

ROYAL NAVAL VOLUNTEER RESERVE.

John Macintyre to be Honorary Staff Surgeon (dated Oct. 15th, 1903). The undermentioned have been appointed Surgeons :—Peter Paterson, Alexander Laurie Brown, James Paton Boyd, and Ebenezer Snell (dated Oct. 15th, 1903).

ROYAL ARMY MEDICAL CORPS.

Lieutenant-Colonel A. T. Sloggett, C.M.G., is appointed for duty in the Home District. Captain J. C. B. Statham proceeds to Woolwich for duty. Lieutenant W. F. Tyndale embarks for Bengal and Lieutenant A. B. Smallman for the Punjab early next year. Lieutenant-Colonel W. J. Macnamara is appointed Senior Medical Officer at Jersey. Colonel W. L. Chester takes over the appointment of Administrative Medical Officer, Punjab Command.

ARMY MEDICAL RESERVE OF OFFICERS.

Lieutenant J. T. K. Thomson, Glasgow Companies, Royal Army Medical Corps (Volunteers), to be Surgeon-Lieutenant (dated Oct. 14th, 1903), instead of as notified in the *Gazette* of Oct. 13th, 1903, under "Royal Army Medical Corps."

IMPERIAL YEOMANRY.

East Riding of Yorkshire : Richard Hamilton Ashwin to be Surgeon-Lieutenant (dated Oct. 17th, 1903).

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Lady Roberts, accompanied by Lady Aileen Roberts and the matron-in-chief, Miss S. J. Browne, R.R.C., visited the Princess Louise Hospital, Alton, recently for the purpose of presenting the badges to the ladies of the nursing staff of the hospital.

Correspondence.

"Audi alteram partem."

THE LUNG REFLEX OF ABRAMS.

To the Editors of THE LANCET.

SIRS,—In his letter on the above subject¹ Dr. A. G. Auld refers to the fact that the lungs can be made to expand—as shown by a diminution in the area of superficial cardiac dulness and a descent of their lower margins—by certain devices—e.g., by briskly rubbing the chest for a minute, by the inhalation of irritating vapours such as ammonia, by plugging the nares with cotton-wool, or finally by vigorous percussion of the epigastrium, and he assumes that the expansion in question is due to a reflex relaxation of the bronchial muscles. May I be permitted to point out that this phenomenon is susceptible of another and simpler explanation. I suggest that all the means referred to tend, independently of any influence on the bronchial muscles, to increase the mean size of the chest and thus to cause pulmonary expansion by exciting the inspiratory muscles; thus rubbing the chest, pummelling the epigastrium, and blocking the nares all tend by interfering with normal breathing to induce a certain amount of dyspnoea which, as I have pointed out elsewhere, excites the inspiratory muscles and thus leads to an increase in the mean size of the chest for the purpose of facilitating the circulation, notably that through the lungs; and in regard to the inhalation of ammonia there can, I think, be little doubt that it also tends to promote inspiration rather than expiration, although every now and then a violent expiration may be induced by it in the shape of sneezing.

Dr. Auld does not touch upon the interesting question how bronchial relaxation can cause expansion of the lungs in the living body. Assuming the other intrathoracic organs to remain unaltered in size, it is obvious that the lungs cannot expand without a corresponding increase in thoracic capacity. Now the primary effect of bronchial relaxation must be to cause a relaxation of pulmonary tissue and thus, by diminishing the suction action of the lungs on the thoracic walls and diaphragm, somewhat to increase the size of the chest cavity. The thoracic expansion would not, however, end here. I have in another place sought to show that throughout life the inspiratory muscles are ever busy keeping

the lungs at the requisite degree of stretch so as to maintain pulmonary suction at the norm—how, e.g., it is largely in this way that the expansion of the chest in emphysema is to be explained, the inspiratory muscles coming into extra play in order to tune up, so to speak, the relaxed pulmonary fibres to the requisite pitch. The same thing doubtless happens when the bronchial muscles relax and thus tend to cause relaxation of pulmonary tissue. Any enlargement of the chest that may ensue in these circumstances is, I doubt not, chiefly brought about by the inspiratory muscles. It is noteworthy that pronounced constriction of the bronchi (sufficient to cause dyspnoea, as in asthma) also causes enlargement of the thorax; and I believe in a precisely similar manner—i.e., through the agency of the inspiratory muscles, in obedience to the law already referred to that dyspnoea favours thoracic expansion.

I am, Sirs, yours faithfully,

Wimpole-street, W., Oct. 18th, 1903.

HARRY CAMPBELL.

"IMMEDIATE" AUSCULTATION AND PERCUSSION.

To the Editors of THE LANCET.

SIRS,—I read with great interest the letter on "immediate" auscultation by Sir Isambard Owen in THE LANCET of Oct. 10th, p. 1049. As one who has made use of this method largely and has demonstrated to students its value in certain circumstances again and again I may be permitted to indorse the opinion of Sir Isambard Owen as to the advisability of a "more systematic attention to the practice of direct auscultation than it obtains at present." In my case also it was by accident that I became acquainted with the value of this method. Since then I have met with many medical men who have never employed it and even with some who imagined that without a stethoscope auscultation is not feasible, whereas the fact is that not seldom the immediate is preferable to the mediate method. Very much the same thing applies to percussion. Apart from the fact that the finger is greatly preferable to any other form of pleximeter for regular use, most delicate and accurate work can be accomplished by direct percussion—i.e., by the use of one or two finger-tips as a plessor without the intervention of a pleximeter of any kind. In such a case, of course, it is the sense of resistance rather than the "note" which gives the desired information. I remember a most interesting article on this method which appeared in the *Practitioner* some years ago but have forgotten the author's name. To my mind both direct percussion and direct auscultation are deserving of more attention than has been devoted to them by clinical teachers of late years.

I am, Sirs, yours faithfully,

A. E. GRANT, Major, I.M.S.

Ennore, Bosecombe, Oct. 11th, 1903.

MATERIA MEDICA AND THE MODERN CURRICULUM.

To the Editors of THE LANCET.

SIRS,—I was privileged to hear the address which Professor Schäfer delivered at the Yorkshire College, Leeds, on Oct. 1st and in the main consider that his very practical suggestions ought to be of great value to the authorities of the forthcoming new university in framing their medical curriculum. I would like, however, to draw attention to his remarks concerning materia medica, and with this I presume is included practical pharmacy. He says, "Materia medica in the strict sense ought not to be part of the curriculum."

Now there seems to be a growing tendency in all our medical schools to minimise the value of these subjects in forming a part of medical education, and hence no wonder that so many men receive diplomas and degrees to practise medicine and surgery who possess the barest possible knowledge of the simplest drugs. I am well aware, of course, that in degree of importance the subjects of physiology, pathology, anatomy, &c., should take priority, but I am confident it would be a retrograde step to remove materia medica from the curriculum.

My point is this, that inasmuch as probably nine-tenths of the general practitioners in this country to-day dispense their own medicines it is only fair to the public and to the profession that they should be properly trained to do so during their curriculum. This seems to me, again, the more necessary

¹ THE LANCET, Oct. 17th, 1903, p. 1118.