poisoning followed the rectal injection of 50 grammes of bismuth subnitrate in 400 cubic centimetres of oil of sesame.⁴ These and other cases show that toxic effects from bismuth subnitrate may be due to absorption not of bismuth but of nitrites. The liberation of nitrites appears to be due to the action of bacteria in the alimentary canal, especially in the sigmoid flexure and rectum. During the past two years Dr. Beck has treated sinuses extensively by injection of a paste containing 33 per cent. of bismuth subnitrate incorporated in petrolatum.⁵ If the bismuth was not discharged soon after injection he proved by a series of radiograms that it underwent absorption. In no case did he observe symptoms of nitrite poisoning but in many cases he noticed slight lividity of the skin, of the mucous membranes, and a bluish border on the gums. In one case he observed ulceration of the mouth, which has been described by Kocher as characteristic of bismuth poisoning. In another case he injected 720 grammes of the paste into a pleural cavity from which an empyema had been evacuated. The paste was retained for six weeks and then desquamative nephritis and a blue border around the teeth developed. The bismuth paste was withdrawn by injecting olive oil and applying a specially devised suction pump and all the symptoms disappeared. Recently Dr. H. Eggenbergel has reported a fatal case of bismuth intoxication following injection of the sinus of a psoas abscess in a child, aged seven years,⁶ from the clinic of Professor Wilms of Basle. 30 grammes of the paste were injected and retained for six weeks. Stomatitis resembling that due to mercury developed, the pulse rose to 130, and cerebral symptoms like those of uræmia followed. The abscess cavity was evacuated but death occurred a few days later. It thus appears that two forms of poisoning may be produced by bismuth subnitrate—an acute form due to nitrite poisoning and a more chronic form due to bismuth poisoning.

THE ORIGIN OF SYPHILIS AND THE INVENTION OF ITS NAME.

WE have received a reprint of a paper bearing the above title written by Dr. John Knott, which originally appeared in the *New York Medical Journal* of Oct. 31st, 1908. Dr. Knott is well known as a medical antiquarian, and although he advances no new views in the paper before us, yet, as he says in his opening lines, the subject of syphilis is always interesting. In our issue of June 15th, 1907, p. 1666, we commented upon a paper on the Probable Origin of Syphilis in Europe by Dr. L. Bousfield, and as regards Dr. Knott's paper we must say much the same thing as we did concerning Dr. Bousfield's—namely, that the problem of the origin of syphilis is unsolved though not insoluble. Whenever the disease appeared in Europe it does not appear to have been recognised as venereal till 1494; the name syphilis was unborn until 1530, when it appeared as the title of a poem by Frascatorius who was at once poet, philosopher, physician, and mathematician. The close of his poem is an episode modelled on that commencing "Pastor Aristæus," in the fourth Georgic, and relates how Syphilus, a shepherd, was stricken with the disease by the Sun god as a punishment for blasphemy. Dr. Knott concludes his paper by quoting, with approval, some remarks by Mr. Samuel Lane which appeared in our columns some 67 years ago—namely, Nov. 27th, 1841. (Dr. Knott by a slip says that the statement appeared 57 years ago.) Mr. Lane was of opinion, as most observers are nowadays, "that the venereal disease had existed for centuries prior to the siege of Naples not only in South America but in all parts of the world"

and "that the discovery made at this period consisted simply in the recognition of a peculiar animal poison as the cause of various symptoms affecting different tissues of the human body, at considerable intervals of time, which symptoms had not been previously known to have any relation to each other." Dr. Knott adds the fact that a more destructive type of venereal virus tends to develop from inoculation with virus from an individual of remoter race. Hence he says we can understand the rejuvenescence of the disease which, after the discovery of the New World, inspired Frascatorius.

A MEETING of the friends and supporters of the British Medical Benevolent Fund will be held on behalf of the Fund on Tuesday, Feb. 9th, at 5 P.M., in the library of the Royal College of Physicians, Pall Mall East. The chair will be taken by the President, Sir John Tweedy, F.R.C.S. An address will be delivered by the Right Rev. the Lord Bishop of Oxford (son of Sir James Paget, for many years President of the Fund), who will be supported by the Right Hon. the Lord Mayor of London, the President of the Royal College of Physicians of London, and others.

THE Liverpool School of Tropical Medicine informs us that the efforts of the Grecian League against Malaria have had wonderful results in the plain of Marathon which used to be a hotbed of fever. In 1906, 90 per cent. of the cases of sickness were due to malaria. In 1907, after the first efforts of the league, the malaria cases fell to 47 per cent. of all cases of sickness. During last summer, however, usually the most intensely malarious season, the sickness due to malaria fell to only 2 per cent. of the total amount of sickness at Marathon.

A DISCUSSION on Ulcerative Colitis will take place at the next meeting of the Medical Section of the Royal Society of Medicine, to be held on Tuesday, Jan. 26th, at 5.30 P.M. The discussion will be opened by Sir William H. Allchin and statistics of the cases of ulcerative colitis during the past 25 years will be presented from the chief London hospitals.

WE are informed that Dr. Phineas S. Abraham has resigned his appointment of surgeon to the Hospital for Diseases of the Skin, Blackfriars, London.

HOSPITAL WORK IN EGYPT.

BY H. B. DAY, M.D., B.S. LOND.,

MEDICAL REGISTRAR AND TUTOR TO THE EGYPTIAN GOVERNMENT SCHOOL OF MEDICINE.

As a short account of the variety and incidence of disease met with in hospital work in Egypt may be of interest to the practitioner at home and of value to the student of tropical medicine I have obtained permission to publish our experience at Kasr-el-Ainy Hospital, Cairo. This hospital contains over 400 beds and is the seat of the Government School of Medicine. Between 6500 and 7000 patients are annually admitted, the large majority of whom are native Egyptians, fellaheen from the country, together with workmen and artisans from Cairo itself. A number of Soudanese and Berberine residents, with a few Turks, Syrians, and indigent Europeans, also present themselves for treatment. The ratio of male to female patients is three to one, as the women are reluctant to enter hospital and generally refuse to part from their children. Hence the custom is to admit both mother and child in the case of illness of either. Most diseases peculiar to hot climates and all those familiar in England, with the possible exception of scarlet fever, occur among the native population but with different rates of incidence. Three infections—trachoma, ankylostomiasis, and bilharziosis—are so common that few of the fellaheen escape them. The first owes its prevalence to the careless

⁴ Berliner Klinische Wochenschrift, 1906, No. 43, p. 1397.

⁵ THE LANCET, May 9th, 1908, p. 1359.

⁶ Centralblatt für Chirurgie, Oct. 31st, 1908.

indifference of the people to the swarms of flies which settle unmolested on the eyelids of children and adults ; the warm climate and constant irrigation of the land in Lower Egypt favour the propagation of the two worm infections. Hospital statistics afford no reliable index of the incidence of these diseases, since only the worst cases apply for treatment. Of the total number of patients admitted 1850 cases (25 per cent.) were medical, 2630 (37 per cent.) were surgical, and 1400 (20 per cent.) were ophthalmic ; the remainder were distributed among the gynæcological, skin, venereal, and anti-rabic sections.

Medical Section.

In the medical wards diseases peculiar to warm climates account for 31 per cent. of admissions, of which fully half are cases of ankylostoma anæmia. This disease usually attacks the fellah as soon as he begins work in the irrigated fields as a boy, hence the majority of the patients are young adults. The symptoms are those common to all forms of severe anæmia and are often aggravated by the co-existence of pellagra. The position of the various pains in this and other diseases is generally marked by setons or cantery scars, as the native has a firm belief in the virtues of counter-irritation. The routine specific treatment consists in the administration of eucalyptus in doses of 1 to 4 grammes in a chloroform emulsion once or twice a week until all the worms are expelled. Among 660 ankylostoma patients treated here in the last two years the mortality has been 5 per cent.

As might be expected in a land of parasites the ordinary varieties of intestinal worm are of common occurrence with the exception of those derived from the pig, as the flesh of this animal is not eaten by Moslems.

Dysentery is the most common acute infection and last year 100 cases were admitted, of whom 21 died. It appears to be mainly, if not entirely, of the amœbic variety and most cases were seen during the months of August and December, corresponding with the rise and ebb of the Nile. Two at least of the fatal cases died from hepatic abscesses and one from perforation of the colon ; four cases were terminal infections. In addition to the above cases 21 patients were admitted with the diagnosis of liver abscess. Dysentery was actually present in six of these cases and in three others a history of more or less severe intestinal disturbance was obtained. Observations made in 18 cases showed enlargement of the liver upwards in five, downwards in nine, and in both directions in four ; in two the diaphragm was perforated. Two patients who recovered appeared to have a diffuse hepatitis rather than a localised abscess, for no pus could be found on exploration and the symptoms subsided under observation. 15 patients were operated on, with six deaths.

The ordinary exanthemata, with the exception of scarlet fever, are common, but definite statistics are unobtainable. Small-pox and typhus fever are frequently seen, and epidemic outbreaks of relapsing fever periodically occur. The last disease is rarely recognised before the infection of a prison by recent arrivals from a village centre. The uneducated native takes little or no notice of fever, his mind is only troubled by the accompanying constipation. It is only when the patient is under careful medical supervision that the characteristic relapses, which may only last a day or so, arouse suspicion as to the nature of the fever. The incidence of enteric fever among native Egyptians has been disputed, but there can be no doubt that the disease prevails, although to a much less extent than in European residents. Last year 13 patients (12 Egyptians and 1 Greek) were admitted with continued fever which was proved by the clinical course and agglutination test to be enteric. The ages of the patients ranged from 3 to 30 years and they were all admitted between March and November. Only one patient had a relapse and only one—the Greek—died.

Other specific fevers such as pneumonia and rheumatic fever require no special mention, and plague and cholera have been kept at a distance. Short attacks of fever are common and if severe are generally diagnosed dengue, which caused a widespread epidemic in 1906. Longer fevers of indefinite character are also frequent and though occasionally proof of malaria or Malta fever is obtained most cases cannot be so diagnosed and are regarded as forms of para-typhoid infection.

In spite of the constant irrigation of the soil malaria is remarkably uncommon in Lower Egypt and is confined to certain districts, whereas it is very prevalent in the southern

parts of the Soudan. A characteristic attack was shown by only two patients ; in several other suspected cases the blood examination was negative. Confirmatory evidence of the infrequency of this malady is afforded by its rarity among Europeans. Contrasted with this infrequent observation of malaria the prevalence of chronic enlargement of the spleen—generally associated with hepatic disease—is very striking. For the purpose of classification such cases may be grouped under three headings :—

—	Male.	Female.	Total.	Died.	Average age.
(A) Splenomegaly	12	1	13	1	26
(B) Enlargement of liver } and spleen	15	9	24	1	21
(C) Cirrhosis of liver ...	52	16	68	15	32

A spleen large and firm enough to be easily palpable is often found on routine examination of patients admitted for various diseases, such as pellagra and ankylostomiasis, but without any constant association. In the cases tabulated above (Group A) the enlargement of the spleen was greater, reaching nearly to the umbilicus, and was unassociated with other disease. Four recent cases in which the spleen reached beyond the umbilicus were examples of spleno-medullary leukæmia and are not included. In the present group (A) a history of fever was constantly obtained, but in only four instances was it suggestive of malarial infection. Slight fever and a local pain after food, due to peri-splenic adhesions, were the usual symptoms. It is certain that some of these cases (A) were due to hepatic cirrhosis which passed unnoticed. Examination of the blood and splenic puncture failed to show either malarial or Leishman-Donovan parasites. In the great majority of cases enlargement of the spleen was associated with, or dependent upon, gross hepatic disease. For clinical purposes it is useful to recognise in this division the two groups of cases (B) and (C), which, however, represent only successive stages of the same process and not separate morbid entities. Medical advice is seldom sought till ascites develops ; hence the large numbers in group (C). In the absence of etiological proof it is impossible to assign all these cases to the same category. Thus 8 out of the 24 patients in group (B) were under puberty and were possibly examples of congenital syphilis, although in only one instance were confirmatory signs present. The chief facts gathered from an analysis of all the cases may be shortly summarised. The patients came from all parts of Egypt and were all of Egyptian nationality except one Italian who was an alcoholic. The particulars of age and sex are given in the above table. No evidence of any family or village infection could be obtained. The onset of the disease was insidious but usually marked by fever of an irregular type, often accompanied by intestinal disturbances lasting some weeks or months. An accurate account of the early symptoms and the duration of the disease—probably years rather than months—is very difficult to obtain from uneducated patients. Progressive emaciation is a constant symptom, giving the patients a characteristic facies in the later stages of the disease. The development of ascites was commonly followed by disturbance of the general circulation, œdema of the legs, albuminuria, and congestion of the lungs. Hæmatemesis and melæna were very rare symptoms and jaundice was only observed as a terminal event in two cases. In the wards the temperatures of the patients showed irregular oscillations, from 36·5° to 37·5° C. or higher. A few patients had distinct febrile exacerbations lasting one or more days. Most cases with ascites needed tapping, which was repeated on an average every ten days, about eight kilogrammes being withdrawn each time. Talma's operation was performed on two patients with at least temporary benefit.

By the courtesy of Professor A. R. Ferguson I am enabled to give the results of his pathological investigations. The blood shows moderate anæmia with reduction of the leucocytes. The mononuclear cells, especially the larger varieties, are increased at the expense of the polynuclear in uncomplicated cases. Most patients further show an eosinophilia, probably dependent on a concomitant worm infection. In no film of blood taken from the finger or spleen during life nor in any of the organs after death were malarial or Leishman-Donovan parasites found. Post mortem the liver weighed or

an average 1225 grammes and showed a hypertrophic cirrhosis with perihepatitis. The spleen was always enlarged, averaging 940 grammes in weight, and was usually adherent to the parietes. There was no irregular scarring of the liver to suggest syphilis nor any pigmentation of the organs as in malaria.

From the foregoing brief description it is evident that this cirrhosis does not conform to any recognised type. Alcoholism and syphilis can be excluded in nearly all the cases and there is no proof of malaria or kala-azar. Bilharzial cirrhosis of the liver may possibly account for a few, but it was not found in any of those examined post mortem, nor is bilharziosis more prevalent among the subjects of cirrhosis than among other patients. The trend of the evidence, both clinical and pathological, is in favour of a specific infection (probably protozoan) rather than of any dietetic cause. The relationship of this hepatic disease to amœbic infection is at present under investigation.

Tuberculosis is widespread, and both medical and surgical wards receive a large number of cases. The hospital mortality of pulmonary cases is high (35 per cent.) owing to the advanced state of the disease on admission. No case of meningeal tuberculosis was seen, but very few children are brought to hospital for acute diseases. As in all Eastern countries, leprosy is endemic in Egypt but the cases admitted for complications, &c., are too few to permit of analysis. Another class of patient unfamiliar in England are those suffering from snake-bites and scorpion stings or from homicidal poisoning. Arsenic is the favourite drug for the latter purpose as it can easily be obtained as a depilatory; stramonium is often given to stupefy the victims of an intended robbery. Drunkenness is not uncommon among the lower classes, but chronic alcoholism is quite rare in the country districts. Indulgence in hasheesh smoking is widespread but secret, hence cases of acute intoxication are not brought to hospital. Habitues of the drug are apt to develop mania after operation just as alcoholics may show delirium tremens. Dr. J. Warnock of the Government asylum states in his report (1907) that 10·8 per cent. of lunatics admitted were chronic hasheesh smokers.

Among general metabolic diseases diabetes is unusually common; 20 male and eight female cases were under treatment. Gout appears to be almost unknown, but rickets is frequently seen, though not so common a disease as at home. Lardaceous disease is curiously rare considering the prevalence of chronic suppurations. Osteo-arthritis is by no means rare and is relatively more common among the Soudanese than Egyptians. It appears to have been very prevalent in Nubia from the evidence of prehistoric skeletons. Cardiac and renal diseases show approximately the same incidence as in England. The hot summer appears responsible for many cases of heart failure. Arterio-sclerosis is common, probably owing to excessive smoking and the prevalence of syphilis. On the other hand, aneurysm is distinctly rare, only two cases being admitted in the last two years. Respiratory diseases are more common than might be expected: 50 cases of bronchitis and 90 of chronic bronchitis and emphysema were admitted, many of the latter with heart failure. This frequency probably arises from the rapid fall of temperature at sunset, especially in winter, the thin clothing of the peasants and the close atmosphere of their dwellings, for the dry climate is excellent in such diseases if proper precautions be taken.

The chief feature in the incidence of disorders of the digestive organs here is the rarity of many organic diseases common in Europe. Only three cases of peptic ulcer were admitted, of which two were duodenal; all occurred in males. This is more surprising when the prevalence of severe anæmia is remembered. Gastric carcinoma is still rarer, only one doubtful case has been seen in two years. Minor maladies—dyspepsia and diarrhoea—are common. A slight degree of gastric dilatation is frequently present and may be due to the custom of eating one large meal, chiefly vegetable, daily. The Fast of Ramadan, when no food may be eaten or fluid drunk between sunrise and sunset for a month, insures an overfilling of the stomach at the long-deferred meal, and often leads to some permanent dilatation.

The types of liver disease most frequently seen have already been described. Gall-stones are very uncommon, even in the post-mortem and dissecting rooms. Certainly no one can accuse the fellahen women of leading sedentary lives. Jaundice is generally of an infectious nature and is liable to attack the European resident; nine Egyptian cases

were admitted. The incidence of nervous diseases shows certain differences from that in England. Locomotor ataxia, for instance, is rare, for only three Egyptians suffering from this disease were admitted last year. Dr. Warnock reports from the Government asylum that 7 per cent. of the lunatics admitted were cases of general paralysis. No case of chorea or of obvious hysteria was brought to hospital, since these disorders are attributed to demoniacal possession and are therefore considered amenable only to spiritual influences. For these spasmodic affections, including even such diseases as whooping-cough and hydrophobia, appropriate religious exorcisms are practised. Sometimes the experiment of frightening the obsessed individual with a drawn knife is tried in the hope of scaring the evil spirit.

Pellagra occurs in Egypt, as in all countries where maize forms the staple food. Most of the cases (40 in all) were admitted in the spring months, when the eruption is most pronounced, and the majority were also affected with ankylostomiasis. In a few cases the nervous symptoms predominated and one patient had curious attacks of delirium and coma resembling uræmia, from which he recovered. Three cases proved fatal. Pellagra was the cause of insanity in 16 per cent. of the asylum patients.

Surgical Section.

A large proportion (two-fifths) of surgical patients are casualty cases, for burns, fractures, and crushes are frequent accidents amongst a careless people. The number of cases of fracture exceeded 400 and included 49 fractures of the vault and 12 of the base of the skull. Fracture of the ulna has been shown by Professor G. Elliot Smith to be common in prehistoric skeletons, and is frequently seen nowadays, as a consequence of warding off a blow from the heavy staff which most natives carry. The fellah is slow to seek surgical aid, and many cases of injury come to hospital only when gangrene has supervened. Erysipelas is very prone to complicate septic wounds and tetanus is unfortunately common. 15 cases of the latter disease were treated, with but three recoveries. The incidence of surgical disease differs from that at home, owing to the prevalence of bilharziosis, urinary calculus, and hydrocele, and the rarity of glandular carcinoma and appendicitis. Although many cases of bilharziosis are seen in the medical wards, more patients are transferred or admitted directly to the surgical side. The varied symptomatology of this common infection depends primarily on the situation and extent of the areas infiltrated with ova by the adult worms which infest the tributaries of the portal vein and are enabled by the numerous anastomosing channels to reach neighbouring parts about the pelvis. The following table shows the clinical distribution of bilharzial lesions in 206 patients admitted for various manifestations of the disease:—

—	Male.	Female.	Total.	Deaths.
Bladder	49	11	60	8
Large intestine	52	3	55	8
Bladder and intestine ...	17	2	19	4
Prostate	2	—	2	—
Urethra and penis	58	—	58	7
Vagina	—	1	1	—
Perineum	11	—	11	—
Total	189	17	206	27

These figures serve to show the various sites of the parasitic lesions but they do not bring out the real incidence of the disease nor its true proportionate distribution in the body. Bilharziosis of the bladder is so common among the fellahen that the minor symptoms—pain and hæmaturia—occasion no complaint. Only the worst cases, therefore—those complicated by stone, septic cystitis, or anæmia—are admitted and the deaths in all cases were due to septic involvement of the kidneys or to general septicæmia. The large intestine is more commonly involved than appears on casual investigation, since the signs are by no means so definite. The symptoms vary from a chronic diarrhoea to a severe colitis. It may be stated that a discharge of blood and pus in the stools lasting over six months is highly suggestive of bilharziosis. The diagnosis cannot always be made by feeling polypoid growths on rectal examination since the disease may lie high up, in the sigmoid flexure or colon; a

microscopic examination of the stools for ova is then necessary. Bilharziosis of the urethra or adjoining structures is much more likely to come early under observation, since it generally leads to obstruction of the urethra, often with the development of fistulæ. In some extensive cases a pseudo-elephantiasis of the penis was induced. Stricture of the urethra in Egypt is almost entirely bilharzial and not gonorrhœal in origin, in spite of the prevalence of the latter disease.

Under the heading Perineal are included cases of bilharzial deposits in the perineum and ischio-rectal fossæ unconnected with mucous surfaces. It is the form of the disease most amenable to surgical treatment. The comparative rarity of the peculiar peri-portal cirrhosis caused by bilharziosis has already been mentioned. No case was encountered last year and but one in the first six months of the present year (1908). Lateral spined ova were, however, found not infrequently in the stools of patients, though never in the urine. Although no exact figures can be given in the clinical table, pathological evidence shows that the ureters may be attacked by bilharziosis without any obvious bladder infection. It is highly probable that the prevalence of renal colic (17 cases) and hydronephrosis (three cases) is dependent on partial occlusion of the ureter by bilharzial deposits. Other parasitic diseases of surgical importance are elephantiasis and hydatids. Of the former 12 cases were admitted; in eight the scrotum was involved, in three the vulva, and in one the penis. Hydatid disease would undoubtedly be common were the dog domesticated and not banned as unclean; three cases affecting the orbit, kidney, and peritoneum respectively were seen.

The influence of race and climate on the incidence of new growths, especially carcinomata, is well exemplified in Egypt. Simple tumours are found in the same proportion as at home, with the exception of the uterine myomata, which are well known to be specially frequent among the Soudanese. Out of 33 patients admitted for myomata during the last two years, no less than 8 were Soudanese, a ratio of 1 in 4; whereas the ratio in total admissions is only 1 in 40. Malignant tumours show a preponderance of sarcomata (43 cases last year) and surface carcinomata (29 epitheliomata and 8 rodent ulcers) over glandular carcinomata (24 cases). Epithelioma affects the usual sites, most commonly the tongue (4 cases), lip (7 cases), or old scars (4 cases). An interesting case of genuine epithelioma of the tongue was observed in a boy whose age cannot have exceeded 16 years. Unfortunately, a large proportion of patients came with the disease too far advanced for radical treatment. Glandular carcinoma is uncommon and only 6 cases of mammary cancer were admitted. The uterus was the site of disease in four patients and the stomach in only one. Carcinoma may follow on the chronic irritation of bilharzial disease. Thus 2 cases of cancer of the rectum and 4 of the bladder appeared to be implanted on bilharziosis. At one time this condition was believed to be far commoner, since the hard infiltrating masses of bilharzial tissue often simulate cancer very closely, and the diagnosis of suspicious cases depends almost entirely on the microscope.

Among a number of patients admitted for deformities were five cases of extensive cicatricial contraction after burns; in the congenital group were two cases of imperforate anus. Although 11 patients with hare-lip have been admitted in the last two years no case of cleft palate has been seen. It must be supposed, therefore, that the unfortunate subjects of this defect have not survived their handicap, for the infant mortality in Egypt is very large. Tuberculosis is very common and accounted for over a sixth of the admissions for surgical diseases. A table of the main parts affected is appended—

—	Male.	Female.	Total.
Glands	52	57	109
Bones	37	23	60
Joints	28	13	41
Spine	19	13	32
Bursæ, &c. ...	2	0	2
Skin (ulcers) ...	13	2	15
Testis	8	0	8
Grand total ...	159	108	267

Sufferers from glandular enlargement are not slow to seek surgical advice. The unfortunate patient is promptly nicknamed “the pig” and should the disease be bilateral the likeness to the unclean animal is so aggravated that an operation is eagerly invited. Two cases of Madura foot but none of actinomycosis were treated.

Among local diseases those affecting the genito-urinary organs are the most important. The well-known frequency of urinary calculi in Egypt is largely attributable to the prevalence of bilharziosis of the bladder. Altogether 93 patients were admitted for stone, including eight cases of urethral impaction. The experience of surgeons in Cairo is that stone is becoming less frequent of late years; but this may be due to the greater number operated on in the provinces nowadays. The following table shows the choice and results of operation in the cases treated at Kasr-el-Ainy last year:—

Operation.	Number.	Average stay after operation.	Deaths.
Lithotrity	63	3 days.	5
Perineal lithotomy ...	12	20 „	2
Suprapubic lithotomy ...	9	32 „	1

Perineal section was generally chosen for the worst cases in which a stone complicated a septic, often bilharzial, bladder, hence the greater mortality. Hydrocele is very common but does not appear to be dependent on any specific cause. 87 cases were admitted, eight of which were complicated by hernia and five by infection from septic tapping. Prostatic hyperplasia is tolerably common. It needs to be differentiated carefully from the enlargement due to bilharzial infiltration since in this latter condition the organ is firmly adherent and is unsuitable for enucleation.

There was an interesting series of cases showing septic infection of the spermatic cord and the cases are to be published.¹ They varied in severity from a mild inflammation of the structures of the cord with thrombosis of the pampiniform plexus to an acute suppurating cellulitis of the parts. The condition is the same as that reported from Ceylon under the title of “Endemic Funiculitis,” by Dr. Aldo Castellani² and previously by Mr. F. C. Madden of this hospital,³ under the title of “Cellulitis of the Spermatic Cord.” A large number of patients are admitted with old sinuses due to necrosed bone or actual sequestra; it is rare to see such cases in the acute stage. The fellah does not think of calling in skilled surgical assistance until his disease has exhausted the art of the village barber. The better educated Egyptian will go the round of one medical man after another to obtain a large number of opinions, in the belief that in the multitude of counsellors there will be safety. As might be expected, this procrastination generally results in disease getting a long start of efficient treatment.

Apart from casualties, acute abdominal cases are infrequent. The common causes of acute peritonitis at home—appendicitis and perforated gastric ulcer—are rare in Egypt. Only six cases of appendicitis were treated; two had perforated. The hard manual labour of the fellaheen predisposes them to hernia. Of 129 cases, 8 were of the ventral and 121 of the inguinal variety; 14 were strangulated. There were 54 cases of hæmorrhoids and 9 of prolapse of the rectum admitted. The onset of these disorders was commonly ascribed to tenesmus in chronic dysentery (amœbic or bilharzial) or to strain in vesical disease (bilharziosis or calculus). A few patients, indeed, admitted in the last stages of dysentery complained only of piles! Goitre is not uncommon but did not seem to be endemic in any special locality. The usual preponderance of the disease in females was observed (7 out of 9 patients). Two more patients were treated in the medical wards for the exophthalmic variety.

Ophthalmic Section.
The importance of this section is evident from the number of patients (1400) admitted, the great majority of whom were suffering from granular ophthalmia and its complications.

¹ A paper recording these cases will be found at p. 227 of our present issue.

² THE LANCET, July 4th, 1908, p. 15.

³ THE LANCET, Feb. 23rd, 1907, p. 505.

The extraordinary prevalence of this disease is well illustrated by the result of a school inspection, quoted in Sir Eldon Gorst's report, where over 96 per cent. of the pupils were affected and 61·4 per cent. had less than normal vision. Among the eye out-patients the disease is universal and was severe enough in 215 cases to need in-patient treatment. The incidence of the common complications is shown in the following table, which excludes pannus and keratitis, since these occurred in nearly every case:—

Trichiasis.....	377 cases.	Mucocele	20 cases.
Entropion	13 „	Corneal ulcer (simple) ..	130 „
Ectropion.....	8 „	Leucoma	105 „
Symblepharon	2 „	Staphyloma.....	36 „

Errors of refraction form but a small part of ophthalmic practice. The apparent short-sightedness of most Egyptians is due to the necessity of avoiding a corneal opacity in reading. Cataract, as in India, is very prevalent. 160 cases were admitted; the majority were of the senile variety, but many occurred in younger patients the subjects of ankylostomiasis. Acute glaucoma appears rare but primary chronic glaucoma is extremely common. The 49 cases admitted represent only a small proportion of the total cases seen as out-patients, for the majority were too far advanced for operation. A few cases of sudden and often permanent blindness due to an excessive dose of medicine were admitted. The ophthalmoscope showed intense constriction of the retinal arteries and a pale retina; later, optic atrophy. In some cases the drug was given as a vermifuge and was identified as filix mas; the resultant blindness was accompanied by temporary paralysis.

Gynaecological Section.

Although only established last year on a proper basis this department secured 250 patients, including 33 labour cases. The peculiarities of obstetric practice are social rather than medical. Labour among the lower classes is easy and remarkably rapid, not an unmixed blessing, as the powerful expulsive efforts of the uterus are apt to cause considerable tearing of the pelvic floor, with subsequent prolapse of the vaginal walls or uterus. The harem system excludes the attendance of the male practitioner in child-birth. Hence difficult labours rarely if ever receive prompt medical assistance and the mortality is very high. Delay in the second stage is commonly believed to be caused by an "affreet" (spirit) holding the legs of the child. To meet this complication the superstitious midwife will insert a potato in the vagina in the hope that it may induce the spirit to transfer his hold. Should this be unsuccessful another midwife is called into consultation. She will probably consider this treatment unsuitable to the particular "affreet" engaged and will recommend another bribe, such as an onion, to be inserted. It is evident, therefore, that the training school for midwives attached to the hospital has a wide sphere of work before it. The present conditions are shown by the number of cases of vesico-vaginal fistula (16) admitted caused by sloughing after prolonged labour.

The custom of clitoridectomy is universally prevalent in both Lower and Upper Egypt and is responsible for a few cases of hæmatokolpos. The cicatrised outlet, however, rarely imposes any formidable obstacle to labour. Several interesting cases worthy of mention were observed. They included a lithopædion incarcerated for four years, successfully removed, and a case of difficult labour with shoulder presentation due to the child's head having penetrated the septum of a uterus duplex.

Skin and Venereal Section.

The most noteworthy feature in the incidence of skin diseases is the prevalence of favus, which affected 14 of the 126 cases admitted to this section and many of the young patients in the general wards. Eczema and lupus vulgaris and erythematosus occur as commonly as at home. Several interesting varieties of disease of unknown etiology were seen. In particular three cases of a peculiar hyperplastic dermatitis, characterised by a localised infiltration of the dermis with subsequent marked overgrowth of the epithelium, were treated in the surgical wards. Venereal disease is widespread and shows the same features as in England. The hot climate may be responsible for the more rapid development of the stages of syphilis. Extragenital chancres are more frequently observed, while the early macular rashes are difficult to detect on the darker skins. Congenital

disease is likewise common but the characteristic Hutchinson teeth are rarely seen. This is probably due to the low incidence of dental caries.

Anti-rabic Section.

Last year 424 patients from all parts of Egypt were lodged in hospital while undergoing inoculation treatment at the Anti-rabic Institute conducted by the Public Health Department. Three cases developed hydrophobia and died; two of these had been bitten by dogs and one by a wolf.

In conclusion, I wish to express my thanks to the members of the hospital and school staff for freely placing at my disposal much information gained by long experience, and to the Director-General of the Public Health Department for permission to publish this abstract. Many outside factors—social and economic—determine the numbers and type of hospital patients; hence it would be unjustifiable to apply the foregoing statistics unreservedly to the population at large. Into the influences exerted by the different racial and climatic conditions prevailing in Upper and Lower Egypt and on the coast I am unable to enter, but can only state our hospital experiences which apply more particularly to the southern parts of the Delta.

A PRECEPT OF THE ARCHBISHOP OF CANTERBURY FORBIDDING BARBERS TO CARRY ON THEIR TRADE ON SUNDAYS.

BY D'ARCY POWER, F.S.A.

A SHORT time ago I bought at a secondhand bookshop the precept which is here printed. It is dated April 19th, 1445. The parchment is gnawed by mice, but it is clearly written in court-hand and it has been transcribed for me by Messrs. Hardy and Page, record agents, of London, to whom I owe my thanks. The English translation of the Latin original runs as follows:—

(Translation.)

John, by the permission of God, Archbishop of Canterbury, Primate of England and Legate of the [holy] Apostolic See, sufficiently and lawfully deputed judge, together with the others underwritten, by the within written authority of the Apostolic See, to the venerable and religious man, the Abbot of the monastery of St. Peter of Westminster, and to all and singular incumbents with cures and without cures in the [precincts?] of the city and suburbs of London and of the jurisdiction of the abbot aforesaid, Greeting in the Saviour of all men. Know ye that we have lately received apostolic letters whole and entire, sealed with a bull in the manner of the Roman court, having no sign of defect or suspicion of fraud, in these words: Eugenius the servant of the servants of God, to his venerable brothers the Archbishop of Canterbury and Bishop of Winchester, and his beloved son the Dean of the church of London, Greeting and apostolic benediction. We gladly yield to the honest desires of supplicants, and reply to them with opportune favours. By a representation formerly made on the part of our well-beloved sons, the keepers and wardens of the art or mystery of the barbers dwelling in the city of London, to Pope Martin V., our predecessor, of blessed memory [it was shown] that whereas at a provincial council long since held by Thomas, Archbishop of Canterbury and Primate of England, and Legate of the Apostolic See, of good memory, and by thy suffragans, brother Archbishop, and other prelates of the province of Canterbury, it was reported that the barbers of the cities, towns and places of the said province, and especially [of the said?] city and the suburbs thereof, contrary to divine law, the canonical ordinances and public credit, have presumed to keep their houses and shops open for the exercise of the same art on the Lord's days on which the Lord decreed that we should abstain from labour, and have dared publicly to exercise the same art; the same Thomas the Primate, with the advice and assent of the same suffragan prelates and clergy, decreed and ordained that the same barbers should be forthwith restrained from such their presumption by public inhibitions under penalty of [excommunication?] and canonical censure, charging and commanding the ecclesiastical persons then expressed that on every Sunday and feast-day they should solemnly publish and cause to be published this statute and ordinance in the churches there, and should inhibit and cause to be inhibited the said barbers, under pain of excommunication, from keeping their houses or shops open on the aforesaid Sundays for the said purpose, or causing them in any way so to be kept open; and a petition was also made on behalf of the same keepers and wardens to our same predecessor that he would deign with apostolic benevolence to confirm the statute and ordinance aforesaid with the protection of apostolic force. Our same predecessor acceded to these petitions, and, ratifying and approving the statute and ordinance aforesaid, and all things depending thereon, confirmed them by apostolic authority, and fortified them by the protection of his writing, with the commands of his letters in order, to all and singular the prelates and parsons of the said province, that they should solemnly publish the statute and ordinance, and the contents and effect of the same letters, by the same authority, when and where they should think fit, and should cause such statute and ordinance to be irrefragably observed by means of ecclesiastical censures and