Diarrhea considered as a disease, and as a symptom of disease, with additional remarks on some of the diseases in which it occurs.

By

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Introductory Remarks

In inquiring into the cause of a disease, which is often one of the most fruitful and unsatisfactory investigations within the province of medicine, we may take as a starting point the season of the year in which this disease commonly occurs, and from the attending circumstances, we infer the probable cause.

Diarrhoea in this country is allowed to be a disease which prevails during the latter part of summer and the greater part of autumn, and the Registrar-General's annual reports for England give us very palpable evidence of this.

Taking the average number of deaths from Diarrhoea in London during the four quarters of the year 1852-51-52-53 we have in the September quarter (i.e. July, August, September), 1320 cases; in the December quarter, 466 cases; in the March quarter, 219 cases; and in the June quarter, 211 cases; but this must be looked upon as the maximum average of deaths from Diarrhoea among a corresponding part of the population in Britain generally, taking for example the number of fatal cases in London during 1851
in 917 of the population, while in England there occurred only 1 fatal case in 217 of the population.

Since Diaphresia seems to occur at a season of the year when the temperature is highest and is much more common in the tropics than in temperate climate, we may thus be inclined to suspect a high temperature as implicated in the production of this complaint, but man is able to withstand a temperature much higher than ever we have in this country, without great inconvenience provided the air be dry.

A high temperature certainly has a depressing effect on the animal economy and modifies to a certain extent the functions of secretion and excretion; the functions of the respiratory system are diminished and thus it becomes faulty again secretory, but this is amply compensated for by the increased exhalation from the cutaneous; the secretion of the liver is also active while that of the kidney is diminished.

From this reciprocal action of the secretory and secretory functions, the standard of health is not materially interfered with, directly by a high temperature, except from its generally relaxing effect.
but indirectly it may be looked upon as a gentle source of this disease.

With a high temperature there is a large amount of vapour in the atmosphere, and this is especially the case if the season be wet. The exhalations from the lungs are diminished in a moist atmosphere; since they give off an amount of vapour only sufficient to saturate the expired air and this is in proportion to the dryness of the inspired air, i.e., the drier the inspired air the greater the exhalation from the lungs; the exhalations from the skin are diminished in the same way.

"Nature has now recourse to some other organ whereby the retained excreta may be got rid of. The kidneys may be roused to increased action and thus remove the offending excretions, but since these can be removed by effusion through a mucous membrane, and if they exist in large quantity, there is no mucous surface so adapted for their removal as that of the intestines.

Moreover, between the mucous surface of the intestines and the cutaneous system there seems to exist a marked sympathy, as can be observed in some diseases, such as in Erysipelas of the skin, there is often
a corresponding of the mucous surface of the intestines
and in extensive burns, the intestines are sometimes
fatal ly involved.
From the diminished exhalation of the cutaneous
and pulmonary surfaces, there is an increased
secretion from the mucous surface of the small
intestines, and for this purpose there must be an
increased supply of blood to the part, at the
same time the peristaltic motions of the intestines
are accelerated; along with this the function of the
liver may be increased and thus aid in producing
an increased evacuation from the bowels.
The diminished functions of the lung and liver
may be supplied by increased secretion from the liver
alone, as is often seen from the Bilious Diarrhoea
in warm weather in this country, and that of individual
newly arriving in tropical climates; increased
secretion of the liver is well known to have this
effect from the purgative property of ox gall,
and from the constipation attendant on jaundice.
A low temperature is sometimes a cause of jaundice
by expelling the blood from the surface and producing
haemorrhage of some of the internal vessels, as the
intestines, cold along with moisture may be
Diarrhea considered as a disease, and as a symptom of disease, with additional remarks.

Introducory Remarks

The Varieties of Diarrhea

Simple Diarrhea

Pyretic

Subsecular

Lymphoid

Choleric and Diarrhea of Cholera

Distinguishing characters of the Diarrhea in the foregoing Diseases

Diarrhea in Brain Disease

in Liver Disease

in Kidney Disease

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Concluding Remarks
considered as a more fertile source than cold alone, especially if the fall in the temperature be great and sudden as occurs about the end of summer, the temperature of the air during the night being much lower than during the day.

As another cause of this disease we may be inclined to suspect noxious emanations from the Earth's surface; this may be inferred from the disease occurring during a part of the year when the temperature is high and the horizontal movement of the atmosphere least. The high temperature is productive of noxious gases from the Earth's surface, and from the settled state of the atmosphere the air becomes contaminated, and at this season of the year vegetation is most extensive, and emanations from this source may act injuriously, especially during its decay.

That this disease may occasionally be malignant we may infer from the fact of its occurring in the endemic form in some localities, and also from its being less fatal now than formerly, at least from this source probably from improved drainage.

That this complaint arises from noxious gases may often may be deduced from the appearance the manner of individual together and often assuming
the more acrid form of Dysentery, as also from its occasional occurrence in an annoying form from frequent and protracted visits to the Dissecting rooms.

Water rendered impure from containing decaying vegetable or animal matter, most common in the hottest part of the year, is a very evident source of exciting the bowels to increased action, and this along with a less pure state of the atmosphere and other depressing causes may account for the much more common occurrence of Diarrhea in large towns than in scattered sections of the population.

Fruits and vegetables especially if unripe are from their acidity active agents in producing this disease, and this may contribute not too small extent in adding to this disease in summer and autumn.

The free use of stimulants liquors, nervousness and a great variety of mental emotions such as fever anger, joy etc are in some constitutions attended to loose state of the Bowel.

Dietition in children is a fertile source of this disease.
Diabetes is most common during the first year of life, and up to the third year of life it is very common, but after this period there is a marked fall in the number of cases up to the 8th year of age, when it again increases up to latest period of life.

It is more common to the male than to the female up to the fifth year, but after this period it occurs about an equal ratio to both sexes.

It is more fatal to the Park than the White race of mankind, this arises partly from the cutaneous system of the former being a more active organ than that of the latter, and any cause which may compromise its function will more readily tell upon this system, the former are also of a laxer fibria than the latter, and this observed to have some connection with the disease, since it is a more frequent attendant on the corpulent than on the thin and spare habit.

Hour of Attack.

Diabetes is most frequently observed to occur during the hour of sleep, the greater number
of cases taking place between midnight and midday, and this is rather vaguely accounted for by some to be from a freezing of the necrotic tissue during night, and a consequent dilatation of the small arteries, thus causing hyperemia of the affected part, irritation being set up, and exudation takes place.

But without theorizing on the matter we may in a general way account for its onset at this period by stating that whatever may act prejudicially on the system, it is reasonable to suppose that it would be most likely to develop itself during sleep, the period of the greatest vital depression; this will be seen in the case of many diseases such as in gout, scrofula, and very probable in Diankhaa.

Diankhaa compared with Phthisis

It is interesting to observe that in London next to Phthisis, the most deadly disease in England, Diankhaa is the most fatal during the months July, August and September, this is also the quarter of the year in which Phthisis is least fatal, and during the half of the year from
July to December, in which the greater number of deaths from Diarrhoea occur, those from Cholera are below the number of deaths which take place in the remaining half of the year.

Definition of Diarrhoea. Loose and frequent stools sometimes preceded by griping.

The varieties of Diarrhoea are:

1. Feculent, Bilious, Serous, Mucous and Sanguineous.

The Feculent may often precede the others, or it may constitute a disorder of itself; the secretions in these instances are merely more diluted than natural.

In the Bilious Diarrhoea, there is a large amount of bile in the evacuation, giving them a greenish, or light yellow colour; it may continue for sometime.

In the Serous variety, the evacuations are watery and attended often with severe griping; it is often acute and may arise from anything that causes an increased flow of blood to the intestines.

The Mucous Diarrhoea is characterized by the stools containing a large amount of mucus, it often arises from indigestion, and constipation, the mucous follicles of the intestines being more or less irritated, and their secretion thus increased.
It is apt to become chronic and pass to the cholera diarrhoea, when the evacuations are white or clay colored, this latter form is most frequent in children.

The mucus as well as the person may be followed by ulceration of the intestines and the stools become more or less colored with blood.

The next and last variety is the diarrhoea, when the food is passed indigested, it may arise from a marked instability of the alimentary canal, it is most common in children at dentition, and when it occurs in the adult it is usually as a sequel of some disorganizing disease of the mucous surface of the intestines. There is great emaciation in this variety while the appetite is usually moracious.
Simple Diarrhea considered as a Disease.

Most commonly Diarrhea occurs as symptoms of disease, but in many instances we are induced to regard it as either a constitutional disease or itself. In the latter form it may arise from anything disagreeing with or irritating the alimentary canal, as an over amount of food, a food which does not agree with the stomach, also fruits and vegetables which produce acidity, debility and retained excretions.

The symptoms are frequent stools more frequent and loose than natural, sometimes bloody, and gripings before going to stool, but previous marked in this complaint, and when present it is of a dull character and confined chiefly to the lumbar region. Fever is seldom present but if it be it is of a slight and transient nature. The pulse is usually natural, but if the gripings are severe it becomes slightly accelerated. The temperature is usually normal but it may become slightly elevated or depressed. The countenance is pale and the skin is dry and ceruminous. The tongue may be natural or more or less loaded.
usually at its middle and root, while its tender edges are red. The abdomen is at times distended and tympanitic and the urine is usually scanty. This Diarrhea is generally mild in its character and disappears as soon as the seat of pain is removed, but if this be not the case, it may become protracted and prove fatal from mere exhaustion. It may lapse into a chronic state and prove troublesome for a long period, or it may be followed by dysentery and serious organic change in the intestines.

The treatment of Diarrhea is very simple when attacked. At the commencement, an aperient is administered to clear away any offereb matter from the intestines and an opiate is afterwards prescribed to allay irritability of the bowels.

If it arises from acidity, the chalk mixture is to be used.

And if it becomes chronic, recourse is had to astringents such as tinct. of Catechu.
Dysenteric Diarrhea.

Dysentery is often ushered in by a premonitory diarrhea, and this is usually the case when the disease under consideration occurs in the epidemic form, but also it is sporadic as it usually occurs in the country. The bowels are generally constipated at the onset of the commencement of the attack, or the commencement of the attack may be manifested by copious defecation. But usually not later than the third or fourth day from the commencement of the disease, the characteristic symptoms of dysentery are developed.

There are loose and frequent stools consisting of mucous matter or less streaked with blood, while the natural feces are retained unless occasionally in small lumps called blood. There is marked straining at stool attended with a burning sensation in the rectum.

The pain in dysentery is also characteristic of the disease; it is restricted to the arch of the colon, and is greatly increased on going to stool. There is also marked tenderness along the region of the descending colon, but it usually requires some degree of pressure to bring it out.
The fever in Dysentery is continuous, there is rapidity of the pulse, flushing of the face during the day there are remissions and intermissions of the fever, but the pulse does not fall.

There is often a difficulty in making water in Dysentery, sometimes amounting to strangury. As the disease advances the call to stool become more frequent and lasting, the straining is also more harassing, the sufferer may have to stool a dozen times and only get relief once a small quantity. Mucus is usually passed by straining, while the hard feces are retained, this termed tenesmus.

The characteristic stool of Dysentery consists of mucus tinged with pus and blood, real red blood.

The disease may resolve at any period, and this is usually observed by the stools becoming more watery and containing less blood.

On the disease may pass on from bad to worse, and ultimately prove fatal, when this is the case, the fever often assumes thetypHO character, and the stools resemble the passing of flesh, they become excessively fetid, and
gaseous masses of mucous membrane are sometimes passed, this followed by a state of prostration, and the patient dies from collapse, very rapidly like that of cholera.

The organic lesion in Dysesthesia is restricted to the large intestine, it consists of ulceration of the mucous membrane, most marked at the lower part of the bowel, and receding as we proceed to the cecal valve, where it generally terminates. Perforation seldom occurs in Dekseria, but when it does, it usually takes place in the neighborhood of the cecum.

The treatment of Dekseria, as it occurs in this country, consists in the administration of a purgative, such as castor oil, a saline, but enemata are fully better when the bowel is not too irritable; leeches along the descending colon and perineum are sometimes useful, but general blood-letting is seldom required. Opium either by the stomach or in the form of enema is next to be used.
Lithaeal Dianhæa.

Dianhæa is a common symptom in Phthisis, and it may occur at any stage of the disease, but it is at the commencement that this symptom is of most value as diagnostic of the disease.

If the bowels, which were formerly natural and habitually constipated, now become obstinately relaxed, and there be a slight dry cough with or without fever, we have reason to suspect incipient Phthisis.

Or slight fever manifests itself, and soon pulmonary symptoms then themselves, and moreover is a slight diææa, which continues and keeps pace with it, there is gradually increasing emaciation and loss of strength, a cachetic state soon supervenes establishing Pulmonary Phthisis.

Dianhæa may take the place of sweating in Phthisis, or both of these symptoms may be present, and in this case they are usually less marked than when only one of them occurs, the sweating is generally more profuse or
the morning, and is observed by the patient when he awakes, finding his face and trunk often in a fear of perspiration.

Next to the Pulmonary symptoms that indicate fever may be considered as symptomatic of Phthisis Pulmonalis, and especially when the former are obscure, we are much more decided in our diagnosis, if there occurs a continuous and unusual laxity of the bowels.

The only satisfactory Pulmonary symptom, by which we are decided in our opinion of Tubercular disease, is the presence of cavity in the lung, since there are many other indications which may simulate Tubercle in the endstage.

We can in a manner account for the frequent occurrence of Diarrhoea in Phthisis, partly from the restless nature of the complaint and partly from the deposition of Tubercle in the small intestines, since this is the next most frequent site to that of the lungs, but the cause is more apparent in the advanced state of the disease, since there is usually extensive ulceration of the lower part of the colon, and often scattered ulcers in the colon. The deposition of Tubercle
takes place in Peyer's glands and there eventually ulcerate in the transverse section of the intestine.
But in the advanced stage of Phthisis, the perforation of Peyer's for the colliquative sweat, is of little or no value in our diagnosis, since the constitutional and local signs are now so manifest as to prevent us mistaking the disease. But in forming our diagnosis of the case Phthisis in this stage of Phthisis, is generally to be looked upon as a symptom of bad omen: the hectic fever is well marked, there is usually great emaciation, often profuse expectoration, distressing cough, and disturbed or unrefreshing sleep. Another abdominal symptom which is occasionally observed with or without looseness of the bowels is the presence of a tumour in the umbilical region.
There is often blood in the stool of the Phthisical patient resulting from ulceration of the bowels, and thus a fatal issue may result directly from hemorrhage, exhaustion or perforation of the bowel, this last is
common in children but not in the adult. Treatment in the early stage of diarrhoea is by means tending to improve the general health, such as nourishing food and exercise, or a mild astringent may be used profusely to harden the stools. In cholerae occurs late in the disease it is only to be modified not altogether checked by astringents.

In acute diarrhoea and chronic enteritis, tenesmus of children, there is at first unequal of the stools, but when these diseases are well marked diarrhoea is usually a precocious symptom. In both cases there is fever, the abdomen is distended, and there is great emaciation, and in acute diarrhoea the appetite is often ravenous, while the face resembles that of an old person and the expression is usually that of precocity.
Typhoid Diarrhea

In Typhoid Disease the patient is seized with fever sometimes suddenly but usually insidiously, there is vomiting, and after this ensues diarrhoea, this latter may be an early symptom, or it may commence at the end of the first or the beginning of the second week. The irregularity of the pulse is another characteristic of this fever, in the morning it may be as low as 90 per minute, while in the evening of the same day it may rise to 160. There is usually dull pain over the abdomen, which is hard and tense to the touch, it is often tympanitic here. It comes from side to side. The stools are of the colour of bile at the beginning, they then assume an ochre hue. The abdominal suffering often localizes itself in the right side of the fossa, a jingling noise is often heard in this situation if pressed by the hand, but this is most marked when the fever is advanced.

The diarrhoea keeps pace with the fever, there being in all from three to four stools
daily, and as the disease advances they are sometimes involuntary. There may be an increase of the fever and general abdominal pain along with the local pain in the right flank region, as if the patient were indolent from a toxic state may not complain of any pain in this region, but usually a certain amount of suffering is excited by pressure over the ileum. Intense pressure must be guarded against on account of the organic lesion common in this region.

If the yellow loose stools continue there is reason to suspect ulceration of the intestines, and we have clear proof of this if the contents blood which may often present itself in this disease. The fever may become asthenic about the termination of the disease; the patient may normally the diarrhea diminishes and at last stops, but still the issue may prove fatal from hemorrhage, or perforation of the bowel, both of which are much more common than in tubercular diarrhea.

The lymphatic diarrhea bears a distinct relation to the lesion of the small intestine, the lower part of the ileum is studded over with ulcers, and
occasionally they are seen in the colon.

This shows a correspondence with what occurs in Tubercular ulceration but there are some points of difference.

The ulcers occupy Peyer's glands opposite the attachment of the mesentery, in the long direction of the intestine.

The glands become enlarged and inflamed and the follicles burst and slough grey, indeteriorated pieces so as to constitute the Zephyroid ulcer, which is pitted with thickened edges.

The healing of the Zephyroid ulcer differs from that of the Tubercular in the latter it principally heals by contraction and cicatization, while in the former it heals by an adventitious structure being formed resembling the mucous membrane.

The Zephyroid diarrhea is allowed to run its course unless it be obstinate and tends to prove fatal from exhaustion in this case it may be moderated by astringents.
Cholera Diarhoea.

This diarrhoea is best seen when it accompanies or precedes an Epidemic Cholera, as it is then that it is most frequent and fatal. It is characterised by frequent purging of liquid matter often containing much bile, there are also violent griping of the abdomen and vomiting to a greater or less extent.

It may usher in Cholera, or it may prove fatal from exhaustion.

Diarhoea in Cholera.

We shall first consider the Bilious or British Cholera, which commonly occurs in the latter part of Summer and the beginning of Autumn.

There are strong reasons to think that it is induced partly at least from eating unripe quin a vegetable.

The disease generally comes on in the night time, with a sense of discomfort over the region of the Stomach. This is soon succeeded by nausea, and the contents of the stomach are shortly ejected, this continues till the stomach is emptied, then mucous is vomited and this is succeeded by bile.

Various uneasy sensations are now felt and are
principally referred to the abdomen, then follow loose evacuations by stool; this is not followed by relief but by anxiety, purging and vomiting still continue consisting chiefly of bile. The disease may here stop and the patient recover or it may go on from bad to worse, spasms of the limbs ensue, collapse is soon established and the patient shortly dies.

Epidemic Cholera is chiefly distinguished from the former by its shorter duration and greater intensity. It may pass through the stage of British Cholera, or it may commence by diarrhea, diarrhea. The characteristic stools of this Cholera soon appear, they are white and resemble water that has been strained from rice, they contain white albuminous flocculi and seem to contain as bile (but it is said that by chemical analysis bile can be detected but very much diluted). The muscular spasms are often intense and they usually commence early in the disease. Collapse is a well marked symptom, it is early in its onset and makes rapid progress. Depression of urine is another symptom of Epidemic Cholera.
and one of the most favourable symptoms of recovery is the appearance of this excretion, as also bile in the stool, and the return of the animal heat.

It was observed during the Epidemics of Cholera in this country in the year 1849 and 1857 that the sea coast was the part most Susceptive to the disease, while the inland districts escaped with comparative immunity: and that the disease principally attacked the middle-aged while diarrhoea was more prevalent at both extremes of life.

Diarrhoea in the year 1854 was more fatal in the Island Towns than it was in the principal Sea-Port Towns, while in 1849 it was nearly equally fatal in both kinds of Town.

The average duration of fatal Diarrhoea is about 16 days, while that of British Cholera is 3 days, and that of Epidemic Cholera is 2 days.
Distinguishing Characters of the Diarrhea in the foregoing Diseases.

In simple Diarrhea, the stools are without effort and are more loose and frequent than natural. Vomiting is a rare accompaniment.

In Dysentery, the stools are also loose, but they contain little or none of the natural excreta; they consist of mucus more or less tinged with blood, and as the disease advances there may be pus, there is sometimes a bile passed, but this is easily accounted for, from the excitation being almost all from the large intestine. There is great strain and often acute pain when at stool. Vomiting may also be a symptom but it is not usually a prominent one.

The Tubercular and Lymphoid Diarrheas closely resemble one another, but the constitutional symptoms are distinctive; the fever in the latter is more acute as is also the diarrhea, while the Tubercular fever and diarrhea are chronic.

The stools in both these diseases may contain blood, but they differ from that of Dysentery in being painless. Vomiting is not an infrequent symptom usually.
In cholera the stools are more frequent than in the preceding diseases, there is also urgent vomiting and muscular spasms which are characteristic. In British cholera the secreta are greatly diluted with bile, while in Epidemic cholera the rice water stools are distinct, there is never blood in the cholera stool.

Dyspepsia in diseases of the Brain. Most diseases of this organ including insanity, tumours etc. are characterized by a sluggish and constipated state of the intestines, but there are a few exceptions.

In Acute Hydrocephalus along with the headache, constipation is a general characteristic, but if this latter be taken as an invariable symptom it may lead to an error in the diagnosis, since diarrhoea, arising from ulceration of the intestines, is an occasional attendant on water in the brain.

Another form of head affection in children closely resembling Acute Hydrocephalus, especially on an exhausting drain from the system, as by an inordinate looseness of the bowels. This disease has been variously denominated
as Hydroceplhalid Disease and Spurious Hydrocephalus.

In the first stage of this disease there is diarrhea, with more or less fever, but not so acute and more of the irritable type than the fever attendant

Cerebral Hydrocephalus, the head symptoms in both affections closely resemble each other, but in the Hydrocephalus disease, if the bones

of the cranium are not ossified by examining

the anterior fontanelle, feel a depression and

the cranial pulse is either absent or feebly beating,

whereas in acute Hydroceplhalus this part is tense

and strongly pulsating.

In the next stage might of Prostration or torpor,

the two diseases closely resemble each other, but

this vital depression arises from different cause.

In one case from extensive disorganization by

pressure on the brain, but in the other case the

disturbance within the cranium is sympathetical

and responds to the exhausting drain from the eye.

Both of these diseases have a tendency to prove

fatal and that rapidly, and therefore it is

of the utmost importance that an early and

correct diagnosis be made, since the treatment

of these two diseases differs distinctly.
In this Hydrocephaloid disease, the exhausting diarrhoea is to be checked, and stimulating and nutritions diet is to be had recourse to, while in acute Hydrocephalus, we endeavour to arrest the disorganizing process within the cranium. As a general rule if we find that there is obstinate diarrhoea, we may suspect that the disease is Hydrocephaloid and not Hydrocephalus from the rarity of this symptom in the latter.

Tubercular Meningitis

In this affection there is often diarrhoea, but this is not to be looked upon as a symptom of the disease, so much as arising from ulceration of the intestines.

But when a looseness of the bowels occurs, it may be considered as a symptom of the tubercular disease in general; for before meningitis supervenes there is generally palpable evidence of tubercle in the lungs, very often a large cavern containing pus is present in one or both apices.
Dischkea in disease of the Liver.

Functional disease of the Liver gives rise to an increased or initiated secretion, like that done as a common consequence of an state of the homels.

But it is in organic disease of the Liver, usually from inflammation, that Dischkea is to be looked upon as a symptom, but not a very constant one at least in this country. It is to be taken into account along with the other symptoms of Liver disease, such as fever, pain in the right Hypochondriac region, sometimes felt only at the right shoulder, but may also be found in the right, and in some cases moving, along with these rather, is enlargement of the Liver.

The Dischkea may occur at the commencement of the disease, while there is as yet no effusion, but at this stage we can hardly refer it to disease of this aera.

But the occurrence of Dischkea is most common when the inflammation has run on to abscess of the liver, this is rare in this country but it is common in Tropical climate among Europeans.
At the same time there is generally hectic fever, along with marked constitutional disturbance; the countenance is sallow and of a Modi Fauns, and there is great emaciation in most instances. Abscess in the liver often succeeds Dysentery, and this will probably, in a great measure account for its frequency in the tropics.

Diarrhoea in Bright's Disease of the Kidney. In this disease the condition of the urine are chiefly diagnostic, but Diarrhoea is also a frequent concomitant and as a secondary affection is occasionally very characteristic. In the early stage of the disease it may commence, but in this instance it usually mild and often disappears spontaneously, but when it breaks out later in the disease it is more obstinate and unyielding. It may or may not be accompanied by dyspepsia, and if it be, it seldom appears to reduce the accumulation of fluid, but seems rather to exhaust the patient and not to be productive of any good effect whatever.

In the latter stage of Bright's Disease of the Kidney,
when there is great degeneration of the sub-
stance of the kidney, diarrhoea often ensues,
in a most urgent and untractable form,
over which remedies have little or no control,
and in many cases it appears to be the only or
chief symptom that usher in death.

It appears to be in Edinburgh that diarrhoea
is most commonly observed as accompanying
Bright's disease of the kidney, while in other
localities, when the disease is equally common
it is stated to be a comparatively rare symptom.
This seems rather enigmatical, for we might
consider its occurrence to be more naturally
accounted for than its absence, from the
functional relation which exists between
the kidneys and intestines.

Diarrhoea is a disease of the Rectum.
In malignant disease of the rectum there
is often obstinate diarrhoea, as it is also a
common symptom of faecal accumulation
in this region.
Concluding Remarks.

Having considered diarrhæa as a disease and a symptom of disease, we shall finish by glancing at those diseases in which it occasionally occurs.

It may be a sequel of scarlatina especially if the throat affection be severe.

Also in measles it may occasionally appear.

In small-pox especially in the confluent variety, while艺galism affects the adult, diarrhæa is sometimes observed in the child.

Diarrhæa is often present in abscess of the spleen, and in disease of the pancreas (which is usually of a malignant nature), the stools are frequently loose and contain a large proportion of liquid fat.

Diarrhœa occasionally occurs in the favourable crisis of fevers, and by it the morbid products of inflammations are often removed from the system.