

agricultural villages of Ladak) there are 90 houses or families, and a population of about 600. I here found 71 children under 10 years of age: 46 were girls, and 26 boys; there were also 15 boys away at neighbouring gumpas or monasteries; so that in the whole 90 families there were only 86 children under 10 years of age.

In most of the houses the women had 2 or 3 husbands, never more than 3. One woman, who had only one husband, had 6 children; 14 women had each 3 children, and the rest had only 1 or 2 children, and many none at all; 16 children had been born during the year, and 11 people had died. The people generally are very healthy, and the children especially healthy and well-nourished. These figures show a very low power of propagation for so healthy a country, and there is no doubt that the population of Ladak has not materially increased during the last 20 years. In travelling through the country one is everywhere struck by the very small number of children one sees about, though in the Mahomedan parts of Thibet, where the custom of polyandry does not exist, children are as plentiful as in Indian villages.

REMARKS ON THE TEMPERATURE, PULSE, AND RESPIRATION IN HEALTHY SEPOYS.

By Asst.-Surgeon J. CLEGHORN, 10th Native Infantry.

The following observations were taken during the latter five months of the past year, at the hours of 6 and 7 o'clock a.m., and 5 and 6 o'clock p.m. The men were at hospital half an hour before the observations were taken, so that complete bodily rest was secured. Those who were known to be unhealthy, or subject to frequent attacks of ague, were not examined.

The observations were taken under the same conditions as they would be if the men were sick in hospital. Each individual lay covered with a sheet or blanket, in the recumbent position, on a charpoy. The bulb of the thermometer—one of Casellas—was placed underneath the inner fold of the left axilla, any perspiration present having previously been wiped away; the arm was adducted, and slight pressure directed upwards and inwards, applied over the free end of the thermometer. It was retained in position from seven to ten minutes, or until the mercury ceased to rise. I note these minutiae as they must be attended to, to obtain correct or practically useful results.

The following is an abstract of the observations:—

CASTE.	No. examined.	TEMPERATURE.		PULSE.		RESPIRATIONS.	
		Morning.	Evening.	Morning.	Evening.	Morning.	Evening.
Punjabee Mussulmans	57	97°-84	98°-60	62	65	19	21
Hindustani ditto	52	97°-87	98°-99	61	65	18	19
Rajpoots and Brahmins	133	97°-76	98°-63	61	63	18	20
Dogras	54	97°-71	98°-86	57	67	17	19
Bundeelahs	71	97°-99	98°-98	60	72	17	19
Jats	38	97°-83	98°-86	57	66	17	19
Gwallahs and Aheers...	61	97°-90	98°-95	61	74	16	20
Total examined ...	466						
Average		97°-85	98°-84	60	63	17	20

The above shows that the temperature, pulse, and respiration in sepoys are lowest in the morning, and highest in the evening. The same has been observed to be the case in European troops in the West Indies, and the tropics generally. The reverse occurs in temperate regions. This may be owing to the temperature in the tropics being higher in the evening than the morning; but I am inclined to think that, in the case of the sepoy at least, the higher evening temperature is due to the greater activity of the digestive and assimilative functions, at that time, than in the morning. The sepoy, as a rule, eats his meal at or about noon at 6 o'clock a.m.; he

has been nearly eighteen hours without food, and is, therefore, in a lower state of health than at 5 o'clock p.m., a few hours after eating. If the higher temperature indicates a higher state of health, then the sepoy is best able to undergo fatigue, and less liable to be attacked by disease in the afternoon or evening, than in the morning.

In practice the opposite rule is followed, marches and fatigue duties being conducted in the early morning. Statistics showing the admissions and deaths on the march, and also in cantonments, would be instructive. The belief is, I know, general, that a regiment is healthiest on the march. My own experience is opposed to this, but statistics would settle the question.

The pulse and respirations are higher in black, than in European troops, owing, I have no doubt, to the smaller size of the chest and greater height in the former as compared with the latter.

Table of Chest and Height measurements—the average of the whole number examined.

CASTE.	Circumference of chest in inches.	Height in inches.
57 Punjabee Mussulmans	32 $\frac{3}{4}$	71
52 Hindustani ditto	32 $\frac{1}{4}$	68
133 Rajpoots and Brahmins	32 $\frac{1}{2}$	69 $\frac{1}{2}$
54 Dogras	31 $\frac{1}{4}$	67
71 Bundeelahs	33 $\frac{3}{4}$	68
38 Jats	32 $\frac{3}{4}$	68
61 Gwallahs and Aheers	33	68 $\frac{1}{2}$
Average	32 $\frac{1}{2}$	68 $\frac{1}{2}$

Judging of the health of the different castes, by the average number of days under treatment in hospital, during the past five years, the following is the order in which they stand:—

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| 1. Hindustanee Mussulmans. | 5. Dogras | } equal. |
| 2. Punjabee ditto. | 6. Jats | |
| 3. Rajpoots and Brahmins. | 7. Gwallahs and Aheers. | |
| 4. Bundeelahs. | | |

The temperature, before the pulse or respirations, shows when disease is present. In several of the men, the mercury rose to 102°F. and 103°F., without the pulse or respirations being affected. On questioning these men they said they had no fever, and considered themselves to be in good health; but the following morning generally found them at hospital, suffering from ague, except those cases to whom a dose of quinine had been given at the time the high temperature was noted.

NOTE ON COLOR BLINDNESS.

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COLOR Blindness, Achromotopsia, or as it is sometimes named Daltonism, after the famous chemist who suffered from this defect of vision, and was the first to write on the subject in the Memoirs of the Literary and Philosophical Society of Manchester, would appear to be more common than is frequently supposed. It is more frequent in males than females, and often runs in families. Mr. Wharton Jones, in a treatise on the "defects of sight and hearing," states that "the colors on the "defects of sight and hearing," states that "the colors and most generally confounded are red and brown with green, and pink with blue. Yellow and blue are generally readily distinguished by the color blind" (2nd edition, page 84.) This defect of vision does not interfere with the eye in other respects, as, for example, in reference to its perception of form, light, shadow, or of objects at a distance.