Treatment of Chronic Amoebic Dysentery Cases with Large Doses of Stovanyl.
(Sodium hydroxyacetaminothiophenarsenate)

by

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Treatment of very Chronic Anemic Dependent Case
with large doses of Stoverol (Sodium Hydroxyacetophenoniumarsenii)

A very brief outline of the various methods of treatment
of anemic dependent is as follows:

Since 1864, pulp, spice, radic has been prescribed
for the treatment of anemia and all is a very
useful method of treatment, but usually causes
considerable inconvenience to the patient and
sedatives as must pulp must have to be given
2 hours before hand.

In 1912, lineine was first used to replace
pulp, spice. It is a cumulative poison
and may produce peripheral neuritis,
as chronic f. muscles (especially f. the thigh),
the tissue degeneration of the skin,
the hair of the nails, leading cardiac disease.

It is usually given in acute cases in doses
of 10 intramuscularly, daily for 12 days,
but frequent relapses occur, and these cases
usually cease to recur to lineine treatment.

In 1916 Dale, introduced bisnath lineine
Soln. In the large intestine lineine
is liberated and the rest of the powder is
mechanically to bisnath oxide. This line
of treatment has given very good results in
some cases and is useful in chronic cases
with cysts. The usual dose is 1/10 daily
for 6 - 12 days, and if a case is not.
affected the course is repeated again, but if
There comes a point in time when it may be discontinued as it is not likely to be of any value.

Funicule periodide has recently been tried. It is very expensive. The late Dr. R. in the stomach and so causes vomiting. But with E.P. this is not so. Certainly it does not cause nausea and headache and appears to be as useful if not more so as B.E.1.

The dose of Funicule periodide is 0.5 to 1.0 for 10-12 days given with 1% Bonnirin in water. At the same time keeping the patient on a diet. In cases likely to relapse this treatment can be continued twice weekly while at work.

Funicule periodide 1/2 glass in 16 ounces of water on three consecutive days has also been tried. This method however is very painful and rapidly causes symptoms of Funicule poisoning to appear.

Salvarsan by the mouth has been tried by some French workers. The results have been disappointing.

Stivanol (Sodium hydroxyacetazolamine ethylcarbamic) has shown reports of rapid cure of cases of Anosomal dysentery by this drug in the Bulletin of the Patho-Epidemic. No. 2, 14 February 1923, page 79

Also in La Biologie Medicale, Nov 4, 1923, page 178.
The results were just as remarkable where amoeba dysentery had been found. Twenty 0.25 tablets, two being given every day, enabled one to record the complete disappearance of cysts in the faeces of a patient who had been suffering from a chronic form of the disease during four years. In two cases with relaxed stools and in which laboratory findings had revealed outside amoebae, the treatment by means of the same amount of Stovarol as that given in the previous case, resulted in a negative laboratory investigation. Three weeks later, though, ten days after the treatment had been discontinued, amoebae and cysts had reappeared in the faeces and the treatment had to be repeated and this time with complete success. In the other case a relapse occurred during the fifth week.

I have been able to record the efficacy of smaller doses: a patient who had had two relapses was cured through taking 0.25 gram tablets every other day during two months.
Since recording the previous mentioned Case I make a point of prescribing small doses of Stovarol in chronic forms of the disease in which Amoebae are found in the faeces and when amoebae are absent.

Fevre and Means of Stovarol is also described by Delance, in Marine Medecine, No 17, 15 March 1923, page 150, and by Ugoque E. Leger in Bull. de la Soc. de Pathol.

Considering the reports contained in the above

judiciaire literature I came to the conclusion that larger doses of Stovarol should be administered to try and forestall the relapses that were occurring amongst the cases reported by these French observers. I therefore commenced treatment of chronic amoebic cases received from abroad on 0.25 grammes 9.

Stovarol three times a day for 30 consequent days. The diet during treatment was restricted to milk only, the amoeba symptoms had disappeared - usually about 5 - 6 days - and then a liberal diet was given, and patients were allowed up and about. At the termination of the 30 days treatment, investigation of the stools was carried out, on the 7th day after discontinuing the treatment, then on the 14th, 21st, 22nd, and 23rd day.
Patient was then discharged from hospital and instructed to report once a month for observation and further stool examination.

The following is a report on two cases so treated:

Case No. 1

Mrs. J. A., age 23, 2nd S.W. Borderer.

Previous history as recorded in medical history show:

January 28.8.21 – 28.9.21, Colitis acute, course of pulv.

and pulse faded with symptoms.

23.11.21 – 9.3.22, dysentery, absence of mucus.

Note (inflammation of rectum and sigmoid). Absence of mucus.

Kali: 3-7-22 – 4-8-23, Colitis acute, course of pulv.


Calcium: 6-12.22 – 24-6.23 (201 days)

on another 201 days, no cystic present. Pulv. stools, no

12 injections, on 24-12.22 cystic stools foreseen. Six

injections of pulv. with 8. E. C. in m at night. From 24.1.23, 14

daily rectal injections of guaiac HCL in 5 or up

in 5 or 7.5 with no improvement.

vegetative forms of helminthiids persisting in stool.

Stools now average four a day

and contain blood and mucus. Defecation

accompanied by pain in the upper part of the abdomen. Present weight 8 at 9½ lbs, last

week 8½, 13 lbs, wt. in 1921 10 stone.
Judicial Board file on 24.2.23 and patient was sent to Wellingborough and arrived in Walthamstow 23.7.23.

Condition on admission: Complains of persistent diarrhea with passage of blood and mucus in stool, weak legs and loss of weight.

**General Condition**
Markedly wasted Wt 7st 2lb; anxious expression, tongue furred, appetite poor. Passing 3-4 motions a day with blood and mucus and containing 8th liv amoebae & typhoid.

Considerable tenderness in abdomen especially in the region of the ascending and descending colon, where the large gut could be felt; contracted and easily palpable.

On rectal examination nothing abnormal could be felt. The liver and spleen were not palpable. Heart sounds weak with some enlargement of A.P. to the right and hepatic crepitations present.

Furuncles, no signs of disease.

Histological report: no evidence of disease.

Patient was given saline injection for daily for 12 doses but at the end of the course no improvement was noticed in the general condition and the force of stool was just as before treatment.
but amoebae & cysts being still present, also
blood & slime continued.

on 17-7-23 stovarol 0.25 grammes c.s.
by mouth was commenced
on 20-8-23 stools were free from blood & mucus
and negative to ext amoebae & cysts. patient
stated that he already felt much better in
his sense of health and that he was feeling
hungry. he was put on chicken diet.
stovarol treatment was continued for 30 days.
the stools remained formed and normal
two a day. all the time, being free from
blood & slime. after treatment was
this continued routine examination of
the stools were carried out on the 7th,
14th, 21st, 22nd, 23rd days, and were
completely negative.

patient was discharged on 12-10-23
weighed 901.38 lbs. no diarrhea or any
appetite good, a little normal. he
stated that he felt also much fit.

the report is once a month for observation
and stool examination, and remained
free from symptoms or a little negative.

we have 1923 when cysts were again
formed present and the complaint of
some looseness of the bowels but no
blood or mucus was present.

he was commenced on a second course
of stovarol and continued at his club.
For the
No relapse has occurred up to the present
and his general condition is very good.

Case No. 2.

Private Thomas W. age 39 late 1st Hampshire Regi.

Previous History: Contracted dysentery in 1910 in Africa
and had a liver abscess drained in 1911. He was invalided
from the army in 1911 and later he was treated on
diarrhea injections by a civilian doctor. Since 1913
he states he has had frequent attacks of diarrhea
with passage of blood and slime. He joined up in 1914
but was discharged as not fit for duty.

Recently the diarrhea has become much
more frequent and he has become very thin and
weak.

Present Condition

Complaint: Abdominal pain, diarrhea with
blood and slime, loss of strength, and inability
to do any work.

General Condition: Very thin, weight 7 stone,
pale-muddy complexion, tongue very dirty;
Stools very frequent almost 6 a day and
contain much blood and slime; these on
examination reveal many active and another
hepatitis liver and cysts.

Tonsils and njelun not palpable; ascends
and descends Colon tender on deep palpation.
Heart and lungs show no signs of organic disease. Urinary system shows nothing abnormal.

Treatment: Bed rest, B.E. pills daily for twelve days. Patient had very great nausea and vomiting, also diuresis, and this was with difficulty controlled by funds given in the form of the B.E. capsules.

His stools examined 7 days after completion of the course showed Cylis (cytolytica) which persisted in face number.

He was then commenced on 200 mg. per day, after three days treatment all diarrhea stopped, his appetite improved, and was gradually increased up to full and

Treatment continued to complete 30 days.

Examination of stools was carried out in the routine method and neither enteric nor cytoplasmic cysts discovered on any occasion.

He was discharged his pills on 23. 04. 23 weighing 103 lbs., looking and feeling extremely well, and with no bowel symptoms at all.

Thus has been no return of symptoms since and nothing pathological discovered in the stools during this monthly routine examination. He has been doing hard manual work ever since leaving the pile, and is feeling very well, etc.
Case No. 3

Sullivan A. age 23 R.F.A.

Previous history: nil of interest. He has never been out of England except for one year in France in 1918. He has not been in contact with any dysenteric case as far as he is aware. 10.07.23

Present Condition: Complain diarrhoea with presence of blood and slime, and considerable pain after the motion. This came on suddenly three days ago.

General Condition: Temperature 39.0 Pulse 96 Hr.

Movements in the previous 24 hours, ten times, tongue very rough and dry, some tenderness all over the abdomen, but especially in the region of the descending colon which can be easily felt. Enlarged and firm.

Liver and spleen not palpable.

Heart and lungs not discovered.

Stools very fluid and contain much mucus and blood, but amoebae Rife. Presence in large numbers, active and contain B.B.C. & no cysts discovered.

Treatment:

Quinex only, 25c. every hour. All diarrhoea stopped after two days and stools & mucus ceased.

10.07.23 Ten lumbar rods & cysts not found.
no symptoms, a plot formed, put on fresh diet.

After 18 days treatment with streptomycin was put on ordinary diet; stools were still free from amebae and cysts.

10.7.22 Patient discharged hospital plot negative, and the routine examination of this stool have given a negative result.

On each occasion. He has had no recurrence of the digestive symptoms.

This patient was only given 18 days treatment as she was apparently a fresh infection, with no cysts in the stool.

And therefore less likely to be as resistant as the chronic old standing cases.

He is of special interest in that she had never been to any country outside England and France. As such in this investigation of apparently healthy British subjects who had never been out of Britain came to the conclusion that from h-7% of these individuals contained amebae cysts, and in their stools, this very few of these ever showed any symptoms resulting from their presence.
Case 14

Mr. Norris, age 21
1st K.5.1.

Previous History

dysentery, present Dec. 1922, confinement for 18 days in 2nd Field Ambulance, in hospital one month
Feb. 1923 Recurrence of bowel symptoms and enlarged and painful liver diagnosed liver abscess. Confined in hospital for 2½ months and E.I. for 2 months daily for 12 doses

Admitted home to duty with dysentery in April 1923. The condition settled down and he was discharged to duty. He had a relapse at Forder in May and was in hospital with dysentery, but no more symptoms. Liver confined to 2½ months after which stools were negative.

He was on leave in Worthing and admitted with dysentery to The Royal Berks Hospital 5th July 23.

Present Condition 5th July 23.

Complaint: Blood in urine, stools,以来
Pain about 12 cm. I.C. in 24 hours. Considerable anal pain and haemorrhoids, internal and external

General Condition very thin & debilitated
Weight 8 stone Considerable abdominal discomfort and tenderness in the region of the ascending and descending colon, Colon can be felt contracted and tender on palpation. Rectal examination reveals presence of liver.
Liver - 2½ pleats. Enlarged.
Heart, lungs, show no signs of organic disease. 
Stools very frequent and contains large 
amounts of mucus.

Microscopic examination of a fresh smear specimen examined on a warm stage showed very numerous endamoeba histolytica (Vegetative forms) Active and containing RBC’s.

Cysts also found.

Treatment: diet, only milk & rice in small 

7-7-23 Stools 0.25 fame by mouth 8U. HP

Application of abdomen.

8-7-23 light motion in less 24 hrs

Bork mucus present.

7-7-23 No motion, stool mucus no blood.

8-7-23 No motion, feeling much better no abdominal pain

9-7-23 No motion. Lab stool exam no food seen. Small quantity of mucus. No mucus, no endamoeba histolytica

10-7-23 Full diet, appetite good, stools Constipated

11-7-23 Stools Inamal, result no vegetative forms or cysts found. No apparent cause for nausea as to:

Presence of the cysts or any other cause.

12-7-23 Ordinary diet, stools became firm

13-7-23 Stools Carried out, for cysts - negative.

Stools continued for 30 days and then discontinued.

Stools continued. Blood test examination Carried out.

5.8.23 Discharged. Improved very well.
Weight 10 at 2 lbs. Motion one a day, normal in appearance.
Since leaving the sick he is not better, has had an
absence of days lately, remains always normal
and free from pain and fever. Stools
have been examined once a month, since.
No vegetable forms or cysts have
been found.
He states that he is not feeling as well
as he has ever been in his life, and is
doing the full duty.
In February 1924 his stools were examined
on ten consequent days and no
Signs q. introitus with extreme care or cysts
were discovered.

Case No. 5:

Mr. Howard Stanley 30 yrs. Dep't. Suffolk Regt.
Previous History: Depressed Condition in India
about Sept. 1922. Since then he has been
under treatment in various hospitals in
India with curare & R.E. He was
hospitalized twice and treated with curare
& R.E. in Netley Hospital. Discharged
and treated in Colchester for 12 weeks
with curare & R.E. curare injections,
during which time he was relieved of his
developed curare poisoning with live E. crassus.
desquamation of the skin and cedema of the lungs.

He was next treated at A. F. Military Hospital in Dubuque, with calomel purgatives 3 grains daily in capsules, twelve doses; he relapsed again one month after stopping the treatment and was admitted here.

Present Condition July 6, 1923.

Complaint passage of fleshly stools with blood clumps, great weakness and loss of weight.

General Condition July 7th. 6 lbs.

Very thin and emaciated, hollow muscles, complexion, tongue dry and furrowed, anaemic, appetite poor.

Abdomen: Complain of general tenderness on palpation, especially in the region of the caecum and descending colon.

Liver and spleen not palpable.

Stools twice a day, much slime forseen.

Vegetative forms and cysts very numerous.

Heart: Jucks 1st. Intalve. No tumors (organic).

Lungs: No signs of disease.

Urine Normal.

Treatment: Intro. hot bottle to abdomen

Milk and water only.

Slevor 0.25 gram two.

Three days after this treatment was commenced stools were three a day and only a very little slime forseen.
Patient was already feeling much better.
Four days later stools normal in appearance, and two a day.
Put on chicken diet.

Treatment - on hospital. Continued for 30 days and routine examination of stools carried out, all were negative to both vegetative forms and cysts.

Left on discharge from hospital 15 at 3 lbs.

Stools have been examined once a month since and have always formed negative.

Patient has had no recurrence of dysenteric symptoms up to date and is feeling fit, and has been well for the last few weeks.

Case No. 6

By Duncan W. Age 24. RFA.

Previous History - developed amoebic dysentery in Egypt in July 1921, treated for 72 weeks.

Relapse August 1921, treated for 24 weeks.

January 1922, treated 12 doses B.E. 12 doses:

Frequent relapses since and was invalidated home in June 1923, and admitted here with

Royal Victoria Hospital for treatment.

Present Condition July 1923

Complaints, diarrhea with blood in calyce.
About 612 shits a day, red forms, weakness and general debility.

**General Condition**: Weight 9 01. Very anaemic and thin, muscle flabby, tongue furred, appetite poor.

Abernethy, some slight tenderness in region of descending colon, liver just below the costal margin, Mr. Undar, palpable on palpation.

Stools blood + mucus present, and micro-scopy examination reveals the presence of a few vegetative forms and numerous cysts.

**Features**: Red, mild, astrovolt 0.25.

Stools assumed a normal appearance and consistency four days after commencement of course. No blood or mucus on naked eye.

On the 7th day was put on chicken diet and kept on this till this course.

0.25 was completed. The weight at the end of the course had risen to 11.6 7 lbs. and he stated that he was feeling extremely fit and well.

Routine examination of the stool was carried out. At the end of the course with negative results. No new examination once a month since and no vegetative forms or cysts have been discovered or there has been no recurrence of symptoms.
Case No. 7.

Pensioner Chew, age 28, late 2nd Corps, Signals.

Presenting History: Developed dysentery in India in July 1921, where he had treated with antimonials and B.E.1. He developed relapses soon after termination of each course of treatment. He was eventually invalided out of the service with dysentery in December 1922 and admitted under my direction for further treatment.

Present Condition 21.8.23

Complaint: Frequent stools, 3-4 times a day, containing blood and slime, marked pain on motion, debilitating weakness.

General Condition: Very thin, emaciated, looking individual, cold pale, obviating tongue, appetite very poor, abdomen retracted and tender in the region of the descending colon.

Liver and spleen not palpable.

Heart, haemorrhoic and some increase in A.E.D. especially in the M.

Lungs: Healthy, urine normal.

Stools: almost entirely composed of blood and mucus. On microscopic examination of fresh warm specimen many active, mobile vegetable forms have been also many cysts.

Treatment: Bed, milk.
On the second day of this treatment the diarrhea had stopped and the faeces were like an omelet, as seen in two days later.

By the 8th day patient realized that he was feeling better than he had done for many months. He was put on full diet and course continued to complete 30 days.

At the end of the course patient was feeling and looking extremely well, weight up to 6 lbs. The tenderness in the region of the descending colon was now absent.

Routine examination of stools were negative, and tuberculin examination remained negative till December 1923, when it was discovered that a few tubercle bacilli were again present.

The thoraxx Complains of no symptoms and that had no bowel trouble since leaving the hospital after this course.

He was given another complete course of Stoverol, continuing at his work all the time, up to the present date, he is free from all symptoms and his stools remain negative.
Case No. 8.


Previous History

28.6.21 Xerza Indie. Developed amoebic dysentery for 7 days. Emetics 15 doses given.
6.10.21, Relapse with cyci present, emesis, proctitis and R.E.I. for 7 days. Relapsed again after this and was finally invalidised out of the service with this complaint.

He was admitted under Case E: the Ministry of Pusser's 16.7.23, to R. Heron Hopital.

Present Condition 16.7.23.

Complaint frequent blue-streak stool, about four a day, occasional blood, pain in abdomen at times, weakness.

General Condition weight 10 stone comparatively healthy looking man, tongue slightly furred, appetite fair. Liver spleen not palpable. Considerable pain elicited on palpation in the region of the descending colon. Stools normal, some mucus.

Microscopic examination reveals presence of amoebae. Cyci but no vegetative forms were discovered.

Treatment: 21.7.23 Stomach 0.25 from the 4th to 7th day, 10 tablets of 2000. No. quite formed, cure is hoped for mucus.
Present.

After 10 days' treatment, stools formed, normal in appearance and patient had no symptoms or pain in abdomen.

Thirty days' course completed, and at the end his teeth were feeling very well, weight 10 st 10 lbs.

Routine examination of the stools was carried out and was always found negative. He had had no recurrence of symptoms since completing the treatment.

Case No. 9.

Age: McKenzie A. Age 36. M. Foot Police

Previous History: developed Ascaris enteri in India in 1916, and was seen Lincoln for 12 doses.

He had repeated relapses and was seen for the course of Linzol and B.E.I. for 12 doses, on three occasions. He was invalidised home in 1922 and has had frequent relapses in this country. He has had more Linzol and B.E.I. treatment, but owing to the impossibility of effecting a cure, he was admitted under very care from the Military Hospital York on 21.9.23.
Present Condition 21. 9. 23.

Complaints: Frequent stools with blood + mucus.

Weakness, and pain in abdomen.

General Condition: Weight 8st. 9 lbs.

Vermin, mucus in stool, loss of appetite.

Liver and spleen not palpable.

Slight roughness in region of caecum and descending colon.

Stools: Three a day loose, blood + mucus.

Microscopic examination showed haemorrhagic cysts foreseen in large numbers.

Heart and lungs showed no sign of organic disease.

Urinalysis: Normal.

Treatment: Stomach 0.25 grs. every 8 hrs.

For 30 days.

After five days all mucus had disappeared, frequency two a day.

Then on full diet.

Later he suffered from constipation and was given enema to relieve this.

Microscopic examination of stools have always been negative. Patient is as full duty and complain of no symptoms whatever.
Case no. 10

J. T. S., age 25, R.E.A.

Previous History: developed dysentery in India in 1922 and was treated with emetine and later after relapsing with emetine and B.E.I. without cure. Invalided home. Relapsed again in January 1923 and was admitted under my care. He was found to have vegetative forms and Cysto-rectum and was given emetine in 12 doses and the tablet in B.E.I. in 3 in capsules 12 doses.

All symptoms disappeared and stools were negative. But he relapsed after leaving the hospital and was admitted for further treatment under my care.

Present Condition 2.8.23.

Complaint: Frequent motion about five a day, with terminal mucus.

General Condition: Well nourished but 10 lb. thinner. Urine clean, appetite good.

Liver is spleen not palpable.

No abdominal tenderness.

Stools a little mucous, not firm loose, alone.

Four a day. No Cysto-rectum, no vegetative forms found.

Heart: Lungs normal, urine normal.

Treatment: B.35. from December 5.

After three days patient static, said he
began to feel a sensation of faintness about
1½ hours after taking the tablet. I
therefore reduced the tablet to two
day and kept a close watch
on them.

After having taken a total of 30 tablets
this symptom became very noticeable
and his conjunctivitis became intense
and red. He also showed some
Commencing delirium
delirium at both wrists and spreading
up the forearms.

Further treatment was discontinued and
after seven days had all signs of
this condition has gone. No further
further treatment was administered
owing to his idiosyncrasy to the drug.
A consideration of these cases will show that all of them, with the exception of two, were very chronic cases of amebic dysentery, and most of them had been invalids for abroad an incurable three. Some of them had actually been invalids out of the service, and were drawing pensions, for this disability. They had all tried for longer treatment, on emetine injections and Bowman Emetine Adride by the mouth, with only a short interval of freedom from symptoms as a result.

These emetine and B.E. resistant cases are now the most frequent patients to deal with, by the ordinary methods, as they continue to live a very miserable existence, the treatment having little effect in improving their condition. I have seen a few such cases suffering from numerous toxic symptoms as a result of a long course of emetine injections, in an attempt to cure their dysentery.

Case No. 5 is an example of this; he had an extensive course of emetine at the Military Hospital Colchester, and became extremely ill as a result, with oedema of the lungs and a fine bronzy discoloration of the skin.

Bowel emetine Adride also produces more marked and distressing symptoms at times, the nausea and vomiting
Using sometimes over his heating. In one case who was treated with _B.E._ daily, on the tenth day of treatment, developed a more persistent intestinal condition all over his body. This persists in spite of all attempts to relieve the condition and he was seen by Dr. MacEwen, Sperm Specialist, to the Mistletoe No. 1 pill, who considered that the condition had more likely been produced as a result of the gastro-intestinal condition caused by the _B.E._

The use of his mouth periactin as a solutant for _B.E._ certainly felt out of the gastro-intestinal course to a large extent, but it is questionable whether any better results are obtained as far as a cure of the chronic anorexia case is concerned.

The results obtained in the nine cases of chronic anorexia dysentery treated with _Stovareth_ are in six of the cases, complete absence of all intestinal symptoms, and negative stools, during a period of about seven months since discontinuing all treatment.

All these patients are now leading a normal active life and feeling very healthy. In every way, in fact, the majority of them volunteer the information
that they have now felt better.

Of the remaining three cases, No. 1 was a particularly chronic case, his abdomen having suffered from intense trouble in January in India, on 28.8.21, and he had practically never been free from symptoms till the Stovarol treatment was commenced. He had been for 4 days continuously under treatment in hospital in Calcutta, havingbeen under, B.E.I., and rectal injections of Quinine, and becoming extremely cachectic as a result.

On admission under me on 23.7.23 his weight was 7st 2½ lbs. On completion of the Stovarol Course 22.10.23 his weight was 9st 10 lbs, and he complained of no symptoms whatever. He got some slight looseness of the bowels in December 1923 and ceased to be again discouraged in the Stovarol. All this disappeared under another 30 days Course of Stovarol, and he has continued perfectly well up to the present date.

He cannot, therefore, be looked upon as a failure, for even though he did relapse again, this in agreement with Stovarol, compared with the other methods of treatment, has been most gratifying.
Case no 7 was a very persistent chronic case having developed his first attack in India in July 1921 and having been invalided out of the Service for this condition in December 1922.

He showed a few crops foreseen in December 1923 during his routine monthly examination but complained of no symptoms at all. He was given another course, continuing this work all the time, and is now free from crops and feeling perfectly well in every way.

In Case no 10, treatment with Stovarse had to be discontinued after 30 tablets of 0.25 grm of Stovarse had been administered, owing to symptoms resembling those of arsenical poisoning having appeared.

This patient was the only one to show any intolerance to the drug and this symptom appeared very soon after the commencement of its administration.

The content of arsenic contained in Stovarse is 28.72%, so that in a tablet of 0.25 centi grammes there is present 0.07 milli grammes of arsenic.

It has been found that the toxic dose of Stovarse for a rabbit injected subcutaneously is 0.3 grammes per kilo gramme.
There only remains Case No. 3 to be discussed. He was a fresh infection having developed his symptom in England. He had never been abroad except for one year in France in 1918.

On admission many Acid fast bacillus Haemophilus were present in his sputa but no Crypt were ever discovered. He was therefor given only 18 days treatment with streptomycin and has remained well ever since.

The result obtained in this case makes one very desirous of carrying out further treatment on these lines amongst cases of fresh infections as such. As fresh infections cases are so extremely rare in this country, this investigation will have to be postponed till one goes abroad again.

I wish to add that I consider it yet too early to be certain that relapses may not occur amongst some of these patients treated with streptomycin and up to the present, free from all symptoms and stools negative, but I hope to be able to keep them under observation until negative results have been obtained up to one year after discontinuing all streptomycin treatment.
Summary and Conclusion

1. Stewart has proved of the very greater value in cases of chronic amoebia, especially where both lineine and B.E. have failed to effect a cure after prolonged and repeated attempts. The larger dose (0.25 gr. three times a day for 30 consecutive days) employed by me have given better results than the smaller doses administered in the cases reported by the French observers.

2. The mode of administration by the mouth is easy compared with the subcutaneous or intra muscular method required with lineine.

3. There is no gastro-intestinal disturbance met with in its administration. These symptoms are usually extremely troublesome when B.E. is administered even though given in capsules and preceded by sedation such as Friar's Balsam.

4. Toxic effects following the administration of Stoverine have not been reported by any physician. Case No. 10 among my patients was the only one to show any ill effects, and this symptom disappeared soon after his continuing the drug.

The toxic effects with lineine where its use is prolonged are well known.

B.E. apart from its disagreeing gastro-intestinal symptoms, may also produce
The cinematic effect, such as perspiration and
chills causing vertigo, as was observed by
me, in one case treated with this drug.

6. The result Curative effect of Stovarol in
small doses, however in case no. 3, a first
injection, with only vegetative forms present,
makes me very desirous of carrying out
further observations among the type
of case. Stovarol proves as efficacious
in other as in this case, in Ottawa's of
the very greatest value in the hands of those
having to deal with cases of first infection
with amebic dysentery.

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