cause an inflammation of the bronchial mucous membrane. As demonstrating the existence of bronchitis in malarial fever of children, let me cite the following case. (Also see *Case V.*)

Case IV.—Baby, age 3 months, was brought to my consulting room late at night, suffering from urgent dyspnœa, severe cough, hoarseness, nasal catarrh and diarrhœa. The child was very pale, almost collapsed, with cool skin, pinched face, dim eyes, rapid pulse and rectal temperature of 104.8° F. The coughing was croupous and almost continuous while in the office. On examination, the pharynx and tonsils were badly inflamed, but no membrane was visible. An examination of the chest made me suspect the possible onset of capillary bronchitis following upon the throat condition. So completely did the bronchial symptoms dominate the scene, that I began preparations for taking cultures from the throat, and for the administration of diphtheritic antitoxine. Remembering, however, many cases of milder malarial bronchitis encountered previously, I decided to examine the blood first; and, somewhat to my surprise, found it intensely infected with hæmamœba in the sporulating stage. The child was put on given doses of quinine three times a day, and made a rapid and complete recovery, the fever disappearing in two days, and the cough in six.

Upon the recognition of such cases as the above depends, not only the successful treatment of the bronchitis, but, what is more important, of the disease of which it is but a symptom.

Transmission of Malaria.

A physician practising in a low tropical climate, where malaria is very prevalent, soon appreciates the fact, now definitely proven, that the mosquito Anopheles is the all-important agent in the spread of this disease. That it is the only one I have been led to doubt by the following cases which came under my observation. I may state here that, after spending some time in the hot malarial districts on the west coast of Mexico, I changed my place of residence to the town of Topia, situated back further in the mountains at an elevation of 5,400 feet above sea level, but only a short distance from the malarial district and having considerable commercial intercourse with it. Malaria was quite prevalent in Topia, especially in the spring and fall, among people who, at some date had resided on the coast. Mosquitoes, however, were quite rare; so rare, indeed, that I do not recall having been bitten by one during my residence in that place. Shortly after my arrival I attended a woman at her confinement, and, about three months later, was called in to treat the child, which had the following history.