cause endless complications. Whether with a majority of the people in its favour compulsion can be ethically maintained is a question which is open to argument, but with a majority on the other side it is hopeless.

The question is—What is the remedy? and at present "force is no remedy." In a matter of this kind Englishmen abhor compulsion as nature abhors a vacuum. The people may be educated into appreciating the benefits of vaccination but they will not be driven to it. The case for vaccination should be brought to the notice of every parent on the registration of a birth. Vaccination should be free and easily obtainable, with present conditions as to lymph and operation; and the duty of ascertaining whether vaccination is desired by the public vaccinator might be entrusted to the vaccination officer. If this were done the four months' limit might be done away with and the allowance of vaccination of children by parents would be practically voluntary. Indirect compulsion for the protection of private or public interests would still continue and, like indirect taxation, would be little felt.

I am, Sirs, yours faithfully,
Loughborough, May 30th, 1899.

J. B. PIKE.

"PLAGUE IN BOMBAY."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of April 22nd (p. 1115) there appears under the heading of "Plague in Bombay" a review of the report of the Austrian Plague Commission. Whilst I am deeply sensible to the gratitude expressed by the commission for the help I gave them I cannot in justice to myself and to the institution I control allow some statements which appear therein to go unchallenged. But inasmuch as the writer—the late lamented Dr. H. F. Müller—is no longer alive, I shall refrain from all personal allusions and confine myself to facts in dealing with his statements. Dr. Müller says: "It was not customary at this hospital to use percussion or the stethoscope, and as we did so, we seemed to incur the charge of unnecessary cruelty to the patients; we could not therefore rely on the nursing staff for assistance in this matter." This statement, you will allow me to state, is quite erroneous, to use no harsher term. The patients never objected to percussion or auscultation as practised by us, but they, their friends, and the nurses were not used to the somewhat violent and anything but tender or gentle ways and modes of practice of continental physicians. Dr. Müller's manner and method of examination were disliked by all because of their roughness and because he would in all cases and without the least regard to the feelings of the patients or their friends assist in thoroughly examining them even when moribund or semi-moribund. It is true he was carried away by the excess of zeal in the study of plague and did it with the best intentions, but to him a plague patient was not a man but an interesting case for study and hence it was that there were frequent squabbles between him and the nurses and I had had often to intervene in order to pour oil on the troubled waters and thus smooth away difficulties. Unfortunately Dr. Müller had a quick, hasty, and irritable temper and used to take offence when none was meant and this was intensified by his want of proper knowledge of English. My position was therefore very delicate, as on the one hand I had to give him all the assistance I could and on the other to see that the patients' friends were not dissatisfied or grumbling about his ways. It was indeed a happy relief to me when all these disputes ceased and Dr. Müller had finished his examinations.

As regards the examination of urine, &c., Dr. Müller had daily examinations of several specimens and even after his return to Vienna I had forwarded to him several samples of urine properly preserved according to his directions.

All the cause of soreness on his part was attributed partly to the above facts and partly to his idea that although we had studied over 1000 cases of plague before he came on the scene in Bombay we knew nothing about it. You were kind enough to review my report on plague in 1898 and as I had published plague work before his report was out he felt somewhat disappointed and claimed priority in certain matters which I would not admit and hence all this bitterness.

As regards the defects in the post-mortem room, &c., you will no doubt admit that to gentlemen fresh from Vienna with laboratories and post-mortem rooms replete with all modern appliances our hastily improvised arrangements must have appeared crude, but such as they were they were

placed at their entire disposal and that with all the difficulties that they mention they were able to do so much shows that they could not have been very serious. The Austrian Commissioners never realised our difficulties in dealing with the patients and their friends and their strong and deep-rooted prejudice towards hospitals and to anything like interference with their dead. It was at times as much as my personal safety was worth to get them a body for post-mortem examination, and there were frequent threats of assault on me and my staff and on the post-mortem room. And having assisted them in the way I did, it was scarcely generous of the commission to flaunt before the professional world some small inconveniences they had to put up with.

This is all that I need say on the subject. Our difficulties you have already realised and some of them I have already described in my report. You may make what use you like of this letter and publish as much of it as you consider proper. I have been compelled to enter at length into the subject as otherwise you would not have been able to fully gauge the meaning of a short reply.

I am, Sirs, yours faithfully,

A. H. CHOKSY,

Khan Bahadur; Chevalier of the Crown of Italy;
Medical Officer in charge, Arthur-road
Hospital, Bombay.

May 20th, 1899.

"THE PATHOLOGY OF THE PERICARDIUM."

To the Editors of THE LANCET.

SIRS,—The point raised by your correspondents Dr. Harry Campbell and Mr. Barnard as to the mode of breathing in runners is one of great importance, especially to those who are interested in the subject of respiratory exercises. Dr. Campbell maintains that expirations during running are necessarily incomplete, while Mr. Barnard says that "in a well trained cross-country runner whose heart and respiratory pump are efficient for the exercise he undertakes inspirations are profound and expirations complete." I am disposed to differ from Mr. Barnard in this statement for the following reasons. In running the chest is held in an inspiratory phase—that is to say, the dorsal spine is kept extended and the shoulders are braced back; this position gives the best *point d'appui* for swinging the arms freely to and fro. All long-distance runners whom I know make use of this position and I have frequently observed it while running with harriers.

For a long time past I have been making observations with the spirometer on singers and speakers and also on runners, and I have found that when the "expirations are complete," as Mr. Barnard says they should be, the whole position is the reverse of that described above. The dorsal spine is flexed—that is, it is in an expiratory position—and the shoulders and arms are brought well forward so as to decrease the antero-posterior diameter of the chest as much as possible and the chest is collapsed. I have never yet seen this position assumed during running.

I am, Sirs, yours faithfully,

Harley-street, W., June 6th, 1899.

GEORGE CATHCART.

LECTURESHIPS ON "TRADE DISEASES."

To the Editors of THE LANCET.

SIRS,—We are having schools of instruction in "tropical diseases" established in London and Liverpool, while lectureships on that subject have been instituted in Edinburgh and elsewhere. All this is very satisfactory. As a maritime and colonising people and as the holders of tropical possessions it is essential that our medical men should have every facility for acquiring a practical knowledge of the maladies prevalent in hot countries. But while congratulating ourselves on this important step which has so direct a bearing on our interests abroad I think it would be well to give some attention also to a matter which lies nearer home. I refer to the providing of instruction in regard to diseases arising from, or aggravated by, the industrial pursuits of our British people. We are a maritime people and a colonising power but we are also, and first of all, a manufacturing people. Our position in the world—our wealth and our power—essentially depend on our skill and capacity as manufacturers. Our possessions abroad afford markets for our goods, and our ships convey them thither; but at the root of all lies the making of these goods.