where deaths in the town and its neighbourhood were said to have reached a total of 3,000, the victims included Mr. Robertson, the British Consul, and his two children; and at Baghdad, also, more than one casualty was sustained by the European community.

Before the epidemic had appeared at Basrah the Turkish authorities endeavoured to prevent its importation into Baghdad by prohibiting the river-steamers on the Tigris from touching at intermediate points; and after the outbreak at Basrah they insisted on the journey to Baghdad being broken at Kut-al-Amara, where the infected steamer from below was met by a clean vessel from above; but these measures, as might have been expected in a country which presents no obstacles to movement by land, proved ineffectual. When cholera, notwithstanding these precautions and preventive posts at Musaiyib and Mahawil, gained a footing in Baghdad, the Turkish officials still tried to save Karbala, Hillah and Najaf by means of sanitary cordon between those places and the capital; but the result justified the conclusions of the Conferences of Vienna and Rome in regard to land quarantine, and the disease took toll of the western towns as it had done of the others in the province.

In August 1889 the epidemic extended from Turkish Iraq into Persia; and in the course of the succeeding two months outbreaks occurred in Arabistan (especially at Muhammad and Shushtar), in Behbehan, and at various places upon the coast of Pars. Some cases occurred before quarantine was established; but suitable measures were taken by the British Residency Surgeon, and there the disease did not spread.

Cholera Conference at Venice, 1892.

Early in 1892 another International Sanitary Conference assembled at Venice; it was convened, not on account of any prevalence of cholera in Europe at the time, but in consequence of certain proposals which had been advanced by Austria in 1890.

The principal objects of the Conference were, in large measure, attained; they were to remodel the Sanitary, Maritime and Quarantine Board of Egypt, to obtain a diminution of the quarantine restrictions imposed on vessels entering the Mediterranean from the Red Sea, and to secure for certain classes of infected or suspected vessels the privilege of passing the Suez Canal "in quarantine." By this Conference ships were still classified in three categories as "infected," "suspected," and "healthy"; but the class formerly "infected" had now been subdivided (according to the date of occurrence of cholera on board) into "infected" and "suspected," while the class of "suspected" had become "healthy"; further it was adopted as a principle by this Conference that restrictions on vessels should for the future depend upon actual disease on board, rather than upon a constructive contamination according to the health of the port of departure.
The Convention framed by the Venice Conference of 1892 was ratified by Great Britain on the 2nd of August 1893 and by Turkey on the 13th of February 1893. The Turkish ratification took place subject to the remarkable condition that the Convention should not affect the ordinary sanitary Regulations of the Ottoman Empire nor any exceptional measures which the Turkish Government, in accordance with the resolutions of the Board of Health, might see fit to adopt in time of epidemic disease. Persia did not participate in the Conference nor did she adhere to the Convention.

The seventh epidemic of cholera in Europe, 1892-95.

In the year of the Venice Conference a severe epidemic of cholera broke out in India and was carried by land with remarkable rapidity to Europe, its progress being undoubtedly accelerated by the recently finished Trans-Caspian railway. The stages by which the disease travelled are not without interest. Starting from the fair held at Hardwar in India in March 1892, it reached Kabul on the 19th of April, Herat on the 1st of May, Mashhad on the 26th of May, Baku on the 15th of June, Hamburg on the 16th of August, Grangemouth in Scotland on the 16th August, and New York on the 31st of August. Outside Russia, where 150,000 persons are known to have perished, and Germany, where a mortality of over 8,500 was registered at Hamburg, its ravages in Europe were not serious, and in America it never gained a footing.

Epidemic of cholera in the Persian Gulf, 1893.

The year 1893 witnessed a fresh outbreak of cholera in the Persian Gulf; it began, apparently, in Turkish Irāq, but in that country it was not so severe as the epidemic of 1889. The disease made its appearance at Basrah in May and continued there till August, yet the whole number of deaths at Basrah was estimated at 750 only. About the end of August the cholera reached Baghdad, bringing the trade of the city temporarily to a standstill; in October it again disappeared from the place.

Meanwhile, however, the infection had spread from Basrah down both shores of the Persian Gulf. On the Persian side 'Arabistan was attacked in the month of June, and some loss of life occurred at Muhammār and on the upper Kārūn; nevertheless, during June and July, quarantine against Basrah was maintained by the Persian authorities of the province. Cholera appeared also in various parts of Fārs, especially upon the Būšehr-Shīrāz road, and the village of Ahmādī in Daštistān suffered severely; but at Būšehr, quarantine having been imposed by sea in June and by land in September, and the wells of the town having been secured, there was no mortality.
Arabian coast.

Bahrain was affected in July and August, and it is stated that 7,000 cases occurred in the islands, but this is believed to be an overestimate; about the same time the disease was prevalent in Qatif also. At the end of the summer a severe outbreak took place on the coast of Trucial Oman, but by November it had spent itself.

It is not clear whether this epidemic in 1893 was connected with the Indian and European epidemic of the preceding year.

Cholera Conference at Dresden, 1893.

At a fresh Conference on the subject of cholera which met at Dresden in 1893 Great Britain and Turkey were as usual represented, but Persia again took no part in the proceedings. The conclusions of the Dresden Conference, which related rather to the control of cholera by land and sea after it should have succeeded in entering Europe, may be regarded as in the main supplementary to those of the Venice Conference of 1892; but some of them are of general interest.

The Dresden assembly vetoed land quarantines, continued the threefold classification of ships as "infected," "suspected," and "healthy," and laid down the principle that even passengers arriving by "infected" ships should not be detained under observation for more than five days after arrival. Certain articles of commerce were declared to be "susceptible"—that is especially capable of conveying choleraic infection—and were consequently made liable to exclusion or disinfection, but not to detention, on arrival at a frontier. The most important innovation, however, was the imposition of an obligation upon Governments to notify to one another the formation of "foci of cholera" within their respective territories.

On account principally of this last obligation the Government of India abstained from adhering to the Dresden Convention, but it was ratified by Her Majesty's Government and by the other principal powers of Europe on the 1st of February 1894. It cannot be doubted that the article relating to notification of "foci" would have been found difficult of application in India, or that under it the frequent prevalence of cholera in India would have been emphasized in a manner likely to mislead the sanitary authorities of Europe and to affect prejudicially the commerce of the country.

Turkish and Persian Quarantine in the Persian Gulf, 1872-1894.

While the Conferences of Venice and Dresden were taking place in Europe, the Turkish Government were trying to overreach Persia politically...
by enforcing upon all vessels navigating the Shatt-al-'Arab recognition of a sanitary station which they had established at Fao about 1872. A subsidiary object of the Turks was probably to secure the quarantine fees which they lost through passengers disembarking at Muhammara and proceeding thence to Basrah by land. Early in 1892 the Turkish Government openly urged the necessity of a station such as Fao in order to prevent the evasion of sanitary control by passengers for Basrah who might disembark at Muhammara; but their suggestions, aiming at international recognition of the Fao station, were opposed by the representatives of Great Britain and Russia upon the Constantinople Board of Health and were for the moment dropped. At the beginning of 1894, however, the Board of Health, yielding doubtless to Turkish representations, advised that a quarantine station should be established at Fao for the reception of arrivals from India, also a floating lazaret in the Shatt-al-'Arab above the mouth of the Karun to deal with passengers from Muhammara to Basrah.

The sanitary proceedings of the Persians in connection with the Gulf epidemic of 1893 have already been noticed above.

Cholera Conference at Paris, 1894.

Early in 1894, at the invitation of the French Government, there assembled in Paris another International Sanitary Conference; on this occasion Persia as well as Turkey and Great Britain was a party. This Conference, which was supplementary to the Conferences of Venice and Dresden, confined its attention to precautions against cholera in connection with the Makkah-Madinah pilgrimage by Muhammadans and to the introduction of a system of sanitary control in the Persian Gulf—a region of which the circumstances had not before received separate consideration.

Ships in the Persian Gulf were treated by the Conference under the three heads, now well established, of “healthy,” “suspected,” and “infected,” and the maximum period of detention for arrivals by an “infected” ship was fixed at 5 days after arrival, while it was recommended that the passengers and crews of “suspected” ships—such, namely, as had had cases of cholera on board but not within 7 days—should be subjected to 5 days’ observation reckoned from the time of quitting the port of departure. Various other precautionary measures of a reasonable character were also prescribed in the case of “infected” and “suspected” ships.

It was further resolved that the sanitary management of the entire Persian Gulf should be centred in a large quarantine station near Fao, to be established on terra firma and completely equipped in every respect. The existing sanitary post at Basrah was to be maintained, but it was to be supplemented by a small lazaret on an island near Basrah for the supervision of passengers who had escaped examination at Fao; and
new sanitary posts were to be created at Muhammarah, Bushahr, Bandar 'Abbâs and Gwâdar on the Persian, and at Kuwait, Bahrain and Mâsqat on the Arabian side.

This scheme was opposed by the British delegates on the grounds that its necessity had not been justified; that the numerous stations created would be subject to at least four different governments; that the governments of Turkey and Persia would be unable, owing to distance, to exercise effective control over the posts for which they were responsible; that the expense would be great and would fall almost exclusively on British shipping; and finally that trouble and delay, as well as expense, would be entailed on British vessels. Special exception was taken by the British Government to the detention of ships at Fâo or Muhammarah, at neither of which places was it possible for the Basrah cargoes constituting the bulk of the trade to be discharged or shipped—operations, that it had hitherto been permissible to carry out in quarantine at Basrah itself.

The objections of the British delegates however having been overruled, a Convention in the sense explained above was adopted by the Conference and was signed by the representative of the British Government on the 3rd of April 1894, subject to a declaration that Britain did not accept such of the provisions as related to the Persian Gulf.

At the sixth sitting of the Conference the Turkish delegates had, under instructions from the Porte, unexpectedly announced that a 5 days’ quarantine of observation would, notwithstanding the recommendations of the Conference, be imposed on all Indian vessels with effect from the date of their arrival at a Turkish port in the Persian Gulf; and the signature of the Convention on behalf of Turkey was accompanied by a declaration that the Porte accepted only the articles which were in harmony with the sanitary regulations of the Ottoman Empire.

It is difficult to understand precisely in what manner or by whom the Conference intended that the Persian Gulf scheme should be carried out, but its execution appears to have been left to the government of Turkey in consultation with that of Persia, and from Annexure IV of the Convention it may be gathered, though the point is not absolutely clear, that it was also the intention of the Conference to entrust the management of all the sanitary stations in the Persian Gulf to a committee of the Board of Health at Constantinople. In the light of later events it is interesting to observe that, in the course of the discussions, the Austro-Hungarian delegates proposed that an International Board of Health should be created at Tehran; while the American representatives suggested that an international quarantine station should be brought into existence at the mouth of the Gulf near Ras Musandam: neither of these proposals, however, was accepted by the Conference.

The Convention was ratified by Great Britain and Persia on the 20th of June 1898, by Great Britain with the reservation mentioned above relating to the Persian Gulf; its duration was fixed at 5 years in the first instance, but it was to be considered as tacitly renewed at the end of that time, and at the expiration of each succeeding period of 5 years.
except by such powers as might give notice of withdrawal six months before the end of a quinquennium.

No separate acceptance of the Convention by India appears to have been deemed necessary on this occasion as it was, apparently, after the Dresden Conference of 1893; and a strong protest was made by the Government of India against the action of Her Majesty's Government, who in this instance committed them, without previous consultation, to a Convention some articles of which they disapproved. The Government of India also considered it their duty to warn Her Majesty's Government of the probability that any sanitary authority which might be delegated to the Turks in the Persian Gulf or on the Shatt-al-'Arab would be abused for political ends, and especially for the purpose of promoting the unwarrantable claims of Turkey to sovereignty over Bahrain and Muhammar; and they also laid stress on the undesirability of the Turks being allowed to interfere in the affairs of Arab principalities subject to British influence.

Turkey herself did not ratify the Convention of 1894.

As might have been expected from the jealousy prevailing between the Turkish and Persian Governments, from the non-acceptance by Great Britain of the Persian Gulf articles of the Convention and from the sweeping reservations made by the Turkish Government at the time of signature, the scheme of the Convention, in so far as it concerned the Persian Gulf, remained entirely ineffectual. The reduced precautions recommended by the Conference were not adopted by the Turks; and at Basrah, which continued to be the sole sanitary station in the Gulf, quarantine was regulated as before by political prepossessions rather than by scientific principles. The power to obstruct foreign interests that could not be excluded was too valuable in the eyes of the Ottoman Government to be lightly surrendered.

**Cholera in the Persian Gulf, 1894-1907.**

We may here conclude the subject of cholera with a short notice of the movements of that disease in the Gulf since 1894.

In 1899 the Sultanate of 'Oman suffered from a severe epidemic of cholera, the disease having been imported from Karachi by way of Gwadar; over 700 deaths from cholera took place in the towns of Mashaq and Matarah alone, and the mortality in the interior of the country is believed to have been very serious, certainly exceeding 12,000. In October the disease manifested itself in epidemic form on the Shatt-al-'Arab in Turkish 'Iraq and spread northwards as far as the town of 'Amara. The filthy camps of the date packers in the Baqrah neighbourhood usually fall an easy prey to cholera; and it has been noticed that at Basrah the disease is generally most rife during the date season, while these camps are in existence.

In 1902 cholera again appeared at Gwadar, where over 500 deaths from the disease occurred between the beginning of July and the end of