

parts of the thoracic cage must increase year by year, and when it is borne in mind that the greater number of recruits are departures from the physiological type of the human animal, to allow such beings to indulge in physical exercises of even the most elementary sort, before giving them instruction in the most advantageous methods of breathing during exercise and at other times, is to hasten the onset of that premature senility with which they are already threatened.

It may be of interest to note that this more or less shallow, audible, jerky and uncontrolled method of breathing is known to teachers as the clavicular or superior costal mechanism. Varying as it does in degree it is, of course, always found combined with a greater or lesser amount of the so-called lower costal or abdominal types, the two latter sometimes known as *the high fixed chest methods of breathing*, being very rightly recognised by them as the only correct ways of working the bellows.

In conclusion, I would add that by a properly directed form of diaphragmatic drill, a wonderful degree of restoration towards physiological conditions can be brought about even after early adult life. Not only can the "wind" be vastly improved thereby, but also the general health, for it should ever be remembered that the proper use of the thorax ensures the well-being of the lungs and is of great assistance to the adequate performance of the duties of the heart and other organs, the mechanical kneading to which the abdominal viscera are subjected being particularly beneficial in promoting hepatic and intestinal activity. In short, that great factor in disease, auto-intoxication, could hardly exist were a correct method of breathing to become more general.

Chatham,  
March 12th, 1907.

I am, &c.,  
R. F. E. AUSTIN,  
Major, R.A.M.C.

#### THE "ALLIES" OF ENTERIC FEVER IN INDIA.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

SIR,—Lieutenant-Colonel C. H. Melville, in his rejoinder to the above article by Lieutenant-Colonel S. Glenn Allen, R.A.M.C., in the February number of the Journal, relative to the "Thornhill system of trenching," made the following statement: "I admit that there are Stations in India, Quetta, for instance, where the Thornhill system is difficult to carry out, if not impracticable, owing to difficulties with regard to procuring suitable soil. In such places biological installations should be set up. Quetta is the most ghastly commentary on the 'deep burial' system that one could wish to see. It was instituted there on the recommendation of a committee, of which I was a member, in 1898, as a *temporary expedient*. It has been continued as a permanent system, and I think one visit to the Sahibzada pits would be sufficient to convict any believer in deep burial of the error of his ways." As this assertion would lead your readers to believe that no effort had since been made to introduce a

better and more scientific method for the removal and disposal of night soil from cantonments than the deep pit (not burial) system, will you kindly grant me space to remark that more than four years ago, when I was Senior Medical Officer and Sanitary Officer at Quetta, a very complete scheme was drawn up by Colonel, now Brigadier-General, Sir J. R. Macdonald, K.C.I.E., C.B., and myself. The scheme provided for the water-carriage removal of sewage from cantonments to a site some three miles away. As this district was suitable for the purposes of cultivation, it was part of the scheme to erect there a biological installation. The crops treated by the effluent would have been a fruitful source of revenue to the cantonment funds. I grant you the initial cost would have been large, and probably on that account no further action has been taken.

Yacht Club, Bombay,  
March 9th, 1907.

I am, &c.,

J. BATTERSBY,  
Lieutenant-Colonel, R.A.M.C.

#### INDIAN INVALIDING.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

SIR,—With reference to my article on "Indian Invaliding" in the February number, it is satisfactory to note that some of the suggestions detailed therein are now in force, and with the happiest results. For example: The time of assembly of Boards has been altered, the Rest Camp horror no longer exists, and neither at Colaba nor Deolalie has there been anything approaching to strain during the present trooping season. Indeed, in the latter, we have been able to reduce the number of beds from about 340 to 160—much to the disgust of the Senior Medical Officer, I fear; but, to his credit be it said, with his loyal co-operation—and in neither have tents been required, except for purposes of isolation. What a contrast to former years. All this must, of necessity, mean considerable saving, but will that saving be apportioned to remedy some of the other defects, in whole or in part? "I hae ma doots"; for that somewhat nebulous individuality which we term "Government" is nearly akin, in many ways, to the daughter of the horse-leech: it will always *take* with an impartial and cheerful rapacity, but when it is a question of *give*—well! "that's another story." However, we have made a beginning and there is encouragement in that fact.

I might just add, if you will permit me, that, with regard to the same article, your compositor possesses a goodly proportion of the leaven of Bret Harte's "Heathen Chinees," particularly with respect to punctuation. I plead guilty to my full share of original sin, but I emphatically demur when, *inter alia*, I am presented to "kind readers" as a sort of semi-colon drunkard.

20, Queen's Road, Bombay,  
March 6th, 1907.

Yours faithfully,

R. H. FORMAN,  
Colonel, R.A.M.C.