

rolls. While to be sure there are variations in the nearness or remoteness of the risk, never does it become so distant that any one of us can sit by and say in smug unconcern, "This is not my affair." While it is not so prevalent as gonorrhoea, it may beset us perhaps in disguise, and, but too often, in dangerous contagious form, in those unsuspecting hours when we believe ourselves at ease among our friends. Syphilis is too cunning a craftsman in evil to permit the limitation of his labors to the few."

The National Dental Association has gone on record in resolutions passed at the meeting in New Orleans last October, approving the program of the Public Health Service and of the several State Boards of Health, and urges upon every dentist of the United States the necessity for study of the various lesions of the mouth which are signs of definite diseases. When syphilitic lesions are discovered it becomes the duty of the dentist to report the case to the State Board of Health. In forty states the law requires that these diseases be reported by serial number only. In seven of the states—Indiana, Maryland, New Jersey, New York, North Dakota, Ohio, Vermont—cases are required to be reported by name. All reports are of course confidential and cannot in any way be used to the detriment of the patient.

The Public Health Service reports that the dental profession is responding in a most satisfactory manner to the appeal recently sent to them to cooperate in this most important phase of public health work.

ORAL SEPSIS AND THE ELECTIVE LOCALIZATION OF BACTERIA.

Six years have elapsed since Billings (1) published the extensive clinical observations made by himself and his co-workers to demonstrate the importance of septic foci, even when small, as sources of chronic infection conveyed by the blood stream. It was shown that these foci may harbor the same type of bacteria as are found in distant lesions, and that specific types tend to localize in definite organs or tissues. Rosenow, (2) in particular, has been most energetic in the attempt to demonstrate conclusively the elective localizing power of freshly isolated streptococci found in the focus or systemic lesions of a number of diseases, including appendicitis, ulcer of the

stomach, chronic endocarditis, and rheumatic fever.

Inevitably the possible relationship between ill health and oral sepsis has come into prominence in connection with the recent studies on what has lately been termed focal infection. To many it has seemed of late as if tonsillectomy and extraction of the teeth were vying with each other in popularity as procedures for removing objectionable bacterial foci. Rosenow (3) has recently applied his methods to a study of the possible significance of dental sepsis. He reports that specific lesions have been produced with bacteria from the various types of dental focal infections, such as gingivitis,

pyorrhea, infected pulps, apical abscesses, discharging sinuses, and granulomas. He believes that his newer findings warrant the conclusion that chronic foci of infection about the teeth are potentially or actually detrimental to the health of the persons who harbor them. According to him, the lesions which are more or less enclosed, and which drain only into the circulation, are probably the most dangerous, and that sooner or later, alone or in connection with predisposing factors, they will break down the resistance of the patient and produce disease. Pulpless teeth and blind abscesses are regarded as the most dangerous form of dental sepsis.

In view of the growing favor in which the extraction of teeth is being held, several precautions need to be emphasized. Teeth should never be sacrificed, unless the indications for removal are clear. Rosenow avers that tonsillectomy as now so commonly practiced before the condition of the teeth has been corrected is illogical. The lymphatics of the mouth and jaws drain into the tonsils. Some infections of tonsils improve or even disappear following the extraction of infected teeth. The elimination of a

visible focus does not necessarily mean the exclusion of all foci of infection. Vigilance must never be relaxed so long as the results are not all that is expected. When it is at length appreciated that the prevention and cure of dental foci is only one of many factors in the management of infection of obscure origin, the dangers of a one-sided therapeutic point of view will be averted, and a more sane hygiene is likely to ensue. However, the failure of the enthusiasm for oral hygiene to produce a cure-all need not blind us to the helpful contributions which a better knowledge and recognition of oral sepsis have brought to modern practice.

1. Billings, Frank: Focal Infection: Its Broader Application in the Etiology of General Disease, *J. A. M. A.* 63:899 (Sept. 12) 1914.

2. Rosenow, E. C.: Experimental Infectious Endocarditis, *J. Infect. Dis.* 11:210, 1912; The Etiology of Acute Rheumatism, Articular and Muscular, *ibid.* 14:61, 1914; The Etiology and Experimental Production of Erythema Nodosum, *ibid.* 16:367, 1915; Elective Localization of Streptococci, *J. A. M. A.* 65:1687 (Nov. 13) 1915; Rosenow, E. C.; Towne, E. B., and von Hess, C. L.: The Elective Localization of Streptococci from Epidemic Poliomyelitis, *J. Infect. Dis.* 22:313 (April) 1918.

3. Rosenow, E. C.: Studies on Elective Localization: Focal Infection with Special Reference to Oral Sepsis, *Dental Rec.* 1:205 (Sept.) 1919.

—*Editorial, The Journal of the American Medical Association, March 6, 1920.*