

prescribing the procedure for sending articles for medico-legal examination.

(b) *Vaccine institute.*—During the year, both lano-line and glycerine lymphs were prepared and issued, the total quantity issued being enough for 339,104 and 50,315 cases respectively. Investigation is stated to have been undertaken about the occurrence of cases of smallpox among persons who had been protected by means of vaccination not long before. The result of this investigation should be reported to Government early. The total income and expenditure of the institute was Rs. 24,692 and Rs. 21,589 against Rs. 24,975 and Rs. 19,769 respectively in the previous year.

Bureau of vital statistics.—The total number of births during the year was 117,302 against 117,920 during the previous year. The computed birth rate was 17.74 per mille of population against 17.99 in 1933. The highest birth rate was returned by the Bangalore district (21.27) and the lowest by the Chitaldrug district (13.26).

The total number of deaths reported during the year was 113,591 against 106,009 during the preceding year, showing an increase of 7,582, which is stated to be due to increase in deaths under fevers. The computed death rate was 17.18 per mille of population against 16.17 in 1933. The total number of deaths among children of less than one year of age was 14,226 against 11,733 in the previous year.

Bureau of sanitary engineering.—The activities of the bureau continued as in the previous year. Thirteen water supply schemes and four drainage works were completed.

The state of public health was generally good. There was a decline in the incidence of plague and the state was almost entirely free from cholera. Smallpox showed a tendency to rise but this was anticipated and the steps taken to check the spread of the disease were adequate.

The Indian Red Cross Society (Mysore State Branch) and other voluntary organizations continued to do useful work.

ANNUAL REPORT OF THE C. M. S. MISSION HOSPITALS, SRINAGAR AND RAINAWARI, KASHMIR, FOR THE YEAR 1935

This is the first year since 1882 that a report has been issued from these hospitals without a Neve having been in charge for at least part of the year. We give below a few abstracts showing that the valuable work done by this organization is being continued as energetically as ever.

Our staff, consisting as it does of about 70 members, doctors, nurses, assistants, compounders, dressers and servants, has ministered to the needs of some 2,000 inpatients, men, women and children, representatives of every community, caste and creed to be found in this great state, and also to travellers coming from far beyond its borders.

During the summer one of the periodic epidemics of cholera broke out in the main valley of Kashmir and would in all probability have become one of appalling magnitude but for the energetic and extraordinarily efficient preventive measures taken by the state medical department through which the epidemic was limited to one of comparatively small dimensions. The chief means of prevention was the inoculation of practically the whole population of the valley with anti-cholera vaccine and it is stated that no less than one million, four hundred thousand inoculations were performed. In this work our hospital was able to take a part, which was appreciated by the state medical authorities as evidenced by a letter which we received from the Director of Medical Services, a copy of which is given below.

'I am writing to thank you on my behalf and that of the medical department of His Highness' Government for the splendid assistance and co-operation given by you and your staff during the recent cholera

epidemic, which very materially assisted in the wonderful results obtained. I shall be most grateful if you would kindly convey my appreciation to all the staff working under you'.

[These hospitals depend largely on voluntary subscription, therefore they are grateful for subscriptions and any of our readers who would like to feel that their money is being well spent may send donations to the superintendent of the mission hospital, Srinagar.]

Correspondence

EPIDEMIOLOGY OF MALARIA

To the Editor, THE INDIAN MEDICAL GAZETTE

SIR,—With the help of records supplied to me by Dr. S. C. Sen Gupta, the resident doctor of Hope Tea Estate in the Bengal Duars, I have been able to determine that malarial infection may be conveyed by mosquitoes there during each of the months of September, October, November, and April, and with regard to the other months in one or both of the months December and January, February and March, May and June, and July and August. The material utilized was the record of the birthdays of the infants born on the estate and the date of their first attack of malaria, properly confirmed by the microscope.

The result of the analysis was, after all, only to have been expected, for in the low plains there are no new infections in the hot weather because it is too hot, and in the hills no new infections in the cold weather because it is too cold, so in some intermediate region it follows that one should find new infections at all seasons, as has now been established.

Such records then afford a valuable and cheaper guide to the period, if any, when relaxation of prophylactic measures may be permitted, than do mosquito 'infectivity surveys'. It is hoped to submit shortly details of the method of analysis.

Yours, etc.,

C. STRICKLAND, M.A., M.D.,

Professor of Medical Entomology.

SCHOOL OF TROPICAL
MEDICINE, CALCUTTA,
22nd May, 1936.

INTESTINAL TUBERCULOSIS

To the Editor, THE INDIAN MEDICAL GAZETTE

SIR,—I am glad Dr. A. Roy Chowdhry has taken interest in my article on intestinal tuberculosis which appeared in the February number of the *Indian Medical Gazette* and has raised some questions on the observations made by me in the article. It is by such discussions that improvement in the medical science will take place.

Dr. Roy Chowdhry must not forget that my article dealt mainly with intestinal tuberculosis secondary to the disease in the lungs and I certainly believe that the diagnosis of secondary intestinal tuberculosis can be made earlier than was the case some years back.

It is admitted that there is no pathognomonic sign of intestinal tuberculosis but a careful consideration of all the signs and symptoms should help us in forming an opinion whether a 'phthisical' patient is suffering from intestinal complication or not. While ulceration in the small bowel produces constipation, it may produce 'spasm' also. As a result of this spasm there may be a temporary retention of the barium meal proximal to the spastic portion with resultant dilatation and segmentation. By the same reflex mechanism, sufficient spasm of the small intestine may result in gastric retention. This retention of the barium meal higher up in the gastro-intestinal tract ought to create