healed, as cleanly as an aseptic abdominal section, despite the fact that it
was bathed in pus when the abscess was opened.
Probably this was a case which would have responded to aspiration and
a course of emetine, had it been diagnosed before operation.

NOTES ON AN UNUSUAL COMPLICATION OF GONORRHEA.

BY MAJOR A. L. ROBERTSON, O.B.E.

ROYAL ARMY MEDICAL CORPS.

The patient, Driver A—, age 21, service two years, was transferred
to hospital on October 19, 1926, with a diagnosis of "chronic balanitis,"
having been treated elsewhere for three days previously. On admission
he was found to have an edematous paraphimosis, the pillow of edema
was limited on the proximal side by a deeply ulcerated constriction.
The meatal and frenum areas were superficially eroded. There was a
profuse, purulent, urethral discharge, teeming with gonococci.
When the acute condition had been reduced routine treatment was
instituted. By October 25, 1926, no gonococci were found in urethral
smears, and the line of ulceration was healing.

On the morning of October 26, urine analysis was normal. On the
28th he complained of malaise and shivering, and his temperature was
found to be 105° F., his pulse 100 and his respirations 30 per minute. At
6 p.m. on the same day his temperature rose to 106° F., pulse and
respirations correspondingly accelerated. Blood-smear showed no parasites.
On October 29 a general physical examination was made, but no
abnormal signs were found. Five cubic centimetres of his blood, taken
into broth and incubated, showed no growth even after ten days' culture.
A blood-smear and thick drop again showed no malaria parasites.

His temperature was brought down to 102° F. by diaphoretics, etc. In
the evening he complained of vague joint pains. He occasionally coughed
up viscid, blood-stained sputum, which, on examination, showed only the
usual organisms. No tubercle bacilli were found. Perspiration was
profuse, and accompanied by a distinctly musty odour.

On October 30 his temperature rose to 105° F. again. A blood-smear
taken at the time was negative. Aching was complained of about the
shoulder-joints.

October 31: Temperature 101° F. to 102° F., pulse and respirations in
accordance. Tongue dry, unfurred and of a raw red colour. Patient is
inclined to be somnolent. Urethral discharge has ceased and the prepuce
is normal.

November 1: Aching pains in right shoulder only, and there is stiffness
in the movements of that joint. The abdomen, upper arms and thighs
show a patchy urticaria. He coughs up viscid, stained sputum occasionally.

November 3: Oedema has appeared in right leg and foot. Right arm is still stiff to movement.

November 5: Both legs and feet and right arm are oedematous, the swelling being extra-articular. Aching in ankle-joints. Both saphenous veins stand out and can be felt like cords, extending from groins to above knees.

November 6: Cough and expectoration practically ceased. Temperature 101° to 99° F. and gradually falling. Tongue clean, red and dry.

November 9: Temperature 101° F. to 98° F., pulse and respirations keeping pace. Oedema disappearing from right arm and right leg. Patient is unable to raise his right arm. Saphenous veins still palpable.

November 10: Blood taken and put up for agglutination tests against T.A.B. Results:—

<table>
<thead>
<tr>
<th>Bacillus typhosus</th>
<th>Paratyphosus A</th>
<th>Paratyphosus B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:500</td>
<td>1:250</td>
<td>1:100</td>
</tr>
</tbody>
</table>

Units 67-5

November 12: All oedema gone from right arm, the movement of which is being regained.

November 17: Oedema gone from legs, but veins still cord-like. Blood-serum again set up against T.A.B. and agglutinates:—

<table>
<thead>
<tr>
<th>B. typhosus</th>
<th>Paratyphosus A</th>
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</tr>
</tbody>
</table>

November 18: Oedema has returned to both lower limbs.

November 21: Abrupt rise of temperature to 103.6° F.

November 22: Temperature down to 99° F. Pain on pressure is felt over right shoulder-joint.

November 24: Blood taken for Wassermann reaction gives a negative result. Urine analysis normal.

November 26: Temperature beginning to rise. Patient complaining of right shoulder pain.

November 29: Temperature 103° F.

December 1: Differential blood-count made shows: Total leucocytes, 9,800; polymorphs, 44 per cent; lymphocytes, 49 per cent; large monos, 5 per cent; eosinophils, 1 per cent; transitionals, 1 per cent.

December 2: Stiffness at the junction of middle and lower third of the right thigh on the outer aspect is complained of. A small area of definite firmness can be felt there.

December 5: Area of four inches diameter swollen and tense on thigh. Temperature 101° F.

December 10: Area on thigh incised and an abscess found beneath the extensor muscles. A pint of pus was evacuated, which, on examination and subsequent culture, was found to contain gonococci only.
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December 14: Patient's temperature, pulse and respirations have remained normal. Drainage tubes have been removed and he is quite comfortable and cheerful.

December 16: Temperature rose to 100° F. Blood taken for culture.

December 18: Cavity has closed up and is healing quickly. Gentle voluntary movements of the thigh gave no pain. Temperature swinging between normal in the mornings to 100° F. in evenings. No discomfort. Eats and sleeps well.

December 20: Prostatic examination done. Nothing abnormal palpable. No tenderness. Temperature below normal for last two days.

December 21: Blood-culture (taken on 16th inst.) reported negative. Temperature below normal.

December 22: Improving.

December 23: Allowed to sit up in wheeled chair for one hour.

December 25 and 26: Patient up for afternoon. Improvement thereafter steadily maintained.

January 13, 1927: Patient is up and about all day.

I wish to express my thanks to Lieutenant-Colonel Winder, D.S.O. R.A.M.C., Officer Commanding York Military Hospital, for permission to publish the notes on this case.

REPORT ON A CASE OF MOVABLE KIDNEY.

By Lieutenant K. Fletcher-Barrett.

Royal Army Medical Corps.

The following case is published partly on account of its comparative rarity in men, but mainly because of its interest from a diagnostic point of view.

Private B., a well-nourished man, aged 33, with fifteen years' service, was admitted to hospital on October 11, 1926, complaining of griping pains in the epigastric region, recurring at intervals of ten minutes and of twelve days' duration. Three months previously he had pain of a similar character. He had suffered from what was described as indigestion in May, 1926, and malaria in India, in 1914 and 1919.

His condition on admission was as follows: Temperature, pulse and respiration normal. There was a pyriform swelling in the right umbilical region—dull to percussion—stretching from the liver dullness to about two and a half inches from the symphysis pubis. This swelling moved up on expiration. There was no jaundice, no change in weight, and no urinary symptoms. He was treated with laxatives and rest in bed.