II.—THE CHANGE OF LIFE IN HEALTH AND DISEASE. A PRACTICAL TREATISE ON THE NERVOUS AND OTHER AFFECTIONS INCIDENTAL TO WOMEN AT THE DECLINE OF LIFE. *By* EDWARD JOHN TILT, M.D. 3d Edition. London: 1871.

IN his preface, page viii., Dr Tilt says:—"Early in life I was struck with the wise remark of Goethe, that if a man wants to make his mark, he must set bounds to his work, beyond the limits of which he must not suffer his steps to stray, and work to the uttermost of his power within those appointed bounds. I took to myself the physiology and the diseases of women as my field of labour;" and we congratulate him on his choice. Uterine therapeutics, hygiene, and the "Change of Life," are subjects well worthy of his great energy and power, and full of interest to the accoucheur and profession in general.

The profession has been patiently looking forward to the publication of this third edition of the "Change of Life." The subject itself has been little studied in Britain, so that we feel deeply indebted to Dr Tilt for giving in this edition the result of thirteen years' more experience. Many important changes and discoveries have taken place during these thirteen years. On comparing this edition with the last, we find that the work has been carefully revised, extended, and many important tables and other additions made; the arrangement, which was good, easy, and natural, is the same, and the leading ideas and principles throughout are not much altered.

The exact time at which the change of life occurs is a subject, the determination of which is surrounded by many, and enormous difficulties—scarcely to be surmounted in private practice alone—we feel grateful, therefore, to get a record of 500 cases, such as Dr Tilt supplies from hospital statistics. In this edition, he adds some cases from his private practice.

The author divides the work into three parts:—

I. The Physiology of the Change of Life.

II. The General Pathology of the Change of Life.

III. The Special Pathology of the Change of Life.

In discussing physiology we fear the author has not sufficiently entered into the natural course of menstruation in the healthy female. He shows himself throughout as a pathologist rather than a physiologist. We should never forget that the majority of females enter puberty, pass through the whole course of the menstruating period, and pass it over

without requiring medical aid. It is, however, doubtless true that many more have to suffer at or about the ménopause than about puberty. It is generally believed that most important changes occur at the change of life, but we shall have something to say of the effects of cessation hereafter.

What is the age at which menstruation ceases? In this chapter the author has furnished much valuable material, but we are disposed to think that this question as yet is not definitely agreed upon by different authors. So far as we know at present we have arrived only at a rough probability. The author lays down the period, from the 500 cases that came under his own observation, about 46 years, and rejects the period of 44 which B. de Boismont found from the more limited number of cases he examined. But again, Robertson of Manchester considers that the climateric period is usually later than the 46th year, for out of 77 cases he found 27 ceased at 50 years of age. As yet we have not sufficient data to determine the matter accurately, and this is of less importance when we remember that the range at which the change may occur is so great; thus the author has mentioned several cases between 30 and 40 years of age; and Dr D. Davis records cases where menstruation existed regularly till the ages of 91, 80, 87, 59, and 70 (Prin. and Pract. of Obstet. Med. v. I., p. 239).

Can we know with a degree of certainty in the case of individuals themselves when the change of life is likely to take place? or in other words, what is the diagnosis of the approaching ménopause? We quote the author:—

“Every well marked condition of the constitution has its peculiar physiognomy, and even at the beginning of the change of life, there is something in the appearance which leads me to suspect what is taking place. The physiognomy at such periods indicates debility and suffering, which cannot be accounted for by disease; or there may be the drowsy look, or the dull, stupid astonishment of one seeking to arouse herself so as to answer a question. In several of my worst cerebral cases there was the same permanent knitting of brows expressive of constant anxiety. An unusual development of hair on the chin and upper lip generally coincides with cessation; so does a sallow complexion; there is also an unusual power of generating caloric, indicated by the habit of throwing off clothing, and opening doors and windows even in winter, to the great annoyance of other members of the family. In other respects the appearance of women at the change of life varies according to the type they affect.

“Women at the change of life present three types—1st, The Plethoric; 2nd, The Chlorotic; 3rd, The Nervous.” (P. 38.)

We have given the diagnosis of the author in extenso, for we think that this is one of the most interesting parts of the enquiry “how we may know ‘the dodging time?’”—to use

the vulgar expression. We doubt very much if this means of diagnosis (which, by the way, remains in this edition, though thirteen years have passed, without any change) can be applied to a tithe of those who suffer at this time of life, not to say the sex in general. Surely before the end of the next thirteen years we may arrive at a greater degree of certainty than we can now, by the aid of these physiognomical appearances. Is it not just possible that Dr Tilt might, by such a means of diagnosis, conclude that the ménopause was approaching, when, with care and suitable treatment, regular menstruation might be established, for have we not often observed debility, knitting of the brows, and many of the other signs he mentions in young mothers, and in women who certainly menstruated regularly for years after? Some gynækologists refer all affections of the uterus to inflammation, whether that exists or not, and we feel convinced that such a means of diagnosis, though interesting to observe, can very rarely be relied on.

The author lays down the doubtful period at about two years, and it is interesting to note that "the average date of the ménopause does not correspond with the last parturient efforts of woman average date of last menstruation was 47.5; the average date of last confinement was 41.7." (p. 30.) This claims additional interest from the question of marriage at this time of life, into which the author enters at page 111. We shall merely state that he condemns marriage at or about the ménopause, an opinion from which we entirely dissent; for at present we have no criterion whatsoever, that menstruation will cease at a certain time—for example, 42—and the object in part, at least, of marriage, might be attained. Besides, with due care, the evil consequences of marriage at this age, which he mentions, might be almost, if not altogether, averted.

The author closes the chapter on physiology with a careful consideration of what may be considered an equivalent for the habitual monthly loss of about three ounces of blood from puberty till the change of life. He gives these equivalents shortly thus:—

I. A large consumption of carbon by the lungs. II. An unusual amount of urinary deposit. III. Increased perspiration. IV. Abundant mucous flow. V. Hæmorrhages from various organs.

At page 77 the author gives a long list of diseases (about 120), as occurring more or less frequently at the change of life, but we fear many of these were mere coincidences, and

many of the cases enumerated, though entailing much labour, are still of very little value. With regard to spurious pregnancy, he mentions at page 48 that it is "most likely to occur in women who for the first time experience the matrimonial stimulus at the beginning of the change of life. I have met with several cases of this description," &c. This is the view expressed by Montgomery and some others, but modern gynaecologists do not agree with this opinion, and we have often seen cases of so-called spurious pregnancy about 30 years of age—certainly not near the ménopause. In others we have seen it six or seven years after marriage, but sterile. The pathology of this affection is not accurately known, but it is of easy detection by the use of chloroform and should scarcely therefore be mistaken for cessation of the menses. We think the author should, with physiology and pathology so far advanced, in speaking of diseases like the present, have added something new in this edition. We also regret that in a work like the present the author does not mention the exact page of the works he refers to. Still we have no doubt the zeal and desire of the author to diffuse a better knowledge of the changes which occur at the ménopause, will recommend the work to the profession in general.

III.—MEDICAL DIAGNOSIS, WITH SPECIAL REFERENCE TO PRACTICAL MEDICINE.
By J. M. DA COSTA, M.D. Third Edition, Revised. Philadelphia, 1870. Trübner & Co., London.

WE have much pleasure in recommending this new edition of Dr Da Costa's work. The author's aim has been "to offer to those members of the profession who are about to enter on its practical duties, a book on diagnosis of an essentially practical character,—one neither so meagre in detail as to be next to useless, when they encounter the manifold and varying features of disease, nor so overlaid with unnecessary detail as to be unwieldy and lacking in precise and readily-applicable knowledge."

In carrying out this aim, the author has proceeded on the plan of grouping diseases according to their marked symptoms. This method, of course, involves much repetition, but it seems to us to be the best way of accomplishing the end in view. We think also that the author has avoided both the error of undue meagreness and that of extreme elaboration.

The errors in diagnosis committed by beginners, usually arise not so much from ignorance of the signs and symptoms