REMARKS
ON
OOZING TUMOUR OF THE LABIUM,
WITH A CASE.

By HUGH ROBERT RUMP, WELLS, NORFOLK.

THIS disease, first described and designated by Sir Charles Clark, may be considered of rare occurrence; it is generally met with in females after the catamenial decline, but it is not exclusively confined to this period of life, as occasionally it manifests itself in young persons. Stout, leuco-phlegmatic women, of low power and nervous temperament, whose general health may have been impaired or broken down by frequent child-bearing, mental anxiety, or intemperance, seem to be especially prone to the disease. The first symptoms which attract the patient's attention, are heat and slight irritation of the labium, especially after exercise; at this time there may be little or no swelling, but as the disease advances the labium enlarges, and becomes bathed with a clear ichorous discharge, producing constant and distressing smarting or itching of the vulva, and excoriating the surrounding parts; micturition also becomes painful, and sexual intercourse cannot be indulged in without severe suffering. This train of symptoms cannot exist for any lengthened period without increasing, to a great extent, the pre-existing constitutional derangement; and it is for the failing health, rather than the local disease, (unless severe,) that the patient generally seeks advice.

The disease most frequently attacks one labium, but both labia may become involved, simply the effect of irritation, and not of any specific action. This tumour does not usually increase rapidly, or attain a large size, but exhibits a disposition rather to extend itself superficially, and seldom projects to any great elevation above the surrounding skin. The subjoined case is, however, an exception. When fully developed the labial tumour presents the following appearance:—Its colour may be slightly altered from that of the integuments of the adjacent parts, assuming a more dusky or *tanned* aspect, but this is by no means constant. The surface of the growth is very irregular and uneven, from the existence of numerous elevations and depressions, or, more correctly speaking, small eminences appear to be caused by its being channelled or furrowed in different directions over its whole extent by shallow grooves, leaving elevated spots between them. It is within these sulci that the small fissures or chaps from which the exudation takes place are found; they are either transverse (as regards the labium) or crescentic, and appear to be lined with a delicate pseudo-mucous membrane, resembling that covering certain warty growths. The discharge (the peculiar and distinctive symptom of the disease) is clear and pellucid, and, as far as I have been able to ascertain, has no tendency to become purulent or sanguineous, unless as a result of the local treatment to which the growth has been subjected. If the surface of the tumour be sponged, and then wiped perfectly dry, the

discharge soon reaccumulates, and thus the parts adjacent are constantly bathed and fretted by the irritating fluid, the quantity and quality of which is greatly modified by the extent of the disease, the patient's state of health, habits of life, or even by atmospheric influence. The affected labium imparts to the touch a firm *bravny* sensation, and is pretty tolerant of manipulation, except in the vicinity of the chaps or fissures, where it is very sensitive. After removal, when examined by making sections in different parts, it exhibits hypertrophy of the integument and of the areolar structure of the labium, with an increase of the fibro-areolar tissue, to which it owes its firmness.

From the preceding observations it may be inferred, that the "oozing tumour of the labium" is a disease *sui generis*, that it is non-malignant, and originates, in certain debilitated states of the constitution, from a low inflammatory process, accompanied by, or producing, excessive epidermal development, with fibrous induration and consolidation of the subjacent areolar tissue, but at the same time differing essentially from the hypertrophy of the scrotum and penis of the male (a disease exceedingly common in hot climates) by its characteristic watery discharge.

The diagnosis of the disease is simple, the only diseases with which it might be confounded are, sarcomatous, encysted, or warty growths, and erysipelatous inflammation of the part, but a moment's reflection would solve any doubt that might exist. The treatment may be divided into palliative and radical; the former plan, upon the whole, being extremely unsatisfactory, and only to be recommended or adopted in order to gain time when the patient's health is in too precarious a state to admit of an operation being performed, and to relieve in a measure the suffering until the powers may be recruited by appropriate treatment. Locally, spirituous washes and the cold hip-bath, or frequent ablutions with cold water, appear to afford the patient the greatest amount of relief; but dusting powders or absorbents, such as calamine, starch powder, flour, oxide of zinc, &c., are prejudicial, as they choke up the fissures, and induce increased uneasiness and irritation. The greatest amount of benefit, however, will be derived from paying attention to the patient's general health. A good generous diet, with a certain allowance of malt liquor, or lime, frequent exposure to the sea breeze, or to a fresh bracing wind, together with the exhibition of the mineral and vegetable tonics and alteratives, will repair the constitutional derangement, and fit the sufferer for the radical treatment of the disease.

CASE.—March 17th, 1850.—Mrs. ———, aged 23, very fair, having light hair and blue eyes, and of short stature, has been married about five months. She has never enjoyed very good health, having suffered severely at times from dyspepsia and pleurodynia. These affections she attributes in a great measure to the sedentary employment of a sempstress. At the age of 17 the catamenia appeared, but prior to marriage menstruation was never regularly performed; at one time occurring every two or three weeks, and at another not for several

months, and always attended with all the distressing symptoms of acute dysmenorrhœa. Since the first appearance of the menses, she has had almost constant leucorrhœa. The health of her family is good; her mother, four brothers, and two sisters, being alive and well.

At Michaelmas 1849, she made a short journey to a neighbouring market town, whilst suffering from the effects of cold, and complaining of slight stiffness in the left groin. She stood about with damp shoes on, all that day, and on the next morning she discovered an enlargement of the left labium; it was quite hard but not tender to the touch. In a few days a bubo formed, suppurated, and was opened, and after the labial swelling had existed a short time, it began to discharge from its surface a clear watery fluid, but of so irritating a character, that wherever it chanced to lodge, it produced painful excoriations, and sexual intercourse could no longer be tolerated. The treatment adopted at the time did not alleviate her symptoms, constant irritation acting upon a very excitable mind, soon produced great exhaustion, and she became so debilitated, as to be incapable of attending to her domestic duties. Upon making an examination, the left labium was found considerably enlarged,—viz., projecting beyond the other about an inch and a half, and extending itself in front of, and concealing, the genital fissure. The swelling arose in the mons veneris, and terminated at the fourchette or commissure of the labia. It presented an irregular, or *wrinkled* appearance, from slight eminences and depressions on its surface. It was firm to the touch, and of rather a darker colour than the other labium. In the left groin was a sinus discharging freely, and the parts about the vulva were excoriated. She was ordered to take a good nutritious diet with malt liquor, to pay special attention to cleanliness by frequent sponging with cold water, and to take—

Ferri Iodidi, gr. ij.; Decoct. Sarzæ Co., (Bass) dr. j.; Syr. Aurantii, dr. j.; Tinct. Valerianæ, dr. ij.; Inf. Gent. Co., oz. j., ter die.—Hyd. cum Cretâ, gr. iij; Extr. Conii, gr. iv.; Extr. Coloc. Co., gr. v., alt noct.

April 11th.—The patient's health has greatly improved, and she has gained flesh and strength. The tumour continues in the same condition. Removal was proposed and readily assented to.

April 12th.—The patient having been secured in the lithotomy position, the operation was performed in the following manner:—The tumour was drawn forward from the pubes, and its base transfixed near the clitoris and on a level with the nymphæ, with a straight bistoury, which was then carried downwards to the fourchette and brought out. The knife was reapplied and directed upwards towards the mons, by this means the labium was speedily removed. The round ligament was laid bare, and three small arterial branches bled, but did not require a ligature. The edges of the long elliptical wound were brought together by interrupted sutures, and cold-water dressing applied.

April 30th.—Wound perfectly healed without any untoward symptom, and patient's health restored.

REMARKS ON A CASE OF
PUNCTURED WOUND OF THE NECK OF
A NEW-BORN CHILD,

SUPPOSED TO HAVE BEEN INFLICTED WITH AN AWL.

By CHARLES H. BUTLER LANE, M.D., EWELL.

ON Friday, August 17th, 1849, about noon, I was requested to visit a woman of the name of Eliza Tarrant, who, I was informed, had been confined the previous day without medical attendance. I found her going on well, but on asking for the child, was told that it had died the previous night. On inquiring as to the cause of death, the woman in attendance told me that it had appeared weakly from the time when she first saw it, (an hour after birth,) and that it had bled somewhat from the nose and mouth. The body having been placed in a rudely-made coffin, prepared by a man of the name of Denny, with whom the woman had been living some time, so as to be ready for burial, I had it taken out and undressed. On examination, the corpse was that of a fine full-grown male infant, presenting no unusual appearance, except a narrow bruised mark on the back of the neck, and what was apparently a SLIGHT scratch in a perpendicular direction, a little to the right of the lower part of the trachea, and internal to the margin of the sterno-mastoid muscle. This scratch was slightly encrusted with blood. I learned that it had bled somewhat, and was supposed to have been occasioned by a piece of the hay stub which was littered over the floor of the loft in which the birth had occurred. The coincidence of the minute external wound with the bleeding from the nose and mouth, which I ascertained to have been considerable, roused my suspicions of foul play, and at my instigation, therefore, an inquest was at once appointed.

By the coroner's order the body of the infant was carefully examined, and my friend Dr. Shelley, of Epsom, kindly assisted me in the *post-mortem*. The following were the results:—Externally there was nothing to be seen beyond what I have described, except a very small ecchymosed and abraded spot near the scratch mentioned, and the appearance about the neck and shoulders, which would naturally result from cadaveric gravitation. No blood was obvious in the mouth or nostrils. On carefully raising the skin adjacent to the apparent external scratch, the subjacent effused blood rendered it evident that the puncture had penetrated beneath the surface, and extended into the cellular tissue of the neck, but so small was the aperture, and so active had been the healing and consolidating process, that the finest probe could find no passage. The track of effused blood, after passing somewhat inward, curved suddenly upwards, and could be followed to the extent of more than an inch, until it reached the lower and back part of the pharynx, where the sanguineous effusion became much more diffused, and then all further trace of it ceased. The course of the wound in question appeared to traverse within the carotid sheath, but no considerable vessel could be