Further Section


Book Reviews

S. Dexeus, J.M. Carrera and F. Coupez Colposcopy

R. Cartier
Practical Colposcopy
Karger, Basel 1977
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The coloscope was developed over 50 years ago by Hinselmann in Hamburg in order to discern the location on the cervix where malignant disease was thought to have arisen. During the ensuing years, many investigators in Europe used this instrument to define abnormalities of the cervical epithelium. In the United States, although Ries made first mention of this instrument in 1932, it was not until the last 20 years that American gynecologists were exposed to benefits that may accrue from its use. To date there has been great interest in this instrument, maybe on account of the disquiet associated with the large number of cone biopsies and hysterectomies performed for cervical dysplasia which accrue from cytological screening programs.

The advent of the Papanicolaou smear technique with its early promise of permanent eradication of cervical neoplasia took into account cellular abnormalities of exfoliated cells but did not allow true correlation with macroscopic lesions of the ectocervix. Cytological services, despite the benefits, are both time consuming and costly. At the same time the coloscope was not acceptable because it could not visualize the endocervix. Until recently none of the literature pertaining to colposcopy had been incorporated in the textbook in the English language. This deficit has now been rectified and, as will be noted in this volume, colposcopy has introduced a new look which may provide a renascence of the understanding of cervical disease.

The question of the routine use of colposcopy has been debated with much vigor. The proponents of its routine use, in conjunction with cytological studies, point to the undoubted improvement in diagnostic accuracy of preclinical carcinoma. There is ample evidence that cervical abnormalities that are not detected on cytological screening are picked up by routine colposcopy, and this fact raises the question of the magnitude of false negative smears. There is little doubt that routine colposcopic examination will reveal cases of dysplasia with negative smears and consequently is advantageous in the prophylaxis of cervical cancer. Despite such arguments from those who advocate routine colposcopic

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studies on all patients, most gynecologists find that the routine use of colposcopy is generally impractical so that some form of selective use is indicated. There is little doubt that colposcopy is indicated in women with abnormal smears as well as women with clinically suspicious lesions of the cervix especially those patients with intermenstrual and/or postcoital bleeding who have negative cytological findings. The advocates of colposcopy naturally believe that every
gynecologist should be trained in the use of the colposcope instead of relying on direct vision. Such an ideal situation is neither practical nor economical. To implement the use of selective colposcopy it is probably advisable that suitably trained personnel review, by colposcopic examination, all patients with abnormal cytological reports. The true practical value of colposcopy lies in its ability to locate preclinical lesions. The claims of the morbid anatomist that most lesions are endocervical are true only in fixed material, and the implication that this site shields the lesion from colposcopic view, is believed by many to be invalid. Most colposcopists agree that the major value of this method of evaluating the cervix is to outline the most suspicious lesion for histological diagnosis. Colposcopically directed biopsy is only finite if a high degree of accuracy in the correlation of the colposcopic and histological appearances can be demonstrated. Several studies have established this correlation and its accuracy increases where less emphasis is placed on the traditional stepwise grading of the dysplasia and in situ carcinoma used by histologists. Such emphasis has been too energetic in the past and is of limited therapeutic significance. The major fear that remains is that colposcopically directed punch biopsy will occasionally miss invasive carcinoma especially small lesions or those located in the endocervical canal. Well-planned studies have demonstrated that when the endocervical canal curettages do not contain neoplastic tissue, colposcopically-directed biopsy is sufficiently accurate to determine the cause of any abnormal cytological findings without resort to conization.

In the volume of Dexeus, Carrera and Copez there are several statements and references which should be deleted from the next edition. For example, on page 79 they use a 1952 reference because the authors ‘advise against the use of any prophylactic antibiotic or sulfonamide vaginal creams after cauterization of the cervix because they believe that ectopic endometrial implantation is possible only in a surface free of infection’. No one uses prophylactic creams after either cryosurgery or cauterization of the cervix at the present time and, furthermore, there is no substantiation for the concept that endometriosis of the cervix can result from such modalities of therapy. Incongruities of literary style are also encountered, one instance is on page 86 which reads: ‘Ectopy is the most frequently observed colposcopic image, seen overall in 38.9 percent of our cases.’ One would also take issue with their statement on page 184 that – ‘... conization is always a bloody operation ...’ – because when this procedure is properly carried out blood loss in the vast majority of cases is minimal.

Each chapter is followed by an extensive bibliography but several authors appear in the text with no reference appended such as Ober (1942) and Peterson on page 130, Silver and Woodruf, as well as Christopherson and Gray on page 184. Despite these minor criticisms one can recommend this volume to any physician who wishes to acquire a knowledge of colposcopy and thereby have at his disposal a simple method with few complications which will allow him to diagnose cervical neoplasia in its early stages.

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Practical Colposcopy by Rene Cartier is a handsome volume in the familiar Karger format and all the illustrations are of a high standard. In fact this is a pictorial guide to colposcopy and histopathology of the cervix. The terminology in some sections is quaint but readily understood when the reader refers to the diagrams which are used to define features that can be misconstrued in either the text or the colpophotographs. The author furnishes no references and some of his statements and theories cannot be substantiated. But this does not mean that this is a dogmatic treatise of his concepts of the diagnostic capabilities of colposcopy. This volume as well as the
one entitled Colposcopy are both authoritative treatises on the subject from which the interested gynecologist can acquire a knowledge of the basic principles involved in colposcopic examination of the cervix.

David Charles, St. John’s

L. Castelazo-Ayala and C. MacGregor (eds.) Gynecology and Obstetrics


This volume in the familiar Excerpta Medica format contains two plenary lectures and 41 papers that were presented at the VIII World Congress of Gynecology and Obstetrics held in Mexico City in 1976. The publishers indicate in the title that this volume is the ‘Proceedings of the Congress’ which is not true as numerous other papers as well as panel discussions formed a major component of this meeting.

The first lecture deals with the neuroendocrine control of the pituitary-ovarian axis. What is of interest is to reflect on how long mankind has remained ignorant concerning the regulation of its procreation and to realize that it is only during the past few decades that the human reproductive processes have become a subject of large scale investigation. With the availability of radioimmunoassay it has been possible to quantitate the release of luteinising hormone and follicle-stimulating hormone during the menstrual cycle. These gonadotropins are secreted from the anterior pituitary gland and their release is influenced by steroids as well as hypothalamic LH-RH. This paper summarizes the current views on the mechanisms which control LH-RH and discusses the possibility that an independent hypothalamic factor exists for the control of FSH release. On the basis of many dissociations of LH and FSH release which can occur naturally or can be induced the conclusion from this presentation is that a distinct FSH-RH will ultimately be isolated.

The second lecture by Beer and Billingham deals with the interface of immunology with obstetrics and gynecology. In common usage the term ‘immunity’ denotes specific protection and is derived from the Latin adjective ‘immunis’ meaning ‘free from duty’. The authors refer to the scriptures and the infertility of Sara the wife of Abraham as being the result of immunity. Maybe her infertility was the result of being ‘free from duty’ because Sara was despised by Hagar, her handmaid, and she only conceived after a long period of amenorrhea, vide Genesis Chapter 18, Verse 11. That Sara was beyond the menopause when she conceived seems to be indisputable, for it is written, ‘It had ceased to be with Sara after the manner of women’, and indeed her age is alleged to have been 90 in the Hebrew literature. Throughout the Old and New Testament there are multiple references relating to the psychological importance of the possession of children and maybe the authors would consider many of the examples of infertility cited as having an immunological basis. For example, we find in St. Luke Chapter 1, Verses 7, 24 and 57, reference to the fact ‘that Elizabeth was barren and she and her husband Zacharias were now well stricken in years, and after those days his wife Elizabeth conceived and she rejoiced that the Lord hath taken away her reproach among men’, despite the fact that she was obviously near the menopause. Did Elizabeth’s infertility have an immunological basis? What is of considerable interest is to find in the scriptures many classical examples of elderly primiparae and note that presumably in those days that parturition occurred without trouble to either mother child; whereas today circumstances and experience would indicate the need for abdominal delivery for such cases. Maybe the authors would consider that
this attitude represents an immune response on the part of the present day physicians! Despite these remarks the authors have presented an up-to-date precis of the immunologic aspects of fertility control, reproductive failure, choriocarcinoma and hypertensive disease of pregnancy. The subsequent papers deal with such topics as environment and reproduction, benign diseases of the female breast, infections in gynecology and obstetrics, advances in perinatology, congenital malformations and acquired defects of Mullerian ducts and teamwork in the delivery room. Each contributor has attempted to paraphrase the current knowledge in his area of expertise and in most instances the authors have been successful. Most papers are followed by a well-selected bibliography but in other instances the references are not current and are already included in standard textbooks of obstetrics and gynecology. 
The volume is well produced, but so it should be at the price. The reviewer would again like to quote the scriptures which states ‘The price of wisdom is above rubies’. This volume may have many pearls but the publishers will never glean pearls or rubies if they continue to publish international symposia at this price especially as all the information can be culled from the recent literature. 
David Charles, St. John’s