

LEUCOMA OR LEUCOPLAKIA OF THE VULVA AND CANCER.

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WHITE areas of more or less horny epithelium occur on the vulva just as they do on the buccal mucous membrane. They may be associated with cancer, as the following cases will show. These conditions of leucoma or leucoplakia of the vulva have received so little attention in this country that I am not acquainted with any work or paper on the subject, or even with published cases. On that account, and on account of the probable importance of the disease as a predisposing cause of cancer of the vulva, I have set down here what I have seen and read of the disease. The sketch of the naked-eye appearances (Fig. 1) is not taken directly from a patient, for all my three cases were in private practice. But Dr. Mark has succeeded in producing a very good representation of the characters from my description of it.

Case 1.

In April, 1894, I was consulted by a maiden lady, 44 years old, who was troubled about a peculiar condition of the vulva. There were numerous white areas, covering a large part of the surface of the greater and lesser labia. Some of the areas were quite thin and bluish white; others of them were thick and opaque. I had never seen such a condition before, and was immediately struck with the resemblance of the disease to the plaques which are so frequent on the surface of the tongue, and which are now classed together as the result of chronic superficial inflammation. The patient was quite unaware whether the vulva had been the seat of this disease for a long time. She had only noticed it recently, but it might have been there for months or years for all she could tell to the contrary.

In July of the same year she came to show me an indurated ulcer at the upper part of the right labium majus in the midst of the white plaques. The ulcer had all the appearance of epithelioma in an early stage, and I advised her to have it removed. She actually made arrangements to undergo the operation, but circumstances occurred to lead to deferment for a time, and I heard no more of her for more than a year. I then happened to meet the medical man who attended her in the country, and he told me that Miss M. had died about six months after I last saw her of some kind of anæmia and general debility. Whether he had seen the vulva or not I could not be sure.

It seems to me likely that the patient died of a pernicious anæmia in connection with malignant disease of the vulva, and probably of the glands, but there is now no means of knowing in what condition the ulcer of the vulva was between the time I saw her and her death a few months later.

I was very much impressed with this case, and wondered whether the disease had been seen and described before. I had quite forgotten that in the first edition of my book on *Diseases of the Tongue*, published in 1885, I had referred to the occurrence of leucoma of the vulva in the following terms: "The disease occurs, though rarely, on the gums and palate, and in one instance it has been discovered on the vulva" (page 141).

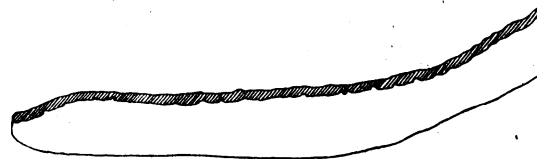
Case 2.

A widow lady, aged 73, was brought to me by her medical attendant in May, 1899. She was suffering from a circular ulcerated epithelioma of the right labium majus. The ulcer was situated in a plaque of very thin white leucoma, and there were similar areas, which covered all the upper part of both labia on both sides, and the central portion of the vulva about the orifice of the urethra and the clitoris. She did not know of their existence, and had apparently suffered no inconvenience from them until the cancer had commenced to form. I removed the cancer freely, and at the same time dissected the plaques away. Microscopic sections of the ulcer proved that it was squamous-celled carcinoma. Sections were also prepared of one of the leucomatous areas, and the accompanying drawings have been made from them.

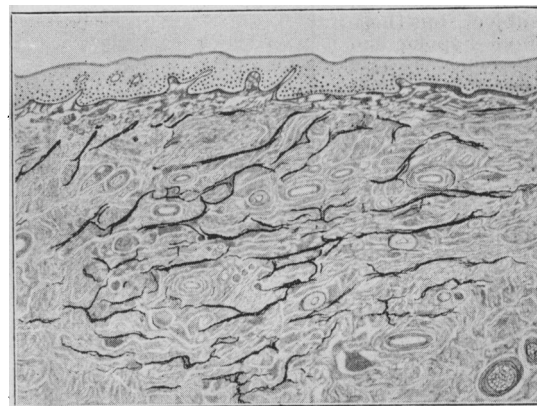
Case 3.

An unmarried lady, aged 66, came to me with her medical man, in September, 1899. A large part of the left labium majus had been removed by an obstetric physician in August, 1898, for what was reported to have been epithelial cancer. She was brought to me on account of secondary affection of the glands in the groin, the pelvis, and abdomen, quite beyond the reach of any operation. On examination of the vulva, there were thick and very white areas of leucoma of the mucous surface of the right labium majus. She did not appear to be aware of their existence, and they had never

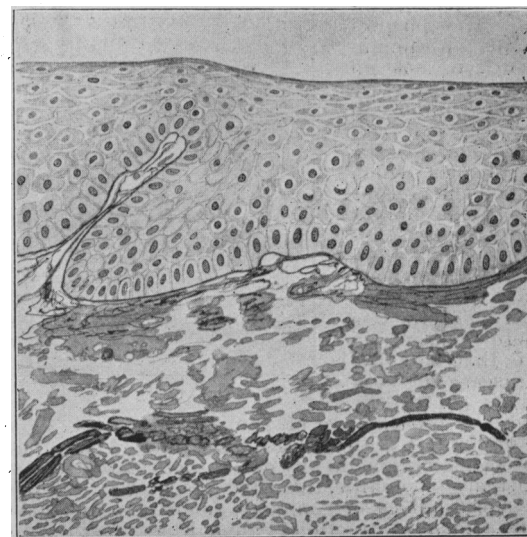
Microscopic drawings of a leucomatous area on the labium majus.



No. I.—With a very low power to show the outline of the epithelia covering.



No. II.—With a higher power, to show the horny surface of the epithelial layer, and the absence of cell-growth in the tissues beneath the epithelium.



No. III.—Drawn with a much higher power.

These drawings may be well compared with Figs. 1, 3, and plate iv of vol. lxi of the *Medico-Chirurgical Transactions*, 1878

excited the attention of her doctor, probably because she had not particularly consulted him about the cancer of the other labium, but had gone directly to the obstetric physician.

REMARKS.

Here, then, are three cases of leucoma or leucoplakia of the vulva, the first complicated with an ulcer which was almost certainly cancerous; the second with an ulcer which was quite certainly cancerous; the third also with cancerous disease. The cases impressed me the more because I do not see many cases of disease of the vulva either in hospital or private practice, and the proportion of cases of this leucomatous disease to the total number of cases of disease of the vulva which have come under my notice during the last five or six years is therefore very large indeed. I spoke to some of my obstetric and gynaecological friends on the subject, but those to whom I spoke had not seen any cases of the disease.

Dr. Henshaw was good enough to look up foreign references to the disease, and I have placed them at the end of this paper. I think one of the best descriptions is that by Schwarz, and I believe the first description is by R. F. Weir in 1875; while the case to which I referred in 1885 is more probably one described by Schwimmer in 1877.

The occurrence of such a condition of the vulva raises several questions of interest. The plaques form only on the mucous surface, not on the skin. They are precisely similar in appearance, feel, and variety of form to the white plaques which form upon the mucous surface of the mouth. In more than one instance, the vulva and the mouth have been attacked in the same patient. There is therefore reason to believe that it is the same disease in both situations. If so, the influence of tobacco and of the direct contact of alcohol in the production of the disease loses some of its importance. There was no reason in any of my three patients to suspect the existence of syphilis, inherited or acquired. On the other hand, the influence of gout and rheumatism may have even a higher value in the etiology than I have assigned to them in the second edition of *Diseases of the Tongue*. The signs of active inflammation are so little evident in the section of leucoma of the vulva that the doubt may well arise whether the condition is not rather a degeneration than an inflamma-

tion or even the result of past inflammation. In the tongue and interior of the mouth the altered surface is exposed to such, and such frequent, irritation that inflammation is comparatively rarely absent; but it may be largely an accident in the life of the disease. My own cases and several of those which have been published show the predisposition of the altered surface to the growth of cancer. Under these circumstances the question is pressing of the desirability of free removal of all such plaques from the vulva, whether the signs of development of cancer are present or not.

[During May, 1901, I have had another case of leucoma of the vulva, with epithelioma, under my care in St. Bartholomew's Hospital, and have removed the epithelioma.]

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PATIENT AND PRACTITIONER.—A case bearing on the legal relation of the medical man to his patients has recently been tried before the Supreme Court of California. A practitioner of acknowledged ability was called to attend a young married woman, and after due consideration advised an operation. When the time came for the operation to be done, the patient refused to submit to it, and, as he had intimated would be the result, the practitioner relinquished the case. A second practitioner who arrived an hour later thought it unnecessary to operate. The first practitioner was sued, and a verdict was returned against him to the amount of \$400. The Court defined the duty of the physician as follows:

It is undoubtedly the law that a physician may elect that a physician may elect whether or not he will give his services to a case; but, having accepted his employment and entered upon the discharge of his duties, he is bound to devote to the patient his best skill and attention, and to abandon the case only under one of two conditions: First, where the contract is terminated by the employer, which termination may be made immediately. Second, where it is terminated by the physician, which can only be done after due notice and an ample opportunity to secure the presence of other medical attendance.....He can never be justified in abandoning the case as did this defendant, and the circumstances show a negligence in its character well-nigh to brutality.

This finding seems to involve the principle that a patient may wisely be allowed to direct the treatment of his own case.

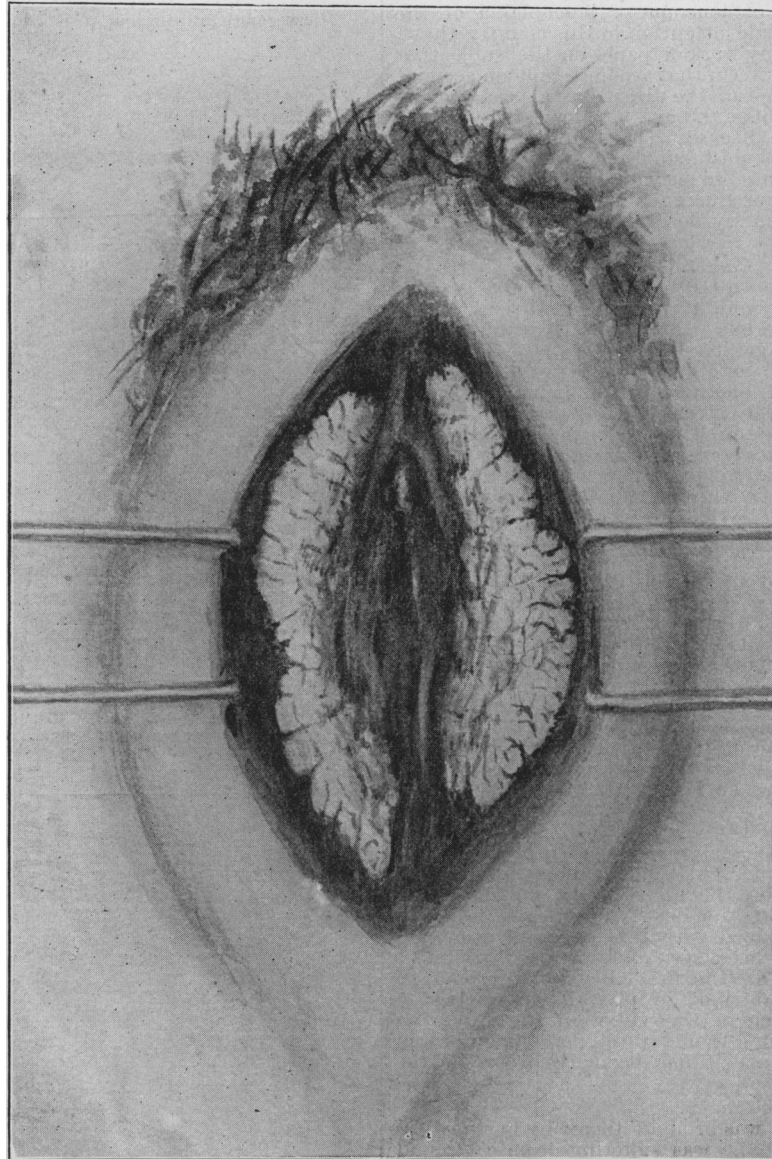


Fig. 1.