

The book is largely made up of quotations, the author having a happy manner of stating, "— is so explicit on this point that I cannot resist quoting him." It contains three very well-executed chromo-lithographs, mapped and drawn by the author; these, and the extended bibliography at the end of the book, will make it serviceable to those engaged in physiological research. The descriptions and explanations are not well balanced; more care and thoroughness would have resulted in a more valuable addition to the literature.

W. H. G.

ART. XLV.—*Minor Gynecological Operations and Appliances, for the Use of Students.* By J. HALLIDAY CROOM, M.B., M.R.C.P.E., Lecturer on Midwifery and Diseases of Women at the School of Medicine, etc. 12mo. pp. 106. Edinburgh: E. & S. Livingstone, 1879.

THIS little volume was prepared as a class manual, or syllabus, and intended chiefly for Dr. Croom's own clinical students; it therefore makes no pretensions to be other than a book for beginners, designed to instruct them in diagnostic characteristics and appliances, and minor gynæcology. The book opens with seven excellent plates of the common maladies of the os and cervix uteri: and then passes on to teach how to examine a patient per vaginam, explaining the anatomical characters of all the parts, external and internal, the bimanual method of exploration, and giving in outline the diseases to which the vulva, hymen, vaginal walls, cervix, os uteri, uterus, and ovaries are liable. These are mainly in the form of heads, to be completed from larger works. The author then treats of examination of and by the rectum, giving valuable hints as to method and usefulness. Chapters are devoted respectively to the *speculum*, and its value in exploration; the *sound*, its contraindications, what it teaches, its capabilities, and mode of use; the *tent* and its use, with mode of introduction; the *female catheter*, and what it teaches; *dilatation and exploration of the bladder*, with treatment by injections; *vaginismus*, *vaginal diseases* and the *douche*; *pessaries*, *cervical applications*, *intra-uterine applications*, the *curette*, and the *hypodermic uses of ergotine*. The book teaches what ought to be studied, rather than the minutiae to be learned, and is chiefly valuable as a syllabus, to direct the student in a course of studies.

R. P. H.

ART. XLVI.—*Cancer of the Rectum, its Pathology, Diagnosis, and Treatment.* By W. HARRISON CRIPPS, F.R.C.S., Surgeon to the Great Northern Hospital, etc. 12mo. pp. viii., 191. London: J. & A. Churchill, 1880.

THIS monograph deals with a subject of such paramount importance that it would be of interest to the profession if its value were much less than it is; but the author has given the result of such pains-taking and accurate work that he has produced a volume which should be read by every surgeon who treats rectal disease. After stating his opinion that cancer is not of constitutional origin, but that the starting-point lies in

some local condition of the part attacked, he discusses the anatomy of the rectum in health. The thirty pages constituting the chapter on the pathology of the disease, and the short chapter on the method of extension show careful and patient microscopic work of great value, and are undoubtedly the most interesting chapters of the book. Though all may not agree with the author's conclusions, the description of the beautiful illustrations of microscopical sections, and the simple and intelligible manner in which he places his facts before the reader, deserve the highest praise. In truth, the volume is remarkable for the interest of this portion of the subject. He says that the chief characteristic in malignant disease of the rectum is, in nearly every case, a development of gland tissue in an abnormal situation; and he therefore prefers to use the term adenoma as better expressing the real nature of the growth, than the word cancer (pp. 48, 49). By gland tissue, however, is not meant structures similar to lymphatic glands, but like the lenticular or Lieberkühn's follicles of the large intestine. These adenoid growths may well be divided according to their degree of development into, 1, the embryonic adenoid disease, and, 2, the true adenoid disease; of which classes, the former includes the malignant diseases described as the varieties of sarcoma and cancer, while the latter is represented by the papillomata or villous tumors. There is no sharp line of demarcation between these two, which should be considered as representing two opposite types of a common disease.

In considering the symptomatology and diagnosis of rectal cancer, he states that pain is greater when the disease is located in the prostatic and anal region than when it has its seat higher up in the bowel. Another statement of importance is that the sudden occurrence of complete obstruction is at times the first symptom causing a suspicion of rectal cancer. This obstruction is sometimes explained by the pressure of the feces above the disease causing invagination of the diseased portion into the intestine below. Some attention is given to the differential diagnosis of cancer from villous tumor of innocent kind, polypus, and ulceration. The chapter on the "Surgical Anatomy of the Rectum" discusses especially the distance of the peritoneal pouch from the anus. One of the methods by which he obtained this measurement was by injecting the peritoneal cavity with plaster of Paris, and then thrusting a needle through the perineum until it struck the plaster. The peritoneal pouch, it is said, can scarcely be dragged down by pulling on the lower end of the rectum. This is doubtless true. When the rectum, on the other hand, has been enucleated from its surroundings and pulled upon, its tortuosities are effaced, and the peritoneum is then two or two and a half inches further from the anal end of the intestine than it was when the parts were undisturbed. This point has been fully discussed recently by Roberts, and is deserving of considerable thought in operations upon the rectum.

The author considers the treatment of rectal cancer in an unprejudiced manner, advising palliation, colotomy, or excision according to the condition of each individual patient. In cases where excision is improper, relief from pain is often obtained by colotomy, which prevents the passage of feces over the ulcerated surface. In certain instances, however, no relief is obtained by this measure, because the pain is not due to irritation of an ulcerated surface, but to pressure of the growth upon surrounding structures. The history given of excision of the rectum, or extirpation as it was usually called until quite recently, is very imperfect. No mention is made of Faget's successful case in 1739, which

was probably the earliest operation, nor of Dieffenbach's thirty cases, many of which were successful. To Paget, Allingham, Holmes, and others is given the credit of reviving the operation in England, while nothing is said of the reason these operators were induced to undertake a procedure which was condemned by every one of the English authorities. Billroth's success in Vienna, Briddon's case in New York, and Levis's good results in Philadelphia, coupled with the encouraging results of Roberts's investigation of the subject,<sup>1</sup> undoubtedly impelled the writers of England to reconsider the denunciations they had poured upon the operation; still our author passes these facts as if unimportant, though the operation has probably been done ten times in the last three years where formerly it was done once. To the continent of Europe and to America this operation owes its resurrection, and not to the surgeons of Great Britain.

Mr. Cripps very properly thinks that but a small proportion of the cases coming under surgical observations are suitable for operation. This is in many instances due to delay in seeking treatment at the hands of those conversant with the operative treatment of the disease. He excludes as improper cases for excision, those in which the disease is located more than four inches from the anus, and those in which the rectum is not fairly movable upon the surrounding parts. In women, the anterior wall should not be involved farther than three inches. His usual method of operation is by a posterior incision through the rectal wall, after which the gut is dissected from its surroundings and excised by the wire *écraseur*. No dressings or sutures are applied, as they both obstruct free drainage, and the latter pull out so soon as to be of no service. Great cleanliness and frequent washing with carbolized solutions are points upon which stress is laid. This method of operating does not present any very apparent advantage over that recommended by Levis, who makes an effort to enucleate the rectal tube without splitting it in its long diameter. In either case the hemorrhage need not be profuse, for the vessels run longitudinally in the coats of the intestine, and the dissection is done principally by laceration.

The final chapters speak of the condition of the rectum after the operation, and the prognosis as to life and as to return of the disease, and give the history of some cases treated by excision. The results obtained are far better than would be expected by those unfamiliar with the operation. The mortality in selected cases is small, and the control of defecation after removal of so much of the rectum seems wonderful, if it be not remembered that normally the rectum is empty except just before the desire to go to stool is experienced.

The many virtues of the volume have been detailed, and it only remains to point out a few blemishes that have been observed. The author speaks of Morgagni as Morgani, and repeatedly of Lisfranc as Lefranc; the word *chirurgie* (p. 163) would probably sound unfamiliar to our Parisian brothers. These are, however, more excusable than the expressions on page 49; "*an* inverted villi," and "*the villi is* merely the prolongation." These mistakes may be due to careless proof-reading, but the repetition of some of them renders this questionable.

J. B. R.

<sup>1</sup> Medical and Surgical Reporter, June 9, 1877.