

The question is, How far has it been improved? At this conference strong evidence was given as to the abominable condition of this wretched place. The miserable *arisches*, with their crumbling walls and fallen-in roofs, in which the pilgrims were lodged; the great crowding even in these wretched lodgings; the bad quality of the water, which was very apt to produce intestinal disturbance; the insufficient quantity of such water as was supplied; the want of firewood, so that even the food could not be properly cooked, not to mention boiling the drinking water; the insufficient number and the filthy state of the latrines; the dirty condition of the hospital; the want of light, of beds, of bed-linen; the rascality and extortion of the place—all were described, and it was impossible not to see that to force pilgrims to dwell even for a day in such a spot was to expose them to great risks.

Dr. Thorne Thorne quoted cases of ships which had on board neither cholera nor any suspected cases till after leaving Kamaran, and stated that it was proved in these cases that it was in the dirty *arisches* of Kamaran that the pilgrims contracted cholera.

As a result of these discussions the convention contained clauses specifying precisely what should be done at Kamaran. These were radical, and both Europe and India would welcome some assurance that progress is being made in their realisation. We fear, however, that such assurance will not be forthcoming.

In any case we are quite certain that whatever reforms may have been commenced, they have not yet been carried to such a point as to prevent Kamaran being, as Dr. Thorne Thorne described it to the Conference, a danger to the Hedjaz, to the pilgrims, and consequently to Europe. It must be remembered that, whatever may happen in regard to the promised reforms, it still is compulsory that every pilgrim coming from the South shall land at this pest house, however healthy he may be, and however free from disease his ship may have been on the voyage, or the town of departure before the voyage commenced. It is obvious enough that for healthy men to land, to be bathed, and have their linen, etc., "disinfected" in a place where cholera is present and beyond control is a considerable risk, since they are liable to be detained forty-eight hours for the purpose, and during that time must eat and drink.

The news that cholera has been established for a month in Kamaran, has already caused 60 deaths, and has spread to Mecca, the very place it was intended to protect, is sufficient proof that the sanitary arrangements there are not yet such as were demanded by the Convention and as are required to make the island a useful sanitary station.

An observation station in which cholera, instead of being stamped out as it arises, is able to take root and spread, is not only an absurdity, but is a danger to all who are compelled to pass through it.

DEATHS UNDER ANÆSTHETICS.

CHLOROFORM.

We are indebted to Miss Mary D. Sturge, M.B., House-Surgeon to the New Hospital for Women, for the following report of death under chloroform, which occurred recently at that hospital.

E. D., aged 10 years, was sent from one of Dr. Barnardo's cottage homes by his medical inspector, in order that the ulcerating tuberculous glands in her neck might be removed. The patient was pale, but showing no signs of tubercle elsewhere. On March 18th the first operation was performed, time $2\frac{1}{2}$ hours; a large number of tuberculous glands were removed with considerable difficulty. Chloroform (13 drachms) was administered on lint, and taken remarkably well. The patient completely recovered from the effects of the operation, and was up and running about. The scar had healed, and on April 13th the second operation was carried out for the removal of the remainder of the glands, this time in the posterior triangle. The child walked cheerfully into the theatre, and again took the anæsthetic well. Chloroform (15 drachms) was administered on lint in $2\frac{1}{2}$ hours, and during this time there was no suggestion of difficulty as regards the pulse or respiration. As the operation ended the pulse was good. The bandages were being applied carefully and with-

out raising the head unduly. It was necessary to turn the head from its position on the left side into the straight position. This was done when the bandages were half on. The anæsthetic had been discontinued for about two minutes, when suddenly the patient became blue, and seemed inclined to vomit; at the same moment the pulse at the wrist ceased. She went on breathing for a few moments, and moaned slightly. The tongue was drawn forward and the bandages removed, after which the colour of the face improved, but the pulse was never felt again, although some minutes later the heart could be heard beating faintly. There were also a few gasping respirations, which were apparently spontaneous, and not caused by the artificial respiration which was employed. The larynx was free from obstruction. Inversion, brandy *per rectum*, precordial injections of ether, hypodermic injections of strychnine, hot flannels, the battery, etc., were all employed in quick succession, but without avail. Artificial respiration (Sylvester's method) was continued for some time after death.

On *post-mortem* examination, seventy-two hours after death, the heart was found to be full of blood, the right ventricle was dilated, the wall being very thin. There was no sign of tuberculous or other mischief in the lungs, excepting some recent strands of lymph uniting the parietal and visceral layers of the pleuræ. All the blood in the body was fluid. The arteries in the region of the operation were intact. There was marked rigor mortis.

We are indebted to Mr. A. C. Greenwood, Assistant Medical Officer at the Fulham Infirmary for the following report of death under chloroform at that infirmary on April 16th:

C. W. K., aged 10 years, was admitted to the Fulham Infirmary on January 30th suffering from adenoids at the back of the pharynx. The patient was rather anæmic, but in other respects his general constitution was good. On Tuesday, April 16th, chloroform (Duncan and Flockhart's) was administered on a piece of lint. The patient took the anæsthetic well, and was soon under. The pupils were moderately contracted, and about a drachm of chloroform had been given. Dr. Steer was about to operate, when the patient suddenly ceased to breathe. Artificial respiration was at once performed. Injections of ether were given and hot flannels applied. Artificial respiration was carried out for half an hour, but the patient never breathed again.

A *post-mortem* examination was made on the following day. There was a large mass of adenoid growths at the back of the pharynx and round the glottis; the epiglottis was thick and presented an cedematous appearance. There were signs of an old pleurisy (left side), and a small patch of consolidated lung at the left base. All other organs were perfectly healthy.

THE CHITRAL RELIEF EXPEDITION.

[FROM A SPECIAL CORRESPONDENT.]

No. 2 British Field Hospital was mobilised at Rawal Pindi, and started at 5.30 A.M. on March 27th with the second brigade, which is under the command of Major-General Waterfield. On arrival at Nowshera the field hospital was detrained; mules loaded, and marched away in less than half an hour.

The hospital has reached Hoti Mardan, and starts with the second brigade at once. Surgeon-Lieutenant-Colonel Donovan is in medical charge, with Surgeon-Major Battersby and Surgeon-Captains Birt and Dowse.

Surgeon-Major Battersby has been appointed sanitary officer to the brigade and staff-surgeon to the General Commanding, in addition to his other duties.

LITERARY NOTES.

M. CARL RICKER, of St. Petersburg, the principal medical publisher in Russia, died recently.

The first number of a new medical journal, the *Revue Critique d'Andrologie et de Gynécologie*, has just appeared in Paris. The editor is Dr. Hamonic.

The adoption of French as the official language of the Moscow Congress appears to be favourably entertained by the Russian organisers. In an article in the *Vratch* on the unification of languages at international medical congresses,

M. Kartschaguine recently delivered himself to the following effect:

We medical men of all countries should aspire with all our might to the most intimate union, to the most perfect agreement on all scientific and social questions, that we may be able to prevent and combat evil in the widest sense of the word.

The programme is wide enough in all conscience, and noble enough to satisfy the most enthusiastic. The picture of the medical profession throughout the world united in a holy brotherhood and fighting against evil generally is beautiful and inspiring, but whether even the unification of language would bring about a perfect agreement on all scientific questions, not to speak of social problems, may be doubted. It is possible, indeed, that differences at present hidden by difference of language might be brought into unedifying prominence by the use of a common tongue.

ASSOCIATION INTELLIGENCE.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are fitted up for the accommodation of the members in commodious apartments, at the offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the Office.

NOTICE OF QUARTERLY MEETINGS FOR 1895. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on July 10th and October 23rd, 1895. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting—namely, June 20th and October 2nd, 1895.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No members can be elected by a Branch Council unless their names have been inserted in the circular summoning the meeting at which they seek election.

FRANCIS FOWKE, *General Secretary.*

BRANCH MEETINGS TO BE HELD.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held, by kind invitation of Dr. Adams, at Brooke House, Upper Clapton, on Thursday, May 2nd, at 6.30 P.M. (instead of April 18th). The chair will be taken by Dr. Daly, Vice-President of the District. Dr. Stephen Mackenzie will give a demonstration of cases of Skin Disease. Visitors will be cordially welcomed.—H. E. POWELL, Honorary Secretary, Glenarm House, Upper Clapton, N.E.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.—The next meeting will be held at the Greyhound Hotel, Croydon, on Thursday, May 9th, at 4 P.M.; H. E. Vincent, M.D., of Croydon, in the chair. Dinner at 6 P.M.; charge 7s., exclusive of wine. Agenda:—(1) Minutes of Upper Norwood meeting; (2) to decide when and where the next meeting shall be held, and to nominate a member of the Branch to take the chair thereat. The following papers, etc., have been promised:—Mr. A. Maude: Cases Illustrating Points in Alcoholic Neuritis. Mr. Golding Bird: The Curability of Hernia. Dr. William Duncan: On Chronic Inflammation of the Uterus. Exhibition of Antiseptic Dressings and Appliances from John Milne's Antiseptic Dressing Factory, Ladywell, London, S.E. Members desirous of exhibiting specimens or reading notes of cases are invited to communicate at once with the Honorary Secretary. All members of the South-Eastern Branch are entitled to attend and to introduce professional friends.—HENRY J. PRANGLEY, Honorary Secretary, Tudor House, Anerley, S.E.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—The next meeting of this District will take place at Gravesend on Thursday, May 16th, Mr. R. J. Bryden in the chair.—EDWARD GROUND, M.D., 1, Ashford Road, Maidstone, Honorary Secretary.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The next meeting will be held at Cardiff on Tuesday, April 30th.—A. SHEEN, D. A. DAVIES, Honorary Secretaries.

MIDLAND BRANCH.—The annual meeting will be held at Derby on Thursday, June 13th. Members desirous of reading papers or exhibiting cases are requested to communicate with the Honorary Secretary before May 27th. Gentlemen who wish to be elected to the Association through the Branch Council must send in their application by the same date.—W. A. CARLINE, M.D., Honorary Secretary, Lincoln.

SOUTHERN BRANCH: SOUTH-EAST HANTS DISTRICT.—An ordinary biennial meeting will be held on Wednesday, May 1st, at the Portsmouth Medical Library, 5, Pembroke Road, Portsmouth. The chair will be taken at 4 P.M., and during the preceding half hour patients and specimens will be exhibited, and the Honorary Secretary will be in attendance to receive subscriptions. Members are invited to present patients, specimens, and communications, and are requested to signify their intention of doing so the Honorary Secretary, C. C. CLAREMONT, 57, Elm Grove, Southsea.

NORTH OF IRELAND BRANCH.

THE spring meeting of this Branch was held at Belfast on April 18th, Dr. DEMPSEY (President) in the chair. Thirty-eight members were present.

Change of Hour of Meeting.—Dr. E. C. THOMPSON (Omagh) moved, and Dr. ROBERT GRAY (Armagh) seconded, a resolution that the hour of meeting be henceforward 12 noon. After some discussion this was passed.

Death of Dr. D. Jamison.—On the motion of Dr. LINDSAY, seconded by Dr. M'CAW, the Secretary was instructed to forward a letter of sympathy to the relatives of the late Dr. Jamison.

Abuse of Medical Charities.—The recommendations from the Committee on the Abuse of Medical Charities were considered, and it was moved by Dr. CALWELL, seconded by Dr. M'CAW, and passed:

That this meeting, having heard the statements regarding indiscriminate medical relief afforded in various charities throughout the kingdom, approves of the general principles enunciated with the view of minimising the evil.

Appointment of Auditor.—Professor Byers was appointed auditor for the year.

New Member.—Dr. Abernethy, of Ballygawley, co. Tyrone, was elected a member of the Branch.

Communications.—Dr. LINDSAY introduced a discussion on Acute Croupous Pneumonia, directing special attention to the following points: (1) The micro-organisms of the disease; (2) the etiological influence of season—weather and sanitation; (3) the difficulties which sometimes arise in distinguishing pneumonia from (a) pleurisy, (b) meningitis, (c) the specific fevers; (4) the occasional latency of the physical signs; (5) the peculiar features of apical pneumonia; (6) the chief element in prognosis; (7) the influence of expectorants, quinine, digitalis, alcohol, the ice bag, cold sponging, the cold bath, and venesection. He gave an analysis of 23 consecutive cases. The President, Professor WHITLA, Dr. CALWELL, Dr. THOMPSON (Omagh), Dr. BINGHAM, and Dr. ST. CLAIR BOYD took part in the discussion.—Professor BYERS read a paper on Recent Views as to the Management of Labour. This was discussed by the President and Drs. SMILEY, FRASER, and KEVIN, and Dr. BYERS replied.

Case.—Dr. HOWARD SINCLAIR showed a case of Spastic Spinal Paralysis in a child of 5 years. Dr. MACCORMAC made remarks on the case.

Specimens.—Dr. LINDSAY showed microscopic preparations and drawings of the Micro-organisms occurring in Pneumonia.—Professor BYERS showed specimens from a case of Double Ovariectomy and Hysterectomy (cystic disease of both ovaries and papilloma of the broad ligament).—Dr. DARLING (Lurgan) showed a very large Ovarian Fibroid Tumour.—Dr. JOHN CAMPBELL showed a Cancerous Uterus removed by vaginal hysterectomy.

ABSTRACT OF PROCEEDINGS OF COUNCIL.

At a numerously attended meeting of the Council, held in the Council Room at the offices of the Association, 429, Strand, W.C., on Wednesday, April 24th, 1895, Dr. WARD COUSINS, President of the Council, in the Chair, it was

Resolved: That the financial statement for the year ending December 31st 1894, as certified by the auditors, be approved and published in the BRITISH MEDICAL JOURNAL in accordance with By-Law 26.

The remainder of the Proceedings of the Council will appear in a future number of the BRITISH MEDICAL JOURNAL.