removal to colder higher latitudes or higher elevations of land is the only efficient cure. But since, from long or short residence in low localities, congestion of the glandular system takes place, it cannot be expected that pyrexia having occurred should at once absent itself; and, as fresh causes of interruption to pure respiration occur, or fresh foreign particles by a better supply of pure air are enabled to be chemically dissolved, so long will paroxysms of pyrexia occur. Among these foreign particles are included the contents of occluded capillaries, which through the exhibition of pure air are thus re-opened.

Reverting now to the rain-fall at Labuan, it may be stated that the highest sick list occurred in the months of the largest rain-fall—formulated as the first burst of heavy rain. It is reasonable to suppose that, as water in evaporating takes up a large quantity of electricity with it, that it may also take up at the same time any other matters buoyant enough to float; and that when this evaporation is again condensed into heavy thunder-showers and electrical discharges, there will be an increased amount of atmospherical impurity. This atmospheric impurity, united with increased humidity and a fall in the temperature, will be more than sufficient to account for the increase of febrile attacks on the accession of heavy rainy weather, without having recourse to malaria as a local terrestrial emanation or a pre-existing internal germ.

The sources of evaporation and the consequent purity or impurity of rain from different parts of the earth's surface, can be ascertained by reference to Maury's Physical Geography of the Sea, and need not here be entered into; it is enough to know that clouds and winds do not always carry and waft pure water and air from one part of the globe to another. No one dreads a mist on a mountain's top, but few, without misgiving, will encounter it over a swamp. All talk with delight of the gentle sea breeze, but few hail the strong south-wester. There are fewer still who, having sat or fallen asleep in either the one or the other, have not on rising or waking experienced a damp feverish sensation. Since, then, these feverish sensations may occur in the fresh and presumably pure sea breeze, how much more may they not occur in mist, clouds or breeze whose antecedents are not known? The damp feverish sensation in the pure sea breeze, and the febrile attack in rainy weather, differ but in degree the one from the other, and each is due to loss of heat the body undergoes, and its insulation from the sun's influence. And so long as our nerve currents are not interfered with by doubt, over-exertion, and irregular calorification, so long do we escape unpleasant sensations; but if a fractional alteration of nerve polarity takes place through any of these causes, there is an alteration in the system of the nerve-current, which may be lessened or intensified according to the quantity of effête particles, or restored according to the quantity of the antidote or antiperiodic which exists in the blood. *This alteration*, how insignificant sover it may be, *has produced a check* in nerve-currency, *and in certain conditions of the system this check is readily propagated*, or reproduced, by any injudicious act.

(To be continued.)

A CASE OF CONGENITAL MALFORMATION.

By Assistant Surgeon J. F. P. McCONNELL, M.B.,

Officiating Civil Assistant Surgeon of Julpigoree.

WOOCHOOP C. S——., a Bengali lad, aged 25, was born in the village of Connihatty, Zillah Rajshahye, and presents the following peculiar malformities:—

(*a.*) *Spine.*—An angulo-lateral curvature is seen occupying the whole of the dorsal region; the lateral deflexion is towards the right; all the ribs from the 3rd downwards participate in the curve, and are greatly bent at their angles.

(*b.*) *Hands* (1) *Right.*—Fingers normal, but the *metacarpal bone* of the thumb is bifid, *i. e.*, consists of two "rami" articulating by a common base to the trapezium, but separating at right angles from each other almost immediately: the summit of *each ramus* is surmounted by two phalanges, which are moderately well developed, and each *distal one* bears a well-formed nail.

(2.) *Left hand.*—Fingers also normal. The metacarpal bone of the thumb is *single*, but supports *four phalanges*, two of which are situated vertically with respect to the head of this bone; the other two rudimentary in character project laterally outwards from this point, as if *abnormal developments of the sesamoid bone* usually found in this situation.

(*c.*) *Ears.*—*Almost complete absence.*—On the *right* side of the head is observed (in place of the external ear) merely a small reduplication of integument analogous to the superior fold of the "pinna," and a rudimentary "tragus." The orifice of the auditory canal is *impervious*, being closed by integument continuous with that of the side of the face, but in this situation it is very delicate, thin and free from fat. On the *left* side of the head, a rudimentary "lobule" and "anti-tragus" alone exist, the external orifice of the auditory canal being closed in the same way as on the opposite side.

REMARKS.—There is no malformation or peculiarity about the feet or any other part of the body, nor is there any history of the hereditary transmission of these deformities. The lad is remarkably intelligent, can both read and write the native character: the latter accomplishment he seems very proud of, and performs quickly and with apparent ease, holding the pen between the fore-finger and double-thumb of the right hand. He is *deaf*, but not completely so by any means: if, in speaking to him, the mouth is held close to the auditory canal, he can hear very fairly; as a rule, however, he prefers being spoken to *through his mouth*, *i. e.*, in conversing he invariably keeps his mouth wide *open*, and then if the voice be raised to a moderately loud pitch, can hear remarkably well. This would seem to prove that the "Eustachian tubes" are pervious, and form the channel for conduction of sound.

In conclusion, I may add, that instead of considering himself an object of commiseration, he is, on the contrary, rather proud of his singular peculiarities, and makes a good deal of money by "exhibiting" himself. I trust this brief account of his condition will not prove uninteresting to those who seek to investigate and record the many wonderful "lusus naturæ."

TREATMENT OF FEVER.

By JAMES M. FOSTER, M.R.C.P.E., *Naseerah, Assam.*

SINCE my last communication on the use of hyposulphite soda in cases of simple continued fever and mild attacks of intermittent fever and ague, I have tried the same drug under different condition as to locality, &c., and now submit the results, in comparison with other remedies, thinking you may, perhaps, consider them of sufficient interest for publication.

The 150 cases given in the former letter were treated in Naseerah station, some of the other sets of 50 each, as shewn in the table annexed, at factories both on level and very hilly grounds. In Naseerah nearly every coolie is accustomed to work in large *pukha* buildings, and is not exposed to the weather, except in going to and from the coolie lines; at the out-factories it is very different; in all weathers (except, of course, heavy rains, and other exceptional causes) the coolie is exposed to sun and occasional rain, for six to nine hours during six days of the week.