cloths to the head, unless followed by any symptoms of collapse. I had passed a catheter; the bladder was not distended; urine normal.

August 19th. The patient had had a restless night. He recognised his wife early this morning, but had not yet spoken. The temperature was normal, also the pulse. The tongue was furred. The bowels had acted. He seemed only partially conscious. Several purpuric-like spots were to be seen on the chest, arms, and legs. A blister was applied to the nape of the neck. Three grains of calomel were given, but rejected by vomiting. His diet consisted of milk and soda water.

August 20th. The temperature was subnormal. He was quite conscious, but spoke in a somewhat slow and hesitating manner. The tongue was still furred. He had vomited twice this morning (bilious vomiting); vomited a third time later.

August 21st. He was decidedly better, but had had a rather restless night. The bowels had not acted. He was very thirsty and giddy. Two grains of calomel were given, and bromide of potassium twice daily.

Alderton, Woodbridge.

T. CUMING ASKIN.

ENTEROSTOMY WITHOUT PLATES.

In considering enterostomy and gastro-enterostomy it has always seemed to me that the introduction of plates is somewhat of a cumbrous performance, which adds to the difficulty of the operation, and is at the same time unnecessary. I think the opinion as to its being unnecessary is borne out by the following case.

T. K., aged 28. The history up to eighteen months ago is obscure, but points to a chronic catarrhal condition of the stomach and intestine. I first saw the patient about eighteen months ago. He was then suffering much pain, the abdomen was distended and showed clear mapping out of intestinal coils, and he was vomiting faecal matter. Not knowing the nature of the case before going, I was unprepared to operate, and it being late evening and several miles out of town, I ordered, as a tentative measure, a copious enema to be given through a long tube with the hips highly raised, intending to operate next morning. Coincident with the enema the symptoms were relieved, passage through the intestine was to a certain extent re-established, and the idea of an operation abandoned by the patient. From that time there was a condition of partial obstruction, becoming periodically complete, but never to the extent of faecal vomiting.

On July 2nd I opened the abdomen, and after a short search found the obstruction slightly below and to the right of the umbilicus. The gut was contracted to half an inch in diameter, and for slightly over 3 inches in length, and resembled a hard round india-rubber band. On opening the gut the canal was found to be so nearly obliterated as to be imperceptible. The gut above the stricture was then united to that below in such wise as to form on completion the following connection: An outer ring of interrupted sutures; inside that a ring of continuous suture; an inner ring of continuous suture joining the four cut edges, leaving an aperture of $1\frac{1}{4}$ inch in length. The two outer rows did not go deeper than the muscular coat. After the operation the highest temperature reached was 101.8° on the sixth day. From that it fell to 97.6° on the eighth day, and from the ninth day onward it stood at 97.2° , with slight variation. On the third and sixth days the rectum was emptied by enemata. From the seventh to the eleventh day there was natural passage; on the thirteenth, sixteenth, and eighteenth enemata were required, and from that time there has been daily natural passage.

The constriction appeared to me to be the result of cicatrization following ulceration, and I saw no reason for removing the affected portion of gut. I am inclined to think that the chance of ultimate closure in these cases would be minimised by removing an elliptical-shaped strip from each cut edge of the gut, and should adopt that method in future.

I am indebted to Dr. J. Rutherford Morison, Newcastle, for the idea of the three rows of stitches.

Bishop's Auckland.

MARK WARDLE.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

ROYAL INFIRMARY, WINDSOR.

CASE OF SUNSTROKE: HYPIREPYREXIA: DEATH.

(By W. F. LLOYD, House Surgeon).

M. W., female, aged $4\frac{1}{2}$, admitted at 6.30 P.M. on August 17th, 1893. She was a badly nourished and very ill-developed child with beaded ribs and enlargement of the lower ends of the radii. There was a bruise on the forehead and several on the back, said to have been caused by the child knocking herself against a chair. The child was unconscious. The temperature in the rectum on admission was 107.6°F . She was sponged with tepid water and put into an ice bath. The temperature in fifteen minutes fell to 100.6°F , and in thirty minutes to 98° . The child seemed more comfortable and slept for some time.

At 8.30 P.M. an enema containing two teaspoonsful of brandy was retained. The temperature at 11.10 was 107.1°F , and the child was put into a cold bath and sponged with iced water. At 11.40 the temperature was 100°F , but rose again to 104.8°F at 2.30 A.M. Sponging was continued occasionally during the night and next day. The temperature was thus kept between 100°F and 105°F .

At 2 P.M. on August 18th the temperature was 100.4°F , and at 2.35 P.M. the child died.

Rigor mortis was well marked one hour after death. The body weighed 14 lbs. 2 ozs. *Post-mortem* examination was made seven hours after death. The ribs were beaded and the lungs slightly emphysematous, but there was no consolidation of the lungs. The brain, heart, liver, spleen, and kidneys, were apparently healthy. The spinal cord was not examined.

SOME NOTES ON THE EBERS PAPYRUS.

By F. LL. GRIFFITH,

British Museum.

DR. FINLAYSON, in several recent numbers of the *BRITISH MEDICAL JOURNAL*, has given a most interesting and able summary of modern knowledge of ancient Egyptian medicine. It is to be hoped that the interest thereby aroused in an immense circle of readers may not be allowed to die out without bearing fruit. It is, perhaps, too much to expect that any utilitarian result will be reached by the study of ancient Egyptian pharmacy. It had two foundations: empiricism and superstition—the latter valueless, at least when faith in the superstition has passed away; while empirical knowledge, when duly sifted, may leave a very precious residuum. The ancient Egyptians, however, had only a limited region to draw upon for their drugs, while the modern practitioner wields far more powerful medicaments, obtained from every quarter under heaven.

Although the results for medicine may be *nil*, the history of medicine will be wonderfully lighted up when the Babylonian and Egyptian documents have been fully explained. The collections of the British Museum, as I am informed by Dr. Bezold, contain an immense store of medical texts in the cuneiform script of Assyria, probably copied from Babylonian originals. It would be of the highest interest to compare the system in use in the Euphrates valley with that of the dwellers on the Nile; but, alas! no one has yet seriously attacked the medical texts of the former class. A single short paper by the indefatigable Professor Sayce, with a hazardous translation of a few lines, in the *Zeitschrift für Keilschriftforschung* for 1885 is the only reference that Dr. Bezold's exhaustive knowledge of the literature of Assyriology can supply in addition to that quoted by Dr. Finlayson.

Quite otherwise is it with the Egyptian medical documents. Every Egyptologist has constantly to refer to the Ebers Papyrus for illustrations of philological questions.

I once noted down the qualifications required for the production of a thoroughly good translation of the Ebers Papyrus; they appear to be (1) knowledge of the Egyptian language; (2) sympathy with the ideas and methods of the ancient Egyptians; (3) knowledge of the substances likely to be available and used; (4) knowledge of savage and primitive medicine; (5) knowledge of classical and mediæval practice; (6) knowledge of modern Egyptian diseases and their native treatment. A scientific knowledge of anatomy, physiology, nosology, etc., would probably be quite beside the mark.

It is certain that no one combines all the above qualifications. One writer has attacked the problems from one point of view, and another from another. I venture to think that Dr. Finlayson has not taken sufficient account of the writings of the essentially philological school. Our knowledge of the vocabulary has increased greatly of recent years, and, more important still, thanks principally to the grammatical genius of Professor Erman, of Berlin, we can now read many passages by rule, where formerly we had to guess the meaning by common sense from the juxtaposition of a few words of known meaning. From the point of view of philology, therefore, I beg to offer translations of several important passages that seem to me incorrectly rendered in the account of the Ebers Papyrus by Dr. Finlayson, who relies principally upon early publications and the works of men of science.

Professor Erman has given a sound account of the Papyrus and of Egyptian medicine in his semi-popular work *Ägypten*, vol. ii, p. 476, with many translations. The same writer also identified the name of the king in whose reign it was written as Amenhotep I. of the XVIIIth Dynasty, by a reading of the signs which I can fully confirm. The date of 1550 B.C. agrees excellently with this identification. A very able pupil of Erman, Heinrich Schäfer, selected several passages of the Ebers Papyrus as the subject for his doctoral thesis in the present year (compare also *Zeitschrift für Ägyptische Sprache*, xxx, p. 35). I may also mention the discovery of a small fragment of a medical text by Dr. Spiegelberg, printed in the *Paris Recueil de Travaux*, vol. xv.

The Ebers Papyrus commences, page 1, with

"Beginning of the chapter of applying medicaments to every part of the patient.

"I have come forth from Heliopolis with the mighty ones of the Temple of the Sun, the wielders of protection, the princes of eternity.

"Rescuing (?) I have come forth from Sais with the Mothers of the Gods, who have given me their protection.

"I have magic formulæ made by the Universal Lord to drive out the stroke of god and goddess, the male Death and female Death, *et cetera*" (etc. is probably a direction *ad lib.* for the doctor speaking the formulæ); "that is in this my head, in this my neck, in this my shoulder, in this my flesh, in these my limbs: to punish the above-named enchanters (?) who introduce disturbance into this my flesh."

Such formulæ, evidently for recitation during the treatment, continue for a page and a-half. The book has thus no general title, but plunges at once into the mysteries of the profession.

Dr. Schäfer shows, with the help of the Berlin Papyrus, that the text must originally have stated that there were twenty-two—not twelve—vessels connecting the heart with other organs, namely, two each for the breast, the thigh, the neck, the arm, the occiput, the forehead, the eyes, the eyebrows, the nostrils, the right ear, and the left ear. The section begins:

"Beginning of the mystery of the physician who knows the motion of the heart. There are vessels in it to every limb: when any physician, doctor, or amulet maker puts his fingers upon the top of the head, upon the occiput, upon the hands, upon the chest, upon the arms, upon the legs, he communicates (?) with the heart; for its vessels extend to every limb, wherefore it is called the starting point of every limb."

Lastly, for the sake of the measures, I will retranslate a few lines from the second page,¹ containing a complete prescription.

"Another (remedy) for the belly that is painful: Cummin $\frac{1}{2}$ hin, goose-grease $\frac{1}{2}$ hin, milk $\frac{1}{2}$ hekt; cool, strain, and drink."

The hin is about 29 cubic inches, and the $\frac{1}{2}$ hekt 18 cubic inches: the prescription is thus roundly $\frac{1}{2}$ cubic inch of cummin, 4 of goose fat, in half a pint of milk.

THE CHOLERA.

London.—Certain cases of death, preceded by severe abdominal symptoms, have occurred during the past week in London, and have given rise to rumours that cases of true Asiatic cholera had occurred. From inquiries which we have made, it does not appear that there is any reason to suppose that any one of these cases was Asiatic cholera. In one case, at Hackney, death was proved *post mortem* to have been due to perforation of the stomach, produced, it is believed, by plum stones. Two other cases which occurred at Shoreditch have been carefully investigated for the Local Government Board by Dr. Horne, one of the medical inspectors, who has, we understand, arrived at the conclusion that in the one case death was due to acute summer diarrhoea (so-called English cholera), and in the other to acute gastro-enteritis. A third case of similar character has been reported from Shoreditch in a young man aged 25, but it has not been possible to trace, in connection with these cases in Shoreditch, any history of importation of Asiatic cholera, and it is highly improbable that they are of this nature. At the same time, precautions as to disinfection have been taken as though the cases were Asiatic cholera, and a bacteriological examination has been undertaken by Dr. Klein, the results of which are not yet obtainable.

Austria-Hungary.—Up to the end of last week, both official and press notices of cholera in Galicia were very conspicuously absent for quite a fortnight previously. But an official report then issued shows the truth of our English press notices of the existence of cholera along the river Theiss and its tributaries, the disease having reached the town of Szolnok and villages in Szolnok county. The earliest cases occurred in the Upper Theiss, thence spreading to Marmoros county and to Eastern Galicia. Though there is no great epidemic in Galicia, yet the malady has undoubtedly grown much in extent; and now we learn, among other places, of Mikuliczyn, Delatyn, Dobrotoff, Tanoff, Tulukoff, Nadvorna, and its district (the chief centre), Tisza-Bura, Roff, Szajal, Szolnok (60 miles from Buda-Pesth), Bozesko, Kolomea, and the province of Bukovina; whilst from many places the inhabitants have fled, thus adding to the danger of spread of infection. Something like 100 cholera cases have now occurred in Galicia, with half of them fatal. The incompetence of the local authorities is meeting with condemnation. Work on the railway in course of construction between Sziget and Voronienka has had to be suspended on account of the flight of the Italian navvies, who were panic-stricken by reason of the appearance of fatal cholera among their number.

Germany.—The revised cholera regulations, based on the Dresden Convention, have now been issued from Berlin. The Imperial Office of Health (not the Home Office) has been chosen as the recipient of telegraphic news of first cases of cholera on German soil. The 3 cases of cholera in Berlin reported last week remain the sole occurrences of that disease in the capital. Two of the cases proved fatal. All were in Polish Jews who had partaken of provisions from infected places in Russian Poland. The Poles in Berlin are uncleanly in their habits and very intemperate in their living, and form a distinct danger to the community. Careful watch is being maintained in regard to Russian immigrants coming to Germany secretly, since these people are looked upon as the chief source of danger to the empire. Fatal cases of cholera have occurred at Donaueschingen in Baden, the victim being a young man seized immediately on his return from Marseilles, and at Duisburg in Rhenish Prussia. A medical staff has left Berlin for the Russian frontier on account of the official report of cholera at the Russian villages of Colo and Conin.

Russia.—The death of a soldier in St. Petersburg is announced to have occurred from cholera in the middle of the month. In the south-west provinces of European Russia the disease has increased so enormously, and the mortality is so great, that eighty additional doctors have been ordered to proceed thither from the district of Odessa; and the Minister of the Interior has ordered the establishment of sanitary observation stations in the provinces of Bessarabia, Podolia, and Volhynia.

Italy.—Cholera continues in Naples to the extent of some 10 cases and 6 deaths per diem. The disease has broken out at Solmona, in the Apennines, and is still present at Fossato, in Campobasso province. We also learn of a few cases of cholera in the provinces of Aquila and Perugia and in the towns of Florence, Foggia, and at various places in Alessandria, the malady being rather widespread than intense. Two suspicious cases have occurred in Rome.

Roumania.—Cholera continues to form a daily feature of the death returns at Braila, Sulina, Galatz, and Czernawoda; and now Fetesci is also infected.

Asia Minor.—It is officially announced that the cholera at Smyrna is greatly on the increase, the returns showing some 20 cases and 14 deaths as a daily average. Many better class people have been attacked.

Malta and Gibraltar.—The steamship *George Fisher* arrived at Gibraltar last week from Malta, having had a non-fatal case of cholera on board. After provisioning and coaling in strict quarantine the vessel sailed for Stettin, all well on board. The steamship *Ninian Stuart*, whose boatswain died from cholera prior to her reaching Malta, had 3 other cases on board on arriving at Gibraltar, and was placed in quarantine for purposes of coaling and victualling. The steamship *Millfield*, from Braila, reported 6 cases of cholera on board on reaching Malta on Monday last, and was treated like the two vessels at Gibraltar.

THE Lords Commissioners of the Treasury have sanctioned a loan of £500, to be expended for the drainage of the town of Bantry.

¹ BRITISH MEDICAL JOURNAL, 1893, vol. i, p. 752.