Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON A CASE OF DOUBLE STENOSIS OF THE AORTIC ORIFICE.

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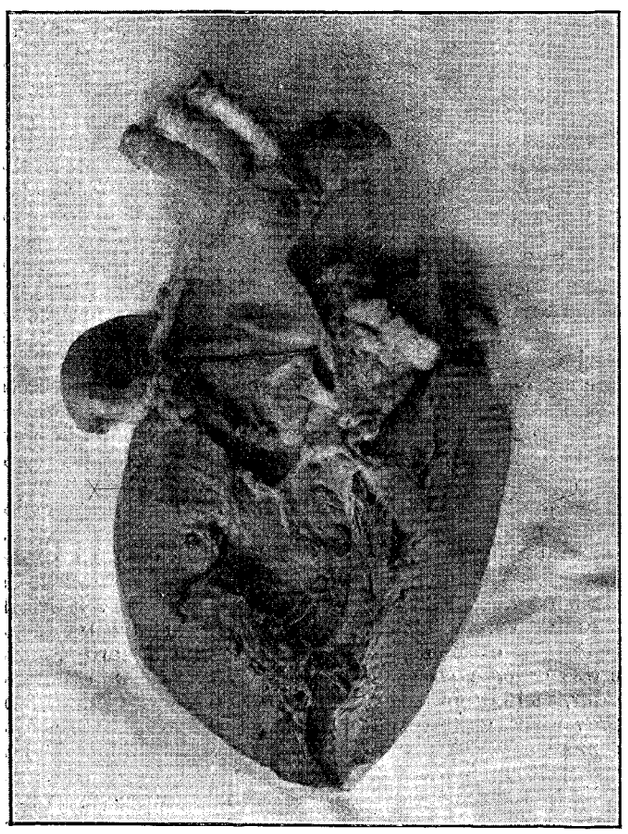
THE case of double stenosis of the aortic orifice published in THE LANCET recently,[1] brings to my mind an analogous case which Dr. H. G. Langwill and I described with an illustration in the *Scottish Medical and Surgical Journal*.[2] It is referred to at some length by Clifford Allbutt as a "subvalvular constriction" in his article on Diseases of the Aortic Area of the Heart in his "System of Medicine."[3]

The main points of the case are as follows. The patient was a male, aged 19 years. There was no history of rheumatism or scarlet fever. He was poorly developed and pale; there was no œdema or cyanosis; marked clubbing of the fingers was present. As regards the circulatory system there were marked episternal pulsation, a marked systolic thrill to the right of the middle line in the first and second intercostal spaces, and a "blowing" systolic murmur in the mitral area, becoming louder on auscultating up the sternum to the aortic area, so as to become audible five inches from the chest wall. The patient died suddenly.

Necropsy.—This was performed hurriedly, the heart only being removed and sent to me for examination. Nothing



A portion of the wall of the left ventricle is removed and the aorta laid open. The fibrous ring is indicated by the pointer. Just above it are the thickened aortic cusps.

of importance was found in the auricles or right ventricle. The walls of the left ventricle were hypertrophied Some of the columnæ were fibrous, evidently from old endocarditis. On passing the finger up towards the aorta it passed through a fibrous ring—0·7 inch in diameter—about one inch below the aortic opening. This was continued on to the ventricular surface of the inner mitral cusp. In this position and extending upwards from the ring on to the lower surface of the left posterior aortic cusp was a narrow band of comparatively recent vegetations. These covered the lower surfaces of all the aortic cusps, which also were thickened and contracted, the diameter of the opening being 0·7 inch. The aorta was dilated slightly at its commencement but in the upper part of the descending aorta was only 0·6 inch in diameter. The fibrous ring was apparently the result of an old endocarditis.

The condition is well seen in the accompanying illustration. The specimen now forms specimen No. 89 of Series 36 in the Museum of the Royal College of Surgeons of Edinburgh and is fully described in the Catalogue, Vol. III.

Edinburgh.

[1] THE LANCET, Nov. 19th, 1904, p. 1417.
[2] Scottish Medical and Surgical Journal, vol. i., 1897, p. 723.
[3] Allbutt's System of Medicine, vol. v., p. 919.

A NOTE ON THE OCCURRENCE OF FILARIA IN FIJIANS.

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DURING a period extending over 13 months the blood of 608 pure Fijian natives was examined at the Colonial Hospital. In every case specimens of the blood were taken both by day and by night and examined shortly after they were prepared. The natives whose blood was examined were from every part of this group of islands and really comprised all the Fijians who were admitted to hospital during the period of observation—adults and children, males and females; but adult males form the majority, because there are always fewer females and children in the hospital admission lists. Of the 608 cases examined filaria embryos were present in 156, or 25·65 per cent. In 125 specimens of blood taken by day and 136 specimens taken by night embryos were present, and 105 cases showed them in both day and night specimens; so that 31 cases showed filaria in their night specimens only and 20 cases in their day specimens only, or 5·09 per cent. and 3·28 per cent. respectively. The embryos examined were similar to those of filaria nocturna in all cases but one, and though in some cases it could be said that where found in both night and day specimens the embryos were in increased numbers in the former, this was by no means always so; indeed, in some the very opposite conditions prevailed and it was frequently noted that the number of embryos was about equal in the blood examined by day or night. The one exception noted was that of a female patient from the province of Lau in the Windward part of the group, whose blood showed undoubted embryos of filaria perstans; this was found on all the occasions on which her blood was examined. These patients were, of course, admitted to hospital for all kinds of disease; but some were admitted for the acute febrile attacks which are of common occurrence in Fijians who are filarial; there were 16 of these in all. These attacks of "fever" are so common amongst the natives that they are not as a rule in the habit of seeking hospital assistance for this complaint. 15 cases were admitted for abscesses of various parts of the body which had resulted from the lymphatic swellings also common in filarial subjects, and in all these cases the embryos were found in the blood. Four cases of inflamed glands in the axilla or the groin were admitted in the period under notice, which were also of filarial origin and showed embryos in the blood. (In this connexion it may be noted that of course no account is taken of the large numbers of ordinary abscesses or inflamed glands due to other ascertained causes.) During the period of observation 13 cases of advanced elephantoid enlargements either of the scrotum or other parts of the body were admitted; of these 11 showed no embryos in their blood but two showed them without any doubt whatever. In all 119 females were examined; 21 cases showed embryos in both night and day specimens and four in night specimens only; 489 males were examined, so that 21 per cent. of women were infected and 26·78 per cent. of men; the difference may be accounted for by the much smaller number of women examined. Only eight cases of children under 13 or 14 years of age were examined and these in no instance showed any sign of disease.

The accompanying table shows the various provinces of Fiji from which these cases came.

Province.	No. of cases examined.	Cases in which filariæ were found.	Per-centage.	Remarks.
Rewa	46	9	19·56	River delta.
Tailevu	60	19	31·66	Coast and high land.
Ra	20	4	20·00	Ditto.
Ba	16	4	25·00	Ditto.
Nadroga	20	6	30·00	Ditto.
Serua...	25	3	12·00	Ditto.
Naitasiri	12	1	8·33	Inland.
Colo East, West and North ...	26	8	30·76	Mainly high land.
Cakaudrove ...	34	8	23·52	Mainly island and coast.
Lomaiviti... ...	107	22	20·56	Island archipelago.
Bua	31	16	51·61	Coast and high land.
Macuata	14	3	21·42	Coast and high land.
Lau	105	24	22·85	Archipelago.
Kadavu	76	27	35·52	Island.
Namosi	5	0	—	Mainly high land.
Unspecified ...	11	2	18·18	—
Total ...	608	156	25·65	—

Making due allowance for differences in the numbers from the various provinces, it appears that the prevalence of this disease is about equally great in all parts of the group; it does not seem possible from the table to say that it is found more in the coast provinces than those inland. As a matter of experience, however, most of those patients who come from essentially inland provinces live in those parts of such provinces which have a fringe of sea coast.

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A NOTE ON A CASE OF BILHARZIAL WORMS IN THE PULMONARY BLOOD IN A CASE OF BILHARZIAL COLITIS.

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THE following facts are, I think, worthy of publication for two reasons: first, bilharzia hæmatobia has never before been seen in the blood of the lungs; and, secondly, the condition here named "bilharzial colitis" is not sufficiently recognised as a cause or concomitant of certain "dysenteric" symptoms.

The patient was a male Egyptian of uncertain age, probably about 35 years old. Clinically the disease was diagnosed as dysentery as all the symptoms pointed unmistakeably (as was thought) to this condition. But the post-mortem examination revealed a totally different state of affairs. The small bowel was normal except for the presence of about 100 ankylostomata. The colon and rectum were pale pink, the mucous membrane was swollen and velvety with a very few superficial abrasions, but universally raw in appearance and covered with a fair amount of mucus. The wall of the large bowel was somewhat thickened and its muscular coat was œdematous and hyaline in appearance. There were none of the ulcers characteristic of dysentery. Very numerous bilharzial ova were present in the mucous membrane of both the colon and the rectum. It seems most probable that the marked dysenteric symptoms in this case were due to the irritation of the innumerable bilharzial ova which were present in the mucosa of the gut.

As to the presence of the bilharzial worms in the body the facts were as follows. 22 worms (males) were found in the portal blood but the most interesting point is that two worms, a male and a female in the act of copulation, were found in the blood of the left lung. Ova of bilharzia have been recorded[1] in the tissue of the lung, but, so far as I am aware, no one has hitherto seen the living worms in the pulmonary circulation. I do not care to speculate as to how these worms got to the lung but I venture to refer to the fact that bilharzial worms are often found in the veins around the urinary bladder and in the small vessels about the rectum and that the blood from the whole vesical plexus of veins and part of that from the hæmorrhoidal plexus are poured *viâ* the internal iliac vein into the *systemic* circulation, so that a worm coming from either of these situations would have open to it a direct channel through the right heart to the lungs.

Cairo.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

EVELINA HOSPITAL FOR SICK CHILDREN.

A CASE OF CONGENITAL STENOSIS OF THE LOWER END OF THE ŒSOPHAGUS; WITH REMARKS.

(Under the care of Dr. T. R. C. WHIPHAM and Mr. C. H. FAGGE.)

A LITTLE girl, aged four and a half years, was taken to the Evelina Hospital as a medical out-patient on August 7th, 1903. Her mother was in an asylum and, as her father could not look after her, the child had been handed over to the care of a woman "whose lodger knew the child's family." The history given by this woman was that the child had vomited immediately after food for at least three and a half years and was believed to have done so all her life. The vomiting occurred after nearly every meal with occasional intervals of one or two days. There was never any difficulty in swallowing but the food was rejected as a rule within a very short time of being ingested. If the vomiting did not occur almost immediately the food was invariably retained. No difference was noticed between fluids and solids, though it was observed that the latter, if not properly masticated, were generally returned. Milk and biscuits were said to be sometimes retained and sometimes rejected, but on the whole porridge was kept down best of all. The bowels acted regularly. There had never at any time been hæmatemesis or any symptoms pointing to a cerebral lesion. The child herself had had only measles two years previously and there were five other healthy children in the family.

When first seen the patient had a somewhat pallid aspect and was much emaciated, the eyes being sunken and surrounded by dark rings. Her weight was only 15 pounds 12 ounces. The tongue was covered with a slight brown fur. The abdomen was flat and fæcal masses were felt in the descending colon, but nothing abnormal could be found. Examination of the chest likewise gave no abnormal signs. She was ordered cod-liver oil and malt, compound liquorice powder, and ten-grain doses of the subnitrate of bismuth. No improvement followed. Vomiting occurred as a rule after the medicine and every few mouthfuls of food, though occasionally milk, &c., were retained, with the result that at the end of a week the child had lost six ounces in weight. The treatment was continued and an improvement followed, porridge being kept down well twice a day and the medicine retained. Thus at the end of the second week the weight had increased to 19 pounds 7 ounces. The improvement however was only temporary, for the child again began to lose ground. The vomiting became more marked and, though the oil and malt were fairly well retained, at the end of the next six weeks she turned the scale at only 17 pounds 8 ounces. The bowels continued to act regularly. The history of the vomiting was confirmed by feeding the

[1] See Birch-Hirschfeld's Pathologische Anatomie, Zweiter Band, I. Hälfte, 1894, p. 550.