

the English charges be fairly styled exorbitant? I think not, unless you ignore the fact that "English drainage and English cleanliness" are not only sanitary necessities, but of the nature of costly luxuries, which have to be paid for somehow. I think it will be allowed that the cost of these luxuries is pretty much the same whether obtained at an English or a Continental health resort. That these advantages are superior and more amply provided at British spas and watering-places is now generally admitted by the profession, and is one of the strongest motives which induce many thousands to choose our home resorts in preference to foreign resorts. There is another aspect of this question which I should like to bring before your readers. It is this, that the crowding of a vast majority of visitors and invalids into one short holiday season which lasts only some six or eight weeks during two months (August and September) is not only responsible for those high charges and the financial worry to many visitors which you rightly deplore, but also too often for the overcrowding of sleeping accommodation, bad cooking, inferior attendance, and numerous other objectionable features of the great English holiday season. Now much of this could be prevented if visitors and invalids able to do so would only choose more frequently the months of spring, early summer, and late autumn for their holidays. In these months hotels and lodging-houses can, and indeed do, provide better accommodation at greatly reduced cost, which in many cases comes to half that of August and September.

I am well aware that there are many who, either from business or social exigencies, are prevented from taking their holidays at any time except in the two months mentioned. On the other hand, there are large numbers who are unfettered in this respect.

The advantages of the course suggested are so great, particularly to invalids, that I cannot too strongly urge upon medical men the desirability of advising their patients when practicable to take their holidays either before or after the crowded part of the summer season. I would even go further and point out the frequent advantage of advising two shorter holidays in lieu of a single longer one. The habit of visiting some health resort or other for two or three weeks, first in April, May, or June, and again for a similar period in October or the latter part of September, is growing in favour, and possesses not only the advantages of better and cheaper accommodation, but provides two changes in place of one annually and reduces the interval between the holidays from nearly a year to half that period.

I remain, Sirs, yours faithfully,

SAMUEL HYDE, M.D. St. And.,

Chairman of Council, British Balneological and Climatological Society.

July 25th, 1896.

"WHY IS THE LEFT HEART STRONGER THAN THE RIGHT?"

To the Editors of THE LANCET.

SIRS,—All Dr. Harry Campbell's writings bear the evidence of personal thought and the conclusions at which he arrives are the logical consequence of his premisses. In making a few remarks upon his query, "Why is the left heart stronger than the right?" I do so in a spirit of courtesy to the writer, but with a sense of bewilderment with regard to his conception of the physics of the circulation. My bewilderment is possibly a measure of my ignorance and I am anxious and ready to be rightly informed. Like many others I have hitherto been under the impression that muscular development or power bore a direct relation to the resistance to be overcome, and that inasmuch as pressure decreases and inertia increases with the length of a conduit for fluid, so the force necessary to overcome this increasing inertia must relatively increase also. This elementary fact is, of course, capable of experimental proof. When to this we add the oscillating character of wave-like movement in the circulation—of which we know very little at present—and the greater blood-weight in the systemic vessels we certainly have, I would suggest, conditions quite capable of explaining the greater force necessary to drive the systemic circulation without importing the physiological factor of vaso-motor regulation of that system. The constant modification of the blood-supply to various parts of the body to which Dr. Campbell refers is associated with local compensatory relief—that is, a rise of pressure in one quarter is

balanced by a fall of pressure in another. It, therefore, appears to me that the paradoxical conclusion arrived at by Dr. Campbell is untenable. The anatomical differences between the systemic and pulmonary circuits and the difference in the weight of their contents respectively appear to me a sufficient explanation of the difference between the power of the right and left ventricle. That the expedients devised by nature for effecting one purpose frequently serve also another is incontrovertible. The fact, therefore, that the systemic vessels contain more blood than the pulmonary and have a development and innervation which enable them to modify the blood-supply to different parts, no more raises the latter physiological factor to the first rank as a cause of the vascular difference in question than does the fact that the thin-walled vessels of the pulmonary system admitting of easy aeration of the blood constitutes the latter function the cause of the easier transit of blood through that circuit. There are other portions of Dr. Campbell's communication which are neither clear nor convincing, but which it would occupy too much of your valuable space to comment upon at length. Thus he says: "Every time a ventricleful of blood passes through the larger segment *it* [the italics are mine] has to traverse the smaller one." It cannot be that Dr. Campbell means that *the same* ventricleful of blood does so, but this is the sense conveyed to my mind by the passage I have quoted. A factor which Dr. Campbell has not taken into account, but one which cannot be ignored, is the influence upon both the pulmonic and systemic, but especially pulmonic, circulation of thoracic aspiration. It cannot well be denied that the aid afforded to the dextro-cardial circulation by the action of the thorax is one of the causes of the less powerful development of the right as compared with the left ventricle. Thus, Sirs, as I am compelled to reject Dr. Campbell's premisses as fallacious, I am unable to accept the truly "remarkable conclusion" at which he arrives in his paper.—I am, Sirs, yours faithfully,

ALEXANDER MORISON, M.D. Edin.

Upper Berkeley-street, W., July 27th, 1896.

THE NOMENCLATURE OF DISEASES.

To the Editors of THE LANCET.

SIRS,—A copy of the third edition of the Nomenclature of Diseases has reached me this morning, which one naturally expected to find well-nigh perfect. On turning, however, to page 7, where are recorded "General Diseases," in which I am not only interested but deeply concerned, it is difficult to imagine the condition of mind which has impelled the august members of the joint committee, in the midst of the English names of our common diseases, such as small-pox, chicken-pox, measles, scarlet fever, and mumps, to suddenly insert the name "rubella," and expect it to be used in everyday life. The committee might just as well expect to supplant the name of "whooping-cough" by "pertussis." We are, therefore, still to have, for another ten years, two distinct and definite diseases, and the one not affording protection from the other, called by the same name "measles," for in daily life the word "German" is omitted, at least such is the case in the majority of certificates which come into my hands from all parts of the country and which consequently entail endless trouble and anxiety to find out which measles has occurred.

It seems inconceivable that the committee in the case of scarlet fever should enter it thus: "Scarlet fever, synonym scarlatina," while in roserash, as also in dengue, it is reversed—"Rubella, synonym German measles," "Dengue, synonym breakbone fever." It is evident that the joint committee has been caught napping, or perhaps rubella was "made in Germany."—I am, Sirs, your obedient servant, Rugby, July 29th, 1896. CLEMENT DUKES, M.D. Lond.

"THE Milder VARIETIES OF APPENDICITIS."

To the Editors of THE LANCET.

SIRS,—I have not seen it mentioned anywhere that a decubitus, other than the ordinary dorsal one, is of great advantage in arriving at a correct physical examination of the abdomen in some cases of appendicitis. I have derived very great assistance by placing the patient on his or her left side with the shoulders low and the legs drawn up. By this decubitus, especially in a parous woman, it is much more