Clinical and other Notes.

A CASE OF BILHARZIOSIS OF THE RECTUM.

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In July, 1906, there came under my notice an engine fitter, aged 24, who had been suffering from "diarrhcea with pain" for a period of three weeks. His family history was quite unimportant. He had always been a strong healthy man, an abstainer and a non-smoker, and had recently returned from South Africa where he had been following his employment during four years. He had no illness to record previous to January, 1905, when he contracted a gonococcal urethritis, and he thought he had not entirely got rid of that when he came under my observation. In December, 1905, he was bitten by mosquitoes, and this, he stated, was followed by numerous attacks of malaria, for which he was attended by a doctor in Durban. With each attack he was laid up from four days to a week. In the beginning of May, 1906, he first noticed that he was not so well and that he was getting thinner. He was ordered home on account of his physical deterioration which was ascribed to malaria, and he somewhat improved during the voyage. Three weeks ago, when in Glasgow, he had another attack of what he called "malaria," and this was accompanied by diarrhcea which, though bad enough during the day, was worse during the night and prevented his sleeping. The pain at this time was not very severe, but it increased in intensity until on his admission to the Dundee Royal Infirmary the severity had become extreme. The pain was localized in the rectum, was constant and of a stabbing character. Only a week ago he noticed for the first time that there was blood and a good deal of mucus in the motions and these features had been characteristic and continuous since. The pain was worst during defecation and there was occasionally interference with micturition, sometimes followed by considerable pain in the urethra, though there was no evidence of involvement of the bladder and the urine was normal.

On admission he was seen to be a pale-faced, delicate-looking man, rather thin and with an anxious expression. There was no enlargement of the liver, but palpation of the abdomen showed some tenderness in the left iliac region. His appetite was poor, his heart and lungs normal. His nervous system was also normal, though his sleep was much interfered with by the frequency of the diarrhcea and the severity of the pain. Examination of the rectum without a general anaesthetic
was impossible on account of tenderness. When an anaesthetic was given, and the finger passed into the rectum, there was discovered what appeared to be a large and extensive malignant ulceration of the bowel, more especially over the anterior surface of the rectum, while a little higher up the whole circumference was involved. It did not seem to be a case for operation and for a few days he was merely kept under observation. During this time he continued in much the same condition and the prognosis seemed exceedingly bad. A morphia suppository was given nightly, and each morning the lower bowel was washed out. Within ten days an unexpected improvement had set in, the severity of the symptoms had diminished, and his general condition was rendered much more comfortable.

Matters stood thus when I had the pleasure of showing round my wards Major J. F. W. Rait, of the Indian Medical Service. I was telling him of the unexpected improvement in this man and he in turn related to me that he had recently seen a soldier of one of the British regiments stationed in India, which had arrived there from South Africa. The soldier was a young man, strong and healthy and had developed what appeared to be a carcinoma of the rectum. Microscopic examination of scrapings taken from the ulcerated surface showed the characteristic ova of Bilharzia and the case which had been given up as hopeless, recovered under rest and local treatment.

I was much impressed with this narration, for it at once occurred to me that such a condition would explain some of those symptoms in the case under my care which were not usually found in carcinoma of the rectum, such as the rapid onset, the severity of the pain, and the improvement under local treatment. On the following day I had my patient again anaesthetized and took scrapings from the affected surface of the rectum. Examination of these proved the diagnosis to be correct and that the condition was not a carcinomatous one, and the prognosis was materially altered. The local and constitutional treatment was continued as before. In the course of another month the condition had entirely cleared up, the ulceration and all signs of disease, and all his uncomfortable symptoms disappeared and the rectum on examination disclosed apparently a perfectly normal mucous surface.

Dr. A. W. May, Government Bacteriologist for the Transvaal, has published a short account of a specimen obtained from the stomach of a Chinese coolie. It consisted of a small pedunculated growth which on section was found to be somewhat cystic and examination of the contained fluid showed considerable numbers of terminal-spiked ova of Bilharzia.

Affection of mucous membranes is not uncommon, but affection of the gastric mucous membrane is certainly very rare. In this country it is unusual to come across such a case as the above. The very existence of the rectal affection is as a rule unknown, and the sporadic
nature of the cases facilitates error in diagnosis. According to Madden the parasite is most commonly found in the portal vein and its tributaries within the liver. It is also found in the mesenteric veins and their tributaries and in the submucous tissue of the bladder and rectum. The ova are oval and curiously spiked laterally or at one end. The early inflammatory infiltration of the mucous membrane is succeeded by patches of firmer tissue, with afterwards papillomatous or sessile tumours in either of which ulceration ultimately sets in. Bilharziosis is usually associated only with the bladder, and the recurrent hematuria during a period of years in persons coming from a district where the disease is endemic, makes the diagnosis an easy one, and repeated examination discovers the typical ova. Though the bladder is usually affected the bowel and even the urethra may be the habitation of the parasite. The case reported by May is perhaps a unique one, for he describes it as “a papillary growth in the gastric mucous membrane, which contained large numbers of more or less typical terminal spiked Bilharzia ova.” Madden on the other hand writes, “ova have been found in the muscular wall of the stomach, the condition being latterly verified post-mortem (Goebel) but not in the mucous membrane, and Bilharzial manifestations may be found in any part of the mucous membrane of the intestinal tract from the ileum to the anus.” The term “Bilharzial Dysentery” emphasizes the most troublesome subjective symptom which is constantly present in the intestinal affection.

This case, instructive to surgeons at home, is doubly interesting to the Army Medical officers, for theirs is the opportunity of meeting first hand, men from infested districts, and of investigating in the districts themselves the various manifestations of this troublesome affection.

REFERENCES.


SURGICAL NOTES.

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The following notes of surgical cases may contain matters of interest.
Private A. was admitted to hospital with a history of having struck his head while diving into shallow water. He was unconscious when taken from the water, and was transferred to hospital the following morning, as his condition at the time of the accident was judged to be too serious for him to be moved.

On admission the temperature was 104.2, pulse 80, respiration 20,