Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF BILHARZIOSIS OF THE VERMIFORM APPENDIX.

BY G. LYDSTON CRIMP, M.B., B.C. CANTAB.,
LATE DEPUTY FOR PROFESSOR OF PATHOLOGY, GOVERNMENT MEDICAL SCHOOL, CAIRO.

IN THE LANCET of Feb. 10th, p. 368, there appeared an article by Dr. J. Burfield and Mr. E. H. Shaw describing a case of the above disease. Of the presence of bilharzia ova there can be no doubt from Mr. Shaw's description but the deductions drawn therefrom are open to the strongest criticism. The writers first quote Dr. F. M. Sandwith's popularised compilation on the subject in favour of infection of man taking place through drinking water, and then end up by assuming a direct local infection of the gluteal sinus, which two ideas are in diametrical opposition to one another and yet are probably—nay, almost certainly—both incorrect. A considerable body of evidence, which would be out of place in this short note, has been adduced to show that the mouth is *not* the channel of infection (incidentally one might note that the myracidium does *not* hatch out "in about half an hour after the ovum is voided in the urine," unless the urine be considerably diluted with pure water—the necessary factor in the hatching process).

The suggestion of immediate infection of any locality, whether skin, urethra, anus, vulva, &c., is absolutely without a shred of support, either pathological or helminthological. Note that I say immediate. This does not deny the possibility of infection by these channels but it does deny the reference of any local lesion to the immediate influence of local attack. To make myself clearer, Dr. Looss¹ shows evidence, conclusive to a helminthologist, that direct metamorphosis of the myracidium into the adult worm *in situ* cannot occur; that the existence of an intermediate generation is predicated by the presence of typical germinal masses (Keimballen) in the posterior part of the body cavity of the myracidium; and that the only question is where the intermediate generation is to be sought. Other evidence goes to show that the liver provides the necessary home. From there the young adults, male and female, pass into the portal veins (? also elsewhere), mature, copulate, and work their way into various regions (among which the rectum and urogenital organs predominate), there to lay their eggs *which are the efficient cause of the local lesions of bilharziosis*.

Dr. Burfield and Mr. Shaw would explain the symptoms in the case quoted by the supposition of a localised bilharzial infection of an open appendicular sinus. This has, I think, been rendered inadmissible; but why not assume that the patient's original abscess was due to the ravages of bilharzia? In the *Journal of Tropical Medicine* of March 1st, 1905, I drew attention to the not infrequent occurrence of appendicular infection and published a photograph of an appendix so affected. This note has presumably escaped the attention of the writers. On numerous occasions have I seen in life and on the post-mortem table sinuses tracking far and wide from visceral bilharzial lesions—one particularly that I can call to mind having begun extraperitoneally in the cavum Retzii from ulceration through the bladder wall and having tracked up submurally to the umbilicus where it communicated with the exterior.

Cancer Hospital, Fulham-road, S.W.

A CASE OF VAGINAL CYSTS.

BY WILLIAM P. GOWLAND, M.B., B.S. LOND.,
ASSISTANT MEDICAL SUPERINTENDENT, ISLEWORTH INFIRMARY.

THE following case seems worthy of record in view of Dr. H. Macnaughton Jones's interesting paper which appeared in THE LANCET of Feb. 24th, p. 513.

The patient, who was a multipara, 38 years of age, complained of "bearing-down" sensations which on examination were found to be due to two vaginal cysts. One of these was as large as a hen's egg and situated about half way up on the left postero-lateral aspect of the vagina, while the second one was of about the size of a grape and situated opposite the first one on the right side. The patient stated that five years ago she had a very difficult labour, the child being large, and she assigned the commencement of her symptoms to this date. She had been confined three times since and mentioned that her medical man attributed a difficult delivery the last time to the presence of the cysts. I thought that the cysts might therefore have possibly arisen by effusion of blood or serum into the connective tissue of the vagina during labour (one form of the accidental vaginal cyst of Rutherford). I dissected both cysts out with difficulty and incompletely. The contents were gelatinous. Portions of the cyst wall were sent to the Clinical Research Association and Mr. J. H. Targett reported as follows: "Both cysts are of the same structure. On one surface—portion of stratified squamous epithelium of vagina. On other surface—single layer of columnar epithelium of varying height (probably due to pressure within cyst) and in places distinctly ciliated. Between the two fibro-muscular tissue which, in the case of the larger cyst, is considerable in amount. The cysts are probably of Gärtnerian origin."

The following seem to me to be the points of interest in the case: (1) the history leading to the suspicion that an "accidental cyst" was present though the subsequent microscopical examination disproved this; (2) the character of the epithelial lining of the cysts, it being columnar and in part ciliated; (3) the symmetrical position of the cysts pointing to origin from a bilateral structure; and (4) the possibility of these cysts causing difficulty in labour.

I am indebted to Dr. W. A. Carline, senior surgeon to the Lincoln County Hospital, for permission to publish the case.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Annual General Meeting.—Election of Officers.—President's Address.

THE annual general meeting of this society was held on March 1st, Sir RICHARD DOUGLAS POWELL, the President, being in the chair.

The report of the council, together with the honorary treasurers' audited accounts, was presented and adopted. A ballot for the election of officers and council for the ensuing year took place and the following were elected:—President: Mr. J. Warrington Haward. Vice-Presidents: Dr. Thomas Buzzard, Dr. Joseph Frank Payne, Mr. Herbert William Page, and Mr. W. Harrison Cripps. Honorary treasurers: Sir William Selby Church, Bart., and Mr. Alfred Pearce Gould. Honorary secretaries: Dr. Howard Henry Tooth and Mr. Stephen Paget. Honorary librarians: Dr. Norman Moore and Mr. Rickman John Godlee. Members of Council: Dr. Theodore Dyke Acland, Dr. Edwin Clifford Beale, Dr. Sidney H. C. Martin, Dr. George Ogilvie, Dr. William Pasteur, Mr. John Bland-Sutton, Mr. Andrew Clark, Mr. Clinton Thomas Dent, Mr. Walter H. H. Jessop, and Dr. Henry Roxburgh Fuller.

The retiring PRESIDENT in his annual address said: In the year that has gone by we have been busy looking back upon the achievements of the past century, looking forward to possible developments in the future, and doing the work that has come to hand. We have suffered the loss of ten Fellows by death: Mr. E. T. Truman, Dr. Eustace Talbot, Mr. F. J. Gant, Dr. J. W. Ogle, Mr. Christopher Heath, Mr. J. A. Kingdon, Dr. William Ogle, Dr. William O'Neill, Mr. P. R. Cresswell, and Sir J. Burdon Sanderson, and of two honorary Fellows, Professor A. Kölliker and Professor H. Nothnagel, and how great that loss has been I have endeavoured to show in the brief and too imperfect references to them that I have made. The past centenary year, however, will ever be memorable for the election into the Honorary Fellowship of the Society of H.R.H. the Prince of

¹ Handbuch der Tropenkrankheiten.