material from every part of India, and I would again appeal to Medical and Veterinary Officers, especially in North India, from which part I have so far had very little material, to send me maggots from every case they come across. If it is not possible to send me living specimens, dead ones are just as useful if carefully placed in spirit. I am now acquainted with the larvæ of all the common Indian Blow Flies, and there should be no difficulty in identifying any of the species. A note of the case should always accompany the specimens.

It is also of interest to note that I have had the larvæ of *Lucilia argyrocephala* Hacq. (*serenissima* Fabr.), the common Bazaar meat fly, from three cases of cutaneous myiasis in animals, those of *Chrysomia dux* Esch. from two cases in animals, as well as the larvæ of *Aphiochæta xanthina Speiser* (*ferruginea* (*Brunetti*), and *A. rufipes* Mg., from cases of cutaneous myiasis in animals and man. The larvæ of *Philæmatomyia crassirostris* Stein, and those of a species of *Ssarcophaga* from a case of intestinal myiasis in man, as well as the larvæ of *Sarcophaga* from two cases of cutaneous myiasis in man. I hope in succeeding papers in the *Indian Journal of Medical Research* to describe and illustrate all the Indian Blow Flies, to give a complete account of the life-history of *Aphiochæta xanthina,* and to record all the cases of myiasis noted above.

In conclusion, I wish to take this opportunity of thanking all those Medical and Veterinary Officers who have so far collected and sent me maggots. I trust that many more, particularly from North India, will send me specimens, so that I may be able to decide, whether or not, there is more than one Blow Fly which causes myiasis in man in India. I may say that this investigation has only been made possible by the generous financial help of the Indian Research Fund Association.

A Mirror of Hospital Practice.

A CASE OF ACUTE CATARRHAL JAUNDICE.

By A. BAYLEY DE CASTRO,

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This case, being of interest from a clinical point of view, is my chief reason for publishing it, and, in the absence of definite bacteriological evidence, the diagnosis has to hold good in spite of the very strong presumption of an acute toxæmia, probably spirochætosis in nature.

No. 39615.—A well-nourished, dark-complexioned man of about 30 years was admitted into hospital on the 31st August, 1920, with the following history. Fever of a mild nature of four days' duration, and vertigo. Tongue coated, loss of appetite, spleen not palpable. Liver not enlarged or tender. Heart and lungs normal, urine normal, blood negative to malaria. Patient had had five previous admissions to hospital between November, 1916, and August, 1920,—once for malaria, once for enteritis, and twice for dysentery.

He was given Blue pill to be followed by a saline draught in six hours and put on quinine sulph. gr. x. B. D. and a milk diet.

1st September, 1920.—The most striking point about the patient this day was the injection of his conjunctivæ. He also complained of headache, backache, and pains in the limbs, and a phlebotomus infection was thought of, but, judging from the nature of his duties and the place where he worked, a definite conclusion could not be arrived at. There was no vomiting. Urine 1014, acid, high coloured, no bile, albumen, or sugar. Pulse 90 p.m.

2nd September, 1920.—Stools loose, greenish, and offensive, abdomen not distended. Conjunctivæ very injected. Pains all over body still complained of, but not as severe as the previous day. No vomiting. Diaphoresis very profuse. Tongue thickly coated and dry. Throat congested.

3rd September, 1920.—Condition as before, stools greenish with shreds of mucus. Mental condition clear.

℞

Cal. gr. i.
Sodii Bic. gr. ii. } every hr., 6 powders in all.

By evening there was a general all-round improvement.

4th September, 1920.—Condition practically normal. Patient requested more food, and was given a pint of milk extra.

5th September, 1920.—It was from this date after coming back to practically a normal condition that a change for the worse developed. Patient had not slept well during the night, although he was free from all pain. Two stools passed early in the morning were loose and whitish in colour. Eyes jaundiced, tongue very dirty and dry.

The following mixture was prescribed:—

℞

Acid Nit. Hyd. dl. m. xv.
Sodii Sulph. ℥ii.
Liq. Strych. m. iii.
Aqua ad. ℥i.

T. D. S.

6th September, 1920.—As yesterday. Jaundice increased. Patient is dull, and complains of a headache. Pulse 64—volume good.

Evening.—A hiccough had developed during the afternoon, and tenderness was complained of over the liver. Pulse still 64, but volume slightly less than in the morning.

℞

Chloroform m. xx.
Aqua ℥vi misce.
Sig. ℥i when necessary. Shake bottle well.

7th September, 1920.—No hiccough. Vomited once during the night. Bowels not moved.

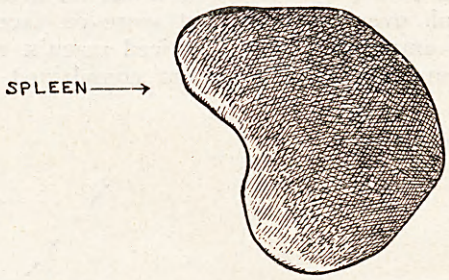
Evening.—Complains of thirst. Lies very quiet. Had one loose stool at 10 a.m., which was examined for amœba with negative result.

8th September, 1920.—7-30 a.m.—Passed about 1½ lbs. blood per rectum. Pulse 112. Hiccough. Tongue coated, thick, and dry. Conjunctivæ intensely yellow, marked tenderness over liver. Adrenaline sol. m.x injected. Urine 1016. Acid, bile and albumen present.

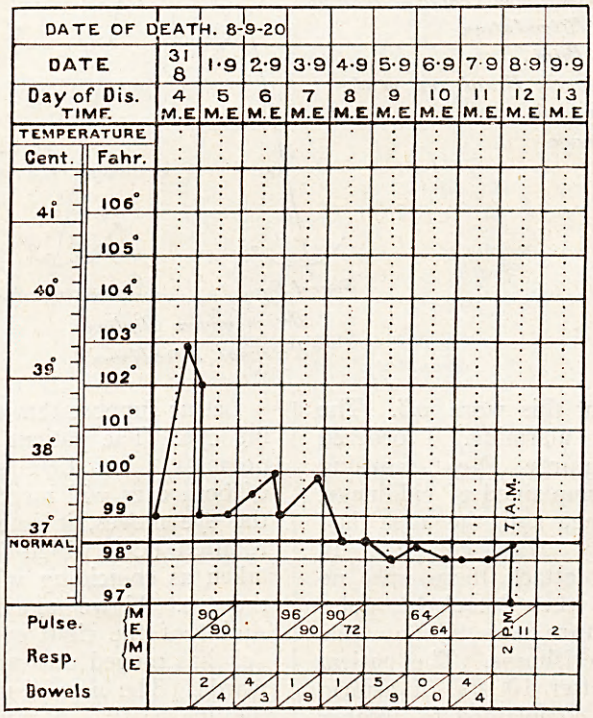
2 p.m.—Very sudden collapse and death.

I should remark here that the jaundice this morning was so intense that the yellow discolouration of the tissues was visible through the dark skin in certain parts, as the groin and side of the neck. The three stages, so to speak, which the patient passed through were: (1) enteritis; (2) headache, body-ache and injected eyes; (3) jaundice.

great exception to the usual condition, and consistency of spleens in a highly malarious place.



Kidneys.—Left 8 oz. Right 7 oz. Highly congested. Sections showed yellow staining. Capsule easily stripped.



Post-mortem notes.—On opening the abdomen—intestines, omentum, skin, subcutaneous tissue, fat, muscles, and all organs were found to be deeply stained yellow. The last foot of the intstine, ileo-cæcal junction, ascending and transverse colon, and rectum, contained enormous clots of blood, and were greatly distended. No ulceration.

Heart.—10 oz. Muscle soft and stained yellow. Right side contained about 1 oz. fluid blood.

Lungs.—Right 1¾ lbs. Yellow in colour, borders congested. Left 1½ lbs. Congested.

Liver.—3¼ lbs. Deep yellow. Substance firm. Gall bladder contained some dark tawny bile. No obstruction in any ducts.

Spleen.—Size as indicated, 4 oz. in weight, colour buff. Substance firm. This is a very

Brain.—Congested. No hæmorrhages.

Stomach.—Normal, distended with gas.

CASE OF INTOLERANCE TO ASPIRIN.

By CHARLES CLYNE, M.C., M.B., CH.B.,

Golaghat, Assam.

I WAS called in to see a case, J. E. U., a tea-planter, who was suffering from slight headache and who took one 5-gr. tabloid of "Empirin" (B. W. and Co.'s substitute for aspirin). He was a robust man, aged 41. His history was, having a headache he took a 5-gr. tabloid of Empirin being given same by his wife at 2-30 p.m. on 3rd October when he went to bed; he got up at 4-30 p.m. complaining of tightness in the neck and swelling of the face. I