THE Necessity for Hospital Ships.

Sirs,—We are implicated in a serious and probably prolonged war and how are we prepared to meet the consequences? As usual, we become wise after the event. We rest contented with meeting our daily wants and after war is proclaimed we meet our suddenly increased responsibilities by makeshifts instead of having ready to hand specially constructed and arranged "hospital ships" and a specially organised and instructed Naval Ambulance Association analogous to the St. John Ambulance Association. We subsidise from passenger-carrying steamship companies large vessels, to convert them into hospital ships. The result is that our purpose is thwarted from the very commencement.

Aylesbury, Nov. 21st, 1899.

P. M. BRAIDWOOD, M.D.Edin.

Correspondence.

Audit alteram partem.

The Necessity for Hospital Ships.

To the Editors of THE LANCET.

Sirs,—We have already proceeded to South Africa provided with funds and material to act on the spot in cooperation with the principal medical officer of the field force. A hospital ship is being fitted out, equipment for hospital trains has been forwarded to Durban, trained nurses from hospitals have been provided or made available from an army nursing reserve, and the St. John Ambulance Brigade is prepared to meet the field requirements with a supply of ambulance officers and hospital orderlies, not to mention a number of other details.

The Queen's Personal Present to the Troops.

Her Majesty has with kindly thought made arrangements for every man serving in South Africa to be supplied with a special tin containing ½ lb. of chocolate. The chocolate will be in such a form that it can be eaten as a sweetmeat or taken as a beverage. The tin will be of special design and will serve as a keepsake; after the order has been executed the dies will be destroyed.

Suprapubic Lithotomy.

To the Editors of THE LANCET.

Sirs,—I should like to offer a few comments on Dr. W. J. Collins's case of suprapubic lithotomy recorded in THE LANCET of Nov. 11th, p. 1285. In the report of this case the surgeons are to be congratulated on the treatment of the patient, which is at the present time in a transition stage. This, no doubt, is true, but the treatment is not in the direction of substituting suprapubic lithotomy for litholapaxy, rather is it in the direction of converting the suprapubic lithotomy into a very narrow limits. Mr. Gilbert Barling of Birmingham has shown by carefully compiled statistics how low the rate of mortality is in suprapubic lithotomy among Europeans and I have done the same in the pages of THE LANCET when recording the statistics of operations for stone in the bladder among the natives of India. Suprapubic lithotomy is an eminently suitable operation in cases of encysted stone in the bladder and also where litholapaxy is found to be impracticable by reason of great enlargement of the prostate. The consensus of surgical opinion is that the present day is that the vast majority of uncomplicated calculi in patients of 50 years of age and upwards should be dealt with by litholapaxy, and this being so I trust that Dr. Collins will pardon me for considering that the surgical procedure which he carried out in the case under review was retrograde, although successful. Had he performed litholapaxy instead of extracting the stone through a suprapubic incision I feel sure that his patient would have been up and about in the course of a week, whereas the case still requires to be attended to, and the operation would have been completed in a few minutes.

I have, in fact, already committed myself on this question, in a previous communication to THE LANCET, when recording the statistics of operations for stone in the bladder among the natives of India. Suprapubic lithotomy is an eminently suitable operation in cases of encysted stone in the bladder and also where litholapaxy is found to be impracticable by reason of great enlargement of the prostate. The consensus of surgical opinion is that the present day is that the vast majority of uncomplicated calculi in patients of 50 years of age and upwards should be dealt with by litholapaxy, and this being so I trust that Dr. Collins will pardon me for considering that the surgical procedure which he carried out in the case under review was retrograde, although successful. Had he performed litholapaxy instead of extracting the stone through a suprapubic incision I feel sure that his patient would have been up and about in the course of a week, whereas the case still requires to be attended to, and the operation would have been completed in a few minutes.

I have, in fact, already committed myself on this question, for in a previous communication to THE LANCET I wrote: "The best operation for a boy, say, of seven or eight years, is pubic lithotomy. I have, in fact, already committed myself on this question, although successful. Had he performed litholapaxy instead of extracting the stone through a suprapubic incision I feel sure that his patient would have been up and about in the course of a week, whereas the case still requires to be attended to, and the operation would have been completed in a few minutes.

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To the Editors of THE LANCET.

Sirs,—In THE LANCET of August 12th, just arrived, I read with great interest a case of Fatal Poisoning by Permanganate of Potassium Crystals at Westminster Hospital.

Toxic Symptoms produced by Internal Administration of Permanganate of Potassium.

To the Editors of THE LANCET.

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