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, "If it nothing
to you, all you that pass by?"--"Come over into Macedonia, and help us".

Lady Wimbornic'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 BUBRESIA.

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
serum and rarely in the arms and back, with the exception of the
or water carrier, as the worm is fond of moist damp situations and will make
her way to where the muzak, or water sack touches the water.

When instinct tells the Guinea Worm her time of barrenness is drawing
near, she begins to bore her way to the surface of the water in a downward
direction—the patient experiences a good deal of anxiety, 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 quadrigonus 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 systematized, 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 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. 5 or 10 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 upon and easily extracted.