

disease, but we find many others with but one or two obscure symptoms, as in the following case.

Case III.—Young man, age 27. Had suffered from neuralgia of small occipital nerve of right side for four years, coming on at intervals of from seven to fifteen days, and accompanied by anorexia, flushed face and slightly congested eyes. Pain was aggravated in the recumbent position and was diagnosed at first as "congestive" headache. The neuralgia did not respond permanently to local or constitutional treatment. The blood was tested first by the hæmatocrit and found slightly anæmic for an altitude of over 5,000 feet, viz., 4,500,000. The patient was put on iron. In about one month a microscopical blood count was made to determine the result of treatment, and the blood accidentally found to be infected with the malarial parasite. Permanent relief followed promptly the administration of quinine.

MALARIA IN CHILDREN.

If in adults we meet with many atypical cases of malaria, in children we do so, I believe, with even greater frequency, as in them the three stages of the paroxysm are rarely so well defined as in the adult.

The cold stage in children is quite rare, especially in the hot climates; and when present usually partakes more of the appearance of a mild degree of collapse than of that of a distinct chill. Well marked trembling is exceeding rare in young children. The sweating stage is less pronounced in the higher than in the lower altitudes. Bronchitis and diarrhoea, however, are quite constant in patients under five years of age, and, with the fever, I consider, constitute the three most valuable symptoms for the diagnosis of malaria in children. The importance of bronchitis in leading the physician to suspect malaria is, I believe, greatly underestimated, especially in children in the higher altitudes, where they are subject to more extreme moisture and temperature. I am aware that the existence of malarial bronchitis, like that of malarial neuralgia, etc., is questioned by some authors, but I have thoroughly convinced myself that they occur—the former with some degree of frequency, at least under such climatic conditions as existed where I was located. Probably the bronchial mucous membrane is not the seat of any special invasion by the malarial organism, but, as it is undoubtedly a channel for the elimination of many drugs and other foreign constituents of the blood, I can see no logical reason why the toxins of the sporulating parasites, which cause such intense chills and fevers, can not be eliminated in part through the same channel; and, in conjunction with the sudden changes in temperature,