Kasauli, for verification were reported on as showing typical morphological, cultural, and biochemical characters of *B. pestis*. It is, perhaps, of interest to note that the British and Indian troops, all of whom were fully protected by inoculation, were living in or alongside an area that was heavily infected with both human and rat plague. A few fatal cases occurred amongst the native followers living within or employed in the British Infantry lines, and latterly plague-infected rats have also been detected in the British Infantry lines at the Crater.

The plague epidemic is now at an end; it is fortunate that only one case amongst the British troops has to be recorded.

I wish to express my thanks to Colonel A. E. Hamerton, C.M.G., D.S.O., for his permission to publish the case and for his invaluable advice and assistance with reference to the bacteriological investigation, also to Captain Karandikar, Indian Medical Service, and Doctor Chitre, for their keenness and help in carrying out the same, and to Lieutenant-Colonel E. Phipson, D.S.O., I.M.S., for his suggesting the use of and supplying me with mercurochrome.

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**A CASE OF TRAUMATIC MYOSITIS OSSIFICANS.**

**By Major C. W. Bowle.**

*Royal Army Medical Corps.*

*Bandsman B., aged 21, was admitted on May 12, 1928, to the Military Hospital, Malta, complaining of a large hard mass in the muscles of the inner side of the left thigh, which caused limping and a feeling of tiredness after playing games. On examination he was found to have a hard, bony tumour of very considerable size, irregular in shape, and of stony consistence, lying in the deep thigh muscles, over which the skin was freely movable. No glands were involved; there was no oedema of the limb.

He gave a history of a blow by an opponent's knee on the leg when playing football in January, 1928, which caused a swelling, for which he attended hospital for a period of about three weeks, and for which he received massage. He subsequently returned to duty.

About the first week in April, 1928, he noticed some bruising coming out. He reported sick, and was ordered rest with “bed down” for a week. He then again resumed duty, and carried on until he noticed that a hard lump was developing in the affected part, but he continued to play cricket up to time of admission.

Antero-posterior and lateral radiograms were taken which accompany these notes; it will be noticed that the tumour was of large size, and that there is a solution in continuity between the tumour and the periosteum of the femur just above the point of origin.
An operation was performed for the removal of this bony mass on June 25, 1928.

![Image of bony tumour](image)

**Fig. 1.**—Antero-posterior view of bony tumour, left femur.

An incision, eight inches long, was made over the most prominent part of the tumour parallel to the long axis of the limb, and a large, bony, irregular mass found lying in the adductor muscles. The tumour was removed by excision and enucleation, and the bony growth emanating from
the shaft of the femur chiselled away flush with the natural contour of the bone.

![Fig. 2.—Lateral view of bony tumour in relation to shaft of femur.](image)

The femoral artery and vein were carefully retracted during the operation, and the divided muscles were brought together as well as the removal of so large a mass made possible and the part firmly bandaged.
Subsequent radiograms showed that the tumour was completely removed. (Size, fifteen centimetres long; seven centimetres wide.)

![Fig. 3.—Tumour after removal.](image)

The case has done well, and there is no resultant disability. The size of the tumour is readily observable from the accompanying radiograms. A large percentage of cases of this nature occur in the brachialis...
anticus after injury of the elbow joint, and on these I have frequently operated; but I believe their presence in the adductors to be more rarely found, although cases occur in the extensor muscles of the thigh; further, the case must be differentiated from "riders' bone," myositis ossificans, as opposed to the variety known as "traumatic myositis ossificans."

Fig. 4.—Shaft of femur after operation.
A report from the Deputy Assistant Director of Pathology, Major F. Casement, D.S.O., showed that the tumour had the usual characteristics of a growth of this nature.

I am indebted to Corporal J. F. Barnard, R.A.M.C., for his excellent radiograms which accompany the notes on this case.

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**Sport.**

**THE RED BEAR OF KASHMIR.**

By Lieutenant-Colonel R. H. L. Cordner, Royal Army Medical Corps.

During the month of April, all over India, our thoughts turn to the leave season, and plans are made on all sides how best to spend the sixty days or, if one is very lucky, ninety days' leave. A few plan trips home; others turn their thoughts to the social centres—Simla, Murree, or Mussoorie, there to continue the round of tennis and dancing they have so often stated bored them to tears. Perhaps in many such cases it is the hand of the memsahib driving!

I planned a circular trip, extending over two and a half months, in