consideration, to provide against these risks by some slight addition to the Bill. I am, Sir, yours faithfully,

FREDERIC HEWITT.

Queen Anne-street, W., March 30th, 1909.

THE BROMIDE TREATMENT OF EPILEPSY.

To the Editor of THE LANCET.

SIR,—I have read with great interest the excellent address of Dr. James Taylor on Some Points in Treatment of Nervous Diseases published in THE LANCET of March 27th. It contains many practical suggestions on the treatment of some common diseases of the central nervous system which cannot fail to be of use to the general practitioner. I, however, do not quite agree with the author in the prominence which he gives to what is usually described as the bromide treatment of epilepsy, which is probably the commonest of all nervous diseases met with in practice. Dr. Taylor regards bromide as our "sheet anchor" in epilepsy, by which disease I presume he means idiopathic epilepsy. He quite properly points out that such treatment is not unattended with certain dangers—for example, "acne" and "cardiac depression." There is, however, a still greater danger—namely, the production of cerebral depression caused by the chemical action of the drug on the delicate cortical neurons. Such action has been aptly described by Professor Mott as resulting from *chemical restraint* of the nerve cells. It has been asserted that the prolonged administration of bromides is liable to incite changes in the cortical nerve cells indicating some degree of chomatolysis and even complete dissolution. Clinical observers in many of our largest asylums have noted that the continuous bromide treatment of their epileptics, whilst certainly tending to reduce the number of fits, produces in many cases that gravest of all mental diseases, dementia. It is, therefore, not surprising that in some of these institutions bromides are never used in the treatment of epileptics. Recent research points to the etiological factor in epilepsy being dietetic in nature, especially as regards the calcium metabolism of the body. Consequently it is advisable to place these patients on a farinaceous rather than a carbohydrate diet, and clinical observation proves that decided benefit results therefrom. Further, the daily administration of magnesium sulphate (ʒi. doses) is found to have a beneficial effect. It is known that intraspinal injection of a solution of this drug causes paresis of the limbs, and apart from its laxative action it may be possible that its prolonged use results in diminishing in some way the conductivity of the efferent tracts. Other points to be remembered in the treatment are suitable occupation, exercise, and warm baths, which latter are of use when the fits are very frequent. I would therefore arrange the points in treatment in order of their importance thus: (1) Dietetic; (2) occupation and exercise; (3) warm baths; (4) magnesium sulphate; and (5) bromides.

I am, Sir, yours faithfully,

W. J. MAGUIRE, B.A., M.D. R.U.I., M.R.C.P. Irel.

Belfast, March 29th, 1909.

THE EXTENSION OF THE USEFULNESS OF COTTAGE AND OTHER HOSPITALS: A SUGGESTION.

To the Editor of THE LANCET.

SIR,—It frequently occurs in the experiences of most general practitioners—especially those in outlying country districts—that poor patients are attacked with sudden illness which necessitates prompt surgical interference. Their removal to the nearest hospital over rough and dangerous roads, probably in an unsuitable vehicle, often adds to their sufferings and minimises their chances of recovery. Many a precious moment, and I may say many a valuable life, has been lost by this procedure. But what alternative has the general practitioner to suggest? The slender purse of his patient forbids the summoning of a consulting surgeon and a trained nurse, or if he is able to procure an anæsthetist he possibly feels himself incompetent to perform single handed some rare major operation. I may enlist your sympathies when I say that I reside some 14 miles from the nearest medical man, and when one or two of my experiences have been related the remedy which I suggest will be more readily understood. . . .

During the last 12 months my partner and I have been called upon to perform 11 major operations, and fortunately all but three were able to pay the usual fee. But what about the three? It was as much as their lives were worth to attempt to remove them to a hospital; the rough approach to their moorland homes, the nature and acuteness of their illness, and the absence of an ambulance or suitable vehicle forbade it. One case—a case of ruptured ectopic gestation—occurred at a most outlandish farmhouse with an impossible approach. With operating bags we had to wade through huge snowdrifts over ground where it was quite impossible to take a horse, much less a trap. As the internal hæmorrhage in this case was severe every moment was of importance, and as the nearest hospital was some 28 miles away and the roads were impassable the only thing to do was to operate "at home," and this we did. The patient made a rapid recovery and was well and about in six weeks. On Feb. 13th I was called to see a poor man's wife and acute appendicitis was diagnosed, probably with perforation. The total earnings of her husband were 24*s.* weekly, and in every way she was a suitable case for hospital treatment. Her removal was out of the question, as the peritonitis was rapidly spreading and delay was dangerous; moreover, the distance from hospital was some 22 miles. Fortunately, I was able to obtain an anæsthetist who motored over and brought a trained nurse with him, and with the nurse as my assistant I performed appendectomy, removing a very offensive and gangrenous appendix. The patient is doing well up to the present, but her only chance lay in the operation being performed "on the spot" with as little delay as possible. But the expense is far too heavy for their little income—the taxicab, the anæsthetist, and a trained nurse for at least a fortnight.

To my mind, something ought be done by all public hospitals for those patients with limited means who are not as fortunate as their fellow-sufferers in towns who happen to reside within the "call" of the ambulance. Let me suggest that all public hospitals, especially those which draw their patients from large agricultural districts, should establish a fund to be called "The Out-patient Emergency Fund"; this fund to be expended in providing for an operation in cases of emergency unfit for removal and suitable for hospital treatment. Could not some hospitals arrange that their surgeons should be motored out to such cases as I have described, the expenses to be charged to the fund? The surgeon, if necessary, could take with him the hospital anæsthetist and a "theatre" nurse, or where the surgeon did not require an assistant the general practitioner would give the anæsthetic. The medical men in attendance on these cases ought to be privileged to "wire" to the nearest hospital for assistance, using a code word as may be agreed upon—for example, I should suggest some such message as this, viz.: "—— Hospital, York. OPEF. Appendectomy. Jones, Castlegate, Church Fenton. Dr. Roberts." The code word OPEF. would signify that it was a poor patient entitled to the benefits of the Out-patient Emergency Fund; the second word would give the probable nature of the operation, and the following would give name and address of patient and medical man. The hospital authorities might even go so far as to provide a fortnight or three weeks' surgical dressings, according to the nature of the operation.

Of course, it would be necessary to safeguard against the abuse of such a scheme, and to do this effectually the surgeon should have the right to refuse to operate on his arrival if he thought the emergency not sufficiently great or his patient unsuitable for hospital treatment. Looking at it from the hospital's point of view, the expense would not be any greater than if the case was admitted to one of their beds. The cost of the motor hire would probably be equivalent to a patient's three weeks' board in hospital, taking an average. I find it possible to hire a taxicab for a distance of between 20 to 25 miles, to remain an hour or two before returning, at the cost of 2 guineas for the round trip. This would mean that, for example, a case of perforated gastric ulcer could be dealt with by an experienced hospital surgeon at a distance of 20 miles and two or three weeks' dressings supplied at a total cost of about 3 guineas to the emergency fund. Then all the patient would be called upon to provide would be the usual visiting fees of the general practitioner and occasionally (where the services of the district nurse could not be obtained) the