
The Vulva

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The Vulva

Volume 5 in the Series

Major Problems in Dermatology

ARTHUR ROOK, MA, MD, FRCP

Consulting Editor

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Foreword

5.11.44
Diseases of the accessible mucous membranes, other than those of the nose and throat, do not fall entirely within the field of any of the well-established specialties into which modern Western medicine has divided itself. Over the past twenty or thirty years the new specialty of medical stomatology has developed and now ensures that, at least in those countries in which it has been recognised, the diseases of the oral mucosa receive the expert investigation they deserve. Diseases of the vulva are at least as important as diseases of the mouth, yet chance and tradition determine whether their victims seek the advice of a gynaecologist or dermatologist or a venereologist, and each specialist tends to see only a biased sample of the vulval disease in his area. As yet there are few hospitals in which such patients have the opportunity of attending a clinic staffed jointly by gynaecologists and dermatologists, despite the obvious advantages of such an arrangement. Consequently the large literature on vulval physiology and pathology is unusually widely scattered.

Dr Ridley, whose appointments include that of dermatologist to the Elizabeth Garrett Anderson Hospital, which has an almost exclusively female clientele, has had an unusually wide experience of diseases of the vulva, in the management of which she has worked in friendly collaboration with gynaecologist colleagues. There have been other monographs on diseases of the vulva, but there is none in print in English which provides the dermatologist with precisely the information he or she requires. Dr Ridley has combined her personal experience with the fruits of a detailed critical survey of the world literature, and has written a book which attempts primarily to give the dermatologist practical advice on diagnostic and therapeutic problems, but also relates clinical states to relevant advances in physiology and pathology. This book is therefore likely to prove invaluable to the dermatologist and the venereologist; it should also find its way into the gynae-

cologist's library and encourage closer co-operation between the specialties in the interests of the advance of medical science and, above all, of the individual patient.

Cambridge, 1975

Arthur Rook

Preface

The aim of this book is to present an up-to-date account of dermatological problems as they are encountered in the vulval area, with an emphasis on recent work of interest (from both academic and clinical points of view) and on the matters where informed opinion is still uncertain. Generally accepted accounts of commonly encountered conditions have however been included, since to omit them would make the book less of a *vade mecum* than one hopes it may prove.

There would appear to be a need for such a book; those hitherto available on the subject have been written very much from the gynaecological point of view or are not sufficiently recent to be able to deal with many important developments.

Our increasing specialisation means that it is becoming more difficult to have ready access to highly relevant material which may often be tucked away in writings pertaining to other special interests. The survey of embryology, anatomy and developmental anomalies is therefore deliberately somewhat extended. Occasions when the material is directly relevant to dermatological work may be few but it seemed, perhaps for that very reason, helpful to have somewhere readily available the appropriate information which otherwise is scattered in papers, monographs and textbooks of anatomy, gynaecology and endocrinology.

It has been found necessary to mention some conditions affecting the vagina. The rigid limitation of the material to the vulva is artificial and not justified on clinical or medical grounds. Dermatologists outside this country are often still venereologists as well; and in this country, where the disciplines were long ago formally separated, the relationship between the two is now rather closer than it was, as venereology re-forms itself into genito-urinary medicine.

Gynaecology too now has a marked medical component, as indeed it had in the past until the development of gynaecological surgery at the end of the 19th century. Obviously, and for several reasons—the main one being that the

author is a dermatologist—no claim is made that the book is comprehensive in dealing with anything other than conditions of the vulva. Nevertheless, it is hoped that the account will be of use not only to dermatologists but to gynaecologists and venereologists. These colleagues, whose help in day-to-day problems and in many questions which arose in the writing of the book is warmly acknowledged, will find that the dermatological conditions mentioned are not fully described, in that what is common knowledge to dermatologists concerning these conditions in other parts of the body is not dwelt upon. Interested readers are referred to standard works on skin disease, references to which are given.

Acknowledgements

The author's grateful thanks are expressed to Dr R. Dallachy, of the Department of Morbid Anatomy, the Whittington Hospital, who devoted unstinting time and care to the selection, preparation, photography and description of virtually all the histological specimens; his technical staff are also thanked for their help.

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On etymological problems generous assistance was given by Miss M. Innes, Mr L. Payne, Librarian of the Royal College of Physicians, and Professor K. J. Dover, of the University of St Andrews.

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The author would also like to thank Mr L. T. Morton, FLA for his compilation of the index, and Miss R. Ford and Mrs F. Lewin for much patient labour in typing.

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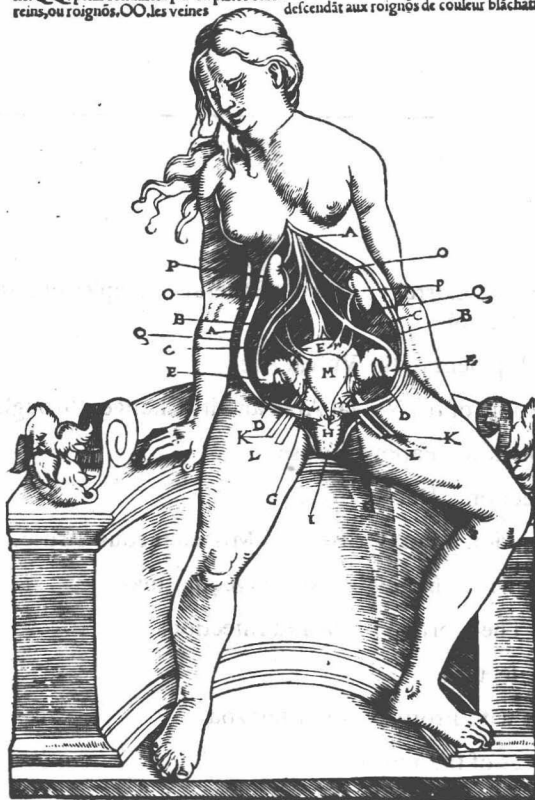
It is a pleasure to acknowledge a debt of gratitude to Dr Arthur Rook, who suggested the work and gave valuable guidance throughout.

Finally, she thanks many colleagues for helpful discussion and absolves them from any responsibility for error.

London, 1975

C. M. Ridley

EN ceste figure sont demonstrez les Membres estant en la femme, quant a la situatio, liaison, & entremesure. A. demostre la partie de la veine du foye, autrement dicté, caue. BB. les veines feminales, elles sont de couleur blanche: par ces vaies est uie la semence. CC. sont les veines, les qelles embrassent l'amari, ou matrice. DD. les couillons de la femme. F. l'amari, matrice. la portiere. GG. les cornes de la matrice. H. l'entree deans la matrice, ou l'orifice interieur. I. le col de la matrice, autrement, la partie honteuse. KK. le tronc de la veine du foye, caue, plante par les cuisses au bas du genou. LL. cest le tronc de la plus grande artere dicté aorte, a cause qu'elle est la fource de toutes les autres Arteres. M. monstre la vessie. QQ. petiz conduits par ou passe l'ourine en la vessie, dictz en grec vriteres. PP. Les reins, ou roignons, OO. les veines descendat aux roignons de couleur blanche.



IN HAC FIGURA GENERATIONIS MEMBRA IN muliebri sexu quo ad situm & colligantiam demonstrantur. A. pars venæ caue est. BB. venæ feminales candidæ. CC. venæ vterum amplexantes. EE. inuolucrum ex seminarijs venis & arterijs constans. DD. mulieris testiculi. F. matrix siue vterus. GG. cornua matricis. H. orificium matricis interius. I. collum matricis, pudibunda. KK. venæ caue truncus in crura implantatus. LL. arteriæ aortæ truncus est. M. vesica. QQ. vriteres. PP. renes. OO. venæ albæ renales.

Figure 1.1. Seated female showing viscera: Walter Hermann Ryff (fl. 1539). By courtesy of the Wellcome Trustees.

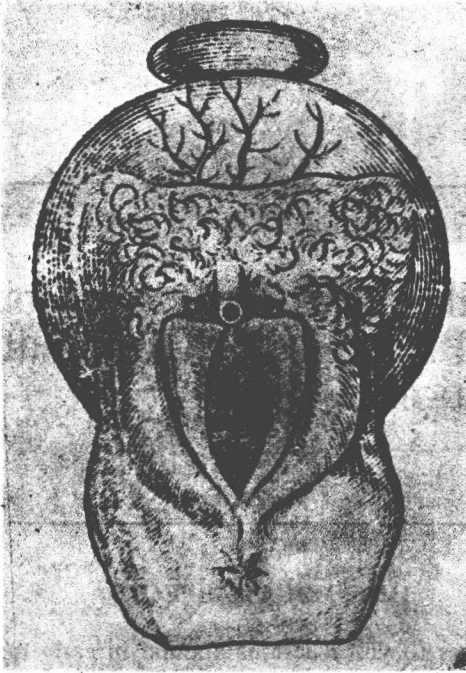
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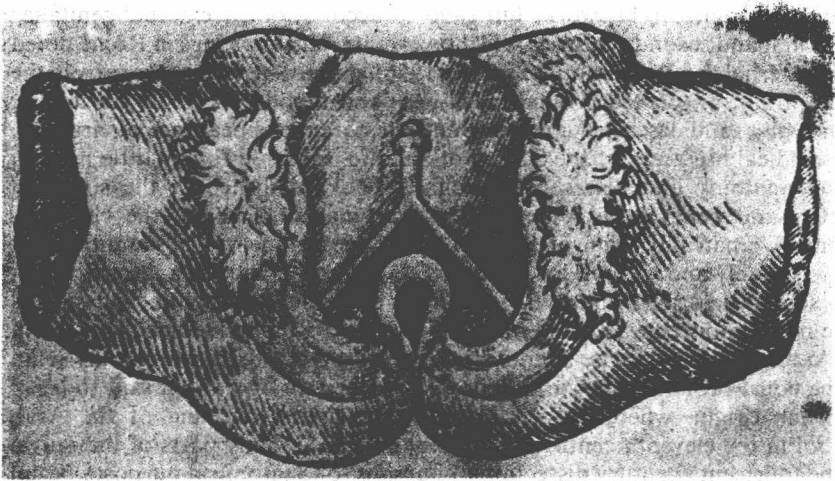
1. Historical and Current Aspects: General Principles of Examination and Investigation

HISTORICAL ASPECTS

Although references to vulval lesions abound in early medical literature there is little of an exact descriptive nature for many centuries. Egyptian papyri of the second millenium BC, the Talmud and the Bible all contain fragmentary allusions. Hippocrates in the fifth century BC included examination of the vagina in his works but gave no account of the external genitalia; in the first and second centuries AD, however, medical writings in Rome noted some external details. Soranus (Temkin, 1956), practising in Ephesus early in the first century, advocated ground chick-peas and blood of a goose for itching of the vulva, and described an operation to restore the appearance of virginity. The medical literature of the School of Salerno appeared to pay little heed to vulval anatomy and disease. Although a book published in the sixteenth century and believed to represent the teachings of Trotula, the eleventh-century woman physician of Salerno, mentioned some vulval conditions, it did so vaguely and without any reference to anatomy; and the anatomy which that school described appeared to be that of animals. Byzantine physicians were more knowledgeable and linked the Graeco-Roman medical world with the Arabic Schools to arise later. Aetios (Ricci, 1950), a sixth-century physician at the court of the Byzantine Emperor, described an operation, said to be of Egyptian origin, whereby the clitoris was excised. Avicenna of the Arab School in the eleventh century accurately described many parts of the vulva. In the fourteenth century dissection of humans for anatomical purposes began and was later furthered by the wish of artists of the Renaissance to study human anatomy. Even so, it was some time before accurate descriptions and pictures of the vulva were published (Figure 1.2). Severinus Pinaeus (1550-1619) wrote a widely known book. He recognised the distinction between the virginal and non-virginal appearance of the vulva and the importance of the clitoris in



(a)



(b)

Figure 1.2. Earliest pictures of the external genitalia of the female: Severinus Pineus (1550–1619). Reproduced from *The Genealogy of Gynaecology*, James V. Ricci, Blakiston Company, Philadelphia, 1943 (courtesy of McGraw-Hill).

sexual sensation. It was not until the beginning of the seventeenth century, in the work of Van den Spieghel (1578–1625), that accounts of the female external genitalia preceded those of the internal genital organs.

In the nineteenth century the speculum and curette, available but often neglected for centuries, came to be widely used. Towards the end of the nineteenth and in the early twentieth century pathology as a science flourished and many conditions, for example the *ulcus vulvae acutum* of Lipschutz and the soft sore of Ducrey, were described; leucoplakia, kraurosis, words which continue to be used to this day, were coined. The histology of the genitalia was first described by Hebra in 1857.

Victorian concepts of genital physiology and sexual matters generally were considered against a background of lavish sociological detail by Pearsall (1971). Among many other facts of interest is one which foreshadows current views on the relation between coitus and cervical carcinoma; a Dr Scanzoni noted that "immoderate coitus and excessive sexual excitation are not without importance in the aetiology of cancer" [of the womb] although he went on to say "it is not the frequency of the coitus but the moral excitation which accompanies it which seems here to be the important point". A Dr Milne perpetuated suspicions of menstrual taboos in his note in a text on midwifery:

"Oh, menstruating woman, thou'rt a fiend
From which all nature should be closely screened."

Upsurges of interest in the belief of menstrual uncleanness, deeply rooted in many cultures (historical aspects have been reviewed by Richardson, 1973), occur from time to time (Lavender, 1974; Osborn, 1974; Reid, 1974), mainly on the theme of 'menstrual toxins' which can kill plants and adversely affect food. The belief may indeed turn out to be well founded. A rational basis for some fear of the menstrual effluvium is provided by modern views on hepatitis (Chapter 6).

An area so important in reproduction would be expected to be a rich source of symbolism and imagery in the culture of the race. It is perhaps both crude and facile to read a correspondence of genital anatomy to the landscape, as Weintraub (1972) pointed out can be done, into Beardsley's erotic extravaganza *Venus and Tannhäuser* (although its sub-title "Under the Hill" is no doubt meant to be associated with the *mons veneris*); still more so to find a similar correspondence in the courtly conventions of *The Romance of the Rose*, even in its second, more realistic and less allegorical, part. The very fact, however, that these views can be held shows how all-pervasive are the connections between the physical and the mental; it is as if these and other such associations were always available, being selected according to individual inclinations and the mores of the time; archetypal material, in the opinion of Bodkin (1963), which may give rise to what she termed psycho-physiological echoes.

Consideration of the etymology of the relevant anatomical terms also reveals some ambiguities. The vagina, from the Latin for 'sheath', and the *mons veneris* or 'hill of *Venus*', are self-explanatory. The vulva, from the Latin for 'wrapper' or 'covering', also appears to be a fairly clear derivation. However, it has been pointed out by Field and Harrison (1968) that the word was applied to the womb, particularly that of animals. When the word uterus

entered into use instead the vulva came to be employed for the external genitalia; justification, perhaps doubtful, for this 'secondary' use was found in Isidorus in 600 AD in describing the labia as resembling doors (valvae), and Leonardo (1944) also noted that in the fourth-century Babylonian Talmud the labia were described as hinges. Clitoris is usually considered to be derived from the Greek word meaning 'to close' (an alternative derivation, from the Greek word 'to tickle' was acceptable to Field and Harrison (1968) but was dismissed by Skinner, 1961) and somewhat obscurely this origin has been supported by noting the way in which the labia minora close over the clitoris; an alternative interpretation of the same source is to consider the word as meaning 'key'.

The hymen presents the most fascinating problem of derivation. A link with Hymen, the god of marriage, is clearly to be expected, and our names indeed are derived from a single Greek word. Hymen seems to have been called into being in Ancient Greece to embody the traditional cry, the initial meaning of which appears to be unknown, at weddings (Oxford Classical Dictionary, 1970). An example of such a song is to be found in the *Peace* of Aristophanes (translated by Dickinson, 1970). Yet the word hymen was certainly used, at least from the time of Aristotle in the fourth century BC, to mean an anatomical membrane of any sort, and only in the sixteenth century, at the time of Vesalius, was it definitely and specifically assigned to that closing the vagina (Skinner, 1961). Whether or not the words had some original identity of meaning is lost in the mists of time and likely though it may seem that they did, there appears to be no evidence for such a view—the alternative being that they were, coincidentally, homophones. It is interesting to note, however, that in sixteenth-century editions of two fourth-century commentaries on Terence and Virgil the writers elaborated on stories of a Hymen who rescued virgins and restored them intact to their rightful place, while at the same time they drew attention to the vaginal hymen as defining or guarding virginity; and that a seventh-century authority used the word hymen to mean the vaginal membrane.

Ricci (1943, 1945) gathered together a vast amount of information on all aspects of gynaecological medicine and surgery. Leonardo (1944) and Graham (1950) have also dealt with historical aspects of the subject, and many details are to be found in the work of Mettler (1947). The work of Ploss, Bartels and Bartels (1935) is valuable for the light which it sheds on anthropological aspects of female anatomy and physiology.

CURRENT ASPECTS

In the last century women were frequently not adequately examined by reason of prudery which affected both patient and doctor, and writings on many relevant aspects in medical journals were regarded as offensive to good taste. Even today there is often some reluctance on the part of the patient, particularly if she is elderly or Moslem, to undergo examination by a male doctor, and on the part of the doctor to carry out the examination; hence the too frequently encountered delay in diagnosing vulval carcinoma and the

treatment of an undiagnosed condition with remedies that are often unsuitable. The comment of Trotula (Mason Hohl, 1940) in the eleventh century may still therefore be relevant: "Since these organs happen to be in a retired location, women on account of modesty and the fragility and delicacy of the state of these parts dare not reveal the difficulties of their sicknesses to a male doctor".

The patient with a vulval complaint may be sent by her doctor to a dermatologist or a gynaecologist, or may attend a venereal disease clinic, often as a self-referred patient. It behoves workers in these fields to have considerable knowledge in common, and good relationships with one another. The need for uniform standards of investigation and treatment, and for co-operation, is self-evident. Combined clinics, where problem cases can be discussed jointly, preferably with a pathologist, are to be encouraged.

Clinics where cervical smears are taken can on occasion have other values; complete pelvic examination can be carried out, and Edwards (1974) over three years found 68 pelvic tumours, four of them malignant, and 'vulvitis' of varying nature in 35 patients, none of whom had visited a doctor previously for the condition. Studd et al (1975) have found 'menopause clinics' valuable in much the same way, various important treatable conditions being found. The lesions included five arising in the genital tract in their first two hundred cases.

Many of the common diseases which may on occasion be sexually transmitted—scabies, mollusca, *Candida*, *Trichomonas vaginalis*—are not thought of by the patient as venereal diseases and the doctor's choice of words may be important. Many of the younger generation, however, appear to accept infections as part of the ambience of the 'permissive society' and readily attend venereal disease clinics. These specialist clinics, set up after the Royal Commission on Venereal Disease had reported in 1916, are an enviable feature of the British National Health Service and have set high standards in the diagnosis and management of venereal disease, not least perhaps in the use of trained social workers to trace contacts (Ponting, 1972; *British Medical Journal*, 1974). Their development and administration has been described in detail in several recent works on the subject (for example those of Wilcox, 1964; Morton, 1971; Catterall, 1974); and the annual reports of the Chief Medical Officer to the Department of Health and Social Security, reproduced in part annually in the *British Journal of Venereal Diseases*, are a mine of information on current trends. In many other countries such clinics do not exist and sexually transmitted disease is treated by the doctor of primary care or by the dermatologist, very often with less good results. The service provided by the clinics has increased markedly over the last 25 years, and their clinical material has changed. Syphilis and gonorrhoea were originally their *raison d'être*, whereas now those conditions account for less than a quarter of the cases seen. For this reason the new alternative name of genito-urinary medicine is now favoured by many venereologists. It has been given academic and government approval and is likely to be generally adopted.

This changing pattern of disease is not confined to infectious conditions and it is as important a factor in updating any medical work as is any advance in knowledge. Where, however, we can and should improve on the past is in stressing the importance of adequate examination. A reiterated theme in the