

purpose of the article is simply to draw attention to certain features of the disease observed during a four-year residence in the malarial districts of Mexico, which, in the writer's judgment, do not receive the attention in the standard works on medicine to which their relative importance entitles them.

Briefly stated, the clinical picture of acute malaria, as usually described, is that of an intermittent fever of sudden onset, preceded by headache, weakness, pains in the back and limbs, anorexia and general malaise; and accompanied by a chill, vomiting, sweating, diarrhoea, pains in the liver and spleen, with some enlargement of these organs. Although these undoubtedly constitute the main symptoms of a clearly defined case of malarial fever, it soon becomes evident to a physician practising in a malarial district that there is a very large number of cases that do not conform to this picture of the disease, so large indeed that the exceptions in some districts seem to predominate; and it is more particularly to these atypical cases that attention is directed in this paper.

Most writers in defining the disease regard fever as an essential; but, if we regard the presence of the hæmamoeba as diagnostic of the disease, a "dormant" or "latent" malaria exists with no clearly defined subjective symptoms whatever, and "malarial fever" is but one of the later symptoms of malaria, and may or may not be present, as in the following cases.

Case I.—Office boy, age 13, was used as a subject for a blood count performed with no particular object other than practice. The corpuscles under $\frac{1}{6}$ objective were noticed to be irregular in outline and granular. On examination with the oil-immersion a very large number of corpuscles were observed infected with plasmodium of malaria. On questioning and examining the patient and taking pulse and temperature nothing abnormal was found except a slightly enlarged spleen.

Case II.—Labouring man, age 22, strong and active. Blood was extracted from his ear for the purpose of demonstrating the appearance of normal blood, and the difference between it and another sample infected with the malarial parasite. Several infected corpuscles were observed in the field. The patient gave no subjective or objective symptoms or physical signs other than the blood condition.

Six other apparently healthy cases were selected indiscriminately, as they came for vaccination, and were similarly examined, and the parasite found in small numbers in all.

Not only do we find cases responding to a microscopical diagnosis of malaria, but with none of the typical subjective symptoms of the