

from pressure, on her general health, the history of rupture without peritonitis six years before, and the presence of a very distinct wave as of thin fluid in one cyst, I diagnosed the cyst as parovarian, and from the fact of rupture I anticipated adhesions. At the operation on May 24th this turned out to be the case; the cyst was growing from the left broad ligament, to which it was attached by a pedicle, thus enabling it to be removed without interfering with the contiguous ovary. It was very extensively adherent over the front and upper part of the abdomen, and had some adhesions to the viscera both in the abdomen and pelvis. The cyst contained no less than eighty-five pints (ten gallons and a half) of fluid, of a dirty grey colour; specific gravity 1026, alkaline, and containing much albumen. A Keith's drainage-tube was used, which was removed on the fourth day, there being no discharge from it after the second day. Recovery was slow but uninterrupted, save for an attack of dyspnoea on the third and fourth days, apparently due to the heart and lungs being displaced and trying to regain their position. Relief was given by ammonia inhalation, and by firmly padding the abdomen, which was collapsed and perfectly flat.

It may be that cysts as large have been removed; but I cannot find the record of such a one, and I can safely say that I personally never previously saw one nearly as large. Leeds.

### BILHARZIA HÆMATOBIA.

By E. B. HARTLEY, V.C.,

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IN THE LANCET of April 30th, 1887, I notice certain notes on this subject taken by Mr. W. K. Hatch in Bombay. It may not be out of place for me to offer a few remarks on the same disease as it occurs in King Williamstown, Cape Colony. For some years I have encountered occasional cases of hæmaturia among soldiers of the Colonial Forces. The numbers are limited. It is not until recently that I have treated numerous cases among boys and youths of ages varying from ten to eighteen years; the disease being clearly owing to the presence of the parasite *bilharzia hæmatobia*. The disease appears to be very common in this town among European lads. I have heard of no cases among females. The history is generally similar to that of the following case:—

A. R.—, aged fifteen, a pale, anæmic, ill-grown youth, for three years or so has remarked blood in his urine. It generally comes at the termination of micturition, sometimes as pure blood, at other times it is intimately mixed with the urine, or lumps of congealed blood settle at the bottom of the vessel, the urine under the last circumstances being clear. There is sometimes pain, but in the majority of instances it is absent. The blood is worse after playing football or cricket or after taking any violent exercise. Has received no injury to the bladder, and can assign no reason for the advent of the blood in his urine. Does not feel ill, and knows a great many boys who have had the same complaint gradually get over it and appear to be none the worse afterwards. Has been in the habit of bathing a great deal in the river, but has been advised to discontinue doing so, as the doctors say this is the cause of the disease. Is in the habit of drinking rain water which is collected from a corrugated iron roof and stored in a barrel. The urine upon inspection appears either dusky coloured or intimately mixed with blood, and in some cases there are clots of mucus and epithelium at the bottom of the vessel. Under the microscope ova, as pictured by Cobbold and other observers, and described under *bilharzia hæmatobia*, are readily seen, the numbers varying in proportion to the quantity of blood. In only one case have I been able to detect the parasite itself. No opportunity of making a post-mortem examination has been afforded me. The disease is by no means common in the higher altitudes of this colony. During a residence of three years in Basutoland, some 5000 feet above the sea, I met with only one case, and that was an Indian coolie from Natal. As a general summary I would affirm that the disease is rare amongst grown-up men, but very common among boys; that it lasts from three months to three or four years, and that it does not appear to do any permanent damage to the individual. In two cases I have noted blood as being passed with the motions.

*Treatment.*—Injections of medicated lotions into the

bladder I regard as perfectly useless, besides being very objectionable to the patient. I have tried quassia, iodine, carbolic acid, iron, nitrate of silver, hamamelis, iodide of potassium, gallic acid, &c. By the mouth I have given endless and varying drugs—ergot, gallic acid, hamamelis, acetate of lead, belladonna, buchu, matico, hyoscyamus, turpentine, carbolic acid, almond mixture, cod-liver oil, mercury, syrup of iodide of iron, santolin, &c. I cannot affirm that any of these have done much good. It is, however, pleasing to record that Blaud's pills (ferri sulph., gr. iiss., potas. carb., gr. iiss.), as described by Ringer in his book of therapeutics, afford very material relief to the symptoms, and in several cases a cure. I commence with three pills a day, and as soon as it is seen that the digestive organs are not upset, I increase the dose to six pills in the day. They must be persevered with for some two or three months. Other preparations of iron appear to be useful, but I cannot speak of them with the same confidence as being likely to reduce the quantity of blood passed. At present I am treating fifteen cases with it.

King William's Town, S. Africa.

### SYMPATHETIC AFFECTIONS OF THE EARS.

By F. W. BENNETT, M.D.,

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Two cases which have occurred recently in my practice seem to present examples of a sympathetic relation between the ears.

The first was a man, aged about twenty-five, who had suffered from deafness for several months. The hearing distance on either side was about six inches. On examination mucus was diagnosed as being present in the middle ear on both sides. I incised the membrane on the left side, and by syringing through a Eustachian catheter removed a considerable quantity of mucus. The hearing distance increased to more than two feet. To my surprise there was a corresponding improvement on the other side; this latter was, however, only temporary, and had disappeared three days later. The left ear continued much better, but no further improvement occurred on the right side until I removed mucus by incision.

The second case is more interesting. A painter, somewhat anæmic, complained of recent deafness and pain on the left side, with constant humming on the right. On examination I found a recent collection of cerumen on the left side but nothing abnormal on the right. I syringed away a soft ceruminous plug from the left ear, when the patient said that not only had the deafness and pain gone, but the humming on the right side had ceased.

Possibly in the first case excitement, due to the unpleasant operation, so stimulated the auditory nerve as to render its perceptive power temporarily greater. In the second case, however, there was no excitement, no prolonged syringing required, and nothing whatever was done to the right ear. I could not but conclude that the soft plug had sufficed in the patient's anæmic condition to set up irritation, causing pain on the same side and tinnitus on the opposite.

Leicester.

### MYELOID SARCOMA OF UPPER JAW; REMOVAL OF SUPERIOR MAXILLA; RECOVERY.

By ALFRED E. HIND, F.R.C.S.

THIS case was treated by me while I had charge of the Jersey General Hospital. It is in no way remarkable except for the very rapid recovery and almost complete absence of deformity.

Mrs. K—, a woman aged forty-two, came to the out-patient room on May 26th, 1886, complaining of a painful growth between the canine and second bicuspid teeth on the upper alveolus on the left side. She stated that about two years previously a decayed tooth (first bicuspid) had been extracted, but that after extraction the wound never healed, and she soon noticed a fleshy nodule projecting in its site. This nodule has been growing slowly since.

On admission into hospital there was found between the canine and second bicuspid teeth a projection from the alveolar margin. It was softer than the normal gum tissue and covered with mucous membrane; its colour was dark