Rustenburgh, in the Western Transvaal, where the disease is endemic, as all those men that I have questioned on the subject declared that they never heard any of the men complaining of hæmaturia previous to this, but that afterwards it was quite common. On interrogation of the men at present in hospital, I was informed that the drinking water was drawn from a well quite close to the gaol at Rustenburgh, the water being raised by means of a hand-pump; that the only protection was a wooden cover, no wall being raised round the margin; that the water was not boiled or filtered, and that it was condemned after some time as unfit for drinking purposes. There was also a small river close by in which the men washed and bathed.

The parasite probably gained admission in these cases through the medium of the drinking water, or perhaps by the men accidentally swallowing some of the dirty river water while bathing.

The conditions for its spread amongst the native population in this district of India are most suitable. The habits of the native, once it got a foothold, would conduce to its rapid diffusion, and the presence of the numerous tanks, swarming as they are with different species of aquatic arthropoda, would be most suitable for its development, hence the greatest care has been taken to burn the feces and urine of all those cases diagnosed here, and sufferers from this disease should be kept under careful surveillance, at any rate in this country, where the conditions for its spread are so much more favourable than in England.

The treatment of the foregoing cases with drugs had apparently no effect on the life of the parasite, and beyond relieving the bladder irritability by the usual treatment, and attention to the general health, the numerous drugs tried were of no avail.

Judging from the above cases, there must be a large number amongst the men who composed the South African Army who returned home suffering from bilharzia, and it is a matter of great moment as to the possibility of its spread, especially in the rural districts, by these men who have left the Service and returned to civil employment.

CASE OF BILHARZIA HÆMATOBIA IN A SOLDIER WHO HAD ONLY SERVED IN ENGLAND AND INDIA.

By Capt. E. P. SEWELL, R.A.M.C.

No. 5785 Pte. J. Jeremiah, 1st Batt. South Wales Borderers, was admitted to the Station Hospital, Mian Mir, on September 19, 1903, suffering from fever. He stated that on August 17, 1903, he had first noticed he was passing dark-coloured urine. This still continued, and on examination was found to contain much blood and albumen. Micro-
Clinical Notes

Scopically the urine showed blood cells, casts, bladder cells, and numerous ova of *Bilharzia hamatobia*. This is a very interesting case, as the patient, according to his own statement, had never served in any country except England and India. In both countries this disease has not occurred except as imported cases. Lately many men have been found suffering from it in India who had served in South Africa during the war. If this parasite has found a suitable host in India there is great danger of this serious disease becoming endemic.

TWO CASES OF OVARIOTOMY AT THE LOUISE MARGARET HOSPITAL, ALDERSHOT.

By Lieut.-Col. W. Watson Pike, D.S.O., R.A.M.C.

Case I.—Mrs. Q. was admitted in February, 1903, with slight ascites and a small tumour in each ovarian region. She had twins on two previous occasions, once at the fourth month and once at full term. She suffered from very little discomfort, and though strongly recommended, would not agree to an operation. After a month's rest she was somewhat relieved and left hospital. In June last she was admitted in a state of collapse—she could not lie down on account of the fluid in abdominal cavity causing dyspnoea. I at once removed 280 ounces, and two days after 320 ounces more; this gave immediate relief. The tumours now were seen to be multiple on both sides. Owing to her weakness operation was then contraindicated; she took nourishment well and her general health improved. The fluid returned rapidly.

I pointed out to the patient and her friends that without operation there could only be one termination of the disease, and with operation there would be a chance, though a very slight one, of life. They then agreed and expressed regret at not having done so in February, when she was in first.

Two days prior to the operation I tapped the abdominal cavity and removed 400 ounces of clear fluid. On July 28 gas and ether was administered, and I opened the abdomen in the mesial line below umbilicus. The growths on the left side were found to be closely adherent to the adjacent parts, but more particularly to the sigmoid flexure and rectum. The largest cyst was tapped, and with as many others as possible removed, but portions of cyst wall had to be left where the adhesions were too firm for separation. About fifteen cysts were removed varying from the size of a walnut to an orange.

Five cysts were removed *en masse* from the right side, and as the patient was becoming weak I had to operate rapidly. The abdominal