with these single fibres alone, in order to detect the very
minute changes in sensation which occur in leprosy.

A feather, light as it is, is much too heavy an object to
use. A piece of paper is useless, for it creates a sound
besides being too stiff. With cotton wool the slightest
changes become apparent. The amount of pressure employed
can be varied within wide limits, and can be used to
determine the depth of anaesthesia. Tapping the skin with
the firmer portion of the wool is often of value.

**Thumbs.** For some reason or other, the thumbs of
natives are curiously insensitive, and the determination of
anaesthesia in these parts presents the greatest difficulty, and
since the radial nerve is almost as frequently affected as
the ulnar, the thumb is a matter of importance.

**Dorsum of Foot.** This area is very similar to the thumb
in this respect, but the thin skin at the base of the toes is
generally extremely sensitive, and is much more useful in the
determination of anaesthesia than the dorsum.

Changes in sensation often precede changes in pigmentation,
and can be readily ascertained by the cotton wool
method, but they require a great deal of time and patience.

At this hospital it is not possible to get ice-cold water,
so that changes to heat and cold cannot be ascertained.

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**A Note on Intradermal Injections**

**B. Moiser.**

The use of short needles has been given a good trial
here over several years, but has now been discarded on
account of leakage, and also on account of the objections
raised by the patients to the multiple punctures.

Instead, an ordinary No. 23 needle is used, the skin is
pinched up into a mound, and the needle introduced once
only, the point being pushed into various parts of the corium
from the interior. The point of the needle can be felt by the
pinching thumb and finger, and can be adjusted to a nicety.
Leakage is reduced to a minimum, the preparation is dis-
tributed into the skin over quite a large area, and the patients
do not object.

Care is necessary not to push the needle through the
skin, and so puncture the operator’s own finger or thumb.
It is advisable to point the needle towards the space between
finger and thumb.