the day and then sent back to his company, being told that should he again pass green urine he was to report sick at once.

Next day he again turned up with a bottle full of a similar fluid. On careful questioning it was elicited that the men in the company were drinking, amongst other "minerals," one known as "banana." A bottle of this was procured, together with a sample of the colouring fluid used. Both these, together with a sample of the urine, were sent to the chemical examiner, who reported that the colouring matter was, as far as he knew, harmless, being one of the aniline preparations, but the sale of "banana" was stopped. Strangely enough the same man turned up about six months later stating that he was passing "red" urine; he was again taken in for observation, and true enough he was passing red urine, the colour this time being due to blood; he appeared to be perfectly normal otherwise, and said he felt well, but a new growth of the bladder being suspected he was sent to see the surgical specialist; having left the station I am uncertain of the diagnosis.

These few notes are sent in at the suggestion of Major-General O. L. Robinson, C.B., C.M.G., D.M.S., in India, to whom the case was mentioned at his inspection some little time back. He considered that all strange happenings such as the above should be recorded in the Journal in case other medical officers might also see similar cases which might worry them.

A POSSIBLE CASE OF TICK TYPHUS.

By Captain J. B. Williamson.
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The following case may be of interest as a further example of the tick typhus type of infection described by Lieutenant-Colonel J. W. D. Megaw, I.M.S., in the February number of the Indian Medical Gazette, 1924. Although nothing was elucidated in this case which has any bearing on the cause or transmission of the disease, it is hoped that the recital of individual cases with their full clinical picture accompanied by a record of the usual laboratory investigations in pyrexial cases, will to some extent establish the disease as a clinical entity and show the way to further investigation.

The patient, Sergeant W., had been at the Dhana Artillery Practice Camp, Saugar, C.P., for a few days; there he felt out of sorts, but travelled to Kirkee, where he noticed some spots on his arm. He reported sick and eventually was admitted to the British Station Hospital, Poona, on what proved on cross-examination to be the sixth day of his disease.

On admission the temperature was 101°F., pulse 118, and respirations 28. His face, trunk, and limbs were covered with a maculo-papular eruption. The lesions were lentil-sized on an average, raised, firm and indurated, and of a dusky reddish colour.
Clinical and other Notes

The palms and soles were affected, but in this case the rash was entirely macular, as it was on the face.

The trunk was mainly affected by a papular eruption. The rash on the legs was mixed, but it was noticed that most of the macules in this region were petechial.

The patient suffered from a slight sore throat and the conjunctivae were congested. No other abnormality was detected. The spleen, liver, heart, lungs, and central nervous system were normal. The case, except for the continued fever and petechiae, had every appearance of secondary syphilis. With this in mind a Wassermann was done which was negative. A similar result was obtained after a provocative dose of novarsenobillon. The fever ran a continuous course between 99° and 102° F., ending by lysis on the seventeenth day. The rash began to fade following the novarsenobillon injection, but at present, thirty-four days after the beginning of the illness, and sixteen days after defervescence, the body and limbs are markedly stained though the face is free.

The following points are of special interest:

(1) In previous articles the difficulty of detecting the rash in Indians has been emphasized. In this case the patient being a European, the characteristics of the rash could be well observed.

(2) Other similar cases are stated to have occurred in the camp last year.

(3) The patient being admitted to a hospital could be investigated. It should be noted that the Widal reactions were such as occur in soldiers who are frequently inoculated. The absence of a marked rise in the agglutinins in the second Widal is confirmatory evidence that the infection was not of the enteric group.

(4) The similarity to secondary syphilis.

(5) The reaction to novarsenobillon. The rash began to fade, but on the other hand the temperature was not normal till six days after the injection, so that the therapeutic value of salvarsan is doubtful.

(6) The blood was examined for spironemata and rickettsia bodies with negative result.

(7) There was no history of tick bite, but the camp was known to be full of hard ticks (species unknown), and life under canvas was eminently conducive to infection by this vector.

(8) The patient had a companion with him in his tent the whole time at camp. The latter has shown no sign of infection.

Conclusion.

The disease would appear to be a distinct entity and very similar to the cases described in the article on Tick Typhus by Lieutenant-Colonel Megaw, I.M.S. With the exception of the presence of the rash on the face and the extremely mild constitutional disturbance, the clinical picture resembles that of Rocky-Mountain fever more than any other known disease, and inclusion in the group of infections aptly described as tick typhus seems the most satisfactory diagnosis at present.