At the present time the hospital consists of Medical and Surgical Divisions and Psychiatric Division with Psychotic and Psychoneurotic wings. A Convalescent Wing of 500 beds in the main building brings the total number of equipped beds to 932.

In addition the Army School of Physiotherapy and the Embarkation Medical Equipment Depot are located here.

It is regretted that there are many gaps in the history of the hospital as few records exist.

However, Netley has I trust lived down the remarks quoted in the beginning.

I am indebted to Major General T. Menzies, D.D.M.S. Southern Command, for permission to publish this article and to the Librarian of the R.A.M. College, Millbank, for help in the search for references.

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**Clinical and Other Notes**

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**OBSERVATIONS MADE DURING THE DENTAL TREATMENT OF PATIENTS SUFFERING FROM PULMONARY TUBERCULOSIS**

**by**

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The following observations were made over a period of five months at the Connaught Military Hospital, Hindhead. The recent methods of treatment of pulmonary tuberculosis by Streptomycin and para-Aminosalicylic Acid (PAS) over long periods offered the possibility of observing the effects of these drugs, if any, on common dental conditions. The number of patients suffering from this disease and under this new treatment who were examined exceeded 100.

**Observations**

**Acute Alveolar Abscess**

As it is undesirable to subject patients with pulmonary tuberculosis to general anaesthesia, it was possible to observe the course of acute abscesses unsuitable for treatment by immediate extraction of the offending tooth under local anaesthetic, until the acute signs and symptoms had subsided.

Several patients, who were being treated with streptomycin, developed
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acute alveolar abscesses during the period of observation. These abscesses were typical in appearance and duration of their phases. Streptomycin did not seem to affect the condition.

Chronic Periapical Abscess

Radiographic examination carried out during routine dental treatment revealed several cases of rarefaction of bone at the apices of grossly carious teeth, typical in appearance of chronic periapical abscess. The course of these was observed in patients undergoing streptomycin and PAS therapy. No unusual changes were seen.

Two cases of chronic inflammatory swellings of dental origin lying in the buccal sulcus were observed. The following notes taken from one of the case histories demonstrates the apparent inability of streptomycin and PAS to alter the course of such a condition.

8.3.51. A patient attended complaining of swelling and pain in 167 region. There was a history of pain and swelling for approximately six months, during the course of which little or no change in the size of the swelling, but variations in the degree of pain, were noticed. (For a period of two months previous to the above date the patient, during the normal course of treatment for pulmonary tuberculosis, was given streptomycin 1 gramme per day and PAS 15 grammes per day.)

On Examination.—A large swelling lay in the buccal sulcus opposite the 167 in continuity with the alveolus. 77 grossly carious, 66 carious.

Radiographs showed a large area of rarefaction of bone around 66 extending distally to the apices of the 77 and inferiorly to the inferior dental canal.

The condition resolved after extraction of the 67.

Gingivitis and Generalized Periodontitis

There has been an absence of the above-mentioned diseases during the period of observation. No patients have attended with gingivitis of the acute or chronic types. Some marginal gingivitis, associated with calculus deposition, has, however, been observed, and this disappeared after scaling and polishing had been carried out.

Staining of the Teeth Following Administration of PAS

During the course of routine dental treatment it was noticed that several of the patients had rather yellow teeth, and particularly the silicate fillings in those teeth. It appeared that this was coincident with the oral administration of PAS. Further observation showed that in some cases there was staining of dentures, of hypoplastic lines in the enamel of natural teeth, and most patients complained of "a sort of film over the teeth as if they had not been cleaned."

Tuberculosis Ulcers of the Oral Mucosa

No cases of tuberculous ulcers in the mouth were seen.
DISCUSSION
Organisms which have been identified in bacteriological examination of acute alveolar abscesses include streptococci of hæmolytic, viridans and indiffernt types, *Staphylococcus albus*, *Staphylococcus aureus*, *Staphylococcus citreus*, *Micrococcus tetragenus* and bacilli of the mesentericus, proteus and coliform groups. Those identified from chronic abscesses include, as well as the above-mentioned organisms, *Streptococcus pneumoniae*, *Bacillus typhosus*,¹ Diphtheroids and *Hæmophilus influenzae*.

It might be expected that, as many of the above organisms are streptomycin sensitive, the antibiotic would have some effect on these conditions. This has not been the case so far.

It is known, however, that some acute alveolar abscesses develop as an exacerbation of a chronic peri-apical infection. With respect to this, it must be stated that the effect of most drugs used in the treatment of chronic infections associated with the formation of granulation and fibrous tissue is very slow acting. For example, streptomycin therapy takes months to affect the course of chronic tuberculosis. Thus the period of observation has been insufficient to draw any definite conclusions regarding its effect on chronic inflammatory conditions of dental origin.

CONCLUSIONS
The doses of streptomycin and PAS given for treatment of pulmonary tuberculosis do not seem to affect the course of common dental conditions. PAS does, however, stain the teeth.

I wish to thank the Commanding Officer of the Connaught Military Hospital, Hindhead, for his permission to publish the above article.

A MEMORIAL TO
MAJOR-GENERAL SIR DAVID BRUCE, K.C.B., F.R.S.
Introducing the David Bruce Laboratories
BY
Brigadier A. SACHS, M.D., M.Sc.
Director of Pathology

ARMY Council Instruction No. 63 of January 27, 1951, directs that the Army Vaccine Laboratory be renamed the David Bruce Laboratories.

Behind this somewhat bald statement lies the story of the evolution of one of the most important units in the Army Medical Service, and its association with one of the Corps’ greatest pathologists.

¹*Bacterium typhosum* or *Salmonella typhi* are the modern names.