her embryos, she burrows a tiny hole in the derma only. A small blister forms over this hole; when this is opened a small opening is seen leading to the worm, and sometimes the head of the worm itself presents. The presenting part in hospital is generally wrapped around a match stick, and cold water is allowed to drop a little away from the wound continuously. Gradually you find that more and more of the worm presents, and is rolled on the match stick until at last the whole is extracted. To make sure that the worm has come away entire, the tail end is placed under the microscope, and a distinct hook is observed. This hook can also be seen by the naked eye. On completion of ovulation, if you succeed in getting an entire guinea worm and dissect her, you will find that her two or three feet of body are entirely filled with hundreds of embryos. Sometimes, when the worm is presenting herself at the surface, a rise of temperature takes place, with a rash. A pretty experiment tried in wards was cold water dropped near the presenting part of the guinea worm; after the space of some seconds this seemed to stimulate her to eject a milky coloured fluid, which, being placed on a slide under the microscope, distinctly showed the guinea worm embryos moving about quite slowly. On the application of water to the slide they became more energetic. These embryos prefer muddy to clear water, and live longer in the latter.

PATIENT SUFFERING WITH GUINEA WORM ON FOOT, LEG, AND ARM.

This ejection of the milky fluid shows that the guinea worm has ejected some of her embryos. With the application of the cold water this ejection of milky fluid may go on with a stop of several hours between, and is completed from fourteen to twenty-one days. When parturition is completed, the guinea worm dies. Her average life, so far as is known, is one year.

I have seen cases admitted into wards where the guinea worm has broken, causing a good deal of inflammation, irritation, swelling, and abscesses. All the patients complained of an acute burning sensation at the part affected. One poor thing went so far as to beg that his leg might be cut off. Needless to say that no such drastic treatment was carried out.

A peculiarity was that the irritation increased fourfold at nights. The cause of these symptoms is, when force is applied to extract the worm before she is prepared for such treatment, she resists by clinging to the tissues with her hook tail, and so her body snaps. Many embryos are thus thrown into the surrounding tissues, causing the above trying symptoms. It sometimes takes weeks for the patient to get well again. I have seen injected into the mouth of the worm with a hypodermic syringe a solution of bichloride of mercury 1-1000. This is supposed to be an easy way of killing the worm and keeping the tract aseptic. The male guinea worm is much smaller than the female, and very little is known about him. The easiest way to prevent oneself from getting this troublesome complaint is to strain all drinking water, to keep the feet well shod, and in infected districts to keep the clothes dry.

I think the contrivance they have in wards is a good and cheap one for continuous water irrigation a drop at a time. Three bamboos are tied to the foot of the bed. A small mud-water chatty, with a tiny hole bored at the bottom, through which a wick of lint is drawn

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