and examined, by invitation of Prof. Alex. Simpson, while attending the clinics of this distinguished gynecologist, at the University Hospital of Edinburgh, in the summer of 1878, presented a cystic tumour near the junction of the cervix uteri with the vaginal wall (right side) that had existed there, the size of a hickory-nut, for a period of two or three years, and which, if I correctly remember, was diagnosed as non-puerperal, and to have its probable origin within the peri-cellular tissue; this and the case above reported being the only ones I remember ever to have seen.

106 HALSEY STREET, NEWARK, N. J.

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#### ARTICLE XVI.

A BANDAGE FOR THE TREATMENT OF VARICOCELE. By ROYAL WHITMAN, Surgical Intern at the Boston City Hospital.

THERE are many cases of varicocele where a radical operation would not be advised, for which the ordinary suspensory bandage is not sufficient to prevent the dragging sensations and neuralgic pains which are at times present in almost every case, caused by the constant pressure of the enlarged veins upon the testicle.

Besides the physical inconvenience, this affection is often the cause of considerable anxiety to the patients, who, when their attention has been once called to the affection, often attribute to it numerous other symptoms, real or imaginary. It will also be noticed that in these cases the testicle is almost invariably smaller on the affected side, though normally it is the larger of the two; showing a tendency to atrophy from constant pressure.

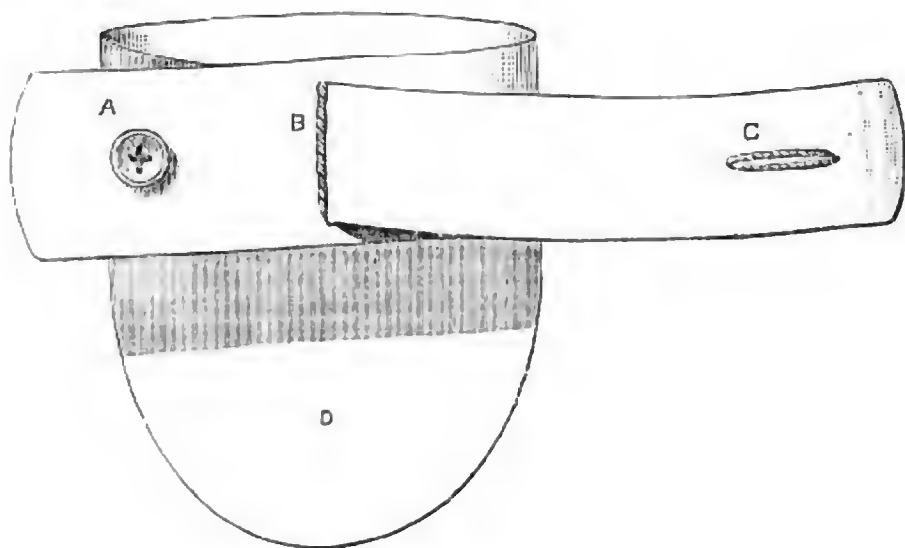
Numerous appliances have been devised for the treatment of this affection, but they are all more or less unsatisfactory; first, because patients object to wearing a surgical apparatus for what appears to be such a slight affection, and secondly, because the great majority of such appliances are

<sup>1</sup> American Journal of the Medical Sciences, October, 1881.

extremely uncomfortable. The trusses, which press upon the veins in the groin, would evidently aggravate the trouble by impeding the return of the venous blood.

Morgan's bandage, which straps the testicle up into the groin, answers its purpose very well; but it is hard to adjust, often uncomfortable, and exposes the testicle, from its position in the groin, to constant injury.

The following simple bandage has proved very satisfactory. Two layers of linen cloth, or other light material, between the layers of which a piece of thin rubber may be placed to prevent wrinkling, are stitched together, as in diagram, it being the actual size of an ordinary



bandage. The portion D is then placed behind the testicle on the affected side, the two ends of the bandage, A and C, are then brought about the scrotum above the testicle, the end C is then carried through the opening at B, and after again encircling the scrotum is buttoned at A. The portion D is then brought up and attached to the inside of the cross-band by an ordinary suspensory bandage, the bag of which is then placed over the scrotum and bandage in the ordinary manner, almost completely concealing the latter.

This bandage simply inverts the testicle, allowing the mass of veins which were pressing upon it to fall below, while the encircling bands, A and C, which are now below the testicle, keep up a steady pressure on the enlarged veins in a direction which does not impede the circulation, while the elevated position of the testicle favours the return of venous blood. This bandage will at once and completely relieve the uncom-

fortable sensations. It is easily applied, is comfortable, and costs almost nothing. It may be worn constantly, being applied in the morning before rising, in which case it will prevent any possible atrophy of the testicle, or it may be worn only when the uncomfortable sensations are present. Under its constant use the volume of the veins about the testicle soon becomes reduced, while the testicle increases in size.

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#### ARTICLE XVII.

MULTIPLE POLYPOID FIBROMA OF THE NYMPHÆ; A RARE CASE. By B. F. BAER, M.D., Demonstrator of Clinical Gynecology, Instructor in Gynecology in the Post-Graduate Course, and Chief of Dispensary for the Diseases of Women in the University of Penna.; Obstetrician to the State Hospital for Women, Philadelphia.

M. S., æt. 39, is married and has had four children, the youngest of whom is eleven years of age. Her labours were all tedious, one of them requiring the aid of the forceps. She has been in delicate health since her first gestation. Her menses have always been regular, but she has had a profuse leucorrhœa since the birth of her last child. Her father died at the age of sixty of "consumption of the bowels," and her mother at fifty of "dropsy," the character of which I was unable to ascertain. She herself had a severe pulmonary hemorrhage eighteen years ago, after the labour with her first child, and one year since a slight hæmoptysis for one or two days. At times she has a slight cough. No history of syphilitic infection could be obtained, nor were there any symptoms of constitutional syphilis present in the case.

About four years ago she first discovered at the upper portion of the nymphæ, on either side of the clitoris, two growths about the size and shape of a small mulberry. These grew separately until they had attained a length of about two inches, when they became adherent to one another at their distal extremities first, and finally throughout their entire length. Within a few months after the discovery of this condition, she noticed a number of smaller growths of a like character sprouting out along the line of the labia minora. As each of these younger vegetations reached sufficient development they, in like manner, became adherent to one another at their extremities, and finally joined the parent or main growth. This mass grew to almost its present size during the first two years of its existence, its growth being very slow in the last two. About one year ago she became aware that the vaginal orifice was becoming obstructed by similar vegetations, and later the anal orifice became likewise involved.

She now, for the first time, consulted a physician, Dr. W. A. Davis, of Camden, who kindly asked me to see the case with him. With the patient in the dorsal position, and the parts exposed, the following condition presented itself to view. The labia majora were widely separated by an unsightly, irregularly lobulated mass, which reached from the clitoris to the anus, spreading out and entirely concealing the vaginal orifice.