

agents in the transmission of malaria. The actual inoculation of the disease by the flea to an uninfected person, to eliminate all doubt, would require the infected insect to be taken to an uninfected district, and there to inoculate an uninfected person. If kept without food, the parasite rarely survives twelve hours; and I have not succeeded as yet in devising any artificial medium on which its life could be maintained the necessary period of time.

DIAGNOSIS OF MALARIA.

Upon young physicians intending to practice in malarial districts, I would impress the oft repeated advice to use the microscope in all obscure cases where even a suspicion of malaria can exist; at the same time watching for other diseases as complications, which, fortunately, are rare. The microscope is probably of more practical service in the diagnosis of malaria than of any other single disease, rendering it simple and prompt, and clearing up many obscure cases which otherwise would almost certainly be overlooked. Its frequent neglect is difficult to understand.

A convenient method is to carry continually a small pocket box containing cover glasses, and a small spear shaped pocket lance, the most convenient blade probably being $\frac{1}{8}$ inch long and provided with a shoulder to prevent it entering too far on being quickly inserted.

The most convenient points from which to take the blood are probably the lobe of the ear or the forearm, as they are quite insensitive. The finger tips should be avoided, as they are excessively sensitive, and the pain may persist for a day or two. What I believe to be a very convenient and practical procedure is to take quickly but a very small quantity of blood, and that the very first that flows, as I believe it contains a much larger percentage of affected corpuscles than that which comes after. I never wish the blood to be sufficient to cover half the area of the cover-glass. If the examination is made during a chill, it should be made quickly, as the blood soon coagulates. In searching the field, the few number of rouleaux and the shattered corpuscles frequently seen serve to make the diagnosis probable even before encountering the spores or the corpuscles containing the parasite.

TREATMENT.

Nothing of interest is to be added here. Removal to high altitude, large doses of quinine, with milk diet while the fever persists, and the avoidance of constipation throughout, constitute all that is necessary in most acute cases. In children, or in adults with vomiting, the hypodermic method is very satisfactory. In the chronic form, change