Historical aspects and geographical distribution of amoebiasis are discussed. Outlines of the technique adopted, are described (Pages 2-15).

Four hundred and twenty seven students of Medical College Amritsar were investigated and incidence of amoebiasis was found to be 13.3 per cent. Repeated stool examinations were done in those who gave suggestive clinical evidence but negative first stool report. Thus, in all 610 stool specimen of 427 students were examined. There was apparent difference in the incidence of amoebiasis among the students of Blocks A, D, Girls students hostel and non-residential students. But this difference was statistically insignificant. Incidence of amoebiasis and its relation to duration of stay in the institution was studied and a rising trend of Entamoeba histolytica infection was observed. Incidence rose from 11.5 per cent. in first year to 17.5% in final year. But this rise was found to be statistically insignificant. (Pages 19-25).

There was no definite relation between sex and incidence of amoebiasis. It was observed that incidence in any group depended upon degree to which it was exposed to amoebic infection (Pages 26-28).

Influence of diet on intestinal parasitism was studied. Incidence rate of all the species of intestinal protozoa except Entamoea nana was apparently higher among the vegetarians. But this difference, when statistically analysed, was found to be insignificant (Pages 29-31).

Attempt was made to trace sources of amoebic infection in the hostels of the college. No plumbing defect was detected in water supply and sewage system. Bacteriological examination of water failed to reveal any faecal pollution. Thus no evidence was found suggesting waterborne amoebiasis among the students residing in the hostels. Investigations of the milk supplied in the hostels and milk vendors revealed no amoebic infection (Pages 32-33).

Heavy incidence of amoebiasis was detected among the food handlers. Nail dirt of positive food handlers was examined and in one case cysts of giardia
were detected. Role of foodhandlers in spread of amoebiasis is discussed. Evidence incriminating them as a source of amoebic infection to the students residing in the hostels was found to be convincing. Role of flies in spreading of amoebiasis among the students is discussed (Pages 40-51).

Evaluation of some of the diagnostic techniques was carried out. Culture of stools for Entamoeba histolytica was done in twenty-six cases who were having clinical symptoms suggestive of amoebiasis, but direct smear examination was negative. In three cases diagnosis of amoebic infection was made by this method alone. It was found that culture of stools was a valuable supplementary method when combined with direct smear examination. It was not dependable alone, for in second series of twenty stool specimen, known to contain amoeba, no growth was obtained in seven on culture. It was also observed that identification amoebae in culture was sometime quite difficult and misleading; therefore this method should be used with caution (Pages 52-56).

Twelve cases who were having clinical symptoms suggestive of amoebiasis but routine stool examination was negative were given a saline purgative. In two cases amoebic infection was detected in this way; thus proving the utility of this method for diagnosis of amoebiasis. (pages 56-57).

Wetfixed smears were attempted in forty-two specimen where indistinguishable amoebae and doubtful cysts were seen in saline and iodine preparations. This was done to resolve the difficulty by studying finer details of morphological structure. It was observed that use of wetfixed smears required technical skill and experience, and were too time consuming to be employed as a routine procedure. (Pages 57-59).

Sigmoidoscopy was done in thirteen students, who were having persistent clinical symptoms suggestive of amoebiasis but repeated stool examination and cultures for Entamoeba histolytica were negative. Only in one case typical amoebic ulcer was seen. It was concluded that sigmoidoscopy has a minor role in diagnosis of amoebiasis where other diagnostic procedures have given repeatedly negative results (pages 60-65).
Value of successive stool examination is discussed and work of various authors is reviewed. It is concluded that a single stool examination provides an inadequate evidence of incidence of amoebiasis in a particular population (pages 66-68).

Detailed clinical study of twenty-five cases of amoebiasis was carried out. Only cases having symptoms were taken up for this study. Immense diversity in clinical manifestations of the disease was observed; cases of amoebic diarrhoea and dysentery, constipation, vague abdominal discomfort, hepatitis and appendicitis are described (pages 69-88).

Problem of symptomless carriers is discussed (pages 89-96).