

gangrenous dysentery; the *color* which varies greatly in pathological conditions depending on absence or excess of bile, presence of blood, exhibition of such medicines as Bismuth and Iron, etc.; the presence of masses of *undigested food*, particularly fats, starches, and curdled milk; and lastly, the presence of *blood* or *pus*.

While these are the general characters which are to be noted in all cases, other methods of examination are required for special cases.

In all attacks of colic in adults, more particularly when localized in the hepatic region, the stools should be broken up and passed through a fine sieve so as to secure any biliary calculi that may have passed. At times enteroliths may be mistaken for such calculi, but a chemical test for cholesterin will at once clear up this point.

The passage of shreds of mucus points to a catarrhal condition of the lower bowel. Complete casts of parts of the lower bowel, consisting of mucus are at times seen without serious intestinal disturbance, but more commonly the passage of such means a severe colitis. Casts of the bowel are also seen in gangrenous dysentery, but are here accompanied with blood and pus, and are made up of the gangrenous portions of mucous membrane, together with the fibrinous exudate upon its surface. In cases of suspected amoebic dysentery the mucous flakes and shreds should be at once examined, for the living amoebia coli (dysenteriae). But our sporadic dysentery of this section is only exceptionally due to this parasite.

In examining for the ova of the animal parasites, it is best to select any mucus shreds for examination first. Or break up the faeces in a .5 per cent. formaldehyde solution and allow to sediment in a urine glass. Examine this sediment after two hours. Tape worm segments can be readily detected with the eye, but in all cases the ova of these parasites make their appearance in the stools before these ripe segments themselves. The formalin destroys the odor and preserves the faeces very effectively.

Amongst the vegetable parasites which may appear pathologically in the intestine Cholera spirillum, Bacillus typhosus and Tubercle bacillus are the chief ones of interest. For the former parasite we fortunately have no occasion here to examine. The Tubercle bacillus is thus the main parasite of interest. It may