FROM THE ARCHIVE

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A CASE OF ORAL MYIASIS.

By CAPTAIN S. GRENNAN, L.D.S. Lpool., *The Army Dental Corps.*

IN April, 1945, while the Unit with which I was serving was attached to a British Mobile Neuro-Surgical Unit in E. Bengal, amongst some of the rather interesting cases which relieved the usual routine was a case of oral myiasis—"presence of parasitic dipterous larvae in the body."

A nurse noticed the appearance of maggots in a patient's mouth and I was asked to see him (which I did rather sceptically). The patient, a West African, was recovering from a severe head wound, and his condition, plus the fact that no one could speak his language, made it impossible to obtain a history.

Clinical Picture.—Mouth fairly clean, due to previous swabbing by nursing staff, except in affected areas.

Upper Jaw, Bucally: Three burrows about one-tenth in. diameter involving the frenum connecting gingiva with upper lip. Palatally: Mucosa detached from bone between 3 and 2. A malleable silver probe could be inserted to a depth of half an inch in the large, pocket between the-bone and tissue. The detached mucosa had a whitish appearance and was covered with sloughs. It was thought at first that the affected tissue would slough away completely.

Lower Jaw.—Lingually: The mucosa detached from the bone from 2 to 3.

On close examination white objects could be seen in the lesions, which, on removal with a pair of tweezers, turned out to be larvae about 1 cm. long.

Diagnosis.—Fourteen larvae were removed and specimens sent to a pathologist who identified them provisionally as those of *Chrysomya bezziana*. (This was confirmed later by an entomologist who allowed them to complete their development.) This fly when matured is about the size of a blue bottle and its eggs are laid and develop only in living tissue.

Treatment.—1st day: Larvae were removed one by one, the deeper ones being quite difficult to extract. The burrows were irrigated with Dakin's solution and instructions given for frequent swabbing with Dakin's solution.

2nd day: The three burrows in the fraenum had coalesced. About seven larva: were removed from the upper lesions and one from the lower lesion. The pockets were then irrigated.

3rd day: No more larvae were removed. The mucosa began to look healthier and the lower gingiva had re-attached itself behind the right lateral. The upper lesions were considerably smaller.

5th day: Lower gum margin almost completely normal and upper lesion healing well. Syringed out with Dakin's solution, dried with cotton-wool twisted around probe and then painted with gentian violet.

This treatment was repeated for another six days by which time the condition had completely subsided.

Before the deposition of eggs there was no apparent abnormality and other areas of gingiva showed no signs of gingivitis.

Later a patient suffering from tetanus (from which he subsequently died), and for whom vulcanite mouth props had been made to maintain an airway, developed the same condition.

On this case, however, there were several sites in the mouth damaged, either by a Mason's gag or by the patient biting during a spasm.

My thanks are due to the entomologist and the pathologist for their interest and the help they gave.

GRUBS, FIRE BOMBS, INDIA AND A PAPER IN THE *BRITISH DENTAL JOURNAL*

This special 'From the archive' (left) by Sydney Grennan was published in the *BDJ* in 1946.

We met with Sydney himself to find out more about how this paper came to be.

Manchester dentist and BDA member Jeremy Cooper was talking to a patient one day when he discovered that the patient was also a dentist. Furthermore, this patient, Sydney Grennan, had retired the same year that Jeremy had graduated as a dentist: 1982. Jeremy then learnt that Sydney had been published in the *BDJ* in 1946. In conjunction with the BDA, Jeremy organised for Sydney to be presented with a copy of his published paper at Jeremy's surgery in Salford. I had the great pleasure of interviewing Sydney earlier this year.

Not only is Sydney Grennan a 97-year-old retired dentist who was published in this very Journal almost 70 years ago, he has plans to emigrate to Australia this year! Sydney has fantastic stories about his life as a dentist during World War 2, as an army dental surgeon based in India, and as a GDP practising at the inception of the NHS.

Sydney was born in 1917 and brought up in Bridgend in Glamorganshire, South Wales. When he was older his family moved to Liverpool and this is where Sydney went to school. He went on to qualify from Liverpool Dental School in 1941 and was in the army by November that year. As Sydney says: 'they were waiting for him.' During his time at dental school, the hospital was bombed when Sydney was on fire watch with a few of his fellow students: 'I was in group of about five firewatchers and we had a whale of a time. You would be up all night playing cards. Then next day you worked. One night we had a hell of an air raid. We realised there was a firebomb in the roof. I went up to have a look on the ladder and saw a big hole. We poured sand onto the fire to put it out. We all got a letter thanking us for saving the hospital. That was that. The hole was there until they knocked the hospital down.'

Life in India during WW2

Sydney started out in a barracks in London and was then sent to a guards depot at Caterham in Surrey. After about a year in the UK, Sydney was sent to a large dental centre on the Deccan plains in the south of India. It was here, in the middle of WW2, that Sydney met his wife, Frances. 'I was based at the hospital which had three women doctors - one was an English lady and the second one came from the North of Ireland, the third one was a Scottish lady. Anyway, I picked the middle

one, Frances Moffat.' They married in India during the war.

For a while Sydney was based at the British Forces inward troop-ing depot at Kalyan where he ran a mobile dental unit. Sydney remembers that the return troop-ing depot was based in Deolali. He jokes: 'The easiest way to get home from India was to go mad and go to Deolali, hence the phrase "he's gone doolally".'

The cases reported in his 1946 BDJ paper occurred during Sydney's time in the army in India. 'A nurse came to me and said "Captain Grennan we have a patient over here and he has grubs in his mouth." I thought they were pulling my leg. But she was dead serious and when I went over to the ward there he was, the poor fellow.' This patient was a West African recovering from a head wound. Sydney later treated another patient who turned out to be suffering from the same condition. 'The second was in the Indian Airforce but had contracted rabies. Because of this, they had had to open his mouth up to feed him and had smashed a couple of teeth in the process. So there he was lying there with rabies, his mouth was wide open and the flies got in. That's where the grubs had come from. It broke my heart to see the way they had smashed his teeth to open his mouth to feed him.'

Identifying flies

Sydney collaborated with an entomologist based at a nearby malaria unit to identify the specific fly. 'He identified the larvae as *Chrysomya bezziana* but he had never seen it in a human being before, only in animals. He grew the maggots into adult flies. Flies respire through spiracles on their bodies and the number of spiracles in these flies corresponded to the textbook amount for that species – that's how he

'A nurse came to me and said they had a patient with grubs in his mouth. I thought they were pulling my leg...'

Sydney Grennan, stationed in India in the 1940s

Jeremy Cooper (left) presents a framed copy of the 1946 BDJ paper and issue cover to Sydney Grennan (right)

identified it. So I wrote about it to my university professor and he said "write it up Grennan!"

From Kalyan, Sydney was sent to Comilla, in East Bengal. One of patients, a major, arranged for Frances to be moved to a nearby hospital so they were able to see each other more often. When Sydney was at Comilla he talks of a row one day amongst the Indian workers there. 'The ward boy (who thought he was God's gift) said that he would not go and eat with the sweeper. All the Indians had their meals together in a long hut. I said that I'd eat with him. The ward boy thought I was kidding but the sergeant and I did go to eat with them, which stopped all the fuss. That was one of the only times I've ever been able to do something really useful like that – it saved an awful lot of trouble.' Frances gave birth to their eldest son, David, around this time.

Towards the end of the war Sydney was relocated to Calcutta and made up to major. He was the commanding officer in a big dental clinic. The young family managed to get quarters together in Fort William. There, he was responsible for general dental surgery, mainly fillings and dentures. Any oral surgery was referred to the maxfax unit in Pune. However, one day Sydney did treat a dispatch rider who had broken his lower jaw. 'I sat him down and got him all wired up and used his upper jaw as a splint. He could eat as there was a tiny bit of movement. I was afraid though that he would not get fed properly so I referred him to the unit at Pune. He came back to me about six weeks later. At Pune they had wondered why he had been referred to the max/

fax unit as he was fine. I was very proud as I'd clearly done a good job though I hadn't done that for a long time!'

After the war

With the war over, early in 1947 the family moved to New Zealand where Sydney practised for a couple of years. They came back to England in the very late forties, just after the inception of the NHS, and Sydney bought a practice in Liverpool, near Anfield. However, he did not enjoy general practice and ran into trouble as many of his patients were being cleared from their little houses as a consequence of rejuvenation in the area. He sold the practice and moved to a hospital role at Sefton General Hospital (the regional cardiac centre at the time) and at Royal Liverpool Children's Hospital. 'I was so glad to get out of general practice. I loved the hospital because nobody interfered with me. My instructions were to "do what you can and if you can't treat someone we will send someone up from the maxfax dept to help." So I did all the extractions and oral surgery. Most of my patients were on warfarin because they were cardiac patients. Everything I did was under general anaesthetic. I had a wonderful anaesthetist who could cope with anything.' Sydney remained based at the hospital until his retirement.

Sydney is planning to move from Manchester to Australia, to be near his son Peter and his family this year. He has six great-grandchildren based out there. 'I'm going back in a few months god willing. Though it's not to be advised at 97 really!'

INTERVIEW BY RUTH DOHERTY

Many thanks to Sydney for taking the time to tell me his story. He is a remarkable person. I am delighted to report that Sydney has now arrived and settled into his new home in New South Wales.

Do you know any other BDJ authors who published papers this long ago? If so we would love to hear from you.