

less than 2 times longer than wide (2.04:1.26 mm). Dorsum without pale areas; dorsal setae (E) thick and spinose, sparsely distributed; disc pores, submarginal tubercles and tubular ducts absent. Marginal setae (B) mostly bifid and fimbriate, few, simple. Stigmatic clefts well-developed, each with 3 spines; anterior cleft (C) with median spine same as lateral spine; posterior cleft (D) with median spine long and straight, more than twice the length of lateral spines. Anal plates (F) together roughly quadrate with anterolateral margins curved in and as long as posterolateral margins which are curved out, lateral angles acute; each plate with 3 small apical setae dorsally, 3 long subapical setae ventrally; anal fold with 2 pairs of long fringe setae.

Venter with thin setae (K) arranged in a row submarginally and sparse on median and submedian regions; 4 pairs of interantennal and 3 pairs of prevulvar long setae present. Quinquelocular pores (H) in a band between spiracles and stigmatic clefts. Multilocular pores (L) numerous around genital opening and in transverse rows on preceding 3 abdominal segments, few near hind coxae. Tubular ducts (I) very few on cephalic, numerous on thoracic and abdominal regions, arranged in transverse rows medially. Eyes present. Antennae (G) well developed, 8-segmented, 0.38 mm in length; third segment longest, more than 2 times longer than wide. Rostrum monomerous. Spiracles normal. Legs well developed with tibio-tarsal articulatory sclerosis; claws simple, digitules broad

with clubbed apices; tarsal digitules slender knobbed at apices (J). Dimensions of fore, mid and hind legs: trochanter plus femur (0.23:0.24:0.25 mm), tibia (0.16:0.16:0.16 mm) and tarsus (0.08:0.1:0.1 mm) respectively.

Holotype ♀, *Paratypes* 3 ♀, India. Andhra Pradesh, Vishakhapatnam, Simhachalam, on *Duranta repens* Linn., 18. iv. 1979 (R. K. Avasthi).

P. indica sp n runs close to *P. hydrangeae* Stainweden in the key to species of *Pulvinaria*² but differs by its having few tubular ducts on venter of cephalic region, median spine of anterior stigmatic cleft same as lateral spines and in the absence of disc pores and subdiscal seta on anal plate dorsally. Further, it is very close to Indian species *P. floccifera* (Westwood) but differs in the absence of submarginal tubercles, disc pores and tubular ducts on dorsum.

An aphelinid parasite *Coccophagus nigricarpus* Shafee is known to attack *P. indica* sp n in India.

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1. Avasthi, R. K. and Shafee, S. A., *Proc. 67th Indian Sci. Congr.*, 1980, 3, 124 (Abstract).
2. Williams, M. L. and Kosztarab, M., *Va. Polytech. Inst. State Univ. Res. Div. Bull.*, 1972, 74, 1.

NEWS

UTILISATION OF TSM IN HEALTH CARE DELIVERY STRESSED

“Utilisation of Traditional Systems of Medicine (TSM) on a wider scale can provide health care services to a large segments of our population with minimum cost. In India some of these systems namely, Ayurveda, Unani and Siddha, enjoy considerable respect and acceptability.” These observations were made by Union Minister for Health and Family Welfare, Mrs. Mohsina Kidwai, while addressing the 38th World Health Assembly (WHA) in Geneva on May 8, 1985.

Mrs. Kidwai said that in the country there was a large network of hospitals, dispensaries and colleges providing health care facilities and imparting instruc-

tion and training in these systems of medicine. “We are trying to further encourage and strengthen them” she said.

She expressed hope that it would be possible for the World Health Organization to extend greater support and recognition to these systems.

The minister said that our greatest concern was to preserve and realise the goal of health for all by the turn of the century through optimum utilisation of the available resources. (*News Letter*, Vol. VI, No. 1, April-June 1985, Central Council for Research in Unani Medicine, Information Centre, New Delhi 110017).