

**DEPARTMENT OF THE INTERIOR;  
BUREAU OF  
GOVERNMENT LABORATORIES,  
NO. 32, JUNE, 1905**

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DEPARTMENT OF THE INTERIOR  
BUREAU OF GOVERNMENT LABORATORIES

BIOLOGICAL LABORATORY

I. INTESTINAL HEMORRHAGE AS A FATAL  
COMPLICATION IN AMÆBIC DYSEN-  
TERY AND ITS ASSOCIATION WITH  
LIVER ABSCESS

By RICHARD P. STRONG, M. D.

II. THE ACTION OF VARIOUS CHEMICAL  
SUBSTANCES UPON CULTURES  
OF AMÆBÆ

By J. B. THOMAS, M. D.

BIOLOGICAL AND SERUM LABORATORIES

III. THE PATHOLOGY OF INTESTINAL  
AMÆBIASIS

By PAUL G. WOOLLEY, M. D., AND W. E. MUSGRAVE, M. D.

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## LETTER OF TRANSMITTAL

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DEPARTMENT OF THE INTERIOR,  
BUREAU OF GOVERNMENT LABORATORIES,  
OFFICE OF THE SUPERINTENDENT OF LABORATORIES,

*Manila, P. I., May 25, 1905.*

SIR: I have the honor to transmit herewith and to recommend for publication, "I. Intestinal Hemorrhage as a Fatal Complication in Amebic Dysentery and Its Association with Liver Abscess;" "II. The Action of Various Chemical Substances upon Cultures of Amœbæ," by Dr. J. B. Thomas, attending physician to the Civil Sanitarium, Benguet; "III. The Pathology of Intestinal Amœbiasis," by Dr. Paul G. Woolley, Director of the Serum Laboratory, and Dr. W. E. Musgrave, Pathologist, Biological Laboratory.

Very respectfully,

RICHARD P. STRONG,

*Director Biological Laboratory,*

*Acting Superintendent Government Laboratories.*

HON. DEAN C. WORCESTER,

*Secretary of the Interior, Manila, P. I.*





## INTESTINAL HEMORRHAGE AS A FATAL COMPLICATION IN AMOEBIC DYSENTERY AND ITS ASSOCIATION WITH LIVER ABSCESS.

By RICHARD P. STRONG, M. D., *Director Biological Laboratory.*

Death may occur in amœbic dysentery from the gravity of the intestinal lesions; from exhaustion in protracted cases; from severe complications, particularly such as peritonitis due to the perforation of an ulcer in the large intestine or appendix or an abscess of the liver or lung; from a terminal infection sometimes entering through the ulcerations in the large bowel; from intercurrent disease, and from severe intestinal hemorrhage. The last is of unusual occurrence and is a particularly rare fatal complication.

While the presence of more or less blood in the stools in this variety of dysentery is in fact a common symptom of the disease, and while at times the discharges consist almost entirely of blood and mucus, it is obviously not to these conditions that I wish to refer in this paper; instead it is to the copious intestinal hemorrhage in which several hundred cubic centimeters of fresh blood are passed—such as one sometimes sees, for example, in typhoid fever and from which patients may succumb—that I wish here to invite attention.

Upon reviewing the literature I find that but little notice has been attracted to this complication. Of the recent text-book articles on the subject Scheube,<sup>1</sup> in his description of gangrenous dysentery, states that occasionally large quantities of pure blood are passed and even death may result from bleeding. Manson<sup>2</sup> calls attention to the fact that whenever, in gangrenous dysentery, sloughs separate, hemorrhage is always possible and that sudden collapse may occur from this cause even in otherwise mild cases. Sodre<sup>3</sup>

<sup>1</sup> *Die Krankheiten der Warmen Länder.*

<sup>2</sup> *Manual of Tropical Diseases.*

<sup>3</sup> *Twentieth Century Practice of Medicine*, Vol. XVI.

mentions that in some cases of acute and chronic dysentery an abundant hemorrhage of the intestine may be observed. When it supervenes in an individual already weakened by former losses or by many days of disease, death may result from it, the patient dying in collapse. None of these authors, however, refer particularly to hemorrhages in amœbic dysentery. Kruse and Pasquale<sup>1</sup> in their extensive monograph do not mention severe hemorrhage in amœbic enteritis, and Harris,<sup>2</sup> in a summary of his own thirty-five cases of the amœbic variety and of seventy-eight others collected by him in the United States, also does not refer to this complication. Osler,<sup>3</sup> however, calls attention to it in acute amœbic dysentery, and states that, of the cases admitted to his wards during the past twelve years, there were seven in which hemorrhage occurred from the bowel. The only direct reference I have been able to find in the literature of amœbic dysentery in which the patient appeared to succumb from the loss of blood is one reported by Loeffler.<sup>4</sup> In this case only 125 cubic centimeters of clotted blood were passed from the rectum. The author states that here a diphtheritic inflammation of the intestine was added to the amœbic infection. It was the only instance of this nature observed by Loeffler.

The following cases of amœbic dysentery are the only ones which have come under my notice which have succumbed to the hemorrhage and therefore they seem worthy of report:

CASE NO. 1. AMŒBIC DYSENTERY; LIVER ABSCESS; SEVERE MULTIPLE  
INTESTINAL HEMORRHAGES; DEATH; AUTOPSY.

The patient, a well-to-do merchant, aged 36 years, had resided in Manila for the past two years. On February 4, 1902, he consulted the author, complaining of a dysentery of several weeks' duration. An examination of the stools showed the disease to be of the amœbic variety, the fœces containing considerable blood and mucus and many actively motile amœbæ, some inclosing red blood cells. He was advised to enter the hospital for treatment, which he did. On admission the subcutaneous fat was everywhere very abundant. The tongue was lightly coated and the conjunctivæ of good color. The examination of the heart and lungs revealed

<sup>1</sup> *Zeitsch. für Hygiene*, 1894.

<sup>2</sup> *American Journal Med. Sciences*, 1898.

<sup>3</sup> *Practice of Medicine*.

<sup>4</sup> *Allbutt's System of Medicine*, Vol. II.