NOTE.

Since this lecture was given, I have done four more cases, making twenty-six in all. One of these four cases was the hardest I have yet had; and I have failed, even with two operations, to do much good. The nose had been absolutely flat for half a century, and the skin was almost hopelessly rigid: and a preliminary use of the tenotomy knife caused some bleeding. Happily, I have done no harm, and some good; and shall be able to do more, a few weeks hence; but it is a disappointing case. Such intense tightness and unyielding rigidity of the skin are altogether exceptional. To sum up—I have had twenty-six cases without death or disaster; and the general results are very good. In nine cases out of ten, the surgeon can be sure of making a very great improvement; but he may not be able to do it all at once. He cannot make perfect noses; but he can make the patients good looking enough to be happy instead of miserable, and able to get work, to get married, and to go about without being ridiculed, pitied, or suspected of syphilis. Only let nobody think that the method is so easy as it sounds. It is full of little difficulties; it wants experience; and it involves very grave responsibility.

BIBLIOGRAPHY.

Gersuny. Ueber ein subcutane Prothese. *Zeit. f. Heilk.*, 1900; Gersuny. *Centralbl. f. Gynäk.*, 1900, Hft. 48; also 1901, February 2nd, p. 135; Pfannenstiel. *Centralbl. f. Gynäk.*, 1902, January 12th. Kapsammer. *Wien. klin. Woch.*, 1901, February 21st. Moskowicz. *Wien. klin. Woch.*, 1901, June 20th. Delangre. XIV Congrès Français de Chirurgie, Paris, 1901, p. 217. Baratoux. *Progrès Médical*, 1902, May 17th, p. 312. Choussaud. *Rev. Heb. de Laryngol.*, 1902, March 20th. Seanes Spicer. *Clinical Journal*, 1902, April 9th. Stein and Eckstein. *Berl. klin. Woch.*, 1901, August 12th, p. 840. Eckstein. *Berl. klin. Woch.*, 1902, April 27th, p. 15. Fein. *Wien. klin. Woch.*, 1902, April 10th, p. 397. Eckstein. *Verhandl. d. Deutsch. Gesell. f. Chir.*, XXXI Congress, Thiel. Parker. *Journ. Amer. Med. Assoc.*, 1902, April 10th. Comstock. *New York Med. Record*, 1902, November 1st. Walker Downie. *BRITISH MEDICAL JOURNAL*, 1902, May 3th and November 8th. Ball. *West London Medical Journal*, 1902. Harmon Smith. *Journ. Amer. Med. Ass.*, 1902. *Medical Review of Reviews*, 1901.

THE NOMENCLATURE OF MALARIA:

A SUGGESTION.

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1. It would seem that the time has arrived when the diagnosis of cases of malaria must aim at giving the name of the species or variety dealt with, and not merely one of the general terms—intermittent or remittent fever—as laid down in the last edition of the *Nomenclature of Diseases*.

2. Information is wanted as to the geographical distribution of the various kinds of malaria, and this can only be arrived at by recognizing them in the new edition of the *Nomenclature*.

3. The demonstration of the species of malarial parasite which is the infecting agent in a particular case will necessitate the use of the microscope. This routine microscopical examination of the blood will, it may be presumed, bring about a more correct diagnosis of fevers in malarious countries, and assist towards rational treatment. Malta fever was treated until lately with large doses of quinine on the supposition that it was malarial in origin. In the same way it is too often assumed that any fever occurring in a malarious locality is malarial in character, and quinine is given in enteric fever, tuberculosis, liver abscess, etc., when a blood examination might have prevented the error.

4. The nomenclature I would suggest for the three well-recognized species of malaria is the following:

Malarial Fever.—Synonyms: Ague, intermittent and remittent fevers.

(a) Tertian synonyms: *Haemamaeba vivax*, simple or benign tertian.

(b) Quartan synonyms: *Haemamaeba golgii*.

(c) Crescent tertian synonyms: *Laverania laverani*, aestivo-autumnal fever, malignant tertian, tropical tertian, remittent fever.

I have left out the commonly used terms, simple, benign, malignant, pernicious, as they are misleading. The so-called simple tertian may often be more severe than the so-called malignant tertian. Aestivo-autumnal is a term which may apply appropriately enough to the fever as it occurs in Italy, but in other parts of the world is unsuitable.

The genius of Koch suggested the term tropical tertian for the third variety, and this is undoubtedly an excellent name, but as the fever is also found in temperate climates it is also misleading.

In regard to the scientific names I think Golgi, who discovered that the parasite of malaria consisted of more than

one species, should be commemorated, and also Laveran, whose epoch-making discovery of the malarial parasite has, it seems to me, never been sufficiently appreciated in this country.

In the present edition of the *Nomenclature of Diseases* the old term malarial cachexia has been left out. I would propose that in the next edition the chronic form of malaria when the parasites have disappeared from the blood, but the anæmia, pigmentation, enlarged spleen, etc., remain, be again given a place, and I would put forward the name:

Chronic Malaria.—Synonym: Malarial cachexia.

This short note has been written in order that any one who takes an interest in this question may have the opportunity of bringing forward other suggestions or criticisms.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

PRELIMINARY NOTE ON A PHASE IN THE LIFE-HISTORY OF BILHARZIA HAEMATOBIA.

DURING a fairly exhaustive examination of the literature upon the life-history of bilharzia haematobia we have found no reference to an appearance we have several times met with in the larvae. It is that in the case of certain larvae, while still living, there occurs the formation of spheres with double contour and provided with long cilia. These spheres show intense vibratile movement of granules in their protoplasm, and although the cilia have usually been motionless, they have been seen by us in active movement. These spheres are able to carry on an independent existence. Non-ciliated spheres have already been described by many authors and we have repeatedly seen them, but the ciliated forms to which reference is made above are absolutely distinct therefrom. We hope to make a full communication on the subject at an early date.

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PURPURA HAEMORRHAGICA FOLLOWING SEA BATHING.

THE following case is of interest owing to the sudden and severe onset of this disease in a boy who had had perfect health up to the time of his taking his first sea bath.

On July 17th, W. R., aged 5 years, was brought to me for treatment. He was suffering from vomiting, severe pain in the lumbar region, and a slight petechial rash—not more than a dozen spots, chiefly on the chest. Examination of the heart, lungs, and kidneys revealed nothing out of the normal. The temperature was 101.2° F. The day previous he had bathed for the first time, being then in perfect health. The above symptoms commenced the same evening. The following day, however, boy became anaemic, there was a haematoma in the left popliteal space the size of an egg, and a large ecchymosis 2 in. in width extending on the abdomen from the umbilicus to the pubes. There were other ecchymoses varying in size on the legs and arms, and on the inner side of the cheeks and lips. The temperature was normal. The urine, which was scanty, contained blood, as did the motions. A slight systolic murmur was heard in the left axilla.

I diagnosed the case as purpura, and treated it with absolute rest, light milk diet, and gave a mixture of dilute sulphuric acid. No fresh symptoms occurred until a week later, when I was urgently summoned. The whole left side of the body was convulsed, though the patient was conscious. The temperature was 105.5° (taken with two thermometers); the pulse was 130, and occasionally intermittent; respiration appeared practically normal. The ice-pack was used to the head, and the body sponged with ice water, and an enema of castor oil and glycerine given. Six hours later the temperature was 99.2°, and the convulsive movements gradually ceased; and though convalescence was delayed for two months, he having several relapses with more or less severe subcutaneous haemorrhages, he recovered, and at the present is back at school. Only yesterday, however, I was informed that he had cut his finger very slightly, but it had continued to bleed for two hours.

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