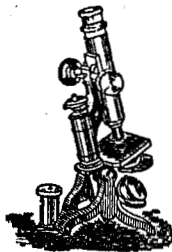


## Medical Matters.

### ETIOLOGY OF TROPICAL DYSENTERY.



We may sum up, says Dr. Simon Flexner (*British Medical Journal*), the present knowledge of the cause of dysentery in the following way:—

1. No bacterial species yet described as the cause of dysentery has an especial claim to be regarded as the chief micro-organism concerned with the disease.

2. It is improbable that any bacterial species that is constantly and normally present in the intestine or in the environs of man, except where the disease prevails in an endemic form, can be regarded as a probable cause of epidemic dysentery.

3. The relations of sporadic to epidemic dysentery are so remote that it is improbable that the two diseases are produced by the same organic cause.

4. The pathogenic action of the amœba coli in many cases of tropical and in certain examples of sporadic dysentery has not been disproved by the discovery of amœbæ in the normal intestine, and in diseases other than dysentery. While amœbæ are commonly present and are concerned in the production of the lesions of sub-acute and chronic dysentery, they have not thus far been shown to be equally connected with the acute dysenteries even in the tropics. In the former varieties bacterial association probably has much influence upon the pathogenic powers of the amœbæ.

### ADENOMA SEBACEUM.

A good example of this somewhat rare affection has recently come under my care, says Dr. Eddowes in the *Medical Times*. The patient is a well-grown, fairly strong youth, aged nineteen, a piano-tuner by trade and quite capable of getting his living; but it is important to record the fact that he is liable to epileptic fits, for which he says he has been prescribed little or no animal food and the usual bromide with great benefit. The diagnosis of the adenoma sebaceum was confirmed by microscopic examination of an excised portion of the eruption. An interesting fact is that the patient has an extensive superficial vascular nævus of the left frontal region. The disease for which he specially sought advice

from me was a recent outbreak of streptogenic impetigo.

*Treatment.*—The impetigo was quickly cured by an antiseptic lotion and ointment, and the adenoma sebaceum nodules are being destroyed by a pin-pointed cauterium, a plan of treatment giving the most rapid and successful results.

### PSORIASIS, ECZEMA, AND URTICARIA.

The same writer also says:—

A woman aged fifty has patches of psoriasis on her forearms and legs, having a history of several years' duration. Three weeks ago her skin became very irritable, and in the right popliteal space a red patch of weeping eczema formed. Near the patch of eczema can be seen a recent scar (known to be recent by its redness), the result of a boil. On inquiry it appears that she has been subject to boils for a year or two. It is only within the last three weeks that her skin has become excessively itchy. Noticing that the eyelids appeared swollen, one more than the other, I suspected the existence of urticaria, and, judging from the patient's description of various swellings which appear and disappear quickly on all parts of her body, there seems to be no doubt of it. Even now (April 4th) graphodermia is fairly marked. It is not difficult to suggest the sequence of events: first, psoriasis, then pus infection producing boils in the first instance, then the advent of the special excitability of the skin owing to the condition of urticaria, or, in other words, an angio-neurosis, in which condition the skin reacts to pus infection as a weeping eczema; that is to say, with serous effusion or exudation. In psoriasis and in furunculosis under ordinary circumstances there is a quieter state of the cutaneous circulation. Anytime, however, the complication of urticaria may convert them into eczema, just as syphilis can complicate and entirely alter the character of a simple psoriasis, as I have seen in a case of old-standing psoriasis to which syphilis was added while the patient was under observation as an out-patient at the hospital for the former disease.

### DANGER IN THE TOOTHBRUSH.

The use of the toothbrush is almost universal, although other methods of cleaning the teeth have been suggested by dentists. The bristles have certain disadvantages. Any bristle detached from the brush may do harm; it may, says the *British Medical Journal*, get into the larynx or even into the vermiform appendix.

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