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etc., suffering from any form of neuro-syphilis." This hopeful conclusion may have been written several years ago, but during the last few years cases of G.P.I. who contracted syphilis during the war have been more than plentiful, and in many cases an adequate course of anti-specific treatment was given in the primary stage.

Malaria is one of the greatest advances in the treatment of G.P.I., and it is generally agreed that malaria plus tryparsamide or some other arsenical is more efficacious than malaria alone. After eleven years of malaria therapy in England no therapeutic agent has been discovered which might seriously challenge the use of malaria.

The importance of treating cases of G.P.I. in the earliest stage cannot be stressed too often, and the patient is indeed fortunate who comes under the care of a skilled physician who can diagnose G.P.I. in the early stages.

Yours faithfully,

W. D. NICOL, M.R.C.P.(Lond.).

To the Editors of

THE BRITISH JOURNAL OF VENEREAL DISEASES.

The Editors, BRITISH JOURNAL OF VENEREAL DISEASES.

GENTLEMEN,—I have read Dr. Fitzgerald's article with much interest. I find myself in agreement with what he says. I do not think there are any special criticisms to offer. In any case, my experience here is too limited, although we have had a certain number of cases of general paralysis of the insane. I feel sure that he is right in what he says; for example, about the falling off of cases having set in before malarial therapy was introduced. We certainly have had a smaller number of admissions.

I think most people will agree with what he says also in regard to the need of antisyphilitic measures being utilised in addition to malaria being induced; for example, we have used such things as Donovan's solution and N.A.B.

I doubt if it is possible yet to say that a cure has been discovered; one is always chary of giving an optimistic prognosis. I suppose it is the usual thing, different cases reacting differently to the same treatment. I think that prophylaxis is the thing to be aimed at, and there seems to be hope of this in the extension of the work of the V.D. clinics.

Of course, the Mental Treatment Act has not made the same amount of difference as far as we are concerned here, as we take only private patients and we have been in a position to take voluntary patients for treatment for many years; whereas this has been possible in the public mental hospitals only since the new Act.

I do think it is a valuable paper and I am obliged to you for sending it to me.

Yours sincerely,

HUBERT J. NORMAN.

CAMBERWELL HOUSE,
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13th July, 1934.