by a mosquito they undergo sexual changes.

The Male Crescent. T. The male crescent enlarges and becomes

spherical.

2: Sexual projections appear on the surface of the male cell. These lengthen and are finally set free as mobile spermatozoa. The remaining central part, or spermatophore, plays no further part in the life history.

The Female Crescent.

z. The female crescent develops into a spherical ovum (egg cell) which, after extension of the polar body, is ready for fertilization.

2. Fertilization of the ovum by the spermato-

zoon takes place.

3. The fertilized egg, or zygote, takes nourishment, grows, and becomes the mobile vermicule.

4. After boring through the stomach wall of the mosquito the vermicule becomes spherical and enlarges considerably.

5. In a further stage of enlargement the protoplasm is broken up into spore-mother-cells.

6. Shows the sphere at its maximum of development. The interior is occupied by countless needle-shaped spores, or germs, which, on the bursting of the sphere, escape into the various organs of the body of the mosquito.

7. The mobile spores (Exotospores) are liberated by the bursting of the sphere. Such of these as find their way to the salivary glands escape through the ducts of these glands to the proboscis and are transferred to the blood of man when the mosquito "bites."

There has been much discussion about this same mosquito bite, some persons speak of the mosquito bite, others of the sting. Scientifically, neither one nor the other is correct. The mosquito is furnished with a proboscis which, in relation to insects, is defined as "a snout to suck blood or juice." But the blood must be tapped before it can be sucked, and so the mosquito first uses its proboscis to inflict a stab, and then greedily sucks the blood of its victim. After studying the models at South Kensington, it is easy to understand how malaria is conveyed to human beings by an infected insect. well spent in studying the contents of these cases, and the knowledge thus gained would be invaluable to any nurses who are going abroad to malarious countries.

In an adjoining case to that in which the mosquito is shown is a model of the tsetse fly, which has caused such havoc amongst the horses in South Africa, and has also proved so great a hindrance to the construction of the Uganda railway.

velopment in man, but if infected blood be sucked Like the mosquito, this death-dealing fly has also a proboscis and appears to affect the horse in much the same way the mosquito attacks the human subject. The model of this fly is of special interest just now, as the announcement has just been conveyed to the chairman of the Liverpool School of Tropical Medicine, that a new species of parasite which causes fever in the human body, and which is stated to be similar to the tsetse fly in South Africa, has been discovered by Dr. Dutton at Bathurst, in West Africa. Is it possible that this may be the cause of the peculiarly deadly form of fever which from time to time proves the scourge of West Africa?

Dr. Dutton has described the case of a European in whom this trypanosoma has been found and has sent home a preparation. This preparation, reveals typical trypanosoma, few in number. The account of the case shows, says the British Medical Journal, that the patient had been suffering from a form of relapsing fever, with peculiar cedema of eyelids and puffiness of the face, ædema of the legs, general weakness, abnormal frequency of pulse and respiration, and enlarged There was no organic lesion of the heart and kidneys, and no malarial parasites were found after repeated examination. The relapsing fever recalls that of horses suffering from trypanosome infection. It is not yet certain whether the parasite approximates to T. Brucii or to T. Lewisi.

## A Mew Murses' League.

To the Editor of the "Nursing Record."

DEAR MADAM.—It may perhaps interest your readers to know that we have started a League of our certificated nurses on the lines of that of St. Bartholomew's Hospital. It came into existence on Friday 10th January.

The attendance at the first meeting was small, and I think that will be the great difficulty with all provincial Hospital Leagues, but the letters from those wishing to join were most enthusiastic, and we shall start with a very fair number of members. We hope to bring out our Journal by Easter, and have pressed the old shield of Southampton with its three Tudor

roses, into our service for a badge.

Quiet as our beginning will be, the plan evidently afforded my old nurses so much pleasure that I hope other County Hospital Matrons, not to speak of London ones, may be moved to initiate similar combinations for their old Probationers.

Yours faithfully, M. MOLLETT.

We welcome the news contained in Miss Mollett's letter. This is now the third Nurses' League which has been founded in this country. Soon we hope these Leagues will spring up all over Great Britain in connection with various branches of nursing work.

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