

time be the seat of undiscovered cancer, or alternatively that it might later become cancerous. But two of Dr. Spencer's cases, although in a very early stage of the disease, died of recurrence, and it could not be doubted that an extended hysterectomy (Wertheim) would have given them a better chance. To be consistent, Dr. Spencer should advocate Wertheim's operation instead of pan-hysterectomy. Again, did Dr. Spencer conserve the ovaries in operating for fibroids? These organs also sometimes became the seat of primary cancer. It was very difficult to see at what point these precautionary measures should stop.

Dr. J. D. MALCOLM said that for many years he had removed the whole uterus in operating for fibromyoma, because in two cases he had seen reason to attribute septic trouble to a spread of infection from the cervix uteri. Recently he had on two occasions left the cervix. In one case the removal would have been unusually difficult, and the patient's condition was so serious that time was of importance. Death was due to gangrene of the cervix. In one case of irremovable cancer of the cervix uteri the uterine body, as far as the evidence could be trusted, had been removed for fibromyoma.

Mr. T. G. STEVENS said that in his opinion Dr. Spencer's first two cases were not cases of cancer of the cervix at all. The appearances seen in the microscope sections constituted a proliferation of the vaginal epithelium around the openings of glands, and constantly occurred in erosions. They were not of the nature of a carcinoma, and never gave rise to a carcinoma.

Dr. HERBERT SPENCER, in reply, said that he had dealt with two questions only—the frequency with which sarcoma was mistaken for myoma and undiagnosed cancer occurred in operating for myoma, as points in determining the partial or complete operation. He was unable to say whether in the case he had reported recurrence took place in the cervix. In one the vagina was full of growth, which probably affected the cervix; in the other there were numerous metastases, some in the pelvis; but, as no *post-mortem* examination was made, it was not possible to say with certainty whether the cervix was involved in these cases. He could not accept the statement that uterine sarcoma did not recur in the cervix; there were comparatively numerous instances on record. Large figures did not carry weight unless they were based on thorough examination, and Kelly and Cullen's 1,400 cases of myoma were admittedly not thoroughly examined in the early years. They gave seventeen cases of undoubted sarcoma and seventeen suspicious cases. No one could deny that recurrence took place after the partial operation. Total hysterectomy would not, of course, always cure a case of myoma complicated with cancer. The important question was: Which was the better operation for such a case? He did not agree with Dr. Eden that the total operation involved more risk, but that was not the subject of his present communications.

#### OPERATIVE TREATMENT OF FIXED BACKWARD DISPLACEMENT OF THE UTERUS.

At a meeting of the Section of Obstetrics of the Royal Academy of Medicine in Ireland on March 2nd Dr. ALFRED SMITH said that he found the behaviour of the uterus in operations for fixed backward displacement varied in different cases after the separation of the adhesions. In some the uterus came easily up to the abdominal wall, showing a certain amount of relaxation of its supports; in others some considerable degree of force was necessary to draw it up into position. He divided his cases into two groups—(a) the uterus with relaxed supports, (b) the uterus with unrelaxed supports. The uterus with relaxed supports must be suspended or fixed. On freeing uteri with unrelaxed supports three types were met with: (1) where the uterus righted itself automatically; (2) where manual replacement was necessary; (3) where, owing to a thickened and shortened utero-sacral ligament, the uterus could not be brought into the normal position of ante-flexion. Types (1) and (2) should neither be suspended nor fixed, as they had little tendency to fall back. With type (3) he freed the uterus from its entanglements, straightened out the tubes, released the ovaries, and left the case to nature. He urged the importance of determining the limitations of suspension or fixation, and of

finding the principle by which gynaecologists should be governed in their treatment of fixed backward displacement.

Dr. HASTINGS TWEEDY said that he too had found great difficulty in dealing with the class of case described by Professor Smith. They usually showed a shallow pouch of Douglas and very hard and unyielding sacro-uterine ligaments. The condition arose from a previous perimetritis, and affected the structures included between the sacro-uterine folds. He was in the habit of cutting these folds down to their basement connective tissue. In this way the uterus was freed without injuring the uterine support, for the uterus owed its entire stability to the utero-peritoneal connective tissue lying at the bases of the so-called ligaments. The fibrous bands were intimately connected with the uterine muscles, and formed tendons to them.

The PRESIDENT said that the subject owed its importance to the frequency of its occurrence amongst the serious sequelae of parturition, the impairment of general health which often attended it, and the partial success which was all that sometimes followed treatment of it. Dr. Smith's classification of such cases was useful and practical, calculated to aid in selecting the treatment best suited to each case.

Dr. BETHEL SOLOMONS thought that in all cases of fixed backward displacement treated by operation the uterus should be suspended in the manner suitable to the case. He considered that the mere loosening of adhesions, as suggested by Dr. Smith, was not enough to bring about a permanent cure. Where there was a tendency for utero-sacral ligaments to exert tension on the uterus which was suspended, tamponnade, by means of medicated vaginal plugs, would cure this inflammatory condition. He deemed it advisable to curette the uterus in addition to correcting the malposition.

The President of the Section, Dr. GIBBON FITZGIBBON, said that the classification which had been made was very necessary in the treatment of cases. He had adopted the method of suspension of the uterus to the abdominal wall for some time, but came to the conclusion that it was unsatisfactory to bring the fundus forward to a fixed degree in all cases, and now performed a modified Gilliam operation, as thus the fundus could be brought forward sufficiently to prevent retrogression without putting undue tension on those uteri which would not come into complete anteversion. He also considered it most essential when the uterus was brought forward to see that the appendages did not fall back again, as they often had loose ligaments. The Gilliam operation had the advantage that it took up some of this slack of the broad ligaments, but if not sufficient the ovary should be fixed to the top of the broad ligament.

## Reviews.

### MORBID ANXIETY.

AN elaborate analysis of anxiety in health and disease has been written by Drs. DEVAUX and LOGRE, and has been furnished with a preface and introduction by their teacher, Dr. DUPRÉ.<sup>1</sup> The book is for the most part clinical, and begins with a discussion of what may be described as the anxious temperament—the temperament, that is, which is exhibited by the fussy and meticulous described as old women of both sexes. Sufferers from the anxious temperament must be distinguished from neurasthenics, melancholics, and the obsessed; in the same way anxiety must be distinguished from boredom, depression, despair, and other kindred solaces of the pessimist. The occurrence of anxiety in the different forms of insanity is described in detail. The treatment of anxiety should be based on its etiology; in many forms of psychosis it will be relieved by warm baths and by lumbar puncture, while in others rest, isolation, psychotherapy, sedative drugs, and restraint will be indicated. A special chapter at the end of the volume deals with anxiety as manifested by those exposed to the dangers of war. The

<sup>1</sup> *Les Anxieux. Étude Clinique par les Docteurs Devaux et Logre. Préface du Dr. Dupré. Études de Psychologie Morbide, publiées sous la direction du Dr. Dupré. Paris: Masson et Cie. 1917. (Demy 8vo, pp. 316. Fr. 4.50.)*

well-balanced soldier is not unduly anxious on the field of battle. But it is quite otherwise with those of anxious constitution, who are unduly emotional; here the authors define the character of the "brave coward" or pseudo-politron, whose anxiety makes him useless except far behind the lines, although it is not the dangers of the trenches that make him useless as a combatant. The views of these authors are well expressed and form an interesting contrast in many ways to those put forward by Dr. Bergonzoli, whose essay on the subject of *Anxiety in Mental Diseases* was reviewed in the BRITISH MEDICAL JOURNAL of January 27th last (p. 122).

#### WELFARE WORKERS.

"WELFARE work consists of voluntary efforts on the part of employers to improve, within the existing industrial system, the conditions of employment in their own factories." So, in the opening pages of her book on *Welfare Work*,<sup>2</sup> Miss E. D. PROUD defines a movement only quite recently discovered by the general press, but which, already firmly established in our midst and dignified by Government sanction and adoption, is making rapid strides. Miss Proud notes in her preface that since the completion of her volume the largest employer in the land—the Ministry of Munitions—has established a welfare department. Several of the universities have arranged special courses of study for the training of the increasing number of candidates of both sexes for what may fairly be described as this new profession. Miss Proud, whose book enjoys the honour of a commendatory letter from the present Prime Minister—then Minister of Munitions—has qualified for her task by "many years of patient inquiry and research into the conditions of welfare work as carried out in the factories of the Australian Commonwealth and of Great Britain." Of the influence of the war in stimulating endeavours along this line Mr. Lloyd George remarks that "it is a strange irony, but no small compensation, that the making of weapons of destruction should afford the occasion to humanize industry. Yet such is the case. Old prejudices have vanished, new ideas are abroad; employers and workers, the public and the State, are all favourable to new methods. The opportunity must not be allowed to slip."

The duties of welfare workers have a twofold but not necessarily conflicting aspect; on the one hand, as representatives of the employer they have to suggest improvements in the conditions of work, to initiate social work of any promising kind, and to compensate by their interest in the employees for the impersonality of the relation between the modern firm and its workers; while as representatives of these workers it is their business to keep in personal touch with them, to gain their confidence, to gauge and voice their grievances; to help them in the organization of clubs or classes, and to be accessible in all matters requiring sympathy or advice. An important fact emphasized by Miss Proud is the remunerative tendency of welfare work; work done under the best possible conditions pays better than work done under bad ones. And this fact that "it pays," together with a traditional dislike of anything suggestive of patronage or paternalism, has in some instances led the workers to look askance upon the efforts of genuinely philanthropic employers. Many interesting problems in social psychology are set by the advent of welfare work, and these and all other aspects of her important subject are ably dealt with by Miss Proud in what, we agree with the Prime Minister, is likely to become the standard work upon it.

#### PHOTOGRAPHY IN COLOUR.

PHOTOGRAPHY in colours has nowadays developed so far as to be the hobby of countless amateurs as well as a sound business proposition. If he does not own it already, the amateur colour-photographer will find the third edition of Dr. G. L. JOHNSON'S book<sup>3</sup> on the subject a first-rate guide to the science, technique, and art of colour photography,

<sup>2</sup> *Welfare Work*. By E. Dorothea Proud, B.A. Adel. With a Foreword by the Right Hon. D. Lloyd George, P.C., M.P. London: G. Bell and Sons, Ltd. 1916. (Demy 8vo, pp. 383. 7s. 6d. net.)

<sup>3</sup> *Photography in Colours*. By G. L. Johnson, M.D., F.R.C.S. Third revised edition. London: G. Routledge and Sons, Ltd. New York: E. P. Dutton and Co. 1916. (Cr. 8vo, pp. 316; 14 plates. 4s. 6d. net.)

with chapters on kinematography, by means of coloured lights and other side issues. The book has been planned and executed by the author in a thoroughly scientific spirit. The first chapter gives a general account of the physics of light and colour, the second contains a sketch of the history of colour-photography, and the third is devoted to the subject of the sensation of colour. Here Dr. Johnson inserts a most interesting coloured plate, showing the colours of the spectrum as seen by each eye of a patient "suffering from a form of creeping paralysis, which gradually affected the limbs of the left side," and was associated with gradual loss of colour vision in the left eye. The plate shows the spectrum seen by the patient's right eye as normal; that seen by the left eye is a grey monochrome. The patient was a good water-colour painter, and made the drawings of these spectrums himself. Next follow chapters on photography in colours, with special attention to the practical working of single colour-screen plates, of which there are many makes on the market. Subsequent chapters contain accounts of three-plate and two-plate colour photography and colour printing; there is also a discussion of colour photomicrography, and here the author acknowledges the help he has received from Mr. Walter Severn of Capetown.

Comparing the latest edition of Dr. Johnson's book with earlier manuals of colour-photography, with C. Ruckert's *La Photographie des Couleurs*, published in the year 1900, for example, one is struck with the great advances that have been made in both the science and the practice of the art during the intervening years. Dr. Johnson writes clearly, and it is obvious that he has a great knowledge of his subject. The book is well illustrated, and it may be cordially recommended to the attention of all photographers, whether professionals or amateurs, who feel inclined to take up a new and entrancing branch of their art or hobby.

#### NOTES ON BOOKS.

THE sixth edition of Dr. LEFTWICH'S well-known *Index of Symptoms*<sup>4</sup> is an improved exemplar of the fifth edition, which received notice in the BRITISH MEDICAL JOURNAL of July 24th, 1915, p. 140. The new edition has been brought up to date generally, and has been amplified by the addition of two new sections that should render it more self-contained than it was. The first of these additions consists of brief descriptions of some seventy more or less rare diseases unfamiliar to the general practitioner. The second is a most serviceable list of eponymous signs. The book is purely a book of reference, and it should be in the hands of all senior students of medicine and medical practitioners. It will be found a very present help in trouble in those cases—unfortunately so frequent—in which a diagnosis is not made for lack of no more than a little clear thinking.

*Domestic Economy*<sup>5</sup> is a textbook for teachers and students in training to be housewives. The first volume is devoted to the theory, the second to the practice and teaching of housewifery; the housewife may be defined as one who turns a house into a home. The first volume contains chapters on such subjects as bacteria, fresh air, clean water, foods, and cooking. In the second, foods receive further extensive consideration, and one is reminded of the old lady's sage advice to the bride, "Feed the brute." There is also a long and sound chapter on practical housekeeping. These volumes contain much valuable information, and should be of great service to intelligent persons.

*Hints for Hospital Orderlies*, by Dr. N. C. FLETCHER,<sup>6</sup> is a well written booklet for the direction of those who are called to do orderly service in military hospitals. The first two chapters are introductory and general; the next three deal with the orderly's duties towards the ward, the patients, and his own health; the last chapter gives briefly the details of orderly duties.

<sup>4</sup> *An Index of Symptoms, with Diagnostic Methods*. By R. W. Leftwich, M.D. Sixth edition. London: Smith, Elder and Co. 1917. (Cr. 8vo, pp. 567; 14 figures. 10s. 6d. net.)

<sup>5</sup> *Domestic Economy: A Textbook for Teachers and Students*. Part I. *Theory*, by Marion G. Bieder. Part II. *The Practice and Teaching of Domestic Economy*, by Florence Baddeley. Cambridge: The University Press. 1916. (Post 8vo, pp. 173 and 195. 2s. 6d. per volume.)

<sup>6</sup> *Hints for Hospital Orderlies*. By N. C. Fletcher, M.B., B.A., B.C. Cantab., M.R.C.S. Eng., I.R.C.P. Lond. London: J. Bale, Sons, and Danielsson, Ltd. 1917. (16mo, pp. 58. 6d. net.)