canteen, cookhouse, and bakery of the "coffee shop" for nearly three weeks. On the day of leaving camp this pit showed no signs of ceasing work.

Our thanks are due to Lieutenant-Colonel A. K. Grant, D.S.O., Commanding 1st Battalion the Queen's Own Royal West Kent Regiment, and Lieutenant-Colonel B. E. Murray, D.S.O., Commanding 1st Battalion the King's Shropshire Light Infantry, for permission to quote our experience as medical officers to their units.

EXTRA-GENITAL CHANCRE.

By Major L. B. Clarke,
Royal Army Medical Corps,
Specialist in Dermatology, Burma District.

A case presenting somewhat unusual features occurred recently in Rangoon.

Lance-Corporal X was admitted to hospital with gonorrhoea on June 16, 1927. On June 20 my attention was drawn to a swelling of the upper lip, which he had had several days. As the swelling was painless he made no complaint, and it was only due to keen observation on the part of the assistant surgeon that anything abnormal was discovered.

On examination in a good light the swelling was found to involve the whole of the mucous surface of the upper lip, slightly more marked on the left side.

The patient was instructed to retract the lip with fingers and thumbs. A circular ulcer of dull red colour, the size of a sixpence, with a slightly depressed centre, covered with a blood-stained scab, was discovered on the mucous membrane of the lip on the left side. The edges of the ulcer shelved gradually into the surrounding tissue, and there was a considerable element of induration involving the lesion itself and almost the entire lip. Palpation showed not only induration, but also an entire absence of pain. Apart from the urethral discharge there were no other signs of any kind.

Asked as to the history of the sore, the patient stated that on June 7 he had received a blow on the lip when boxing, and that he first noticed the ulcer the next day. This statement was borne out by the fact that he belonged to a boxing team which was visiting the station. He thought that it was due to contact with a front tooth, and that the lip had been injured in this way.

The appearance of the ulcer and the absolute lack of pain, together with the indurated nature of the swelling, indicated most probably a primary chancre.

Unfortunately local antiseptics had already been applied several times and microscopic examination of serum from the sore was therefore out of the question.
The following investigation was carried out:—

June 20: Blood for the Wassermann test was taken, half the serum being sent to the Central Dermatological Laboratory at Poona, and half to the Pasteur Institute of Burma at Rangoon.

June 21: An intravenous injection of 0.3 gramme of neosalvarsan was given.

June 25: The Pasteur Institute reported the blood as negative.

June 27: A second serum was sent to Poona (unfortunately both specimens sent to Poona became septic in transit).

July 4: A third serum was sent to the Pasteur Institute.

July 5: The sore was now healed and had left a shallow circular depression corresponding with its original outline. 0.45 gramme of neosalvarsan was given intravenously and one grain of mercury intramuscularly.

July 7: The third serum was reported by the Pasteur Institute as being positive, and the diagnosis was thus confirmed.

How the infection was contracted would be a matter of some interest, but unfortunately nothing definite could be established.

The *Spirocheta pallidum* undoubtedly gained access to the abraded surface of the lip caused by the boxing accident. This much is certain; the rest is conjecture.

The chancre could have been caused in one of two general ways: (1) Directly from an infected person, or (2) indirectly. Under (1) kissing, or an abnormal manner of sexual association might implant the organism on the abrasion. Under (2) articles such as might be shared in common with another soldier: Towels, handkerchiefs, pipes, cups, spoons, and possibly even toothbrushes might have been a possible source of infection. I think, however, that none of these are likely in this case as no other oral syphilides have occurred in the unit.

The boxing glove might have been infected; one such case has been brought to my notice by the consulting dermatologist, but the chances would appear to be against this owing to the absence of other cases and the fact that an incubation period of one day only would have to be assumed.

The explanation, in my opinion, is probably direct contact with a syphilitic lesion, but not in the person from whom gonorrhoea was contracted, as again the incubation period is too short. Intercourse on a previous occasion, which is freely admitted, is most likely the correct solution of the problem.

It is unsatisfactory that no precise information is forthcoming from the patient even after very careful inquiry.

The conclusions to be drawn from this case appear to be:—

(1) The difficulties frequently to be encountered in V.D. work owing to the obscurity of the condition and the great tendency of syphilis to imitate many other diseases.

(2) The possibility of chancre occurring in places other than the genitals and the recognition of their appearances.
The painlessness of nearly all syphilitic manifestations, which is apt to lead both surgeon and patient astray.

The unreliability very often of the patient's explanation of the trouble.

The mistake of applying antiseptics to such lesions before a diagnosis is made. Here they were applied before syphilis was suspected.

The correct interpretation of the Wassermann reaction, recollecting that the blood-serum is, more often than not, negative in the first seventeen days from the commencement of the sore (the pre-Wassermann stage). In this case it was negative on the twelfth day and positive on the twenty-sixth.

These notes are recorded with the object of reminding those who rarely see venereal cases of the importance of the early recognition of syphilitic lesions, and particularly of those which occur in unusual situations.

I have to thank Lieutenant-Colonel S. M. W. Meadows, D.S.O., R.A.M.C., Officer Commanding, British Military Hospital, Rangoon, for permission to publish this case.

---

Sport.

LOTUS AND BLACK BEAR: SOME ADVENTURES IN KASHMIR: AN ACCOUNT OF THE SLAYING OF THE RECORD BLACK BEAR.

By MAJOR A. W. HOWLETT.

Royal Army Medical Corps.

FOREWORD.

In presenting this narrative I seem to owe my readers a double apology, first, for the tax on their credulity; second, as one apologizes for fluking at billiards, for my colossal good luck in making my third black bear a world's record. It may placate them to know that this is the only stroke of such luck I ever did have; and, further, as I made the bundobust myself, instead of trusting myself and my fortune (sic) to rascally native bankers in Srinagar, and as I found and engaged my own shikari, and as I am luckily for myself a good shot, I was, at least, a good opportunist. As to killing the first two bears with one shot, all I can say is it befell as I tell in the ensuing pages, and old hands at big game shooting will know that it is the strange and unexpected that always happens once you go adventuring in the jungle. The details of the bear itself are given in the last edition of Rowland Ward's "Big Game Records," that eminent firm having prepared and set up the skin for me.

In the end of June of 1921, having passed the hot weather in the plains and my two months' Army leave falling due, I travelled up to Kashmir,