I propose first to define what I mean by dysentery, and describe the different forms that I have met with in epidemics. 1st to detail the circumstances under which these sicknesses occurred, 2nd to discuss the various attributed causes of dysentery, 3rd to relate experiments in producing dysentery in the lower animals, & last, if possible to discuss the multiform agent or agents.

What the different forms seen in cathartics of dysentery.

The Study of Dysentery, with a view to the prevention of epidemics. The most important point in that study has been the observation by the readiness with which every form of alimentation of the bowel, intine & every process devastating to the passage of blood or mucus in the stool into straining, rough, pain, so that at the others I would like to give a definite account of the general aspect of the types I have seen in epidemics.

There are two types in uncomplicated cases that I have noticed, the one usually mild & generally associated with the fouling of wells. That had been collected from the river or bodies of water. The other types usually more lethal associated with the fouling of ponds, rivers, open air reservoirs, some or less endemic but seasonal in the front country where in military conditions are most prevalent, the people do not continue to bring them under proper sanitary laws.
15 The mild cases may usually associated with the feeling of water-collected in the rectum. Generally speaking these cases are very mild; such as would not be admitted to hospital, or about which most patients would not consult a medical man. They occur frequently, as follows at certain seasons in the year. The members of a household will be seized with a pain in the bowels, a desire to stool, but only a little blood or mucus comes out; and after a very scanty stool passed with much pain, the bowels remain unrelieved, the disease still a desire to stool. This is except perhaps for some nausea or inconvenience while at stool generally not rise to a constitutional disturbance. But though this is the general issue of the cases, it is the cause of some distress, and annoyance. The precaution of boiling the water causes the discomfort to cease, and prevents fresh attacks. But when unrecognized at once or when attacking the subject of chronic Bright's disease, or the subject of a previous severe attack of dysentery, or other complication of a like nature, very soon even fatal constitutional disturbance may follow. As it then so great, resembles the graver form of the disease, or rather I should say, Cases occurring in a more severe attack of dysentery, I have regarded them as such, now especially, as I have cause to show they are water-borne. 
thus, during an outbreak of this nature in the prison & among the free residents, as the Majory's Penal Settlement British Guiana, in 1895 when I was Surgeon. That institution about 15 cases a day came to parade complaining of passing blood stools, of straining at stool or of painful diarrhoea rude, especially at night, most was to yield readily to treatment. The patient rarely requiring to be admitted to hospital. 3 fatal cases occurred which I will now detail.

The first of these was that of Convict 668, who was admitted to hospital September 1895. It was an old case of Bright's disease that had been under treatment since 1887. There was very marked arterial degeneration. The muscular coats of the arteries were converted into calcareous plates. The reason of his admission to hospital was that deep poraction was being taken place, the circulation force of the vascular system being no longer strong enough to meet with the increased demand while a patient in hospital during the epidemic of paresis mentioned while the

The subject of what appeared to be the colliquative diarrhoea of Bright's disease he began to pass blood stools in the stool which gradually became offensive. Though these symptoms yielded to treatment the heart weakness increased the patient died from heart failure.
The post mortem showed periculinar contracted liridey with cysts, the small cistic & atrophic variety.

The heart was much dilated left -
The large incl intestines as opening. The abdomen
of pelvic unaltered - on opening, examining
the mucous surface washing away some thick
mucus - none, no ulcer was to be seen
having their forms long axis in the transverse
axis of the gut. The edges were inflammed

The cause of the ulcer laid bare the
mucous coat though some did not so far
some were condensed into a false membrane
of plastic lymne.

The liver was the subject of numerous small
ulcers abscesses without any distinct wall
containing very foul smelling pus.

The next case was that of Convict 335 P.B.
a man about 60 was recently admitted hospital -
prime convalescent from a recent attack of-
dysentery, that he had acquired in the field. fields
he was admitted to hospital.

suffering from "bowel troubles" he had been passing blood
mucus the previous night with much straining
too pains a fever. He was admitted hospital.
he was noticed he was passing about 4 to 5
bite, the said, this it became afterwards waters
offensive while this was a daily rise of temperature to
in 108.7. On a daily face in the morning to 98.7
The short impress his he became gradually
wasted, constulative hepatic, out in cold sweat,
his features becoming pinched his skin shrivelled
his eyes sunken - the clear from heart failure.

On the day of his illness
A post mortem examination was made the same day.

The heart muscle was pale & firm. The cavities were markedly dilated filled with yellow clot - a large was the aorta, small vessels - the spleen was covered with a thick patch of periplemitis & was marlly adherent. The liver was slightly enlarged & studded with small abscesses. The large intestine though externally appeared normal, on opening revealed numerous ulcers with thin sliny coats in the transverse axis of the gut there were also large patches where the natural mucous membrane of the gut had been replaced by white firm tissue.

Though post mortem except for a positive degree of inflammation, action these cases were like what I shall describe as from 2 if dysentery, still knew these cases differ somewhat from them clinically, they were more acute, steep there were more choleraic symptoms but to I should not
describe belief the epidemic in which they occurred showed them the nature, true I think is better for the pursuit of my views, to include them under the head of dysentery.

The rose from there was with / have noticed to be associated with epidemics of a wider character associated with the rising of the river low level & the swamping of lands, shown with fecal accumulations.
From No. 2. The same type. This form begins usually as follows. The patient has been exposed to the means of acquiring dysenteric after 2 or 3 days general malaise, when he complains of pains in the muscles, lumbus and general jaundice disturbance, the usual precursors of a specific fever disease, which is then a strain of symptoms known in this county as "tulare fever." He next feels pain in the abdomen as a desire to stool; he wants to stool about 10 times a day, often in the night, though not in the day, but he passes no real feces but thick, viscid, mucous stools. After stool at which he was as he 方便时一惯 unable to keep himself in "the he cannot poop so as he should wish" in fact there is a constant desire to stool, but he does not get relieved there are after pains. As desire to stool again - after a while some if treated. The stool begins to acquire a very peculiar offensive smell, difficult to describe. The nearest approach is the smell turned up from the bottom of drains that has dried up. The passage of the stool becomes less painful. The straining, often pains, become less severe or almost pass away unless from constant straining. In the earlier stages of the disease these should have been produced any measure of pressure of the bladder. The stools become very watery, often as every week in character, though after a time if the patient improve it is often the moment...
The temperature is in the early stages of the disease raised to about 105°. But after the first few days, the temperature in an uncomplicated case keeps at the normal variation but gets as there take place from the diathesis or from the nature of the disease as by a lowering of the temperature while it keeps out of normal varies by 106°. If the patient take an unfavorable turn it points back to the normal variations. Should the disease takes a favorable turn - but what is more significant in the cases is the general weakening of the forces, the marked delirium - there is not in the cases the choleraic cardiac division in point in what I termed a true bar but as gradual weakening, loss of the circulatory every piece of the body. By the nervous system through the patients remain usually conscious this mind clear to the last.

The other symptoms the point remains vary the greatly for discussion in the paper, but would give subject matter for a special paper.
2. The different circumstances under which the banks of the river Tigris have been observed - a town of the middle East.

In September, October 1895, The epidemic which I have previously described as the one in which we had 2500 cases among an average number of prisoners varying from 300 to 340 at the Penal Settlement Magana; 15 to 16 cases of mild form of dysentery complaints would be seen at every morning parade. These were taken care by means of isolation in observation cells to the ability of their complaints. 3 cases occurred of sufficient pain to warrant their admission to hospital eventually died. It was during a day season the rainfall for the month of September 1895 being 1 inch 8 days, for parts of October 2 inches 30 days' eight parts. The prisoners are supplied with drinking water from wells in which the water collects from the roof is stored. This is used for cooking and drinking during the months in question. The rainfall was considerably below the average. The consequence was that the river water was insufficient for the needs of the prison. The deficit was made up by deficiency. River water had during a dry season otherwise when was full of organic matter from excrement, concentration, to pumped into a stream in the well of the river - A slurry of the poison broke loose and almost annually epidemic dysentery occurred. The case I described...
The casebo bearing must the same aspect as two I describe
one as part of one case usually occurring—
my observations as well as myself have repeatedly
represented the matter. The Government, with the
result that the practice has ceased. The amount of
tried complainers in the prison very greatly
diminished. There always will be a few cases
of actual or accidental of a certain disposition in
a climate like this, where the relation of case
experience I have repeatedly done is interesting.

I have taken water from a vat that has been carefully
kept clean, put it into a clean, stopped bottle—
I have taken some rain water in a dry season put
in a pot of alum, so as to precipitate all the
suspended organic matter. Decanted off the
suspended matter. Brought it in the same way as
the first, at the end of a month, deposited
into bottles. The former, the rain water was once
clean, not become free from lint or smoke, while
the latter had acquired a most offensive taste and
smell. Some time on a clear day the water in the
first bottle—The taste the smell might be described
as exactly opposite.

As the Penal Settlement there is a large house
where the Some of the bagni occasionally
occupy as other official or inspectors into a
pleasure to this house. There is attached a
large covered out sunk into the ground that collects
water from the roof. Some. The construction of the roof
is such as to prevent it ever being properly cleaned.
The cisterns are inspected with both fire front changing,
to some extent the roof is an avenue of Cabbage Palms, in the way by the seeds, or the matter carried by the bats, or blown from the trees. Organic matter is very apt to be deposited on the roof. So that we have a vat that it is difficult properly to clean. It will remove the sediment of organic matter. The water from this vat has on several occasions been condemned. In any season it acquires a peculiar, earthy smell, possibly used for disinfecting purposes and unit and diuretics, &c., &c. When the water street pipe for the Government native office quarters were exhausted once or twice and from this space was heated, this became aware of it only by an intestinal disturbance being set up among the members of the household, ensuing. Subsequently confirming the suspicion.

Since the commencement of the last epidemic in this province, the natives attached to the River authorities have taken precautionary steps against recurrence of the epidemic.

Cases similar to those described earlier could be multiplied, but these are sufficient to illustrate the very import and way in which, out breaks of appendix, we are apt to occur.

I will now proceed to describe the circumstances under which the pork, so much would spread epidemics often. These are connected with the presence of large supplies of waste water, or as pork, one generally associated with the smaller, coli - and or are caused by the floating,
lands where fæces have been accumulating for some time — spots of stagnatious water have been left here.

In these cases the majority resemble what I class as pure dysenteric. Immportant further mention a clinical fact that I have noticed that these cases are of two variant, after period of health, fever fermentation seems to be set up, or what would appear a fever case occurs. I mention this for cases inclined from the study of cases to regard the class not only as peculi but dependant on forenoon cases. And as shows the able to show is my further into these cases in which the patient is in apparent health but is in a condition to set up as a dise of the fæces an epidemic of dysentery at any moment. Just in the same way as a case of dysentery ambulance may set typhoid.

During the year 1888 I was in a small village called Riverton which is generally speaking a rather health locality but there was at the time of which I was writing not one case, as I can speaking of its present condition. In attempting whatever cut sanitation the near neglected spot served the purpose of a latrine, a sandy soil, a running sewer, extensive the drying up of the fæces was of unimpor fermentation and became to in a powerful disfiguring source of the chemical sheep of the same, effluent were.
This water supply from a neighbouring creek
the Thakisci. This river makes all smaller
creek drains or called creeks, overflows its
banks, the village. The immediate neighbourhood
becomes all flooded, during the flood, the epidemic
does not break out but after the
greater portion of the water is drawn off
leaving pools of water which it is
easy to understand have become
subject to fecal contamination. Add to
this, the further fact that we have a
population that will drink the foul
water handy under those circumstances
it easy to understand how an epidemic
of dysentery occurred, decimating
the population confined to a small
village of about 300-400 inhabitants
now of the village above or below this. That
escaped the flood became the scene of
the epidemic, but what is more interesting
is that there were 7 houses in that village
of a better class provided with gutters,
to the roof tanks to collect Removed
rain water. In none of these even there
any cases of dysentery. There were the
only ones that escaped.

In 1890, a very similar group of
circumstances occurred at a Sugar
Plantation called “Datti” on the coast
of Berice in British Guiana when I
was acting as Government Medical
officer of the district. The labourers were accustomed to drink water from a pond where cattle and domestic animals were conserved. There was the same absence of latrines, the same habit of depositing defecation anywhere. The same habit of drinking the water nearest at hand without question of its nature, or anything. The whole pasture lands in the neighborhood of the labourers' cottages became flooded after heavy rains, accident to the dykes in the farm lands defending the district from the sea. In the same way as in the 1854 epidemic, a partial subsidence of the flood took place leaving pools of water all about contaminated with feces as may easily be understood. Dysentery, as a consequence, became rife; instead of 5 or 6 patients in the hospital line up as many as 50 or 60. The death rate for 6 months usually only 2 or 3 was 18, the cause of death in 16 being dysentery. But while the condition of matters obtained among the labourers who were subject to the condition I have mentioned, among the staff of the estate, the manager, overseers, the blacksmiths who lived in houses provided with water where rain water collected from the roofs was stored, not a case of dysentery occurred
The next experience I had of epidemic dysentery was while stationed as Government Medical Officer at Paramaribo, British Guiana, in which the Public Hospital at Georgetown is situated. Now during the years 1895-1896 and 1896-1897 there were 240 cases of epidemic dysentery, in that hospital. In both cases that came there, were from the gold fields and wood cutting grants in the interior, so we shall now consider the sanitary state of the mining and wood cutting grants.

In those places where alluvial gold washing is done there was at the time of which I am certain, no attempt at sanitation. The camps are in the midst of the forest which is very thickly wooded. The fumes are deposited generally along the banks of the smaller tributaries of the river where the gold washing is done and gold is carried on. The situation is damp and generally unhealthy, shaded from sunlight, it is easy to understand how frequent contaminated sand stones get into the water when the river rises. In these places the river water is the sole water supply, there are no springs or any other source of water. Even mining camps in which some attempt at preventing the river water from pollution obtains they have to suffer from the polluted water of mining camps above them, nothing nearer the sand
of the river as crested. This was the historic of
often obtained. I was working in B's place.
B has latrine accommodation for humans from
river, but B has his camp nearer the
source, not only are the feces deposit along
the bank washed into the river below, but
the gravel contains a lot of clay and sand
sudden and excrement from people who have
been working there before. B's claim may
precede, in this district, took a journey into
the gold fields in 1890-1891. Because he
found the water in the river crested, it is
credible in fact. He came to the conclusion that
the water was not the source of emergence. Yet
he admits the sanitary conditions there above
alluded to. In the British Guiana Medical
Annual for 1891, he gives an account of
the result of this journey; a appalling picture
of the sanitary state of the mining camps.
There is some government supervision exercised.
and B's claim "part 4" draws attention to
the insanitary atmosphere that we must
remember. Here all the filth which he saw
deposited at the water edge gets washed into
the river, we must remember too, that the camps
are shifted near the water edge. When the
river begins to dry. In page 42 of the volume
of the journal I quoted B's claim describe the
condition of the locies at Bartikas. I describe a
state of what I met with when I first came
to Bartikas of the feces of which I am writing.
the words: "I observed a very peculiar smell in an
"airborne odor" to discover the cause. I was
ill-schooled to find that it resulted from some
"men having deposited inside the hogs" close
under the hogs, etc. They slept in. It is that from
his description, the hogs were in the same general
insanitary condition as he describes obtains in
the gold fields. This one condition, one only
was different, and drinking water was
easily obtainable. — All the tabloids for the
Gold fields — during 1896—1897. Passed through
Bartilow — stayed about one or two days with the
company. Six very few cases came from Bartilow.
The following entries of deaths in
the Bartilow Hospital Register.

In the financial year April 1st 1892 to March 31st 1893
33 cases of dysentery were treated as in patients.
32 of these cases came from around the Gold-fields
evidently contracted there 7 from Bartilow.

In the financial year 1893-1894 35 cases were
Treated in Hospital for dysentery 5 remained came
from Bartilow while 30 came from the Gold-fields
more plains.

1894-1895
80 cases were treated about 10 came from Bartilow.

1895-1896.
98 cases were treated & by in the following year
with the same result. 10% coming from Bartilow

Vide Annual Report of Surgeon General, abstract to p. 249, with note
from 152, Table 11, Sec. 19.
... but a more close analysis of the history of two years as Bartleby shows the principal number of them to be cases of symptoms, cases discharged previously, apparent, will recur in them and for a complete cure—but this first attack was caught while working on the place claims—

The recent death of a patient in the Hotel District, certain sanitary regulations under the Municipal Regulation ordinance of 1876... the regulations are difficult to enforce and not so mild as the large number of women employed as... other conditions—

The main factors in the regulations are that... must be given at least 2 feet deep... the second... all... of space must be... and the refinement of the laundry must be carried out... Elementary difficulties of carrying out so the regulations are that they have had the effect of diminishing the number of cases... to that practical the...—The class of people who work in the field... and yet... this class... in the beginning... In the "Buch"... as the first results, who are... the greatest enemy to... and... in... the extensive... so frequent... when a nervous... in... aspiration; I will notice... from the same...
There is nothing in the climatic condition of the
forest itself to cause dysentery. There were cases
of dysentery going into the interior camps, but
in much the same way as in the gold fields.
All things considered, 1896 was perhaps better
than 1895, and we were able to work more
freely and with less cases of true epidemic dysentery.

During the term of office of Mr. S. B. Barnett, I
was requested to attend to the hospital of the Penal Settlements.

In 1896, in 1897, Two great roads were made by
the convicts in the camps, one in the bush in
much the same way as the gold diggers. The men
were so employed that great care was
taken in the matter of the water supply. In the
first expedition the health of the prisoners was all
that could be desired. In the second expedition,
2 cases of dysentery occurred, but this was when
there were few camps of indentives, but a few
early in the year when the expedition
ended, it was as difficult, in conveying provisions
for the force. Scarcely better at one case was
that case as dysentery, but I kept the patient
in hospital to observe carefully his symptoms.
There was a little blood + mucus in the first
stool so straining, or other signs of an inflammatory
state of the bowel. There was marked spurring
of the faeces, extravasation of blood beneath the calves
of the thighs, or the so-called dysenteric symptoms quickly
disappeared under the administration of
salicylic acid.
The various attributed causes of dysentery.

As several other modes of occurrence, either than a contaminated water supply have been stated as productive of dysentery, it would be instructive to discuss the influence and of the base. Bartleman in his work on The Practice of medicine in the article on Dysentery, says that a sudden access of the scrophula in a person told especially to bold a damp climate this may causealic perhaps, the its influence in causing epidemic dysentery I think can be disregarded. British India was very careful meteorological observations are taken at the Government Botanical Gardens by the Government Botanist. Others show that the mean average maximum temperature set in the day is 34° and the mean minimum at night 74°. There is published weekly in the Nagpur newspaper a report is published. This report gives these same figures without variation from January December except one in at most 2 degrees yet in this country dysentery may said to be endemic.

With regard to dysentery seen tables for 8 years on the monthly number of cases of dysentery admitted to the Public Hospital. The largest source of the complex in the colony accompanied it the results with the monthly rainfall in contrary long previous expectation the two seemed to have no relation. Other other though if each case was studied on its individual merits it would be seen that in some cases
drought as in these cases that occurred in the epidemic I described as occurring at the
Pindal settlement Magaruni while at
Time in the low land to alluring cross lands
that I described above a rainfull would
have had an influence.

2. The Malarias. It is quite easy to see that when
will cause malaria is a distinct in this way
by spreading. The lands may in
another way cause dysentery as described in
the history of the epidemic I described.

But what is more interesting is that in
hospital as occurred at Plantation Bath
Hospital also in the Banticka Hospital but
I find some cases dysentery without a
malarial complication of cases of malarial disease
without a dysentery complication. At
the Public Hospital Banticka I found 5% of the
cases of dysentery with a manifest malarial
complication. I will give one example to illustrate
the complicated cases.

Teddy Rose was an aboriginal Aborigine aged 20 who
contracting as a boat hand was admitted to the
Banticka Hospital on September 21st 1892 at
2.45 p.m. He is somewhat emaciated but his
abdomen is distended and there is bulging on
the left side which points to be the Splenome
much enlarged. There is fever in skin and today
his temperature 102.6 in the axilla the pulse 120
per minute full standing. Respirations
120 to 142 per minute Sphygmsin character
So ill to give an intelligent account of the history of his case but says he was working boat hand & drank some water at a place called The Potato landing a regular place for acquiring dysentery at one time 50% of the dysentery admissions came from there. He says he had fever before he went there but the "bad travel" came on after.

22 q 96. This morning, his temperature came down to natural or a little below 96.4. The urine contained blood & numerous traces passed with great straining, with pains, he got an attack of ague since the afternoon till the evening, his temperature rose again to 102.4 in the evening.

23-9-96. His morning temperature again natural with rice in the evening, he has again an eruption of the ague fever of yesterday, but his pulse is much weaker, the bowels are cold.

24-9-96. His temperature is down to natural. His voice is very weak, speaks in a low hollow voice, his mind is clear, he is in a condition of collapse, he died a few hours after this.

The post mortem examination showed some typhoidal congestion of the bases of the lungs - the heart contained some yellow aromatic clots. The liver was enlarged, stigmata of portal hyperemia were few fibrous than natural. The spleen enlarged & small signs of peri-splenitis & red stomach pigmentation.
The large intestine. The external aspect of the ileocecal notch is not smooth, and appears to be inflamed. On examination these are found to be the seats of ulceration. Sometimes these are almost circular. The ulceration is dilated from flatulence between two of these patches. The internal aspect of the large intestine shows a thick layer of mucus, cleansing it away. Ulcers of various depths are seen sometimes having bared the muscular coat as though the coats above had simply been torn off, while others have a central stony-like with overhanging raised edges occasionally. These are fistulous channels leading from one ulcer to another.

At Bartle's hospital about 50 had a manifest malacial complication in case of dysentery. This I think explains the relation of the two diseases.

The usual mode of first conveyance of the disease described is by infection, I believe that occasionally the disease may be conveyed then I think it is by the small for on two occasions when at this Bartle's hospital was very full of cases of dysentery, the man who attended the latrine for a mild attack on one occasion. The woman who washed this in the colon, the seated colon, but this is not at least the usual method of.
acquiring the disease —

45. The ingestion of unripe fruit — This may set up an intestinal diarrhea. The symptoms of which somewhat resemble dysentery — but hardly. This is the disease we should classify.

5. Contusion — A mass ofSequaban may set up local irritation and inflammation — even ulceration. This can handle, with justice be classified as dysentery.
Experiments in producing dysentery in the lower animals.

These experiments are not sufficiently complete to give more than a certain idea of the way in which the disease is acquired.

The first experiment was to feed a cat with mucus, in which amoebe was present while feeds but after the cat soon refused to eat. This diet was only by withholding food thus she was eventually persuaded to take it, but after 10 days constant feeding as it were, it with the food no effect was produced.

The second experiment was to take some mucus that had been dried to feed the cat with. This but after 10 days no effect was produced.

The third experiment was to take some mucus that are it for a while others feed a cat but the results again was negative. The cat after 10 days fasted showed no sign of any illness.

A fourth experiment was to give a cat some feeds from a patient who was suffering from manifest dysentery. The stool had acquired the characteristic odor of the stage of dysentery. The cat 2 days afterwards was diarrhoea passing mucus that melted with the stool in 4 days was so weak that she could not keep alone or move retaining foot poorly for three or 7
Ten or 14 days after she had acquired the disease I visited her - I found the small intestine as its lower part seemed inflamed to secrete in the large intestine teeming a close resemblance to dysenteric ulcers in the human subject. The edges were undermined, there was a stinking bore, but not the same acute inflammatory condition as in the small intestine - dysentery was evidently produced. I don't know how long the cat recovered but it was very weak. I don't think it had a long time to live - but the lesion was all out of proportion to the very severe constitutional symptoms from which the animal was suffering.

The 4th case was treating a cat with the pox. After the patient had been present, very foulish stools were thrown showing much less passing fewer stools. The agonic face negative was.

I regret that want of more cases of dysentery when I had insufficient cats present to prevent my repeating these experiments for to give satisfactory data they would need the repeated several times.

So far they would be to show that few cases of dysentery are produced from pox of a dysenteric patient when it is a state of preservation that gives rise
Some cases with a peculiarity
characteristic others. These cases were few
from cases with the rumoto coli - but
very recent and experimentation is necessary
to give satisfaction results.
The first organism supposed to be certain to operate in the ague is a worm called the

**squillula stellata**, which swarm and found in the stores of soldiers returning from

*China*. The British Guiana Medical

**annual Hospital Report*** for 1895 **states

"for the last two months after in ten months

I have examined microscopically with some
degree of care a large number of cases of

ague in the St. Mary's Hospital New Amsterdam. I have

previously found it in ague squillula in

this disease - he gave in to state that he

has also found it in normal persons.

I have seen it in a case or two

two could have no possible relation to

agcents.

The next the malaria, I have not

been sufficient enough to examine into

this organism to carry on proper observations

but I have observed it in a few cases I

have examined. I examine as the Public Health

Department informs me that it has been

examined a very proportion of the cases of

the day certain patients admitted there.

He has found it in a large proportion in

not in every case - he has noticed a peculiar
tendency to recurrence in case there were
the bacteria of the amoebae coli. That he had
examined stock of patients that did not have dysenteric. That he always
found it only in patients that subject
of dysenteric, a few had had
dysenteric —

1. The subject of the parasitic cause
has only been partially worked out.
This may be perhaps an eros than an
unlike agent. The amoebae coli may
be only one agent among several capable
of starting the disease.

2. Next I think we may conclude
that the disease is oftenest conveyed
through the drinking water. Drinking water
that has been infected in the natural
source of the water. Perhaps it is in
every case even than if infected out water.

3. That probably it is conveyed more
readily from a previous case
in the cases where the centaminating
apparently constant. Cases in the
wat when may have been any cases
of an infant diarrhea. That in
its serious cases there was dysenteric
infant. The infant started an in the
latent disease.

4. Under certain circumstances, the
amoebae may be elevated through the cur
water and mode of conveyance.
Although it would be seen here. The clue came in more easily spread when this patient is passed over. Other figures of staff, there is the early stage, where king moving another can often be demonstrated. The conclusion drawn from the experiments into this case.

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Giancarlo Bonino