paraldehyde were administered. After 4 days the fever subsided and convulsions disappeared. But the patient became restless and choreic movements appeared. Gradually these movements became marked and typical. There were insomnia and aphasia. It was also impossible for the child to sit or stand. Oral quinine and chloral-bromide mixture were continued as before. Intramuscular quinine and rectal paraldehyde were stopped after 48 hours' administration. After about 7 days choreic movements gradually ceased and the child was able to sit up and talk. After another 5 days she could stand and walk. She was discharged cured.

Comment.—It was a case of benign tertian malaria presenting chorea as a sequel. *Plasmodium vivax* is not reported to produce this manifestation. The occurrence of chorea could be explained by a lesion in the basal ganglia of the nature of temporary toxic degeneration. Coma, convulsions, aphasia and signs of involvement of the pyramidal tract were the result of malarial encephalomyelitis. Inability to sit up was a manifestation of extreme muscular weakness which is common in chorea. Lesion in the basal ganglia was only a part of encephalomyelitis.

My thanks are due to Dr. H. N. Bhatt, Principal, Medical College, and Superintendent, Thomason Hospital, Agra, for his kind permission to report this case.

A CASE OF FULL-TERM ABDOMINAL PREGNANCY

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THE literature concerning abdominal pregnancy is confusing as records of such cases are rare. The following notes of a case (primarily an ectopic gestation in tube) successfully operated upon with a stormy convalescence may therefore be of interest :

The patient, aged 20 years, was admitted to the Mitford Hospital on 24th September, 1947, with the following complaints :

An irregular solid mass in lower abdomen was noticed for 6 to 7 months, fever off and on for 3 months and vaginal bleeding following amenorrhœa of 3 months' duration and later again after six months.

The patient had been married 6 years and had no pregnancy previously. Periods were regular before the last in December 1946. Following this she had amenorrhœa for 3 months with usual symptoms of pregnancy (morning sickness, vomiting and frequency of micturition, etc.). Suddenly one day she felt acute pain in lower abdomen accompanied with slight vaginal blood discharge. She was in a village where she had some treatment orally. The abdominal pain gradually subsided. Later, she developed a mass which gradually increased in size and she felt the movements of a fœtus. The assumed pregnancy continued for another 5 or 6 months. Then one day (about 3 months ago) she had acute abdominal pain with distension and vaginal bleeding. The fœtal movements ceased and the vaginal bleeding continued off and on till the day of admission. Slight fever also continued for some time.

On admission she was anæmic with an irregular hard mass in the lower abdomen lying transversely. The left end of the mass felt stony hard. Vaginally, the uterus was felt slightly bigger than normal, deviated to the left and adherent to the mass above. The pouch of Douglas felt irregular. There was slight uterine bleeding.

The history of amenorrhœa with sudden abdominal pain and vaginal bleeding, a growing mass in lower abdomen with fœtal movements, and later again acute abdominal pain with cessation of fœtal movements and vaginal bleeding gave the tentative diagnosis of tubal ectopic pregnancy, tubal abortion, secondary abdominal pregnancy and death of the fœtus in the abdomen near or at full term.

Pre-operative treatment included administration of sulphanilamide, iron, quinine, strychnine, etc., and was continued till she was surgically fit for operation. *X*-ray could not be done for want of films.

Operation.—On 10th October, 1947, the abdominal cavity was entered by right paramedian incision and peritoneun was found very thick and adherent to the mass at places. A macerated fœtus was found entangled in a mass of adhesions and coils of intestine (*see* figure, plate XIX). Skin at many places was missing from the macerated body. After very careful dissection the fœtal skeleton was released from adhesions (at places parts of fœtal skin were left adherent to intestines for fear of perforation). The right fallopian tube was elongated and the expanded abdominal ostium was adherent to a soft irregular fleshy mass in right iliac fossa. The fleshy mass (placenta) was removed as far as possible. The uterus was pale yellowish in colour. Right ovary and left tube and ovary were found adherent to the mass. The abdomen was closed. She ran a high temperature for 6 days after the operation and then developed fæcal fistulæ in two places. Sulphaguanidine, opium, low residue diet, and careful dressing kept the patient alive. The fistulæ healed after three months and the abdominal wall healed by granulation. She walked out of the hospital on 2nd February, 1948, without any incisional hernia.

ERRATUM

TWO ATYPICAL CASES OF GIARDIA INFECTION

By MAFIZUDDIN SIRKER, D.T.M. (Cal.)

IN the above article published in the *Indian Med. Gaz.*, **84**, March 1949, p. 103, column 1, line 7 from bottom

read 'Tulshighat' in place of 'Julrighat'.

MYOTONIA CONGENITA : THOMSEN'S DISEASE : N. S. VARIAVA. (O. A.) PAGE 195

Fig. 1.

Fig. 2.

A CASE OF FULL-TERM ABDOMINAL PREGNANCY : H. AHMED. (M. H. P.) PAGE 200

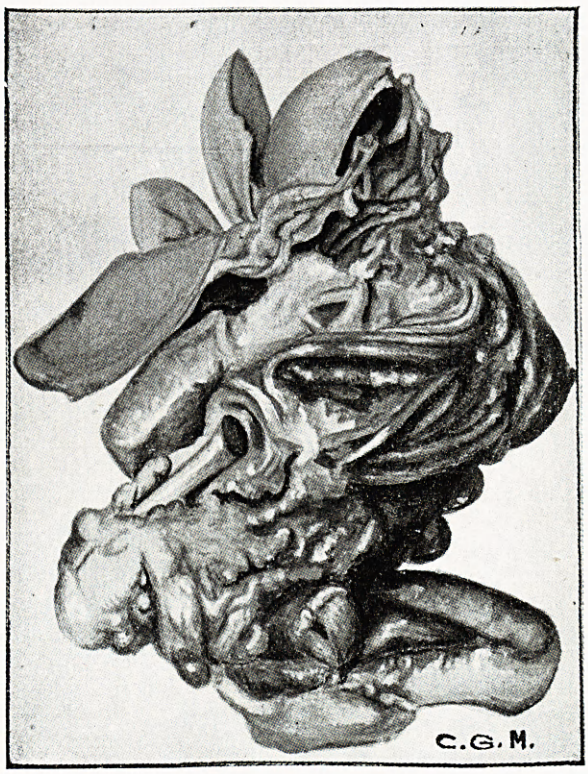

Figure showing macerated fœtus.