ARRIVAGES.

Depuis le 1er Septembre au 2 Aout 1918.		
Le 27 Juillet	2.680	
28 "	299	
29 "	3736	—
30 "	1.853	—
31 "	1989	121
1 Aout	1.797	—
2 "	2.989	—
Arriv. de la semaine	15.043	.212
Total du 1er Septembre au 26 Juillet 1918	3.205.629	2.975.228
Total des arrivages au 2 Aout 1918	3.220.672	2.975.470

EGYPTIAN COTTON ACREAGE.

LOWER EGYPT.

	1918 Fedd.	1917 Fedd.	1916 Fedd.
Galioubieh	53.326	68.187	65.141
Sharkieh	171.838	207.568	212.189
Dakahlieh	167.935	238.479	238.970
Gharbieh	319.220	411.434	414.241
Menoufieh	101.802	123.078	118.454
Behera	209.767	245.041	240.874
Governorate		2	—
Total fedd.	1.023.888	1.293.789	1.289.869

UPPER EGYPT.

	1918 Fedd.	1917 Fedd.	1916 Fedd.
Ghizeh	27.471	35.858	32.739
Beni-Souef	56.964	72.936	72.892
Fayoum	84.075	82.491	80.058
Minieh	90.505	126.049	122.743
Assiout	28.596	59.010	50.818
Ghirgheh	579	4.087	3.392
Keneh	2.248	2.297	2.295
Assouan	1.216	793	798
Total fedd.	291.684	383.521	365.643

Totaux de l'acheage de la Basse et de la Haute-Egypte pendant les trois années :

Arrivage de 1918	1.315.572
Arrivage de 1917	1.677.310
Arrivage de 1916	1.655.572
Arrivage de 1915	1.186.063

PRIX DES CHARBONS.

Cardiff	360—365/.sh.
Newport	355—360
North Country	335—340
North Country (2me qual.)	330—335
Patent Fuel	325—330
Gaz coke	435—440
Anthracite	450—455

PRIX DES SACS VIDES.

Sacs à coton 3lbs. disponible	P.T.28.00—28.10
Sacs à graines 3 1/4 lbs.	" 14.00—14.10
Sacs à Graines 5 lbs.	19.05—19.15
Sacs à coton Livrable Aout	28.05—28.15
Sacs à céréales 2 1/2 lbs.	9.05— 9.10
Sacs à riz 2 1/4 lbs.	8.15— 8.20
Sacs à oignons	7.25— 7.35

PRIX DU RIZ.

Yabani Mansouh le sac de 100 kgs.	P.T. 215.
Fino Makhsous l'ard. de 152 okes	P.T. 446.
Fino Mamsouh le sac de 80 okes	P.T. 224
Yabani Makhsous l'ard. de 152 okes	P.T. 224
Yabani Mamsouh le sac de 80 okes	P.T. 215.
Yabani glacé le sac de 80 okes	P.T. 265.

PRIX DES FARINES.

Farine Baladi 00 le sac de 100 kgs.	P.T. 290.
Farine Baladi le sac de 100 kgs.	P.T. 270.
Farine Indienne Household, le sac de 196 lbs.	P.T. 530

L'importation de la farine Indienne est pratiquement arrêtée, le Gouvernement Indien n'accordant pour le moment aucune nouvelle licence d'exportation.

ASSURANCES MARITIMES.

Méditerranée	0,50 o/o
Angleterre	0,50 o/o
Amérique (voie d'Angleterre)	1,00 o/o
Japon	0,50 o/o

ASSURANCES CONTRE LES RISQUES DE GUERRE.

Méditerranée	10 o/o
Grèce	10 o/o
Chypre	5 o/o
Angleterre	10 à 12 o/o
Amérique	20 o/o
Amérique (voie Angleterre)	22/sh.o/o
Gouvernement Algérie	120/-sh. o/o
Gouvernement Français	5 o/o
Gouvernement Italien	5 1/2 o/o

NOLIS.

	Hull	Londres	Liverp.
Coton			120/-
Graine de coton (par tonne)	120/-sh.	120/-sh.	120/-
Graines Sakellaridis (par tonne)	130/-sh.	130/-sh.	130/-
Laine (pr tonne m.)	120/-sh.	120/-sh.	120/-
Œufs (par pied cub.)	120/-sh.	120/-sh.	120/-
Oignons (par sac)	10/-sh.	10/-sh.	10/-

EGYPT'S HEALTH.

REPORT OF THE COMMISSION

THE PROPOSED MINISTRY.

ALEXANDRIA'S EXCELLENT SLAUGHTERHOUSE.

V.

The Commission has made a series of inspections in Cairo and Alexandria and, with the notable exception of the municipal abattoir in Alexandria, which would do credit to most European cities, has been profoundly impressed by the almost complete absence of the most elementary measures of hygiene. The Cairo abattoir is well run, but the buildings are in a state of dilapidation and the adjoining Government tripe market in intolerably filthy. Insanitary conditions prevail in the municipal and other establishments for the sale of food in Alexandria although here a very great improvement has been effected by the military authorities under martial law.

The reason for the present state of affairs is not far to seek and lies mainly in the entire inadequacy of existing legislation for dealing with these questions.

No adequate measures for the amelioration of the present conditions can be undertaken until the introduction of suitable legislation giving the Ministry of Health the necessary powers of inspection and control. This is a question which, in the opinion of the Commission, should immediately engage the attention of the Government as, until such legal powers are provided, the Public Health authorities are in many cases powerless to effect any real improvement in the existing state of affairs.

VETERINARY COMMISSION'S RECOMMENDATIONS.

The important question of meat inspection was studied in 1905 by a special Veterinary Commission which recommended that the Control of meat and milk supply of this country, in cooperation of the Public Health Department, should be left to the Veterinary Service of the Ministry of the Interior, and that each abattoir which brings in annual revenue in excess of L.E. 1,200 should have a resident Veterinary Surgeon who would inspect and pass all meat slaughtered there. This official would also inspect dairies and butchers' shops in his Municipality, half his salary being paid by the Government and half by the Municipality. Apart from Cairo and Alexandria there are six abattoirs in Egypt producing a revenue in excess of the figure given above. In the case of Cairo, the Commission recommended that the abattoir should be in charge of a European veterinary surgeon with an Egyptian Assistant. As regards the provinces a staff of seven travelling veterinary surgeons for the regular inspection of abattoirs was proposed. No change was suggested in the Municipal Abattoir Alexandria, which was regarded as satisfactory. The Commission recommended close co-operation with the Municipalities Section and the Public Health Department so as to ensure best results.

If the recommendations of the Veterinary Commission were carried out, they would do a great deal towards a satisfactory meat control. We are not aware to what extent the proposed arrangements have been brought into force, but we are strongly of the opinion that it should be carried out as soon as possible.

The sanitary control of abattoirs as regards their drainage, water-supply, and general sanitary conditions, would much fall under the Medical Officer of Health in the towns, and under the Mudiria Inspector in the provinces.

MILK CONTROL AND FOOD LEGISLATION.

At the present moment, a very large percentage of the milk sold in Cairo and Alexandria is either adulterated or adulterated by the addition of water and is commonly highly contaminated. Control is difficult for many reasons, the main one being, as usual, the absence or inadequacy of legislation. This could be dealt with by a Milk Law covering not only the sale of milk, but also the control of dairies, cow-sheds, and milk-shops.

The enactment of a Pure Food Law will enable the Ministry of Health to deal with all questions of food and should have a beneficial result on the general health of the country. Pending the necessary legal powers we would suggest the appointment of a limited number of Food Inspectors. As a beginning two might be engaged and attached to the staff of the Medical Officer of Health for the city of Cairo. If suitable men were chosen they should effect a great improvement in the food supply of the city and would pay themselves acquainted with an somewhat complicated details of the population and sale of food in Cairo, so that with the consent of legal powers and adequate control could be at once instituted.

"ETABLISSEMENTS INSALUBRES."

As regards "établissements insalubres," it is interesting to note that about half the first class establishments now licensed by the the General Administration throughout the country are actually in Cairo. If these latter were wholly dealt with by the Medical Officer of Health of that city, the duties of the Director of Sanitary Services would be considerably lightened. We find the law relating to "Etablissements Insalubres" is in an exceedingly unsatisfactory state. It will require complete revision as soon as the Capitulations are abolished.

FLIES, MOSQUITOES AND THE CAPITULATIONS.

As of old, Egypt is plagued by flies. Ordinary sanitary measures should be carried out, will do much to lessen their numbers, and a fly campaign might be conducted with advantage. Instruction should be given in the schools, and a section of the Museum devoted to this subject. Flies are tolerated because people regard them as merely a nuisance and forget or are unaware that they are carriers of disease. The fellah is so inured to their presence and disgusting habits that he disregards them, and he and his children suffer in consequence. It is very necessary to awaken interest in the fly and in measures of destruction and prevention.

The same is true as regards mosquitoes and it is only recently that an Anti-Malarial Committee has been formed and is now at work. No general mosquito campaign can, however, be pressed until the capitulations are abolished.

BUILDING REGULATIONS NEEDED.

Building Regulations are urgently required, and the framing of these from the public health standpoint will occupy much of the time of the Director of Sanitary Services.

The establishment of Sanitary Training Centres for Inspectors of Nuisances has already been mentioned. The instruction should be mainly of a practical nature but models and diagrams would be useful. The outlay would be small and much could be done by demonstration centres similar to those which have proved valuable in the different war areas.

CEMETERIES.

Appendix No. 18 besides detailing the class of work carried out by the General Sanitation Section explains fully its relation to the question of cemeteries. It will be seen that much of the work connected with cemeteries has little or no bearing on public health. The view of witnesses competent to express an opinion was that much of this work could and should be transferred elsewhere, either to the State Domains Administration or to the Survey Department, and ultimately, when local self-government has become established, to the Municipalities and Village Councils. It has been pointed out that it is only recently that this work has been properly undertaken, and it is gradually decreasing. The Commission recommends that as much of the cemetery work as possible be transferred elsewhere without undue delay. The Sanitary Staff under the Ministry of Health is shown in Appendix No. 16.

In the opinion of the Commission, medico-legal work and the control of prostitution, as well as the question of the administration of drugs, should not form part of the duties of the Department of Sanitary Services, but should come under the Director of Medical Services, as shown in Graph No. 2.

DEPARTMENT OF EPIDEMIC SERVICES.

Appendix 14 gives an account of the work of the Epidemic Section. The Director of the Epidemic Services under a Ministry of Health would perform very similar duties but these will be expanded to include both land and maritime quarantine. He will also keep in close touch with the Frontiers District Administration. The Commission is wholly in favour of bringing the sea quarantine service under the Ministry of Health and attaching it to this Department. Department Quarantine Board will probably soon disappear and the work it performs could suitably be incorporated with the general work of the Epidemic Department. We understand that this has already been approved in principle. The position of the Port Health Officers can then be regulated.

INLAND WATER TRANSPORT.

The Inland Water Transport, which requires special supervision at times when plague and cholera are epidemic is, we find, not so large as might have been expected. Measures have recently been taken to number and register all river and canal craft so that it will in future be easier to trace infected vessels.

VACCINATION.

As regards vaccination, all that need be said here is that it is of the highest importance that the work of the sanitary barbers, who are responsible for vaccination in the villages, be adequately supervised. There would probably be advantage in a small number of special Inspectors who should be provided with motor-cycles.

DEPARTMENT OF MEDICAL SERVICES.

Appendix 13 gives an account of the work of the Medical Services. Graph No. 2 shows how the Commission propose that this work should be amplified when the Section becomes a Department of Ministry of Health.

Other changes are also suggested, such as a transference of certain duties to the Department of Medical Education.

GENERAL HOSPITALS.

Little need be said regarding the General Hospitals save that of them are required, especially in the larger Markaz towns, that better provision should be made in them for the accommodation of gynaecological cases and of children, that they should be subject to inspection by the special Technical Inspectors mentioned above, that in the more important, the appointment of matrons to look after the nursing and general comfort of the patients would greatly increase their efficiency and popularity, and that no public women, save in cases of emergency, should be admitted into these as patients or into any building within the hospital precincts. Prostitutes are admitted to general hospitals for the treatment of venereal diseases; this practice is distinctly objectionable, and other women shun the hospitals in consequence. The provision of lock hospitals and venereal clinics in the larger provincial towns is a matter of urgency. The inadequacy of the accommodation of the general hospitals both in Cairo and Alexandria calls for special notice.

HOSPITAL INSPECTORS.

With reference to Technical Inspectors, witnesses well qualified to judge have asserted the Commission that they are necessary. It is true that the Divisional Inspector should exercise general supervision over the hospitals in their districts, but it is impossible for them to keep closely in touch with hospital work, consequently abuses may and do have arisen, come to their notice. Moreover the Divisional Inspector should be primarily a hygienist, and hospital inspection requires an expert both in medicine and surgery. Two Technical Inspectors, who possibly might be drawn from the staff of Kasr el Aini, would probably be sufficient. They would visit the Hospitals, of which there are at present 24 in Cairo, and them from time to time for a limited period. In this manner they would become conversant with the administration, with the medical and surgical technique, with the requirements of the staff and other necessary details. They would demonstrate to the staff, and in certain hospitals might hold short clinics or even post-graduate courses for the benefit of the Markaz doctors and private practitioners. Thus the hospital practice would be kept up-to-date, and a better knowledge of the abilities of the medical officers, obtained than is now possible.

The Ophthalmic Hospitals have already been mentioned. In the opinion of the Commission they should constitute a separate section of the Department.

INFECTIOUS DISEASES HOSPITALS.

There is much need for more permanent hospitals for infectious disease, and these should be administered by this department. It is true that special regulations for clothing, dieting, etc., are required in such hospitals, but this is merely a matter of efficient administration, and the Director of Medical Service should control all Government Hospitals if sufficiency economy are to be obtained.

The permanent infectious diseases hospitals should have skeleton staffs which can be reinforced when necessary partly from the general hospitals and partly from elsewhere. The present accommodation for infectious diseases in Alexandria is entirely inadequate and highly unsuitable for the treatment of such cases.

CORDONS AND CLINICS FOR WOMEN.

The Cordons should remain under the Epidemic Department as they are solely emergency hospitals for a temporary purpose. Out-patient clinics for women are amongst the urgent needs of the country. If feasible, something similar to the Ophthalmic Hospitals would be invaluable. In any case, better facilities for the treatment of women are indicated at the existing hospitals and dispensaries.

CENTRAL MATERNITY HOSPITAL.

In this connection the Commission supports the views of Dr. Elgood regarding the immediate establishment of a Central Maternity Hospital in Cairo, a measure also recommended by Dr. Goodman.

CHILDREN'S DISPENSARIES.

Children's Dispensaries are amongst the most useful of health institutions in Egypt, and their number should be increased. They should act early as Dispensaries, but as training centres for the instruction of Egyptian mothers and midwives in the care of children and in the elements of hygiene. The Provincial Councils, by whom they are maintained and financed, should be encouraged to develop this work. The Dispensaries are supervised by Dr. Grace Russell, who also inspects the Maternity Homes, to which reference will be made when we deal with medical education.

SCHOOL INSPECTION AND HYGIENE.

The question of School Inspection and School Hygiene is naturally one of paramount importance, especially in Egypt, where the Children's Damage may accrue in the early years of life from insanitary conditions. A perusal of the Report recently issued by Dr. McGillan on the ophthalmic inspection of schools reveals a condition calling urgently for remedy.

The Adviser of the Ministry of Education has submitted a note on the subject of Medical Inspection of Government Schools. It would appear that the Ministry of Finance has recently adopted an unfortunate policy in reducing or suppressing the allowances paid to Government doctors for this work. While the medical treatment can be left to the local doctor it is recognised that modern school inspection is a distinct and specialised branch of hygiene.

The matter requires the careful attention of the Ministry of Health and should be considered in conjunction with the Ministry of Education together with a wider scheme for bringing the whole medical service of the Ministry of Education under the control of the Ministry of Health, including the appointment of special technical inspection. Dr. Elgood has contributed a useful note on this subject. The question of the inspection of private schools should also receive attention.

PHARMACIES.

Although the Commission recommends the inclusion of the Pharmacy Inspectorate in the Department of Medical Services this important branch of work will remain a separate section much as at present. Its most pressing needs appear to be:

a) New legislation, especially when the Capitulations are abolished.

b) Better control of private laboratories.

c) The delimiting of medical treatment by pharmacists.

a) Regulation of the sale of imported patent medicines.

Facilities for the inspection of pharmacies should be increased and such beneficial work follow the recognition of an official pharmacopoeia in Egypt.

As already indicated the railway, police and Prison Medical Services possess either wholly or in part their own medical staffs. The Railways are practically self-contained, but all these services are dependent on the Public Health Department to some extent for extra staff, assistance in times of epidemics, and for all laboratory work. The duties of the Railways Medical Commission are of a specialised nature and should remain as at present.

PRISON MEDICAL SERVICE.

The Medical Service of the Prisons Administration is directed by an Englishman controlling a staff of 17 Egyptian Medical Officers who are responsible for the Central Prisons, the Reformatories, and the Central Prisons. The Secondary Prisons, mostly in Mudiria towns, receive medical attention from the doctor of the Government Hospital or the markaz doctor, who, as regards this branch of the service, is under a disciplinary control under the Public Health Department and receives a small allocation for it.

COASTGUARDS AND POLICE MEDICAL SERVICE.

The Coastguards Service employs at Alexandria a Medical Officer who is not an official of the Public Health Department. Elsewhere the staff of that Department do the work, receiving a small allocation.

The police have a few doctors of their own, but rely to a large extent on kism and markaz doctors. Both of these services feel that the conditions are unsatisfactory and call for reform.

There can be no doubt that the police medical service should be included in a Ministry of Health, as should also the doctor of the Coastguards Administration.

RAILWAYS AND PRISONS MEDICAL SERVICES.

The question of bringing the Medical Services of the Railways and Prisons Administrations into a Ministry of Health presents certain difficulties. Both services have always been separate and have gradually evolved from small beginnings. They work satisfactorily as they are. The Public Health Department naturally averse to any interference which may effect their efficiency even if economy can be so produced.

We consider that with a Ministry of Health expenditure can only be proportionate. Medical Officers of Health and medical services into that Ministry, to which every Medical Officer in Government employment should belong, with regulated scales of pay, thus facilitating relief and leave, improving prospects of promotion, and avoiding competition in procuring staff.

For example it may be noted that in the Railways Medical Service, where the work is admittedly light, the pay of a Medical Officer varies from L.E. 16 to L.E. 48 per month, while in the Prisons Medical Service it ranges from L.E. 12 to L.E. 35, both services allowing private practice.

We recognise that much of the work of these services is technical, and that certain posts must be held by those who have acquired this technical knowledge. Hence, in these cases, transfer to other branches of the Ministry would be undesirable, but in the junior ranks, where the time of the Medical Officers is not fully employed, it appears that an economy in personnel could be effected and competition avoided if both these services were incorporated in the Ministry of Health.

Further economies could be made by the abolition of small hospitals of two to eight beds provided solely for Railway employees in places where the General Hospitals exist, and by a greater use of the Central Stores of the Public Health Department in procuring drugs, instruments, and such articles of equipment as are not made in the Railway and Prisons Departments.

With the slight modifications indicated above, we consider both these services should continue as separate organisations incorporated with a Ministry of Health.

MEDICO-LEGAL WORK.

It will be noticed that the Commission considers the rightful place for the medico-legal work to be the department of medical services. Dr. Goodman briefly discusses the question as to whether there would be any advantage in transferring the medico-legal staff at present attached to the Parquet to the Ministry of Health. He points out that this will largely depend on the nature of the changes in the Parquet organisation which are under the consideration of the Capitulations Commission. He thinks that on the whole this medico-legal staff had better be attached to a Criminal Investigation Department than form part of the Ministry of Health. This Commission agrees. Its enquiries have rather been directed to find, ing some method whereby the Ministry of Health, and more especially its officials in the provinces, may be lightened of some of their duties in connection with forensic work, duties which have no bearing whatever on sanitation, and which are nearly as much legal as medical.

The scheme by which two classes of markaz doctor will be treated and the medico-legal work relegated to the man doing purely medical work would help in some measure, but though careful enquiries have been made, it does not seem possible to do much more in the way of lessening the work. It can, however, be made much more efficient by appointing medico-legal inspectors under the Ministry of Justice. They would be medico-legal experts touring the provinces and supervising the forensic work of the markaz doctors. The opinion has been expressed that such an arrangement might tend to lessen the number of cases. Copies of all medico-legal reports on crimes should be sent to the medico-legal expert in Cairo. Carbon duplicates are at present forwarded by the markaz doctor to the Mudiria Health Inspector, and if this method was sent direct to the Medico-Legal Expert errors would be detected, time would be saved, and some relief be afforded the Health Inspector. A register of all medico-legal cases should be kept by the markaz doctor. In large towns like Cairo and Alexandria there should undoubtedly be specially trained men whose sole duties would be of a medico-legal nature.

PROSTITUTION AND VENEREAL DISEASE.

Prostitution, while practically non-existent in the small villages, is rife in the towns, and venereal disease is prevalent throughout the country.

We have investigated the system of registration and medical examination of prostitutes as carried out in Cairo and Alexandria, and although the method in one which deals with a part of the problem, we are unanimously of opinion that it is of considerable value.

The whole of the question of prevention of venereal disease is one of extreme difficulty and we consider the most promising field of action in Egypt is probably on the line of instructing the populace in the dangers of infection, the best means of prevention, and at the same time providing certain facilities for this purpose and for early and thorough treatment.

LOCK HOSPITALS.

Lock Hospitals exist in certain large towns but should be provided in all the damage done to the work of the General Hospitals by treating prostitutes in them is considerable.

Clinics for the treatment of venereal diseases should also be established.

We are informed that nothing can be expected from the local governing bodies in this direction, so the initiative must come from the central Government.

CENTRAL MEDICAL COMMISSION.

The Commission has enquired into the reasons which led to the Central Medical Commission being separated from the Public Health Department and attached to the Ministry of Finance while the work of the Provincial Medical Commissions still remained in the Public Health Department. There seems no reason why the Central Medical Commission should not form part of Ministry of Health and we recommend this course. Its constitution need not be altered and existing difficulties as regards leave will disappear.

The President of the Central Medical Commission drew the attention of this Commission to the fact that he was sustained by the Government owing to the system whereby non-medicinable employees are not as general as medically examined before entering government service. If found unfit later, these employees are discharged and granted a gratuity whereas had they been medically examined before admission, probably many of them would not have been accepted. The Commission has made enquiries on this point, and has been informed that the cost of examining so large number of employees would be more than counter-balance any loss which results from the present system.

The new Lord Camperdown seems to have set a precedent in the renunciation of his earldom and estates. No other case of the kind is on record, and indeed the present "abdication" cannot be made effectual so far as the title is concerned. He need not, of course, use the title, but even though the Hon. George Haldane Duncan never signs in any other style there can be no new Lord Camperdown till his death. He lives in Boston, U.S.A., is aged seventy-three, and is a very rich man, so that neither the title nor the estates have much to offer him.

WEATHER REPORT.

ALEXANDRIA.

From Observations taken at Kom-el-Nadara at 8 a.m. 3 August, 1918.

Barometer reduced to O°C., Sea-level

		Inches and Mean Gravity [mm]
Wind	Direction	N.
	Velocity [in kms. p hour]	25
	Force [0-10]	3
State of sky		Clear
State of sea		Slight
Air temperature	Wet bulb thermometer	22.6
	Dry bulb "	26.0
	Max. for previous day	30.0
	Min. " "	21.4
Black bulb therm. at 8 p.m. yesterday		59
Relative Humidity		73
Rainfall for 24 hrs. ending 8 a.m. [mm]		0.00
Evaporation " " [mm]		3.3

Observer H. Sussin.

EGYPTIAN COTTON RECEIVED AT ALEXANDRIA.

(Especially compelled for "The Egyptian Gazette")

		1917-18	1916-17	1915-16
Total Receipts from Sept. 1 to July 26		Cantars 6049020	Cantars 5012217	Cantars 4582716
This week's Receipts				
Saturday	27	3352	67	42
Sunday and Monday	28 29	5741	—	—
Tuesday	30	7534	325	—
Wednesday	31	4296	1180	—
Thursday — August	1	3984	178	680
Friday	2	2003	—	510
Total for week		26910	1750	1232
Total Receipts from Sept. 1 to August	2	6075930	5013967	4583048
Total Crop			5011080	4806381

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MacKay M.L.: The Return of the Emigrante
Macnaughten S.: Ozendale
" The Anderson
" A tame Dog's Dairy
" The Expensive Miss du Cane
" The Fortunes of Christina McNab
" Snow Upon the Desert
" The Gift
" Four Chimneys
" Selah Harrison
Magnay Wm. Sir: The Heiress for the Season
" A Prince of Love
" The Amazing Duke
Marchmont A.W.: The Ruby-Heart of Kishgar
" The Eagrave Square Mystery
Martindale T.: With Gun and Guide
Marsh R.: A Woman Perfected
" The Garden of Mystery
" The Romance of a Maid of Honour
" The Magnetic Girl
Marriot C.: The Intruding Angel
Merrick L.: The Position of Peggy Harper
" Cynthia
Mason A.E.W.: The Four Feathers
" Running Water
Mead C.E.: My French Friends
" An English Girl in Paris
Meade C.T.: Little Josephine
Merriman H.S.: Tomaso's Fortune
" Barlasch of the Guard
" The Isle of Unrest
" With Edged Tools
" The Grey Lady
" The Vultures
" From One Generation to Another
Mitford B.: The White Hand and the Black
" A Border Scrouge
Murray D.C.: In His Grip
Nicholson M.: The House of a Thousand Candles
Norris W.E.: Heape of Money
" The Flight of the Crown
" Nature's Comedian
Niven F.: Justice of the Peace
Novel G.: The God of His Fathers
Ohnet G.: The Marlitt Mystery
Oliphant Mrs.: It was a Lover and his Lass
" Ganes
Ollivant A.: The Gentleman
Oppenheim E.P.: The Falling Star
Oxenham J.: Hearts in Exile
Pain Barry: Dreams
" Mrs. Murphy
Parker G.: Pierre and his People
" The Lame that had no turn-Turning
Pasture H. de la: The Man from America
" The Grey Knight
Payn C.: The Burned Million
Peer by a.: To Justify the Means
" Thou
" A Wife Imperative
Pemborton M.: Pro Patria
Perrin A.: The Stranger Claim
Philip F.G.: Dancer in Blue
Philpotts E.: The American Prisoner
" Widecombe Fair
Pickhall M.: The Children of the Nile
Prior J.: A Walking Gentleman
" "Q": Poison Island
" " Fort Amity
" " The Splendid Spur
" " Major Vigoureux
" " The Ships of Stars
Queux Wm. Le.: The German Spy
" The Mystery of a Motor Car
" The Eye of Istar
" The Veiled Man
" Tekkencote Treasure
Hindenburg's March into London
Reynolds Mrs. B.: Out of the Night
" The Isle of Mark
" The Girl from Nowhere
" The Notorious Miss Lisle
Ridge W.B.: Mrs. Galer's Business
Rives H.E.: Hearts Courageous
Rita: The House Called Hurrish
" A Man of no Importance
Robine E.: Come and Find Me
Roberts M.: The Grifter's Wheel
" Seal of the Sea
Rose E.S.M.: Some Irish Yesterdays
Rowlands E.A.: Hearts at War
" A Love Almost Lost
" On the High Road
" Sunset and Dawn
" Temptation
Russell C.W.: The Wreck of the Grosvenor
Saunders M.E.: A Shepherd of Kensington
Sidgwick A.: The confounding Camelia
Sinclair M.: The Helpmate
Silberrad U.L.: Sampson Rock Quaker
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