the microfilariae from the skin of the infected individual up to the fully developed infective filarial form in the thoracic muscles, head and proboscis.

We have been fortunate in securing permanent specimens of the infective filarial form passing through and emerging from the labium of the proboscis. In this study, 4572 flies have been dissected and examined microscopically. Other insects and particularly culicine mosquitoes are not concerned with the transmission of the disease.

The mosquito has a considerably longer proboscis than the Eusimulium fly and evidently inserts the proboscis deeply in sucking blood. The microfilariae of Onchocerca, which are not encountered naturally in the blood but are found in the lymphatics of the skin, are not even ingested by the mosquito when it is fed on infected individuals. Possibly also the saliva of the mosquito repels the microfilariae of Onchocerca casuaria.

The condition under which Onchocerciasis occurs in Guatemala are widely different from those under which it prevails in Africa. Recent investigations in Guatemala indicate that conditions are such in that country that by the inauguration of a proper public health campaign, the disease there might be eradicated entirely. The affection in Guatemala is confined to rather sharply circumscribed areas, especially about coffee plantations with an altitude of from 600 to 1400 meters. In such localities from one third to two thirds of the inhabitants are affected with onchocercal tumors. Certain public health procedures are of importance and must be carefully carried out for the eradication of this disease. As the breeding-places of the Eusimulium concerned in its transmission are so widely distributed