Remarks on the more Prevalent and Important Diseases of China, especially Acute Dysentery. By ALEXANDER RATTRAY, M.D., Assistant-Surgeon, R.N.

THE recent stirring events which have occurred in the vast empire of China, and which have extended over a period embracing the greater part of the past two years, have brought that remote but yet exceedingly interesting country and people again prominently into notice, and have sufficed to draw them from that comparative oblivion into which they had fallen in the western world since the termination of the last war and the ratification of the treaty of 1843. Since then the Chinese foreign commercial progress has been both rapid and great, and at the commencement of the war which has just been terminated the importance of this empire in a commercial point of view was such as could scarcely have been looked for when the five free ports were first opened; nor has its importance been diminished, but, on the contrary, largely increased, by the late treaty, which opens up the whole of this extensive, highly populous, and most fertile country to foreign enterprise. Interesting and important as China thus is in a commercial point of view, from the weighty interests involved in it, as well as from the large force, chiefly naval, which is required to protect these, and also from the extent of the white European population which now resorts thither, it becomes no less interesting and important in a medical point of view, and we naturally desire to know something of the diseases of a country which, though long known, is as yet comparatively unknown to us;—and both those which affect Europeans, as well as those to which the natives themselves are liable. One of the most able and philosophical writers on China has remarked, that "few unexplored parts of the earth promise more to repay the labours and zeal of the naturalist, whatever department of science he might investigate, than the vast dominions under the sway of the Emperor of China." This remark might, we think, be fairly extended to the science of medicine; for research into which there now appears to be in China an equally fair, equally open, and certainly a not less extensive or interesting field.

With the diseases of this vast empire,—which are, without doubt, no less numerous than important and interesting,—with their essential nature, their history, their causes, and their treatment, we have as yet only a very imperfect acquaintance. This is principally to be ascribed to a cause identical with that which has hitherto kept us in comparative ignorance of the manners and customs, and other interesting particulars, regarding the Chinese themselves; and of the general features, the topography, the natural history, etc., of their country,—viz. the exclusive policy which it has hitherto been the practice of their government to pursue, and the necessarily limited intercourse with Europeans to which this line of conduct has led.

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Thwarted as we have thus in a great measure been in obtaining, by personal observation and research, some knowledge of the diseases of China, we naturally turn for information on the subject to the medical literature of the country, which, however, be it observed, and for the same reason as above quoted, the Chinese appear to be, in many instances, as anxious to keep from inquisitive "*barbarian*" contamination as they do their select selves and their "*Middle Kingdom.*" Here, however, we are again foiled; for we find that, among the Chinese, medical science, like the sciences in general, is as yet rude, imperfect, and elementary, and, in short, very much akin to what it was even among the more civilised western nations until a comparatively recent period. The utilitarian Chinese mind can study science, not, as we find to be the case among European nations, for the mere love of it, but only with a view to the attainment of some personal advantage or preferment. Consequently the study of those sciences which are recognised by their government, and which are thus likely to lead to some pecuniary or temporal advantage, are alone held in repute and followed out,—such, for instance, as the science of law and government;—while those which do not possess this attraction are more or less neglected: and among the latter stands the science of medicine, which is consequently apt to be followed principally, or only, by those who have failed in obtaining preferment in the more favoured departments of science just mentioned. Add to this their complete ignorance of anatomy and chemistry, and consequently of the collateral subjects of physiology, pathology, etc., which with us are deemed essential as the foundation of a sound medical education, and we need not wonder to find that medical science among the Chinese presents, for the most part, merely a mass of crude theories, absurd doctrines, and occasionally of perverted truths, through which one may wade far without gleaning much practical information on the subject; while in the native treatises, compiled often by semi-educated men, one in search of facts has to toil through pages of vague speculation, as their works on materia medica, medicine, midwifery, etc., testify to those who have had the curiosity, the patience, and the perseverance to translate them. Hence, in any investigation with regard to the diseases of China, we are led to expect little aid from the Chinese themselves; and we are thus thrown almost entirely on our own resources for the elucidation of a subject which can only be completed by the patient research of years, and by the united labour of many different observers.

The opening up of five of the ports of China to commerce, by the treaty of 1843, led to the hope that a new field had been opened up for the investigation of disease, and that in an empire no less populous than extensive; but, from the circumstance that foreigners have hitherto been strictly excluded from all but the five ports alluded to —all of which are situated either on, or at a comparatively short distance from, the coast—the furthest inland of them, viz. Canton,

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being little more than 90 miles from the sea—few opportunities have as yet been afforded us of studying the diseases prevalent among the inhabitants of the extensive and varied *interior* of the empire, and still less those which might affect Europeans if located there. What little knowledge we do possess of these is derived either from the scanty and scattered observations of travellers or missionaries, which are for the most part non-professional, and are consequently too often not much to be depended on—or from the native treatises, which, as already mentioned, are frequently even less worthy of credit.

Even with the diseases of the *sea coast* of China, and of the tract of country which more immediately borders it, our comparatively recent intercourse has not yet afforded time for obtaining a very intimate knowledge of them—at least as found to prevail among the natives; and, with regard to those to which Europeans are here liable, though every day serves to add to our intimacy with the more prevalent of them, still, for the reason above mentioned—our as yet recent intercourse and limited intimacy with these diseases as they are found to affect Europeans—many points of information with regard to them, not more interesting than important, still remain to be elucidated. We know, for instance, that diarrhœa, dysentery, remittent and intermittent fevers, are among the most prevalent, if not actually the most prevalent, diseases which affect Europeans along this coast. But while from experience we are gradually becoming better acquainted with the modes of treatment best suited for their different types and stages, yet many interesting questions naturally arise with regard to them which yet remain unanswered; and thus, while a more intimate acquaintance with the essential nature and the most efficacious modes of treatment of the diseases of China is very desirous, much information of a deeper and more abstruse character, regarding the laws which regulate them, their development, and their course, is equally wanted,—such as would not only be interesting in itself, as extending our knowledge of the diseases of the globe generally, but which might, in many cases, lead to a better knowledge on our part with the same or similar diseases as they are found to occur in our own country, regarding which we are on many interesting points—as well with respect to their essential nature as with regard to the laws which govern their development and course—as yet very much in the dark; and such information we would expect to be both most easily attainable, and at the same time most trustworthy, that relates to those diseases which, while they prevail to a greater or less extent in our own country, are of still more common occurrence in China, as, for example, the diseases above mentioned,—viz. diarrhœa, dysentery, intermittent and remittent fevers—all of which form a large proportion of the diseases of China, and are found to be not only more prevalent, but frequently also of a more severe type there than in England.

To cite then a few of the more important of these interesting

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questions: And first, as regards the intermittent and remittent fevers which largely prevail up the rivers of this country—the banks of which, on either side, so often consist principally or entirely of marshy, low-lying, and miasma-producing rice or "paddy" fields, frequently stretching for miles inland as a level expanse raised only a few feet above the surface of the river,—we find—the miasmatic influence, in other words, the exciting cause of the fever, being, as far at least as we can perceive, the same in both cases—that, in the same locality and with the same exposure, one individual is attacked with the one form of fever, and another with the other; or again, that a locality may at one period be subject to intermittent fever, while, shortly after, the same locality may be noxious to fever of the remittent type; while in other instances, the two forms may occasionally be found to alternate in the same individual,—one attack having the intermittent, and the next the remittent character,—the one type or form degenerating, as it were, or becoming converted into the other, and *vice versa*. In such cases the question arises, Are the miasmatic poisons of intermittent and remittent fever identical or not; and if so, what is it which determines the type of the fever, either in the same individual at different times, or in different individuals at the same time? Does it depend on season, or does it arise from some more local climatic change? or from changes in the chemical nature of the miasmatic poison? from imperceptible changes in the constitution of the individual at different periods, or from what?

As regards diarrhœa and dysentery, on the other hand, the two diseases which are probably not only the most frequent but also the most fatal of any to which Europeans are liable on the coast of China: what is it, it may be asked in the first place, that so determines disease in this climate—and it may be said in tropical latitudes generally—to the intestinal canal in preference to the air-passages, as in more temperate latitudes? Why, for example, should a chill, which in a latitude of 45° gives rise to a catarrh or bronchitis or a pneumonia, as surely produce a diarrhœa or a dysentery in a latitude of 10°? Or again, when some exciting cause gives rise in China to a diarrhœa or a dysentery, why should the congestion or inflammation, of which these diseases, for the most part at least, essentially consist, attack the large in preference to the small intestine; or, in other words, why should this disease, which is essentially a congestion or inflammation of the mucous and other coats of the bowel, be so prone to determine to the former intestine while the latter is so seldom attacked? and why should the diarrhœa of China be so frequently of the *dysenteric* type, as it probably most generally is?

Again, though tolerably acquainted with the more usual *exciting* causes of dysentery and diarrhœa,—diseases which, as already mentioned, are in most cases essentially congestive or inflammatory in their nature, and which, consequently, may have for their usual

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exciting cause any one of the numerous causes which may give rise to inflammation, as, for example, an over-feed, intemperance, or, oftener still, a chill, producing a more or less permanent flux or determination of blood to the bowel,—yet we know very little with regard to the *predisposing* causes of either of these diseases; or whether atmospheric or telluric causes influence their development; or whether miasmata similar to or identical with those which produce intermittent and remittent fevers have a similar tendency: or what effect the too frequently impure river water of the country has, if it has any, in their production, when it is used for drink or culinary purposes; and if it has such an effect, whether it is from the presence in it of miasmata in solution, or of animalculæ, or some other deleterious substance: or, again, what effect the climate of China has as a predisposing cause, producing its effects probably by weakening and enervating the system, and thus rendering it unusually noxious to disease on the application of any of the common exciting causes: or whether the nature of the food, or the introduction by it of parasites or animalculæ into the system, or, lastly, whether the presence of lumbrici in the intestines,—a most frequent occurrence on this station, and one which often appears to have some connection with both diarrhœa and dysentery,—has really any effect either in predisposing to or exciting either disease.

Another interesting question refers to the difference which is found to occur not only in the frequency, but also in the type of these diseases—viz., diarrhœa and dysentery—as met with in different years: for we find that with them changes of this kind occasionally occur, similar to what frequently happens with fevers and other diseases in Great Britain; and we are thus afforded an interesting subject of inquiry into the cause of this, and an opportunity of throwing some light on the statistics of the question, so as to show the varying degree of intensity and fatality of these in different years, and also their climatological connection. And, lastly, we are still in ignorance as to what is the cause, or what are the causes, which combine to render the dysentery of China not only so much more intense in its character, but also so much more fatal than that, for example, met with in the Mozambique Channel as well as elsewhere—where this disease is often, as compared with that of China, comparatively mild and but seldom fatal.

The diseases which are by far the most frequently met with among the seamen of H. M. naval forces stationed on the coast of China, are diarrhœa, dysentery, intermittent and remittent fevers, and especially the three first. These are probably equally prevalent, *cæteris paribus*, among the Europeans resident on shore as well as among the natives themselves. As regards diarrhœa and dysentery at least, so far from being unfrequent among the Chinese themselves, as it has been alleged, they are, on the contrary, we are assured on the reliable authority of medical missionaries who labour

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among the poorer class of natives at the free ports, not only very common, but also very fatal among the natives of this country, just as is well known to be the case with the dysentery of India among the natives there.

The two latter diseases—viz., intermittent and remittent fevers—which undoubtedly result from the inhalation of miasmatic poisons emanating from semi-inundated and marshy "*paddy*" fields, similar to or identical with the miasmatic exhalations from the marshy districts of our own country—differ from those which are met with in Great Britain probably only in the frequently greater intensity of the paroxysms, and in many cases in the greater obstinacy of the disease; while the treatment differs in no essential respect from that of the form met with in our own island. Hence these need not be further spoken of here. The disease commonly called "*Hong Kong fever*," is a fever of the remittent type, often very severe and very fatal, which occasionally assumes a locally epidemic character, and which often presents this peculiarity also, that while fatally prevalent on shore, the ships in harbour, even when lying at very short distances from the shore, are usually or often exempt from its ravages, and frequently are rather healthy than otherwise; a circumstance which goes far to prove that its exciting cause is on shore, and is of a strictly local character.

The diarrhœa of China differs from that met with in Great Britain not so much in its symptoms or treatment, as in its greater obstinacy and in its essential nature. That met with in more temperate latitudes is probably most frequently a result either of functional disorder or of congestion or it may be of more serious disease of the *small* intestine; while that which occurs in China is probably more frequently a disease of the *large* intestine: indeed, the lower gut as the real site of the diarrhœa of China, is probably of far more frequent occurrence than is commonly believed, even by those familiar with the disease as it occurs on the station. It is, in short, in many, if not in the majority of cases, only a milder form of dysentery. Both of them consist essentially of congestion or inflammation of the mucous coat and frequently also of the deeper tissues of the gut; and while the former—*i.e.*, diarrhœa—is merely one of the symptoms of the milder forms of congestion or inflammation which has led to an increase in the quantity, and no doubt also to an alteration in the quality of the excretions thrown off from the lining membrane of the gut, the latter—*i.e.*, dysentery—is the result of the severer forms of inflammatory action where the disease has gone on to acute inflammation, to ulceration of varying extent and depth, and, it may be, even to phagedena or gangrene of one or more of the coats of the bowel. The disease, in short, consisting as it does, in its essential nature, of an inflammation of a mucous membrane, bears a close resemblance in its progress, as well as in many of its symptoms, to the effects of inflammatory action as seen when it attacks any of the mucous membranes situated elsewhere. In-

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flammation attacking the mucous membrane of the uterus or vagina, *e. g.*, first produces an increase in the quantity and at the same time an alteration in the quality of the normal discharge, and leucorrhœa is the result; when it is the mucous membrane of the gut which is similarly attacked, the result is diarrhœa. Turning our attention again to the uterus or vagina, we find that the severer form of inflammation leads there to ulceration, varying in character according to circumstances, into the consideration of which it is needless to enter here;—so is it with the mucous membrane of the large intestine, which, when the inflammation is more severe, goes on to ulceration either simple or phagedenic, or even to gangrene, and we have the dysentery either acute, sub-acute, or chronic, according to its intensity. Hence the treatment of the diarrhœa met with on this station, from its being probably, in the majority of cases, only a minor form of dysentery, differs little, and especially in the more severe forms, from the treatment of the latter disease; and in many respects it differs but little from the treatment of the disease of the same name as seen in more temperate latitudes.

With the dysentery of China however it is different; and the practitioner in more temperate climates, at least those of Great Britain, can form but a very imperfect idea of the acuteness, the virulence, and the frequent fatality of this disease as met with in China, from those sub-acute, or more frequently those tedious chronic cases which are the forms usually met with in this country, and which are frequently cases of old standing, occurring in seamen and others just returned from warmer latitudes, where they may have suffered from the more acute forms.

Dysentery being a disease essentially inflammatory in its nature, is, for practical purposes, most simply divided—as inflammations elsewhere usually are—into the *acute*, the *sub-acute*, and the *chronic*. The two latter are more or less familiar, as already mentioned, to the practitioner of Great Britain; but the former—*i.e.*, *acute* dysentery, and especially dysentery of a type so acute as that which is so frequent in China—is certainly not so: and to illustrate this, to show its progress and termination, we may cite the following cases, selected from many of equal severity which occurred among the crew of H. M. S. "Nankin," during her stay on the China station, in the years 1855–6–7–8; and it is to be hoped that, in addition to giving the reader some idea of the course and frequent severity and fatality of this disease, they will also serve as illustrations of its usual treatment, showing what is of the greatest efficacy in checking the disease, as well as for alleviating it when incurable.

CASE I.—*Acute Dysentery—Death.*

John Phillips, æt. 28, seaman. *May* 29, 1857.—Canton River. A somewhat spare but healthy man, who has never suffered from any severe attack either of diarrhœa or dysentery, was yesterday seized with looseness of the bowels; stools frequent, yellowish-brown, and feculent, but a little gelatinous.

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To have farinaceous diet, Habt. Pil. Calomel grs. iv. statim, et postea Pulv. Rhei ℈j.

May 20.—Habt. Pil. Cal. grs. ij., c P. Opii gr. ss. ter die, with the following mixture: ℞. Ol. Terebinth. gtt. xxv., Tr. Opii gtt. xv., Aquæ ℥j. ter die sumend.

May 28.—Apply a blister to the umbilical region. Cont. medicament, uā.

June 1.—Has passed two stools during the past twenty-four hours, semi-fluid, feculent, of a brownish-yellow colour, and with a little mucus; no tenesmus; complains of pain increased on pressure along the umbilical region; T. clean anteriorly, furred with dirty white posteriorly; no mercurial fœtor. Apply a blister to pained part; continue the other medicines.

June 7.—Passed seven motions during the night; stools brown, watery, and feculent, pain across epigastrium; T. loaded with dirty white. Habt. Ol. Ricini ℥j., et vespere Pil. Calomel *ut supra*, ē Tr. Opii gtt. xxv. ex aqua ℥j., et postea Cont. Pil. Cal. ter die.

June 9.—Has had fifteen motions during the past twenty-four hours, scanty and mixed with mucus, coming away with griping and tenesmus. Complains of pain, increased on pressure, in the epigastrium and transverse colon. T. furred, and covered with a dirty whitish-brown. Omit Pil. Cal. Let a small piece of Ung. Hydrarg. be introduced into the rectum thrice a-day. Habt. Haust. Acet. Plumbi grs. ij., Tr. Opii gtt. x., Aquæ ℥j. quater die. It. Vin. Oport. ℥ij. die.

June 10.—Has had only one motion during the past twenty-four hours, brown and scanty, with mucus. Cont. uā.

June 11.—Stools very scanty and mucoid, with much tenesmus; pain of abdomen easier; T. cleaning and moist. Cont uā.

June 13.—Nine motions during the past twenty-four hours; stools thin, feculent, and of a dark-brown colour.

June 14.—Twelve motions in the twenty-four hours; the stools as yesterday; no mercurial fœtor. Complains of pain along the transverse colon, increased on pressure. T. dry, and furred with brown. Cont. Plumbi quater die et Ung. Hydrarg. uā. Habt. Vin. 2 oz. bis die, c Quinin. Sulph. grs. ij., quâque dos.

June 15.—Seven motions during the past twenty-four hours; the pain along the transverse colon is more severe; stools scanty, brown, and watery, with small specks of blood and mucus. Apply a small blister to transverse colon. Cont. uā.

June 16.—Twenty stools during the twenty-four hours; character as before. Omit Plumbi and the Ung. Hydrarg. Hal. Pil. Cal. et Opii (grs. ij. et ss.) quâque 4ta hora. It Enema Acet. Plumbi grs. vj., Tr. Opii gtt. xxx., Aqua ℥j. ter die. Dress blister c Ung. Hydrarg. It. cont. Quin. et Vin.

June 17.—Fifteen motions during the past twenty-four hours; stools thin, brown, and feculent, with small lumps of mucus; retains each enema about ten minutes. Cont. Pil., Enema; Vin. et Quin. uā.

June 18.—Complained last night of pain along the transverse colon, which, however, has disappeared to-day. Bowels opened about thirty times since yesterday, with a little tormina and occasional tenesmus. Complains much to-day of weakness; he appears more prostrate, and is now considerably emaciated. T. covered with a thick dark-brown fur. P. 80, hard. Has much thirst. Kept up his last night's enema half an hour. Cont. uā. Vin. 4 oz. bis die.

June 19.—Stools dark-brown, thin, and feculent, and coming away free of tenesmus. Pain of abdomen easier. T. moist, and covered with a thick dark-brown fur. To have the enema thrice a day.

June 20.—Seven motions in the twenty-four hours; stools as before. Complains of pain of abdomen. T. thickly coated with brown. No mercurial fœtor. Has asked for a little porter, for which he feels a craving. Cont. medicament uā. It. porter half a bottle.

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June 21.—Suffered severely last night from irritability of stomach, which, however, has now disappeared. Twelve motions during the twenty-four hours, coming away with violent paroxysms of griping. T. cleaning, moist. P. 110. Countenance anxious, with increased emaciation. Cont. uā.

June 22.—Twenty evacuations during the twenty-fours, watery, and of a brown colour, coming away with griping and pain of abdomen, while his stomach rejects everything. T. furred and dry. P. 120. Complains much of a general feeling of uneasiness. Omit Pil. Cal. Hal. Pil. Quin. grs. ij. c Opii gr. i. quâque 4ta hora. Cont. Vin. et Enema. Habt. Haust. Effervescent. ad lib.

June 23.—The purging is now incessant, and the stools dark-brown and watery, with pain of abdomen; the stomach rejects everything, and he is evidently sinking. P. 140. Cont. uā. At 9 A.M. he died, after being thirty-five days on the sick list.

Remarks.—In this case, it will be observed that the patient never rallied from that severe depression or sinking which, in acute dysentery, frequently makes its appearance at an early stage of the disease, but that the disease continued to progress rapidly, and without any apparent remission, to a fatal termination. The difficulty experienced in bringing the system under the influence of mercury will also be observed;—the desirable slight mercurialisation was, in fact, never attained, though the mineral was pushed by the mouth, the rectum, and the skin. This, except in cases where an idiosyncrasy of this kind exists with reference to mercury, almost invariably forms a sure indication of the severity of the attack, and leads to an unfavourable prognosis; while, on the other hand, a ready occurrence of salivation, and especially when accompanied by a simultaneous cleaning of the tongue, leads us to expect a favourable issue. The state of the tongue, which furnishes so certain an index of the condition of the alimentary canal both in health and disease, should also be noticed in this case, and especially in connection with the foregoing remark, when, as will be observed, it continued coated with a thick dark-brown fur till close to the end of the disease.

CASE II.—*Acute Dysentery—Death.*

James Brown, æt. 22, marine. *June* 22, 1857.—Canton River. A tall, muscular, healthy-looking man, of temperate habits, who has previously enjoyed good health, and never suffered before either from diarrhœa or dysentery, was seized yesterday with looseness of the bowels; stools frequent and thin, but still of the diarrhœal character. Habt. Calomel grs. v., P. Rhei ℈i. statim, et vespere P. Doveri grs. xv.

June 23.—Hab. Mist. Terebinth. c Opio (*ut supra*) ter die c Pil. Cal. Opii (grs. ij. et ss.). 4 P.M.—Applic. sinapisma abdomini.

June 25.—Was seized during the night with nausea and vomiting, accompanied by purging, pain in the epigastric and hypogastric regions, increased on pressure. Skin hot. P. 90. T. coated with dark-brown and moist; lips parched; thirst urgent; stools watery, and with a copious mucous secretion and a little feculent matter. Applic. Hirudines vj. ano. Hab. Mist. Astring. (Creta c Catechu) ℥j. c Pil. Cal. Opii quâque 4ta hora. It. Haust. Effervescent. ad lib. 4 P.M.—Applic. sinapisma abdomini.

June 26.—No evacuation since yesterday morning; has no pain, but complains of a sensation of giddiness; skin cool. P. 76. T. thickly coated with brown; lips parched with thirst. Habt. Pil. Cal. quater die. Cont. Astring,

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June 27.—Had one evacuation yesterday and seven during the night. Complains of a sense of fulness over the abdomen, and of pain on deep pressure along the colon. P. 100. T. coated with brown, but moist; much thirst. Apply a blister along the colon. Hab. Enema Plumbi c Opii bis die. Cont. alia.

June 28.—Three motions last twenty-four hours; stools thin and dark-brown, with a little feculent matter; still retains his last night's enema. P. 100. T. moist, and coated with brown. No mercurial fœtor. Is thirsty. Hab. Quin. grs. ij. ter die c Mist. Astring. ʒj. et Pil. Cal. Opii qqe. 4ta hora. It. Enema Plumbi 4 die.

June 29.—Four motions yesterday. Slept well, and retained last night's enema; complains of no pain. P. 92. T. furred with brown, but moist; lips parched; thirst; abdomen rather tympanitic; no mercurial fœtor. Cont. uā.

June 30.—The enema of the evening of the 28th came away yesterday afternoon, and he still retains that of last night. Passed a good night, and feels comfortable; no pain of abdomen; tympanitis less. P. 98. T. cleaning and moist; lips still dry; thirst; no mercurial fœtor; stools thin, brown, and offensive, and mixed with glairy mucus. Cont. medicament. uā.

July 1.—Six evacuations yesterday; stools as before; did not retain last night's enema, but has had no motion since. Complains of pain, increased on pressure, over the hypogastric region. P. 90. T. cleaning; lips dry; no mercurial fœtor.

July 2.—Had three motions immediately after having his enema yesterday morning, but has had no motion since. Slept well; complains of no pain. P. 90. T. clean; lips still dry; less thirst; no mercurial fœtor. Cont. Quin. grs. ij., Mist. Astring. et Pil. Cal. quâque 4ta hora. Omit enema.

July 3.—Three thin brown feculent evacuations during the past twenty-four hours; feels quite easy. P. 92. T. cleaning; lips more moist, with less thirst; no mercurial fœtor. Cont. uā.

July 4.—Four evacuations during last twenty-four hours; stools as yesterday; winces on pressure in the hypogastric region and along the whole course of the colon. Complains of a feeling of soreness in the gums, but there is no fœtor; lips dry. P. 88. Cont. uā.

July 5.—Eight motions last twenty-four hours; stools thin, feculent, and greenish-brown, coming away with tenesmus and tormina. Has pain on pressure along the colon and in the hypogastric region. P. 98. T. cleaning, moist; no mercurial fœtor. Cont. uā.

July 6.—Passed a restless night, with a great feeling of general uneasiness and pain, increased on pressure, in the hypogastric region, and also dyspnœa and a little oppression of chest. Six motions last twenty-four hours, thin, feculent, of a greenish-brown colour, mixed with a little mucus and small lumps of fæces. P. 106. T. clean and moist; lips dry and covered with sordes; constant thirst; the enemas cause a good deal of irritation, and he does not retain them. Omit the enemas. Applic. Emp. Lyttæ regio hypogastric.

July 7.—Passed a restless night; had a slight rigor towards morning, and has now considerable fever. P. 116. T. moist; lips dry and parched; thirst; no motion during last twenty-four hours. Cont. Haust. Effervesc.

July 8.—No motion last forty-eight hours. Is troubled with flatulence; no pain of abdomen except on deep pressure; has a feeling of soreness in the hypogastric region and along the colon. P. 110; skin moist. T. cleaning and moist; lips dry. Cont. uā.

July 9.—The bowels still remain indolent; no dyspnœa or oppression of chest. P. 108. T. clean; less thirst; lips less parched; no mercurial fœtor; skin moist. Cont. uā. Vin. 2 oz.

July 10.—Was feverish and restless yesterday afternoon and during the night, but is now easy; no motion. P. 110. T. clean, moist. 4 P.M.—Has had a stool, thin, feculent, and dark-brown, with no mucus. Omit Vin. Cont. uā.

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July 11.—Had three semi-fluid brown evacuations yesterday forenoon, but has had no motion since. No pain of abdomen. P. 104. T. coated with white. Cont. uā.

July 12.—No motion yet. 4 P.M.—Bowels have been opened; stools brown, feculent, semi-solid, with a tendency to form.

July 13.—Two motions last twenty-four hours; stools as before. No pain of abdomen. P. 100. T. clean. Complains of pain in swallowing. Omit Pil. Cal. Cont. Quin. et Mist. Astring.

July 14.—Passed a restless night. Complains of a general feeling of uneasiness. Three evacuations last twenty-four hours; and there is pain on deep pressure along the whole course of the colon. P. 110. T. clean.

July 15.—Nine motions during the twenty-four hours; thin, brown, and feculent, with small streaks of mucus. No griping or tenesmus. Hab. Pil. Sap. c Opio j. c Pil. Tannic Acid grs. v. et Quin. grs. ij. ter die, ē Mist. Astring.

July 16.—Is very restless at night; complains of headache and alarming dreams. Three thin brown feculent evacuations last twenty-four hours. Skin hot. P. 112. T. clean and rather dry; thirst. Winces on pressure over the abdomen. Cont. Pilulæ uā. It. Hab. Tr. Hyosciam. gtt. xxx., Vesp. ex Aqua.

July 17.—Yesterday afternoon he became very restless, with delirium. P. 120. Skin very hot. Complained of no pain, and died rather suddenly to-day about 12 P.M., *i. e.*, on the twenty-fifth day of the disease.

Remarks.—Both in this and in the previous case no cause could be ascribed by the patients themselves for the occurrence of the attack. In the majority of cases, however, a close cross-examination will discover an evident cause, often found to consist in intemperance in food or drink, and oftener still to a chill or cold, caught frequently by imprudent exposure on the part of the men themselves, who frequently neglect to change their damp clothing; and as frequently do they persist, contrary to orders, in sleeping uncovered in tempting draughts or on deck in the open air,—a most pernicious practice in this climate, especially during the hot summer months, when the excessive heat of the day is followed at night by considerable and often sudden reductions of temperature, which give rise to copious deposits of dew; and the individual who, on the previous evening, was in the enjoyment of good health, awakes in the morning cold and chilled, and the victim of severe tormina, looseness of the bowels, and other symptoms of diarrhœa or incipient dysentery.

On again referring to the case, an apparent remission will be observed to have taken place between the 8th and 12th July, as indicated by the tendency of the tongue to clean, the improved state of the bowels, and the more favourable character of the stools, and which, to a superficial or hasty observer, might have indicated a favourable change in the course of the disease. But that the remission was only apparent, and that the disease, so far from being abated, was still progressive, was indicated by the quick pulse, the thirst and parched lips, the pain along the colon on deep pressure, and the rigor and subsequent febrile attack of the 9th. Genuine remissions, however, are by no means unfrequent in the acute dysentery of China.

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CASE III.—*Acute Dysentery—Death.*

William Osborne, æt. 24, A.B. *July* 20, 1857.—Canton River. A healthy man, of the sanguineous temperament, was yesterday seized with looseness of the bowels, making its appearance shortly after eating copiously of roast pork and yams. Stools thin, feculent, and light grey. Hab. Cal. grs. v., P. Rhei grs. xxv. statim, et postea Mist. Astring., c Pil. Cal. Opii (grs. ij.) ter die.

July 22.—Four motions during last twenty-four hours, coming away with griping. T. clean. Cont. uā.

July 23.—Eight motions last twenty-four hours; stools thin, feculent, and light-grey, coming away with griping. No pain of abdomen. T. red, glossy, and moist.

July 24.—Eleven motions in twenty-four hours, coming away with griping. No pain of abdomen.

July 25.—Ten motions in twenty-four hours; watery and green, with small white specks of mucus and a little blood, coming away with a little tenesmus and griping; with pain, increased on pressure, along the whole course of the colon. T. clean, moist, and glossy. P. 80. Omit Mist. Astring. Cont. Pil. Cal. et Hab. Mist. Terebinth. c Opio (*ut supra*) ℥j. ter die. It. Emp. Lyttæ along the colon. It. Enema Plumbi. ē Opio ter die.

July 26.—Seven greenish watery evacuations last twenty-four hours. Cont.

July 27.—Twenty motions last twenty-four hours; stools scanty, consisting of mucus and a little blood, with shreds of membrane, coming away with tenesmus, and combined with pain, increased much on pressure, along the whole course of the colon. T. moist, glossy, and red. P. 80. Is nauseated by the Terebinth. Omit the Terebinth. Mist. Hab. Mist. Astring. ℥j. c Pil. Cal. 4 die. It. Enema Plumbi c Opio ter die.

July 28.—Fourteen motions last twenty-four hours; stools as yesterday. Cont.

July 29.—Six motions last twenty-four hours, with less pain of abdomen; stools rather copious, dark-coloured, grumous-looking, and watery, with white shreds of mucous membrane.

July 30.—Twelve motions last twenty-four hours, with less pain of abdomen; stools watery, and containing blood, mucus, and shreds of membrane. P. 100. T. red, glossy, moist. No mercurial fœtor. Complains of nausea and irritability of stomach. Cont.

July 31.—Fourteen motions during the twenty-four hours; stools watery, and consisting chiefly of blood partly decomposed, and of small clots. Is rather worse to-day; still vomits all ingesta, and complains of troublesome hiccup and of a tickling in his throat; pain across the umbilical region is increased. T. red, and raw at the tip and edges. Skin hot; much thirst. Cont. uā.

Aug. 1.—Passed about 8 oz. of blood by stool yesterday forenoon. Since then the purging has been incessant, patient going to stool every half hour. Stools watery, sanious, and mixed with coagula, coming away with paroxysms of griping and pain along the transverse colon. Has hiccup, with slight difficulty in deglutition. P. 104. Countenance desponding. Has been taking Vin. Oport. ℥j. every hour with relish. T. moist and red. No mercurial fœtor. Omit Pil. and Enema. Hal. Mist. Plumbi grs. v., c Tr. Opii gtt. xx., Aquæ ℥j., quâque 4ta hora.

Aug. 2.—Has constant purging, stools coming away involuntarily; is troubled with hiccup and irritability of stomach. Pain over umbilical region. P. 130, quick, and small. Extremities cold. Is quite sensible. Cont. Plumbi.

Aug. 3.—Has been very restless and delirious all night. Stools coming away involuntarily. P. 150. Is quite sensible, but is gradually sinking. Cont. Vin. Oport. ad lib. At noon he died, after being fourteen days on the sick list.

AUTOPSY one hour after death.

Omentum highly congested, and attached at its lower part, by recent ad-

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hesions, to the lower portion of the small intestines (ileum), a few of the folds of which were also found adherent to each other, the peritoneum covering them at this part being congested.

Vessels of the lower part of the mesentery, of the transverse meso-colon, and those of the cœcum, the ascending and the descending colon, the sigmoid flexure, and the rectum, highly gorged.

Large Intestine very much thickened, and, when opened, found to contain a quantity of dark-coloured, watery, very offensive fluid, and ulcerated along its whole extent. In the cœcum, the ulceration nearly continuous; of a very unhealthy gangrenous character, the whole inner surface being covered with black and softened gangrenous mucous membrane and submucous tissue. In the transverse and upper part of the ascending and descending colon the ulceration less deep and extensive, the ulcers more isolated, but presenting the same gangrenous character, and covering about half of the intestine. In the sigmoid flexure the ulceration again more continuous, gradually becoming more so, till in the rectum, especially at its lower end, the inner surface of the intestine presented one mass of ulceration, and the bowel could be penetrated with the least pressure, as was also the case, though to a less extent, in the cœcum. In the cœcum, ascending and transverse colon, several recent coagula of blood, about the size of a bean, found adherent to the bowel, evidently at the orifices of vessels.

Small Intestine.—The ileum somewhat thickened, its mucous membrane highly congested, and found to contain a quantity of fœtid, bilious-looking, watery fluid. The jejunum contained a large quantity of bilious semi-fluid matter; its mucous membrane anemic.

The Stomach contained a quantity of recently imbibed fluid, mixed with flakes of bilious matter similar to what he vomited. Its mucous membrane anemic.

Liver non-congested.

Other Organs healthy.

Remarks.—In this case, the principal features to be observed are, first, the difficult mercurialisation, indicative of an intense form of disease; and, second, the hæmorrhagic form which the disease assumed on its 11th day, an occurrence of itself sufficient to indicate an unfavourable prognosis.

Case IV.—*Acute Dysentery—Recovery.*

William J——, æt. 33, Corporal of Marines. *July* 31, 1857.—Canton River. Tall, sallow, thin, and of a cachectic habit; has long suffered from ulcers of the lower extremities; and during the past two years has been repeatedly under treatment for diarrhœa. Several months ago, he was for four months employed on detached duty near Canton, and since then his bowels have had a tendency to constipation till last night, when diarrhœa made its appearance, with severe tormina and pain on pressure across the umbilical region. Bowels opened fourteen times since yesterday. T. whitish. Hab. Calomel grs. v., Pulv. Rhei ℈j., et vespere P. Doveri grs. xv.

Aug. 1.—Five motions during the night: stools coming away with griping and pain across the epigastric region. T. coated with white. Applic. Emp. Lyttæ part. dolent. It. Hab. Mist. Astring. ℥j. c Pil. Cal. Opii (grs. ij.), quater die.

Aug. 2.—Five motions since 4 A.M. Motions sometimes dark yellow, at other times scanty, and consisting entirely of glairy mucus largely streaked with blood, and coming away with griping. Omit Astring. Mist. Cont. Pil. Cal. c Pil. Acid. Tannic grs. v., quâque 4ta hora.

Aug. 3.—Yesterday afternoon, the purging having become more severe, with

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increased griping and pain of the abdomen, a sinapism was applied, and four leeches to the anus. The astringent mixture was omitted, and Acid. Tannic grs. x., in forma Pil., substituted. Has had five motions during the night; stools as yesterday. Complains of nausea and irritability of stomach, which rejects his medicine. P. 84. T. moist, and coated with dirty white. Has pain, increased much on pressure, along the whole course of the colon. Omit Pil. Cal. et Pil. Tannic. Hab. Pil. Cal. grs. iv., P. Opii gr. i., quater die. It. Haust. Efferves. q.o.s. It. Enema Plumbi Acet. gtt x., c Tr. Opii gtt. xxv., Aquæ ℥j., bis die.

Aug. 4.—Four motions last twenty-four hours, consisting chiefly of glairy mucus mixed with feculent matter. There is pain, increased on pressure, along the transverse colon. T. cleaning and moist. P. 72. The nausea and irritability of stomach better. Emp. Lyttæ part. dolent. Cont. alia.

Aug. 5.—No motion yesterday, but four since 4 A.M., of a dark-brown colour, with mucus and a little feculent matter, accompanied by irritability of stomach and pain over the whole surface of the abdomen. P. 88. T. clean and moist. Cont. uā.

Aug. 6.—Slept well last night, and to-day feels better. Bowels opened four times before 11 A.M. yesterday, but not since. Still complains of pain on pressure along the colon. Mouth sore, and a well-marked mercurial fœtor present. T. moist, and covered with a white fur at the back and centre. P. about 70. Cont. Pil. Cal. et Haust. Effervesc.

2 P.M.—Has had a stool, thin, yellow, feculent, with mucus and minute streaks of blood.

Aug. 7.—Yesterday afternoon became worse, and the irritability of stomach and vomiting returned. Passed a very restless night and vomited incessantly, his medicine even being rejected. Has had seven motions since yesterday; stools thin, copious, dark greenish-brown, feculent, and glairy, consisting largely of bile. Vomits a dark-coloured, greenish, bilious fluid. Complains of griping, but the pain in the abdomen on pressure is less severe. P. about 80. T. moist, but covered with a black fur. Has no appetite, and is very despondent. Cont. Pil. Cal. uā. It. Haust. Effervesc. Hab. Enema quater die s.o.s.

Aug. 8.—Slept well over night, and to-day feels better, but still has frequent retching. Two motions since yesterday. The pain on pressure along the colon is rather easier. T. covered in the centre with a moist black fur. P. 75.

Aug. 9.—Slept well over night, and to-day is better. Five stools yesterday. Bowels not opened during night. The vomiting has disappeared, but he is still troubled with retching; griping less frequent, and pain along the colon on pressure diminished. P. about 80. Skin cool and moist. T. covered with a dark fur.

Aug. 10.—Slept well over night, and to-day feels better. Three motions in the twenty-four hours. Pain in abdomen, on pressure, still easier. T. covered with a thick, white, moist fur. Retches occasionally. Mouth still sore. Stools dark-coloured, consisting of highly bilious feculent matter mixed with mucus.

Aug. 11.—Slept well. Bowels opened three times since yesterday. Abdominal pain easier, and no griping. T. covered with a thick, moist, white fur. P. 75. Appetite returning. To have arrowroot and thin soup for dinner. Cont. Medicam. uā. c Pil. Quin. gr. i. quater die.

Aug. 12.—Passed a somewhat restless night, during which his bowels were opened five times. Feels better, however, this morning, and is more sanguine. T. cleaning at the tip and edges. P. 75. Skin cool and moist. Complains occasionally of a little griping. Abdominal pain on pressure much diminished. Cont. Pil. Quin. gr. i. quater die, et Pil. Cal. Opii (grs. ij.) vesp.

Aug. 13.—Slept well over night, and is steadily improving. One motion since yesterday; no griping. Still complains of a little pain on pressure in the umbilical region; the pain along the colon has disappeared. T. cleaning at tip and edges. No retching or vomiting. Cont. uā.

Aug. 15.—Three motions last twenty-four hours. Sleeps well. Had a little

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griping last night in the umbilical region, but the pain on pressure along the colon is gone. P. 70. T. cleaning. Mouth still sore. Cont. Pil. Tannic et Pil. Quin. quater die.

Aug. 17.—Two motions last twenty-four hours. Is steadily improving. Sleeps well. Has no pain. P. 70. T. cleaning. Cont. uā.

Aug. 18.—Bowels not opened since yesterday. Is convalescing slowly. Let him now have rice for dinner. Cont. Pil. Quin. et Tannic uā., et Vin. Oport. ʒij. daily.

Aug. 19.—One motion in the twenty-four hours; stools copious, brown, semi-fluid, and feculent; T. cleaning; no pain.

Aug. 22.—Three motions in the twenty-four hours, with griping. Continues to improve. Cont. uā.

Aug. 24.—Six motions last twenty-four hours; no pain. Omit Vin. Cont. Mist. Astring. ʒj. ter die, et Quin. gr. i.

Aug. 25.—No motion.—26. Two motions last twenty-four hours.

Aug. 27.—Two motions in the twenty-four hours. Continues to convalesce. Cont. uā.

Aug. 29.—Seven motions last twenty-four hours. Admits having been out of bed between five and six P.M. No pain. Hal. Mist. Plumbi Acet. c Tr. Opii ʒj. ter die.

Aug. 30.—Two motions last twenty-four hours. Cont. Plumbi Vin. 2 oz.

Sept. 1.—Yesterday afternoon vomited several times a quantity of bilious fluid, but to-day he is better. Bowels opened thrice; stools thin, and dark-coloured and bilious. Cont. Plumbi.

Sept. 5.—Three motions in the twenty-four hours. Omit Plumbi. Hal. Quin. Sulph. gr. i. ter die, Vin. Oport. ʒiv. die.

Sept. 15.—The stools still average two in the twenty-four hours; thin, semi-fluid, greyish, and feculent. Patient is still thin, pale, weak; and he was to-day discharged to hospital, from which he was soon after invalided and sent to England.

Remarks.—Several marked remissions and aggravations of the disease will be observed in this case,—the latter, *e.g.*, occurring on the 6th, 12th, 24th, and 29th; and, in the latter instance at least, the aggravation could be distinctly traced to an imprudence on the part of the patient himself, which in this case was one of by no means unfrequent occurrence,—viz., where the patient, during convalescence, believing himself past danger because the more obvious symptoms of the disease have disappeared, imprudently exposes himself, perhaps half-clad, to those tempting draughts of cool air (at an open port, for example) so grateful during the hot months to those resident in tropical climates, and of which a chill leading to a relapse is the almost unfailing result.

In this instance, the disease terminated in recovery, so-called; but this was of such a nature as to warrant a speedy removal from the station. Occasionally convalescence from dysentery is followed by a marked improvement in the "*condition*" of the patient, who, for example, if previously pale and thin, becomes strong, ruddy, and even fat,—in fact, the picture of robust health; nor is he again more liable than others, if so liable, to suffer from secondary attacks either of diarrhœa or dysentery;—he appears to become, if we may so speak, acclimatised. But, in a large majority of cases, the so-called *recovery* leaves the individual pale, thin, weak, and exsanguine—the

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shadow of his former self—and a frequent subject of minor attacks either of diarrhœa or dysentery, which seize him on the slightest exposure or error of diet. The lately inflamed and recently cicatrised bowel long remains weak, and prone to a return of the original disease, and especially should the patient remain on the station,—from which a speedy removal to England gives him the only chance of a *permanent* recovery. An individual who has once suffered from dysentery, while he has every prospect of a speedy and permanent recovery if timeously sent off the station, stands an hourly risk, if he remains on it, of a second attack, leading, it may be, to a fatal termination. To him disease, and it may be death, are daily imminent; the slightest exposure may be fatal to him, or at least may again prostrate him; and while such individuals thus become in a great measure useless on board ship, they at the same time serve only to crowd the sick list, and to diminish the effective strength of the ship's company, by preventing the completion of the ship's complement by fresh draughts of healthy men.

CASE V.—*Acute Dysentery—Death.*

James Spredbrow, æt. 20, ordinary seaman. *Aug.* 19, 1857.—Canton River. A rather spare subject, who has not previously suffered from any attack of dysentery; has suffered from diarrhœa for the past four or five days, and has not been able for duty since its commencement, though he has not applied for medical advice till this morning. The stools now average twenty-five in the twenty-four hours, coming away with griping; vomited two lumbrici this morning, and has vomited them several times before. T. covered with a brown fur. Hal. Cal. grs. v., P. Rhei ℈j. statim, et postea Mist. Astring. ℥j. ter die ē Pil. Cal. Opii (grs. ij.) ter die.

Aug. 20.—Twenty motions since yesterday, especially during the night; coming away with considerable tenesmus and griping in the epigastric region. T. covered with a thick dirty-white fur; stools thin, watery, with mucus and small shreds of mucous membrane. Arrowroot, q.o.s. Cont. Pil. Cal. c Mist. Astring. ℥j. ter die.

Aug. 21.—Eight motions in the twenty-four hours, with less tenesmus. Complains of griping across the umbilicus. T. covered with a dirty brownish-white fur. Cont. uā.

Aug. 22.—Twelve motions in the twenty-four hours, coming away with griping and tenesmus. Cont. uā.

Aug. 23.—Nine motions last twenty-four hours; has pain on pressure along the colon, especially in the left hypochondrium. Complains of tormina and tenesmus. T. covered with a thick yellow fur. Cont. uā.

Aug. 24. Four motions last twenty-four hours; stools watery and feculent, and of a light brick-red colour. Complains of frequent griping across the umbilicus. No pain in abdomen on pressure. P. 90. T. covered with a dirty-white fur; great thirst; no appetite. Cont. uā.

Aug. 25.—Five motions last twenty-fours, coming away with griping. No pain in abdomen on pressure. P. 90. T. covered with a brown moist fur, and the skin with perspiration; feels better; mouth becoming affected. Cont. uā.

Aug. 26.—One motion last twenty-four hours; has no pain, but to-day he is much collapsed; eyes sunk; skin, especially that of extremities, cold and covered with clammy perspiration. T. covered with a thick dirty-brown fur. P. 90, weak. Complains much of weakness, and is barely able to lift his head from the pillow. Hab. Vin. 2 oz. statim, et repet. qqe. 4ta hora s.o.s., et Quin. Sulph. gr. i. ter die.

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Aug. 27.—Has continued to get worse since yesterday, and is now more collapsed. During the forenoon he began to complain of pain in the left hypochondrium along the colon, which became very intense in the afternoon. Sinapisms were applied with relief, but he still continued to get worse. The Vin. Oport. was continued ad libitum, and also porter, for which he had asked to relieve his thirst. Passed a very restless night, and slept none. To-day he is more sunk and collapsed; eyes glazed and upturned; extremities cold and clammy; vomits everything he takes; the pain in the abdomen has disappeared. P. very quick and feeble; has incessant thirst; passes his stools involuntarily; surface covered with vibices; raves occasionally. Cont. Vin. etc. At 12 noon he died.

AUTOPSY, one hour after death.

Cutaneous Surface covered with purple vibices.

On opening the *abdomen*—the cœcum, the ascending and the transverse colon, found very much distended with gas. On the anterior aspect of the transverse colon at its left end, and close to its junction with the descending colon, a livid gangrenous, nearly circular patch, four inches in diameter, found, off which the peritoneum peeled on the slightest touch; while at six or eight places the ulceration from within had proceeded so deep as to leave nothing but the gangrenous peritoneum to prevent effusion of the contents of the bowels. Several of the folds of the small intestines on the left side of the abdomen found adherent to each other by very recently effused lymph, and especially those near the livid patch of colon; their surface in this neighbourhood, where non-adherent, found moistened with serous half-formed pus; and on the surface of the small intestine, which touched the livid patch of colon alluded to, there was found adherent to it a small quantity of gelatinous pus.

Large Intestine.—The cœcum and ascending colon found to contain a quantity of a very offensive, dark-coloured, watery fluid, consisting evidently of decomposed bile. Mucous membrane much congested, as was also the case in the transverse colon, where the fluid was much less copious; but here an abundant apthous-looking eruption was present in its first third; further on, the largest of these apthæ had become converted into small superficial ulcers, which still further on were larger, deeper, and irregular, but still isolated. In the last third was the patch alluded to above, where the intestine had become gangrenous through all its coats to the limited extent previously mentioned, and which gangrene had evidently supervened on pre-existing ulceration. Beyond this patch, and along the whole length of the descending colon, the sigmoid flexure, and the rectum, there was great thickening of all the coats; the mucous coat was black and gangrenous, while numerous deep and irregular ulcers of various sizes, and increasing in size as the anus was approached, penetrated through the mucous coat into the deeper tissues of the gut. No actual perforation, however, or feculent effusion could be detected at any part.

Small Intestine normal, but containing a large quantity of bilious fluid of tarry consistence at its lower end; while eight lumbrici, from 6 to 9 inches long, were found in the upper part of the jejunum.

Stomach collapsed and normal.

Liver and *Kidneys*, especially the former, highly congested, but otherwise normal; other organs healthy.

Mesenteric Vessels highly congested, and the glands considerably enlarged.

Remarks.—This case is remarkable, first, for its rapidity,—being fatal on the 12th or 13th day of the disease. Had the patient applied earlier for medical advice, the case might have terminated more favourably. And second, for the occurrence of gangrene of part of the gut, including its peritoneal covering, and the accession of which was probably on the night of the 25th, as indicated by the appearance next day of rather sudden and severe collapse, and soon

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after of intense pain over the gangrened spot. Had perforation and feculent effusion actually occurred, the symptoms or termination could not have been much different, only perhaps more intense and rapid.

The presence of lumbrici in the intestinal canal, as shown during the course of the disease by their being voided by the mouth, and subsequently demonstrated as well as their site by the P. M. examination, is also interesting. The voiding of parasitical worms both by the mouth and anus, and especially the ascaris lumbricoides, is of very frequent occurrence on the China station; and the presence of these in the intestinal canal is, no doubt, a frequent source of many of these anomalous symptoms and slighter forms of disease which so frequently puzzle the practitioner in China both afloat and on shore. It is still an open question, whether the presence of such parasites in the intestinal canal has any relation to the occurrence either of diarrhœa or dysentery in individuals in which these are found; and if they have, what that relation is, or whether they predispose to or excite the disease.

HASLAR HOSPITAL, *Dec.* 24, 1858.

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