

able effort in an attempt to determine the true relationship existing between diseases of the buccal cavity and intestinal autointoxication. Although a few dentists still persist in claiming a local origin for every case of pyorrhœa alveolaris, it is now pretty generally conceded that a majority of such cases and similar affections have as their starting point a systemic or metabolic disturbance. Talbot, Fossum, Schamberg and others have contributed very interesting and important papers upon this subject. The significance of all autotoxic factors and systemic diseases, along with various local causes, have received their share of attention, and, although there has been no small amount of adverse criticism, the consensus of opinion appears to be that intestinal autointoxication should be considered an important etiological factor. Almost the same words will apply to the diseases lying within the domain of ophthalmology, rhynology, and other specialities. Probably more attention has been devoted to this question in pædiatric and neurological practice than in any other class of disease. Herter, Combe, Veitch, Dunn, Judson, and Clock and others find an intimate relationship between intestinal putrefaction and infantile malnutrition, retardation of growth, and gastrointestinal disorders. In the diseases of the nervous system, Cleg-horn, Combe, Herter, Mannella and others consider intestinal autointoxication to be a very common cause of neurasthenia. It is thought that some of the toxic substances elaborated exert a specific action upon the nervous system, and many observers believe that this type of autointoxication is the cause of many reflex nervous symptoms, headache, neuralgia, neuritis, etc. Williams, Daremberg and Perroy, Houghton and Olin, have shown that the excessive work demanded of the kidneys in eliminating the intestinal poisons proves a source of irritation to these important organs, and they have demonstrated in a striking manner the necessity of overcoming an indicanuria in cases of nephritis.

A careful consideration of the injurious effects of intestinal putrefaction is of no less importance to the general practitioner than to the specialist. It is now believed that recovery from most any disease can be greatly retarded by the presence of an excessive enterotoximus, for the simple reason that important and already overburdened organs have an additional toxemia with which to deal. This fact may explain the good results following a milk diet and the administration of intestinal antiseptics in typhoid fever. And in this connection it might be stated that intestinal putre-

faction will not infrequently produce symptoms very closely simulating typhoid. Anæmia is another condition which is very often found in cases of enterogenic autointoxication; in fact, Herter goes so far as to suggest the possibility of primary anæmia being caused in this manner. At any rate, it is very certain that some of the intestinal toxins possess decidedly hemolytic powers.

*The Dermatological Disorders.*—To determine the true significance of intestinal autointoxication in the cutaneous diseases, one enters a wide, important, and undeveloped field. It is, of course, a well known fact that many skin eruptions have as their starting point a systemic disturbance, a recognised disease or obscure metabolic error, and investigators have persistently searched for these unknown causative elements. Johnson, for instance, has shown that there is considerable evidence of the failure of proteid metabolism in many of the bullous diseases. Buckley, through the apparently good results following a vegetarian diet in psoriasis, suggests that faulty proteid synthesis may be an important factor in this disease. Piffard for many years has considered that some intestinal disturbance is not infrequently the cause of some of the cutaneous diseases; in fact, it was this belief that led him to employ sour milk in an attempt to control rebellious cases. In some instances a definite systemic cause can be ascertained. There are, for instance, cases of xanthoma and pruritis known to be produced by diabetes. Erythematous lupus probably has its origin in tubercular toxins. Macular, erythematous, and fungating eruptions are frequently caused by the ingestion of drugs. On the other hand, many of the cutaneous eruptions are entirely of local origin, as, for example, the parasitic diseases, certain types of eczema, etc. But besides the diseases of which the above are examples there are many eruptions which defy an etiologic diagnosis. Before a definite systemic cause can be ascertained, one must not only consider recognised diseases like syphilis, diabetes, nephritis, etc., but also the various metabolic disturbances induced by alcoholism or other excesses and the autointoxications of which acidosis and indicanuria are examples. These details are exceedingly important if one desires to obtain superior therapeutic results. The fact that diseases or conditions like pityriasis, rosea, erythema multiforma, and urticaria will so often be promptly benefited by the administration of intestinal antiseptics and laxatives, has led to the belief that these eruptions are produced by intestinal disturbances. The

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