Reviews

HALSTED'S PAPERS

Surgical Papers by William Stewart Halsted. Volumes 1 and 2. (Pp. 1,189; illustrated. £10.) Baltimore: The Johns Hopkins Press. London: Geoffrey Cumberlege. 1952.

The reprinting of the surgical papers of William Stewart Halsted on the occasion of the Halsted Centenary Celebrations at Baltimore earlier this year constitutes an important surgical event. The original volumes had long been out of print, only well-thumbed and tattered copies in medical libraries or treasured possessions of individual surgeons being available. The publishers have retained the format and the complete contents of the original printing, including the striking introductory appreciation of Halsted by Matas with its quotation from René Leriche, for whom Halsted was one of the great formative surgical influences. The collection starts with Halsted's first paper in 1883 on "Refusion in the Treatment of Carbon-monoxide Poisoning," and concludes with his epoch-making address on "The Training of a Surgeon." The former illustrates how from the very beginning a bold and original mind applied itself to the problems of surgery; and Halsted's advocacy of centripetal arterial transfusion has to-day a peculiarly modern ring. The paper on the training of a surgeon, though based on an address delivered at Yale in 1904, is a fitting conclusion to the volumes, as representing perhaps the main continuing influence of Halsted on surgery. In between we have a wealth of papers on the breast, thyroid, blood vessels, hernia, the intestines, surgical pathology, surgical experimentation, and surgical technique, as well as on regional local analgesia, of which he was the discoverer.

The most striking impression on rereading these papers is the freshness of their point of view, often 50 years or so after they were written. Thus, in reading the breast paper of 1898, one is struck by such sentences as, "Dr. H. W. Cushing, my house-surgeon, has in three instances cleaned out the anterior mediastinum on one side for recurrent carcinoma. It is likely, I think, that we shall in the near future remove the mediastinal contents at some of our primary operations." Halsted does not appear to have followed up this line of thought, and it was left to R. S. Handley to bring to fruition the work of his father, Sampson Handley, by demonstrating quantitatively the importance of the internal mammary gap in breast cancer. But Halsted was clearly approaching the fringes of a problem—the closing of the internal mammary gap—which is the most immediate one facing surgeons and radiotherapists to-day in the treatment of breast cancer. Similarly striking are the hernia papers, and it is often a rewarding and sometimes chastening experience for surgeons developing a new idea in hernia surgery to make sure that Halsted has not already anticipated them. For example, the statement, "The internal oblique muscle, mobilized, and possibly further released by incising the anterior sheath of the rectus muscle, is stitched to Poupart's ligament," embodies an idea which has often been rediscovered as new. In view of the great influence of Blalock, Halsted's present great successor at the Johns Hopkins Hospital, on the development of modern cardiovascular surgery, Halsted's papers on this subject, though primitive by modern standards, have a special interest. It is interesting to note, for example, the combination of the practical, the theoretical, and the experimental, and the constant returning to the subject of the cause of dilatation of an artery beyond a constriction. Halsted solved very few cardiovascular surgical problems, but his legacy to the Hopkins was a habit of thought and experiment which has led to key solutions.

Much of what Halsted wrote must naturally now be outdated by the progress of surgery, and even his ideas on the training of a surgeon may need recasting in the light of the revolutionary changes in the relation of hospitals to the community, in America no less than elsewhere. But few collected surgical papers could so well illustrate the fertilizing influence of great ideas by a great man who was fortunate in the time and country of his birth and activity, or so well serve as a text on the value of the combined scholarly-historical and progressive approach to surgery. All medical libraries will have to possess these collected papers of Halsted, and there is no doubt that many individual surgeons will decide that the high cost of American medical publications in this country since the devaluation of the pound will this time have to be paid.

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KIDNEY INNERVATION

The "Neurility" of the Kidney: A Monograph on Nerve Supply to the Kidney. By C. G. De Muylder, M.D. With preface by Professor Joseph Trueta. (Pp. 80; 46 figures. £1 5s.) Oxford: Blackwell Scientific Publications. 1952.

This is a curious book with a curious title. Neurility, according to the dictionary definition, is the ability of a nerve to convey stimuli. This suggests a physiological dissertation, but the book is, according to its own subtitle, a monograph on the "nerve supply to the kidney," and in the preface the author states that it is concerned with the anatomy of the renal nerves. Yet he starts off with the dubious premise that nothing need be said about the macroscopic innervation of the kidneys, and some of his subsequent remarks reveal that he is unfamiliar with the various origins and routes of the renal nerves.

The first section of the book is on the intrinsic distribution of renal nerve fibres. No exact details are supplied about the number or nature of the specimens examined, but apparently many of the observations were based on foetal mice. The story is neither complete nor particularly convincing, and, although the drawings of nerve fibres and endings are excellent, most of the supporting photomicrographs are less good. Dr. De Muylder failed to discover evidence of tubular innervation, a finding at variance with most previously published observations, but he was impressed by the profuse nerve supply of intrarenal arteries and by the occurrence of "intravenous" endings in veins. He states, without offering any real proof, that most of the renal fibres are sympathetic and vasomotor, and probably regulate the blood flow through axon reflexes. He quotes, without criticism, opinions implying that "intravisceral (digestive) nerve cells" are sympathetic; and he seems to accept, without considering other possibilities, that neural crest cells give rise to sympathetic ganglia and that nerve cells in the intestinal wall and lungs are derived from the same source.

A substantial part of the monograph is devoted to the juxtaglomerular apparatus, and a series of somewhat confusing observations and deductions linking it with "mesectoderm of neurectodermic origin." Finally, an attempt is made to correlate the renal innervation and concepts of the juxtaglomerular apparatus with renal pathology and physiology. These sections can only be described as sketchy and speculative. Some of the conjectures are possibly correct and they may provide ideas for other workers in this field to pursue, but they fail in this presentation to measure up to the standards set even by a moderate exercise of the *scepsis scientifica.*

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CANCER OF THE RECTUM

Traitement Chirurgical du Cancer du Rectum. By F. d'Allaines, A. Le Roy, N. du Bouchet, Ch. Dubost, J. le Brigand, and J. Vaysse. Second edition. (Pp. 246; 76 figures. 5,750 francs.) Paris: Éditions Médicales Flammarion. 1951.

The second edition of Professor François d'Allaines's well-known monograph on the surgical treatment of cancer of the rectum has now appeared. The interval of four years since this work was first published has enabled a larger series of operations to be recorded, and the book has been considerably enlarged; new sections on pre-operative preparation and anaesthesia have been added. The same well-known and beautifully clear illustrations depicting surgical technique that we saw in the first edition (some slightly modified) are shown again and give detailed help and guidance to any