

The uterus, on vaginal examination was less movable than normal, especially on the left side, but it was not enlarged.

From the history of gonorrhœa, of pregnancy, of attacks of severe pain with faintness, of regular menstruation till the beginning of the present illness and from the peculiar feel of the tumour, a provisional diagnosis of extra-uterine gestation (abdominal pregnancy) was made.

On 7th November, 1927, the abdomen was opened, in the usual way, by Rai Bahadur J. N. Mitra, Civil Surgeon. On opening the peritoneal cavity a shrivelled-up fœtus of about five months was found almost free in the lower part of the peritoneal cavity, there being only 3 or 4 strips of narrow long bands connecting the fœtus with the left broad ligament and part of omentum. These bands which did not contain any vessel were cut and the fœtus was taken out without any difficulty. Another tumour, formed from the gestation sac, was found adherent to the omentum, the broad ligament and the left tube (which looked like an adherent loop of small intestine). This tumour was dissected off without much hæmorrhage. After the usual toilet the abdominal cavity was closed in three layers.

The patient made an uneventful recovery and was discharged from the hospital on 25th November, 1927.

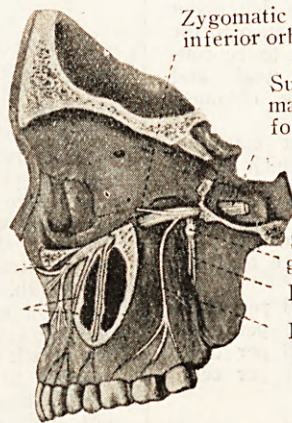
A CASE OF MYIASIS OF A CARIOUS TOOTH.

By C. STRICKLAND, M.A., M.D.,
Professor of Medical Entomology,
School of Tropical Medicine, Calcutta.

THIS case was seen first by Dr. Chakrabarty, Assistant Surgeon on Ambutia Tea Estate, Kurseong, who showed it to me.

Infra-orbital nerve
on the face at the
infra-orbital foramen

Middle and anterior
alveolar branches.



Zygomatic branch at
inferior orbital fissure.

Superior
maxillary nerve at
foramen rotundum.

Spheno-palatine
ganglion and nerves.
Palatine branches.
Posterior superior
alveolar nerve.

Fig. 1.

(After Cunningham.)

The patient was a Nepali woman, aged 52, a tea-garden cooly, particularly strong and healthy.

She complained of toothache.

On examination the left 2nd upper molar was found extensively carious, all the other teeth being in excellent condition. There was no alveolar trouble near the affected tooth, or elsewhere.

On proceeding to clear the carious cavity with a pledget of cotton wool on a probe, about a dozen maggots emerged and were collected. The cavity after cleaning and dressing was plugged with cotton wool and when the pain had disappeared the tooth was extracted and no further trouble ensued.

Dental myiasis has I believe never been reported before. Presumably a fly being attracted by the odour of putrefaction arising from the tooth had seized the opportunity of

depositing its eggs *in situ* during the patient's sleep with her mouth open, and the maggots subsequently developed and caused the trouble.

I identified the maggots as those of *Chrysomya bezziana*, one of the common "green bottle" flies of India, a diagnosis which Colonel Patton very kindly confirmed for me, agreeing also that this was an unique occurrence.

AN OBSCURE NEUROLOGICAL CASE SIMULATING EARLY LEPROSY.

By E. MUIR, M.D., F.R.C.S. (Edin.),
*Research Worker in Leprosy at the School of Tropical
Medicine and Hygiene, Calcutta, under the Indian
Research Fund Association,*

and
JOHN M. HENDERSON, M.B., Ch.B. (Glas.),
*Working under the British Empire Leprosy Relief
Association at the School of Tropical Medicine and
Hygiene, Calcutta.*

J. S., æt, 30 years, a young Cinghalese medical man, presented himself at the Leprosy Research Department of the School of Tropical Medicine and Hygiene, Calcutta, complaining of loss of sensation in the skin of the lower right eyelid and right side of the nose of between 6 and 9 months' duration. About 9 months ago the patient became conscious of defective sensation in the skin of the lower right eyelid and upper part of the right cheek; 3 months later the con-

dition had spread to the skin of the right side of the nose. After a further period of roughly 3 months, a sensation of numbness of the right side of the palate was noticed.

Previous History.—The patient had sycosis barbæ in 1922. In 1923, while stationed in Madras City, he suffered from benign tertian malaria; to the best of the patient's belief this infection was a pure benign tertian. Fever recurred intermittently until 1926 and finally yielded to intravenous quinine therapy. No history of venereal disease was obtained.

Present Condition.—There is anæsthesia to light touch involving the right lower eyelid and upper part of the right cheek, the right side of