SOME MODERN CONCEPTIONS OF AMEBIASIS

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INTRODUCTION

In 1875 a Russian physician, F. Löffel, first observed and described the active stage of Endamoeba histolytica in the dysenteric stools of a patient, and at necropsy found motile amebae in material obtained from ulcers of the colon. Moreover, he succeeded in infecting one of four dogs inoculated with amebae present in the bloody-mucous exudate of the patient. Yet Löffel failed to appreciate the role which his "Ameoba coli" played in the disease with which it was associated. The studies of Koch1 and of Kartulis2a,b in Egypt, of Hlavá4 in Prague, of Osler,5 Stengel,6 Musser7 and Dock8 in the United States provided uncontestable evidence that the ameba discharged in dysenteric stools was causally related to amebic colitis, while Quincke and Roos,9 Huber10 and Schaudinn11 demonstrated a cystic stage of the parasite. Meanwhile Councilman and Lafleur12 had provided a basic pathological study of amebiasis and in 1913 Walker and Sellards demonstrated experimentally in human volunteers in the Philippines that the disease was produced by feeding cysts of Endamoeba histolytica, while infection without disease resulted from feeding cysts of Endamoeba coli. By 1924

1 Alvarena Prize Lecture of the College of Physicians of Philadelphia, delivered on October 13, 1943.
5 Wm. Osler, Johns Hopkins Hosp. Reports, 1: 53-54, 1890.