felt for the martyr Báb among generously minded Persians may still give it a future.@@1

Less dangerous than these bold communists are the Ishmaelites, direct descendants of the old Ismá'ílíya, whose nihilist doctrines are now diluted into a harmless doctrine of incarnation. They are pretty numerous in India, at Bombay, Surat, and Burhampur, but hardly are found in Persia.@@2

Despite their mutual feuds, Sunnites aud Shi’ites are at one in their hatred and contempt for the professors of other religions. Holding that faith and unbelief are matter of predestination, Islam is not given to forcible proselytizing, and on certain conditions Christians and Jews (and later on Zoroastrians also) have always been tolerated in the Mohammedan empire, except that 'Omar, mainly on political grounds, expelled all non-Moslems from Arabia. But none the less the adherents of other faiths are hated and despised as children of hell and enemies of true religion. To reconcile the present decay of Islam and prosperity of the unbeliever with their feelings and convictions, Sunnites and Shi'ites alike take refuge in the doctrine of a restoration of Islam before the end of the world through the “ divinely guided ” Mahdi. In view of the interest in the subject excited by recent events, some addition may here be made to the brief statement in the article Mahdi.@@3 Originally, as has been shown in that article, the idea of a god-sent deliverer from the ille­gitimate caliphs was attached by the Shi'ites to actual pretenders of the house of 'Alí ; but later on, and especially since the days of the Mongols, the figure of the Mahdi was projected into the far future, and ultimately his arrival was made a sign of the end of the world. Among the Sunnites, on the other hand, who could not accept the Shi'ite pretenders, some of those who felt that the Omayyad sovereignty was not truly spiritual and worthy of Islam borrowed the Christian hope of the second coming of Christ, whom Islam acknowledges as a prophet and precursor of Mohammed, and whose return at the end of the world seemed to accord with some vague passages of the Koran ; others looked, like the Shi'ites, for a deliverer from earthly tyranny, but did not tie themselves to the belief that he must spring from the house of 'Alí. When the theo­logians of 'Abbasid times began to systematize the religious tradi­tions they found some that spoke of a return of Jesus and others referring to a Mahdi. These they combined together, so that Sunnites now believe that, when unrighteousness is at its height upon earth and the victory of the enemies of Islam seems sure, the Mahdi will appear to destroy the unbelievers and establish God’s kingdom on earth. Then the Antichrist *(dajjál)* will work new mischief, but be destroyed by Jesus, who appears as precursor of the last judgment. Sunnite theologians have not all been at one in expecting a Mahdi as well as Jesus, but this is the view generally current in recent times ; and Sunnites and Shi'ites are agreed that the Mahdi will destroy the external foes of Islam, *i.e.*., all non- Mohammedan powers. Theologians have tried by artificial inter­pretation of Koran and Sunna to fix when and how the Mahdi is to appear, and have concluded that he must be looked for at the close of a century. Of this widespread belief Mohammed Ahmed, the Sudanese Mahdi, availed himself in coming forward in the year 1300 of the Flight (1882-83). Theological opinion is so un­settled as to all the details of the Mahdi’s work that, according to trustworthy information, his death has not seriously impaired the impression produced by his victories. In Mecca, for example, in 1885 it was commonly held to be conceivable that the Sudanese fighting in his name might destroy England and the Western powers ; and it is possible that the belief in this latest Mahdi has still an important part to play in the Eastern question. (A. MÜ.)

SUNSTROKE *(Heatstroke·, Insolation; Coup de Soleil;, Thermic Fever),* a term applied to the effects produced upon the central nervous system, and through it upon other organs of the body, by exposure to the sun or to over­heated air. Although most frequently observed in tropical regions, this disease occurs also in temperate climates during hot weather. A moist condition of the atmosphere, which interferes with cooling of the overheated body, greatly increases the liability to suffer from this ailment.

Sunstroke has been chiefly observed and investigated as occurring among soldiers in India, where formerly, both in active service and in the routine of ordinary duty, cases of this disease constituted a considerable item of sickness

and mortality. The increased attention now paid by military authorities to the personal health and comfort of the soldier, particularly as regards barrack accommodation and dress, together with the care taken in adjusting the time and mode of movement of troops, has done much to lessen the mortality from this cause. It would appear that, while any one exposed to the influence of strong solar heat may suffer from the symptoms of sunstroke, there are certain conditions which greatly predispose to it in the case of individuals. Causes calculated to depress the health, such as previous disease, particularly affections of the nervous system,—anxiety, worry, or overwork, irregu­larities in food, and in a marked degree intemperance— have a powerful predisposing influence, while personal un­cleanliness, which prevents among other things the healthy action of the skin, the wearing of tight garments, which impede the functions alike of heart and lungs, and living in overcrowded and insanitary dwellings have an equally hurtful tendency.

While attacks of sunstroke are frequently precipitated by exposure, especially during fatigue, to the direct rays of the sun, in a large number of instances they come on under other circumstances. Cases are of not unfrequent occurrence among soldiers in hot climates when there is overcrowding or bad ventilation in their barracks, and sometimes several will be attacked in the course of a single night. The same remark applies to similar conditions existing on shipboard. Further, persons whose occupa­tion exposes them to excessive heat, such as stokers, laundry workers, &c., are apt to suffer, particularly in hot seasons. In the tropics Europeans, especially those who have recently arrived, are more readily affected than natives. But natives are not exempt.

The symptoms of heatstroke, which obviously depend upon the disorganization of the normal heat-regulating mechanism, as well as of the functions of circulation and respiration (see Pathology, vol. xviii. p. 394), vary in their intensity and likewise to some extent in their form. Three chief types of the disease are usually described.

(1) *Heat Syncope.—*In this form the symptoms are those of exhaustion, with a tendency towards fainting or its actual occurrence. A fully developed attack of this descrip­tion is usually preceded by sickness, giddiness, some amount of mental excitement followed by drowsiness, and then the passage into the syncopal condition, in which there are pallor and coldness of the skin, a weak, quick, and inter­mittent pulse, and gasping or sighing respiration. The pupils are often contracted. Death may quickly occur ; but if timely treatment is available recovery may take place.

(2) *Heat Apoplexy or Asphyxia.—*In this variety the attack, whether preceded or not by the premonitory symp­toms already mentioned, is usually sudden, and occurs in the form of an apoplectic seizure, with great vascular engorgement, as seen in the flushed face, congested eyes, quick full pulse, and stertorous breathing. There is usually insensibility, and convulsions are not unfrequent. Death is often very sudden. This form, however, is also amenable to treatment.

(3) *Ardent Thermic Fever.—*This variety is characterized chiefly by the excessive development of fever (hyper­pyrexia), the temperature of the body rising at such times to 108° to 110° Fahr. or more. Accompanying this are the other symptoms of high febrile disturbance, such as great thirst, quick full pulse, pains throughout the body, head­ache, nausea, and vomiting, together with respiratory em­barrassment. After the attack has lasted for a variable period, often one or two days, death may ensue from collapse or from the case assuming the apoplectic form already described. But here too treatment may be suc­cessful if it is promptly applied.

@@@1 See on Báb and Babism, Mirza Kazem Beg, in *Journ. Asiatique,* ser. 6, vols. vii. viii. ; Gobineau, *op. cit.,* where there is a translation of Bab’s new Koran ; Von Kremer, *οp. eit.,* p. 202 *sq.*

@@@2 See Garcin de Tassy, *L'Islamisme,* 3d ed. (1874), p. 298, and Rehatsek, *ut sup.*

@@@3 Compare especially Snouck Hurgronje, “Der Mahdi,” in *Revue Coloniale Internationale,* 1885, an article based on wide reading and personal observations at Jeddah and Mecca.