simple contrivance, as he was able to take a fair amount of liquid nourishment without exciting the paroxysms of coughing which had previously so distressed him.

I am, Sirs, yours obediently,

F. DE HAVILLAND HALL.

Wimpole-street, W., Jan. 24th, 1889.

SACCHARIN.

To the Editors of THE LANCET.

SIRS,—Having now constantly, I may say daily, prescribed this agent for some time before I first wrote on its uses, over a year since, and as much has been recently written and asserted of its action, therapeutically and dietetically, a few lines, detailing my individual experience of its dietetic and pharmaceutical value, may not be out of place.

I may first say that I have never known of any injurious effects follow its exhibition, though I have had and still have several patients who have substituted it for sugar altogether in their food. Nor have I any reason to suspect that its therapeutical, or rather pharmaceutical, use has disagreed with patients, or influenced the action of the drugs it was combined with. I have employed it largely in gouty, diabetic, glycosuric, and corpulent cases. It has taken the place of sugar in the form of elixir in the administration of a number of drugs when prescribed in the fluid state, while I constantly order it in powders in the solid.

The great mistake I find generally made with all preparations of saccharin, is that the intensely sweetening property of saccharin is overlooked, and too much is used both for purposes of diet, as when it is added to tea or coffee, and pharmaceutically, when it is prescribed for rendering palatable mixtures, powders, &c. Also, the intense *first effect* on the palate of saccharin is not remembered, so different in this respect from sugar, which, if it be taken with the latter, it completely disguises. It is true that some persons dislike, not alone the first effect of saccharin, but the “staying power” it exerts on the mouth and taste for a little time after it is used. Caution has therefore to be exercised in prescribing it in the first instance, and these effects should be pointed out to the patient, and the minimum quantity allowed, erring on the side of too little rather than too much. It is the exception that any special objection is expressed to its employment. I have had no unpleasant effects on the stomach or otherwise in my patients.

I may mention some of the drugs that I have found saccharin useful in disguising the taste of: quinine, muriated tincture of iron, antipyrin, salicylate of soda, salicin, the oils of copaiba and santal (either of these oils emulsified by the compound powder of almonds, in which the acacia has been increased by 25 per cent., and the sugar replaced by an equivalent of saccharin, form a mixture that is comparatively palatable, and, owing to the antiseptic property of the saccharin, it keeps much longer than one made in any other way; its utility in emulsions as a preservative is very great, and is noteworthy in the case of cod-liver oil (which has hitherto given much trouble), guaiacum, hydrastis, cascara sagrada, and chloride of ammonium. But in an infinite variety of forms the elixir of saccharin will be found of use in prescribing.

A patient of mine, some time since, was quite indignant with an eminent authority who rigidly forbade sugar in his diet, yet prescribed compound powder of liquorice to be taken nightly as an aperient. The patient grew inquisitive as to the composition of the powder, and was surprised, on inquiry of his chemist, to find that it contained a fair proportion of sugar. I have had several times saccharin substituted, so as to avoid this ingredient.

Sugar of milk and compound tragacanth powder are useful media for diluting saccharin powders. The soluble saccharin requires very little carbonate of soda to be added for solvent purposes. With granular effervescent preparations the granular saccharin or a few drops of the elixir combine well. I have used saccharin in some cases of chronic vesical catarrh, for washing out the bladder, but not with any marked benefit. Wishing for a palatable biscuit in some cases of diabetes, I had such a biscuit made by Mr. Benson, of Great Portland-street, containing gluten flour 11.5 grms., butter 2.75 grms., eggs 8.5 grms., and saccharin 0.01625 grm. in each biscuit, and a second formula with 1.5 of peptone of beef added to each biscuit, rendering

the biscuit equal to its own weight of lean meat. These will be found admirable for business men suffering from diabetes. There is a third formula in which bran, freed from starch, replaces half the gluten. Desiring a useful alkaline lozenge that might be prescribed in irritable states of the throat, Mr. Benson, at my suggestion, has succeeded in giving me a hard lozenge, to the efficacy of which I can bear testimony. Each lozenge contains calcii chlorid. and magnes., of each $\frac{1}{8}$ gr.; sodii bromid., pot. chlorat. boracis, of each $\frac{1}{2}$ gr.; calcii carb., mag. carb., sodii bicarb., of each 2 gr; saccharin, $\frac{1}{16}$ gr. This lozenge is not disagreeable to suck, and has a decidedly soothing effect on the mucous membrane.

Trusting that these few observations on saccharin may not be amiss, I remain, Sirs, yours faithfully,

Jan. 1889.

H. MACNAUGHTON JONES, M.D., &c.

MEASLES AND THE METROPOLITAN ASYLUMS BOARD.

To the Editors of THE LANCET.

SIRS,—As there is at present some hope that the managers of the Metropolitan Asylums Board will obtain powers to open their hospitals for the admission of cases of measles, it is perhaps desirable to bring before the public some of the advantages that would accrue if this plan were carried out. One or two practical points have been especially forced on my attention during the present epidemic, which indicate, I think, the great need there is for some hospital to open its doors for the admission of these cases. The most difficult cases to deal with are severe forms of purulent conjunctivitis, occurring in the overcrowded and dirty rooms of the poor. Here good and intelligent nursing is everything; often the sight, consequently the future of the child, trembles in the balance; but alas! perhaps, the mother goes out to work and leaves the medicine with a neighbour, who is asked to run in every three or four hours to administer it, and the eyes are left to take care of themselves. What can the busy practitioner do? No hospital will admit the case because of infection, and therefore to save the sight he must act both as nurse and doctor. I am certain that many eyes would be saved if the managers of the Metropolitan Asylums Board would admit these cases to their hospitals. Another result of neglected measles, met with in the same class of cases, is the loss of hearing that occurs in several children. What a boon it would be if it were possible to remove severe cases of measles complicated with broncho-pneumonia, or where there exists overcrowding and insanitary surroundings. It must never be forgotten that different epidemics of measles differ very widely in their severity; hundreds of children are attended to by their mothers, who usually prescribe “saffron-and-brandy”; they often do well, and a medical man is never called in. For this reason, I do not think the Metropolitan Asylums Board can ever hope to cope with measles as they do so well and efficiently with scarlet fever. There will always be many hidden and unknown centres of infection in our midst. But the good they would do by admitting severe cases such as I have mentioned would be immeasurable, and not only would save many a life, but, above all, would rescue many a child from a life of misery and helplessness.

I am, Sirs, yours faithfully,

Horselydown, S.E., Jan. 1889. FALLON PERCY WIGHTWICK.

DURATION OF INCUBATION AND CONTAGIOUSNESS.

To the Editors of THE LANCET.

SIRS,—Your annotation at p. 184 of last week's number opportunely calls attention to the appeal of the Clinical Society for further facts on the periods of infection in the more common communicable fevers. The Epidemiological Society first took up this subject, and it was in support of facts there brought forward that Dr. Murchison's contribution to the Clinical Society was made. Till then my own observations, published in 1873, had little to support them but some remarks by Trousseau and a paper by Dr. Gregory during the cholera epidemic of 1833. Since reprinting these observations on “The Periods of Infection in Epidemic Diseases,” about a year ago, some notices of this essay