

Book Reviews

The Colon, Rectum and Anus, by FRED W. RANKIN, J. ARNOLD BARGEN, AND LOUIS A. BUIE, The Mayo Foundation, Rochester, Minn., W. B. Saunders Co., Philadelphia. Pp. 846. Price \$9.50.

This admirable volume on the diseases of the lower bowel is prefaced by a chapter on the anatomy, physiology, and development of the lower intestine, which forms an excellent introduction to that which follows. Those portions of the work, however, which will interest the readers of this journal are the five chapters on benign and rare tumors, polyposis, sarcoma, carcinoma of the colon, and carcinoma of the rectum and anus.

In the first paragraph, in the chapter on the benign tumors, the statement is made that in the Mayo Clinic, in recent years, the practice has been to examine with proctoscope or sigmoidoscope all patients who present symptoms suggestive of functional abnormality of the bowel, or if indications for such examination were found in digital examination of the anus and rectum. In some 20,000 such examinations, between 1924 and 1928, 455 benign polyps were found, approximately half of which did not produce symptoms. If this statement could be taken to heart by the medical profession, fewer people would die of malignant disease of the lower bowel.

The benign tumors include angioma, myoma, lipoma, fibroma, and the extremely rare teratomatous neoplasms. In comparison to the malignant tumors these groups are very infrequent, and are usually diagnosed only when they cause obstruction.

The chapter on polyposis is a very instructive one. The danger of such polyps is pointed out. The different types and the great difficulty of definite diagnosis of malignancy in the transitional forms are treated of, and there is shown a family tree illustrating the frequency of carcinomata and polyposis.

The chapter on carcinoma is a most important one, and operation is properly stressed as the best method of treatment. But the operability rate is still too low. Miles is probably correct in saying that it is not over 30 per cent. A certain improvement in operative results with the development of a proper technic is insisted upon. The Mayo Clinic records show 48 per cent alive after three years, 34 per cent after five years, and 24 per cent after ten years. Miles' recent records on a small group are even better.

Radiation should be reserved for the inoperable cases. Certainly even among those who have been most enthusiastic as to results of radiation therapy there is a distinct trend toward abandonment of this procedure in operable cases, though publication has not kept step with practice, and the literature of the subject is still filled with optimistic temporary results.

This book is beautifully printed; the illustrations are extremely good—many of them are drawings, others gross and microscopic photographs. Almost without exception they could scarcely be improved upon.

The entire work, if possible, adds to the reputation of the authors, and to that of the Mayo Clinic, whose vast and accurate records have made such a publication possible.

Manuel Pratique de Dermatologie, by A. DESAUX AND A. BOUTELIER, with the collaboration of PIERRE BROCCQ, Masson et Cie, Paris, 1932. Pp. 916.

In some ways the center of dermatology is the Hospital Saint-Louis in Paris. Innumerable physicians have studied the patients who come there, and the *moulages* which remain to record rare and interesting types. From these wards Darier has

given us his *Précis*, a part of the library of every dermatologist. Two others who have worked at the same institution now publish a practical manual of dermatology, laying stress on the diagnosis and the therapy. It contains 916 pages of text, an admirable index, and 641 illustrations. For those who do not mind stout volumes it can be obtained in a single binding. For those who prefer a lighter work the publishers furnish it bound in two parts. So far as black and white photography can go, the illustrations are excellent.

Though it is impossible to review such a bulky volume in detail, attention may be called to certain novelties, one of which is a sort of advisory sermon to those entering dermatology on methods of study, with descriptions of the various types of skin lesions, procedures for biopsies, diagnosis of the general conditions underlying pruritus as a symptom, for example, and so on. There follows a section with the lesions classified according to location, which acts as a sort of key to dermatological diagnosis.

For the readers of this journal the chief interest will be found in the description of the epithelial tumors of the skin and of the lesions related to tumors, such as the nevi, mycosis fungoides, Kaposi sarcomata, etc.

In general, the suggestions for treatment are good. For instance, under squamous-cell epitheliomata, while surgery is recognized as excellent treatment, it is insisted that if x-ray is to be employed it should be in a single treatment of 1500 to 2500 *r* units of unfiltered x-ray. This may be reduced by the use of filtered radiation to 1000 or 1800 *r*, which must also be given at one sitting.

For the melanomata the choice is coagulation by diathermy. Unfortunately, this method is presumably as good as any.

In the conclusion, devoted to treatment, numerous formulae are furnished. The general conditions underlying many of the skin diseases are insisted upon, and there is even a chapter on plastic surgery.

Cancer de la langue, by PIERRE SEBILEAU, G. Doin & Cie., Paris, 1932. Pp. 231.

Appearing as the eleventh volume in the series of monographs on cancer edited by Hartmann and Bérard, this treatise by Sebileau on cancer of the tongue is clearly one of the best of the series. Written from a refreshingly personal point of view, which is of advantage when the author is a surgeon of vast experience, as is Sebileau, the book nevertheless presents the controversial phases of the subject with remarkable breadth of view.

Sebileau's conception of the etiology of cancer of the tongue would not be agreed to by most clinicians. He believes that acquired or inherited syphilis is always responsible. His motto is: "No epithelioma of the tongue without leukoplakia; no leukoplakia of the tongue without syphilis." He admits that many patients with cancer of the tongue do not show a positive Wassermann, but justifies his belief by the statement: "It is very rare, if one takes the trouble of making a minute examination of the patient with cancer of the tongue, that one does not find some distant imprint of syphilis—a narrowed pupil, an absent patellar reflex, a few cicatricial cutaneous macules, some congenital bony deformity, an aortic murmur, or some irregularity in the family history (miscarriages or children dying at an early age)."

Sebileau's description of the clinical evolution of fully developed cancer from the various types of precancerous leukoplakia is splendidly done. The numerous photographs of *moules* from the *Hôpital Saint-Louis* which illustrate this chapter make it perhaps the most striking description of this disease sequence which has yet been written.

A careful description of the paths of lymphatic drainage from the tongue, and the usual sites for metastasis from cancer in different regions of the tongue is in-

cluded. A number of effective line drawings add much to this description. The microscopic pathology of the disease is scarcely touched upon.

The chapter on differential diagnosis is one of the most valuable in the book. The distinguishing features of lichen planus, leukoplakial ulceration, idiopathic lozenge-shaped ulceration, traumatic ulceration, and the lesions of Vincent's angina, tuberculosis, actinomycesis, and syphilis are discussed, and often illustrated by photographs of *moulages*. Sebileau always makes sure of his diagnosis by taking a biopsy. The extent of the lesion, the factor upon which the choice of the method of treatment to be used depends, can be determined only by palpation.

There is perhaps no more controversial question in surgery just now than that of the treatment of cancer of the tongue. Although Sebileau is primarily a surgeon and not a radiologist, he has kept in close touch with the progress made in the treatment of this disease by Regaud and his associates at the Radium Institute, and he has come to the conclusion that both surgery and radium have their place in the treatment. He has definitely given up the radical surgical procedures which attack cancer of the tongue through the floor of the mouth or by section of the mandible. The mortality of these operations is great and recurrence is the rule. Sebileau excises only those cancers which can be removed easily and widely through the mouth. He advises radium for all the rest.

Types of lingual cancer which should not be treated by surgery, but rather by radium, are as follows:

1. Those which are situated on the edges of the posterior portion of the tongue. They often involve the tonsillar pillars and the tonsil. Wide surgical removal is impossible.
2. Those of the dorsum of the base of the tongue, and those involving both sides of the median raphé of the tongue in its middle portion.
3. Cancer of the inferior aspect of the tongue which has invaded the floor of the mouth.

Sebileau does not believe in routine bilateral neck dissections. When there is no palpable adenopathy he does a limited dissection of the upper neck on the side of the tongue lesion. If the primary tumor is one to be treated by glossectomy, he does the neck dissection first and follows it with the mouth operation, usually all in one stage. If the neck nodes are involved, or suspected of being so, a complete neck dissection is done on the affected side. No form of radiation treatment has given satisfactory results when used for carcinomatous nodes in the neck.

Nowhere in his monograph does Sebileau present statistics as to the results of treatment in his own patients. It is obvious, however, that his experience has been great, and that his views are thoroughly modern. They should be read by all who treat this common disease.

Cancer: Civilization: Degeneration. The Nature, Causes and Prevention of Cancer, Especially in Its Relation to Civilization and Degeneration, by JOHN COPE, H. K. Lewis and Co., Ltd., London, 1932. Pp. 293.

The writer calls attention to the fact that the study of cancer was up to 1900 largely a matter of the bedside, the operating theater, and the post-mortem room; in other words, most of the work was of the descriptive variety, the classification of neoplasms, both from their gross and microscopic appearances, being the chief interest of those concerned. In the beginning of the 20th century it was discovered that cancer cells could be grafted successfully from one animal to another of the same species. "It would be difficult," says the writer, "to exaggerate the expectations which were aroused by the progress in scientific method implied in this event. . . . Instead of being hampered by a dependence upon human beings for the material to be studied, a researcher could pursue his investigations unchecked." "Yet,"

he continues, "more than thirty years have gone by since this discovery was made; many thousands of pounds have been spent; the lives of many able scientists have been devoted to the quest, and whole libraries of magazine articles and books testify to the patience, industry, and ability with which this pursuit has been conducted. And now, after all these years of noble toil, not even the most sanguine research worker can point to anything that can by any stretch of the imagination be termed a solution of the problem which the researchers set out so confidently to answer. . . . Experimental cancer research has, in short, become so isolated and so entrenched that, without being aware of it, the researcher now almost instinctively regards those who criticize his opinion, question his authority, or adopt other methods of working, not as fellow-workers but as amateurs, as outsiders, and even as positive enemies. . . . It must ever be held as one of the worst evils of laboratory cancer research that by its extreme caution, its timid reluctance to accept evidence, its insistence upon proofs suitable only for its particular method of inquiry, it is responsible for holding up for a generation one of the greatest and most promising advances of the nineteenth century."

What this advance is is difficult to discover from the text and, after this sort of talk, it is not surprising that the writer prefaces his chapter on "Heredity of Cancer and Cancerous Tendencies" with a quotation from Euripides, saying not a word concerning the experimental facts which have been discovered through the breeding of laboratory animals, nor that he repeats, under the general description of treatment: "Hundreds of years of experience have proved that our plan of campaign against cancer is wrong, hopelessly wrong, and yet we continue to devote our attention almost exclusively to possible ways of eradication instead of to prevention."

With similar generalities the book is filled. The author talks much of the degeneration of modern peoples, using England as an example, and apparently concluding that physical inferiority is the cause of cancer. He shares, with other popular writers upon cancer, that pleasant fiction which we owe to Rousseau, that the noble savage was the healthiest and most intelligent being ever created by the Almighty. As a matter of fact, we know that there was no such magnificent savage, that he was usually filthy, diseased, short-lived, and, strange to say, also a sufferer from cancer.

This beautifully printed volume only repeats a lot of long since disproved ideas on the subject of cancer. It is not even accurate enough to place in the hands of the layman, for he will only wander among the quotations, anecdotes, and other ornaments which fill the book and look in vain for anything new about cancer.

Some Factors in the Localization of Disease in the Body, by HAROLD BURROWS, 1932. Pp. 299.

The review of Burrows' book appearing in the November, 1932, issue of this journal (16: 1530, 1932) failed to state that the American agents are Williams and Wilkins Co., Baltimore. The price is \$4.50.