

further need at present of personal assistance or of ambulance material as a supplementary aid to the medical services in the field. Colonel J. S. Young has already proceeded to South Africa provided with funds and material to act on the spot in coöperation 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 for 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 of various kinds.

#### 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  $\frac{1}{2}$  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.

## Correspondence.

"Audi alteram partem."

### THE NECESSITY FOR HOSPITAL SHIPS.

To the Editors of THE LANCET.

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 incurred 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 knock them about—"convert them" is the official phrase—into hospital ships. The result is that our purpose is *very imperfectly* reached. Such steamers are generally spongy, swarming with impurities, organic and inorganic. They are often unwieldy, with corners, crevices, and angles of all kinds which harbour most injurious pests. Further, they are most costly. To disinfect them—that is, remove obnoxious and injurious aerial germs—is possible, but to sterilise and render innocuous the birthplaces and habitations of these germs in old steamers is impossible. This has been proven and demonstrated so often that it seems incredible that those entrusted with the lives of others have not yet realised it.

Robert Hall (1802) wrote ("Reflections on War") that to confine our attention to the number of the slain would give us a very inadequate idea of the ravages of the sword. Again, Henri Dunant (1859) when he described the horrors of the battlefield of Solferino said that "the best organised military medical services of three of the best armies of Europe were not able to render proper help and shelter to all the sufferers at the proper time." How much worse now. The seat of the present war is a mountainous region. The ordnance and weapons used now are much heavier and more mortal than of old. Our opponents are skilled shots and determined, with little regard for life. We must meantime suffer from the disadvantage of unpreparedness, but let us not continue to do so. In THE LANCET of April 4th, 1896, I drew attention to this subject, but no heed has been taken of it. I trust the seed I now sow will fructify more successfully.

I am, Sirs, yours faithfully,

Aylesbury, Nov. 21st, 1899. P. M. BRAIDWOOD, M.D. Edin.

### GONORRHOEAL RHEUMATISM.

To the Editors of THE LANCET.

SIRS,—I have read Mr. Moynihan's Clinical Lecture on Gonorrhoeal Rheumatism in THE LANCET of Nov. 18th (p 1349) with much interest, but have failed to learn his views as to the pathology of the disease, nor can I agree entirely with his description of it. I have been teaching for many years that gonorrhoeal rheumatism is a mild form of pyæmia due to the purulent secretion within

the urethra, and that the distinguishing feature of the disorder is that it attacks a single joint in a young adult. I quite allow that if the affection is not promptly treated other joints will become affected, and I have at this moment under my care in University College Hospital a man with both knees and one wrist affected; but then it is quite clear that his left knee was first affected, and, the treatment being confined to the routine one of painting iodine over the joint, that in course of time the disease showed itself elsewhere.

The treatment of gonorrhoeal rheumatism by the usual methods is notoriously tedious and unsatisfactory, but I have found that by applying belladonna and glycerine freely to the affected joint (usually the knee) and by giving quinine in five-grain doses every six hours, at the same time paying no attention to the urethral discharge and carefully avoiding the use of splints, I am able to get my patients up in a fortnight and out in three weeks, with perfectly moveable joints supported by an ordinary bandage.

I am, Sirs, yours faithfully,

Cavendish-square, Nov. 20th, 1899. CHRISTOPHER HEATH.

### 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. 1295. In the report of this case we are told that the treatment of stone in the bladder is at the present time in a transition stage. This, no doubt, is true, but the transition is not in the direction of substituting suprapubic lithotomy for litholapaxy, rather is it in the direction of restricting the field or scope of suprapubic lithotomy to very narrow limits. Mr. Gilbert Barling of Birmingham<sup>1</sup> has shown by carefully compiled statistics how high the rate of mortality is in suprapubic lithotomy among Europeans and I have done the same in the pages of THE LANCET<sup>2</sup> 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 at 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, for the stone only weighed 38 grains, 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<sup>3</sup> I wrote: "The best operation for a boy, say, of seven or eight years, with an urethra of normal calibre suffering from the presence of a small uncomplicated stone is unquestionably litholapaxy." *Mutatis mutandis* I maintain that the same holds good and with even greater force in uncomplicated cases of stone in the aged.

Perhaps Dr. Collins will forgive me for the remark that I hardly think it is wise practice to close the incision in the bladder with silk sutures after suprapubic lithotomy. He has not told us if the sutures included the mucous membrane. If they did they are liable to act as foci for phosphatic concretions should the patient suffer subsequently from catarrh of the bladder.

I am, Sirs, yours faithfully,

D. F. KEEGAN, F.R.C.S. Eng.

East India United Service Club, St. James's-square, Nov. 20th, 1899.

### TOXIC SYMPTOMS PRODUCED BY INTERNAL ADMINISTRATION OF PERMANGANATE OF POTASSIUM.

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.

<sup>1</sup> Brit. Med. Jour., March 9th, 1895, p. 123.

<sup>2</sup> THE LANCET, Jan. 30th, 1897, p. 298.

<sup>3</sup> THE LANCET, Jan. 16th, 1897, p. 167.

recorded by Dr. C. K. Box and Dr. E. F. Buzzard, and their remarks on the same to the effect that such cases are of great rarity, and very little mention, if any, has been made in any of the present editions on toxicology and therapeutics. It is of particular interest to me as, by a strange coincidence, I have just had under my care a case, which terminated favourably, of poisoning, not by a large dose, but by repeated internal administrations of small doses of permanganate of potassium. Likewise I was unable to find any mention made of similar cases in any of the books on toxicology and therapeutics which I possessed, hence with your kind permission I will record the particulars of this case, hoping that it will prove of interest, not only to Dr. Box and Dr. Buzzard, but also to your readers.

On Sept. 2nd I received a hurried message to visit a married woman, aged 36 years, which was at once attended to, and on arrival I found my patient to be suffering from almost continuous vomiting, unable to retain either solids or fluids; there were great pain and tenderness on pressure over the whole extent of the abdomen, excessive thirst, congestion of the fauces, and slight difficulty in swallowing; the temperature was 100° F., the tongue was moist and pale, and the pulse was 120 per minute. There was an anxious expression of the countenance, also sleeplessness. The urine was scanty and high-coloured; the bowels were regular. There was slight tympanitic distension, and the legs were drawn up. The weight of the bedclothes caused pain over the abdomen. On questioning her I learnt that she had been in good health up to the previous day when she was attacked with vomiting and pains in the stomach which kept increasing. I could elicit no information as regards indiscretion in food or drink, but in a casual manner she stated that she had been taking pills three or four times daily, procured from a chemist, with the object of bringing on her menses which had not appeared for two months, and that these pills when broken and put in water before swallowing turned the water the colour of Condy's fluid. I ordered a mustard plaster to the pit of the stomach, to be followed by linseed meal poultices every three hours, and prescribed a mixture of bismuth, morphia, and hydrocyanic acid to be taken every two hours until the vomiting abated, and milk and soda-water to be sipped in small quantities and frequently. I took away one of the pills for examination and found it to be of large size, ovoid in shape, coated with sandarach, and should say it would contain about two grains of permanganate of potassium. On the following morning I again visited her and found no abatement of symptoms, and considering her extreme prostration almost amounting to collapse I ordered brandy and soda-water to be sipped repeatedly and continued the previous treatment. I called the same afternoon and was pleased to see a slight improvement; the brandy and soda-water were retained, also a dose of the mixture, and in consequence the pains were less severe; from this period the patient gradually improved and finally recovered in a week's time. The amount of permanganate of potassium taken by the patient during a period of four days was 22 grains.

I am, Sirs, yours faithfully,

ERNEST S. HAWTHORNE.

Georgetown, Queensland, Australia, Oct. 2nd, 1899.

### “INTRA-PERITONEAL HÆMATOCELE: THE OLDER AND NEWER STATISTICS CONTRASTED.”

To the Editors of THE LANCET.

SIRS,—Although my first recorded operation for tubal mole was in 1890 for several years before this I had been in the habit of sending any case of intra-uterine pregnancy to my senior colleagues for operation. In fact, the third case on which Mr. Tait operated (in 1884) was sent to him by me<sup>1</sup> and was, I believe, of this nature, although no one at that period had differentiated between the different forms of early ectopic gestation. In consequence I have but little experience of the treatment of intra-peritoneal hæmatocele solely by the expectant method, but (as anyone may see who examines my operation-tables) I have very considerable experience of this method, as a preliminary to operation and have often found recurrent hæmorrhages (as described in chapters v. and vi.) exhaust the patient so that the operation for removal of the cause was undertaken at last under much

less favourable conditions than those which existed at the time of the first hæmorrhage. Such patients if left alone usually die at home and no post-mortem examination is held. One such case I remember in 1880.

Your reviewer<sup>2</sup> seems to think that a sharp line of demarcation can be drawn clinically between the cases of rupture and of tubal mole without rupture. I do not think so. On page 34 I contrast a case of rupture of the pregnant tube in which there was but little bleeding with one of tubal mole in which the bleeding was most dangerous. Because of this uncertainty before operation I have (on page 149) given my experience of *all* the cases of extra-uterine pregnancy which have come under my notice and of these (rather more than 100) I can only number six patients who recovered without operation.

It must, of course, be remembered that if these six be considered all to be examples of tubal mole with hæmorrhage from an unruptured tube<sup>3</sup> and be compared with this class of case only, the proportion instead of being 5 per cent. would (probably) be from 15 to 20 per cent., or even more. I have only recorded the above as my own experience, but I believe it will not be found inconsistent with that of other observers.

I am, Sirs, yours faithfully,

Birmingham, Nov. 14th, 1899. ]

JOHN W. TAYLOR.

### THE DIPLOMA IN PUBLIC HEALTH OF THE IRISH ROYAL COLLEGES.

To the Editors of THE LANCET.

SIRS,—I am directed to inform you that the Conjoint Diploma in State Medicine heretofore granted by these Colleges will in future be styled the Diploma in Public Health.

I am, Sirs, yours faithfully,

GREENWOOD PIM, M.A.,

Committee of Management, Dublin, Nov. 21st, 1899. Secretary.

### NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

*The Imperial University for India.—The Plague Epidemic.*

IT will be remembered that at the beginning of the year Mr. Tata of Bombay offered the princely sum of £200,000 for the establishment of an Imperial University in India. Since that date committees and conferences have been held to determine the best form of carrying out his scheme. It is now recommended that the institution shall be called the Indian University of Research, but, for the present at any rate, it will neither be an examining body nor will it grant degrees. It is proposed, however, to grant fellowships to distinguished students. The court will probably consist of a chancellor, a vice-chancellor, one member representing the Supreme Government, one member to represent each of the eight local governments, one member for each of the five existing universities, four members to be elected by the professoriate, one member to represent Mr. Tata, and one to be added for each subsequent benefactor who may subscribe not less than Rs. 15,000. The important question which the last conference has had to decide is that of a site. There are difficulties in the way of procuring a suitable site in Bombay, but I understand that the choice finally has fallen on Bombay with Bangalore as an alternative. Bangalore has not only its climate to recommend it—an important point for an institution of the kind and for an institution to be manned by European professors whose work will be practically continuous throughout the year—but also the fact that the Mysore Government have offered a site and a contribution to the building fund. Next to the establishment of an experimental research institution on a large scale this scheme of Mr. Tata will probably prove the most valuable gift which could have been given to the people of India, and while some might have preferred an institution of the former character admiration for his foresight as well as his munificence in establishing an advanced university of the proposed character cannot be withheld.

The first case of plague in Rangoon occurred the other

<sup>1</sup> Lectures on Ectopic Pregnancy, p. 45.

<sup>2</sup> THE LANCET, Oct. 28th, p. 1172.

<sup>3</sup> But one of them was not (see p. 24).