

generously, not specially to my appeal, which is a second-hand affair, but to the appeal of Serbia herself, of an allied nation which has suffered and sacrificed to the uttermost limits of endurance, an appeal which says, "It is nothing to you, all you that pass by?"—"Come over into Macedonia, and help us".

Lady Wimborne's Unit, the Scottish Women, Lady Paget's Unit, Mrs. St. Clair Stobart's Unit, American Doctors and others also did splendid work in Serbia and as for the Ladies and officials at the Head-quarters Serbian Relief Fund, London, nothing can express their unfailing help and courtesy to all their workers.—Ed.

A SHORT HISTORY OF THE GUINEA WORM.

BY EUREKIA.

I do not know if all my readers are familiar with this trying ailment but the short history below will, I trust, interest some of the readers of the "Nursing Journal of India". The Guinea Worm or *dracunculus medinensis* seems to limit itself to certain districts in India and is very common in the Deccan and Sindh.

In these districts it is no uncommon sight to find ignorant folk with a damp rag tied round their leg. It is clever of them to apply a damp rag as it helps the Guinea Worm to the surface—it also helps the sense of burning experienced when the Worm is making its appearance at the surface.

Patients I have nursed, have cried at night with the excessive burning, which they say increases 100 times more than that in the day time. They have even begged to have the limb amputated. Such is the pain and irritation.

The Guinea Worm is a parasite of the connective tissue, and usually attacks its victims in the monsoon.

The female or troublesome Guinea Worm is said by some to attain to 3 or 5 feet in lengths but this is an error of observation, two worms having been regarded as one.

The average length of the Guinea Worm is about 12 inches, the body is cylindrical milky white, smooth and without any markings. The tip of the tail comes to a point and is abruptly bent, thus forming a sort of blunt hook. The head end is rounded off. Nothing definite is known about the male Guinea Worm.

The female is chiefly found in the limbs and trunk, occasionally in the scrotum and rarely in the arms and back, with the exception of the *mariti* or water carrier, as the worm is fond of moist damp surfaces and will make her way to where the mussak, or water sack touches the skin.

When instinct tells the Guinea Worm her time of emergence is drawing near, she begins to bore her way to the surface of the skin in a downward direction—the patient experiences a good deal of itching, and sometimes fever and urticaria make their appearance.

When the derma is pierced a small blister forms and raises the epidermis, this blister eventually bursts and discloses a small hole, large enough to admit a probe, and sometimes the head of the worm itself protrudes. If this opening is carefully watched one may notice in a few seconds a drop of fluid at first clear, but later milky flowing over the surface.

If this milky fluid is taken on a slide and put under the microscope the little hooklets, or embryos are seen and a drop of water added to this fluid increases their activity.

It is supposed that sufferers from Guinea Worm to relieve the irritability place the affected part in the water of wells or tanks, and the worm which is near the surface of the skin getting stimulated by the cold is induced to throw out this milky fluid into the tank water.

The embryos thus thrown out are swallowed by the cyclops quadriguanus and man drinking from here swallows the fluid containing the Cyclops.

The gastric juice kills the cyclops but for some unaccountable reason lets this parasite free and it works its way into the connective tissue.

In the districts where the Guinea Worm is prevalent all water should be strained through a cloth and then boiled from 5 to 10 minutes.

Occasionally the Guinea Worm fails to pierce the skin and dies before arriving at maturity in which case an abscess is formed or she may become cretified, and in this condition may be felt years afterwards as a hard convoluted cord under the skin of the abdomen, leg or scrotum, and may be discovered by the surgeon on dissection of the structure. There are two methods of treatment for Guinea Worm.

(a) Non Operative.

(b) Operative.

(a) A stand is placed over and a tray underneath the affected limb or part. From the stand hangs a mud chatty with a hole bored in the centre from which a bent wick hangs. The chatty (earthenware vessel) is filled with water and this drops steadily on the opening. Gradually the worm throws out the embryos and this takes about 20 days—after which the Guinea Worm dies and may be absorbed.

(b) The body of the worm if it protrudes is injected with a solution of Bichloride of mercury 1 in 1,000, this kills the parasite and after 24 hours, extraction or dissection is usually effected.

If the worm does not show herself externally but can be felt coiled up under the skin, several drops of the same solution is injected through several punctures as near the coil as possible and the parasite or Guinea Worm may be cut down up and easily extracted.