

aspects of this subject four members of the medical profession took part in a symposium at the Royal Society of Medicine, London.

Dr. W. Hale White, Physician to Guy's Hospital discussed some of the causes. The first he took up was pyorrhoea alveolaris. This condition prevents proper mastication and, at the same time, mixes the food with disease causing micro-organisms. These organisms may cause intestinal toxæmia, or they may enter the blood stream and give rise to septicæmia.

Other organisms play an important part. It is claimed by high authorities that the adult human being excretes from the intestinal canal about 128 billions of bacteria, and that 99 per cent. of these are dead. Another thing that must be remembered is the influence one form of bactericism has over the other. Thus the colon bacillus seems to be inimical to others, and destroys the typhoid bacillus. But the bacillus enteritidis may destroy the colon-bacillus. It has been observed that in hot climates the flora of the intestinal canal is much more abundant than in cold climates. In far north regions the intestinal canal may become sterile.

Up to the present no one has been able to show what these intestinal toxins are. Much has been said about the presence of indican and ethereal sulphates in the urine; but a person may void these constituents in the urine for a long time and remain in apparent good health. Experiments in the laboratory must not be taken as too conclusive, as the absorption of a toxin from the alimentary canal is not by any means the same in effects as when it is injected into the animal either by way of a vein or under the skin.

There is no definite clinical picture of intestinal toxæmia. One form of intestinal irritation and toxæmia may arise from an excess of carbohydrate food. In the case of a child who is thus fed, the stools contain a green coloring matter with an excess of fatty acids, and they irritate the anus. The intestines are distended with gas. In enterogenous cyanosis there is in one variety of nitrite in the blood and in another there is hydrogen sulphide. The relief of the constipation relieves the cyanosis.

Much has been said about constipation as a cause of toxæmia. There are some things that must be borne in mind, however, in this connection. In the case of toxæmia from bacterial origin there need not be constipation, as the amount of toxin will depend upon the number and kind of bacteria. So that toxæmia is no proof of intestinal stasis. It has been held by some that there are adhesions, bands, kinks, spurs, etc., but there are not a sufficient number of cases of any one type to justify the conclusions that these conditions are the causes of intestinal toxæmia.