

bottle might also contribute to a reduction in cases of quinine poisoning.

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If one green bottle should accidentally fall

Dr Uriarte and Mr Ell's case report, 'Doctor, there are maggots in my nose' (November 1997 *JRSM*, pp. 634-35) reminds me of the case of a man complaining of discomfort in the right ear. Some three or four days previously, after a few drinks, he had fallen asleep on a seaweed strewn beach. On inspection the ear canal was full of maggots which were feeding on the inflamed skin and tympanic membrane, having presumably cleaned his ear of any wax. The bright light of the auriscope stimulated the photophobic maggots which, in trying to avoid the light, presented a view of several vigorously writhing larval posteriors.

Castor oil was used to achieve evacuation of the ear canal. With the head on one side, the ear was filled to the brim. One by one the maggots floated out. 15 maggots were removed and sent to a department of zoology where they matured into adult flies. These were identified as green-bottles.

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Tropical ulcers and diphtheria

Dr Gonzalez-Ruiz and colleagues (November 1997 *JRSM*, pp 631-632) rightly stress the connection between tropical ulcers and infection with *Corynebacterium diphtheriae*. However, they do not mention two important complications of diphtheritic skin infection—peripheral neuritis and conjunctivitis. Morris¹ described 14 cases of peripheral neuritis in 401 casualties from the second Chindit (Wingate) Expedition in July 1944. Involvement varied from paralysis of accommodation and palate to one case (fatal) of respiratory paralysis. There were no faucial or nasal lesions and *C. diphtheriae* was cultured from only one case, emphasizing the fact that positive cultures are rare by the time that the peripheral nerves are involved.

Diphtheritic conjunctivitis is very rare, but failure to recognize and treat it promptly may result in the loss of the affected eye. The condition was first described by von Graefe² in 1854, and Duke-Elder³ gave an excellent description in his *System of Ophthalmology* in 1965. Since then, textbooks have either ignored the condition completely or devoted a couple of lines to it. I saw my first and only case in India: an Indian soldier presented with the lateral part of the bulbar conjunctiva of one eye covered with a greyish-yellow membrane similar to that seen on the fauces; he had healing sores on his shins. I immediately sent him to an ophthalmologist who confirmed the diagnosis.

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Plastic stress

The last copy of the *JRSM* was encased in a particularly tough plastic bag. After spending some considerable time fiddling with it, I wrote a little poem:

While the origin of plastic is still a subject of some oratory

(Though I believe it resulted from a cat spilling chemicals in a laboratory),

To open the plastic cover of the *JRSM* demands

A tensile strength beyond that deliverable by human hands . . .

I know it was designed to resist the stress of aeronautical flights,

And temperature changes

And atmospheric pressures from the prairies to Mountain ranges . . .

But, for all the twisting and pulling, I begin to doubt

Whether I would ever get the *Journal* out

And on failing to retrieve its contents untarnished and complete

I'll consider embedding it in a time capsule and concede defeat.

And future physicians will nod and say, 'Ah! A 20th Century plastic protective

—A renowned syndrome of a spastic perspective'.

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