have made several attempts to trace this case since but have been unable to do so.

I am very diffident about the diagnosis heading these notes, but the symptoms described are mentioned in Taylor’s “Medicine” as being occasionally found in this disease, and the causative factor in this case seems to have been mal-nutrition, due to neglect, as evinced by the marked improvement following a generous diet. Whether the thyroid extract influenced the result or not I am unable to say.

Perhaps some officer who is a specialist on pediatrics may be able to throw some light on the subject.

NOTES ON TWO CASES OF BILHARZIA HÆMATOBIA, AT THAYETMYO, BURMA.

By Captain W. S. Crosthwait.
Royal Army Medical Corps.

The following notes, in addition to those already published, may be of interest:

CASE 1.—Previous History.—Private B., 1st Essex Regiment, states that he served in South Africa from November 11th, 1899, to August 15th, 1902. He used to bathe frequently. He noticed that he passed blood at the end of micturition when on manoeuvres at Bangalore in January, 1906. The cause of the symptoms was not suspected then, and he did not go into hospital.

Present Condition, and Condition since Admission (April 25th, 1907).—He complained of frequent micturition, and a slight pain at the end of the act; he also noticed blood in the last few drops. On examining the latter it was found to be of a bright red colour, reaction alkaline, and sp. g. 1020. On microscopic examination a large number of red blood corpuscles, pus cells, bladder epithelium and triple phosphatic crystals in their various characteristic shapes were present. No ova or egg cases could be found on this occasion. Although the urine was examined daily for some time, nothing showing the existence of the parasite could be found until May 14th, 1907, when, after diluting it and centrifugalising it, the egg case of an ovum was discovered.

Treatment.—Low diet, barley water, urotropine, 10 grains three times a day, irrigation of bladder with boric lotion daily. Under the above treatment the frequency of micturition has diminished, urine has become acid, and triple phosphates have disappeared, but a fair number of blood corpuscles are still to be seen under the microscope.

CASE 2.—Private R. left South Africa on August 15th, 1902 (with Case 1), and says he bathed once or twice there. He never had any bladder trouble until a few days before he came sick here (May 10th, 1907), when he noticed that he passed blood at the end of micturition.
**Clinical and other Notes**

*Present Condition, and Condition since Admission.*—Last few drops of urine contained practically nothing but pure blood; sp. g. 1020, reaction acid. Under the microscope the fields were crammed with red and white blood corpuscles, and a characteristic ovum with a terminal spine was found. The ovum was never motile and had evidently not escaped from its shell. The urine was not diluted on this occasion, and it had been recently voided.

*Treatment.*—The treatment adopted was the same as in Case 1. No ova or their cases have been found since, and the bladder symptoms have improved, although a fair number of corpuscles are still to be seen under the microscope.

*Remarks.*—Case 2 seems worth reporting owing to the length of time which elapsed between the date of probable infection and the date when the patient first complained of the symptoms of the disease. It was just five years, or longer, and in Case 1 nearly four years, or possibly longer, as he went to South Africa in 1899 and left in 1903, and he may have become infected any time between these dates. Case 2 did not go to South Africa until 1901, and both patients left on the same date, lived in the same bungalow here, and were admitted to hospital within a few days of each other. As regards treatment, I hope to try methylene blue, in addition to that already adopted, when I am able to procure it. Liquid extract of male fern is recommended, but I fail to see how it could be of any use except in those cases when ova are being expelled per rectum.

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**NOTES ON A CASE OF MASTOID ABSCESS.**

*By Captain J. H. Douglass.*

*Royal Army Medical Corps.*

Private H., 14th Hussars, was admitted to hospital on April 2nd, 1907, with "bronchitis." Morning temperature 101° F., evening 102° F. His temperature gradually fell and was normal on April 14th, but rose again on April 18th, when he began to have a discharge from his left ear, and later great pain. The patient stated that he had never had any trouble with his left ear, although his right ear had given him some trouble before. On April 24th the pain behind his left ear became so bad that he attempted to commit suicide, but was prevented just in time and sent to the prisoners' ward for safety, where he was kept under the influence of morphia.

The diagnosis of mastoid abscess having been made, the patient was taken to the theatre on April 24th, and operated on. A large semilunar flap was dissected from behind the ear and forwards. The supra-meatal triangle was then perforated with the gimlet and enlarged with the gouge, but no pus was found. The bone at the most dependent part of the