A nine-year-old boy from a non-malarial endemic area of Nyanza, Kenya, neighbouring a holoendemic area of the province was admitted to hospital in 1981 with abdominal distension, leg swelling and swelling of the scrotum of 7 days duration. On examination he was found to have nephrotic syndrome with no other general or systemic findings. Investigations revealed normal renal function with proteinuria of 3-5 GM Esbach/day. His haemogram was normal with low protection and very low albumin. PTI was normal and 3 blood slides were all negative for malaria parasites. Stool examination revealed hookworm. Chest radiology was normal. Splenic aspirate revealed phagocytic macrophages containing numerous schizonts of *Plasmodium malariae.* Liver biopsy showed Kupffer cell hyperplasia, the cells also containing black pigments most likely due to malaria. The boy was negative for G6PD deficiency. Renal biopsy showed membrane-proliferative glomerulonephritis not typical of childhood nephrosis but consistent with the adult type of malarial nephropathy. This child was thought most likely to have nephrotic syndrome due to *P. malariae* (quartan malarial nephropathy), as other causes of nephrotic syndromes were excluded. This illustrative history is used to discuss the pathophysiology of quartan malarial nephropathy.