

that a clean healthy mouth is essential, and a condition of normal health, and necessary to that of which Masefield speaks :

For life is joy, and mind is fruit,  
And body's precious earth and root.

I have said that food is the one essential to life continued. A man needs 2 lbs. of bread and 1 lb. of meat daily. Dr. Jane Walker has said that no one would have tuberculosis who had three square meals a day.

Man is so complex in his physical nature that medical science has not yet arrived at an understanding as to what he should eat, as to its chemical changes, whether the conversions take place in the glands of the intestines or in the blood itself, nor how, from the blood, food is converted into muscle, bone, nerves, &c., nor as to the effect his nervous or psychical system has on his nutrition, nor how the same food makes one man fat and the other thin.

"What's one man's poison, is another's meat or drink."

The secret of the treatment of tuberculosis lies in the nutrition of the patient, and a healthy clean mouth is a *sine qua non* to the process of digestion being carried on efficiently.

What then is the condition of the mouth in tuberculosis patients?

In a word their mouths are septic. If the teeth are not carious they are more or less covered with slime or tartar, and the gums are swollen and inflamed, or there may even be exudations of pus from pockets about the teeth. Unfortunately the doctor has come to regard the inside of the mouth as no business of his, and I fear that nurses too often find themselves unable to deal with these conditions.

The loss of teeth, these having previously caused pain or discomfort, favours the cultivation of nervous habits in eating.

Also interproximal spaces, favouring the lodgment of food which decomposes and causes foulness of breath and unpleasant tastes in the mouth;

Sharp edges of carious teeth or roots;

Long and short teeth not meeting their opponents;

Imperfectly connected dentures or bridges or crowns;

Biting of the cheek, lip, or tongue, a habit easily acquired and continued subconsciously;

Benign ulcers often diagnosed as cancer, but cured by the removal of carious or ragged teeth;

Alveolar abscesses and glandular swellings not necessarily tubercular, but due to local inflammation, one of the favourite avenues of

infection by the tubercle bacillus, are all favourable to sepsis in the mouth, and prevent the pleasurable mastication of food or destroy appetite.

Mr. Mummery says primary tuberculosis begins in the mouth, pneumococci are often found on the mucous membranes, as well as streptococcus pyogenes usually associated with acute and inflammatory infections.

It is well known that there are in the medical wards of our hospitals patients with obscure diseases, with temperatures, and apparently very ill, who upon the removal of all their septic teeth get a normal temperature in twenty-four hours and feel well, though they may require careful feeding for some time.

Mr. Spokes gives a typical case under Sir T. Barlow, admitted on May 10th, 1904.

Complained of pain over heart and in left side, headache, cough and spitting of blood; has also vomited blood. Lost weight during last two months.

Present state: a pale and anæmic woman. "The first thing noticeable about her is the almost unbearable odour from her mouth." An artificial denture covers the stumps of the upper teeth. The lower incisors are loose and extremely foul, pus is welling up around the teeth of the lower jaw which are covered with tartar. Appetite poor. Patient has to be forced to feed. No other findings on physical examination. Upper stumps removed, lower teeth scaled and treated with H<sub>2</sub>O<sub>2</sub> on May 13th. Patient almost well on May 26th.

Nothing is so surprising as the rapid response to this rational and radical treatment.

Dr. Wm. Hunter has dealt with this subject very fully in his work on anæmia. I shall have occasion to speak later of the condition known as Pyorrhœa alveolaris, which is cured by the extraction of the tooth or teeth involved.

In place of definite knowledge, it is sometimes useful to hazard a guess at causes; it also throws upon those who differ the *onus probandi*. As we now know tuberculosis to be a disease of childhood often lying latent till later life, when conditions favourable to it assert themselves, we may consider how much the caries of children's teeth, and the septic conditions of their mouths, affect them. Probably 50 per cent. of children in our cities have carious teeth and large cavities at the age of five, and this means imperfect mastication of food, pap feeding and the loss of the gnawing habit. Further, the unclean condition of the mouth makes the cavity a suitable incubator for germs of all kinds which may be swallowed with the food. I am strongly of the opinion

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