

## Correspondence.

### RICKETS IN INDIA AND BURMA.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I have noticed, in one or two of your issues lately, references to the extreme rarity or absence of Rickets in India. The February number says: "It has never yet been satisfactorily explained."

In a practice of over five years in this place, I have met quite a large number of cases which have been diagnosed as Rickets. When well developed, they show prominent parietal eminence, unclosed fontanelle at two and three years, beads on the costochondral articulations (though these are but slightly marked), pot-belly and enlarged spleen (nearly every child has an enlarged spleen here), enlarged epiphyses at the wrist, offensive diarrhoea and sweating about the head. They yield promptly to codliver oil. We have about sixteen orphans taken at birth or a few weeks after, and at twelve to eighteen months nearly all begin to emaciate, and recover on taking codliver oil.

I have seen no cases of Rickets above six or seven years, but explain this fact by supposing that they die before they reach that age.

From figures which I have collected, it appears that 60 per cent. of all the children born here die before twelve years of age. What with small-pox, measles, malaria, and convulsions, together with the lack of intelligent care most children receive among the Shans, a child's chance for life if suffering from Rickets seems very small.

Where is the difference between the Shan States and India? May it not be that *ghee* is unknown here and the food woefully lacking in all fats, except vegetable oils. I do not know enough about the conditions of life in India to do more than make this suggestion. The habit of suckling children until 2½ or 3 years prevails here to some extent.

A. B. MISSION,  
Mone, S. Shan States, Burma: }  
1st June 1899.

A. H. HENDERSON.

### WANTED MOSQUITOS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I am at present employing my leisure, while on furlough, in making a compilation of the known species of mosquitos, with the view to the identification of the species incriminated in the transmission of malaria. As far as I can make out, only two species stand recorded from India, up to the present time, so that it is obvious that these insects have as yet been scarcely studied at all in that country, for it may be taken as certain that the true number of species is much nearer fifty. I should much like to include some of these unknown species in the forthcoming catalogue, and so shall be greatly obliged to any of your readers who will be good enough to send me any specimens they can catch.

The best way of sending them is to regularly pin them as entomologists do, a full description of the method being obtainable from Mr. Austen of the British Museum.

Failing this, however, they may be packed, a few of each species together, in the small tubes in which specimens of medicinal tabloids are sent out by druggists' firms.

No spirit or other fluid preservative should be used, as the delicate colours are quite altered by such agents, and, above all things, no cotton-wool should be inserted in the tubes, as the legs become inextricably entangled in this material. The sexes of mosquitos may be distinguished easily by the antennæ, which are beautifully plumed in the males, while they are but sparsely hairy in the females; and it is well, wherever possible, to send both sexes of each species. When resting on a wall or window, mosquitos may often be easily caught by cautiously slipping a small bottle or tube over them, into the bottom of which has been wedged a small wad of blotting-paper, on which is dropped a little chloroform; but the surer plan is to use a light butterfly net, and to transfer them from this to a tube, prepared as above, held in the hand introduced into the net. The tubes should be packed in a box with plenty of cotton-wool and sent by post. Major Ross' splendid investigations were unfortunately interrupted by the exigencies of the service, on the occasion when, some two years ago, he succeeded in infecting mosquitos with human malaria, and in his more recent work, when on special duty, he has not been able to again find this species; but he tells me that, like the species forming the intermediate host for avian

malaria, it was a small, dark tinted species with "dappled" wings, so though all species will be most gratefully received, species answering to that description are specially interesting. Trusting that the importance of the subject may serve as a sufficient apology for my request.

BYFIELD, MANNAMEAD,  
PLYMOUTH, DEVON: }  
9th May 1899.

G. M. GILES,  
Major, I.M.S.

### WHAT IS THE "HILL FEVER OF MYSORE AND DECCAN"?

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Can any of your readers give any information as to the nature of what has been called the "Hill Fever" of Mysore and the Deccan? In reading an account of malaria\* recently, I came across the following: "The hill fever of Mysore occurs among bare rocks, stones and brown earth, at the hottest season from March to June, when the rocks in the sun show a surface temperature of 220°F. and rapidly cool after sunset." A similar fever (malarial) is said to prevail near the bare rocks of a cataract on the river Orinoko, where there is great absorption of heat and rapid radiation. Does this fever still prevail in the hot season in the Deccan, &c.? Is it malarial? How does the mosquito theory apply here?

DARJEELING,  
16th June 1899.

W. J. BUCHANAN,  
Capt., M.B., I.M.S.

## Service Notes.

### NEW REGULATIONS FOR INDIAN SUBORDINATE MEDICAL DEPARTMENT.

WITH the approval of the Right Honourable the Secretary of State for India, the Government of India sanction the following changes in the conditions of service of the Warrant Officers of the Indian Subordinate Medical Department with effect from the 1st of April 1899:—

1. The existing grade of 3rd class assistant surgeon is abolished and the service will be divided into four classes as shown below:—

	Old designations. (Grades.)	New designations. (Classes.)	Corresponding Rank.	Pay. Rs.
1st class	{ Above 5 years' service	1st class	Conductor	200
	{ Under 5 " "	2nd class		
	{ Above 5 " "	3rd class	Sub-Conductor	150
2nd class	{ Under 5 " "	4th class		
3rd class				85

Note.—Compensation for quarters, furlough pay, half-pay, pensions, etc., of the new classes will be according to the allowances at present authorised for the corresponding former grades.

2. Subject to good conduct and efficiency and in the case of third class assistant surgeon the passing of an examination also, as detailed in para. 3, a service of five years in the fourth class and of seven in the third and second classes respectively shall entitle an assistant surgeon to promotion to the next higher class.

3. Third class assistant surgeons will, before being eligible for promotion, be required to pass an examination in surgery, practice of medicine, materia medica, hygiene, midwifery and acquaintance with the regulations which govern military hospitals, at any time before the end of the twelfth year of service. No allowance on any account, including that of field service, will be made for failure to pass this examination which will be held annually under the orders of the Director-General, Indian Medical Service, who may, on the advice of the examiners, remand a candidate to his studies for any period not exceeding two years.

4. (a) The assistant surgeons in the service on the 1st April 1899 (excluding those who have been specially promoted, degraded or passed over for promotion during their service) will be

\* *Encycl. Brit. Art. Malaria.*