

of the year and in localities where vegetable decomposition is most favorable, as in moist, swampy places. Heat and moisture in ancient times were considered two of the greatest factors in the causation of the disease, but they only influence it by being favorable to the production of the germ, as in some very hot places there never was an epidemic of dysentery.

"Taking cold" is by far the most common idea of the causation of the disease, and is always the explanation of the cause of obscure cases of this disease, as well as all other diseases that human flesh is heir to, when the physician needs something behind which to hide his ignorance. Nevertheless it is a well-known fact that many cases are seen to come on after sudden changes in temperature from hot days to cold nights; the direct exposure of the abdomen to the influence of the cold causes congestion of the mucous membrane of intestine and thereby predisposes it to the action of the germ and the outbreak of the disease.

Among other indirect causes of the disease (that is, causes predisposed to the action of the germ) are enumerated nervous influences, such as anger, sorrow, long-continued mental exertion, in fact everything that may cause disturbances of the emotions; action of irritating articles of diet, such as acrid foods, unripe fruits, and decomposing and fermenting foods, impurities in drinking-water, and hardened feces remaining in the lower bowel until an inflammation is set up. To sum up the etiology of dysentery in as few words as possible, we may say that dysentery is a miasmatic, contagious disease analogous to typhoid fever and due to a specific cause or germ to be found in the air, alimentary canal, and in all other places favorable for the growth and dissemination of germs.

Pathology. Dysentery is a local affection, but if long-continued and severe will show constitutional symptoms, like all other diseases. It is usually ushered in by a gastro-intestinal catarrh, and after a few days symptoms of dyspepsia and diarrhoea set in and increase, with pain in abdomen, nausea and copious fluid discharges, violent griping and tormina with great depression. Tenesmus becomes intense and more or less constant and the discharge is attended with no relief. The region of the rectum becomes inflamed and is the seat of intolerable, burning pain. The discharges may be copious or scant, dark brown, thin and highly offensive, and containing scybala, or finally they may become so scant that with the greatest effort only very small quantities of mucus streaked or tinged with blood are passed. In some cases the discharges contain lotura carnea, sometimes the discharge is pure blood. There may or may not be fever, but the pain and discharges quickly exhaust the patient and lead to emaciation and profound prostration; skin becomes hot and dry, tongue heavily

coated, and the face wears an anxious expression characteristic of the disease. An acute case of dysentery sometimes subsides without lesions, and the duration of an attack may be cut short by proper treatment. Specific dysentery lasts from two to four weeks, but some cases show a peculiar defiance and resist all treatment, even the last resort, change of climate.

Treatment. Under favorable circumstances and proper hygiene the majority of cases of the catarrhal form recover without special treatment in from three to ten days; but epidemic dysentery has no duration and but little tendency to spontaneous cure; but the worst cases are often checked by appropriate treatment. In all cases of dysentery perfect rest is the first requisite for treatment, and absolute milk diet should be enforced. Active treatment should begin with a saline laxative, such as a seidlitz powder, a dose of Rochelle salts or sulphate of magnesia in broken doses—which in fact has been considered by some to be in itself a cure for the disease—a large dose of castor oil or from five to ten grain of calomel. For the relief of pain in lighter cases tincture of opium with camphor-water and nitric acid will be all that is necessary. Since dysentery is undoubtedly a local and specific disease, by far the most rational treatment is by irrigation of the large intestines in severer forms. Many cases will recover almost immediately after an irrigation with cold or ice-water, if the lower bowel be thoroughly irrigated and all of its contents removed. Wood highly recommends the treatment of specific dysentery by injection of nitrate of silver, ʒ to O. ℥₃ O, three times daily, and claims some surprising cures. A very successful way of irrigating is by injecting as much water as possible with a dram of alum to the pint. Salicylic acid is in this way often a benefit, but carbolic acid can not be used on account of its toxic effects. Bichloride of mercury has also been frequently used as well as all the other antiseptics. If there is a specific in the treatment of dysentery it is pulverized ipecac. In all acute cases give from 30 to 60 grains every four hours, as it must be given in decided doses to obtain its effects. My method of using it is to give one dram, and if necessary repeat in six hours. It causes a great deal of nausea, and sometimes vomiting for two hours. Then the patient breaks out in a profuse perspiration, the pulse becomes fuller, softer and more regular, and tenesmus and abdominal pains cease and there are no more stools for from eight to twenty-four hours. Ipecac has all the advantages of mercurial purgatives without their irritating action; all the results of sudorifics without their uncertainty; all the benefits of opium without any of its disadvantages. Should the remedy fail to be of value in forty-eight hours, it should be discontinued and irri-