Part Second.

REVIEWS.

The Structural Anatomy of the Female Pelvic Floor. By David Berry Hart, M.D., F.R.C.P.E., Assistant to the Professor of Midwifery in the University of Edinburgh. Edinburgh: Maclachlan & Stewart: 1880.

This work is the thesis of the author, for which he received a gold medal and the Syme Fellowship, on the occasion of his graduation in medicine at the University of Edinburgh. It consists of a series of investigations into the anatomical and pathological relations of the female pelvic floor, founded principally upon observations made upon carefully prepared mesial and transverse sections of the female pelvis and its contents. The author thus, as he moves onwards with his deductions, endeavours at every step he takes to support himself by exact anatomical evidence. This method has the additional security for accuracy that, according to it, the parts are seen and examined in their undisturbed natural relations. Dr Hart has here the merit of initiating in this country a plan of examination that will doubtless be advantageously followed in other investigations on the pelvic viscera, both pathological and anatomical. The great value of frozen sections of the various parts of the body has already been abundantly demonstrated by Braune and others, but has been little attended to in this country.

The work is profusely illustrated with engravings on wood and lithographic plates. These illustrations are in great measure original, being made from the author's own preparations and diagrams; but a considerable number of them are collected from other well-known sources, such as Braune, Thomas, Pirogoff, Legendre. The illustrations are very well executed, though some of them appear rather out of drawing—for example, Figures 12, 18, and 19.

With the general drift of the work our readers are already acquainted, as nearly the whole of the matter contained in the book has already appeared from time to time in the pages of this Journal. They will, we feel assured, none the less welcome the appearance of the papers in their collected form, enriched as they are now by additional illustrations.

The work is divided into two parts. Part First embraces consideration of—1. The closed female pelvic floor; 2. The pelvic floor opened up naturally; 3. The female pelvic floor displaced pathologically; 4. The pubic segment in detail—perineum, bladder, retro-pubic fat. Part Second contains a description of—1. The pelvis explored manually; 2. The pelvic floor opened up artificially; 3. The pubic segment of the pelvic floor supported artificially.
The first part of the work is by far the most original and interesting. It could, however, with advantage have allowed of a little more elaboration. The author proceeds from step to step in his reasoning, using so few words that the work, from its brevity, conveys an impression of dogmatism to the reader which we feel sure Dr Hart never intended. We should have liked, also, a little more attention to the literary style. We do not like the obsolete word "sag," even though it is now common in America. The word "prize," improperly spelt for "prise," to tilt, is purely colloquial, and should not be employed in ordinary scientific language. We notice, also, the term "infra-vaginal portion of the cervix uteri" is mentioned; but while the cervix uteri has a supra-vaginal portion and a vaginal portion, we have yet to learn where the infra-vaginal portion of it is placed. These, however, are comparatively unimportant matters.

We are glad to be able to agree with the main conclusions arrived at by the author, and consider that he has established on an anatomical basis the physiology and pathology of the pelvic floor as it has been wont to be taught by the best clinical observers. But, besides this, he has contributed largely to our knowledge of this important structure, and presented the whole subject in a light that is both convincing and original. His separation of the pelvic floor into an anterior and posterior segment, and his investigations into the important difference of the two physiologically and pathologically, considered in reference to the unimpregnated condition and during delivery, are, to our mind, exceedingly valuable. His view that so-called prolapsus uteri is a misnomer, and is really a sub-pubic hernia, of which the uterus is only a part, and indeed a small part, is undoubtedly true, and is the view that was strongly impressed upon our attention many years ago by Dr J. M. Duncan.

In regard to the function of the perineal body and its relation to the pelvic floor and to prolapse, we think Dr Hart has hit the happy mean, neither erring in the direction of overvaluing nor of underestimating its importance. He maintains that its function is to strengthen and support the anterior part of the posterior segment of the pelvic floor, and that it has important, though by no means all-important, action in the prevention of prolapse. We hardly feel inclined to agree with his conclusions respecting the upwards displacement of the anterior pelvic segment in ordinary delivery, and feel disposed to consider that, though there is much separation of the anterior from the posterior segments during parturition, there is, on the whole, downwards displacement of both under ordinary circumstances. We do not think that Dr Hart takes sufficient account of the effects of abdominal pressure and of the uterine pelvic attachments, other than the vaginal, in keeping down the fundus, and by that means the anterior section of the pelvic floor, during delivery. Again, though honestly striving to do so, we have not been able to make out that marked retraction of the tissue in the
anterior part of the vulva which Dr Hart thinks he has made out; and we think, also, the too common pathological symptom of prolapse of the anterior lip rather militates against the correctness of his views. With his observations respecting the treatment of uterine displacement, and the action of the Hodge or the Smith pessary, we in general agree, although we do not think he makes sufficient distinction between the action of such pessaries on a retroversion and a retroflexion, and, indeed, look upon Dr Hart’s reference to flexions as somewhat incomplete. Dr Hart might do well, we think, to consult Dr Granville Bantock’s pamphlet on this subject, where he will find essentially the same views enunciated as those held by himself, and the greater difficulty involved in the treatment of retroflexion vigorously grappled with. Dr Hart is, to our mind, unfairly severe upon the Ferguson’s speculum. It is true that it has the misfortune of closing the os uteri; but it gives good light, and, with proper management, can so thoroughly explore the vagina that it surely does not deserve to be spoken of in such condemnatory terms. It may be nothing to Dr Hart, working with plenty of assistants, that a speculum may be used without a third party; but to every gynecologist in private practice this is a matter of great importance. We think, also, Dr Hart ought to have bestowed a word of commendation on Neugebauer’s speculum, which opens up the external os uteri by traction on the vaginal attachments of the cervix, and has the additional merit that it can be used without an assistant. For our own part, we prefer it in ordinary cases to both Ferguson’s and Marion Sims’, though, of course, for most operative purposes the Sims’ speculum is by far the best. We are accordingly greatly astonished that Dr Hart has omitted any reference to it, as it largely serves to obviate the deficiencies which he attributes to Ferguson’s speculum.

Taken all in all, however, the essay is one of much originality and ability, devoted to the elucidation of an important and hitherto imperfectly appreciated subject. The author has done his work well, and in our opinion has settled the main disputed points connected with the function of the pelvic floor in its physiological and pathological relations. We cordially recommend the book to the attention of our readers, feeling assured that it is worthy of careful study, and that its perusal will afford them much satisfaction.

Atlas of Skin Diseases. By Louis A. Duhring, M.D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania, etc. Part VIII. Philadelphia: J. B. Lippincott & Co.: 1880.

Any one in looking over this Atlas must be struck with the reality
of the portraits contained in it. There is no attempt to form a fancy picture by skilfully combining the features seen in different cases, but each plate represents an actual example of a skin disease. The part before us shows characteristic specimens of erythema multiforme, psoriasis, syphiloderma tuberculorum, and what Dr Duhring prefers to call tinea trichophytina, explained as tinea circinata and tinea tonsurans. The first plate represents a disease fairly common, in its most typical situation, the papular variety of erythema multiforme as met with on the backs of the hands. Dr Duhring has done good service in publishing this plate, since none of the more readily accessible atlases furnish a good specimen. The variety in form, in colour and tint, and in the lesions themselves, which all combine to give a reason for its name, are accurately given, and from this drawing alone one who had never before seen the disease would with certainty recognise it. That phase of psoriasis is delineated in which it imitates more or less closely some of the ringed forms of erythema, and also tinea circinata maculosa, and its distinguishing characters have rarely been better hit off. The protean forms of syphilitic eruptions are endless, and under the head of tubercles many are met with. One of these is well shown on the face, forehead, and neck, and not only are the tubercles themselves illustrated, but, as is constantly seen, the cicatrices remaining after the healing of previous ones. With a plate figuring tinea circinata on the neck and cheek, and tinea tonsurans on the scalp, the part is completed. The features of the disease in both situations are unmistakable. The letterpress accompanying the chromo-lithographs is written in Dr Duhring's clear yet terse style, and well brings out the diagnostic points to be specially attended to. There is certainly no atlas yet published which presents so many valuable original illustrations of skin diseases commonly met with, and this cannot fail to commend it to all well-informed medical men.

Archives of Dermatology: a Quarterly Journal of Skin and Venereal Diseases. Editor, L. Duncan Bulkley, A.M., M.D., Attending Physician for Skin and Venereal Diseases at the New York Hospital, etc. Vol. VII., No. 1, January 1881. New York: G. P. Putnam's Sons.

We have often had occasion to admire the earnestness with which Dr Bulkley devotes himself to his specialty; and though he writes much, it is always to the purpose, so that one is sure to learn something suggestive from any article which flows from his pen. But in nothing is his energy better displayed than in the manner in which he conducts the Archives of Dermatology. Difficult as is the task of an editor of a medical journal, it is
much more so when the subject to which it is devoted is a comparatively limited one. Dr Bulkley is ably assisted by a numerous staff of collaborators, among whom are Mr Malcolm Morris and Dr T. C. Fox of London. The present number appears in an improved form; the type is larger, the page wider, and the paper luxurious. Besides some excellent digests of current literature, it contains some peculiarly good original articles, more particularly those by Dr Greenough on Herpes Progenitalis; by the Editor on the Treatment of Eczema of the Hands and Face; and by Dr Atkinson on Kerion Celsi. All these contain much information, both new and valuable. Altogether the Archives deserves an extensive circulation.

Ringworm: Its Diagnosis and Treatment. By Alder Smith, M.B. Lond., F.R.C.S., Resident Medical Officer, Christ's Hospital, London. London: H. K. Lewis: 1880.

As representing the results of ten years' exceptional opportunities of studying a common and most vexatious disease, Dr Alder Smith's little work will be welcomed by many a busy medical man. The clinical history and course of ringworm have been well worked out, though even to this Dr Smith adds something. But it is the treatment of obstinate and long-standing cases which will induce most men to turn over these pages to see if any fresh and hopeful suggestion may be found. From experience of the examination of many children, he finds that, where a boy or girl has had ringworm within a year or two of his seeing them, the disease has in most not been really cured. Treatment had been continued till some new hair made its appearance, then it was abandoned, though many diseased stumps remained. He draws, therefore, particular attention to a variety which he calls disseminated ringworm, rarely diagnosed, and most chronic and difficult to cure. In this the hair grows freely and firmly over the head; if patches existed earlier, none are seen now; the skin looks generally healthy, perhaps almost free from scurf, but numerous isolated stumps or groups of stumps are seen here and there, often scattered all over the scalp. Dr Smith rightly insists strongly, all through the volume, on the necessity for careful search for these diseased stumps. So long as these remain they act as foci whence new outbreaks of disease constantly arise, and it is from such stumps, which are loaded with fungus elements, that infection to others is spread. So impressed is he with the necessity for removing these, that he has invented a special form of forceps which are admirably adapted for seizing and extracting them. Much valuable information will be found here as to the best modes of dealing with ordinary cases of tinea tonsurans, but it is with a special mode of procedure, directed against inveterate examples, that Dr Alder Smith's name has been especially con-
nected. While in general the amount of inflammatory disturbance caused by the trichophyton when it invades the scalp is inconsiderable, certain cases ever anon crop up in which this goes to great extent. These have been long known as kerion, from the honeycomb-like aspect the swollen and boggy surface presents. Much light on its nature has quite recently been thrown by an admirable communication of Dr Atkinson, of Maryland University, presented to the last meeting of the American Dermatological Association. He shows that kerion may occur under two aspects—one in which the inflamed follicles and glands pour out a mucoid secretion which is not by any means unfavourable to the free growth of the parasite; and another where pus, a true parasiticide, is abundantly produced, and in which, in consequence, entire and rapid disappearance of the disease follows. It is this last which Dr Smith endeavours artificially to imitate by the use of croton oil. We must, however, refer our readers to the book itself for directions as to the cases which are suitable for such treatment, and for careful directions as to the manner in which this remedy is to be used. Dr Liveing has given his valuable testimony in favour of its employment in certain well-defined varieties of the disease in a recent number of the British Medical Journal. It cannot be too much insisted on that it must not be rashly resorted to. Long ago Mr Erasmus Wilson used croton oil as a stimulant in cases of alopecia, but the vagaries in which it indulged, and the results produced—which nearly led in one case to an action against him for damages—caused him to discontinue it. There is still much to be learned about ringworm, and Dr Smith could scarcely do a greater service than by employing his unrivalled opportunities in striving still further to elucidate these. As it is, the book will be found one of the most reliable guides to the successful treatment of ringworm that we at present possess.

Clinical Lectures and Cases. By Henry Thompson, M.D., Consulting Physician to the Middlesex Hospital.

This is a collection of thirty cases, with remarks and lectures. They have been all published already in the journals or in the Transactions of the Clinical Society of London. The cases are all of considerable interest, are well recorded, and the remarks and lectures upon them are very practical.

On one only would we offer any comment. The case was one of intestinal obstruction, where Amussat's operation was performed on the tenth day, when the patient was in a dying condition; in fact, the patient died during the operation. In his notes on the case Dr Thompson says, "If the exact lesion had been known beforehand, an exploratory operation, promptly performed on admission, might have saved the life of the patient, . . . . for the
adhesions were not extensive." This being wise too late is unfortunately rather common. In the present day of antiseptic surgery, and with ovariotomy established as a most successful operation, we should be more ready to resort to surgery in cases that are doubtful except as to their ultimate issue.

Dr Thompson's volume does him credit far more than if he had attempted to write something new and startling. Cases well recorded, such as we have before us, are of more real value to the profession than the many books which are being written merely for the purpose of making the writer more notorious.

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Manual of Surgery. FAIRLIE CLARKE. 3d Edition. Renshaw: 1880.

Surgical Diagnosis. HEATH. Churchill: 1879.

Practical Surgery. MEARS. Philadelphia: 1878.

Mr Fairlie Clarke's "Manual" is already well known, and this third edition does not require much notice at our hands. It has been enlarged, of course, and "brought up to date." We cannot honestly say much to recommend the book, which, professing to be a "multum in parvo," aims at too much, and consequently is fragmentary. What there is, however, as far as we have read, is sound and good.

The Practical Surgery of Dr Mears also aims at a great deal, and consequently is sketchy. There are numerous illustrations, and indeed this is quite the feature of the little book. Many of these we recognise as old friends, being already well acquainted with them on this side of the Atlantic.

We have something more to say of Mr Heath's book, which has the merit of being in the line of meeting something like a requirement on the part of students. Diagnosis is the thing of all others in which a student feels he is deficient, for, of course, the power of recognising diseases comes only by experience. Mr Heath proposes to shorten the process, and has compiled a list of various conditions of the body and the causes which may lead to these. We have looked through the book, and found many trivial as well as serious affections alluded to, all of which seem to have about an equal amount of space and attention devoted to them. The whole is prefaced by a most elaborate system for taking cases, which fills several pages of the book, and would require very long and careful study before any one could remember it sufficiently to make any use of it.
Mr Barwell is well known as the advocate of the broad ligature, the special advantage of which is, that it constricts the artery without rupturing its coats. The ligature is prepared from the aorta of oxen, is made aseptic, and is expected to disappear in the wound. Lister's antiseptic treatment is considered essential.

Mr Barwell has perfect confidence in his method for cases of aneurism at the root of the neck. His success has undoubtedly been superior to that of every other surgeon in regard to ligaturing the subclavian and carotid low down in the neck; but we take leave to consider that the antiseptic treatment had as much to do with the success as the peculiar ligature employed. In fact, some of Mr Barwell's operations were performed with Lister's catgut ligature slightly untwisted to make it broader. There is one thing for which we have to thank Mr Barwell. In reviving the old flat ligature, for the old reason of fear of injuring the arterial coats, he has at the same time revived the old operation of Wardrop, the distal ligature, which undoubtedly is the best applicable to aneurisms at the root of the neck; and he has done good service, also, in showing that this operation may in certain cases be applicable to aortic aneurismseven.

For valuable remarks on this, we would refer surgical readers to the last two chapters of Mr Barwell's book.

We would recommend the author, should he deem a second edition necessary, to go over the book carefully, as there are a great number of mistakes. We give the following sentence from page 5, which seems to require some correction:—"The femoral, the external, and common iliac all lie deep and in close proximity to the subclavian at the second and third part of its course, at a distance from the companion vein." We confess to being quite unable to make sense out of the above. The plate at the commencement of the book is very confused, and shows nothing distinctly, except that the aneurism, which was stated to have been cured, was not by any means consolidated.

Cancer of the Rectum. By W. H. Cripps, F.R.C.S. London: J. & A. Churchill: 1880.

This little book is a reproduction in an enlarged form of the Jacksonian Prize Essay for 1876.

Mr Cripps has gone thoroughly into his subject, and, on the whole, the book is worth reading to any one who wishes to become acquainted with malignant disease of the rectum.

In the first chapter Mr Cripps attempts to give a definition of cancer, but leaves the matter where he found it. Epithelial formation is the visible product. But why that abnormal formation of
epithelium should occur in certain persons and parts, while it does not occur in others, is not explained. One is always driven back to the opinion of Sir James Paget (with which Mr Cripps does not seem to agree) that there must be a hereditary influence. An unpleasant fact is deduced from the Registrar-General's reports, which seems rather to support Sir James Paget, viz., that the death-rate from cancer shows a steady increase, and this, be it remembered, notwithstanding the cases where malignant growths are successfully removed. In regard to the rectum, we are particularly interested in the results of treatment given by Mr Cripps. On the whole, these are encouraging in regard to removal by excision, always provided the disease is not too high up. Unfortunately, malignant disease, as we know, occurs more frequently in the upper than in the lower part of the rectum; but our author considers that early diagnosis should meet this difficulty, for usually the earliest formation is in the posterior wall of the bowel, where it is more easily got at and removed.

This book is neatly got up, and is illustrated by several beautiful plates of microscopic sections, etc. We would direct Mr Cripps's attention to numerous slips which occur throughout the volume, and which look very like carelessness, such as a "septa" (p. 37), "an inverted villi" (p. 49), "a nuclei" (p. 70), etc.

Part Third.

MEETINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

SESSION LX.—MEETING V.

Wednesday, 2d March 1881.—Dr P. H. Watson, President, in the Chair.

I. Mr Chiene showed a patient in whom he had divided the spinal accessory nerve in order to relieve painful spasm of the left sterno-mastoid muscle. M. R., aged 59, began work as a tailor when 14 years of age. For thirty-eight years he remained well. Seven years ago he first felt a difficulty in moving his right arm; three years after that he noticed that his speech became affected, and there was apparently excessive contraction of the right facial muscles and of the left sterno-mastoid. The contraction of the sterno-mastoid muscles threw the head forcibly and painfully to the right, so that the patient, when walking, had to hold his head with his right hand to counteract the tendency to jerking. The muscle was hypertrophied. He had now lost power of co-ordination in both upper extremities. He was admitted to Dr Brakenridge's wards in the