may also be used to relieve the itching which may occur in other skin
diseases, e.g. scabies, pruritus, etc.

C. E. P.

1911).—The writer records nine cases of nocturnal enuresis cured by injec­
tion of normal serum. The technique is as follows:—With tincture of
iodine mark two spots on the perineum 1 to 2 centimetres on either side of
the bulbar prominence and midway between the anus and commence­
ment of the scrotum; at each point inject 80 grammes of normal serum
into the subcutaneous tissues. The injection should be made rapidly,
in order to prevent the fluid from diffusing into the cellular tissues. Some
headache and pyrexia are noticed after the injection, but these pass
off within twenty-four hours.

Four cases were cured after a single injection each, two others required
two injections, and three were only cured after repeated injections.

C. E. P.

Strength of the Salt Solution used for Intravenous Injection
of Salvarsan.—(Deutsch. med. Woch., March 23rd, 1911.) Marschalko
came to the conclusion that when salvarsan is dissolved in normal salt
solution and the solution of caustic soda is subsequently added, the result
is to form a strongly hypertonic solution, and that the unpleasant sequelae,
which not infrequently follow an intravenous injection of salvarsan are
in reality due to the hypertonic solution. To test the correctness of
his views he tried dissolving the salvarsan in a solution containing only
0·6 to 0·4 per cent. of sodium chloride, instead of the customary 0·9
per cent. In forty cases in which this solution was employed, the results
were most satisfactory.

C. E. P.

Correspondence.

ETHER IN THE TROPICS.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

SIR,—May I add my testimony to the possibility of using ether
satisfactorily in the tropics by means of Clover’s inhaler?

During my tour at Sierra Leone a considerable number of operations
were done, and the anaesthetic almost invariably used was ether.

It was noticed that the patients went under more rapidly than at
home.

As regards the apparatus, I have found that many young officers do
not understand its workings, and from this cause they prefer to give
chloroform.

After they have successfully given ether two or three times, they very
seldom elect to go back to chloroform. Unless gas is available, I always
start with chloroform.

Bags are now supplied made of a substance called Pegamoid and are
practically everlasting. (I have seen a pig's bladder made use of for over twelve months, instead of the rubber one, and it acts quite satisfactorily). The rubber cushions of the face-piece are made of stronger material and do not give much trouble as a rule.

I am, &c.,

F. J. W. PORTER,
Major, R.A.M.C.

The Alexandra Hospital, Cosham, Hants.

April 12th, 1911.

RESISTANT FORMS OF TREPONEMA PALLIDUM—A SUGGESTION.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

DEAR SIR,—I have read with profit the paper on the use of salvarsan in syphilis, contributed to the April number of your Journal, by Major Gibbard, Captain Harrison and Lieutenant Cane.

Amongst the reasons they give as possible explanations of relapse cases after intravenous injection, there is one which specially excites my interest at present, namely (b) "a developmental stage exists in which the parasites are always resistant (analogous to spore formation in some bacteria)." This suggestion, I venture to think, is probably the correct one, in view of what I have recently discovered as regards granule-shedding in the case of our spirochete of Sudanese fowls. I believe most, if not all, the pathogenic spirochætes will be found to present this phenomenon, both naturally at the crisis (in spirochetal diseases which present a crisis), and when subjected to the action of such a drug as salvarsan. I have already found the granules of Sp. granulosa penetrans to be resistant, and the fact that their staining affinities are peculiar may perhaps be explained on the supposition that they are of a "spore" nature, and hence require special staining methods. In this connection, reference may be made to a paper by Bosanquet on Sp. anodontæ and a most suggestive article on spirochete morphology and classification by Dobell. I think if the authors of the paper on salvarsan in syphilis were to employ the dark-field method of examination, they might obtain light

1 A. Balfour (April 1st, 1911), "The Infective Granule in certain Protozoal Infections, as Illustrated by the Spirochætosis of Sudanese Fowls." British Medical Journal.
