

## BILHARZIOSIS.

BY

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It is not my intention, nor is this the place to go into the question of bilharziosis in North America, and more particularly, in Canada; it may, however, be well in passing to remind you that in the MONTREAL MEDICAL JOURNAL, of September, 1906, Doctors Ross and Delaney, of the Jeffrey Hale Hospital, Quebec, reported two cases of bilharzia of the bladder, who were both newly returned South African soldiers. Doctor Ross remarks that more cases would likely follow, and the case which I have to bring before you to-night is just such an one. These were the first cases reported in Canada; the present is the second.

The patient, *æt.* 25 (service of Dr. Lafleur), October 19th, 1907, served in the late South African war, spending from January, 1900, till September, 1902, somewhat over two years, in South Africa. In June, 1901, he developed a urethral discharge which lasted three months and disappeared. In December, 1902, a second discharge lasted six months, at the end of which period (July, 1903) he noticed a drop of blood at the end of micturition. This has continued fairly constantly up to the present, sometimes instead of blood a small coagulum would be seen, rarely he would see nothing. The only additional signs of disease were frequency of micturition and occasional blood streaks in his stools. He has not lost weight.

Examination showed a fairly nourished young adult. Physical examination was negative. A cystoscopic examination showed a small blood clot lying in the base of the bladder and on the fundus 2 inches posterior to the trigone a slightly raised, irregular brown patch,  $\frac{3}{4}$  in. in diameter with occasional dark red spots (hæmorrhagic) and studded over by numerous pin points and pin head pustules like miliary tubercles, but more yellow. These extended over the patch and on to the surrounding wall for a distance of  $\frac{1}{2}$  to 1 inch. A similar but smaller patch was present in the right wall. No blood vessels are visible through these patches and actual ulceration is confined to the small, dark spots over the patches. Two small filamentous areas with similar pustules were also present, and here and there other pustules with or without slight discolouration of the mucous membrane. Between the affected areas the mucous membrane appears perfectly normal.

The urine, by catheter (after washing the urethra), is acid, turbid, shows a trace of albumen after filtering, and contains pus cells, red blood cells, and the ova of the *Schistosoma hæmatobium* first described