

REVIEWS.

OBSTETRICS.

THE essay on uterine involution which Dr. MARTIN CAMACHO of Paris has published is a careful and creditable piece of work.¹ He has taken trouble in reading books and observing cases, and in drawing conclusions he keeps close to his facts, and therefore he does not take us very far. His knowledge of English, or rather his use of English literature, is imperfect, for the only English authors he refers to are those quoted (often by copying from earlier compilations) in French textbooks. The most considerable paper on subinvolution viewed from a clinical point of view that has yet appeared is that by Sir John Williams, published in this JOURNAL in 1882; and Dr. Camacho has not seen this, for he does not include it in his bibliography. The best account of uterine involution from a histological point of view is that by Dr. Helme, published in the *Transactions of the Royal Society of Edinburgh*, vol. xxxv, and this piece of work is also unknown to Dr. Camacho. We need not quote Dr. Camacho's conclusions (twenty-eight in number), because those of our readers who may be interested in the subject will learn as much and more about it from Sir John Williams's paper of 1882 than from Dr. Camacho's thesis of 1906. But Dr. Camacho's industry, and the clear and orderly way in which he has set forth his knowledge, deserve commendation.

In noticing former editions of Dr. W. E. FOTHERGILL'S *Manual of Midwifery*² we have drawn attention to its merits. It is clear, original, and, as a rule, sound. We hope the author will not think us unfriendly if we criticize one or two points. At p. 348 he recommends plugging the vagina for placenta prævia, or, as an alternative, putting a large-sized Barnes's bag in the vagina; but the largest-size Barnes's bag that is sold would not, when put in the vagina, compress the cervix. At p. 350 he speaks of separation of the prævia portion of the placenta as a modification, advocated by Barnes, of "the older treatment by separation of the whole placenta advised by Sir J. Y. Simpson." This separation of the whole placenta was only an idea flung out from the fertile brain of Sir J. Y. Simpson. It was never a "treatment," for he had never put it into practice. Barnes showed that it was impossible, because the fingers would not reach far enough. Barnes's advice is hardly adequately described as a modification of a treatment which was impracticable. At p. 27 the author gives a number of important generalizations taken from a paper by Sir A. R. Simpson, but these generalizations rest on the authority of Matthews Duncan, and were first demonstrated to be facts by him. It is strange that an old Edinburgh student should not be acquainted with the works of a man whose masculine sense eminently helped to make the reputation of the Edinburgh School of Midwifery. At p. 444 the author talks of decapitating by a piece of stout string passed through a Fergusson's speculum. He tells us not how many hours this method takes, and therefore we are sure he has never used it. Dr. Fothergill has evidently never practised decapitation by different instruments. If he had, he would know that Ramsbotham's sharp hook in dividing the neck takes a time measurable by seconds, not hours as with string, and that the serration of the hook is not an improvement; it merely puts the sharp hook in the condition of one damaged and broken by much usage.

The fifth edition of Dr. HIRST'S *Textbook of Obstetrics*,³ a systematic work by an experienced teacher, calls for little more notice than an announcement of its appearance. It is a big book, and has cost its author much labour. But we cannot tell the English student that it is

¹ *Recherches sur l'Involution Uterine*. [Researches upon Uterine Involution.] Par le Docteur Martin Camacho, de la Faculté de Paris, ancien externe des Hôpitaux de Paris, etc. Paris: G. Steinheil. 1906. (Demy 8vo, pp. 191.)

² *Manual of Midwifery*. By W. E. Fothergill, M.A., B.Sc., M.D., Lecturer in Obstetrics, the Victoria University of Manchester, etc. Fourth edition. Edinburgh and London: William Green and Sons. 1907. (Cr. 8vo, pp. 508; with double coloured plate, 103 illustrations in the text.)

³ *A Textbook of Obstetrics*. By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania, etc. Fifth edition. Revised and enlarged. Philadelphia and London: W. B. Saunders Company. 1906. (Demy 8vo, pp. 915, with 767 illustrations, 40 of them in colours. 21s.)

in advance of the English textbooks. At p. 751 we have a picture of a woman's abdomen, in which an exploratory incision has first been made, and then a parametric abscess opened by an incision parallel with Poupart's ligament. We have for so many years known parametric abscesses diagnosed and successfully treated in at least some London hospitals without a preliminary exploratory incision into the peritoneal cavity that we cannot accept Dr. Hirst as a capable guide in this class of case, and we cannot agree with him that in the case depicted abdominal section was "required." He has not grasped the great pathological fact, so strongly insisted on by Matthews Duncan, that the sole importance of retroversion of the gravid uterus is that it is a cause of retention of urine, and that if this is relieved all that is necessary has been done. He says that "spontaneous reposition occurs in the majority of cases, though it should not be awaited in practice." Why not, if the bladder is kept empty? In a footnote the author says: "Even with firm adhesions of long standing binding the uterus firmly backward I have seen spontaneous reposition take place." Of course, we accept Dr. Hirst's statement as a fact, but if we ourselves observed such a case we should conclude that our diagnosis of the firm adhesions had been wrong. The book is abundantly illustrated, and in many things (for instance, ectopic pregnancy) is up to date.

Dr. WALLICH has one invaluable qualification for writing a textbook,⁴ namely, a remarkably clear, even epigrammatic, and occasionally witty style. Thus, in describing the application of forceps, he tells the student that the blade first to be introduced is inserted on the *left* side of the pelvis, applied to the *left* side of the head, and guided by the *left* hand of the operator. "Tout est gauche, sauf l'opérateur." The book is not an encyclopedia; it is essentially a personal book. The author says in his preface that it is "the fruit of daily clinical observation." It is, he says, "a new-born which has reached term, and which Professor Pinard will not deny." Five hundred and fifty-five pages consist of letterpress, 18 are given to the index, and the rest to illustrations, which are put by themselves at the end of the book. We think it a better plan to put each picture as near as possible to the text which it illustrates. As we have said, the charm of this book is its style. The author tells the reader what he knows in a most attractive manner. But there is a great deal that he does not know. He knows no way of accurately measuring the true conjugate. He knows not how to decapitate, and describes very tedious and difficult ways of doing this operation. He says the forceps was invented by Chamberlen, an English "*barber*"—surely an inadequate description of Chamberlen. Dr. Wallich has been a pupil of Pinard; he reverences his master, and he has not travelled far beyond his master's teaching. We are glad to note that he has considerable common sense. He recognizes the impossibility of sterilizing the accoucheur's hands; but he does not on that account lay it down that every accoucheur ought to wear india-rubber gloves. Nor does he advise that the patient should have a bath during labour, nor say anything about shaving the labia. We should predict for the book wide popularity in France and French-speaking countries. It exhibits in a concise form the best qualities of the French school of medicine. But the author's acquaintance with what is taught outside France is too limited to make his book one of universal value. The illustrations are wood engravings, and not remarkable either for novelty or excellence.

There are two things which militate against the scientific study of midwifery in America. One is the prevalence of "office practice"—that is, that a famous teacher of obstetrics and gynaecology carries on his practice at a place which is not his residence, and thus secures for himself exemption from nocturnal disturbance and also from experience of obstetrical emergencies. The other is the development of abdominal surgery, which produces in the gynaecological operator the tendency to regard Caesarean section as the means of cutting the Gordian knot in every midwifery difficulty. Hence results the writing of books on midwifery by men who have had

⁴ *Éléments d'Obstétrique* [Elements of Obstetrics] Par le Dr. V. Wallich, Professeur Agrégé à la Faculté de Médecine de Paris. Paris: G. Steinheil. 1907. (Cr. 8vo, pp. 600. Fr. 8.)

very little experience in the extraction of children by the natural passage. Among these is Dr. GARRIGUES,⁵ an able and well-informed gynaecologist. He has not practised decapitation, either in actual cases of neglected transverse presentation or with the dead fetus in the laboratory. He mentions Ramsbotham's hook, which he says is "too dangerous for the mother's genitals and the accoucheur's fingers"; Braun's "*Schlißselhoeken*," strong blunt scissors, the chain or wire of an *écraseur*, Gigli's wire saw, which he says is a mighty rival to Braun's key hook. If he had ever used these things, he would know that Ramsbotham's sharp hook will divide the neck with a celerity that none of the other clumsy instruments mentioned can approach, and that it is extremely difficult with it to injure either the maternal soft parts or, without deliberate intention, the accoucheur's fingers. Dr. Garrigues takes a gloomy view of American midwifery practice. He says of American "physicians" that, "outside of the small number who have received their training in lying-in hospitals, it is to be feared that they either do not use any preventives" (of septic infection) "at all, or use them in such a happy-go-lucky way that little benefit is derived from them. . . . In private practice the mortality is two or three times as large as in well-conducted hospitals." (The italics are our author's.) Dr. Garrigues is very comprehensive in the choice of weapons he gives the reader wherewith to combat septic infection. He describes the intravenous injection of collargol, and mentions the intravenous injection of formalin and the ligature and excision of thrombosed veins, not, however, with commendation. Several methods of symphysiotomy are described, but with the simplest of all, the subcutaneous method, Dr. Garrigues is not acquainted. The book contains a great deal of information and much ingenious therapeutic suggestion. It is liberally illustrated.

THE ALCOHOLIC HABIT.

Dr. KELYNACK, the editor of the *British Journal of Laebriety*, has done further service to the cause of temperance by editing *The Drink Problem in its Medico-Sociological Aspects*.⁶ It consists of essays by fourteen members of the medical profession, and that the standard set is high is shown by a glance at its contents. For example, Professor Sims Woodhead writes on the pathology of alcoholism; Dr. Harry Campbell on the evolution of the alcoholic; Dr. Arthur Newsholme on alcohol and public health; Mr. McAdam Eccles on alcohol and life assurance; Dr. Mary Scharlieb on alcoholism in relation to women and children, and the editor on the arrest of alcoholism. The different essays are interesting and well worth close study. The editor does not hold himself responsible for all the opinions expressed and each author writes independently of the others. It is impossible to dwell upon each essay, and it would be invidious to make comparisons as to their matter or style. A few words about the most important will be all. Professor Sims Woodhead's essay is typical of the author—clearly written, easy to read, and full of the most accurate and painstaking investigations into the pathology of alcoholism. Every doctor who uses alcohol as a drug ought to read it, and every doctor who is concerned for the future well-being of the race should read Dr. Scharlieb's essay on alcoholism in relation to women and children. She speaks as one with authority, and in a quiet convincing manner impresses upon her readers that to conceive and rear healthy children the mothers must be free from the taint of alcohol. To the general public the statistics of the life assurance societies have now for some years proved that abstainers as a class live several years longer than non-abstainers, and this subject is well dealt with in a short essay by Mr. McAdam Eccles. In recent years the medical profession has taken steps to impress upon the Board of Education the necessity of teaching every child in the country the elementary laws of health and temperance. Dr. Claude Taylor has been an active worker in this movement, and it is most appropriate that he, with

his knowledge and his zeal, should write upon the teaching of temperance. Can we hope that those in authority in matters of education, in matters military or naval, and in matters sanitary, will read Dr. Robert Jones's article on national deterioration? We can at any rate advise them to do so.

Dr. Campbell's article on the evolution of the alcoholic is very interesting. He quotes, and apparently believes, Dr. Archdall Reid in his view that the liking for drink causes an elimination of those who are naturally most disposed and a survival of those least disposed to it; in other words, the prevalence of drunkenness in a community for several successive generations tends to make that community innately more sober. We do not believe this for one minute. It ignores altogether the fact that for one person who is actually killed by alcoholism there are many who are maimed and living below par. Alcohol does not kill off all its votaries; it kills some and lowers the vitality of many, who in their turn have children of a vitality lower than is theirs by right. Dr. Reid cites the Jews as a race who have had their alcoholic period and the fittest have survived. We are not aware of any evidence that the race as a whole was ever alcoholic. From the Prophets we understand that certain people were worthy of denunciation, but nothing more. With the book as a whole we are in hearty accord, and trust that it will be widely read.

EPILEPTIC AND DEFECTIVE CHILDREN IN FRANCE.

THE new volume of clinical and therapeutical researches on epilepsy, hysteria, and idiocy, by Dr. BOURNEVILLE and his assistants,⁷ gives an account of the work done at the Bicêtre and Fondation Vallée during 1904. In addition, there are some interesting facts and statistics by Dr. Bourneville, and seven articles written by himself and his assistants. On January 1st, 1904, there were 428 inmates in the Bicêtre; during the year 103 were admitted, 87 were discharged or transferred to other institutions, and 23 died. Lessons were given to all these children. The lowest class was taught to be clean in their habits, to dress themselves, and various other exercises, and the highest class were given lessons in reading, writing, and arithmetic, history, singing, drawing, and dancing; many learnt trades. In the Fondation Vallée, where only girls are received, the teaching is of the same character as at the Bicêtre, but the number of children who reside there is less, being only from 230 to 236.

A commission, on which Dr. Bourneville served, was appointed to inquire into the teaching of abnormal children, and a report was drawn up and presented by him to the Chamber of Deputies. Dr. Bourneville has for a long time advocated the creation of special schools for feeble-minded children in France, but without success; we hope, however, that his labours will be eventually successful. Reports were furnished to him by the directors of institutions in various parts of France, and it was found that very little was done for the mentally defectives in these places, with the exception of the Department of the Seine, where, including Dr. Bourneville's two institutions, 1,070 are treated and educated, being 3.03 per cent. for every 10,000 inhabitants. Statistics are given by Dr. Bourneville as to the part consanguinity plays in the etiology of epilepsy, hysteria, idiocy, and imbecility; on the action of alcohol in the production of idiocy and epilepsy; on the number of hemiplegic patients in the Bicêtre during 1904; on synostosis of the cranium in idiots and epileptics; on the presence or absence of the thymus gland in abnormal children; and on the weight of these two glands in these children. Of the articles written by Dr. Bourneville and his assistants the most important, from a mental point of view, are a contribution to the study of epileptic dementia; two cases of meningo-encephalitis of the base of the brain, with blindness; asphyxia during and reports of cases of an attack of epilepsy; and of traumatic idiocy in which there was a history of epileptic heredity. From the appendix it appears that Dr. Manheimer-Gomés sees nervous and backward-minded patients at a dispensary every

⁵ *A Textbook of the Science and Art of Obstetrics*. By Henry J. Garrigues, A.M., M.D., Professor of Obstetrics in the Post-graduate School and Hospital (resigned), New York, etc. Second edition, thoroughly revised. Philadelphia and London: J. B. Lippincott Company. (Roy. 8vo, pp. 750, with 525 illustrations. 25s.)

⁶ *The Drink Problem in its Medico-Sociological Aspects*. By Fourteen Medical Authorities. Edited by T. N. Kelynak, M.D., M.R.C.P. London: Methuen and Co. 1907. (Demy 8vo, pp. 308. 7s. 6d.)

⁷ *Recherches Cliniques et Thérapeutiques sur l'Épilepsie, l'Hystérie, et l'Idiotie*. [Clinical and Therapeutical Researches on Epilepsy, Hysteria, and Idiocy.] By Bourneville, with the co-operation of Durand, Friedel, and Perrin, his clinical assistants. Vol. xxv. Paris: Progrès Médical et F. Alcan. 1905. (Demy 8vo, pp. 167. Fr. 5.)

Thursday from 8 to 9 p.m. The book shows that Dr. Bourneville is still doing good work at the Bicêtre; it will be read with interest by all those who are concerned with the treatment of feeble-minded children.

CANCER THEORIES.

IN their biological study of the nature of malignant tumours⁹ Professor VON DUNGERN and Dr. WERNER express their dissatisfaction with the theories advocated by many other authorities on the subject, and propound an elaborate and somewhat unconvincing hypothesis of their own. Von Hansemann's doctrine of anaplasia, they consider, is inadequate to explain the unlimited capacity for proliferation which is the most important characteristic of malignant growth; the mitotic phenomena of cancer cells, they hold, are far too irregular to justify the analogy drawn by Farmer, Moore, and Walker between the propagation of cancer and the development of the fertilized ovum; the tissue-tension theory of Ribbert is, they consider, disproved by the failure to produce cancer in experiments which fulfil the postulates of this theory; finally, they contend that theories of cancer must for one reason or another be relegated to the category of "not proven." As everybody recognizes that the solution of the cancer problem has not yet been attained, it must be admitted that Professor von Dungern and Dr. Werner have some justification for criticizing adversely the results of other workers in the field of cancer research. At the same time it is difficult to see that they have made any distinct advance on the efforts of other pathologists to throw light on this profoundly obscure problem. They find that the most important condition which regulates normal growth is "the normal capacity of cells for reaction to external stimuli." Owing to the specialized capacities of different cells to react against various stimuli, "the organism can in a wonderful way harmonize all its parts without occasioning any prolonged antagonism between different individual tissues." But in malignancy this normal equilibrium or capacity for readjustment is profoundly deranged, and the authors consider that by elucidating the conditions under which such disturbances might take place some guidance might be afforded towards attaining a knowledge of the causation of cancer. They have carefully worked out this line of thought, and quote experiments in support of their views. Though it is at present doubtful whether their ideas will lead to new discoveries of a fruitful nature, their arguments are certainly entitled to patient consideration.

NOTES ON BOOKS.

THE second edition of Dr. GRAYSON'S work on the *Diseases of the Nose, Throat, and Ear*, has followed sufficiently closely on the first to show that it supplied a want felt even in the midst of the outpouring of books covering more or less the same ground. We indicated some of its more attractive features when commenting on the first edition, and find them still as conspicuous while many of the shortcomings have been most effectually rectified. Thus the sinuses of the nose are accorded thirty-four pages as against the inadequate eight given them in the first edition. The account of their diseases is very clear and complete and has some good illustrations, of which several are borrowed from Beaman Douglas and from Laurens. The paragraphs on the operative treatment of carcinoma of the larynx have also been brought up to date, though the diagnosis of the disease is worthy of more extended discussion. There is also room for a clearer exposition of the nature of what is now identified as sclerosis of the middle ear as distinguished from chronic catarrh. The work, as it now stands, will be found to be very readable and most useful to those who wish the three departments united in one volume.

The Practical Medicine Series, comprising ten volumes

⁹*Das Wesen der bösartigen Geschwülste. Eine biologische Studie.* Von Dr. Emil Frih. von Dungern und Dr. Richard Werner. Leipzig: Akademische Verlagsgesellschaft. 1907. (Cr. 4to, pp. 167.)

⁹*The Diseases of the Nose, Throat, and Ear.* By Charles Prevost Grayson, A.M., M.D. Clinical Professor of Laryngology in the Medical Department of the University of Pennsylvania, etc. Second edition, revised and enlarged, illustrated with 152 engravings and 15 plates in colours and monochrome. London: Henry Kimpton. 1907. (Demy 8vo, pp. 532. Price, 21s. net.)

on the year's progress in medicine and surgery, is intended primarily for the general practitioner, but it is considered that at the same time the arrangement in several volumes will enable those interested in special subjects to acquire, if they wish, only those parts devoted to those subjects. The earlier three volumes for 1907,¹⁰ now before us, treat respectively of general medicine (a second volume will appear later), general surgery, and diseases of the eye, ear, nose, and throat. The first is edited by Dr. F. BILLINGS and Dr. J. H. SALISBURY; the second by Professor J. B. MURPHY; and the third by Dr. CASEY WOOD, Dr. A. H. ANDREWS, and the General Editor (Dr. G. P. HEAD). These names are sufficient guarantee of skill in selection of papers to be noticed in their respective volumes, and of care in abstracting them.

Under the title of the *Office of Midwife*,¹¹ Mr. STANLEY B. ATKINSON has published a small handbook of some 125 pages dealing with this important subject. It cannot be said that works of this kind are unnecessary, as it would puzzle most people to say exactly what the office of a certified midwife is. Mr. Atkinson first gives an interesting account of the early history of the midwife in this country, and tells who first licensed her, and how the man-midwife gradually came on the scene and appropriated to himself the more elegant title of "accoucheur." He then deals with midwifery in the nineteenth century, and describes the various attempts made to improve the knowledge and status of women practising midwifery. In chapter ii the author deals with the prospects and present position of midwives, with the growth of the science and art of midwifery during the Victorian era, and with the Act of 1902 under which the Central Midwives Board was formed. In part 2 the Act is carefully analysed, and part 3 contains a synopsis of the rules based on the Act. Part 4 is an interesting "literary appendix," giving examples of the "oaths" administered in olden times to midwives on being licensed, with full directions as to the baptizing of infants when the assistance of the Church was not forthcoming.

The *Lectures to Midwives and Maternity Nurses*,¹² by Dr. W. E. FOTHERGILL, are clear and interesting; and, having been written by a well-informed man, they are on the whole correct. But when a man lectures to an audience not competent to criticize, the effect of such an audience often is to make him speak without thinking. Thus, for instance, he says (p. 7), that midwives and nurses should take hot baths "very frequently." Why? The essential thing in a midwife or nurse is that her hands should be clean, and next that her clothes should be clean, because clean hands may easily and unwittingly be infected by contact with dirty clothes. If the nurse's hands and clothes are clean, what does the date of her last hot bath matter? It may be said that, even if unnecessary, the taking of frequent hot baths is a good and cleanly thing, and should be encouraged. This is very well in a doctor's house, where there is a bathroom with hot water laid on; but in the houses of the poor women who have to live by their earnings as midwives or monthly nurses "very frequent" hot baths mean a great deal of trouble, and a great deal (to them) of expense. Insistence on unnecessary things tends to divert attention from what is really important. We find what we think a hasty statement at p. 120: "Many a patient is infected with dirt from her own feet." We should have thought it the rarest possible thing for dirt to be conveyed from the patient's feet to her vulva. When a midwife is called to a patient in labour, we should like her to attend to her own hands, and let the patient's feet alone. Dr. Fothergill explains very well the difference between uterine inertia and obstructed labour, and emphatically cautions the midwife against emptying the uterus when it is in a tired condition. He strongly advocates compression of the aorta in *post-partum* haemorrhage. The book is one which midwives, nurses and medical students may be safely advised to read and study.

¹⁰*The Practical Medicine Series.* Edited by G. P. Head, M.D. Vols. i, ii, and iii. Chicago: The Year-Book Publishers; Glasgow: C. Gillies and Co. 1907. (Cr. 8vo, vol. i, pp. 384, 5s.; vol. ii, pp. 608, 3s.; vol. iii, pp. 353, 6s.)

¹¹*The Office of Midwife (in England and Wales) Under the Midwives Act 1902* (2 *Edw. VII*, cap. 17). By Stanley B. Atkinson, M.A., LL.B. Camb., M.R., B.Sc. Lond., Barrister-at-Law Inner Temple. London: Baillière, Tindall and Cox. 1907. (Cr. 8vo, pp. 136. 2s. 6d.)

¹²*A Course of Lectures to Midwives and Maternity Nurses.* By W. E. Fothergill, M.A., B.Sc., M.D., Lecturer in Obstetrics, Victoria University of Manchester, etc. Edinburgh and London: William Green and Sons. 1907. (Demy 8vo, pp. 270, with 67 illustrations in the text. 4s. 6d.)