

this form of treatment in a much-read daily paper, such facts as those given in the Archives of the Middlesex Hospital, as well as those published by Dr. Morton and Mr. Jones and myself, are really of public as well as professional interest.

I am, Sirs, yours faithfully,  
Harley-street, W., Sept. 28th, 1907. FRED. C. WALLIS.

## ACTINOMYCOSIS.

To the Editors of THE LANCET.

SIRS,—Reports sent into the Dublin public health committee during the past month state that a certain amount of flesh meat has been destroyed as unfit for food owing to the presence of actinomycosis. It is also known that a considerable amount of an affection colloquially called "wooden tongue," which is really a form of actinomycosis, prevails amongst dairy cattle both in Ireland and England. In view of this prevalence of the disease and of the fact that the actinomyces or ray fungus so readily finds its way into the respiratory and intestinal tracts, I suggest the necessity for bearing in mind this parasite when confronted with obscure pulmonary or abdominal lesions.

Several cases have lately come under my observation in which the physical signs of broncho-pneumonia were present, but the dulness instead of being patchy was uniform and the temperature abnormally high. These terminated fatally within a few weeks and were certified as due to acute tuberculosis, but more recent inquiries suggest that they may have been actinomycosis of the lungs. Certainly the clinical picture was most unlike phthisis, and the parties had nearly all some business connexion with cattle, but the suspicion did not arise in time for microscopical examination.—I am, Sirs, yours faithfully,

J. C. MCWALTER, M.A., F.F.P.S. Glasg., M.D. Brux.  
Dublin, Sept. 28th, 1907.

## DISEASE IN ASSAM.

To the Editors of THE LANCET.

SIRS,—In December, 1904, you were good enough to publish a letter I wrote in which I drew attention to the absence of cancer in Assam. As this statement has never been commented on as being incorrect I presume my experience is not unique. Since that letter was written I have still to experience my first case of that disease. Mr. R. W. Murray's letter in THE LANCET of August 17th on the subject of the distribution of hernia now reminds me that I have never, so far as I can remember, been called upon to treat this condition in an adult. Among other conditions that are very infrequently seen I may mention appendicitis, purulent effusions in the thorax, and "rusty" sputum in pneumonia. The last disease is very common indeed, and in most of our native hospitals there is generally a case. It often assumes almost an epidemic form at times.

I am, Sirs, yours faithfully,  
DENNY J. DRAKE,  
Medical Officer, Teypur Medical Association.

Assam, Sept. 6th, 1907.

## ETHER ANÆSTHESIA BY THE OPEN METHOD.

To the Editors of THE LANCET.

SIRS,—During the past three months I have been making an extended trial of the administration of ether by the open method. I am bound to admit that though perfectly well aware that this was the one in use in the United States of America and in Canada I did not consider it likely that its results would bear comparison with those produced in England by the closed methods in vogue for the past 30 years. I have now, however, to record that the type of anæsthesia induced by the employment of ether vapour without re-breathing into a bag has in this trial proved much superior to that yielded by any other method or anæsthetic with which I have previously been acquainted. Under the open method the secretion of mucus is decidedly less, laboured breathing and strong abdominal movement are replaced by a type of respiration which, though free and audible, does not involve an ample excursion of the abdominal wall and is well suited for operations upon that region, the tendency to venous congestion is abolished, and the after-sickness is less both in frequency and duration.

These differences in the effects of ether on an open mask

as compared with its administration by closed methods allow full advantage to be taken of its most valuable quality, to which I have often drawn attention—namely, that it more perfectly blunts the passage of nerve stimuli than any other anæsthetic and thereby abrogates the occurrence of the reflex laryngeal spasm which proves so troublesome a complication at certain stages of the operation under chloroform and its mixtures. Not only can adults be satisfactorily anæsthetised *ab initio* when required by ether on an open mask without undue delay, but there can be no question as to the very great safety of the method when proper precautions are taken to prevent exposure to cold nor as to the ease and simplicity with which anæsthesia may be maintained.

I am, Sirs, yours faithfully,  
Harley-street, W., Sept. 30th, 1907. H. BELLAMY GARDNER.

## TREATMENT OF DIPHTHERIA.

To the Editors of THE LANCET.

SIRS,—My attention has only just been drawn to an article by Dr. C. Bolton, published in THE LANCET of Feb. 3rd, 1906, in which I am quoted as advocating repeated washing out of the stomach for post-diphtheritic vomiting. I wish, even at this late date, to protest against the suggestion that I ever either practised or recommended a proceeding at once so dangerous, so futile, and so utterly at variance with all that I believe to be correct in the treatment of this most interesting condition. If readers who are interested in this subject will refer to my one publication thereon, in the St. Bartholomew's Hospital Reports of 1904, they will see that I regard the symptoms characteristic of what I have called the early post-diphtheritic condition, symptoms not only gastric but cardiac and renal, as dependent primarily on excessive irritability of the bulbar nuclei, to be treated by measures directed to the nervous system alone, and not to the stomach. I consider the vomiting in particular to be purely nervous, produced by any undue stimulation, but with almost absolute certainty by those impulses reaching the medulla from the irritated fauces, and excited by the act of deglutition. I therefore recommend, and practise with success, feeding at long intervals in considerable quantity with a good-sized œsophageal tube, whereby food is only introduced after the effect of the unavoidable stimulus has passed off. With this I combine enemata, and massive doses of belladonna with bromide, strychnine being at this stage sedulously avoided. At the most the stomach may be washed out once only, very cautiously, if it contain much mucus, and as a preliminary to tube feeding. I may add that further experience has fully confirmed my belief in the efficacy of the above methods, as also of the use of vaso-dilators mentioned in my paper for so-called cardiac crises or cardiac paralysis, which I believe to be neither cardiac nor paralysis, but primarily vaso-motor spasm. It happens that I am just preparing a supplementary paper on this subject. I cannot conclude without expressing how much I am indebted to Dr. Bolton for his admirable work on the medulla, work which seems to me to confirm the ideas herein expressed.

I am, Sirs, yours faithfully,  
Chichester, Sept. 30th, 1907. G. C. GARRATT.

## SOME PHYSIOLOGICAL EFFECTS OF HIGH-FREQUENCY CURRENTS IN DISEASE.

To the Editors of THE LANCET.

SIRS,—In answer to Dr. S. Sloan's letter in your issue of Sept. 28th, p. 920, I regret that he should crave to be exonerated from a self-sought task. Dr. Sloan does not improve his position by a partial re-statement of his case. For him to hold that high-frequency currents cannot be accurately computed and verified by practical tests is sufficient in itself to invalidate his own conclusions.

In the first instance I deemed it prudent to ascertain from him the actual data under which he carried out his experiments, in order that I might show not merely from a theoretical but from a practical standpoint, first that resistance does not cause a fall in the potential of a circuit or annul voltage; secondly, that while experimenting his patients were being subjected to little or no current. I have not dogmatised as Dr. Sloan asserts, and it is merely my sense of modesty which has hitherto restrained and even