

Reviews.

Change of Life in Health and Disease. By EDWARD JOHN TILT, M.D. Churchill and Sons, London.

THE necessity for more extended knowledge regarding the diseases incident to woman during her "critical time" must have been felt by all who have for any lengthened period practised the medical profession. In India, it is true, practitioners may not be called on to feel their deficiencies in this respect so often as at home, because so many of their countrywomen have to leave India before they have arrived at the age when menstruation ceases. When, however, the occasion does come, the responsibility is doubly felt, and the want of personal experience makes the desire for guidance all the more strong. The information to be gleaned from sources usually available is fragmentary and deficient in detail, and all are ready to welcome any author who comes forward to supply the want which is so much felt. On this account we recommend Dr. Tilt's work to our readers, as in it they will find much instruction on a class of cases, where his very large experience certainly entitles him to respect. The information which he has collected together from various sources, is full of interest, and some of his statistical tables we regard as possessing a very high value. While fully appreciating Dr. Tilt's labours, it is quite impossible not to feel that our indebtedness would have been greater had the author made even a slight attempt at condensation, and evinced less of a desire for book-making than he shows in the volume before us. Here and there, page after page occurs, which we confess we would rather not have read, and when searching for special information regarding the diseases we may be called on to treat at the turn of life, it is irksome to be regaled with scraps of medical lore which the author might, without much generosity, have supposed to be familiar to most of those likely to read his work. To be told that chalk mixture is good in diarrhoea, and that Dover's powder is also useful in the same affection, does not add much to our stock of knowledge, even when Dr. Tilt throws a few grains of a mercurial into the bargain. Now and then one has even to stop and consider whether the author has written for the profession or the public, and we fear that the only decision which can be arrived at is, that he has attempted to suit himself to the requirements of both, and hoped to obtain a mixed classes of readers. We regret the more to notice such a fault in the volume before us, as owing to the large numbers of women who about the "dodging time" are afflicted with quasi-hypochondriacal symptoms, the amount of injury done by such a class perusing the book will be great.

Dr. Tilt enters somewhat at length into the subject of the abnormal sensations in the epigastrium to which women are so subject about the time of the "ménopause," and traces much of the suffering there complained of to disorder of the ganglionic nervous system. He applies the term gangliopathy "to a condition in which more or less debility is associated with paralysis, hyperæsthesia or dysæsthesia of the solar plexus, and the central ganglia of the sympathetic system." From reading over the author's cases, under the various headings of paralysis, hyperæsthesia and dysæsthesia, it would not be an easy task to frame an exact formula of symptoms which would point alone to one or other state, or distinguish the disorder he refers to from others more or less similar. If we fail in our attempt to grasp what Dr. Tilt understands by the above terms, but little blame can attach to us, as he is by no means so explicit as we could desire. He seems to wish to connect "an overpowering sensation of faintness at the pit of the stomach" with ganglionic paralysis; while acute paroxysmal pain in the epigastrium attended by exhaustion and faintness, characterizes "ganglionic hyperæsthesia;" the dysæsthesia, on the other hand, is attended with "annoying and singular ganglionic sensations." While treating of the causes which lead to such affections, it is stated that "the greatest and most frequent cause of disturbance of the ganglionic centres, is the strong reaction of the reproductive organs: puberty, menstruation, pregnancy, lactation and cessation, almost always cause slight forms of gangliopathy, and sometimes the severest, and may lead to insanity and to suicide." As is usual with Dr. Tilt, he has a long array of drugs, many of which he praises for being able to control the disorders of the sympathetic. An ounce of "compound camphor mixture" before meals seems to be a very favorite prescription, and to be used indiscriminately in every form of gangliopathy with good

results. It consists of three drachms of tincture of castor, six drachms of tincture of hyoscinimus and five ounces of camphor julep. Opium in various forms and alkalies also play an important part in the treatment, while the utility of sedatives applied to the pit of the stomach is much lauded. Blistering seldom gives much relief. In the extreme paroxysms of pain, aromatic spirits of ammonia, or chloroform or sulphuric ether with camphor, or oil of peppermint, seem to be the remedies from which most good ought to be expected. In obstinate cases veratria and aconitia applied to the epigastrium have proved efficacious. The usual preparations of bismuth, zinc, silver, and arsenic, especially the latter, as a nerve tonic, are much extolled.

We had marked for analysis the chapters on the physiology and general pathology of the change of life, but the space at our disposal prevents us from entering on these subjects, and with two remarks we must conclude our observations. The date at which menstruation ceases in tropical climates, has not yet been determined by any very exact or trustworthy observations. The chief authority on this subject seems to be "Dr. Webb's Medical Student." Dr. Tilt does not himself seem to have very much confidence in this authority, and did we not consider the observation as unparliamentary, we should not hesitate to state that the student's table carried falsehood clearly written on its face. Among the large numbers of our civil surgeons surely some might be able to furnish data for arriving at a certain amount of exactness on this point. At pages 77-8, Dr. Tilt afflicts women at the change of life with two pages of diseases, and in this we think he does them great injustice. Thus, out of 500 instances 459 women suffered from "nervous irritability," and further on in the table comes that one suffered from peritonitis, one from chronic otorrhœa, one from inflamed eyes, one from tooth-ache, &c., &c., &c. The table, though doubtless, even as it is, it has a certain value, is totally spoiled by the heedless admission of long lists of diseases, which ought not to have found any place in it, and affords a good illustration of Dr. Tilt's tendency of spoiling a valuable fact or idea by covering it up with useless materials.

Recent Contributions to the Literature of Asiatic Cholera.

By C. MACNAMARA.

(Continued from page 104.)

I WOULD advise those who wish to study the diagram showing the death-rate from cholera in Calcutta during the past six years, to take the trouble of going over the cholera and tidal lines with different coloured inks, so that the eye may at a glance follow the variations in the daily mortality from cholera, and the rise and fall in the sub-soil water or tidal line, for it appears from Dr. Fawcett's observations that the waters of our wells and tanks rise and fall regularly in Calcutta, with the variations in the tide, as measured in the river Hooghly (*vide* Jail report for 1869).

The daily number of deaths from cholera as shown in the diagram is certainly not to be taken as absolutely correct, but it is sufficiently so for all practical purposes, indicating the mortality among the inhabitants of Calcutta from this disease during the past six years.

In the original communication from which I have taken this diagram I have given tables of the corresponding daily meteorological observations from the Surveyor General's reports, and similar tables may be constructed from the returns published by the Asiatic Society: my object of course being to endeavour to trace out any meteorological influences which might seem to augment or decrease the death-rate from cholera among the inhabitants of Calcutta. I have studied these returns most patiently, but in vain, to determine the relation between the weight of the atmosphere, the vapour it contains, or the direction and velocity of the wind, as influencing the severity of cholera in Calcutta. What I mean is this:—I can discover no constant meteorological conditions to account for the remarkable rise and fall in the death-rate from cholera; for instance, the meteorological circumstances of June 1866 differ but little from those of June 1867-68, and yet the death-rate from cholera in Calcutta was for the corresponding month in each year 885, 57 and 174; the same remark applies to the readings of the barometer. Refer again to the cholera of June 1869; with the exception of the eleven inches of rain, which fell on the 9th