suddenly had pain in the left elbow-joint and was unable to fully extend his arm (at Birmingham).

The skiagram shows the whole of upper end of ulna, including olecranon and coronoid processes, to be enlarged; the shaft is thickened, and the joint appears to be encroached upon. Chest normal; no enlarged glands.

Diagnosis would appear to be between: (1) Osteoma, cancellous, and from the history of the case probably congenital, but the shaft is enlarged also; (2) tubercular disease of upper end of ulna, probably deep seated and of long duration, and leading to osteo-sclerosis of the shaft from continued irritation; (3) sarcoma (central) of ulna. From the skiagram the joint appears to be encroached upon, which would be particularly significant of myeloid sarcoma. The glands are not affected as they would be in round-celled sarcoma; moreover, the growth has obviously been very slow.

TWO CASES OF BLACK URETHRAL DISCHARGE.

By Captain A. C. Osburn.
Royal Army Medical Corps.

In July, 1906, two patients were admitted to the Station Hospital, Agra, suffering from a dark brown urethral discharge. They admitted exposure to the risk of venereal disease. On the day after admission, both men complained of a tender spot about halfway down the urethra. The discharge was nearly black, scanty in quantity and was at times inky black. On examination microscopically the discharge was found to consist of a mass of what at first appeared to be mis-shapen spermatozoa mixed with a few doubtful-looking gonococci, but several more careful examinations showed the discharge to be full of a branching fungus, with numerous spores resembling Aspergillus niger. The ordinary injections and treatment for gonorrhrea having very little effect, some urethral injections of hydrarg. perchlor. 1—2,000 were tried, when the discharge speedily became clear and colourless, and rapidly disappeared.

NOTES ON A CASE OF ENTERIC FEVER WHICH HAD RECEIVED A FIRST DOSE (0.5 cc.) OF ANTI-TYPHOID SERUM.

By Captain W. S. Crosthwait.
Royal Army Medical Corps.

Previous History.—Private S., 1st Essex Regiment, was given a first dose of anti-typhoid serum by Captain L. Cotterill, R.A.M.C., on July 30th, 1907, and came sick suffering from fever the following day. Has never been inoculated against enteric before, and has never had the
Clinical and other Notes

disease. Is not a teetotaler, and never goes into the bazaar. Enteric fever has been prevalent in this regiment for some time, and there have been more cases in his company (D) than in any other.

Progress of Case.—Patient's temperature when he came sick was 102° F., and, although not high at any time (during the first attack of pyrexia), did not fall to normal until August 15th, 1907. His spleen could not be felt, and except for the continuous temperature there were no definite symptoms or physical signs of enteric. Temperature remained normal until the evening of the 17th, when it suddenly rose, with a rigor, to 103·2° F.; pulse 80. He complained of frontal headache, and had a dull, heavy look.

On August 19th a few typical rose-spots appeared on the abdomen, and they continued to come out in crops for several days; odour peculiar to enteric also noticed.

On August 23rd there was consolidation of the base of the right lung; pulse dicrotic, and stools were typical. A few days afterwards the physical signs of pneumonia of the left base were detected.

On September 4th the morning temperature was normal for the first time.

The points of interest in this case appear to me to be: (1) The fact that the patient had had a first dose of the anti-typhoid serum immediately before going sick; (2) the mild course of the primary attack of pyrexia and the apparent absence of the usual clinical signs of enteric (with the exception of a continuous temperature); (3) the temperature being normal for two days and then suddenly rising, with a rigor, to 103·2° F.; (4) typical enteric spots appearing on the third day of the second attack of pyrexia and their absence in the first attack.

The questions one might ask oneself are: Was the primary attack of fever true enteric? and if so, was it modified by the first dose of antityphoid serum the patient had been given? Widal's reaction, during the second attack of pyrexia, gave a positive result.

NOTES FROM MOUNT ABU, RAJPUTANA, ON SOME INTERESTING CASES.

By MAJOR F. KIDDLE.
Royal Army Medical Corps.

Spurious Myopia.—Patient was sent from Mhow for examination of vision. Subjectively he could only read the Snellen's type, D = 60, at 3 metres. With concave spheres he was improved to $\frac{D}{3}$, both eyes. Retinoscopy, under homatropine and cocaine, revealed compound hypermetropic astigmatism in each eye, and the following glasses improved him at once to $\frac{D}{2}$ in each eye:—

Right: $\begin{align*}
\frac{1}{2} \cdot 25 \text{ d. sph.} \\
+ 0.25 \text{ d. cyl. axis vert.}
\end{align*}$

Left: $\begin{align*}
+ 0.75 \text{ d. sph.} \\
+ 0.50 \text{ d. cyl. axis vert.}
\end{align*}$