

The conclusions arrived at by the authors are that a toothbrush becomes septic after once using, each hair becoming an inoculation needle, and the person using it may be vaccinated with such germs as flourish upon it.

The toothbrush, therefore, as popularly used—namely, for many months—may be the origin of pyorrhœa alveolaris, which may lead to such grave consequences as anæmia, gastritis, or arthritis.

The prevalent tooth powders and tooth pastes, as usually used, do not render the toothbrush aseptic, and even perhydrol or 1 in 20 carbolic acid is not effectual in so doing.

RECOMMENDATIONS.

1. All toothbrushes before and after use to be boiled for five minutes.
2. A new toothbrush can be used each day; the penny brushes obtained in the penny bazaars are quite good enough for this purpose.
3. Those wishing for a more prolonged use of the toothbrush can rinse the brush in trikresol (1 per cent.), or allow it to stand between use in formalin (10 per cent.).

The removal of the scurf of Leuwenhoeck, after each meal by a thin quill toothpick, and by floss silk or bass, is essential for cleanliness. The toothpicks whose use is advocated are thin and flat, and if that become curved, reverting to their original shape, they should be put in hot water and flattened before use.

No means has suggested itself of rendering the mouth an aseptic cavity; nor has any profound disappointment been excited on that account. But a septic cavity notwithstanding, it is undesirable to use a septic instrument for the scarification of the gums, thereby forcibly driving septic organisms into the tissues at the point of the bayonet.

It would seem that the use of 1 per cent. trikresol is a simple and accessible method of rendering the toothbrush free from the commoner pathogenic organisms.

THE SUN AS HEALER.

A medical man quoted by *The Dietetic and Hygienic Gazette* says it should be borne in mind that exposure of local tubercular ulcers to the direct rays of the sun for one or two hours daily will many times cause them to heal. In a case in which a doctor had used all the local means he knew, without avail, he decided to expose the wound daily to the direct rays of the sun. It healed in a few weeks.

THE PREVENTION OF YELLOW FEVER.

The very excellent notice of Sir Rubert Boyce's book on "The Prevention of Yellow Fever," which appears in the *Livingstone College Year Book*, and which we publish below, has an additional interest, because the hand that penned the book, which only recently appeared, is now still in death, and the world is the poorer by the premature decease of this brilliant man of science, who as Professor of Pathology at Liverpool University and in connection with the Liverpool School of Tropical Medicine, has done so much to increase our knowledge of tropical diseases, and of the methods whereby they may be combated. He himself investigated outbreaks of yellow fever at New Orleans and in British Honduras, British Guiana, the West Indies, and West Africa, and had, therefore, an extensive practical knowledge of this dreaded disease. We read:—

Sir Rubert Boyce has rendered a very great service in the practical study of Tropical Fevers by his recent enquiries into the subject of yellow fever in West Africa. It should be remembered that Professor Boyce comes before us not as an irresponsible investigator, but as one who has been officially charged on various occasions to enquire into epidemics of yellow fever. On the present occasion the professor has recently returned from West Africa, where he was deputed to enquire into the recent outbreak of yellow fever which has created so much alarm in West Africa. In the course of his researches, which are well described in the volume before us, Professor Boyce was unable to find any evidence of the introduction of the disease from other countries in which yellow fever is endemic, and he was led, therefore, to enquire very carefully into the history of West African fevers. He found that there had been, from time to time, well recognised outbreaks of yellow fever in West Africa, whilst other very suspicious epidemics had been noted which had not been definitely diagnosed as yellow fever. Besides this, he found that a large number of cases of fever occurring in West Africa were classified under the heading of "bilious remittent fever" and similar vague titles, and he is of opinion that many of these were in reality mild cases of yellow fever.

RACIAL SUSCEPTIBILITY.

In order to explain how the disease has been kept up, he is driven to the conclusion that it is by means of the native population, and he devotes one most important chapter to the subject of race susceptibility and immunity. It

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