

## CHOLERA.

THE latest returns and information which have reached this country from Egypt, though they show that cholera is still seriously prevalent in Lower Egypt, are reassuring. The Expeditionary Force has unfortunately lost two more of its English officers from the disease during the past few days, Captain W. A. C. B. Fenwick and Surgeon-Captain J. E. Trask. Both these gallant officers died at their posts, and, in the case of Surgeon-Captain Trask, devotion to duty in battling with the epidemic, and alleviating the sufferings of those attacked, undoubtedly led to his own attack. The stringent sanitary precautions adopted in the military camps seems to have had the desired effect of arresting the spread of the disease. On July 28th at Kosheh only one case had occurred within twenty-four hours. Throughout Egypt upwards of 15,000 cases and 12,000 deaths from cholera have been reported since the recrudescence of the disease in September last, but the returns, especially of cases, are by no means complete. Gharbieh seems still to be the most seriously affected of the Egyptian provinces.

On July 19th a costermonger named W. Sprouse, of Orb Street, Walworth, died rather suddenly from choleraic symptoms. Though the medical attendants on the case pronounced it to be cholera, this view is disputed by the medical officer of health. The medical officer of the Local Government Board regards the case as having been one of severe diarrhoea, and he points out that the mortality from diarrhoea and choleraic diarrhoea always rapidly increases at this time of the year. As a matter of fact this year the deaths in London alone from these causes have gone up from 47 in the third week in June to 350 in the third week in July. We have had no case of cholera in England this year, and only two cholera-notified ships have arrived at English ports, and they were from Egyptian ports. There had been deaths on board during the voyage, but all were well and hearty when the vessel arrived home.

Our Cairo correspondent writes: There is a marked improvement this week in the number of cases and the mortality throughout the country, and the turning point of the epidemic has probably been reached. The following are the figures for the last three weeks:

Date.	Admissions.	Deaths in Hospital.	Deaths out of Hospital.
From July 2nd to July 8th ...	1,458	1,095	1,038
From July 9th to July 15th ...	1,396	967	1,139
From July 16th to July 22nd...	652	470	756

It is to be noted that this reduction has taken place before the rise of the Nile, to which, however, it will probably be attributed, for there is an implicit belief amongst Egyptians that the rise of the Nile sweeps away cholera and all other diseases, notwithstanding the fact that in 1883 cholera persisted and extended up the river during the period of high Nile.

The rise of the Nile will undoubtedly reduce the mortality in districts in which there is reason to believe the water supply has become infected, and by improving the supply in quantity and quality, will render further infection unlikely. Owing, however, to the great attention paid during the present epidemic to the protection of water supply, such districts are rare, and to the absence of any wholesale water contamination may be largely attributed the comparatively small loss of life in 1896 as compared to 1883.

It is a noteworthy fact that practically all the large provincial towns have been so far saved. Only in Fayoum and Sohag has there been any serious mortality. In Cairo the disease is practically stamped out. In the last four days there has only been one case. The outbreak in the lunatic asylum was got completely under in five days. As the disease appeared in the division in which 17 patients out of 100 were at once attacked, it was in all probability due to infection of water supply or food. The origin has not yet been clearly traced, but was probably caused by attendants coming from outside with cholera-infected hands or clothing.

The total number of cases was 30, with 10 deaths. The value of bacteriological examination was shown by the fact that a number of cases would not otherwise have been pronounced cholera, so very mild were the symptoms, not even necessitating the patient taking to bed. Yet the dejecta were full of cholera bacilli, a striking example of the class of case by which infection is spread. On the frontier the disease is extending amongst the troops, and the Egyptian hospital at Kosheh is reported attacked.

The entire frontier, from Edfu, some miles north of Assouan to the immediate front, is, as regards its medical organisation, whether civil or military, under the Minister of War. The authority of the Sanitary Department ceases at Edfu.

There is a large English staff of medical officers now on the frontier, and the disease will no doubt soon be stamped out. Meanwhile for a time it must seriously hamper military operations.

Amongst the English troops on the frontier, consisting of one battalion and details, 22 cases and 19 deaths are reported up to date. In the Egyptian Army 269 cases and 165 deaths—a heavier mortality than is likely to occur from dervish fire in the capture of Dongola.

## SPECIAL CORRESPONDENCE.

## PARIS.

*Foreign Medical Students in France.—Certificates of Births and Deaths.—Laboratory Assistants and their Pay.—Tincture of Chestnut for Hæmorrhoids.—Coming Congresses.—General News.*

AFTER the prolonged agitation in all the medical faculties of France against what was called "the invasion of the profession by foreigners," M. Rambaud, Minister of Public Instruction, promised the Chamber, on June 10th, to make new regulations, which would satisfy the demands of the medical students. He has done so by the following circular, dated July 1st, which has been sent to the Rectors of all the Universities:

I have the honour of informing you of the measures I have decided on with regard to foreign medical students. The services and laboratories of our faculties shall continue to remain wide open and unconditionally to foreign doctors who, having completed their studies in their own country, come to France for the purpose of perfecting themselves in this or that branch of their profession. As to the young men who come to France in increasing numbers every year for the purpose of commencing and pursuing their medical studies, it is necessary to discriminate between those who intend settling in France to practise medicine and those who propose, when their studies are completed, to return to their own country. Concerning the first, it is just to bind them by the same restrictions as apply to our own students. They shall, therefore, receive the State diploma conferring the right to practise medicine in France only on the condition that on first matriculating they are able to produce their French diploma of Bachelor in Classics (letters, philosophy), and a certificate of Physical, Chemical, and Natural Sciences. As concerns the others, who, moreover, form the greater number, the French degree of Bachelor will not be required for their matriculation at the universities, but the diploma they may receive at the close of the regular course of their studies will not confer upon them the right to practise medicine in France. They will be notified to that effect by the Secretaries of the Faculties on Matriculation. Applications for exemptions by the students of the latter class will have to be addressed to me as usual. The present measures have no retroactive effect, and do not apply to foreign students matriculated at the universities in 1895-1896. Equivalents of the Bachelor's degree will continue to be granted to students born in countries with which we are bound by international conventions to that effect.

In 1868 a decree of the Prefect of the Seine directed that doctors chosen for the purpose should, after registration at the Mairie, visit newborn infants, ascertain the sex, and verify the data registered. The Municipal Council at a recent meeting, expressed dissatisfaction at the manner in which the medical men acquit themselves of these duties. The father is generally absent. They unceremoniously enter the mother's room and ply her with questions, which, in many instances, inevitably produce a painful impression—such as if she has previously had children, how many she has lost, if any were born before marriage. The Council also wishes to separate the duties of the death-visiting registrar from those of the birth-visiting registrar. The Prefect of the Seine was asked to say that the medical men appointed to personally collect the data concerning births should examine the child where possible in a room apart from that of the mother's,