Medical Matters.

TEETH AND TUBERCLE.

A recent number of the *British Journal of Dental Science* contained an abstract of a paper on "Teeth and Tubercle." It was stated that spongy and congested gums and carious teeth or stumps are frequently followed in the strumous child by tuberculous enlargement of the sub-maxillary and deep cervical glands. It needs no great pathological faith to believe in the possibility of the entrance of the bacillus along the side of a loose tooth, or though the mucous membrane of spongy gums into the lymphatics, and so into the lymph glands; but if we were told that the bacillus could pass through a living pulp, down the root, and by that way reach the lymph gland, we should not unreasonably ask for the evidences. The following evidence is conclusive on this point. Dr. H. Kerner Halle, of Berlin, has lately published his observations and experiments on this point. The author narcotised dogs, laid bare the pulp of certain teeth, painted in some Prussian blue, and closed the cavity with cement. After two or three days the dogs were killed, and the pulp of the teeth, as well as the lymphatic glands, examined microscopically. Particles of Prussian blue were found dispersed through the whole pulp up to the apex of the root, and also in the lymphatic glands, although in very small quantities. How to explain this capability of absorption of the pulp is a further chapter. It is a fact that in most researches lymphatic vessels in the pulp could not be discovered. This absorption, then, does not take place in a regularly formed lymphatic path, but it is evidently done by the intercellular stream of liquids in the tissue, probably even simply by wandering cells which absorb the colour and carry it. If once the matter gets beyond the apex of the roots there is no further obstacle in the way of its carriage to the lymphatic glands. Apart from this experimental investigation, the author also tried to prove clinically that dead teeth, as well as living defective teeth, may cause enlargement of the lymph glands.

He examined 3,161 children with swelling of the glands with the following result:—

2,334, or 78.8 per cent. had bad teeth of the third or fourth degree in the lower jaw.

In 2,646, or 70 per cent. of these children, the bad teeth with regard to their position, intensity of illness, etc., corresponded exactly to the position and degree of the swelling of the glands.

More than half of all the teeth made responsible for the swelling of the glands had still a living pulp.

Further evidence on this point is given in a paper read before the Chicago Dental Association, by Mr. George W. Cook, of Chicago, narrating his experience of the bacteriological examination of the mouth of dental patients. Cultures and cover-glass preparations were made, and in many cases, the tubercle bacillus was found, occasionally in the saliva, but most frequently in the pulp of the teeth, or in scrapings taken from around the teeth. A point of interest is that, with one exception, in all the cases the particulars of which he records, the patients were young (girls, 13, 9, 17, 9, 11, 9; males, 18, 11, 13). In most of the patients the bacillus was found at each visit.

The sulcus, where the mucous membrane is reflected from the gums to the cheek or lip, is a frequent point of entrance for the bacillus. This is especially true of the gum below the lower incisor which drains into the suprahyoid glands. A schoolboy fell with his slate pencil in his mouth, causing a lacerated wound of the mucous sulcus below the incisors. Three days after the wound had an unhealthy appearance, and the suprahyoid glands were enlarged. These remained enlarged for 8 and 9 weeks, and then, softening, were incised, and the usual tuberculous matter scraped away. This same spot in the mucous sulcus is not an infrequent spot in which to find irritable and dyspeptic ulcers, and should always be examined if the suprahyoid glands are enlarging.

THE USES OF SALINE INFUSION

The injection of saline solution into the subcutaneous tissue in cases of surgical shock and hæmorrhage does not appear to have received the attention that it merits. Up to the present time its use has been to a great extent limited to hospital work. The method is eminently suited for use in private practice, for, although it is not quite so rapid in its effect, it has the great advantage that there is no difficulty in introducing a hollow needle beneath the skin of the flank, and thus no valuable time is wasted.

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