

ach in drinking water, and nothing has yet been adduced to prove that this may not be so.

However the filariae may be introduced into man, they finally reach the lymphatics, attain sexual maturity, and after fecundation a new generation of embryos is set free, which again appear in the circulation.

The degree of prevalence of filariasis varies a great deal in the different endemic areas. In British Guiana and some of the islands of the West Indies from five to twenty-five per cent. of the native population show filariæ in the blood. In some of the islands of the South Pacific nearly 40 per cent. show infection, while in parts of West Africa, twenty-five to fifty per cent. of the adult male population carry the parasites, though here *F. diurna* and *F. perstans* are also found, and account for a large proportion of these cases.

By far the greater portion of those who harbor the parasites do so without any inconvenience, and without any symptoms arising from their presence. The young filariæ circulating in the blood apparently set up no trouble whatever, any pathological conditions which develop are always traceable to either the parent worm, or to the ova prematurely discharged. The ova are much larger in diameter than the free embryos, and if set free in large numbers will very effectually block the lymphatics.

Broadly speaking there are two varieties of disease brought about by the filaria—the one in which there is a marked varicosity of the lymphatics, the other characterized by an œdematous condition which tends to become to a certain extent organized and solid resulting in elephantiasis.

As a result of a lymphatic vessel becoming blocked by one or more worms or a number of ova, a thrombus may be formed, or an inflammation set up in the walls of the vessel with subsequent thickening. From this occlusion, partial or complete, there is a resulting varicosity of the vessels towards the area drained with or without œdema. With inflammation recurring in this area of lymphatic congestion there is produced a thickening of the tissues, and sooner or later a condition of elephantiasis results.

When the thoracic duct is the seat of obstruction there is as a consequence an enormous dilatation of the abdominal, and pelvic lymphatics, and a huge varix from 8 to 10 inches in diameter, and several inches thick may be found, behind which the kidneys and bladder are effectually concealed.

If the lymphatics of the bladder or kidney rupture, chyluria supervenes. If the lymphatics of the scrotum are involved lymph scrotum results.

Acute attacks of lymphangitis are very common in filarial disease. There is a painful swelling of the vessels or glands affected, with as a rule a red line on the skin over the affected area, this inflammation spreads, may become erysipelatoid in character, and a rigor followed by a high fever supervenes. The attack may continue for two or three days with headache, vomiting and even delirium. Finally a general diaphoresis sets in, and the swelling gradually subsides, leaving some