have deposited her eggs, and neglect of personal hygiene on the part of the patient did the rest. She had been complaining of pain behind the ear for nearly three weeks before admission, but thinking it was only due to the old trouble had refused to allow her husband to call a doctor. Three days before admission the "swelling" burst, but the husband did not notice any larva.

The case is, I think, of interest partly on account of the infrequency of the condition in Europeans, and also because it shows the speedy and frightful destruction caused by the larva of these flies and consequently the importance of carefully covering even trivial wounds and abrasions in places where such insect pests exist.

The larva were about two-thirds of an inch long, consisted of twelve segments, each of which was encircled by a row of small spines which could be felt better than seen. Specimens were sent through the Curator of the Bombay Natural History Society to the Imperial Entomologist, Pusa, who identified them as larva of Chrysomia bezziana (Villeneuve).

A case of myiasis of the frontal sinus and orbit occurring in a native was reported by Major R. E. Wright, I.M.S., in the Indian Medical Gazette of February, 1921. In his entomological note on the case, Major W. S. Patton, I.M.S., describes this fly as the specific myiasis-producing calliphorine of India which only deposits its eggs in the diseased tissues of man and animals.

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A CASE OF HEAD INJURY.

By Captain E. Underhill.

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The following case presented a train of symptoms sufficiently uncommon to appear to merit a brief description:—

The patient, a boy, aged 3 years and 1 month, was carried to hospital at 7.30 p.m. on March 31, 1925, in a "convulsion."

At about 5 p.m. that evening he had fallen down some steps leading from the verandah of the quarters, a height of about eighteen or twenty inches, and in falling struck the side of his head against the corner of a higher step.

The mother of the patient was quite positive that it was the right side of the head that was struck.

The child got up, went to his mother, and asked to be picked up. When she had done so he lay absolutely still in her arms, which, she subsequently stated, was unusual, and she noticed his eyes fixed and his hands cold. Convulsions started on the way to hospital. The child did not vomit.

On admission the condition present was as follows: Complete uncon-
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sciousness; constant, convulsive, jerky movements of the right hand and leg, with twitching of the right side of the face. The patient's temperature was 101° F. The pulse-rate was 124, but the pulse was very good in quality and normal in strength and softness. Breathing was difficult, respirations being slow but not noisy. Cyanosis was present. The face was not drawn nor pinched. The head was slightly turned to the right. Both eyes were directed to the right and were fixed. The muscles of the back of the neck were rigid. A slight bruise was found on the left side of the head in the upper part of the parietal region. No fracture of the skull could be felt.

There was no sign of hemorrhage or escape of cerebro-spinal fluid from nose or ears; and neither then nor subsequently any subconjunctival ecchymosis.

The patient was placed in a warm bath with an ice-bag applied to the head, cold water was allowed to trickle down his back, and a glycerine enema was administered. After about ten minutes his breathing became easier and more natural and his colour improved. The convulsions continued. A motion was passed in the bath.

The patient was then taken out of the bath. Owing to returning dyspnœa and cyanosis, a few movements of artificial respiration were undertaken. As no improvement was effected by this measure, the patient was again placed in the bath, simple manual compression and relaxation of the chest continued, and douching of the back with cold water recommenced.

Dyspnœa and cyanosis continued for about twenty minutes, alternately improving and returning as artificial respiration was performed for two or three minutes at a time or stopped. Convulsions continued constant.

Three grains of potassium bromide in solution were then given and followed in a few minutes by complete cessation of convulsions and twitchings, the breathing becoming easy and natural, cyanosis disappearing, the neck relaxing, and the patient lying quite still and quiet.

This convulsive stage continued from about 7 p.m. until about 8.30 p.m. During this period the left side was limp, the convulsions affecting the right side only.

The convulsions were succeeded by a stage of paralysis which supervened gradually, taking about half an hour to become fully developed. The condition when developed fully was one of right-sided hemiplegia of the flaccid type involving face, arm and leg, and apparently complete in so far as those parts were affected, the face being drawn to the left and the limbs absolutely limp. The plantar reflexes were absent at first; a little later on a flexor response was obtained on the right side. The other reflexes, skin and tendon, were absent, no reaction being elicited on the application of the usual tests.

The pupils were equal and regular, neither noticeably dilated nor contracted; but the right was thought to be slightly dilated, and, at first,
slightly and sluggishly reacting to light, the reaction subsequently becoming lost. The left eye appeared to be deviated slightly outwards.

The attitude and behaviour of a case of cerebral irritation were not displayed, and the characteristic pulse and respiration of cerebral compression were not present.

At 3 a.m. the patient was given a soap and water enema, which was followed by a very satisfactory motion. Thereafter he passed into a state resembling sound, natural sleep.

He woke at 6 a.m. seeming very drowsy; was given a drink of milk and water, which he took quite normally, and fell asleep again. About 7 a.m. he vomited once after partially regaining consciousness, and vomited slightly on four more occasions during the day, vomiting once on each occasion easily without straining. All that day (April 1) he was drowsy, with occasionally twitching of the fingers of the right hand.

The next day (April 2) the patient had recovered except for slight paresis, and otherwise seemed normal. His first remark on gaining consciousness was, “I fall down.”

He was kept under observation until April 9 and was then discharged from hospital perfectly normal. He was seen some months later and was then apparently quite normal, and has so continued up to the time of writing, six and a half months after the accident.

The case presented certain features which seem worthy of remark:—

The absence of the classical general signs of irritation and compression, the very transitory nature and shortness of duration of the severe symptoms, and the rapid and complete spontaneous recovery of the patient appear to indicate a diagnosis of concussion. On the other hand, the association of convulsions and definite paralysis with concussion would appear to be very unusual, to judge by the meagreness and brevity of references to the subject contained in the ordinary textbooks in common use. No mention was found in Rose and Carless. Thomson and Miles, in the sixth edition of their “Manual of Surgery,” remark that in concussion “although voluntary movement and the deep reflexes are abolished, there is no true muscular paralysis.” In this present case the complete flaccidity of the right side in comparison with the left was quite definitely marked—the muscles felt to be more completely relaxed and toneless when handled, the right limbs “flopped” and crumpled up when raised and released, whereas the left did not, and the usual appearance of paralysis was notably displayed in the face in “flattening” of the right side and drawing of the features to the left. Thomson and Miles do not mention convulsions as occurring in connexion with concussion. They add further, however, that “effusions into the cortical motor areas give rise to irritation or paralysis of the muscles governed by the affected centres.” Yet in this case it seems difficult to understand how the effects of an effusion, if present, sufficiently definite to
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give rise to such depth and severity of symptoms should be of such short duration and pass so quickly and completely away.

Sargent, in the chapter on Cranial Injuries in the "Practitioner's Surgery," edited by D'Arcy Power, writes that "increased intracranial pressure is certainly present in many of the more serious cases of concussion, and this accentuates the difficulty of distinguishing between concussion pure and simple and concussion complicated by intracranial haemorrhage." This statement seems to describe the condition under consideration. He also remarks that in cases of concussion "sometimes reaction is ushered in by a mild epileptiform seizure." This is his only direct reference to "convulsions" accompanying concussion, and may be held to apply to the occasional twitchings observed in this case on April 1, though it would hardly explain the convulsions of the previous day. He further mentions "increase in the muscular flaccidity, especially if asymmetrical on the two sides of the body," as one of the signs pointing "to the probability of laceration of the brain or meninges with progressive haemorrhage." This was the only sign of those he mentions which was certainly present in this case, though there was also doubtful "inequality of the pupils coming on under observation," and the conjugate deviation of the head and eyes which was present was also suspicious of a gross cortical lesion.

I am indebted to Lieutenant-Colonel G. A. K. H. Reed, R.A.M.C., Officer Commanding, British Station Hospital, Kamptee, for permission to record this case.

AN ACCOUNT OF TWO CASES OF RUPTURE OF THE SMALL INTESTINE.

By CAPTAIN M. MORRIS.
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We are called upon so rarely to treat and deal with severe abdominal injuries that I feel a short report on the following cases will be of interest.

During the last hot weather I was asked to see a man at the Indian Station Hospital, Jubbulpore, who, it was reported, had fallen off a haystack and transfixed his abdomen with a pitchfork. I found the man to be a Hindu syce, aged 32. He gave the following history: "I was standing on a cart piling up hay with a pitchfork from a haystack. The cart was shaking and I fell off to the ground. I found that one prong of the fork had entered my abdomen, so I pulled it out and walked about a mile to see my sahib." The officer concerned informed me that the man walked into his orderly room, pulled up his garments and displayed a loop of intestine. The patient then collapsed and was taken by ambulance to hospital. The accident took place about 8.30 and I saw the man at 10.30 a.m. His general condition was then, taking everything into consideration, quite