Correspondence.

"Audi alteram partem."

THE RELATIVE RANK QUESTION.

To the Editors of THE LANCET.

SIRS,—I have no sympathy with those who have again roused a spirit of opposition in a department which craved only one thing—viz., to be let alone, and not subjected to constant changes, the reason for which they could not be expected to understand, but the effect of which their previous experience gave them every reason to apprehend. The recent change involved a meaningless contradiction; for if A is brought in relation to B in regard to rank and position, that necessarily involves relative rank, if the English language has any meaning. But if the authorities choose to be so foolish as to state, what is evidently not the case and cannot be the case, that relative rank is abolished, they can only mean that the use of this term is to be discontinued, the thing meant by it is and must remain, and the War Minister affirms emphatically and unequivocally that not only has no change been made in the rank and position of any medical officer, but, in deference to the representations of others about a dispute, the meaning of which he declared to be simply inexplicable after the deputations had laboured in vain to make it apparent to him, he has offered to secure the rank and position of medical officers as definitely and precisely as human language can make it, by expressly specifying that each grade in the medical service shall rank, not *with*, but *as* the substantive military rank with which it corresponds, in all and every respect within the sphere which circumscribes and defines the position, functions, and duties of the medical officer. To my mind the word "*as*" not only includes, but is distinctly a stronger and more satisfactory expression than either "*with*" or "*equivalent to*." It must be clearly understood that, as the medical service forms a necessary and integral part of the military machine, it must be provided for and adequately recognised and respected in every way. It would be undignified to ask less; it would be absurd, as well as undignified, to ask more. The professors in our medical universities and schools are told, however, that they must shut their doors upon a public medical service, and an enthusiastic opposition to it is invoked. To what end? To secure honorary rank in substitution for that which medical officers now have; and to get some distinctive combatant military title incorporated with the medical one—such as captain, major, colonel, general. I confidently appeal to the civil medical profession to do nothing of the kind; and I claim to represent the views and feelings of some of the very best men in the service—men proud of their profession and emulous of getting on in and by it, and not by grasping at military titles which would only render them ridiculous in the eyes of those who from a professional point of view had a right to them; men whose professional knowledge is recognised, and who have, in a quiet way, done much to merit consideration.

Is it possible that after about half a century's contention to prove that, as we shared all the dangers, risks, and hardships of combatant officers in the field, supplemented by others in which combatant officers had no share, we should have our due proportion of honours and rewards—of C.B.'s, V.C.'s, and so forth—we should now put forth a claim for *honorary* rank—a rank bestowed upon officers (we speak of them with all respect and esteem) whose duties are of a purely clerical kind, and may be from the beginning to the end of a campaign performed in an office far removed from all possible dangers of a fight, and all the hardships of actual field service? It seems a monstrous step backwards, which these very *military* medical officers are pressing on the authorities! The medical officer is, on the one hand, non-combatant in the sense that the colonel commanding a regiment or an officer commanding a field battery in action is combatant; but, on the other, he is surely not to be put in the same category and on the same platform as the officer indenting for rations or casting up a pay bill. A medical officer's rank is relative, and the relation to other ranks appears to be better defined now than it ever was before, in spite of the abolition of the form of words "relative rank," but the medical officers owe the War Office no

thanks for the change. I have no sympathy with that small section of medical officers who are more military than the military themselves. If they think that they are to obtain greater respect—military or social—by the titular military distinctions of Captain, Colonel, and Major, they will only find themselves, and not unjustly, very much mistaken.

I have always understood that the sense of professional trust and honour was so elevated and keen that, to take an illustration, a physician would refuse to make an experiment on a condemned criminal in order to test the truth of any theory—such, for instance, as Koch's comma bacillus being the essential cause of cholera; he would urge that it was his function to save human life, not to destroy it. But now it seems that the highest aim of a doctor is to gain the titles and be confounded with the rank of those whose function it is to fight and destroy life. But if so much value be attached to military titles, it is natural to expect that the holders of them will in consequence despise and depreciate professional ones. What has been the main aim and object of the medical profession—civil and military—of late years but to be welded more closely together by ties of mutual sympathy, and of associated aims, as members of a common profession with common interests? The strenuous efforts now being made to obtain purely military rank and titles must tend to create a very strong impression that these are held to be altogether superior to those arising from professional and academic distinctions. Is that a wise, judicious, or dignified course to adopt?

Advocacy of a cause is one thing; a fair judgment and consistency another. The combatant officer is scarcely tempted into the ranks of the service by the emoluments it offers. Whether the view be right or wrong, wise or silly, still there it is; he values military rank for the power of command it confers and the social value he thinks it gives. Honorary military rank has been bestowed broadcast among other than purely combatant officers, and distinctly with the effect of diminishing the value of such titles. Would there be no ground for the combatant officer's jealousy and dislike to the presence of a Surgeon-Colonel drawing the much higher pay of a medical officer on the one hand, and usurping a purely distinctive military title on the other?

The medical officer is now master of his own household; he has the responsibility of all that concerns the sick and the hospital service, and he has the power to command obedience and enforce his behests within those limits. To secure respect from others you must extend it to those within their sphere of responsibility. If a combatant officer presumed to interfere or to give advice inside the limits of a senior surgeon's duties and responsibilities he would have to pay dearly for his temerity. Surely, with the indisputable rank granted him by Her Majesty's warrant, the medical officer should have no difficulty in maintaining his position and in obtaining that respect from officers of other departments to which he is professionally and socially entitled.

I am, Sirs, your obedient servant, A. M. D.

** The above letter, which, it will be seen, is strongly confirmatory of the view expressed in our leading article this week, is from the pen of a distinguished medical officer on the retired list.—ED. L.

GASEOUS RECTAL INJECTION IN CONSUMPTION.

To the Editors of THE LANCET.

SIRS,—I have read with much pleasure Dr. Burney Yeo's interesting lecture on a new method of treatment of consumption by gaseous rectal injections. During the last winter I have applied this treatment in a few cases. At first I used the apparatus described by Dr. Burney Yeo in THE LANCET, but lately I have preferred another (Sehet's), in which the gas is allowed to pass directly into the rectum, the amount being regulated by a screw. The pumping of the gas is done away with. The apparatus works well, and the patient can carry on the treatment by himself after he has been taught how to use it. I have always prescribed the "*Eaux Bonnes*," being careful to exclude all bottles not containing a good supply of sulphuretted hydrogen. At the beginning of the treatment two litres were injected, gradually increasing to four, and after awhile this quantity was injected twice a day. In every case the gaseous

injections were well tolerated. They never gave rise to any local or general disturbance. They were very soon followed by a marked improvement in the general condition of the patient. He gained flesh, the appetite increased, the hectic lessened. In one case tubercular infiltration was progressing rapidly, attended by a high temperature. It ceased to invade the lungs a fortnight after the treatment had been commenced. The patient is progressing favourably. He is still making two gaseous injections daily. It is nearly three months now since he began them. On the other hand, in this as well as in other cases, the bacilli are as abundant as ever; the cough persists, and is, perhaps, more troublesome, a lessened expectoration being one of the consequences of the treatment. Some of the cases left Cannes before I was able to form an opinion as to the ultimate value of this new method, and altogether my cases are too few for me to pass judgment on it one way or the other. I believe, however, that it has done some good, certainly no harm, and with Dr. Burney Yeo I would say that the remedy is worthy of a more extended trial, and that "something" may come out of it.

I am, Sirs, yours truly,
Cannes, April 25th, 1887. H. BLANC, M.D., F.R.C.P.

THE PULSE.

To the Editors of THE LANCET.

SIRS,—I have read Dr. Broadbent's lectures on the Pulse very carefully; but the good they would otherwise do me is largely lost owing to a somewhat lax phraseology. In the first place, we are told the pulse is not an expansion of the artery, but simply an increase of pressure. Now there are three typical variations in the calibre of an artery—a maximum calibre occurring at the top of the pulse, a minimum calibre at the end of the diastole, and a mean calibre somewhat midway between these, corresponding to the mean arterial pressure. If Dr. Broadbent denies that the mean calibre or the minimum calibre is converted into the maximum calibre during the pulse, of course he denies the existence of varying calibres at all; and this is apparently what he means, because his explanation of the pulse is consistent with this view. Instead of varying calibres, he substitutes flattening of the artery, to account for the pulse. I may not properly understand him, and am in doubt whether he means that an artery is only flattened by and during the pressure of the finger on it, or whether the natural condition of an artery during the diastole is one of more or less flattening. If the flattening only occurs when we press with our finger, then the pulse does not naturally exist, for take away the pressure of the finger and the pulse is non-existent. If, on the other hand, an artery is naturally flattened during the diastole, this is utterly inconsistent with that continuous pressure of the arteries on the blood which maintains the circulation during the diastole, for from the moment the cylindrical form is lost pressure is practically abolished. Then we are told that tension and distension are almost similar terms, and mean the same thing. I find, too, by reference to my dictionary, that distension is given as one of the meanings of tension, and that expansion and distension have the same meanings attached to them. Now, according to Dr. Broadbent, during the pulse the pressure is increased, but the expansion of the artery is not increased. If this is so, then the distension is not increased, neither is the tension; and this implies that Dr. Broadbent does not consider pressure and tension as one and the same thing. But, unfortunately, in other portions of his lectures he talks as if they were the same thing; and between these two views those parts of his lectures relating to arterial pressure are lost on me.

I remain, Sirs, yours obediently,
East Greenwich, April, 1887. W. NICHOLSON.

RAGS AS CARRIERS OF INFECTION.

To the Editors of THE LANCET.

SIRS,—I read the able article on the above subject which appeared in your issue of the 30th ult., and, with your permission, would point out that uncleaned rags are often employed for making the flock of the flock bed. In Australia there are many flock-bed manufactories, and I do not know of one in which the rags are washed or otherwise

cleaned before their conversion into flock. I am told that in England "it does not pay" to do more than "shake out" the dirt adhering to the rags before putting them in the machine that converts them into that material which composes the soft beds of millions. Exceptions to this practice doubtless exist, but I think medical authority should be brought to bear upon flock-bed makers who neglect to cleanse the raw material upon which they start.

I am, Sirs, yours truly,
R. W. E. MACIVOR, F.I.C., F.R.G.S., &c.,
May, 1887. Late Member of the Central Board of Health, Victoria.

LIVERPOOL.

(From our own Correspondent.)

THE EYE AND EAR INFIRMARY.

THE report of the Eye and Ear Infirmary, just published, shows that in 1886 there were 6109 new eye cases and 2352 new ear cases treated; 68 cataract extractions were performed, in 18 of which irrigation by Mr. McKeown's method was employed. This plan finds increasing favour with the surgical staff in cases of sticky cortex. In a considerable number of unripe cataracts a preliminary iridectomy and artificial maturation by stroking the cornea has been found to give good results.

THE TOXTETH PARK CASE.

A chemical examination of the stomach of the deceased girl, and of such of its contents as could be obtained, was made by Mr. Edward Davies, F.C.S., of the Liverpool Royal Institution, but with a negative result, none of the mineral poisons being found, except a small quantity of bismuth which had been given medicinally. The inference, therefore, is that death resulted from natural causes.

THE CLINICAL STUDY OF SMALL-POX.

Dr. Hope, assistant medical officer of health, has been appointed by the City Council visiting physician at the Park-hill Hospital. This will afford facilities to the students of the Medical Faculty of the Liverpool University College to become conversant with small-pox in its various phases. Dr. Hope, who is the lecturer on hygiene, being most anxious that such opportunities should not be lost.

HOSPITAL SATURDAY.

The 7th inst. being Hospital Saturday, boxes and cages were freely displayed in all parts of the city. Out of over 1000 boxes only 112 have been returned, the contents of which amounted to £397. There is every prospect of the result being considerably in advance of that obtained last year. Liverpool, May 10th.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

NEWCASTLE JUBILEE EXHIBITION.

ON Saturday last I was, as your representative, privileged to a private view of our Industrial Exhibition, now all but complete, and we can, in the words of our local poet, Dr. Hodgkin, in his very fine opening ode—

"Upon a bleak Northumbrian moor
Behold a palace raised."

For palace it is, regarded either as to cost, extent, wealth, or variety of exhibits. Much as I was prepared to see wonders from the articles in our daily press, I must say that all my anticipations were far exceeded when in the building. First as to the site. It is in a park forming part of the Town Moor, and in the northern suburbs of our city. It is only one mile from the Central Station, trams passing the building at very short intervals. The space at the disposal of the Executive Committee covers thirty-one and a half acres, or a little in excess of that provided for the late exhibition at Edinburgh. There is thus provided ample room and verge enough, not merely for the exhibition, but for the show of the Royal Agricultural Society of England, which, for the third time in its history will be held in the month of July next in Newcastle. As regards the building, it is con-