REVIEWS.

THE PRACTICE OF OBSTETRICS, BY AMERICAN AUTHORS. Edited by CHARLES JEWETT, M.D., Professor of Obstetrics and Gynecology in the Long Island College Hospital, New York. Second edition, revised and enlarged. 8vo., pp. 776. New York and Philadelphia: Lea Brothers & Co., 1901.

THIS composite work appears in its second edition, with changes in its contributors and with increased and revised contents.

The character of the articles and their assignment are scarcely consistent with the title of the volume. In a book whose title would indicate that it is devoted entirely to a description of the practice of obstetrics the first 100 pages are given to anatomy, physiology, and embryology. In contrast to this the section upon Obstetric Surgery is allotted but 87 pages. In the distribution of articles the immediate repair of lacerations of the generative tract, the induction of abortion and premature labor, the delivery of the retained and adherent placenta, Cæsarean section, the Porro operation, symphysiotomy, and the subject of ectopic gestation are assigned to gentlemen whose titles and practice inform us that they are interested in gynecology only. In view of the fact that there are in the United States a number of competent obstetric surgeons who have had abundant experience in these subjects, and whose records have been published, it is remarkable that none of them was selected to write upon these topics. The inconsistency displayed in the arrangement and management of topics and the title of the volume call attention to this as a composite book, a type of publication largely created for commercial interest. In arranging for such a volume, publishers select as large a number of writers as possible connected with teaching institutions, thus insuring a sale for the book. Scientific consistency and a uniform standard of excellence may be sacrificed by this arrangement. While composite volumes contain many articles of permanent value, they must be encyclopædic in scope, or are, we think, inferior to a consistent treatise by one writer, experienced in all topics of the subject upon which he writes.

Medical education has now advanced to the point where anatomy, physiology, and embryology are subjects for study in the early years of a medical course. They receive their best consideration in separate text-books, and the best literature of modern times will not find it necessary to begin a volume with an anatomical or physiological or embryological epitome which has little scientific value. A purely practical consideration of obstetrics would certainly have given a greater space to obstetric surgery than to anatomy, physiology, and embryology, and the practitioner depending for guidance upon such a volume desires the experience of one accomplished in Cæsarean section and the other operations of obstetric surgery.

While we thus take issue with some important features of the book, and believe it more a trade book than a scientific volume, we have no intention of slighting the work of its accomplished editor and many articles contained in the volume. While we may differ with some of the methods of treatment advised, and while our methods of study may be slightly different in some respects, we have nothing but admiration for the papers of Dr. Edgar, Dr. Williams, and the contributions to the volume from its editor, from Dr. Dickinson, and others associated with him. The diagnosis of pregnancy has received no better exposition than that given by Dr. Dickinson, enriched by excellent illustrations. For the general practitioner, the keystone of the obstetric arch is the management of normal labor, and this receives full and adequate exposition at the hands of Dr. Jewett. Dr. Rohh indulges in reminiscences of his medical career before he became a specialist in gynecology by writing upon the puerperal state and its management, while the care of the newborn child is assigned to Dr. Bartley, who gives an excellent résumé of artificial infant feeding. We recognize the sound surgical judgment of an old friend in Dr. Henrotin's article upon ectopic gestation, while Dr. Cameron and Dr. Webster contribute an interesting section in that portion of the volume devoted to the pathology of labor. Among the best expositions of eclampsia, its causation and treatment, which we have seen is Dr. Edgar's article, in which he describes with abundant illustrations his method of rapidly dilating the cervix to secure prompt delivery.

Dr. Williams' paper upon puerperal infection is an authoritative monograph upon the subject to which practitioners and teachers as well may refer with profit. In discussing the treatment of puerperal septic infection attention is properly called to the value of strychnine and alcohol. The uselessness of sublimate injections to secure deep penetration of the tissues is clearly shown, and the danger of intra-uterine douches of antiseptics, and especially of bichloride of mercury, receives ample consideration. It is urged that bacteriological examination of the lochia and of the interior of the uterus be made whenever possible. If streptococci are found, then local treatment of the uterus is of little value, while if the germs of putrid infection are present, thorough douching with sterile salt solution is indicated. The uterus must be made to contract, if necessary, by the use of ergot. Antipyretic drugs should not be given, but excessive fever should be treated by the use of cold. As regards surgical interference, pus-tubes not adherent may be removed through the abdominal wall, while if extensive adhesions are present they should be punctured and evacuated through the vagina, with subsequent packing of the abscess cavity with gauze. Hysterectomy for puerperal sepsis has a very restricted field.

In the section upon Obstetric Surgery the repair of recent lacerations of the vagina and vulva are illustrated with some very good drawings. The immediate repair of the lacerated cervix is considered permissible and as affording a fair chance for success. In the induction of abortion and premature labor several obsolete methods are given, and also those which have received the sanction of wide experience. In cases where the uterus must be promptly emptied in early pregnancy dilatation and curetting are very properly advised as the method to be preferred. In cases of adherent placenta the advice is given to try faithfully Credé's method first, and then to remove the placenta by the

hand, douching the uterus with normal salt solution afterward. In the use of forceps the indications and dangers are clearly stated, and the operation of forceps delivery is recognized as attended with difficulty and danger. Although the advice is given to sterilize the forceps by boiling, there is no mention made of a portable and convenient sterilizer in which this may be done. A basin of hypochloride solution and one or two squares of cheese-cloth comprise the instrumental armamentarium for antiseptics. The use of sterile glycerin or vaselina is advised as a lubricant for hands and instruments. We have in creolin and lysol lubricant antiseptics which, in our experience, should be employed for boiling the forceps and as lubricants in all manipulations. It is possible that the illustrations do not clearly represent the practice of the writer, for the forceps blades are shown guarded but by the tips of the fingers and pushed in by the thumb and other hand. The writer prefers to remove the forceps when the head is on the pelvic floor so low down that it can be expelled by light pressure through the perineum. We are glad to know that the introduction of the finger into the rectum is thought inconsistent with aseptic precautions. Various devices are shown for making axis traction with the hands and with several forms of instruments. In the treatment of occipitoposterior rotation attention is called to a manipulation often neglected, the rotation of the entire body of the fetus anteriorly. Under full anæsthesia this is often successful and is accompanied by anterior rotation of the occiput. It is so safe and valuable a procedure that it should not be neglected.

In treating of Cæsarean section the writer takes what we believe to be the proper stand, that the limit of the operation has been advanced through perfection in technique. We cannot agree that the better method consists in keeping the uterus within the abdomen, for the disadvantages claimed by turning out the womb are more than compensated for by the better control of hemorrhage and the removal of all uterine fluids from the abdominal cavity. The uterus is emptied much more rapidly and easily when turned out of the abdomen than if it be retained. The rubber ligature is seldom necessary if an intelligent assistant be available. In closing the womb the majority of experienced operators prefer silk, and as the uterus must contract in involution, a permanent suture is especially desirable. The manner of dressing a patient who has had a Cæsarean section is of considerable importance. The writer refers to a suitable bandage, by which we infer that the many-tailed flannel bandage commonly used after abdominal section is advised. In our experience in difficult cases, where a patient is very restless after operation, or where the patient coughs or vomits, this bandage is inefficient. We have seen the best results by covering the abdomen completely with strips of adhesive plaster encircling two-thirds of the body. In this manner an absolutely firm and unyielding support is given to the abdominal wall during coughing or straining. It seems to us that the writer gives, in a book addressed to general practitioners and intended to describe the practice of obstetrics by physicians, dangerous advice as regards the choice of time for Cæsarean section. It is said that it is not necessary to wait until labor pains come on nor for marked dilatation of the cervix. The surgeon may sometimes be compelled to operate during labor. Experience has shown that pelvimetry, palpation, and the estimation of the size of the fetus are not in all cases reliable guides for the performance of the Cæsarean

operation. The test of labor must be awaited in many of these cases. The majority of obstetricians, we think, agree in stating that the patient should come into labor and should have sufficient uterine contractions to determine by actual test whether the head can or cannot enter the pelvic brim. If it does not under favorable conditions and the patient under close observation, then operation must be immediately performed. There are some notable instances where surgeons have announced Cesarean operations for a given time, and summoned an audience, to have the patient disappoint them by spontaneous delivery. The Cesarean section is an operation rarely practised by a gynecologist, belonging, as it does, to the obstetrician, or in emergency to the general surgeon. Experience has taught the obstetrician that only the test of labor justifies so important a decision, and the surgeon in this regard may profit by obstetric experience.

The treatment of the Porro operation is unsatisfactory because celiohysterectomy with intraperitoneal treatment of the stump is included under the head of the Porro operation. Under the heading of Cesarean Section the excellent advice is given that if the uterus has been infected before the operation the whole organ should be removed. Under the paragraph upon the Porro operation it is stated that this method of procedure has been superseded by hysterectomy. These statements place the Porro operation in its proper light, namely, as a wellnigh obsolete surgical procedure. It would have been better had the writer described complete removal of the uterus and celiohysterectomy, as both are logical and satisfactory operations, and both are now performed in place of the Porro operation. Considerable space is given to symphysiotomy, and the method by direct incision, as practised by Faraheuf, and Ayers' subcutaneous method are described. We have had satisfactory results in eight cases by the subcutaneous method as originally practised, and have obtained excellent apposition by immobilizing the pelvis with a single broad strip of adhesive plaster.

We cannot close a review of this volume without again calling attention to the excellent work of its editor. It is our regret that he did not write more of the volume, and that the requirements of publication should have hampered him in the arrangement and choice of the contents of the volume.

The book is clearly printed, and most of the illustrations are clear and good. Some of the colored illustrations are not remarkable for excellence. The book contains a complete and efficient index.

E. P. D.

AN AMERICAN TEXT-BOOK OF PATHOLOGY. Edited by LUNVIO HEKTOEN, M.D., and DAVID RIESMAN, M.D. Illustrated. Philadelphia and London: W. B. Saunders & Co., 1901.

In criticising an American text-book of pathology the reviewer must take into account the fact that the publishers claim that it is "the most representative treatise on the subject that has appeared in English," and that it is the outcome of the desire of the editors and publishers to place in the hands of the medical student and physician "a comprehensive text-book on the essential principles and facts in general pathology

and pathological anatomy." The question, of course, is to what extent the assertion is justified and the desire realized. As a representative text-book upon American pathology we should expect to find among the list of contributors to the volume the names of certain illustrious workers in this field. These, however, do not appear. It must not be supposed that the men who have contributed are incapable or unknown, but the omission of the others to whom we allude must be accounted a defect in the work. There is another feature in the book which we think merits criticism. It has been the custom for some time in German and American text-books to add to each section, either by way of a preface or appendix, a list of the more important articles which have been published on the subject treated, and this is particularly important in a text-book of pathology, a subject whose field is so vast that practically all men in it are specialists. In the present book, had the literature been added, and particularly the literature that has been contributed by American investigators, not only would the book have been improved, but a great service would have been done to American pathology; for perhaps because we are so prone to quote German authorities we know too little regarding the work of our colleagues in the United States. Another fault that, however, is not found in all the articles is a tendency to omit allusion to other authors or to quote authors without reference. In a subject as theoretical as is pathology, concerning the simplest facts of which there is at the present day so much discussion, it is not sufficient to know the opinion of any one man, no matter how authoritative his opinion may be; but we expect to be informed, at least in a general way, concerning the ideas of other workers, and some of the articles in which this fault is carried to extreme are more suitable for quiz compend than for a formal text-book of pathology, for they are a mere statement of the current teaching without any critical discussion of the subject. In other cases the author chiefly used in the preparation of the article is entirely too obvious, and as a result there is a lack of independence.

On the other hand, some of the articles are most admirably treated. Authorities are stated frequently, references are given, and the subject is treated in a scholarly and thorough manner. This is particularly true of the articles by the editors, of Dr. Collins' section on the pathology of the nervous system, and Dr. Beyea's article upon the female genital tract, although in the last two articles references are too frequently omitted. Among omissions, some of which are perhaps inevitable in the first edition of any text-book of this character, we may note the discussion of certain pathological cell-forms that are now exciting considerable interest in pathology. We refer particularly to the plasma cells, mast cells, to the significance of the eosinophile cells in tissues, to the different varieties of giant cells, etc. The discussion of the pathology of the lymph glands and spleen, which might have been more properly classified, is entirely more adequate. A more thorough account of the present status of the infectious theory of cancer would have been desirable, for although it cannot be said that we have reached any definite conclusions, the results of experiments have contributed largely to our knowledge of the subject of cancer and even to our knowledge in some other directions. The subject of pseudoleukæmia receives scant attention, particularly in view of the recent advance in the pathology of this disease. Some of the illustrations deserve