

of accidental dyspepsia leads to habitual dyspepsia; so, in an habitual dyspeptic, an individual attack is not generally due to some such cause as that which induces accidental dyspepsia. Habitual dyspepsia is considered as simple dyspepsia, dyspepsia with acidity, dyspepsia with gastric fever, dyspepsia with fetid eructations, and dyspepsia in which mixed symptoms predominate. In speaking of undue acidity, Dr. Leared makes the very just observation, that it is a feature of two opposite habits; the one characterized by debility, anæmia, and general want of tone; the other, where plethora is more or less marked, and the vital functions are vigorous. We have ourselves long made this observation, and adapted our treatment accordingly—opposite remedies being required in each case. Again, we were struck with the justice of the author's remarks with reference to the gastric derangement and suffering occurring from neglect of taking the necessary supply of food, even among the higher classes, whose mental fatigue, affliction, and other causes frequently prevent our patients from attending to the normal dictates of their digestive organs.

In speaking of the treatment of dyspepsia, great stress is very properly laid upon the necessity of attending to hygienic agents; Dr. Leared particularly adverts to the importance of substantial breakfasts—a point not sufficiently insisted upon in these times of intense labour and competition. Nothing can be more prejudicial to health in general, and to the digestive powers in particular, than the prevailing system of doing the chief work of the day, as so many of us do, without having taken any proper nourishment, and leaving the nutrition of the body to the time when its vigour and strength is no longer required.

Dr. Leared's little volume is suggestive, and contains a great deal of useful matter in a succinct and readable form.

---

ART. X.—*Fourth Report of the Commissioners of Her Majesty's Customs on the Customs.* Presented to both Houses of Parliament by command of Her Majesty.—London, 1860.

THE comparative trade of the year, the discrepancy between the values of imports and exports, and other commercial matters discussed in this Report, concern the Medical Profession, as they do the rest of the community. It is not, however, to these subjects that we are able to devote any space; the excuse we have of drawing the attention of our readers to this blue book is in the report by Dr. M'William, the Medical Inspector of the Water Guard and Waterside Officers of Her Majesty's Customs.

The summer of 1858 was one in which the excessive heat and dryness of the season gave rise to serious apprehensions in regard to the probability of an outbreak of epidemic disease. The Thames was peculiarly offensive and noisome both in 1858 and 1859, and yet among those most exposed to its exhalations there was no increase of disease, and particularly no production of those forms which are



usually ascribed to malarious origin. In the report of Dr. M<sup>c</sup>William, for 1858, the author urged the importance of remedying the miasms and foul emanations arising from the Thames; but a careful examination of the evidence before him compelled him to state that—

“It is nowhere sustained by evidence, that the stench from the river or docks, however noisome, was in any way productive of disease. On the contrary, there was less disease of that form to which foul emanations are supposed to give rise than usual.” (Third Report, p. 77.)

In that year, at least, the river did not generate cholera; and, strange to say, when in 1859 cases of undoubted cholera were imported by at least three vessels in the course of the summer, the disease in no case spread.

*“This filthy river, therefore,”* to use Dr. M<sup>c</sup>William’s own words, *“in these two summers seemed neither capable of generating cholera, nor of forming a soil fit for the germination of the seeds of that disorder when introduced into it.”*

We italicise these words because they certainly deserve to be impressed upon our minds. We trust that they may in no way interfere with the progress of sanitary reform, and more especially with the project of the Thames embankment and other schemes intended for the purification of that great highway; but it would not be right to ignore a fact which appears to show strikingly the fallacy of some of the arguments upon which the doctrines of sanitary reformers are based.

Dr. M<sup>c</sup>William reports very favourably on the result obtained by the deodorizing measures carried out by Professor Miller of King’s College. Notwithstanding the great and prolonged increase of temperature in the summer, the preceding defective rainfall and consequent diminution of fresh water, Dr. M<sup>c</sup>William found the river, although on one or two occasions for a short while more offensive, much less continuously noisome during the year 1859 than in 1858.

ART. XI.—*On the Nature, Prevention, Treatment, and Cure of Spinal Curvature and Deformities of the Chest and Limbs, without Artificial Supports or any Mechanical Appliances.* By MRS. GODFREY. Third Edition, carefully revised and enlarged.—London, 1860. pp. 131.

ALTHOUGH the present edition of Mrs. Godfrey’s work is very considerably increased in size, it vouchsafes even less information on the method of treatment pursued by the authoress than the first, which we noticed on a former occasion.\* Much was then made of “animal oil,” which is no longer mentioned. Some kind of manipulation is evidently practised, and, as far as we can gather from the “cases,” it appears to be eminently successful. As we have not, however, the means of investigating the procedure, and of laying an account of it before our readers, we are equally compelled to decline expressing any

\* British and Foreign Medico-Chirurgical Review, p. 209. July, 1852.