vision was frequently complained of and a number were almost blind.

Some of the advanced cases suffer with photophobia and show pericorneal infiltration of the conjunctivæ with extensive keratitis and iritis. The iritis is usually secondary to the changes in the cornea. The lesions which occur in the eyes as a result of the filarial infection are apparently chronic in character. The microscopic examinations made by the writer recently of sections of eyes removed at autopsy and at operation suggest that the lesions of the eye are at least partly due to the continued passage of large numbers of microfilariae through the lymphatic vessels or lymph-spaces of the eye and to the dilatation and edematous condition and perivascular infiltration which result. The adult parasites are not found in the eye. The microfilariae of Onchocerca cæsariens evidently seek the light and hence especially the tissues of the eye. We have found them in individuals with poor vision, in sections of the pericorneal conjunctiva, cornea and iris (obtained at operation) and in greater numbers than in the skin. Whether some of the disturbances of the eyes are due to a toxin produced by the parasite is not clear.

We have also investigated the blood and serum in the disease. Eosinophilia is present and counts of eosinophiles of from 25 to 50 per cent are usual. The serum of some of the cases of long standing gives a precipitin reaction with an aqueous or alcoholic extract of the tumors employed as antigen. However, a rabbit serum prepared by repeated intravenous inoculation of the animal with an extract of the tumors gave no such reaction.

In the clinical studies, 1383 individuals have been examined and the tumors have been hardened in Zenker's solution for histological study. While others have been used for the preparation of antigen and in the solution of the still others have been digested and dissected to obtain entire for study of the adult male and female parasites.