

RESPONSES TO READERS.

All communications for answer in this column should be addressed Correspondents' Department, Family Circle Office London East.

MARY R.—We venture that the gentleman referred to, who is continually gazing and drawing the attention of a young lady at church service, is not, as stated, a respectable Christian married gentleman, but like a good many others, who pass for such, and do much harm to religion. The young lady in question would do well to pay no attention to his conduct and absolutely have nothing to do with him.

J J.—The first sewing machine was completed in 1845 by Elias Howe.

Sr. H.—The best system of phonography is Pitman's. You should certainly have the assistance of a teacher if possible.

H. P.—1. See recipe in "Parlor and Kitchen" department. 2. The first weekly issue of the FAMILY CIRCLE was dated September 22nd.

G. W.—The lines occur near the beginning of Byron's "English Bards and Scotch Reviewers."

HEALTH AND DISEASE.

Mens sana in corpore sano.

Breath Gymnastics.

The art of breathing is, too much overlooked. Though an act of nature, it can be influenced by the will. Persons, therefore, may be trained to breathe properly, that is, to such breathing as will thoroughly oxygenate the blood.

It has been suggested that there is room for what might be fitly termed breath gymnastics—to draw in long and full breaths, filling the lungs full at every inspiration, and to acquire the habit of full breathing at all times.

The habit of full breathing has a direct effect in supplying the largest possible amount of oxygen to the blood, and more thoroughly consuming the carbon, and so producing animal heat. It has also the very important effect of expanding the chest, and so contributing to the vigor of the system.

The breath should be inhaled by the nostrils as well as the mouth, more especially while out of doors, and in cold weather. That has partly the effect of a respirator in so far as warming the air in its passage to the delicate air-cells, and in also rendering one less liable to catch cold.

The full inspiration is of so much importance that no proper substitute is to be found for it in shorter though more rapid breathing. In short, in breathing, a large portion of the air-cells remain stationary, the upper portion of the lungs being enlarged in receiving and discharging a small portion of air.

Profound thought, intense grief, and other similar mental manifestations have a depressing effect on inspiration. The blood unduly accumulates in the brain, and circulation in both heart and lungs becomes diminished, unless, indeed, there be feverishness present.

An occasional long breath, or deep-drawn sigh, is the natural relief in such a case,—nature's effort to provide a remedy. This hint should be acted on and followed up. Brisk muscular exercise in the open air, even during inclement weather, is an excellent antidote of a physical kind for a "rooted sorrow."

And the earnest student, instead of tying himself to his desk, might imitate a friend of the writer of this, who wrote and studied while on his legs. Pacing his room portfolio in hand with paper attached, he stopped as occasion required to pen a sentence or a paragraph.

Breathing is the first and last act of man, and is of the most vital necessity all through life. Persons with full, broad, deep chests naturally breathe freely and slowly, and large nostrils generally accompany large chests.

Such persons rarely take cold, and when they do they throw it off easily. The opposite build of chest is more disposed to lung disease.

The pallid complexion and conspicuous blue veins, show that oxygen is wanted, and that every means should be used to obtain it.

Deep breathing also promotes perspiration, by increasing the circulation and the animal warmth. Waste is more rapidly repaired, and the skin is put in requisition to remove the used materials. Many forms of diseases may be thus improved, and more vigorous health enjoyed.—*Chambers Journal.*

Household Dirt.

A writer in the *London Times* calls attention to a much-neglected subject in the following paragraph:—

"The dirt of an ordinary house, the dirt which may be wiped from the walls, swept off the furniture, and beaten out of the carpets, would be sufficient, if it were powdered in the form of dust over the patients in the surgical wards of a great hospital, to bring all their wounds into a condition which would jeopardize life. It cannot be supposed that such dirt is innocuous when it is breathed or swallowed, and it certainly possesses the property of retaining for long periods the contagious matter given off by various diseases. Instances without number are on record in which the poison of scarlet fever, long dormant in a dirty house, has been roused into activity by some probably imperfect or bad attempts at cleansing."

Diphtheria and Scarlatina.

The identity or not of the poisons producing diphtheria and scarlatina has been the subject of much discussion, and any information bearing upon the question is worthy of record. A curious instance of the manner in which these diseases at times co-exist and alternate with each other is recorded in a report addressed by Mr. W. H. Power to the Local Government Board, and to which we refer elsewhere, on a prevalence of infectious diseases at Whitstable. Diphtheria commenced in Whitstable in October, 1880, and continued till January in the following year. It had not long prevailed when scarlatina appeared, the two diseases being concurrent and attacking at one time different members of the same family. The diphtheria then began to disappear whilst the scarlatina became more prevalent and assumed an increasingly fatal type. Towards the middle of 1881 the scarlatina epidemic declined, and diphtheria, at times fatal, reappeared; indeed, with the absolute disappearance of scarlatina, diphtheria, early in 1882, steadily spread, remaining more or less prevalent throughout the year. During these several occurrences more than one of the medical practitioners in attendance on the cases had difficulty in diagnosing between the two diseases; thus cases of smart throat illness associated with distinct skin rash and altogether free from fœcal false membrane, occurred, and yet at no period of the illness or convalescence did any such tendency to desquamation, as usually follows on scarlatina, show itself. Eight or ten years ago very similar circumstances were observed at Whitstable, diphtheria being exceptionally fatal, and at the same time associated with a prevalence of scarlatina. Mr. Power abstains from expressing any comment on the questions arising from a consideration of these circumstances the facts are, however, highly interesting.—*Lancet.*