REVIEWS.

The Operative Surgery of Malignant Disease. By Henry T. Butlin, F.R.C.S., Assistant Surgeon and Demonstrator of Surgery, St. Bartholomew's Hospital. London: J. & A. Churchill. 1887.

The modern development of surgical literature, which finds its outlet in the manifold and multifarious productions of isolated treatises upon every conceivable disease of every system or part of the human body, has found yet further extension in the shape of a work specifically devoted to malignant disease and its operative treatment. It is, perhaps, a hopeful sign, as indicating the gradual development of our art, that this differentiation and extension is being at present so largely indulged in. Not only does it tend to produce a more exact and ample discussion of any particular subject, but subserves the perhaps still more important function of so concentrating attention upon it, that additions and corrections are the more readily made, and true progress thus enhanced. In this latter respect, the book before us is likely to contribute much, or, at least be the means of doing so in the future.

Nothing, perhaps, is more needed in the treatment of malignant disease than to know the remoter effects or the subsequent history of cases previously operated upon; to know, in other words, whether our treatment has been radical or simply palliative. Custom has so led to the performance of certain practices, which have become stereotyped almost as imperative duties, that we fail too frequently ever to question the treatment by a reference to the results. Routine practice is a hard groove to deviate from, but it becomes the easier to do so the more we turn from the practice to the results and allow them to be our guide. In making, therefore, the "results of operations" the centre of chief interest in his book, Mr. Butlin has attracted attention to a branch of the subject fraught not only with interest for the information actually conveyed but for the more important consideration of awakening a critical insight into the practice usually adopted. But before speaking further on this point, we may give some general idea of the plan upon which the book is constructed.

The term "malignant disease" is taken to include both sarcoma and carcinoma, but where possible, and where indeed there is a distinct difference between the clinical symptoms
and the usual course of the affection, the pathological distinction is drawn and each form of the affection independently discussed.

Every organ or part of the body subject to malignant disease, mostly as a primary centre, receives separate treatment, and a common method is adopted in discussing each. Thus the clinical symptoms are first dealt with, then the "methods of operation," thirdly, the "results of operation." This last is further subdivided into—(1.) Mortality due to operation. (2.) Cures due to operation. (3.) Are patients who are not cured relieved by operation? Lastly, "conclusions." It will thus be seen that the arrangement is an extremely serviceable one, enabling the surgeon to turn, at any time, to any particular section.

The most laborious portion of Mr. Butlin's work has been naturally that dealing with the results of operations upon the different organs and parts, involving as it does an extensive reference to statistics. Statistics as a rule do not form a very reliable basis for investigation, but the author appears as much alive to the fallacies as to the truths which they may supply. Thus, in the case of operations, due regard is always had to the use or non-use of antiseptics; and septic results have not been allowed to exercise any material influence upon the general merits of any particular operation.

It must be said, however, that this is a consideration not wholly without difficulty. For not only is it often impossible to determine whether or not the dressing of a wound has been carried out strictly antiseptically unless the details are accurately described, but even the author himself seems somewhat hazy upon what should or should not constitute Listerism. Thus, on page 360, in speaking of operating upon the breast, he observes, "although the Listerian dressing is not employed, it will be seen that great care is taken that the operation shall be performed antiseptically," and on page 343, in connection with ovariotomy, "the Listerian dressing of to-day is not the Listerian dressing of yesterday, and I am sure most surgeons would find it difficult at the present moment to describe exactly what is now meant by the Listerian method of operating." It seems strange at this late period of the day to be talking of the Listerian method of dressing, when indeed Listerism has become entirely submerged in a broad principle, and not in any particular kind of wound application. The use of bichloride of mercury is as much Listerism as the use of carbolic acid, and these in whatever shape or form they may be applied. Both are employed
purely in regard to a principle; so that indeed it matters little what be the agents used, so long as they are used with the sole object of combating the various causes of wound infection. Antiseptic surgery and Listerian dressings can now no longer be aught else than synonymous expressions.

To resume, however, our examination of the various statistics given, some very striking results are brought out in connection with affections of certain parts. Thus, in connection with the breast, much encouragement is derived from the comparatively large number of cures which appears to have been effected. And here it may be incidentally remarked that no case is considered a cure unless a period of three years has elapsed without any further symptoms of development of the disease showing themselves since the time of operation. One series of statistics gives, of 98 patients operated upon, 19 complete cures—that is, that had passed the three years limit; another series, 11 instances of cures in a total of 144 cases; and the author himself believes that a percentage of 12 to 15 may be regarded as approximately correct. While yet the percentage of cures is in reality small, it nevertheless is better than many a surgeon would be likely to expect. The tongue also affords better results than we are accustomed usually to look for. Thus, out of 10 cases operated upon by Sir James Paget, 3 were alive and well at periods respectively of 3½, 6, and more than 6 years after the operation. In Kocher's series of 14 cases three were completely cured. No part of the body, however, compares so favourably as the lip. Of a series of 424 persons, no fewer than 160 had passed the three years limit—that is to say, a percentage of successes a fraction over 38. Next to the lip comes the penis, where in one series of cases a percentage of cases of rather more than 18 was obtained, while in another a percentage of more than 27. Supra-vaginal amputation of the uterus also presents a series of very good results. Thus, in one series of 100 cases, 22 patients lived without recurrence for at least three years after the operation. From these few references to some of the carefully selected statistics given in connection with the parts above mentioned, it will be seen how much encouragement may be derived from the operative treatment of malignant disease in at least these particular regions. If Mr. Butlin leaves little to be questioned in the fair and reasonable way in which he has dealt with his statistics, it cannot be said that he occupies quite the same irreproachable position in relation to the views which he holds on many points in reference to the subject
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of operation. With what varied feelings, almost amounting to resentment, will the following passage be read by many a surgeon:—"Because the cancers of certain organs and tissues tend to affect the lymphatic glands at an earlier or later period, it is a grave error, and to my mind a piece of rough and blundering surgery, to treat every individual case of cancer of those parts as if the glands were already affected." This statement, although occurring in the introductory part of the book, has reference presumably to the operation upon the breast and the removal of the axillary glands, for it is only in this region that such a practice is really systematically carried out. In turning to the section on the mamma itself, Mr. Butlin elaborates more fully his views on the subject, and takes the somewhat exceptional position of advising the removal of the axillary glands only if they can be felt or "there is fulness which does not amount to actual proof of enlargement of the glands." We say exceptional position, because most surgeons who have seriously considered the subject are inclined to the more non-exclusive practice of removing the axillary glands under any conditions. The reason for this practice has been the impossibility of determining whether or not the glands are infected in cases where there is no external indication of their being so. And this founded on the well observed pathological fact, that glands are often found diseased, and sometimes indeed considerably enlarged, when nothing could be detected previous to operation. Still further, that to remove the glands at the earliest possible stage is in all likelihood to prevent the subsequent systemic infection which would inevitably occur. To this practice, as stated above, Mr. Butlin is entirely opposed, and it must be said that from the source from whence he draws his conclusions, there is considerable force in his opposition. This particular source consists in a double series of statistics, taken apparently from reliable published papers. One series consists of 141 cases where the mamma alone was removed, and 170 where the glands in the axilla were also extirpated. In the first series there were 12 deaths from the operation and 19 complete cures. In the second series 39 deaths from the operation and 11 cures. But as 43 cases were lost sight of in the first series, and 26 in the second, the number of cures must be counted as 19 out of 98 in the former, and 11 out 144 in the latter. Again, in the case of simple mammary extirpation 48 had recurrence of the disease in situ; 3 were dead or dying of affection of the axillary glands without
local recurrence; 3 appear to have died of dissemination of the disease without local recurrence. Thus it will be seen that while the major operation caused more than double the number of deaths, it effected less than half the number of cures. As Mr. Butlin points out, the number of deaths in both series is much larger than would occur at the present day, and also that the cases dealt with by the major operation were of a more extensive character than those where the minor was employed. But the really forcible argument which Mr. Butlin brings forward in comparing these statistics, is that out of the 98 cases of simple mammary extirpation, only 3 had recurrence in the axilla without recurrence in or near the scar. Assuming, continues Mr. Butlin, for the sake of argument, that these three patients had been spared the glandular disease which caused their death would "the saving of these three persons have been sufficient to justify the infliction of a very extensive and severe operation, wholly out of proportion to the extent of the disease, on more than 130 women?"

It cannot be denied that the facts shown above are very striking, and form a very feeble plea for running additional risks in operating. The only question we feel inclined to ask is whether there is really so much additional risk in clearing out the axilla? It is the experience of many surgeons who have frequently practised the operation that the greatest immediate risk is not in the later stages of the operation but at the time of removal of the breast itself. As to the dangers likely to arise in the way of injury to the axillary vessels and nerves, these, in the hands of a skilful operator, are avoidable; and proper care also should prevent any greater likelihood of the wound becoming septic. As judged by the writer's own personal experience, very slight additional risk is run in performing total extirpation of both mamma and glands as compared with removal of the mamma alone; and there is always the sense of satisfaction that the best possible chance has been given to the patient of being rid of the disease. The operation is one unquestionably requiring skill in operating and care in dressing, and unless both these conditions can be vouched for in any series of statistics, any conclusions drawn therefrom are practically valueless. Even the simple statement that the glands of the axilla were removed at the operation is ambiguous. For while one surgeon will mean that he picked out such glands as could be felt another would take it as his
expression for a clean sweep of everything removeable. And to those who act, as Mr. Butlin pleases to stigmatise it, purely upon "theoretical considerations," or, as we prefer to take it, upon pathological facts, the latter expression of the statement is the one alone accepted. The question at present is one upon which no general rules can be laid down, and we venture to think that, notwithstanding Mr. Butlin's statistics, and his deductions therefrom, surgeons will not be led to deviate from the radical measures they are at present inclined to adopt.

Space forbids any further discussion of this subject, but there is one other point which must be briefly alluded to. From the analogy of the lip and some other parts, where only a portion and not the entire part is affected, Mr. Butlin reasons that in suitable cases why should not the tumour (in the mamma) and its immediate surroundings be simply removed, the rest of the healthy glandular tissue be left? There is, perhaps, much to be said for this, and one of not the least forcible arguments, although to a certain extent not a purely surgical one, is, that could women feel that a simple removal of the growth would be practised rather than an excision of the whole gland they would be led the sooner to expose their trouble at its earliest stage rather than to conceal it until graver measures must be taken.

There is much else we would fain notice in this book, but we have already rather overstepped our limits. The work cannot but prove of very great value, as much for the information conveyed as for the incentive it gives towards a more extensive investigation into the results of operations.

Vaso-Renal Change versus Bright's Disease. By J. Milner Fothergill, M.D. Edin. London: Baillière, Tindall & Cox. 1887.

In the etiology and pathology of chronic Bright's disease, Dr. Fothergill has hit upon a subject for his pen of surpassing interest and of very great practical importance. Our knowledge of the origin and course of the disease commonly so called has lately, through the labours of many workers, been advancing with rapid strides, and the author has done good service, by the publication of the present volume, in attracting the attention of the profession in general to the progress that has been made. This book will be read by practitioners who have but little leisure for the study of more elaborate and