

## Clinical and other Notes.

### NOTE ON *BILHARZIA HÆMATOBIA*.

BY MAJOR E. C. FREEMAN.

*Royal Army Medical Corps.*

No. 5829 Private J. G., 8th Hussars, was transferred to Colchester from Aldershot, suffering from *Bilharzia hæmatobia*.

The patient states that he contracted the disease while in South Africa when the regiment was encamped at Pretoria, the men bathing in a spruit known as Skinner's Spruit, near the Remount Depôt.

Forty-three cases of the disease are stated by Dr. Stock<sup>1</sup> to have occurred in the regiment, and a comrade of Private J. G. was admitted to hospital here with him suffering also from bilharziosis, which he traced to the same cause.

Both patients gave a history of being little affected at first, and of increasing pain and hæmaturia lately, especially when riding. A sample of Private J. G.'s urine was allowed to stand in the hygiene laboratory for a few hours and examined without centrifugalising. Ova were numerous, and two hatched out under the microscope in the undiluted urine, the first appearing active and strong and rapidly swimming out of the microscope field; the second, hatched some hours later, seeming to die immediately after getting clear of the egg-case. The endeavour to rear larvæ from this urine failed, as after three days no living forms could be found in the test tube in which the sediment had been placed, mixed with distilled water and kept at a temperature of 37° C. Great numbers of empty egg-cases, however, were present, and a very large number of larvæ must have hatched out and died. The experiment was repeated, using soft rain-water, but also failed. The rotifers, which were numerous in the rain-water, were also rapidly killed by the decomposing urine. Further experiments in a warmed miniature aquarium would be desirable.

The point is of importance because, as the case of Private J. G. shows, a man may be three years at home (this man left South Africa in 1903) and get steadily worse with the disease, passing large quantities of viable ova in his urine, some of which, at any rate, pass into the larval state. Our knowledge of the life-history of this parasite is still very incomplete. Sonsino's observations have not yet been confirmed, and we cannot dogmatically assert that it is quite impossible for any of these larvæ to attain the adult state in England. I would refer here to the case published in the *JOURNAL OF THE ROYAL ARMY MEDICAL CORPS* by Major N. Faichnie, as well as to another published earlier by myself.

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<sup>1</sup> Stock, P. G., "Epidemic Hæmaturia," *Lancet*, September 29th, 1906.

Another question relates to the permanency of the disease. I have now examined sixty-eight urines in forty-one cases of bilharziosis. Two of these cases I would consider certainly cured, on the ground that their urines were free of ova in 1905 and 1906, *i.e.*, 4·8 per cent. of the cases. Eight others may be cured, as no ova were present in their urines when last examined, but no definite opinion can be formed from one examination. In three cases I examined in 1905 ova were absent, but were present when the men were examined again in 1906. All these eight cases must therefore remain *sub judice* for another twelve months. How long the patients who have recovered had been suffering from the disease I am unable to state, as specimens of the urine only were supplied without information about the patients. A large mass of statistical information must, however, be accumulating at headquarters with regard to the pensioners discharged the Service for bilharziosis, which, we may hope, will be in time published, and authoritatively settle the question.

I should not venture to offer these few remarks on the subject, but that departure on foreign service prevents further observations at present, and possibly these notes may be of use to some worker.

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#### ACUTE APPENDICITIS. PERFORATION. REMOVAL. RECOVERY.

BY CAPTAIN W. E. HUDLESTON.

*Royal Army Medical Corps.*

PRIVATE C. was admitted to hospital on June 12th, 1906, for double middle ear disease, for which he had passed his invaliding board on September 3rd, and was awaiting departure.

On the morning of September 23rd he was seized with acute abdominal pain, associated with some tenderness in the right iliac fossa, and some rigidity of the abdominal muscles.

September 24th.—Abdomen rigid, almost motionless, and distinct swelling in the right iliac fossa, over which there is extreme tenderness; pain paroxysmal; pulse 80.

September 25th.—Abdomen quite motionless; considerable general distension; percussion over swelling in iliac fossa dull; liver dullness normal; pulse 120. Oil and turpentine enema given with no result. At 4.30 p.m. no change in condition, save for slightly increased distension of abdomen. The patient said he had no pain, but was unable to pass urine. Pulse 135, small, running. This rapidly rising pulse-rate was considered an absolute indication for operative interference, in spite of the absence of pain or high temperature, a useful "tip" which I recently acquired at St. Bartholomew's Hospital.

Chloroform was administered, the urine drawn off, and the skin