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INTRODUCTION

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In this issue of obstetrics and gynaecology some of the more typical and controversial problems have been handled by authors who are acknowledged authorities in this specialty.

All practitioners and specialists are profoundly interested in the early diagnosis of malignant diseases of the generative organs. In recent years two additional methods have become available to clinicians, namely, the vaginal smear and the colposcope. Dr. Bamforth has had great experience in the cytological diagnosis of cancer of the lung and uterus and his authoritative paper aptly sums up the situation regarding the cytological diagnosis of cancer of the cervix and body of the uterus. He mentions an accuracy of 90 to 96 per cent. for cancer of the cervix and 70 per cent. for cancer of the body and quotes Anderson of Edinburgh in claiming roughly one unsuspected positive out of a hundred cases screened in which there was no clinical reason to diagnose malignancy. Critics will say that this is an expensive

method of diagnosing cancer, but they should be silenced by the retort that these patients are diagnosed in stage 0 or very early stage I and that, as a result of surgical or radiation treatment, their prognosis is excellent.

A positive vaginal smear does not necessarily provide a final diagnosis of cancer of the cervix or body, but it does call for a further and full investigation of the vaginal portion of the cervix, the endocervix and the body of the uterus by fractional curettage. Fractional curettage means that first the endocervix is scraped and the specimens obtained placed in a separate bottle, after which the body of the uterus is scraped and this second specimen segregated from the first; in this way there will be no confusion between cancer of the body and that of the endocervix.

A suspicious vaginal smear may suggest a carcinoma of the cervix and the gynaecologist may be uncertain from what area he should take his biopsy. Andrew, who was specially trained in

Vienna in the use of the colposcope and who has examined a large number of cases in St. Bartholomew's Hospital with this instrument, writes on some of the applications of colposcopic technique. Apart from the fact that this instrument may be diagnostic in cases of clinical suspicion, its great benefit is in showing the exact areas from which a biopsy should be taken.

While it is universally agreed that all cancers should be diagnosed early and that the ideal treatment is to eradicate them at this stage, it is a regrettable fact that many cancers of the cervix are only seen in a late and probably inoperable stage. Such cases are neither suitable for ordinary surgery or radiation. A number of the earlier cases which should be suitable for radiation treatment are for various reasons either technically unfit for or unresponsive to radiation. Howkins, who has made a particular study of these patients, has written on some of the indications for surgical treatment of cancer of the cervix and has outlined a few of the possible palliative procedures available for the advanced case in stages III and IV. He does not claim that pelvic exenteration is ultimately curative, but pleads that it should be made available to certain cases in which the responsible practitioner feels that the ultimate possible should be made available to his patient.

In the surgery of vaginal prolapse, there remains one outstanding problem—that of stress incontinence. This distressing symptom, which provides inconvenience and unhappiness to a woman, may mar the result of an otherwise successful repair operation. Beattie, in his article, has carefully considered the exact diagnosis, the anatomy and the physiology of this condition. He has honestly assessed the results of the various operations available and has lucidly explained the type of operative procedure most suitable to the individual patient. A carefully performed anterior repair should cure 75 to 90 per cent. of cases, and for the failures he advises some form of Aldridge sling. He admits that the problem is not yet finally solved.

In the last fifteen years the diagnosis of genital tract tuberculosis has been made on an increasing scale and it is now established as a cause of

infertility in roughly 5 per cent. of all patients attending Infertility Clinics. Stallworthy of Oxford is one of the foremost authorities on this disease in this country, and his article aptly summarizes the pathology, clinical features, diagnosis, treatment and prognosis of this condition. He very rightly stresses the importance of conservative treatment with streptomycin, P.A.S. and Isoniazid in these young patients and refutes the gloomy prognosis of sterility by a very small number of reported successful pregnancies. In the few cases where pelvic surgery may be indicated, his plea for radical surgery is convincing.

Percival has contributed an interesting and up-to-date article on ectopic pregnancy in which he explains some of the rarer sites of abnormal implantation of the fertilized ovum. His article is of particular interest to general surgeons since it frequently falls to their lot to operate on these acute abdominal emergencies. The less experienced surgical registrar will find comfort and wise counsel from a perusal of Percival's contribution.

The diagnosis and treatment of endometriosis is a problem which has undoubtedly increased in the last twenty years. This is another condition of interest to the general surgeon, and the article of Feroze in this number will be of great help to those who find themselves faced with endometriosis in a young woman at operation. Various situations in which this condition can occur have been thoroughly described and the treatment and advice follows the most accepted modern teaching.

The treatment of pre-eclamptic toxæmia by early diagnosis, rest, diet and hypotensive drugs has done much to reduce the incidence of eclampsia in the past decade but, in spite of a vast amount of clinical and experimental work, the true nature of the disease is not yet fully understood. Patrick gives an admirable résumé of the more recent theories of the cause of pre-eclamptic toxæmia and rightly concludes that more than one factor is operative. His article particularly deals with the place of hypotensive drugs in the control of the actual fit and he gives a reliable and accurate summary of the advantages and disadvantages of the newer drugs available, indicating the method of their employment and the dosage.