

The teachings represent the best accepted methods the world over; but the reader, however, will search in vain for anything novel.

The most recent conquests in the branch of orthopædics—tendoplasty for paralytic affections and coxa vara—are thoroughly handled. The latter is very well elucidated by numerous splendidly executed half-page drawings. The same comment holds good for the chapters on cicatricial contractures.

In connection with the operative procedures for the cure of congenital dislocation of the hip, we have encountered in the perusal of these pages the little recognized method of Broca, who, through an oblique incision traversing the thigh, performs a resection of the great trochanter, thereby widely exposing the head in its misplaced position.

A carefully arranged index and a list of illustrations complete this work.

MARTIN W. WARE.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY. By E. C. DUDLEY, A.M., M.D. Fourth Edition, Revised. Philadelphia and New York: Lea Brothers & Co., 1904.

During the twenty years which have elapsed since the establishment of the *ANNALS OF SURGERY*, the progress of our art in all its branches has been greater than that of centuries previous. Bacteriology was then in its infancy, and the technique, for which we are indebted to Lord Lister, was in process of evolution and struggling for recognition. In gynæcology, the history of the cycle has been the history of modern abdominal surgery. This has been made a possibility, however, by the discoveries of the bacteriologist and their application to the practical problems of the surgeon's art. Thus the birth and growth of a new science opened up new fields of achievement to the surgeon. The literature of a science may fairly be said to mark its progress. So, if we glance over the pages of the standard works on Diseases of Women

published a generation ago and compare them with this the newest work on the subject, we shall appreciate how vast have been the advances in our art since the great Kentuckian, McDowell, blazed a way through the difficulties which up to his day surgeons had considered an *impassé*. Our plastic surgery differs but little, if at all, from that taught us by the fathers and pioneers of surgery, Syme and Emmet. We have not improved on their methods. The illustration of the text-books of to-day on this subject are far clearer and more illuminating than the crude drawings which obscured the pages of the books of those days, but the principles of the operations are essentially the same. If changes have been made, it is in the matter of minor details, such as suture materials and instruments.

The plastic operations of these old masters have stood the test of twenty years. Twenty years hence not a few operations now fashionable will have been abandoned. Far different, however, are the bold and scientific methods by which we attack the inflammations or those conditions which require the resources of the modern abdominal surgeon. It is interesting to compare the hesitating tentative methods of the older school of gynecologists in respect to the treatment of pelvic inflammations with that in vogue to-day. A quotation from the *Transactions of the Medical Association of the State of Missouri* will serve to illustrate. "About a year ago I was called to see Mrs. V., and found her suffering with a pelvic abscess, *from which she soon got relief by its discharging through the bladder.*" What practitioner would care to make such a statement before a body of medical men, or to acknowledge that he had permitted a pelvic abscess to take care of itself? In one of the standard works published in 1883, all inflammatory affections of the pelvis are classed under the head of pelvic cellulitis. The word pyosalpinx does not occur in the book. Removal of the infected tubes is nowhere even suggested, and not a word is said as to the relation between gonorrhœa and inflammations of the pelvic viscera. Nor ought we to

wonder at this, for it was not until 1885 that Bumm first demonstrated conclusively the pathological rôle played by the organism discovered six years previous by Neisser.

The surgery of the inflammations was of the simplest, and the master of those days rested content if he evacuated the abscess, which he had allowed to point, with the aspirator or a hesitating knife or seissors' blade. Cataplasms, injections, iodide of potassium, tincture of iodine, these were the weapons of the old school. When the pus became so evident that fluctuation could be felt through the thinning vaginal wall, a timid operation was done, unless, indeed, nature had not first anticipated the physician and done a crude operation such as the Missouri doctor relates in the quotation above.

The chapter on pelvic inflammations in the work under review emphasizes the distance between the gynæcologist of to-day and his forbears of a past generation. A correct classification, not only according to the seat of the lesion but its bacteriological relationship, has replaced the crude methods of those times, and our methods of treatment have correspondingly improved. It seems strange, in glancing over the text-book of twenty years ago, to find that the only mention made of so important a subject as ectopic gestation is to warn the observer against mistaking it for a cystic tumor of the ovary. We used to hear a good deal about pelvic hæmatocele in those days, both at the clinics and in the didactic lectures on gynæcology. If by chance an ectopic pregnancy was recognized previous to rupture, we were told to use strong currents of electricity to destroy the life of the ovum. We may certainly congratulate ourselves on the advances which surgery has made in the treatment of this the most fatal accident that can occur to an expectant mother. We observe, in comparing the old gynæcology with the new, similar and great differences between the operative treatment of the myomata from that with which we were familiar in our student days. What medical student of to-day has ever even heard of the clay electrodes of Apostoli, much less seen them? We have a number of different

operations for the removal of uterine myomata, all of them with a low death-rate in experienced hands. In the management of the pedicle of the ovarian cyst, the clamps of Spencer Wells and others, designed to secure the stump outside the abdomen, are now consigned to the hospital museum, and the inquiring house staff not seldom come to us and ask us what those things were used for. The operating ease of every large hospital has a hundred pounds more or less of such discarded hardware. One might write an interesting and perhaps humorous article on the passing of the pessary. The older works have whole chapters devoted to a description of the various pessaries, and some of the illustrations cause us to wonder at the patience with which the vagina has tolerated all sorts and shapes of foreign bodies designed to sustain a displaced uterus. One in particular, illustrated in an old work, resembles a Chinese puzzle as much as anything else. Emmet tells a story in his work about a man who wished his endorsement for a new pessary; whereupon Emmet showed him a closet which contained between five and six hundred pessaries which he had used on different cases, and promised his endorsement if the petitioner would find any two exactly alike. The man spent the afternoon on the job and gave it up. When we come to sum up the results of the best modern work for the relief of carcinoma of the pelvic organs and compare it with the surgery of malignant disease as it was twenty years ago, we cannot but feel the most intense chagrin. Not that we have not taken every advantage of our improved technique. What have we not done to save from death the sufferer from carcinoma of the cervix? Surgeons have cleaned out the entire pelvis with the exception of the great blood-vessels and the ureters, and still their patients have died of carcinoma. The results of Byrne's cautery operation still challenge modern methods. It has been fashionable to say that the cases which he reported were not cases of cancer, but Byrne was too good a clinician not to know malignant disease when he saw it. The microscope is not always necessary in the diagnosis of carcinoma. We can only hope that at the end of

another twenty years those who are to come after us will have a better record to show in the surgery of malignant disease than is possible to any of the surgeons of the present day. As we peruse the pages of this book, however, we find sufficient reason to congratulate ourselves that while the mystery of the most dreadful scourge of womanhood remains still unsolved, yet our art has made great advances. If there are dark recesses still to be explored, floods of light have been cast upon many phases of disease that were as dark to our fathers as cancer is to us.

ALGERNON T. BRISTOW.

GENITO-URINARY AND VENEREAL DISEASES AND SYPHILIS. A Treatise by ROBERT W. TAYLOR, A.M., M.D., 'Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons, New York. Third Edition. Octavo, 757 pages. Philadelphia and New York: Lea Brothers & Co., 1904.

This volume treats of Venereal Diseases, Genito-Urinary Surgery, and Syphilis. In the department of Venereal Diseases it is much stronger than in Genito-Urinary Surgery.

Most authorities will take issue with him in regard to the length of time that the gonococci remain in the tissues. It is generally conceded that the germ remains for almost an indefinite period in the tissues, and that is the reason the mucous membrane continues in a diseased condition.

His unqualified condemnation of the use of the albuminates of silver in the treatment of acute gonorrhœa is not borne out in the experience of the vast majority of clinicians.

In the part devoted to the surgery of hypertrophied prostate, the author mentions only the suprapubic method of enucleation, and no mention is made of the different operations by the perineal route, now almost universally employed.

In the discussion of Syphilis, the author is at his best. He is clear, concise, and able. The value of this one subject alone would be sufficient inducement to purchase the book.

HOMER E. FRASER.