The task of improving the first and third supplies had then to be undertaken, which meant cleaning out a well in the first instance and storage tanks in the third, which was an intermittent supply. This, however, could not be undertaken until one had ascertained that the water orderlies were not infected with typhoid or other similar organisms. The bacteriologist reported all cases negative to: *B. typhosus* H and O; *B. paratyphosus*, A, B, and C; *Brucella abortus*; *B. dysenteriae* (various types); *B. aertrycke*, H and O; *B. newport*; *B. enteritidis* (Gaertner), and *B. suipestifer* (various types).

The infected sources were freely drawn on, the water running largely to waste, to cleanse the pipes and blind ends as far as possible, and fresh bacteriological examinations made a week after the cleansing operations. These showed great improvements, being as follows: (1) 25, (2) nil, (3) 3.

At the same time as the first reports were received, application was made, and strongly supported by the A.D.M.S., for a supply of T.A.B. vaccine which, in the special circumstances, was granted, and inoculation of the troops commenced forthwith.

No case of water-borne disease has occurred.

I should like to acknowledge how great a debt I owe to the medical officer of health, the county sanitary inspector, and especially to the bacteriologist, for their unstinted and invaluable assistance.

A CASE OF SERUM SICKNESS.

**By Captain P. N. Bardhan, I.M.S., M.R.C.P.(Edin.), D.P.H.(Eng).**, Officer in Charge Brigade Laboratory, Jhansi, India.

Cases of serum sickness are not uncommon, but the following case presented certain unusual features.

A British soldier, aged 22, in India for about a year and generally healthy, was given a subcutaneous injection of 500 American units of a standard preparation of antitetanic serum on June 27, 1939. He did not have any A.T.S. injection before this.

On July 1 he developed malaise, stiffness of the neck, intense headache, fever of 102.8°F. and rigors, and he was generally very ill. The onset was sudden and he was brought to hospital in less than two hours from the onset of the illness.

Examination showed the absence of Kernig's sign, a flush on the face, slightly enlarged axillary glands, markedly enlarged and tender occipital glands, and a total absence of sepsis anywhere. There was no delirium and the toxæmia was moderate. The other systems were normal, except for tachycardia and hurried respirations, which were consonant with the temperature.
On July 2 a macular rash appeared round the site of the injection on the right arm, and ultimately the rash measured 4 inches by 2½ inches. It lasted for five and a half days. The symptoms worsened to some extent coincidently with the appearance of the rash; the glands were rather more enlarged, but the spleen was not palpable at this or at any other stage of the disease. The fever abated on July 5.

Blood-films were examined for malaria parasites daily and none was found. The urine showed slight albuminuria on the third and the fourth days of the disease, but no other abnormality. The total white count was made on July 2, and showed 10,700 leucocytes per c.mm. of blood. The differential count showed: Polymorphs 8,350 per c.mm. of blood; lymphocytes 1,920; eosinophils 215; monocytes 215. Another blood-count made on July 4 gave almost identical results.

The cerebrospinal fluid was under pressure, about five drops to a second, but otherwise the fluid was entirely normal. The lumbar puncture incidentally relieved the headache considerably.

Blood taken on July 2 was sterile, and agglutination reactions against the enteric, typhus, and the Brucella groups were negative with the blood taken on July 3. The Wassermann and Kahn reactions were negative both with the blood and the cerebrospinal fluid. Radiography of the cervical spines done on July 2 showed no abnormality.

Treatment was mainly symptomatic. On July 6 the patient developed slight sore throat, but there was no constitutional disturbance. The condition subsided in three days.

![Graph showing temperature and pulse over days.](image)

The glandular enlargement subsided on July 12, and recovery was complete by July 15. There has been no after-effect to date, and the soldier is doing full work.

Discussion.—Adenitis is one of the rarer features in serum sickness. Except for the enlarged glands there was no evidence of glandular fever.
Clinical and other Notes

The temperature chart was unlike that of sandfly fever. The history of the injection, the rash, the fever, and the quick recovery, are all features in favour of a diagnosis of serum sickness. The symptoms of meningitis might have been associated with the tender and enlarged occipital glands, but the cause of the swelling of the glands was not clear.

I am grateful to the Officer Commanding the British Military Hospital, Jhansi, for permission to send this case for publication, and to Assistant Surgeon L. G. Hull, I.M.D., for his assistance in the investigation of the case. I also thank Professor F. R. Fraser, M.D., F.R.C.P., of the British Post-Graduate Medical School, London, for help in the preparation of this article.

THE "M" BOX TABLE.

BY COLONEL E. M. COWELL, C.B., C.B.E., D.S.O.

The accompanying illustration shows a simple method of improvising a portable table. The contents of the shelves are accessible without being unpacked. The table is strong enough to allow of typing being done with a heavy machine.

A carpenter can carry out the necessary work very quickly, and the cost amounts to less than two shillings per box.

A seat is improvised from a smaller sized packing case.