

(v) When open wounds are infested, especially those on the limbs, the treatment becomes very difficult and tedious, as the loose integuments of the extremities offer special advantages to the burrowing larvæ. As the larvæ are found beneath the skin around the wounds—specially underneath the edges—the edges should be excised and a few radiating incisions should be made around each wound, to have free access to the deep lying larvæ and to secure their expulsion. By these radiating incisions the numerous false passages created by the burrowing larvæ may be laid open and then only can these sinuses be satisfactorily dealt with. Each wound should be thoroughly explored as no larvæ may be found superficially. Irrigation with 1 in 80 carbolic or 1 in 25 E. C. is quite enough for cases of mild or moderate degree of infection. In severe cases warm potassium permanganate baths for the affected parts may be given in addition.

(vi) The great difficulty of recovering living larvæ or viable larvæ from the tissues should be noted; and the still greater difficulty of successfully breeding the few living and viable larvæ that could be extracted up to the adult stage is also worthy of attention. Gentle scraping with a small-sized Volkmann's spoon aided by irrigation with warm saline seems to be the best method of recovering living and viable larvæ.

(vii) The problem of prevention presents some difficulties, especially in the case of nasal infections. As for open wounds, closing them with bandages or strips of adhesive plaster is the best method of prevention. But obviously the nasal cavities cannot be dealt with in this way.

In all B<sub>3</sub> cases, especially in the old lazy and filthy patients who never move about, the nasal cavities may be painted with Hydnoceol twice a day, once in the morning and once at night, before going to bed. This method is under trial at present. Also the patients should be advised to cover up their faces when they sleep—whether during the night or the day.

Lastly, cleanliness of the person and the clothing is of great importance in the prophylaxis of myiasis, as in other diseases.

#### A PRELIMINARY NOTE ON A COLOUR REACTION FOR "693" AND ITS APPLICATION IN THE ESTIMATION OF THAT COMPOUND IN THE URINE.

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WE have been experimenting on a suitable colour reaction for compounds like Bayer's 693

(diethyl amine p-amino phenyl stibinate) used in the treatment of kala-azar, by means of which we could follow by a simple method the course of antimony excretion in the urine instead of depending upon the long and tedious process of antimony estimation by the methods commonly employed.

We found that on diazotising a solution of "693" with dilute hydrochloric acid and sodium nitrate solution and coupling it with  $\alpha$ -naphthol in alkaline solution a fine red colour was produced and the depth of this colour was proportional to the concentration of the antimony compound in the solution.

After many trials the following procedure was found to give the best colour effect.

To 0.5 c.c. or more of the solution, depending upon the concentration of the compound, 1 drop of dilute hydrochloric acid was added, then 1.5 c.c. of water and the mixture cooled in ice. After about 10 minutes 1 drop of a 1 per cent. solution of sodium nitrite was added, mixed and the test tube again put back in ice for about a minute. Then 1 c.c. of about 1 per cent. solution of  $\beta$ -naphthol in 20 per cent. caustic soda was added and mixed. The colour formed was allowed to develop for about 5 minutes and compared against a standard solution of the substance treated in the same way.

The lowest limit for the formation of a distinct red coloration for "693" is about 0.02 mg. in 0.2 c.c. of the solution.

Urea stibamine also gives a colour reaction on similar treatment but the limit of distinct red coloration in this case is about 0.5 mg. in 0.5 c.c. of the solution.

In the case of urine from a patient treated with "693", a known volume of the urine is treated exactly in the manner described above and compared against a known volume of a standard solution made by dissolving a known weight of "693" in normal urine similarly treated. Usually a 1 in 10,000 solution is used. The colour developed is best compared in a test-tube colorimeter.

Further experiments are in progress and we hope to be able to publish a detailed account of our work shortly.

#### A Mirror of Hospital Practice.

##### A CASE OF INDUCED POLY-LEUCOCYTHÆMIA.

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WHEN the observations on this case were made it was not our intention to publish them, but as the case exhibits some unusual features we have