Stomach: Contained a small quantity of well-digested food; somewhat congested, otherwise normal. *Intestines:* Congested, otherwise normal. *Peritoneum:* Healthy. The *abdominal cavity* generally had a very congested appearance. The vessels over the splanchnic area were full and dilated. I removed the *cervical cord* and found it healthy and intact, and the odontoid process unbroken and in its proper position.

Travel.

NOTES MADE DURING A TOUR AT D'THALLA IN THE ADEN HINTERLAND.

By Captain J. TOBIN.
Royal Army Medical Corps.

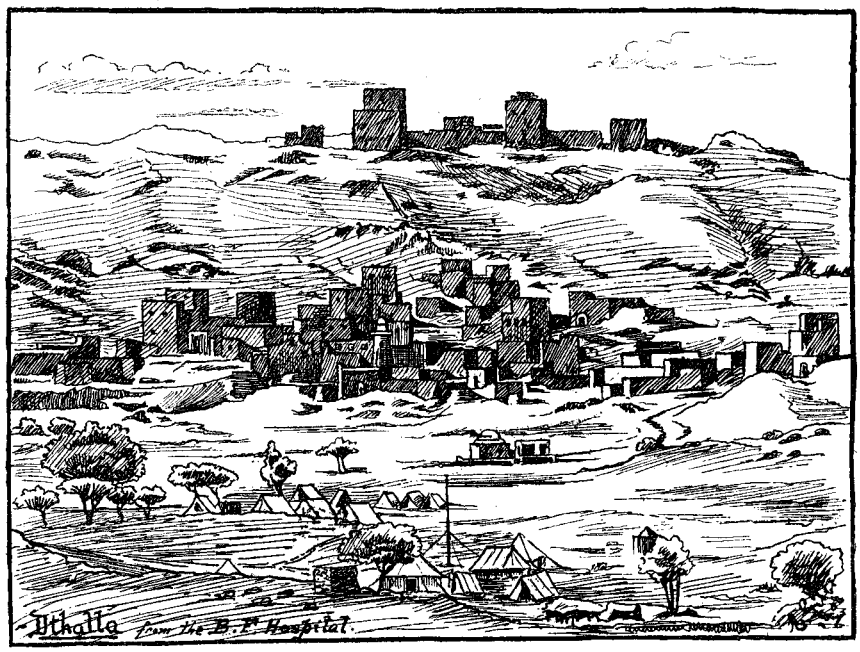
D'THALLA is distant about seven days' march from Aden, travelling over a caravan route of sandy desert and dried river-beds, and consists of a number of stone buildings built on the side of a hill. It is ruled over by an Ameer, and like all Arab villages, has its sacred well and mosque.

Climate.—The cold weather extends from October to March; during the months of December and January it is quite cold at nights, one requiring three blankets to sleep comfortably. Fogs are common at this season, and often hang about for several days at a time. During the cold season there is little sickness amongst British or native troops. *The rainy season* is from June to September, rain-showers lasting several hours, occur generally in the evening, and at night are attended by thunder and strong winds. *The hot season* is not trying. It extends from March to June, and the highest register of the maximum thermometer was 93° F. It is of interest to note the difference between the climate of Aden and D'thalla, yet the latter place is only seven days' march from the former, and compares favourably in climate with most Indian hill stations.

Nature of the Country.—It is a country of low-lying hills intersected by narrow valleys sparsely covered with scrub. During the rainy season the valleys are under cultivation with Iowari and Bajree grain. Plots of ground, constantly under cultivation, properly manured and watered daily, will grow most English vegetables. A vegetable garden started by Brigade-Major S. M.

Edwards, D.S.O., supplied excellent vegetables for the troops, and was the means of nipping in the bud what threatened to be a serious outbreak of scurvy. The water is got from deep wells of good quality and is abundant.

Trade.—Cattle.—Milch cows, some excellent milkers. Slaughter cattle of fair quality; meat is tough and stringy. Sheep about D'thalla of bad quality, but where well fed, as in Smaan, the mutton is excellent. Horses from Yemen of poor quality, are



weak-hocked, curby, broken-winded, and most have splints. Goats in abundance. *Fruit.*—All fruit comes from Yemen. Grapes in season, pears, apples, sweet limes, and dates of excellent quality. *General supplies.*—Honey in abundance, but of a smoky flavour. Milk, also of a smoky flavour, adulterated with camel's milk. Wood plentiful; also country tobacco and Turkish cigarettes. *Ghee* of bad quality. Iowari and Bajree grain in abundance.

Camels are all baggage animals in the country about D'thalla. They are short-haired and able to endure thirst and extreme heat. Their average load is about 200 lbs. They are weak, badly fed, and badly groomed.

Kaat, a small tree, carefully planted and watered, is seen near every village in Southern Arabia. The natives chew the leaves, which are bitter and astringent. It has stimulating properties, produces wakefulness, and, in large quantities, hallucination. It is used as an aphrodisiac also. It is chewed by young and old, Turk, Arab, and Jew alike.

Coffee.—Coffee comes from Yemen, and is its chief source of wealth. When the berries are ripe they are plucked and dried in the sun. Pure Yemen and Mocha coffee is excellent, but most of the coffee coming into D'thalla is adulterated. Great care is taken in the cultivation of the coffee plant.

Diseases amongst British and Native Troops.—Dysentery.—Ulcerative dysentery of a severe type was common. As to causation, Captain F. F. Carroll, R.A.M.C., Senior Medical Officer, Aden Column, went into the matter very fully, and assembled several medical boards to investigate the cause. The general opinion formed was that (*a*) the predisposing cause was chill contracted by sleeping on the ground; (*b*) enfeeblement following previously contracted malaria, most cases occurring amongst the 1st Hampshire Regiment, who came from Dar Akan, where malignant malaria was rife.

Malaria.—It is of interest to note that there was very little malaria at D'thalla, their being no Anopheles mosquitoes at that place. All cases of malaria were brought from posts along the lines of communication, viz., Mussimir, Dar Akan, Nobat Dakim. These posts were hotbeds of malignant malaria. All the elements for malarial infection were present: (*a*) Literally swarmed with Anopheles; (*b*) pools of water laden with algæ; (*c*) all inhabitants of the villages malarial-infected. The malarial index, as ascertained by Captain J. Macpherson, I.M.S., and myself at Mussimir, was 70 per cent. *Prophylaxis.*—Quinine prophylaxis was rigidly carried out, giving daily an issue of quinine, as also the German method of larger doses of quinine, but less frequent. The men disliked taking quinine; continued use of the drug seemed to cause indigestion; many cases of urticaria were attributed to taking quinine, and the other attendant symptoms, such as deafness, palpitation, headache, giddiness, &c. I had one patient, who every time he took a dose of quinine contracted quinine fever. We carried out destruction of Anopheles larvæ as best we could with the means and time at our disposal, but with a column moving through a malarious district it is impossible to carry this out efficiently. Our experience taught us that the only efficient

prophylaxis against malarial infection was the regular use of mosquito nets of fine mesh.

Treatment.—Injections of quinine, hydrochlor., grs. 20, subcutaneously, gave the best results; one injection sufficed to prevent the recurrence of the fever from fourteen to thirty days. Removal from the infected area and change of climate was in many cases the only method of curing the disease.

Enteric Fever.—Only a few sporadic cases occurred.

The Diseases of the D'thalla Arabs.—Chronic ulcers of the legs were very common; to heal them the natives tied on plates of tin. Chronic hydrocele was common. Eye diseases, ulcers of the cornea, conjunctivitis, trachoma, tuberculosis of lungs and joints and syphilis were also met with. One was often asked to treat impotence, a common ailment amongst the Jews. Many cases of deformity were seen, in particular, club-foot.

Reviews.

PULMONARY PHTHISIS, ITS DIAGNOSIS, PROGNOSIS AND TREATMENT. By H. Hyslop Thomson, M.D., Visiting Physician to the Consumption Sanatorium of Scotland, Bridge of Weir, N.B. London: John Bale, Sons and Danielsson, Ltd. Pp. 188, with twenty charts. Price 5s. net.

In view of the interest recently taken by Members of Parliament in the question of pulmonary tuberculosis amongst soldiers, and the letters which have appeared in the medical press on the subject, Dr. Hyslop Thomson's work claims the attention of the military physician. The book is divided into four sections, dealing with (1) the diagnosis; (2) the prognosis; (3) the treatment of phthisis; and (4) tuberculosis in childhood.

In the section on diagnosis the author brings out the difficulties in the way of diagnosing incipient pulmonary disease, and shows how true are the remarks of "Surgeon-General (Retired)" in the *British Medical Journal* for March 9th, that cases of tubercle of lung may and do exist in barracks as foci of tuberculosis, "because the cardinal symptoms of the disease being absent or indefinite the suspicion of pulmonary mischief is not entertained, and consequently examination of the chest is omitted."

Work has often to be done at high pressure in medical inspection rooms in the Service, and the clinical picture of a typical case of early tuberculosis of the lung, with which we are so familiar in the text books, is not likely to be so useful to the military physician as the suggestive list of past and present departures from the normal state of health which Dr. Thomson points out should raise suspicions, and lead to a careful physical examination. An important point which is duly emphasised is