REVIEWS OF RECENT BOOKS.

CANCER OF THE UTERUS: A Clinical Monograph of its Diagnosis and Treatment. By Arthur H. N. Lewers, M.D., etc. London: H. K. Lewis, 1902.

The title of this work is so uncompromisingly comprehensive that considering the present interest in the subject, and the reputation of the author, the reader will naturally approach the perusal of the book with great expectations; but the qualifications and limitations presented in the introduction materially change the position. It is not a general treatise, even in the diagnosis and treatment of cancer of the uterus, but a monograph, calling the attention of the profession to the author's individual experience in diagnosis and treatment. Anything like a searching examination in the nature of a critical review thus becomes an impossible task; the most fair-minded and disinterested reviewer would seem to be constantly on the verge of personal animadversions, if not even over the line at times.

Dr. Lewers's "suggestion to facilitate early diagnosis of cancer" appears to us to be practical and well worthy of further attention. The author's classification of "cancer of the uterus" is no doubt justifiable in a purely clinical treatise meant for the medical profession in general, but it can hardly fail to cause some sense of disappointment among gynaecologists who recognise that they may still have something to learn. The only points which seem distinctly new are a sub-division of "cauliflower excrescence" into four groups or types, and the assertion that "in the majority of cases cancer of the cervix occurs in the form of one of the varieties of the 'cauliflower excrescence.'" Dr. Lewers must have had a very exceptional experience, else the use of the term is a nostrum of his own, in the original sense of the term, and it should be more distinctly branded as such.

The pages devoted to diagnosis of cancer of the cervix, giving descriptions of the various types when the disease is well marked, and of the finer features at the earlier stage of a case, must afford valuable guidance to the general practitioner. No descriptions will enable the inexperienced to diagnose with precision a case in the early stage; it is perhaps sufficient to describe the appearances which should excite suspicion.

The differential diagnosis is well and clearly described. Perhaps the comparison between erosion with laceration and hypertrophy of the cervix and early malignant disease, leaves room for supplement and improvement. Dr. Lewers appears to attach much importance to friability of tissue as brought out by pressure with the tip of the sound, and to "the exudation of minute yellowish-white drops of puriform fluid," where this friability test fails, as he refers to it at three separate places. But he does not claim for either test that it is universally applicable to early cases in establishing the diagnosis; and as far as the "puriform fluid" test is concerned, he speaks of having applied it in advanced cases only, e.g., "the whole vaginal cervix had a rough resemblance, as regards shape, to an inverted saucer." But who ever saw such a condition except in malignant disease? One cannot help wondering whether Dr. Lewers has
ever heard of the test of friability applied by the sharp spoon or curette, which is universally applicable even in the earliest stages of the disease.

In discussing the directions in which cancer of the cervix spreads, and the infection of lymphatic glands, the author appears to us to miss a valuable opportunity. Surely extension to the vagina is not so very common in the comparatively early stage; and though it is true that there is little tendency to spread to the body of the uterus, the frequency of the extension in that direction, until the internal os is reached, is a very marked feature. The great controversy concerning lymphatic invasion in cancer of the uterus might have received more attention if it was to be mentioned at all. Considering the personality of the controversialists and the practical importance of the issues, it is disappointing to find a mere cursory reference to the subject, and curious to find Dr. Jacobs mentioned specially in this connection.

In the surgical operations and the after-treatment, according to Dr. Lewers, there is not a little which we think must be called in question by experienced operators. Dr. Lewers may confidently call attention to his results as far as the lives of his patients were concerned, for no doubt they are excellent; but still we think he might introduce practices which would lessen the amount of suffering inherent in submission to the operation. It is not the author's fault that he has not succeeded in the impossible task of describing in a completely lucid and practical manner the complicated details of vaginal hysterectomy for cancer of the cervix, but the references to the use of the cautery, the ligature, and pressure forceps, might with advantage be simplified. Among the questions which the average gynaecologist must ask as he reads will be included: Why does Dr. Lewers leave the ligation of the uterine arteries to such a late stage of the operation? When he uses ligatures why should the ends be left long? Why should the chasm in the pelvic floor, produced by the removal of the uterus, not be more or less completely closed, instead of being merely stuffed with gauze projecting “an inch or so into the peritoneal cavity”? Avoidance of injuries to the ureters is absolutely secured in the author's practice of operating only when there is entire absence of infiltration in the cellular tissue near the cervix. Is there not some suggestion of analogy here to the work of the early ovariotomists who got their results by rejecting all but the simplest cases?

The difficulties arising from narrowness of the vagina or large size of the uterus are partly surmounted by vaginal incisions. No reference is made to the para-vaginal incisions of Schuchardt, even in this connection, although space is found later for “Werder's operation,” which might very well have been devoted to a better purpose. The important question of dealing with the tubes and ovaries receives no attention.

But the least admirable part of this monograph is, we think, that which is devoted to after-treatment. It will be little helpful to those who read for guidance in their work, and can hardly give satisfaction to the author's friends. We hope it will not be accepted abroad as an exposition of typical English practice. Our cancer patients are often anemic and reduced in strength by sapraemia and mal-nutrition; yet Dr. Lewers keeps his patients for twenty-four to thirty-six hours on teaspoonfuls of “very hot water,” and starves them for several days more. We feel sure that the great majority of experienced operators will strongly dissent from the opinion that the treatment after ovariotomy is suitable in cancer cases.

Dr. Lewers thinks it is “extremely desirable” to avoid the use of morphine. Why? Merely the verba magistri passed on without criticism,
and in the face of experience. There is not a jot of scientific evidence in support of the practice of torturing women after painful operations because morphia interferes in any way with the process of healing. Even if it were true that morphia alone causes distension of the abdomen, are there not correctives? We can well understand that the operator who finishes his operation in the primitive fashion described in this monograph, with only a plug of gauze to prevent dislocation of the bowel, must dread vomiting; but that is reason for improving the dressing, not for leaving the patient to sufferings which could be readily alleviated. Then, with regard to the use of pressure forceps, the practice described must add greatly to the patient's distress. Four days in a cramped position, perhaps fixed up in a Clover's crutch, without sedatives, and almost without food or drink, with labia and vagina beginning to slough from pressure of forceps and dressings because of the low vitality of the cancer patient! And for what object? To prevent hemorrhage, an object that can be secured in the average case in thirty hours at the most. Dr. Lewers speaks of "the region of the wound, which is always in a foul and sloughy condition at this stage of the case when pressure forceps have been used." It must surely be time to revise surgical practices which give such results always.

But even with the use of the ligature which ought to give as clean a condition of the parts as the wound in abdominal section, some curious phenomena are hinted at—and their causes. "Should the discharge become very offensive . . . the peritoneal plug of gauze should be removed any time after the fourth day." "Vaginal douches should not be used till a full week after the operation. There is generally by that time a certain amount of a somewhat offensive discharge." "Should the bowels not have acted, it is well to secure an action not later than a week after the operation." With regard to the ligatures which Dr. Lewers cuts short and leaves "to come away of themselves," one cannot help surmising what must happen if they do not come. There must be some specially undesirable irritation at the least.

The description of the symptoms and signs of cancer of the body, and the account of its diagnosis and treatment by operation, are nearly all that could be desired. We much doubt, however, if it is a good method of diagnosis to forcibly dilate the canal of the senile uterus in a virgin or nulliparous wife to the extent of exploration by the finger. The objection to the use of the curette that "it may bring away a portion of the growth, or it may not," is somewhat far-reaching. It is an objection to all mechanical aids applied unskilfully or inefficiently.

Dr. Lewers has a clinical classification of Cancer of the Body, and so we meet with several new terms applied to varieties which are described seriatim. But this classification depends upon characters described by the pathologist after operation. It is, therefore, not a clinical classification at all. It is original, but it introduces an element of confusion and gives the clinical worker no help.

The illustrations throughout the work, and especially those representing cancer of the body, are excellent, and will be found most helpful by the student of gynaecology. The descriptions are also clear and concise.

Many of Dr. Lewers's readers will admire and envy the zeal and industry with which he has conducted for so many years his admirably exact clinical observations, and the scientific accuracy which marks the pathological work and the verification of the relations between the pathology of tumours and the clinical facts. To many readers the details of after-treatment may appear too conscientiously set down, but reading is
not compulsory, and details which to some would be embarrassing or
tedious will be helpful to young operators who are only beginning to
assume responsibilities.

The monograph ends abruptly with a table. Perhaps another edition
might with advantage be rounded off with fewer details and more general-
isations. It is after all not unreasonable for the specialist reader to expect
from a man of Dr. Lewers's record and position some fruits of experience
in the form of reflection as well as action, some contribution, in fact, to
the solution of some of the many problems of cancer of the uterus.

Operative Geburtshülfe für Ärzte und Studirende. von Wilhelm
Nagel, a.ö. Professor an der Königl., Frederic-Wilhelms-Universität,
Erster Assistent der Geburtshülfe-gynäkol., Klinik der Königl.,
Charité zu Berlin. Verlag von Fischer's Medicin Buchhandlung.
Berlin, 1902.

Text-books of operative midwifery are perhaps not so familiar to
English students as they are to their German confrères; it may be well,
therefore, to indicate the scope of Dr. Nagel's work. The introductory
subjects first discussed are: anaesthetics, antiseptics, instruments, and the
anatomy of the pelvis; then follow sections dealing with the management
of pelvic presentations, version, forceps, perforation, management of
injuries from parturition, hemmorhages during pregnancy and labour,
Cesarean section, treatment of asphyxia neonatorum, and methods of
inducing abortion and premature labour. Symphysiotomy is very briefly
discussed in an appendix to the section on Cesarean section; decapitation
and evisceration are similarly dealt with under version.

It will be seen that the ground covered is wide, and the individual
subjects discussed are those which it is most important, and yet most
difficult for students and practitioners to become familiar with. General
text-books of obstetrics cannot devote sufficient space to those subjects to
allow of precise and detailed description or adequate illustration; a
manual of operative midwifery would therefore appear to be just as
useful to the student of that subject as are manuals of operative surgery
to the student of surgery. There can be no doubt that more precise know-
ledge of the methods of performing obstetric operations, and of the
indications for these operations, on the part of the medical practitioner,
would be of great advantage in increasing the safety of these procedures,
and probably in reducing the frequency with which some of them are
performed.

We can cordially commend Dr. Nagel's work to English readers as a
sound and safe guide. The illustrations are very numerous, and par-
ticularly well adapted to supplement the necessarily tedious verbal
descriptions of manipulations and operative details in general. The
series representing delivery in pelvic presentations, and the various stages
of the operation of version are the best we are acquainted with, and would
be well adapted for class-demonstrations. An excellent historical descrip-
tion of the various obstetric operations, and of the most important in-
struments, such as the forceps, is given by Dr. Nagel with regard to each
section. It is perhaps needless to add that every page is characterised by
the thoroughness and accuracy which we should expect from a writer so
distinguished in his sphere as the author of this work.
In this brochure of 150 pages the writer presents an excellent résumé of current opinion upon hysterectomy at parturition and in the puerperium. He finds eight varieties of indications for the operation: puerperal infections, rupture of the uterus, fibroids, cancer of the cervix, pelvic stenosis, haemorrhages, stenosis of the soft parts; and in the eighth class he includes special conditions such as impending death of the mother, fetal giantism, anomalies in uterine structure, etc. Except the labour involved in mastering the literature of the subject the brochure does not embody any original work. To each section of the pamphlet is appended a full bibliography, which should prove useful to those who wish to make a further study of the subject. The pamphlet is valuable, in so far as it reflects current ideas.