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MOSQUITO BRIGADES

AND

HOW TO ORGANISE THEM.

BY

RONALD ROSS, F.R.C.S., D.P.H., F.R.S.,

Walter Myers Lecturer in Tropical Medicine,

Liverpool School of Tropical Medicine.

Major, Indian Medical Service, retired.

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LIVERPOOL:

PHILIP, SON & NEPHEW, 45 TO 51 SOUTH CASTLE STREET.

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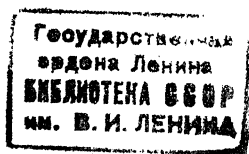
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GRATEFULLY DEDICATED
TO
SIR ALFRED L. JONES, K.C.M.G.,
AND THE SUBSCRIBERS OF
THE LIVERPOOL SCHOOL OF TROPICAL MEDICINE;
AND ALSO TO
THOSE GENEROUS DONORS
WHO BY THEIR MUNIFICENT SUPPORT
HAVE ENABLED US TO UNDERTAKE
OUR
CAMPAIGN IN WEST AFRICA.

P R E F A C E.

The discovery that the germs of several of the most important tropical diseases, namely, malarial fever, yellow fever, and elephantiasis, are inoculated into human beings by the bites of mosquitoes has revolutionised tropical hygiene. Not only our comfort but our security in the tropics now depends upon the measures we adopt against these insects.

There are several means of protection already well known to us. For example, in India punkahs swing night and day over the heads of Europeans, and at night almost everyone employs mosquito nets. In America entire houses are protected from the invasion of these pests by means of wire gauze screens fixed to the windows and doors.

Such measures as these, however, have one great defect. They protect only those who can afford them, and who are necessarily few in number. Moreover, it is found in practice that the protection is only partial, because, whatever efforts of this kind we may make, we cannot, especially in the tropics, entirely avoid being bitten.

Another safeguard against mosquito-borne diseases consists in isolating ourselves in buildings separate from the bulk of our neighbours, in the hope that, even if we continue to be bitten by mosquitoes, these insects will not