

advance in our knowledge can make it inaccurate. It does not seem to me to imply the hypothesis Dr. Williams has found in it. The possible vaso-motor origin of all the sensory symptoms of the attacks was not referred to, partly because it is doubtful whether all can be thus explained (or only thus), but chiefly because my object was to contribute to our knowledge of the symptoms and relations of these attacks and to avoid hypothetical explanations. These I gladly leave to others, and their value will be great if they stimulate precision of observation on the part of those under whose notice such attacks may come.

The symptoms met with in these attacks have, no doubt, often been mentioned. The "vaso-motor angina" described by Sir Douglas Powell is clearly similar in essential nature. I regret if I seemed to suggest an originality I did not intend to claim.

June 25th, 1907.

I am, Sirs, yours faithfully,
WILLIAM R. GOWERS.

GARDEN SUBURBS AND GARDEN CITIES.

To the Editors of THE LANCET.

SIRS,—I hope you will be kind enough to allow me to correct one or two points of detail in the most interesting and sympathetic article on Garden Suburbs and Garden Cities in THE LANCET of June 8th, which has only recently been brought to my notice. The writer states that the Hampstead Tenants Society has bought the Hampstead Garden Suburb, but, as a matter of fact, the Tenants Society is a subordinate society leasing land for cottage property from the Garden Suburb Trust, just as a similar society, the Garden City Tenants, does at Letchworth. Garden city and suburb companies do not as a rule build themselves but content themselves with owning and laying out the land, and therefore these societies, often called by their German name of "Societies of Public Utility," coöperate with them by building the smaller houses, or a number of them at least. The houses are built and owned by the society, tenants being encouraged to become members. The return to capital is limited, any surplus going to tenant members. The system permits and encourages the detailed development of the town-planning idea, as it enables groups of houses to be built in relation to each other, with a due proportion of open space and garden. The object of the society is to do the best it can for the tenants, not to make the greatest return to capital. It is the Hampstead Tenants, Ltd., which recently started building operations, when Mrs. Barnett kindly cut the first sod.

These societies, which are developing throughout the country, both in connexion with larger schemes, as at Hampstead, Letchworth, and Wolverhampton, and independently, as at Ealing, Oldham, and Sevenoaks, are united in the Co-partnership Tenants Housing Council, which is the propagandist association for this part of the movement. May I add that I was especially glad to know that your article laid emphasis on the importance of the agricultural belt at Letchworth? This is, to my mind, the essential point in any garden city scheme, as distinguished from a garden suburb. The price of land puts it beyond the scope of privately started garden suburbs, but is it too much to hope that town-planning, when it becomes general, will involve a limit and a carefully preserved agricultural belt beyond that limit? Are our town areas to be allowed to cover the country and run into each other indefinitely, so that the real country becomes more and more unapproachable? I would suggest that agricultural belts will be a necessity if we wish to preserve the health and vigour of our population.

I am, Sirs, yours faithfully,

SYBELLA GURNEY,
Hon. Sec., Co-partnership Tenants Housing Council.
Bloomsbury-square, W.C., June 22nd, 1907.

THE COUNCIL ELECTION AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editors of THE LANCET.

SIRS,—I have had several inquiries from Fellows of the College as to which of the candidates at this election are in favour of some reform in the direction of giving the Members reasonable representation. I have not been in communication with any of these gentlemen, and do not know their views, with the exception of one—Mr. W. Bruce Clarke—who

has frequently spoken and written in favour of this reform. I have therefore advised my correspondents to vote for him, and would urge all other liberal-minded Fellows to do the same.

I am, Sirs, yours faithfully,

W. G. DICKINSON,
Hon. Sec., Society of Members of the Royal College
of Surgeons of England.
June 24th, 1907.

SOME PHYSIOLOGICAL EFFECTS OF HIGH-FREQUENCY CURRENTS IN DISEASE.

To the Editors of THE LANCET.

SIRS,—With reference to Dr. S. Sloan's interesting article which appeared in THE LANCET of June 8th, p. 1557, entitled "Some Physiological Effects of High-frequency Currents in Disease," it appears to me highly desirable that further particulars should be given respecting his apparatus, for without these it is impossible to conclude whether some of his deductions are correct and his conclusions valid in so far as the application of these high potential currents is concerned. It is all the more necessary that these particulars should be supplied in view of the queries he himself has raised, apart from his desire to have a scientific commission appointed to investigate the whole subject. It is more on the physical than the physiological aspects of his paper that I should like to comment, it being self-evident that the trustworthiness of the latter depends upon the accuracy of the former.

The following are the points upon which I would like to have a reply from Dr. Sloan: (1) What are the voltage and ampère taken from the mains or source of supply on the primary side of the apparatus? (2) What are the voltage and maximum ampère of the apparatus? (3) How is the external circuit connected to the apparatus? (4) Is it in series or parallel? (5) How is the earth circuit connected with the apparatus? (6) In what part of the external circuit is the earth connexion made?

I am, Sirs, yours faithfully,

J. CUNNINGHAM BOWIE, M.B. Glasg.
Cardiff, June 18th, 1907.

THE REDUCTION OF DISLOCATION OF THE THUMB.

To the Editors of THE LANCET.

SIRS,—I should like to draw attention to what I believe to be an improved method of reducing the usual dislocation of the thumb. A few days ago, having failed to reduce a dislocation of the thumb by the ordinary method as described by Rose and Carless, 1902 edition, and in view of the fact that they state that the tension of the flexor longus is one of the chief hindrances to reduction, I made a further attempt at reduction *with the wrist completely flexed* and I applied the two half hitches of bandage, with which I grasped the thumb to the first phalanx so as to allow the *second phalanx to flex* and so still further relax the flexor longus tendon. I then pressed the metacarpal bone firmly into the palm of the hand to relax the short flexor; having thus relaxed all the muscles that were opposing reduction I then made traction in the usual way, first backwards, and by the time I had got the thumb straight the dislocation was reduced. Of course, it may have been a pure coincidence and have nothing to do with the relaxation of the flexors and I am sending you this letter in the hope that others may test the value of the method.

I am, Sirs, yours faithfully,

LESLIE B. BURNETT.
Oxford East, Canterbury, New Zealand, May 7th, 1907.

NOTIFICATION OF BIRTHS BILL.

To the Editors of THE LANCET.

SIRS,—I venture to point out that an amendment in the report stage of this important Bill would be of threefold advantage. According to the present wording it is laid down that notification must be made to the medical officer of health for the district; the altered wording I would suggest is that "notification should be made to the local supervising authority under the Midwives Act in England and Wales, and in Scotland to the local sanitary authority under the Public Health (Scotland) Act, there being no local supervising authority in Scotland."