interest are worthy of attention, the sharp ringing in the ears which preceded the sudden total deafness for three days, and which probably marked the beginning inflammation in the petrous bones, and the marked congestion along the manubrium of the left side, which was the side on which the hæmorrhage was greatest.

Hospital Practice and Clinical Memoranda.

OBSTETRICAL POLIKLINIC, LEIPZIG.

A CASE OF VARICOSE TUMOR OF VULVA.

BY WALTER P. MANTON, M. D.

THE following case, which occurred in the Obstetrical Poliklinik in Leipzig, is interesting because of its comparative rarity.

Frau X., undecimipara, was taken with labor pains early in the morning, January 12, 1882. At nine A. M. the attending midwife, finding an abnormal position of child, sent to the Thieoschs Institute (lying-in) for a physician.

Examination showed a transverse position, first variety, anterior. Heart sounds irregular and rapid; os uteri fully dilated; cord prolapsed. In the posterior half of the right labium major, extending inwards to the labium minor, was a varicose tumor the size of a Florida orange, presenting a spongy feel and appearance.

The rapidity and irregularity of the heart sounds indicated danger for child, and extraction was at once performed.

In bringing down the arms, which were crossed behind the head, the clavicle and humerus of the right side were fractured, and the manipulations caused a rupture of the projecting tumor, but, owing to the pressure on the parts, very little bleeding occurred.

Child was born asphyxiated, but recovered after a few minutes' resort to the usual methods.

As soon as the head escaped from the vulva a copious hæmorrhage from the torn varix took place, saturating the bedding, and forming a pool on the floor beneath. This was soon controlled by pressure on the wounded parts with the fingers, followed in a few minutes by pledgets of cotton soaked in tr. ferri sesquichlor., and the subcutaneous injection of ergotine.

The placenta was expelled by Credé's method about five minutes after birth of child, and caused a momentary renewal of the hæmorrhage. After washing out the vagina with the hot douche, inspection showed the tear to extend from the right of the middle of the perineal tendon obliquely upwards into the varicose tumor, its length being about two centimetres by one half centimetre wide.

At six P. M., eight hours after operation, the patient's pulse was 140, temperature 102° F. By the third day both pulse and temperature had fallen to normal, and the lying-in-bed ran a normal course, the patient going about her usual work on the seventh day, although still weak from loss of blood.

After the first day the perineo-varix tear was dressed with iodoform powder, and healed completely within ten days.

It is interesting to note that the patient's former labors were normal, the tumor occasioning no inconvenience.

As far as could be ascertained the history of the tumor was as follows:—

When a young girl the patient had had a boil or abscess at the point where tumor is now situated, which was opened by a physician. Although tumor existed before marriage no direct connection could be traced between it and the abscess save in point of location. In the non-pregnant state the tumor is one fourth its present size. During menstruation it enlarges and becomes painful. The tumor has also gradually increased in size from year to year. During pregnancy a great increase in size takes place, although in former times it has never equaled its present dimensions.

The only varicose tumor of the vulva, in the non-gravid state, which I find reported in the scanty literature of the subject, was seen by Winckel¹ in his private practice, the case being that of an unmarried lady with a tumor the size of a hen's egg on the left labium major.

Varicose conditions of the veins of the vulva are not infrequently met with in pregnant women, but they seldom reach any important size, are rarely ruptured during delivery,² and generally disappear soon after labor.

The danger from hæmorrhage from a ruptured varix is very great, the blood spurting from the vein, says Schroeder,³ as from a large artery. Hyde⁴ saw death result in forty minutes from such a hæmorrhage.

A CASE OF BRONCHOCELE.

BY T. AMORY DEBLOIS, M. D.

MARY D., aged twenty-one years, born of French-Canadian and Irish parents, and residing in a dark and unwholesome tenement in South Margin Street, appeared at the Throat Clinic of the Boston Dispensary on the 19th of last December. She complained of "a lump which had been growing on her throat," as she stated, for the preceding six or seven months.

On examination there appeared a small bronchocele occupying the right lobe of the thyroid gland, and encroaching somewhat on the isthmus. The tumor measured perhaps about 2½ inches in diameter and 1½ inches in thickness.

Having had good results from the internal use of arsenic in these slight enlargements, I prescribed it in this case, together with the topical application of the tincture of iodine to the affected part. This treatment was continued without apparent result for three weeks.

Having read reports of successful treatment of other forms of tumors by the hypodermic injection of Fowler's solution, I determined to try it in this case.

On the 7th of January, with a hypodermic syringe, I injected seven minims of a mixture of Fowler's solution and water, equal parts, into the substance of the gland.

On the 9th, when the patient reappeared, there was no apparent change. She had not been affected in the least by the injection, and it was repeated.

On the 11th there was neither change nor discomfort, and again seven minims were injected.

¹ Pathology of the Female Sexual Organs.

² Winckel, Pathology of Child-Bed, states that this occurs in less than three per cent. of such cases.

³ Obstetrics.

⁴ Transactions Obstetrical Society London, 1870-71.