

at the meatus urinarius. I have now and then met with a peculiar contraction of the vagina in old women, attended with ulceration and offensive discharges, which I believe to be of cancerous nature, and in which I concluded that the uterus was not involved. In one case which came under my care at the London Hospital, that of a woman aged seventy, there had been for ten months a sanguineous discharge of "dirty white" color, pain down inside thighs and lower belly, chiefly at stool. She was obliged to lie down; she felt as if sitting on a sharp instrument. About one inch up the vagina, an annular constriction was felt just admitting the finger; through this was a pouch, at the back of which was the enlarged and hardened os and cervix uteri. The sensation was much as if the finger passed through a fistula into the rectum. But passing one finger into the rectum and one into the vagina, the septum was felt perfect, and her "stools passed the right way." Blood flowed on examination. Atresia of the canal is not uncommon when the vagina is the seat of cancer. Rare as is vaginal cancer, there may occasionally be seen here and there scattered over the vaginal surface independent roundish, or flat medullary watery projections, discoid or honeycomb elevations of the cauliflower excrescence.

The vagina affords, like the peritoneum, clear opportunities of observing how cancer can propagate itself by contact. Thus it is not uncommon to find a patch of cancerous growth on the opposing surface of the primary seat of the disease. Dr. Cayley describes (*Pathol. Trans.*, xvii.) a case of epithelioma propagated by contact from the posterior to the anterior wall of the vagina.

The *diagnosis*, presuming that a digital examination is made, is easy. The rough, hardened, contracted walls of the vagina communicate a sensation different from that of the healthy, or of any other diseased state of the vagina. The speculum will expose the disease. The examination, howsoever gently made, is moreover pretty sure to cause a little bleeding; and the offensive discharge supplies further evidence.

The *course and terminations* of vaginal cancer resemble those of uterine cancer. Indeed, in almost every case vaginal cancer is but an ulterior stage of uterine cancer. The disease extending deeper invades the rectum and bladder, leading probably to perforation. Death occurs through exhaustion, blood-infection and degradation, mechanical impediment to the functions of the bladder, kidneys, and intestines.

In *treatment* unhappily little can be done. There is no room for attempt at ablation. We can but seek to arrest progress by powerful caustics, and failing this, fall back on palliative measures.

The palliative treatment differs in no respect from that described as applicable to cancer of the uterus.

## CHAPTER XXIX.

## THE DISEASES OF THE VULVA.

INFLAMMATION: GENERAL OR PARTIAL; OF THE VULVO-VAGINAL GLANDS; ABSCESSSES; ULCERATIONS; SLOUGHS; HEMATOMA; VARICOSITY; PRURITUS; ECZEMA; FOLLICULITIS; HYPERTROPHY OF LABIA AND CLITORIS; "ENDERMOPTOSIS;" NEUROMATA; CYSTS; SYPHILITIC WARTY EXCRESCENCES; LUPUS; CANCER; MELANOSIS; VASCULAR EXCRESCENCE AND OTHER GROWTHS OF THE MEATUS URINARIUS AND URETHRA; FISSURE OF THE VULVA. COCCYGODYNIA.

SOME of the diseases of the vulva are marked by exquisite pain. The free distribution of sentient nerves, the richness and complexity of the vascular apparatus, and the multiplicity of the delicate organs accumulated in this region, account for this feature. Another condition to be noted is the active reflex association with the nervous centres, cerebral and spinal. This is remarkably manifested when we induce anaesthesia to facilitate examination or operations. The vulva seems almost the last part in which the reflex irritability is suspended. The reactions upon the general nervous system are often complicated and distressing, and are not seldom overlooked. In addition to these conditions, which always exist, there is often found a morbid neurotic element inherited or acquired, or a blood dyscrasia or diathesis, as gout.

*Inflammation of the vulva—vulvitis*—may be partial, that is, limited to a part of the structures of the vulva, as to one vulvo-vaginal gland and one labium: or it may be *general*, that is, involving all the structures of the vulva on both sides. It may be limited to the vulva, which is not uncommon, or it may be complicated with colpitis.

The vulva is liable to various forms of inflammation: Erythema, phlegmonous inflammation of the labia, acute or chronic, furuncle, erysipelas, herpes, eczema, prurigo, and the follicular inflammation of Huguier. Oedema is a frequent complication of these affections. They often leave a degree of thickening, hypertrophy, or sclerosis of the tissues of the nymphæ, clitoris, or vulva.

*Inflammation of Bartholini's glands* is frequently caused by unclean sexual intercourse, especially of a gonorrhœal character. I have seen a chronic inflammation, which had lasted ten months, disappear quickly under no other treatment than iodide of potassium. I had suspected syphilitic disease. It may be the result also of want of cleanliness, and the irritation produced by the retention and partial drying of leucorrhœal discharges.

Inflammation having attacked the substance of the gland, causes extreme pain from the distension of the gland within its capsule and the surrounding connective tissue. The inflammation may be limited to the



gland and its duct, or may spread to the loose connective tissue around. In either case abscess may form. When the gland is the chief seat of the inflammation, a swelling forms of an ovoid shape, distending one labium major, and causing it to protrude so as to overlap and conceal the labium on the other side. The surface of the tumor is usually vivid red, shining from tension, and bathed with a serous mucus. The size varies from that of a pigeon's egg to that of a hen's egg. Bulging over towards the opposite side, it narrows the entrance of the vulva so that the introduction of the finger causes exquisite pain. It is generally possible to detect the orifice of the duct of the gland on the inner surface of the labium. Pus accumulating in the gland may from time to time force its way out of the duct, then collect again. But most often this mode of evacuation is imperfect, and great distension is the result. Even when the abscess has burst, an obstinate secretion of pus may go on for an indefinite time. The subjective symptoms are intense pain and a sense of throbbing in the part.

When the inflammation spreads to, or has its chief seat in the cellular tissue of the labium, the symptoms and appearances are similar. Perhaps the pain is less; but pain is a relative term, often more expressive of individual susceptibility than of the intensity of the disease, so that no conclusion can be drawn from this. Where the cellular tissue is affected, the swelling extends much beyond the limits of the gland. It may terminate in resolution, but suppuration is, I think, the more common event. In this case fluctuation soon becomes evident.

Abscess of the gland itself will not often burst. After a time the inflammation may even subside, and the cyst formed may be tolerated. I have known many examples of this condition. It is nevertheless desirable to lay them open when detected, as they may at any time be the occasion of renewed trouble.

In the treatment of inflammation of the labia majora and Bartholini's gland, the first thing to enjoin is rest. Indeed, this injunction is not very likely to be disregarded, the pain on movement, especially in the upright posture, is too agonizing for that. If suppuration has not begun, leeches, poultices, and lead lotion give most relief, and dispose to resolution. When the formation of pus is made out, a tolerably free incision should be made. As the part is very vascular, free bleeding may follow; but this gives such obvious relief that it ought not to be immediately stopped. If it goes beyond desirable bounds it can be readily stopped by compresses alone, or by a tent soaked in perchloride of iron or tincture of iodine. A poultice should be applied after the incision. An abscess of the cellular tissue thus treated will commonly heal without further trouble. But if it is the result of inflammation of the gland itself, something more may be necessary. The contents of the inflamed Bartholini's gland are not always simple pus; a glairy tenacious mucus often is mixed with pus. This distension may have produced a cystic dilatation of the gland, the inner surface of which will secrete even after it is laid open, unless its character be changed by the free application of some strong escharotic or irritant. I have never found any trouble with these cysts, if the cavity be stuffed with a strip of lint soaked in tincture of iodine. They quickly shrivel up; the remaining cavity gets filled by granulations.

If abscesses of the vulva are allowed to burst, or have been insufficiently laid open, fistulous tracts are apt to form, which keep up great irritation and discharge, and even inflammation and induration of the tissues around. The treatment of these sinuses consists in giving them a free external opening, and in injecting a solution of iodine into the tract.

*Ulcerative loss of substance* occurs in the form of excoriations, superficial ulcers, and small follicular and larger abscesses. The vulva is also liable to lupus and syphilitic sores.

*Sloughs of the vulva* are especially apt to follow severe labor, and may result in various degrees of cicatricial atresia. They may occur after typhoid, scarlatina, diphtheria, and may be primary, as in the noma of young children.

There is a *gangrenous vulvitis* sometimes seen in girls following on scarlatina. For this Guersant and Trousseau applied the actual cautery. Rilliet and Barthez used chloride of zinc. Parrot (*Progrès Médical*, 1874) recommends iodoform in powder. He says it is almost painless. It must be used freely, and renewed twice a day for two days.

*Hemorrhages of the Vulva.*—Hæmatoma, or thrombus of the labia majora, is produced under the obstruction caused to the return of blood by the advancing head during labor, and also by the bruising and laceration occasioned by the passage of the head. It may also proceed from submucous rupture of varicose veins. It sometimes attains the size of a fist, or even a child's head, and consists sometimes more in a diffused extravasation of blood in the connective tissue of the labia, sometimes rather in a collection of blood poured out into a sac formed by rending away of the mucous membrane from the underlying tissues. If the mucous membrane be torn through, free external bleeding may ensue. The extravasation may spread upwards, dissecting the mucous membrane up, and burrowing behind it far into the pelvis. Suppuration at times takes place in the sac, and gives rise to repeated bleedings. I have seen a marked case of hæmatoma of the clitoris and urethra.

The pudenda are subject to a *varicose dilatation of the vessels*, a condition which may prove serious. During pregnancy the vaginal and pudendal plexuses become still more highly developed; the augmented afflux of blood, and the occasionally increased obstacle to its return from the pelvis, may lead to considerable dilatation of these plexuses. The inside of the vulva and lower part of the vagina at times assume a distinctly convoluted appearance, owing to the prominence of the vessels; these bulge forth turgid, elastic, deep red, or purple.

In this condition, should a breach of surface take place at any point, profuse, even fatal bleeding may easily occur. A blow may rupture the vessels by bruising them against the pubic bones. Simpson says, "In the Scotch law courts during the last five-and-twenty years a considerable number of trials have taken place in consequence of women bleeding to death after sustaining some injury of the pudenda. In most of these cases all that was alleged as the cause of death was that the woman had received a kick on the part at the time she was pregnant, and that a slight laceration had been produced, from which the fatal hemorrhage took place." Some years ago a butcher was tried at Bristol for killing a mar-



ried woman. Rupture of the pudendal vessels had taken place during coitus. But rupture of the gorged vessels may occur spontaneously, that is, without any direct violence to the part.

Varicose veins of the legs during pregnancy may present a similar state of turgidity, entailing a like danger. I have known a woman bleed to death from a slight injury inflicted on a bunch of such veins.

The varicose condition, of which the foundation was laid in pregnancy, persists more or less when the pregnancy is ended. The affected vessels become less turgid, but may undergo changes disposing to danger in another way. Thrombosis taking place in them, necrosis of the walls of the vessels may ensue, and thus becoming perforated, may be the source of hemorrhage or ulcers; inflammation of a low, sometimes erysipelalous type is common.

When hemorrhage takes place from varicose vessels of the vulva or vagina, the one effectual remedy is pressure. This must be firmly applied. The best way is by plugging the vagina above and down to the level of the bleeding points. The horizontal posture and moderate diet of course will be enforced. Simple compresses dipped in cold water will answer the purpose. But occasionally it may be found desirable to soak them in a solution of perchloride of iron.

Although pregnancy is the usual antecedent of varicose veins, I have known very severe cases which could not be traced to this condition.

*Pruritus* is one of the most distressing of the affections of the vulva. It is associated with, or dependent upon, a variety of conditions, so that it may generally be regarded as symptomatic. Before determining upon a course of treatment, it is a clear indication to investigate thoroughly the state of the pelvic organs, and even to study the general condition of the system. In some cases the irritation depends upon diabetes. In some there is a gouty diathesis or lithiasis, the blood carrying irritating elements to every organ and tissue of the body; pain is especially evoked in certain elected parts, the vulva being one of these. In some there is congestion or inflammation of the cervix uteri, and the attendant discharges appear to be the immediate cause of the vulvar pruritus; but, in some instances, there is pruritus, intra-vaginal, as well as pudendal, without any discharge. Then, in a considerable number of cases, there is obvious pudendal disease, as herpes, eczema, erythema, scabies, pediculi.

In some apparently inflammatory cases, it is difficult to say whether inflammation or neurosis predominates. In many of the most painful of these disorders there is no very obvious inflammation, and in others, where inflammation is obvious enough, the pain, although generally troublesome, is more endurable. Some of them have been described under the head of climacteric diseases. It is at this period that the most troublesome cases occur. This, indeed, is especially the epoch of irregular disorderly nervous affections. But other forms may occur in young women, married or single. One form especially arises during pregnancy, a time when the nervous system is in a state of peculiar erethism, and when the seat of the pruritus is peculiarly vascular and hyperæsthetic. I have seen a very troublesome form in single young women following a sedentary occupation as governesses. The sitting may have an injurious local effect, but probably emotional and other centric nervous conditions

may be influential. And this may, I think, be stated as a general proposition: there must be exaggerated centric irritability as well as an eccentric irritation to produce the marked forms of pruritus. This is why it is so frequent in pregnancy. Indeed, it is not uncommon to find in obstinate cases that a general irritation or hyperæsthesia of the skin becomes gradually developed.

It is remarkable that most of these painful affections of the vulva are aggravated at the menstrual epochs. This is due, no doubt, to the exalted centric irritability attending ovulation, as well as to the increased local vascular fluxion. A similar exacerbation is observed in neuralgia of the face and other parts. Indeed, there are cases of intense vulvar pruritus where no local lesion can be detected, which might with propriety be called vulvar neuralgia.

A considerable proportion of cases are due to inflammation of the structures about the vulva. These are already described. A not uncommon form in climacteric women tending to obesity is *eczema*. In cases of this kind the disease is not limited to the vulva, but extends to the dependent fold of the abdomen, to the folds of the groins, to the upper parts of the thighs—in fact, to all those skin-surfaces which overlap each other and chafe. The skin loses its natural epidermal character, becomes moist, red, angry-looking, approaching to the appearance of inflamed mucous membrane. Sometimes aphthous or diphtheritic patches form. The labia majora are often much swollen, even hypertrophied. Minute vesicles or pustules give place to scabs. Sometimes little abscesses form and burst.

I have seen pruritus from eczema brought on by gonorrhœa, and the use of irritating lotions. In one such case, that of a young woman, a pustular eczema spread all over the mons Veneris, the labia, and inner side of the thighs. Nitrate of silver had been used freely without benefit. She was cured by healing the attendant metritis and vaginitis, and by the local application of zinc ointment.

Pruritus is not uncommon in connection with cancer of the uterus or vagina. My observation confirms the statement of McClintock that, in many cases, pruritus of the vulva is one of the earliest symptoms of cancer of the womb.

In some cases the pruritus is due to the breeding of pediculi. These are effectually treated by mild mercurial ointments. In hospital, the nurses ask for stavesacre for this purpose. It answers well. But there are other cases in which the affection is in no way associated with parasites, which are remarkably benefited by stavesacre. The prurigo senilis, for example, is successfully treated by Mr. Balmanno Squire's formula, consisting of oil of the seeds 1, lard 7. In this disease I have also seen great advantage from the application of a pasma formed of flower of sulphur and water.

A not uncommon form of vulvitis is the *vulvar folliculitis* of Huguier. This affects the labia majora, the external aspect of the labia minora, the genito-crural folds, and is limited to the sebaceous glands and hair-bulbs of these parts. These parts appear slightly swollen, rosy, and are the seat of small elevations due to inflammation of the sebaceous glands and hair-bulbs. These are very numerous, are at first small, then enlarge, and resemble pustules, and soon suppurate. Bursting, they discharge an



irritating, offensive, purulent matter. This vulvitis is frequently complicated with erythema, ecthyma, sometimes with œdema, erysipelas, or abscess. It is principally observed during pregnancy, when this secretory apparatus is very active.

In a variety called "*vulvite folliculeuse*" by Robert, the mucous membrane of the vestibule and that covering the interior of the crypts only are affected. The mucous crypts present at their orifices a vivid red areola; their cavities inclose a droplet of pus, which can be squeezed out. This vestibular vulvitis, Robert says, is always more or less allied to urethral blennorrhagia.

The *treatment* should first of all be directed to the removal or relief of the complicating conditions, local and constitutional. Where there is uterine disease attended by discharges, this should be cured. Perfect cleanliness by vaginal injections of water or astringent solutions should be enjoined. Thomas advises the use of a cotton tampon saturated with glycerine mixed with a little borax or acetate of lead, applied daily in the vagina. It protects the vulva from irritating discharges.

If there is acute or subacute inflammation of the skin or mucous membrane, the local applications must be of a soothing kind. It may be necessary in the first instance to apply poultices or poppy-head fomentations, lead lotions, copious vaginal irrigation with tepid water or bran-water, observing rigorously a light diet and avoiding stimulants.

Constitutional treatment is often of the greatest importance. It is necessary, in the first place, to remove, if we can, any complicating, local, or general disease. In women who have reached the climacteric, in whom there is probably a gouty or lithic acid diathesis, strict attention must be paid to the correction of this state. Alteratives, mercurials, salines, alkalies, aloes, colchicum, podophyllin, taraxacum, are often indicated. The peculiar nervous condition of the climacteric age must be studied. Bromide of potassium in large doses is of essential service. Digitalis and aconite are useful. Sometimes we are compelled to resort to more decided narcotics, as opium or chloral.

When clear urine and well-acting bowels indicate that the blood is comparatively freed from lithic acid and other impurities, tonics as bark or quinine are often useful. Guéneau de Mussy insists that a gouty or other diathesis is often present. He advises the use of small doses of arsenic. Such patients should avoid stimulants, especially beer; and moderate exercise in the open air should be enjoined.

When the inflammatory condition is subdued, we may try in succession a variety of local measures. Guéneau de Mussy recommends the following means: Emollient baths containing poppy, or laurocerasus, belladonna, aconite, or pulverized water with belladonna; a weak solution of bichloride of mercury, alkaline washes, vaseline or glycerine with calomel, tannin, or benzoin. Intra-vaginal washes of decoctions of rice and poppy-heads are useful. In the chronic form, strong sulphur baths, some hypsulphite baths, as those of Aix, pomades with mercury and belladonna, carbolic acid lotions or black wash come into use. But we must be prepared to find some cases for a long time rebellious to all treatment.

The pruritus of pregnancy is associated with the exalted centric nervous irritability developed by pregnancy, and with the increased local

afflux of blood. Leucorrhœa generally attends, and the vascular fulness exceeds the usual degree. Saline purgatives, as Püllna or Friedrichshall water; alkaline baths, as Vichy, which can be prepared at home; or even bathing with plain cold or tepid water constitute the best palliatives. Salines and colchicum may be indicated. Bromide of potassium may be useful.

Amongst the acquired abnormalities of the vulva is *hypertrophy*, which sometimes assumes a monstrous appearance. In its ordinary forms it consists of increase of volume of the cutis and subcutaneous connective tissue. It affects the entire vulva, or only a part, as the nymphæ, or the labia majora, or the clitoris. The mass thus formed may attain the weight of several pounds. The surface of the enlarged part is smooth, or rough from irregular growth of epidermis, generally warty, uneven, lobulated. In these cases the tumor reproduces all the marked characters of the papillary growth, and resembles the condyloma. In its substance it consists of dense fibrous connective tissue. Often the hypertrophy spreads upwards over the mons Veneris, and backwards over the perineum. Frequently the mass, under traction of its own weight, becomes pedunculated, and its removal is then easy. I have known the labia minora enlarged so as to form flaps hanging down below the labia majora to be a source of trouble, especially during the menstrual periods, when they swell from congestion, and by chafing against each other produce irritation and leucorrhœa. It may assume the character of elephantiasis.

Atrophy of the labia occasionally follows chronic syphilitic affections of the vulva, attended by progressive cicatricial formations.

The *clitoris* is subject to abnormal enlargement. This, says Rokitsansky, is more often congenital than acquired. This is one of the conditions which, especially when conjoined with excessive development of the nymphæ, as is often the case, simulates hermaphroditism. The gland may be very large, and the prepuce so developed as to resemble a penis, whilst the enlarged nymphæ assume the appearance of a scrotum. There is a good example of this malformation taken from an infant in St. Thomas's Museum.

As the subject of hermaphroditism has little clinical interest, I must refer those who seek information on it to Rokitsansky's *Pathological Anatomy*.

Little tumors are sometimes found in the labia, which Huguier has described under the name "*Endermoptosis*." These are due to hypertrophy of the sebaceous glands. They are not painful; they give vent on squeezing to sebaceous matter. The radical cure is to cut them out with scissors.

*Neuromata* of the vulva have been described by Simpson as sensitive points and structures external to the orifice of the urethra, and as analogous to the caruncles of this part. True small nodular neuromata may be found under the mucous membrane here as well as in other parts of the body. They are the occasion of much suffering, and to obviate this the removal of the offending nodules is necessary.

*Vascular outgrowths* occur as *teleangiectasis* in the labia majora, and as the vascular excrescence of the meatus urinarius.

The tumors or outgrowths of the vulva are so well described by



M'Clintock that I am induced to follow his account. He classifies them as—1. Warty and hypertrophic; 2. Fibrous and fatty; 3. Cystic; 4. Vascular; 5. Canceroid and carcinomatous.

*Warty (syphilitic) excrescences* may grow from any part of the vulva, but they most commonly appear around the orifice of the urethra or of the vagina; in this latter case they look like elongations of the corpora myrtiformia. They are usually found in clusters, but sometimes occur singly. Often three or four grow by a common root. Their color is nearly white, and their structure tolerably firm. They are probably always of syphilitic origin. They seldom cause much pain, but they cause more or less local irritation and mucous discharge.

At least two varieties of warts are met with on the vulva. One of these, says M'Clintock, is the true warty excrescence, the verruca or thymion of Celsus. It is very similar to the warts which appear on the hands, except that it frequently has a pedunculated shape, the stalk or neck having a smaller diameter than the body of the growth. When of large size they are apt to be fissured at the top, and to bleed if scratched or otherwise hurt. They have the color of the surrounding skin, and do not yield any discharge. The greater labia and adjacent common integument are the parts from which these warts generally spring. Warts of the other kind or variety grow from the vestibulum, meatus urinarius, carunculæ myrtiformes, or some of the parts ordinarily concealed within the vulvar sinus. Their structure is firm, but they are remarkably pale in color and semi-transparent, so as to bear much resemblance to the white muscular tissue of fish.

Considerable hypertrophy of the nymphæ, clitoris, or more rarely of the labia majora, is not unfrequently associated with these warty excrescences, a circumstance which M'Clintock suggests strengthens the probability of their being due to some venereal taint. But these enlargements frequently occur when there are no warts, and they may unquestionably occur where there is no syphilitic taint. The syphilitic hypertrophy is generally marked by a rugous warty surface; and other evidence of syphilis, either historical, or still impressed upon other parts of the body, as the skin or throat, will rarely be wanting. Surgeons are familiar with the mucous or gummous tubercle or condyloma of the anus in syphilitic patients. Not infrequently the anus is affected at the same time as the vulva, and then the syphilitic nature of the vulvar growth is at once recognized.

In St. Bartholomew's Museum is a specimen, No. 32.80, of a large fibro-cellular tumor, which was attached by a broad pedicle to the left labium of a woman aged thirty-five. It had existed for ten years. Three years previous to its removal she had syphilis, since which time it rapidly enlarged.

These growths should be treated in the same manner as the gummous tubercle of the anus. In the early stage the warts may sometimes be dispersed by astringent and caustic applications; keeping the parts very dry, and dusting them frequently with prepared chalk, or some other absorbing powder, will occasionally remove them. The syphilitic growths are often effectually treated by frequent powdering with calomel. A

very effective application is painting with strong acetic acid. This has seemed to me even better than nitric acid.

But when the growths have attained a considerable size, extirpation by knife, scissors, écraseur, or galvanic cautery is by far the best plan. When cut off on a level with the surrounding mucous membrane they are not likely to be reproduced; but if a portion of the base or stem be allowed to remain, this is very apt to throw out fresh shoots or processes. I have removed a very large mass of syphilitic tubercle of the labia at an advanced stage of pregnancy, on the ground that during labor laceration might occur. It is, I believe, under all circumstances, best to remove them. Should hemorrhage occur after ablation, it may be restrained by pressure with or without perchloride of iron, by the actual cautery, or still better by acupressure. Needles transfixing the bleeding surface and twisted sutures will effectually stop the bleeding.

Although I believe the syphilitic excrescence can generally be distinguished from other forms, we meet in practice with growths which present considerable resemblance to them where there is no room to admit the complication with a venereal taint. Dr. West is undoubtedly right in his statement that some of these belong to the same class as lupus, "and are quite independent of venereal taint, and of these some pass by gradations, difficult to seize, into the same class with epithelial cancer."

To these forms the names *herpes exedens*, *lupus*, *rodent ulcer*, *tertiary syphilis*, *esthiomenus* (Alibert) have been applied. Huguier adopts the last.

Cancer, frequent in the uterus, rare in the vagina, again becomes frequent in the vulva.

The medullary cancer occurs very rarely as a primary disease of the labia. It is most commonly a propagation of the disease from the vagina in association with cancer of other organs, and especially with medullary warts in the skin and consecutive cancer of the inguinal glands.

More frequent is the epidermal cancer (canceroid), which appears as a proliferating widely spreading degeneration of the labia or clitoris. This latter organ is especially prone to cancer, and like the same disease in the penis, it may for a considerable time be limited to the organ. Owing to its almost external position, and the distress which the disease and attendant enlargement produce, it is generally detected early. These circumstances make ablation especially hopeful. It is not wise to be deterred from operating even when there is evidence of enlargement of the inguinal glands. A respite of comparative ease may at any rate be counted upon. The operation should be thorough. The patient is placed in the lithotomy position. The diseased part is firmly seized by a curved Museux's forceps, and drawn out so as to put its attachments upon the stretch. With strong scissors the mass is cut away close to the pubic bones. Free hemorrhage is likely to follow. This may be restrained by the actual cautery, or by very firm pressure by compresses. A mode of proceeding preferable when the diseased mass can be fairly commanded by the wire-loop, is the galvanic cautery.

Beginning in the clitoris, cancer spreads to the contiguous structures, and soon invades the labia minora et majora. When this is the case, the