2. The curriculum of study shall be of not less than three years' duration.

3. The Nurses shall receive practical instruction in the wards of the Hospital from a trained and registered matron or sister.

4. There shall be systematic Courses of Lectures by duly qualified and registered medical men.

5. The curriculum of Instruction and Lectures shall be at least equal to that contained in the Schedule of Study laid down by the Victorian Trained Nurses' Association.

6. The hospital authorities shall yearly report to the Council of the Association :—

(*a*) The names of the teaching staff.

(*b*) The subjects of lecture, and the number of lectures delivered in each course.

(*c*) The names of the nurses attending lectures ; the dates of entering upon their studies, and evidence as per roll book that they have attended at least three-quarters of the lectures delivered in each subject.

7. In the case of general hospitals with less than forty beds, the final nursing examination shall be held before a conjoint Board of Examiners appointed by the Council of the Association. In all cases the final nursing examination shall be one recognised or authorised by the Council, and no nurse shall be admitted to this examination who has not already passed a hospital examination, or examinations in elementary anatomy and physiology.

Special Training.

Candidates for registration on the Special Register must bring proof that they have received such preliminary course of General Nursing and Training as shall be prescribed or recognised by the Council.

Registered Nursing Homes.

The private nursing homes which are placed on the Register of the Association are required to produce three satisfactory references, to give a guarantee that only Registered Nurses will be received, and to send a list of the nurses employed to the Hon. Secretary of the Association every six months; also the scale of fees charged to patients for publication in the Annual Register.

The Council are also considering arrangements for the satisfactory disinfection of all Registered Nurses who have been in attendance on infectious cases. Such nurses will then be required to produce a certificate from the Superintendent of the Disinfecting Quarters before being permitted to rejoin their respective homes.

The report then gives a list of the Registered Homes for Trained Nurses, and the scale of fees charged by them.

Lastly, the statement of accounts for the year shows a balance in hand of £208 14s. 6d.

We heartily congratulate the Victorian Trained Nurses' Association on its work for the year, and on its future prospects.

The Mosquito.

In the last two years the mosquito, writes "R. M. M." in the *Hospital Review*, has risen to high rank in economic importance, and his—or rather her—absence from man's environment is more than ever desirable, for from being an ordinary pest science has proved her pestilential, and upon her narrow but well humped-up shoulders is placed the burden of causing, or at least transmitting, two of the most widespread and dangerous diseases of tropical and semi-tropical climates, viz., malaria and yellow fever.

There is probably no more interesting page in the history of biological investigation than that which relates to the life cycle of the lowly organism that causes malaria. After years of patient and painstaking work this has been proved to be a low animal form called a plasmodium, and not a vegetable form or bacteria. It was first discovered by an Italian investigator named Laverau.

The primary origin of the plasmodium is still unknown, I believe, but its history after introduction into the human body may be summarised as follows:—At once, after obtaining entrance into the blood-current, the little animal penetrates into the red cells and lives apparently upon the red colouring-matter of the blood. After it reaches its full growth it divides into a number of parts, each part being a spore and capable of penetrating and living upon a fresh blood-cell when they are set free by the bursting of the walls of the cell in which they have developed. This occurs when the subdivision of the organism is completed. The bursting of the blood-cell walls, or sporulation, as it is called, is practically simultaneous for all the cells that have been infected at one time, and the sudden invasion of the blood-current by the immense number of spores suddenly set free causes the chill or rigor so characteristic of malaria. This cycle of cell invasion by the plasmodium, subdivision of the organism, and sporulation may go on indefinitely if not checked by medication. It is during the comparatively short period of time while the spores are floating free in the blood-current that quinine exerts its poisonous effect upon the parasite, the walls of the blood-cell protecting it from the effect of the medicine at other times. As long as the plasmodia remain in the human body the above-described sequence of changes occurs, but as soon as they are removed an entirely different development takes place. Some grow large only, others throw out slender filaments which separate from their parent body and fuse with the larger non-flagellating forms. This is the true sexual generation of the parasite. So far the change may go on anywhere outside of the human body, but it is only in the stomach of the mosquito, and only in that of the one genus, Anopheles, that a

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