an ordinary abrasion and aggravated by the presence of the ordinary putrefactive germs. This is evidenced by its marked tendency to spread, and at times the slowness with which it heals under treatment.

The edge of the ulcer extends under the superficial layers of the skin, separating them from the deeper layers, and at first, perhaps, forming what would appear to be a blister. The skin over this is soon rubbed off, leaving the ulcer exposed with its pink granulations traversed by capillaries, showing as red lines, its somewhat thickened blue margin, and serous discharge from its surface. The tendency of the ulcer is to spread at its periphery, peeling up the skin, and often forming another blister through the adhesion of the dead skin to the surface of the ulcer by the coagulation of the serous discharge which exudes from the surface.

As regards treatment, I have found that wet mild antiseptic applications until the sore has completely healed are the best, and that the application of ointments has invariably led to a relapse, the edge of the ulcer extending under a scab which cakes round the margin.

In a field hospital one cannot do any bacteriological work, but in base hospitals this question may have been investigated more fully from a bacteriological and microscopical point of view. I have asked many medical men, both colonial and from home, but have met with no explanation of the cause of these ulcers.

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REPORTS
ON
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

WOODSTOCK HOSPITAL, CAPETOWN, SOUTH AFRICA.
A CASE OF BILHARZIA HÆMATOBIA IN THE ORANGE RIVER COLONY.

(Reported by CECIL F. LILLIE, M.A., M.B.Cantab.)

THE following case of bilharzia hæmatobia came under my care at the Woodstock Hospital in August last. The case is of interest, and I think it worth publishing, as, so far as I know, no cases of this disease have been reported from these parts of Africa. The cases of bilharzia, besides those which occur in Egypt, are said to occur on the east coast. Some cases were reported in 1864 in Natal, but in Cape Colony, and in what is now known as the Orange River Colony the disease is apparently unknown.

B. P., aged 24, a sergeant in the 7th Dragoons, was admitted into Woodstock Hospital on August 22nd. His history was that he came out to South Africa in February, 1900. He went straight up to the front, first to De Aar and Prieska for a few days, then to Bloemfontein. He was at Bloemfontein until the advance to Pretoria began in the beginning of May, with the exception of a few days when he went to Thaba'nchu with an expedition. Soon after leaving Bloemfontein in May he began to feel ill. He had diarrhœa, passed several watery motions a day, which contained blood, but had only very little griping or straining. He kept going, however, until two days' march from Johannesberg, when he had to "fall out." He was sent back to Kroonstadt and kept in hospital for five weeks and treated as a case of dysentery. As these symptoms began to pass off the present condition supervened. He began to suffer from a feeling of general weakness, with pains in the back and sweating at times. He had no rigors. Occasionally he vomited after eating, but his appetite continued good.

He was sent down to Capetown in July, and admitted into the Maitland Hospital on July 7th, and transferred to the Woodstock Hospital on August 22nd. While at Maitland he complained of a good deal of headache, and felt very weak. He also noticed when there, for the first time, irregularity in micturition. Sometimes he would go for twenty-four hours without passing any urine and other days he would pass a great deal. He often passed urine through the night, but he never complained of any pain or any inconvenience during micturition, nor did he even know that he passed blood. While at Bloemfontein he used to drink water from streams and ponds or from wherever it could be got. Dead horses were often lying about not far from these places.

Past History.—He had been in Canada from 1891 to 1895, but was always in excellent health while there. He had not been in any other foreign country. He had had no previous illness of any importance.

Condition on Admission.—He was pale and of an earthy colour. He looked like a man who had lost a lot of blood. He was very weak. There was no œdema, rashes on the skin, icterus, or pigmentation. He occasionally sweated, but there were no indefinite signs of malaria. His temperature on admission was 102°, but it quickly fell, and three days after admission it was normal, and from that time onwards varied between 98° and 99°. It rose to 100° four times only in the six weeks that he was at Woodstock. The sweating came on at any time without any relation to rise of temperature, and seemed to be due to general weakness. He had no rigors. The spleen was not enlarged. He complained at times of headache, and vomited after meals two or three times, and complained of nausea; his tongue was furred. A week after admission, however, he improved, and from that time complained solely of weakness. There was nothing further detected on careful examination of the other organs of the body.

The urine for the first fortnight after admission varied in quantity from ½ to 1 pint a day. After this it became more abundant, and he passed from 2 to 3 pints, sometimes a little more, but never less. It always appeared smoky. At first this was the only abnormal feature, with the exception of a cloud of mucus which settled at the bottom of the urine glass. Its specific gravity was 1018, its reaction was acid, there was a cloud of albumen. Several red blood corpuscles were seen on microscopic examination, and I thought there was a granular cast or two present, but this was doubtful, and I failed to find any on subsequent examination. About a fortnight after admission the character of the urine altered somewhat. On standing there appeared a tangle of black threads suspended in the mucus. The whole urine looked sooty. On examination there were found many red blood corpuscles, but the characteristic feature was the numerous ova of bilharzia which could be obtained from the bottom of the urine glass. They were of the usual shape end had terminal spine. They could be easily seen with the low power ⅔ inch objective. They were filled with granular material and had a well-defined nucleus. They were always easily found, and were particularly numerous in the last few drops of urine voided. There were no other symptoms during his stay in hospital. The bowels were constipated. There was never any diarrhœa.

Remarks.—I am sorry I did not examine him *per rectum*. Possible his attack of diarrhœa up country was due to bilharzia and was naturally put down to dysentery. The patient was invalided home in very much the same condition, but rather weaker. He was treated on admission as a case of nephritis, with diuretics and diaphoretics and dry cupping to the lumbar region. Later, when the diagnosis was clear, he was given the ammonio-citrate of iron.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

F. W. PAVY, M.D., F.R.C.P., F.R.S., President, in the Chair.

Tuesday, January 22nd, 1901.

A DISCUSSION on the Epidemic Outbreak of Arsenical Poisoning was to have been held, but the PRESIDENT, on taking the chair, alluded to the sad news, which had just been made public, of the death of Her Majesty the Queen. He expressed, in eloquent and touching terms, the profound sorrow which was felt by everyone. The Queen had been the Patron of the Royal Medical and Chirurgical Society, and it was impossible that any useful discussion could be held at a moment when all present were weighed down by the sense of the loss which the whole nation had sustained.

The meeting then at once adjourned.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

A. V. MACAN, M.B., President, in the Chair.

Friday, December 21st, 1900.

FIBROMYOMATOUS UTERUS.

DR. ALFRED SMITH showed a fibromyomatous uterus with multiple fibromyomatous polypi removed from a patient aged 35, showing an outer zone of normal uterine tissue, a zone with multiple small myomata, then a zone with larger kernel, and, finally, large submucous myomatous polypi.

Dr. MACAN, Dr. JELLETT, Dr. PUREFOY, and Dr. KIDD discussed the case; and Dr. SMITH replied.

PLACENTA PRÆVIA.

Dr. R. L. HEARD described a case which he had seen with Dr. Pim of Killiney. There was great œdema of the vagina. On separating the placenta with the finger it was found to have a central insertion, and was beginning to decompose. The child had a breech presentation in the right dorso-anterior position. The fœtus was slightly macerated. The placenta came away during the delivery of the body. The uterus was washed out with creolin solution, $\frac{1}{100}$ gr. ergotin cit. given hypodermically, but shortly after leaving the