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is liable to lead to trouble. I obtained the idea of this method of marking slides from Professor G. H. F. Nuttall, F.R.S., at the Quick Laboratory, Cambridge, who uses it for marking various stages of development of specimens on the slides in his collection; the marking of series also was thought out after seeing his specimens.

PYREXIA NOT YET DIAGNOSED, OF DENTAL ORIGIN.

By Captain Herbert Wallis.
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The following observations are given with a desire to point out to medical officers—particularly those in the tropics—a factor which may help them to eliminate the not yet diagnosed from the classification pyrexia not yet diagnosed, in some cases under their care.

It should be emphasized that in these days of dental decay (and in certain classes of dental neglect), an oral examination in cases of what would otherwise be labelled pyrexia not yet diagnosed will reveal a definite cause and diagnosis, leading to immediate treatment and more rapid cure of patients.

Whatever may be the original cause, it is a clinical fact that septic conditions of the teeth and gums are of serious import in tropical climates, as there seems to be a tendency to more rapid development of the virulence of pathogenic organisms in the mouth giving rise to vague pathological conditions leading to definite disease.

Amongst the cases admitted into the hospitals of Divisional Area, E.E.F., a certain number are labelled on their Field Medical Cards or A.F. B256 as pyrexia not yet diagnosed.

Their blood films and cultures give negative results for malaria, relapsing fever, and for the enteric group. In the absence of any apparent cause of fever the dental surgeon is called in for advice and treatment.

I examine the mouth for septic teeth and roots causing inflammation and pus-discharge, and for evidences of pyorrhoea alveolaris, or for general neglect of the teeth.

(a) In cases where there are septic teeth and roots causing inflammation, these are extracted, and a warm mouth-wash such as 1 in 120 lysol or any similar solution, is used every two hours; in addition, the mouth is syringed out two or three times in the manner described later. Under this treatment the temperature goes down, and the patient is ready for discharge in a few days.

(b) A frequent cause of pyrexia not yet diagnosed (particularly amongst Indian troops) is pyorrhoea alveolaris.

The routine treatment for this is:

(1) Thorough scaling.
(2) Syringing the gums under pressure three times daily.
(3) Local application of mist. dent. arsen.

Of these treatments special attention is given to syringing under pressure.
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For this purpose I use a rubber Higgenson’s syringe, adapting a metal or vulcanite nozzle, the size of the bore being a little larger than the lead in a lead pencil; this gives a fine powerful jet or stream of fluid which is capable of forcibly penetrating between the teeth and within the gum-margins. An orderly works the syringe bulb with both hands, using as much force as possible.

The operator is protected from the spray thrown back by a sheet of glass or celluloid held in front of patient’s mouth.

A warm solution of 1 in 120 lysol or similar solution is used.

The syringe being worked by an orderly, I pass the nozzle along the gum margins, on internal and external aspects, and by means of this fine, powerful stream of fluid directed within the gum-margin, all deleterious matter is removed.

This syringing not only effects a thorough cleansing, but is stimulating to the diseased gums.

This syringing treatment is given two or three times daily, depending on the intensity of the condition.

Pyorrhcea alveolaris is very prevalent amongst the Indian troops, and, in addition, is, in many cases, the cause of anaemia, debility and other forms of sickness amongst them. A special ward is allotted for these cases for convenience of treatment, and to prevent the spread of infection.

Large concretions of tartar are often found, causing ulcers on cheeks and tongue. Thorough and extensive scaling is performed.

The Indian orderlies are trained in the use of the pressure syringe and patients are paraded regularly for this treatment. The results are most beneficial, the gums soon take on a healthy aspect, pus-discharge gradually lessens and ceases, the patients soon regain their normal health. The treatment lasts from four to ten days.

(2) A mouth application of mist. dent. arsen. is given. Mist. dent. arsen.

This mixture is issued in two-drachm bottles (to obviate self-poisoning).

Three drops should be used twice daily; apply one drop at a time on the toothbrush. The gums should be gently brushed with this mixture on the brush.

The following are a few clinical cases showing the course of the illness and results of treatment. Copied from their Field Medical Cards.

(a) Miss —, St. John Ambulance Brigade. History of previous attacks of malaria. Admitted August 10, 1914. Shivers and spleen region tender. Temperature 402° F. Patient in bed and obviously ill. Whilst waiting for further evidence of another onset of malaria, the mouth was examined, three carious molars found in right upper jaw, causing inflammation and foul-smelling discharge from gums. No quinine or other treatment for malaria was given. August 11, 1919: Teeth extracted. 14th: Patient greatly improved; temperature normal. 16th: Patient discharged.
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To see dentist. Abscesses and swelling left lower jaw; all septic roots and teeth extracted. Patient was not confined to bed, but up doing light duty and soon became fit.

(c) Pte. —. September 10, 1919: Headache, vomiting. Temperature 103° F. Field Ambulance Diagnosis: malaria (?), relapsing fever (?). Bacteriological results negative for above. 13th: To see dentist. Many septic roots extracted. 14th: Temperature normal. Patient discharged a few days later.

(d) Pte. —. Field Ambulance Diagnosis: plasmodium malaria, benign tertian. Casualty Clearing Station, date of entry September 11, 1919. Ill two days. Temperature 99.4°F. Temperature began at 106° F. Headache and sore throat. September 11th: Film negative for malaria. 12th: Film negative for relapsing fever. 15th: Mist. alb. 16th: Visit dentist. Extraction: 6 | 6. These teeth all decayed and septic, causing inflammation of gums with purulent discharge. 17th: Discharged a few days later.

(e) F.M.C. A— C—, Indian Driver. Admitted September 25, 1919. Field Ambulance Diagnosis: pyrexia not yet diagnosed. Temperature 24th, 100° F. Temperature 25th, 98° F. Temperature 26th, 98° F. Onset of illness six days ago. Admitted for pyrexia. Teeth carious; tongue clean; patient is sick; fever evening; motion muddy, loose.

This man came into dental surgery obviously ill, gait unsteady. He had extensive pyorrhoea alveolaris. Routine treatment used. Patient seen seven days after, his health greatly improved, and the gums normal, pus-discharge nearly ceased. Seven days later patient discharged cured.

(f) Pte. A.C.(2) R.A.F. Admitted Isolation Ward, August 29, 1919; temperature 106.6° F. Diagnosis: Pyrexia not yet diagnosed. Oral examination showed all upper (except four) teeth to be carious and septic with an acute inflammatory condition of gums. 30th: Temperature, 101° F. Three roots extracted by Medical Officer. Negative results for malaria and relapsing fever and enteric group. 31st: Headache less. September 3: Temperature normal. 5th: All septic teeth and roots extracted (under general anaesthetic). Discharged.

In this case after three extremely foul roots were extracted the patient began to improve. The mouth syringing treatment was carried out thoroughly prior to general extraction to keep down sepsis as much as possible.
To illustrate "Two Successful Cases of Cervical Oesophagotomy for Removal of Foreign Body," by Captain Leigh Day, R.A.M.C.