with the skull is well heard in the left ear, and increased by closure of the meatus. He thinks he can hear it in the right ear, but it is not increased by closing the meatus. He has continuous tinnitus in the right ear. When at his best, the noise is like a "dull buzzing"; but, if his stomach be deranged, or if overworked, the sound rises to a persistent hissing, "like an engine". It is greater for some hours before an attack of giddiness, but is not louder at the moment of an attack. His first attack was one of sudden and profound loss of consciousness, without much giddiness. He was walking in the City, when he suddenly lost consciousness and fell. He probably had no convulsion, but was taken to a hospital, where he was thought to be in a state of post-epileptic coma. Some hours passed before he recovered consciousness. The second attack, however, was attended with vomiting and no loss of consciousness.

But the cases are rare in which the loss of consciousness is so considerable and so lasting as to render the diagnosis a matter of real difficulty. A speedy return of consciousness, coupled with the persistence of vertigo and the absence of any symptoms of local weakness, generally renders the nature of a case sufficiently obvious. The history of preceding attacks will also indicate the nature of the affection. In a first attack, as in one depending on an acute inflammation of the semicircular canals, a diagnosis might be for a time impossible.

[To be concluded.]

ON BLAPS MORTISAGA AS A HUMAN PARASITE.

By T. SPENCER COBBOLD, M.D., F.R.S.,

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THROUGH the kindness of Mr. J. Fletcher Horne of Barnsley, I am possessed of a living specimen of the larva of this somewhat repulsive coleopterous insect, commonly known as the churchyard beetle. In a letter accompanying the specimen, and dated February 3rd, Mr. Horne says: "The enclosed was this morning found in the motions of a child eleven weeks old. As it is, I believe, an unusual visitor in a child so young, I have thought that it might be of some interest to you. The child has been brought up with cow's milk, always boiled". On receiving the maggot, which I at once recognised as referable to the genus *blaps*, I wrote to Mr. Horne requesting him to make inquiries with the view of ascertaining the genuineness of the case regarded as one of parasitism. Replying to me on the 6th, he writes: "I have seen the mother of the child to-day, and have not been able to shake the evidence that the larva was passed from the bowel. The people have no garden, and they feel sure that the maggot passed into the napkin with the motion. Their washing is done at home, and dried before the fire. The child is apparently getting well rapidly, which I think strengthens the evidence."

Mr. Horne having been apprised of my desire to publish the case, he was good enough, in a subsequent communication, to mention some other particulars. Thus, in respect of the symptoms, it was noticed that the child had a cough soon after birth, and for five weeks previously to the time that it came under his professional care it "had a fit once a week", apparently convulsive in character, as the face was said to have turned blue during the paroxysms. "A neighbour says she detected, before the worm came away, a 'humming or buzzing' about an inch from the umbilicus on each side, which has now gone away." I may here remark that I agree with Mr. Horne in thinking that these supposed insect-like sounds were merely due to flatus; our informant probably using the term "buzzing" only because she had knowledge of the fact of an insect having been passed. Be that as it may, Mr. Horne adds: "The child has never had any diarrhoea, and its bowels are usually constipated, the motions being passed in small round pieces like little marbles. When I first saw the child, it had great difficulty in breathing, with frequent sighing. To-day (the 8th) the child seems to be getting on famously." In an earlier letter, Mr. Horne informed me that the treatment mainly consisted in the administration of powders containing hydrargyrum cum cretâ and rhubarb; and, although they were not given with the view of expelling the parasite (the presence of which was of course not so much as suspected), they nevertheless had acted anthelmintically.

Taken by themselves, the above particulars might hardly perhaps be considered as affording sufficient evidence of parasitism, or of having caused the symptoms in question. However, several authentic instances of the occurrence of the larvæ of *Blaps* having now been placed on record, it is clear that, even if this case were more than doubtfully genuine, it would not set aside the evidence afforded in the other and otherwise similar instances. For my-elf, no doubt remains respecting the parasitism in this case; Mr. Horne's opinion and my own being in entire agreement.

In my general treatise on the *Entozoa*, I have briefly alluded to the notorious and unquestionably genuine case of Mary Riordan, who not only passed *per anum* upwards of 1,200 larvæ, but also several perfect insects belonging to this species. I have likewise referred to Hope's Catalogue, wherein two other cases are given. The first-named case was reported by Pickells and Thomson, with the valuable co-operation of the well-known Dublin helminthologist Dr. Bellingham. One of the other authentic cases, in which only a few larvæ were present, was recorded by Patterson of Belfast, and the third by Bateman. I may mention that the Rev. F. W. Hope's Catalogue originally appeared in the *Transactions of the Entomological Society*, being afterwards published in the pages of the *London Medical Gazette* (1837). Patterson's case was also, I believe, first communicated to the Entomological Society. I mention this in order to show the difficulty of getting at the literature of this department of helminthology (if such it may be called), and also in the view of expressing my belief that several other recorded cases might be found, if diligently sought for, in the *Transactions of foreign societies*. The only other instance that I can at present find ready to hand is the one for which Sir J. Rose Cormack is responsible. A notice of this case appeared in the *Monthly Journal of Medical Science* (1841).

As regards the mode in which the maggot gained access to the child in the case before us, it is not easy to decide; but, in the case of Riordan the mode of ingress was sufficiently explained. The *Blapsidæ*, as a family, are closely allied to the meal-worms, and, like most of the *Tenebrionidæ*, are black and foul-smelling beetles, frequenting dark and damp situations, from which they retreat only at night. The family comprises numerous species, of which probably not more than three are found in this country. They are abundant in Africa, especially in Egypt, where (according to Fabricius, as quoted by Westwood, Figuer, and other entomologists) the women eat *Blaps sulcata* cooked with butter, in order to make them grow fat. The insects are also employed as specifics against ear-ache and the bite of the scorpion—a method of treatment which smacks somewhat of the principle of *similia similibus curantur*, since earache, amongst the superstitious, is often associated with the notion of there being maggots within the meatus. Moreover, many genuine cases of insect-larvæ within the external auditory passages have been published. The superstitious notion of a "charm" is generally at the bottom of all domestic theories on the subject of treatment. This was pre-eminently so in Riordan's case. Here, as Westwood observes, when epitomising Pickells's long account, the parasites "probably originated in an absurd and superstitious practice, which she had for some time followed, of drinking daily for a certain time a quantity of water mixed with clay, taken from the graves of two Catholic priests, and eating large pieces of chalk. One of these beetles was immersed repeatedly in spirits of wine, but revived after remaining therein all night, and afterwards lived three years".

The intolerance of light shown by the perfect insect seems to be equally shared by the larva. Of this fact I have had repeated evidence by observing the behaviour of the living specimen sent by Mr. Horne. Thus, when, on February 5th, I placed the maggot on the surface of some moist mould (taken from a fern-jar and put in a tin box), scarcely half a minute elapsed before it commenced to bore its way downwards, and in less than a minute all but the tip of the tail had disappeared. In like manner when, on the 7th, I raised the lid of the box, and found the maggot lying on the surface of the soil, it almost instantly proceeded to bury itself. In short, under similar conditions, its conduct is invariably the same; and, whether we speak of it as a larva or an imago, this insect may clearly be branded as "one that loveth darkness rather than light". At the risk of incurring the wrath of a certain society established for the prevention of cruelty to animals, I occasionally, for the benefit of the curious, poke up my *Blaps mortisaga*, when—judging by the alacrity it displays in its frantic efforts to escape—its discomfort, not to say distress, is sufficiently obvious.

NON-ERUPTIVE VARIOLA.

By ALFRED FLEISCHMANN, M.R.C.S. Eng.

IN the fourth edition of Watson's *Principles and Practice of Physic*, pp. 861 *et seq.*, will be found the following paragraphs.

"This frightful disease sets in with smart febrile symptoms..... pain in the epigastrium, with nausea and vomiting, and headache."The period of incubation is from ten days to a fortnight..... Amongst other symptoms, "vomiting is one, pain in the back another. Heberden noticed that acute pain in the loins was almost always fol-