indeed warped emotions or else have never known physical agony.

Those of us who have suffered severe post-operative pain and been cared for by colleagues who were not afraid to relieve it know that when the pain ceases the desire for pain-killing drugs ceases too. I have never heard that there is any higher proportion of drug addicts among the patients of compassionate doctors than those who allow their patients to suffer needlessly. In fact I have met people who have refused further surgery and further pregnancies simply because they were denied analgesia. One constantly hears of women who have been denied even one dose of pethidine during labour when every midwife is permitted to give up to 200 mg.

I have also seen a patient in agony in the anaesthetic room after 50 mg. of pethidine as a pre-operative medication, when it would have been perfectly safe to have given gr. ¼ (16 mg.) of morphine, which has far more analgesic effect and not much more depressant effect.—I am, etc.,

London W.2. MARGARET JOAD.

Suppression of Lactation

SIR,—In 1961 Dr. M. Healy[1] described the use of bendrofluazide in the suppression of puerperal lactation, an interesting alternative to the oestrogens. Apart from causing nausea, vomiting, and skin rashes, the oestrogens delay uterine involution and cause prolonged lochial loss. These last two effects must beget considerable morbidity in the puerperium, especially to the multipara.

In 14 cases in practice hydrochlorothiazide or bendrofluazide (100 mg. or 10 mg. in the morning, 50 mg. or 5 mg. in the afternoon) confirmed this as a good method for the suppression of lactation at any stage in the puerperium. There appeared to be less mammary congestion during the first 48 hours of use than with the oestrogens. The diuresis did not bother the patients, and they did not complain of other side-effects.

Effective suppression was achieved in all cases but one, where a mother of twins had stopped lactation for three days before seeking advice. Diuretics in high dosage did not relieve her congestion, and she developed a breast abscess. One patient showed delayed uterine involution, a multipara. One patient, three weeks after a difficult labour and puerperium, successfully suppressed her lactation, but concurrently developed acute Raynaud's phenomenon. Medical investigation failed to reveal any direct cause for the Raynaud's phenomenon, although collagen disease is suspected. There is no obvious connexion with the use of diuretics.

It is interesting to speculate on the diuretic's mode of action. Apart from the decongestive effects from renal diuresis, could there be any central action via the hypothalamic centres? Prolactin (milk secretion) and oxytocin (milk ejection) are involved in lactation, and the recent discussion on the role of diuretics in diabetes insipidus prompts this query.—I am, etc.,

Middlesbrough, Yorks. G. STOUT.

REFERENCE

[1] Healy, M., *Lancet*, 1961, **1**, 1353.

Permanent Suprapubic Bladder Drainage

SIR,—Dr. A. Lutton (March 24, p. 875) is perfectly right to point out that the latex balloon catheter is a great advance over the rubber self-retaining catheter in the management of the permanent suprapubic cystostomy. I would, however, carry his argument one stage further and suggest that permanent suprapubic drainage is rarely necessary.

Patients who are totally unfit for prostatectomy can be managed, with ease to the practitioner and with comfort to themselves, simply by means of an indwelling small-bore latex balloon catheter passed per urethram, provided with a spigot, and changed every two to three weeks. Infection is no more common, indeed probably less, than with the suprapubic tube, there is no leakage, no pain in changing the tube, and the patient can use the toilet in practically a normal manner. The bad reputation of this technique goes back to the days of gum elastic or red rubber catheters, of large bore, which were passed under unsterile conditions; urethritis and cystitis were, of course, inevitable.

Over the last six years I have found it necessary to perform only two suprapubic cystostomies; both were for temporary impassable urethral stricture. A considerable number of other patients who were either temporarily or permanently unfit for the operative relief of their urinary obstruction have been managed with perfect ease by urethral catheterization.—I am, etc.,

Westminster Hospital, London S.W.1. HAROLD ELLIS.

Are Special Hospitals Doomed?

SIR,—Woe betide our National Health Service if special hospitals are doomed; but surely this is impossible, even though most of them are relatively small.

The special hospital situated in a city concentrates a staff skilled in a particular branch of medicine, together with the patients likely to profit from their special skills. It provides an ideal focus for the exchange of knowledge and ideas in its particular field of work between physicians, surgeons, radiologists, and pathologists. Equally important, the nurses, technicians, and junior doctors all have specialized knowledge in this field, and even ward maids, orderlies, and the porters are alert to the particular kind of help they may be able to give. Concentration of knowledge and material offer great possibilities for research, and the contributions to new knowledge from these hospitals have been very large. The value placed by consultants on working in these hospitals is obvious in London from the number of those in the "special departments" of undergraduate teaching hospitals who hold posts in special hospitals.

One hopes the Ministry is not hypnotized by size and "comprehensiveness" of district hospitals. Just as each general hospital cannot provide a good department of neuro-, thoracic-, and plastic surgery or radiotherapy, each cannot have a satisfactory department of paediatrics, obstetrics, ophthalmology, etc. There is a real danger that special hospitals giving good service will be eliminated in favour of small departments providing inferior service in larger hospitals.

Mr. Somerville Hastings (March 17, p. 787) has emphasized once more that children's hospitals are in a category by themselves, for they are really general hospitals for children. They attract those who want to work with children; and those who work there, from training, experience, and innate aptitude, have learned much of how to gain their patients'