

## **Matinal (Hill) diarrhoea**

### **Publication/Creation**

1892

### **Persistent URL**

<https://wellcomecollection.org/works/rgyfn68a>

### **License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

5  
Sent India  
Wed Jan 10  
Oct 15 1892



ACCESSION NUMBER

89186

PRESS MARK

MS 1479

Insufficient

The absence of <sup>insufficient</sup> lime salts, especially in the drinking water must be injurious; the deficiency of both alkalis & alkaline earths are not conducive to good digestion. Now my usual treatment for such cases is Bicarbonate of Soda in 10 or 15 grains doses before meals, a third hour after. The bile being absent, as assumed by the pale stools, the Soda supplies an element towards the perfecting the biliary component & the taurocholates & glycocholates ~~is~~ <sup>are</sup> acids are provided with a base whereby the taurocholates & Glycocholates of Soda are formed. Whether the physiology of this method of treatment is correct and experience will prove. I find however that the addition of Linc oxide is an intestinal tonic & astringent & Rheubarb as a stomachic ~~acid~~ aid the Bicarbonate of Soda in fulfilling the process of cure.

My prescription runs as follows.

R. Linc. oxid.	ʒss
Sodii Bicarb.	ʒss
Rhei pulv.	ʒss

Administered in a wafer paper twice daily 1/2 hour before meals. This combined with a diet of milk exclusively in severe cases, but in milder cases milk & soda biscuits congee water mashed potatoes & plain jelly are allowed. Rest in bed for a few days to begin with facilitate the cure.

rising abruptly out of the sea. The city  
 of Victoria is built on a mountain side  
 where the Europeans dwell especially  
 succeeding rows of houses, look down  
 upon the roofs of those on the lower level  
 & in turn their chimneys, discharge their  
 smoke just below the windows of the  
 row above. The highest level,  
 of the ~~recovered~~ town are 600 feet  
 above the sea level & but a few  
 hundred yards from the sea shore.  
 Many Europeans live at the "Peak"  
 in houses situated from 1200 to 1700 ft  
 feet above sea level. Now on all levels  
 I have met with ~~matinal~~ diarrhoea  
 although more on the higher than  
 the lower levels. I am not speaking  
 of the disease called "Sprue" or "Bilious  
 but of simple morning diarrhoea with  
 pale stools of a porridgey consistency.  
 With this information before me  
 is it correct to still accept the term  
 Hill diarrhoea. In Hong Kong we have  
 nothing but hills, but the disease  
 is met with certainly a few hundred  
 feet above the sea level. Has the  
 barometric pressure anything to  
 do with it. It surely cannot be food  
 for there can be nothing in common  
 between the food in the Himalayas  
 & that of Hong Kong. Is the water <sup>the cause</sup>  
 this cannot be so easily disposed  
 of. Although not on high hills we  
 are supplied by mountain streams  
 of superior purity.

We are correct in assuming bile is absent  
 from the ~~system~~ force, or is it only the  
 colouring matter that is withheld. When  
 bile is diverted from the intestine as in  
 jaundice a troublesome constipation  
 is the result; why then if bile is absent  
 as stated in Natural Diarrhoea is there  
 not constipation. In Hill Diarrhoea the  
 bile is not diverted into other channels  
 as evidenced by the clean urine & the  
 pale conjunctiva & the pallid skin.  
 Nor is intestinal digestion at fault  
 as the food is sufficiently digested  
~~fast~~ at any rate as far as the breaking  
 up of its constituents are concerned.  
 The term Hill diarrhoea is convenient  
 for a diagnosis even though the height  
 at which it appears is uncertain  
 & instead of being met with at  
 great elevation it seems that it  
 is found at the moderate height of  
 2,500 ft & again that it is lost when  
 an altitude of 12,000 ft is attained.  
 Dr. B. Weatherly gives an account of  
 the disease in <sup>Hills</sup> "Nature" but does not  
 state the elevation at which it occurs.  
 So far as I know & have read these  
 are the only two places <sup>whence</sup> ~~where~~ records  
 of Hill Diarrhoea have been <sup>issued</sup> published  
 viz. The Himalayas & the Natal Hill.  
 Seeing that a similar disease is present  
 in Hong Kong it is interesting to note the  
 Natural Features of the ~~Island~~ Locality.  
 Hong Kong is a rocky granite island

## Matinal (Kell) Diarrhoea

I have read with interest Dr. Cronbie's article on Kell Diarrhoea & various Corollaries, & the same has been by Dr. Weatherly published in the Indian Medical Gazette. I speak with deference, not having personally seen a case of Kell Diarrhoea in India, although I have seen cases from India, therefore cannot ~~directly~~ <sup>directly</sup> compare it with a form of Diarrhoea met with in Hongkong. However from the detailed account given by Dr. Cronbie, I am convinced we have a similar disease to deal with. Frequent morning stools - the first causing the patient to rush to stool immediately on waking or on getting out of bed is characteristic. The second usually one or two hours later, the third after breakfast & the fourth about 10 or 11 a.m. For the rest of the day the patient is quite well gets about his daily employment takes his food with appetite & then exercises with energy. Next day, the same thing is repeated the day grows into weeks or months before he seeks advice so little physical deterioration does this disease cause. The stools are white soft & consistencies of mud but sometimes fermenting & frothy. The patient after a time gets alarmed, the condition worries & vexes him, & he begins of his own accord to stop this & that food & to leave off all change in stimulants. Dyspeptic symptoms advance chiefly occult colic with much fluctuant discomfort. Clinically the evidence is the absence of bile from the stools.