Medical Matters.

CASES OF BILHARZIA IN ENGLAND.

Mr. James Cantlie, F.R.C.S., writes in the *Medical Times* that since the return of soldiers from South Africa, several cases of bilharzia disease have been met with in different parts of the country. One medical man in general practice in London has had as many as three such cases under his care at one time, and, at the Polyclinic, Captain Pinch has discovered the bilharzia ova in several cases which presented themselves at that institution. Mr. Cantlie continues: The most recent case which came under my notice was at my clinical demonstration at the Polyclinic on February 5th, when Captain Pinch drew my attention to a case of the kind. As other practitioners may have met with unexplained cases of hæmaturia amongst their patients returning from South Africa, it is expedient to give a few details about the disease.

Geographical distribution.—In many parts of Africa bilharzial ailments are met with, but the principal centre of this disease is in Lower Egypt. In East Africa, however, in the Congo and Gold Coast, in Tunis and Algiers, and in South Africa, the disease is frequently met with. Outside African shores, bilharzial disease has been reported from Mauritius, Syria, Mesopotamia, several parts of India, Penang, and China, and even in Illinois, North America.

The parasite.—The Bilharzia hæmatobia closely resembles a small round worm in appearance. The sexes are distinct; the male measures 12 to 15 m.m. in length and 0·5 m.m. in breadth, the female 16 to 20 m.m. by 0 2 m.m. The female is frequently found lying partly enclosed in the embrace of the male.

The eggs are oval, measuring from 0·12 m.m. to 0·04 m.m., of a yellowish colour, and with a thin enclosing shell. A small spine is usually seen at one part of the shell. Within the ova, as they are passed in the urine of the patient, a fully-developed embryo may be seen. The embryo when free exhibits lively movements, the head possessing a process which, by a central orifice, allows of communication with the digestive tract. If the eggs are placed in water in a watch-glass, the embryos when they escape may be seen actively moving for several days.

Habitat.—The veins of the portal system and of the urinary apparatus are the chief seats in which the parent worms are met with. The adult female worm discharges her eggs in the venous plexuses, most usually of the bladder or rectum, the vessels becoming engorged, and ova find their way from the vesical plexuses into the bladder. Any of the structures adjacent to the recto-urinary area may become infiltrated with ova, causing abscesses, or the ova may become the nuclei of urinary calculi.

Signs and symptoms.—Hæmaturia is the most frequently cited evidence of bilharzial disease. At first the blood escapes with the urine quite intermittently, but later the urine is constantly tinged. There is frequency of micturition, but no real pain at first. On standing the urine, there collects at the bottom of the vessel a flocculent tinged mucus, in which are found red and white blood corpuscles and ova. The eggs are at times evacuated in thousands. The hæmaturia is increased by exertion, by travelling in vehicles, or by indulgence in excess of food or drink. As the disease advances, radiating pains may be complained of in the perineum and anus, and even around the abdomen and loins. Cystitis may develop, blood clots may obstruct the urethra, and dysuria and ischuria supervene. When the rectum is the seat of bilharzia, the signs and symptoms closely resemble those of hæmorrhoids, and, not infrequently, the excrescences due to bilharzia are mistaken for piles. This was the case in the patient I refer to at the Polyclinic, where, in addition to a threatened perineal abscess, flattened excrescences existed outside the anal margin which at first sight resembled condylomata. These, however, on careful examination were found to possess characters which completely differentiated them from condylomata or hæmorrhoids. Bilharzial ova in the liver and lungs seem to cause few or no disturbances.

Prognosis.—Although the disorders caused by bilharzial disease are often trifling, in many cases death results from some of the complications to which the urinary tract is rendered liable.

Treatment.—To treat symptoms as they arise, be they cystitis, stricture, perineal abscesses, calculi, &c., is unfortunately the only known treatment. Medicinal treatment for hæmaturia must be tried, and the bladder may be washed out with astringents. Methyl-blue is the only drug which presents a rational hope of destroying the parent worms in the walls of the genito-urinary tract.

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