A Case of Amoebic Dysentery Contracted in New Zealand

1921

This patient was referred to me by Dr. Barnett, C.M.G. J.M., a man aged 36, stated that about 1916, he went to Trentham Camp for military training. The weather was very hot, and after a week he reported sick with diarrhoea and vomiting, and was in bed for about a fortnight, and then went away on sick leave. He returned to duty, but the diarrhoea recurred, and after a while he was discharged from the service, without ever leaving the country. The diarrhoea had continued at intervals ever since, the stools were never quite normal, being always unduly relaxed, never less frequent than two a day, and in attacks being as many as twelve. The attacks lasted about a week, the stools were then liquid, and contained mucus and sometimes blood. There was pain referred to the left iliac fossa, it was relieved by defaecation, but recurred. Defaecation was precipitate. The attacks recurred about once a month.

On examination, he was found to be of big frame, but thin, he weighed only 11st., but stated that he had weighed as much as 12st. 7lb. No abnormalities were found outside the alimentary system. The tongue was large, pale, flabby and indented by the teeth. The abdomen was not distended nor retracted, there was no tenderness, but a long mass could be felt in the left iliac fossa, which was thought to be a contracted sigmoid flexure. There was some hyperalgesia over the 10th dorsal, and the sacral cutaneous distributions.

The stools contained blood-stained mucus in which large number of entamoeba histolytica were found. The best remedy for the condition, emetine-bismuth-iodide, could not be obtained, so he was treated with subcutaneous injections of emetine hydrochloride, one grain daily for a week. There were no unpleasant symptoms, and in about five days he was passing nearly solid stool for the first time for five years, and about a month after discharge he wrote: “I am keeping well, and so far my bowels move every other day without the use of medicine.” Many infected troops must have returned to this country during the war, so that a chance infection in a military camp is not difficult to credit. I am not, however, aware of any other case contracted in the country, but in view of it, it would be worth while to examine the stools in any case of intractable diarrhoea, as a condition due to entamoeba histolytica alone is easily cured. Also, and apart from war-time infection, a recent report issued by the Medical Research Council on “The Occurrence of Intestinal Protozoa in the Inhabitants of Britain,” by Professor Clifford Dobell and others, is of interest. More than 3000 persons who had never left the United Kingdom were examined, and in the stools entamoeba histolytica was found in more than 3 per cent. These persons apparently had no symptoms of enteritis. The report emphasises the fact that this parasite has hitherto been considered peculiar to tropical climates, but the opinion is expressed that it is quite common in temperate countries, but that it is generally harmless and only produces symptoms under exceptional conditions.

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