day, to either increase or lessen the dose. If these views are carried out, the danger of scarlet fever will be reduced to a minimum, and those troublesome sequelæ, the dread hitherto of the practitioner, will rarely make their appearance.

I am, Sirs, yours, &c.,

ARTHUR WIGLESWORTH, L.R.C.P.L., &c.

Liverpool, Sept. 1887.

"THE DURATION OF SCARLET FEVER INFECTION."

To the Editors of THE LANCET.

SIRS,—Your annotation under the above heading in THE LANCET of Oct. 1st calls attention to a subject of great practical importance. The almost universally received opinion is that the infection lasts as long as desquamation continues, and that isolation of the patient is therefore necessary until the completion of that process. No doubt this was the correct and necessary practice in times past, but I question its necessity where the practice of disinfecting the patient's skin is thoroughly carried out. Unquestionably, the desquamating cuticle retains the infection longer than perhaps any other part of the body, but I have for a long time felt that if the skin is thoroughly anointed with carbolic or other disinfecting oil from an early period of the disease, and a daily bath containing some disinfectant be given as soon as the patient's condition will allow, he may with perfect safety be permitted to mix with others, even while peeling is actively going on. Acting on this belief, I have for some time back been in the habit of shortening the period of isolation without any evil result; and if this practice should, by a more extended experience, prove to be safe, the present congested condition of the hospitals of the Metropolitan Asylums Board might be much relieved.

I am, Sirs, yours faithfully,

Ludlow, Oct. 1st, 1887.

MARK LONG, M.D.

JAMBUL IN DIABETES.

To the Editors of THE LANCET.

SIRS,—Since the publication of an abstract of my lectures on New Drugs in THE LANCET of Sept. 24th I have had many inquiries relative to my experience of jambul in diabetes. Would you permit me to answer them briefly in your columns?

First and foremost, the reason why I did not include jambul in my series was, not that I had found it *useless*, but that I was at the time of lecturing still accumulating results before pronouncing a definite opinion upon the drug. My experience is limited to surgical cases seen at the London and St. Peter's Hospital. They are as follows.

Diabetes insipidus.—No diminution of the urine with jambul.

Diabetes mellitus.—Cases presenting themselves with sloughing ulcers of diabetic origin, or accidental wounds in diabetics, refusing to heal under any application or treatment, gave these results: Water diminished; sugar decreased; ulcers filling in and wounds granulating and healing with surprising rapidity. Dose, $2\frac{1}{2}$ gr. to 5 gr. in perles thrice a day after food.

One case in point may be mentioned. A diabetic of eighteen months' standing, who had been lately under strict diabetic regimen and treatment, applied to me for relief of rapidly increasing sloughy ulcers of leg and thigh. These ulcers caused great pain. The patient stated that he filled a full-sized zinc pail with urine every night, and although he did not measure his urine in the day, he believed it was even greater in quantity. In one week with jambul ($2\frac{1}{2}$ gr. thrice daily) the urine diminished to one-half the quantity, and some of the deepest ulcers had filled up and skinned over. Few cases have impressed me so much with the value of jambul in diabetic ulceration as this.

I would seize this opportunity of saying that the New Therapeutical Society will be doing invaluable work if it devote some of its attention to the careful investigation and honest criticism of new drugs and remedies. Systematic and collective experience from the London hospitals alone would suffice in a few weeks to indicate worth, and to detect and reject much of the trash which is to be found in the mass of new remedies at present before the profession.

I remain, Sirs, yours truly,

Old Burlington-street.

E. HURRY FENWICK.

"GAMALIEL IN WHITEHALL."

To the Editors of THE LANCET.

SIRS,—I have read your article of last week on Mr. Slater-Booth's (I beg Lord Basing's pardon—"the king can do no wrong") invitation to the medical profession to disband themselves and to mistrust one another while trying to combat disease and death. You mention, without comment, Lord Basing's sneer at "Gamaliel in Whitehall." May I point out that a Hampshire squire might have read his Scriptures to the extent of learning what Gamaliel's teaching really was: "Let them alone," he says of those expounding truths which were new and possibly inconvenient to himself; "for if this counsel or this work be of men, it will come to nought; but if it be of God, ye cannot overthrow it." This would look like sensible advice—proceeding, indeed, upon the very lines that are commonly followed by the medical profession. It seems also to have come from a man who knew how to value facts above opinions, not from one who sought to decry advancing knowledge under cover of a hearsay phrase. I could wish it had been Lord Gamaliel, who addressed the Sanitary Institute.

I am, Sirs, your obedient servant,

Oct. 3rd, 1887.

WHITEHALL.

HEMIPLEGIA DURING THE PUERPERIUM.

To the Editors of THE LANCET.

SIRS,—In a conversation to-day with Dr. Finlayson regarding the case of hemiplegia during the puerperium, which is reported in the present issue of THE LANCET, he informed me that two apparently similar cases—that is of puerperal cerebral embolism without cardiac valvular disease—had been reported by himself. I find, on turning to the *Obstetrical Journal*, vol. vii., p. 666, that this is so, and that I have been wrong in supposing that my case was the first of the kind reported. Apart from the desire to correct this mistake, I am anxious, by referring to these cases of Dr. Finlayson's, to draw the attention of obstetricians further to this affection, which seems more common than is generally supposed; and it would be interesting to know to what extent such cases have occurred in the experience of your readers, or in the experience of others whose records they may have seen.

I am, Sirs, yours faithfully,

Newton-terrace, Glasgow, Oct. 1st, 1887.

SAMUEL SLOAN.

ACCOMMODATION FOR INFECTIOUS CASES: A SUGGESTION.

To the Editors of THE LANCET.

SIRS,—While there are to-day only eight beds in the fever hospitals available to meet the present epidemic, there are literally hundreds of beds standing empty at the general hospitals—two hundred at Guy's alone. If Guy's, for instance, would contract with the Asylums Board to take the enteric cases, that would relieve about a hundred beds. It would be thought undesirable to admit scarlet fever to special wards in general hospitals, but two of those with beds closed might combine, and, putting all their cases in one hospital, let the other to the Asylums Board. Anything is better than leaving the cases in their own homes, putting the unfortunate children in draughty sheds in November, or sending out the convalescents before they cease to be dangerous.

I am, Sirs, yours &c.,

October 6th, 1887.

X. Y. Z.

THE DRAINAGE OF BEXLEY HEATH.

To the Editors of THE LANCET.

SIRS,—A short time ago I came to this healthily situated place, and was surprised to see how sickly the children and people looked after seeing those at Putney, the place I had been living in. I now attribute it to the want of drainage. Here is a place of several thousand inhabitants using cess-pools which drain through the soil into one another: the old garden closets would be perfect safety in comparison. Close to me there is a valley, and in its sides are seen the blackish leakage ultimately on its way to the Thames. Wells must also receive their share. The main drains of London are not far from us, and yet we will not