

REVIEWS.

A SYSTEM OF OBSTETRICS BY AMERICAN AUTHORS. Edited by BARTON COOKE HIRST, M.D. Volume II. Illustrated with two hundred and twenty-one engravings on wood. 8vo., pp. 854. Philadelphia: Lea Brothers & Co., 1889.

THIS volume concludes the series of treatises contained in four volumes and known as the "American System of Gynecology and Obstetrics." The opening contribution, by Dr. Theophilus Parvin, is upon "Diseases and Accidents of Labor." It is to be regretted that in an encyclopædic work the author did not go into the etiology of "tears of the neck of the uterus," as he terms it, from the purely obstetrical standpoint. In the gynecological volume Dr. Bache Emmet has given it an ample surgical exposition, but the subject of laceration of the cervix has two aspects. The surgical gynecologist is rarely an obstetrician, as from the arbitrary nature of his engagements it is nearly impossible for him to respond to cases in this department of practice. Conflict of opinion has thus come between men who ought to deal intelligently with common facts. We constantly hear worthy practitioners held responsible for lacerations of the vaginal portion. Is faulty handling of parturition responsible for this accident, or is it the result of certain physical conditions or error in the physical forces engaged in the act? This is the question that authorities in obstetrics have to answer, and it is a subject of regret that one so competent as Dr. Parvin to give an authoritative opinion has neglected the present opportunity. Believing, as we do, that it is the result of conditions other than manual or instrumental interference in the conduct of labor, we are daily seeing the need of more careful study of the subject. Strange to say, what attention has been given to it was from the gynecological aspect of the injury, and not from the obstetrical. Of course, a certain, but very small, proportion of these cases is due to necessary interference in the natural mechanism of labor, but these are excluded. But what are we to say to the woman who believes that her injury is due to carelessness or ignorance on the part of her physician, and who makes a reasonable request for information as to what obstetricians may have to say upon the subject? Already the reviewer has been upon the witness-stand in one case of this nature, and the remarkable silence of obstetrical writers upon this subject was one of the grounds upon which the prosecution based their case. Possibly in the next edition of his own book Dr. Parvin may see his way to an authoritative expression of opinion.

Injuries of the Perineum follow, and upon this time-honored subject the author cannot be criticised for want of attention. To the young practitioner the author does not give much encouragement in prophylactic treatment. Inversion of the Uterus calls for a short but clear

statement. Hemorrhage in placenta prævia is next studied, and those who adhere to the classic tampon may have the courage to say so openly henceforth. Injuries to the Child during Birth is one of the most lengthy sections of Dr. Parvin's contribution. Sudden Death during or following Labor, and Disease of the Mother with Reference to Labor, conclude the section.

"The Forceps and Embryotomy," by Dr. E. P. Davis, is a well-illustrated paper. Concerning the application of the forceps, the author calls attention to a fact worthy of notice here. The French, he says, admit rotation of the head with the forceps in high application, the Germans do not apply the forceps until rotation has occurred, while the English and Americans apply the forceps to the sides of the pelvis. If the latter method is the operator's custom, the author's advice is to continue the practice. This reminds us of the noteworthy paper of Dr. Clark, of Oswego. Here the systematic writers are taken to task for directing a method of application that is never carried out at the bedside. Forceps are applied just as traction is made, with reference to the maternal parts and without any regard to the part of the child that is in advance in the birth-passage. Since the true use of the forceps as a traction, and not as a restitution, instrument has become more clearly defined, the use of the instrument has greatly increased, to the infinite benefit of women. Vesico-vaginal fistula from impacted head, from being a very common accident, is now very rare. The clinical use of the forceps is entirely a different matter from the didactic theory of its application. This is quite a modern notion, and has followed largely from the increased attention attracted to the subject by the labors of Tarnier and others, and now depends on the simple theory that both the instrument and its application must favor traction, and without regard to the presenting part.

Embryotomy forms the conclusion of this section. Whether the future will be one of Cæsarean section or embryotomy will depend largely on a consensus of opinion. The methods have been largely improved, antiseptics has become the obstetrical law of the land, and all that is needed to settle a question of great practical importance like this is a general consent in opinion. Our author leans toward what he calls the "conservative procedure"—that is, the section. For the performance of embryotomy in knowledge and observance of antiseptics are requisite equal to those demanded for Cæsarean section. The technical skill needed to perform a difficult embryotomy is fully as great, if not greater, than that which the Cæsarean operation calls into play, while the instruments employed for the destructive operation are more complicated. That the outlook for the Cæsarean operation in the United States will improve there can be no doubt.

"Premature Induction of Labor," by Dr. Cameron, of Montreal, and a lengthy contribution on "Version," by the same author, follow. Concerning what we may term the ethnology of version and the forceps, Cameron makes the interesting comparison that in Germany turning is the favorite operation, that in France the axis-traction forceps has greatly displaced manipulation, and as pelvic deformity is comparatively rare in England and America, hence, except among emigrant population version is rarely practised. Among Americans impediments to the exit of the child are rarely at the brim, and are generally found at the outlet, which has caused the forceps to be so often resorted to that "American

has been aptly styled the home of the low forceps operation." Cameron makes one statement of singular ethnological importance if true. "Placenta prævia is very common in Central Europe, and is comparatively infrequent on this continent."

Dr. Robert P. Harris writes the section upon the "Cæsarean Operation, Symphysiotomy, Laparo-elytrotomy, and Laparo-cystectomy." This contribution is very timely, and allows its author to go over the whole subject in a connected and systematic manner. It is needless to say that no one is as well equipped to do justice to this subject in America as the author. Space will not allow the attention that this carefully prepared paper deserves.

One of the most valuable sections of the volume is by Dr. Garrigues on "Puerperal Infection." At the outset, however, the author mars his work by what we fear is a constitutional failure—namely sticking after terms; a desire to become so accurate that he becomes obscure. Thus, when he says that "septicæmia is too strong a term" for puerperal fever, is he not using language a little too strong for the subject—what to the minds of some modern bacterial obstetricians may be called obstetrical profanity? The author has done valuable and permanent work in this field and deserves the recognition that has been accorded him in the opportunity of writing this interesting contribution.

The author begins by the general pathology of puerperal infection, basing his etiology solidly on the theory that the invasion of the system is due to infection and not contagion. We have no time to refer to anything among the many matters of interest except the preventive treatment. In this age if we wish to anticipate the medicine of the future there is one thing better than pathology or treatment, and that is prevention. Since the first of October, 1883, the author has had ample experience in preventive measures. He treats them separately, first the hospital, the attendants, and lastly the patient. He says, "At the hour of writing it is just five years since I introduced the bichloride of mercury treatment in the Maternity Hospital. During that time it has been kept up without any change, and the results have been so satisfactory that I feel very little inclined to make any." Cautions are, however, expressed concerning the danger of poisoning from this agent, and the history of many cases given. The author in his own hospital experience has never had a fatal case of mercury poisoning. We believe that the solution recommended by him is too strong; 1 to 2000 is not safe in the hands of the general medical and nursing public. In the uterus and genitals we never have exceeded 1 to 3000, and the coagulating effect of this solution is excessive. A solution so strong as to produce rapid coagulation of albuminous fluids is liable to defeat the very purpose for which it is used, by covering the surface which it is desired to disinfect with a layer of insoluble coagulum. This is a very practical point and one of special importance in disinfection of the genital tract bathed in an excess of secretion, as it is just previous to parturition.

The experience of Garrigues coincides with that of all modern bacteriologists concerning the unreliable character of carbolic acid as a disinfectant. He is now experimenting with creolin. One advantage over bichloride is its slippery nature. He says: "I was most agreeably surprised in a case of turning to feel my hand slip through the vagina and cervix with a hitherto unknown facility after a vaginal douche of 2 per

cent. had been given." In this respect its effect is different from the bichloride solution, which has a strong astringent power. The author has been to considerable care to ascertain the rate of mortality of childbirth in large cities; abroad a per cent. of 1.12 is reached, and not much better in New York City, 1.06 per cent. "So much is sure," says the author, "that out of every one hundred women who give birth to a child in a private house in New York, one dies during or shortly after labor." In the performance of a natural function, that is too high a death-rate, and there is yet a margin for improvement. But what must it have been before the art was brought to its present refinement—when Semmelweis was not yet.

Dr. Garrigues also contributes the paper on "Inflammation of the Breasts and Allied Diseases connected with Childbirth."

Dr. Harold C. Ernst, in the "Etiology of Puerperal Fever," to have been rightly placed in the volume ought to have preceded Dr. Garrigues' article on puerperal infection. The former considers the subject from the laboratory standpoint, and the latter from the clinical. It is only necessary to give Dr. Ernst's definition to foreshadow his whole thesis. "It is allied to, and in fact is exactly similar to, any other of the septicæmic or pyæmic conditions . . . which arise more commonly in connection with surgical affections." Ernst has written a very valuable paper, and has collected all the available material upon the subject.

The editor, Dr. Hirst, takes up the subject of "Complications of the Puerperal State Independent of Septic Infection." This topic includes defective involution of the uterus, repair of the injuries of childbirth, puerperal hemorrhage, displacements of the uterus, hæmatoma, carcinoma of the corpus and cervix, fibroids, non-infectious fevers, pneumonia, pleurisy, the exanthemata, diseases of the urinary system, gonorrhœa, abnormalities of the milk secretion, and relaxation of the pelvic joints. A vast subject is well disposed of in one hundred and eighty-one pages in a very practical manner.

Dr. Lloyd next takes up the subject of "Insanity and Diseases of the Nervous System in the Childbearing Woman." Puerperal Insanity is treated of in an elaborate monograph of forty-five pages, followed by the same amount of space given to the subject of Occasional Neuroses of Pregnancy.

Dr. J. Lewis Smith, of New York, takes up the subject of the "Management of the Diseases of the Newborn Infant," which supplements the article in Volume I. on the management of the newborn infant. It need not be said that the article is a masterpiece on the subject, and constitutes a volume in itself. No hand-book on obstetrics in any language contains anything like its equal on the subject in elaboration and practical details. A considerable amount of the matter is new in book form, and it is a misfortune to the reader that space prevents an analysis of the author's views.

Dr. Stephen Smith, of New York, contributes the section upon the "Surgical Diseases of Early Childhood," which is freely drawn from his work on the *Principles and Practice of Operative Surgery*. Surgical conditions of the umbilicus, supernumerary members, congenital union of the fingers and toes, cephalo-hæmatoma, atresia of the mouth, harelip, fissured palate, absence of the tongue, macroglossia, and intestinal obstruction. Concerning laparotomy in the treatment of the latter, the

author evidently holds no high opinion. In some post-mortem examinations after the invaginations were very recent, which have come to the knowledge of the reviewer, adhesions were so firm that they could not be separated without tearing the intestine. We are convinced that it is not an operation which may be informally suggested after considerable time when all other measures have failed. Adhesions in invaginated intestines in a few hours would be too firm to be safely separated. Excision of the incarcerated portion would be the only safe method. In the case of an obstruction of a week's duration the writer declined to operate on these grounds. The rectum, the anus, hydrocephalus, cephalohydrocele, and spina bifida are well described and illustrated. Extroversion of the bladder and hernia are well illustrated with working drawings. Fractures and club-foot conclude the paper. These two last-named contributions are the best and latest expositions of the subject now before the profession, and will repay of themselves the somewhat large outlay in the work.

Dr. De Schweinitz treats of the "Congenital Anomalies of the Eye," and will be of great help to a proper understanding of the rare defects in the eyes of the newborn.

On the whole, the children have fared well in this volume of the American System, so that the whole field of normal and abnormal conditions of mother and child are presented to the reader in the most complete form of any work the reviewer has seen. The best writers have been carefully selected by the editor, names that alone afford a guarantee of careful and efficient work. None but a carping critic will find fault. There are many things put forward, possibly, by the men of vast experience and most self-reliant character who have contributed the more important sections, that many in the profession are not yet prepared to accept without argument. This must and ought to be the case in an exhaustive work that is in all its parts in line with the most advanced thought. In the English language there is no work on its various topics at all to be compared with it, and we may send it abroad without any fear that it will not be able to command the respect that it deserves.

In one matter alone the work as a whole is most complete and is destined to accomplish an unlimited measure of good in the future of American obstetrics; this is in childbed sanitation, or, as it is more commonly known, antiseptic midwifery. But if we are to educate the people to this gospel of cleanliness, we must give it a better name. Not only must it become an obstetrical law, but it ought to be the law of every intelligent woman. She must be taught that her chief danger in becoming a mother exists not in the act itself, dread it as she may, but in conditions that she, her nurse, and her doctor are perfectly able to prevent. That the people and the physicians who go into their homes are not yet educated up to the level of modern childbed sanitation is proven by the fact that domestic midwifery and hospital practice have changed places in their relation to mortality. More lying-in women in their homes die of dirt diseases, no matter how well surrounded, than their poor sisters in the lying-in wards of a hospital.

Antiseptic midwifery is not the rule in private practice even among men of good reputations. He may carry his corrosive tablets and wash his hands, a matter he may have neglected in years gone by, and now flatters himself that he occupies a foremost place in antiseptics, but he

ends here. He must be taught that this is not childbed sanitation. Again and again must the matter be brought to his understanding, and if in one generation a great revolution, partly of practice and partly of morals, is brought about, we may well be content. We believe that no recent work will contribute so much to this end as that which is here reviewed. Everywhere this practice is insisted on and taught in its most elaborate detail and will secure constant reference for a long time to come.

The publishers have mechanically turned out a work very nearly perfect. They have been liberal in the matter of illustrations—a subject that does not always run smooth between writers and the publishers in cooperative works, but here the authors have nothing to complain of. It is to be regretted that the general index at the conclusion of this volume is not as complete as it ought to be in a work of such encyclopædic character.

E. V. DE W.

THE OPERATIVE TREATMENT OF THE HYPERTROPHIED PROSTATE. By FRANCIS SEDGWICK WATSON, M.D. Pp. 167, with 34 photogravure plates. Boston: Cupples & Hurd, 1888.

IN this elegantly printed and illustrated work the author has collected anatomical and clinical data with the object "to supply, or, at least, to suggest, a rationale, based upon an analytical study of the actual conditions that are encountered, in the hope of placing this whole subject upon a rational basis that may serve as a ground for future operative action." He begins with a brief account of the various methods of operation, palliative and radical, heretofore employed, and follows it with a review of the indications for operation, and of the state of surgical opinion upon the subject at the present time. He then gives representations of actual size by photogravure of thirty specimens of enlarged prostate, brief clinical histories of 45 cases of prostatotomy or prostatectomy, tabulates the results, and closes with a few conclusions.

The study of the specimens shows that in 27 of the 30 cases median enlargement of the prostate formed the chief obstacle to urination, and that in 21 cases it "could have been successfully reached and incised, or partially or wholly removed, through the perineal route, by any one possessing an index finger which has a reaching length of three inches or more;" and that in 10 cases the bladder was so small that the supra-pubic operation would have failed. In 7 cases the distance of the median enlargement from the perineum was so great that a perineal operation would have failed.

The clinical data of radical operations show a mortality of 17 per cent., 8 deaths in 45 cases; and that 18 of the patients "were relieved, at any rate, for one year." "Of 19 palliative operations by drainage, 5 were relieved, at any rate, for one year."

He recommends: "In a given case (suitable for operation) open the membranous urethra, put in your finger and explore. Twice out of three times the operation can be completed by this route. In the other third of the cases, the long perineal distance, or the form of the median enlargement, will make the supra-pubic operation necessary."