treatment, but plasmochin is certainly inimicable to the existence of
the microfilariae and in a few instances they have at least temporarily
disappeared from the skin following a short course of treatment with
relatively small doses of this drug. However, about a month after dis-
continuing the plasmochin, in several such cases microfilariae were
again found in the skin, suggesting either that they had not been
entirely destroyed or, what is perhaps even more probable, that these
patients still harbored adult parasites that were producing additional
larvae. In cases in which, after removal of the tumors (together with
the adults contained in them), the microfilariae persist in the skin
and do not disappear under treatment with plasmochin, a careful search
should be made for small nodules beneath the skin. In some such in-
stances, with persistence of the microfilariae, it is clear that adult
parasites may still be present, concealed somewhere in the lymphatics,
giving rise to large numbers of new larvae. While in Guatemala we found
few individuals with Microfilaria excretions in the skin with no
visible tumors, nevertheless such cases were observed in at least
4 to 5 per cent of the inhabitants examined. This condition is again
different from what is found in Africa where the percentage of infection
with Onchocerca volvulus with no visible tumors is very much higher.
In Guatemala periodic microscopic examinations should be made in each
individual after operation to detect the number of microfilariae which
still persist. If large numbers of microfilariae are still present, the
patient should be regarded as a dangerous carrier and be isolated until
the parasites diminish or disappear through treatment.

Torello recently published an article in which the value of
plasmochin in onchocerciasis is confirmed and ocular cases successfully
treated by injections.