DISEASES OF THE THROAT AND TEETH

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Tonsillitis and peritonsillar abscess having been previously described, I wish to present another disease of the tonsils which is still more important.

Chronic tonsillitis is a condition in which, as the name implies, the tonsil is in a state of chronic inflammation. It occurs most frequently among young women but is frequently present in both sexes of all ages. Chronic tonsillitis frequently exists in persons who seldom or never suffer from acute tonsillitis. This is an important fact to remember as it is commonly supposed that the acute form must be present in order to have the tonsil as a possible focus of infection for rheumatism, neuritis, etc. Very often badly diseased tonsils appear to be perfectly normal upon inspection. A tonsil may be very small and yet be the sole cause of violent reactions in other parts of the body. *It is absolutely impossible to learn the true condition of the tonsils by simply looking at them.* One can never even judge the size of the organs by mere inspection. (The size of the tonsil is unimportant in this respect.)

The symptoms of chronic tonsillitis are rather vague. The most common local symptom is the formation of small hard bodies within the tonsils which gradually work their way out and fall into the mouth or throat. Certain patients become very expert at removing these tonsillar concretions. Some people have pus constantly present in the tonsils and are able to force it out by movements of the throat muscles. The average person is totally unaware of the diseased tonsillar condition and never suspects these organs as being the primary cause of his suffering.

In any case of rheumatism, neuritis, loss of weight, more or less constant headache, indigestion, enlarged glands of the neck, iritis, boils, carbuncles and certain skin eruptions upon the face, the tonsils may be strongly suspected of being the primary cause of the troubles. If no other focus of infection can be found, the tonsils should be thoroughly removed regardless of how innocent they may appear upon inspection. It is the rule, rather than the exception, to find the tonsils filled with pus or cheesy deposits when any of the above diseases are

present. Chronic tonsillitis is the principal cause for enlarged glands of the neck so frequently seen among young children. Young women who are in a generally run down condition and suffer from loss of weight, indigestion, headache, inability to work hard, etc., are usually said to have anemia. They do have anemia to a certain extent, but all their symptoms, including the anemia, are very often the direct result of chronic tonsillitis. Removing the diseased tonsils in such cases is usually productive of immediate results as the symptoms promptly disappear and do not return.

Rheumatism is now regarded as an infection. Formerly it was supposed to be an over secretion of certain elements of the blood, notably uric acid. As the tonsils are so frequently the seat of disease, it is natural they should be the source of infection in other parts of the body. Experience has proved them to be so frequent a cause of rheumatism, they must always be suspected whenever this disease is present. Rheumatic fever and acute rheumatic processes in young children are practically all of tonsillar origin. The same may be said of the acute infections in or about the heart in childhood. Acute rheumatism in young and middle life, characterized by pain, redness and swelling of the joints, may also be traced to tonsillar disease. Rheumatism of advanced age, either of the acute or chronic type, is also frequently of tonsillar origin. Whenever rheumatism is present to any considerable extent the tonsils should be thoroughly examined by a trained observer and if any suspicion of disease is detected they should be removed. If no other focus of infection can be determined the tonsils should be removed even though they appear to be perfectly normal. Often the diseased portion of the tonsil lies deep within their structure in such a manner as to make the true diagnosis impossible by any method other than completely removing them. It is commonly supposed that tonsils cannot be removed with any degree of safety after thirty years of age. This is a great mistake. They may be removed with great benefit, in many instances, at any age from early childhood to the advanced years of life, should the occasion arise to perform the operation. I have frequently removed both tonsils from patients between the ages of fifty and sixty-four without difficulty of any kind. Persons over forty are supposed to be more susceptible to post-operative hemorrhage following tonsil operations. In my own experience I have not found this to be true.

So much has been written about the tonsils being the cause of rheumatism that it has frequently been ridiculed as a specialist's fad. Removing the tonsils will not cure rheumatism if other foci of infection remain undetected, and as two or more points of infection are quite

apt to exist in any given case, simply removing the tonsils alone will naturally fail to accomplish the desired result. Making a true diagnosis of the cause of any case of long standing rheumatism is usually an intricate matter and often requires an elaborate and lengthy examination. In my own practice I am frequently but one of several specialists, all in different branches of medicine or surgery, who pass judgment upon the case.

Another theory which is being ridiculed at the present time is that diseased conditions of the teeth produce rheumatism and other diseases caused by systemic infection. If any physician or other person will take the trouble to study the relationship between rheumatism, neuralgia of the face, etc., and diseased teeth, he will no longer make fun of it. During the past few months I have spent considerable time in conjunction with Dr. L. S. Carpenter in the wards of the Boston City Hospital. Dr. Carpenter is an expert surgeon-dentist and together we have studied the nose, throat and teeth conditions of many persons suffering from rheumatism and kindred diseases. The results have been very remarkable.

The general public has been educated in the past few years to know of the presence of pyorrhea or so-called Riggs disease. This is a disease which attacks the tooth socket in the jaw. It is usually not painful but is characterized by the formation of pus about the root of the tooth. It frequently causes the tooth to become loose and the gum to recede. The condition of pyorrhea is well known to the medical and dental professions and to a considerable extent by the laity. Formerly it was supposed that pyorrhea was a frequent cause of rheumatism and other diseases due to septic absorption. In view of more recent studies, it is doubtful if pyorrhea alone is really responsible for such diseases.

Both the dental and medical professions to a very large extent fail to recognize a diseased condition of the teeth which is most important. I refer to abscesses which occur at the roots of dead teeth. They are very common and are, I believe, a new element in the practice of medicine and dentistry which is bound to have a decided effect upon the treatment of certain diseases. All the diseases formerly mentioned which may arise from diseased tonsils may also follow tooth abscess. The effect upon the system is the same whether the source of the poison is from the tooth or from the tonsil.

Root abscesses about the teeth occur at the ends of the roots. An abscess sac forms in this location and pus develops. The abscess generally comes upon the end of a dead tooth and rarely occurs upon a live tooth. They are caused by infections in the teeth which follow

the nerve canals in the tooth structure to the end of the tooth socket. As a rule, simple tooth abscesses do not cause pain; why, I do not know. They do, however, under certain circumstances produce other conditions in adjacent structures which give rise to great pain and suffering, commonly described as "facial neuralgia." That the dental profession as a whole does not recognize tooth abscesses, is evident by the crown and bridge work that is done upon dead teeth. The persistence with which many dentists work upon dead or dying teeth is not to their credit in the light of recent developments in dental science. The difficulty appears to lie in the proper filling of the root canals. Unless these tiny passages can be completely filled with a suitable material, infection of the root of the tooth occurs and an abscess forms. It is frequently exceedingly difficult to find the nerve canals in the molar teeth, but unless they are found and properly filled, the tooth is in constant danger of abscess formation. Neither crown nor bridge work should be performed upon dead teeth until the true condition of the root is determined. Nothing but the X-ray will give this information. Hence an X-ray should be taken before crowns or bridges are placed upon the teeth. Tooth abscesses may remain undetected for years. They frequently are present and cause no apparent harmful influence. On the other hand, one never knows when the apparently sleeping infection may become suddenly active and give rise to very troublesome symptoms.

The roots of the molar teeth are very close to the antrum of Highmore which is the large cavity in the cheek bones. Abscess formation at the roots of these teeth is very apt to puncture the floor of this cavity and cause serious damage to this structure. My special studies of tooth conditions this summer have impressed me greatly in this respect. We have found many cases wherein the tooth abscess had punctured the floor of the antrum and has, as a result, infected the entire chain of the nasal sinuses. As most of the cases we studied came to the hospital for rheumatism, the importance of tooth abscesses in conjunction with nasal sinus disease is marked. One has only to study one group of cases to realize why simply extracting diseased teeth is not sufficient to cure rheumatic disease. In a considerable number, the floor of the antrum was punctured by the tooth abscess and the entire antrum cavity was filled with pus. Simply extracting the tooth would in that case have little or no effect upon the pus in the antrum. Those who ridicule tooth disease, because they have failed to obtain the desired results from simple extraction of the tooth, doubtless overlooked the teaspoonful or more of pus which remained in the antrum, but which was there solely because of the tooth abscess earlier in the development of the case.

One of the most surprising things I learned from our special studies this summer was the frequency with which tooth abscesses bored large holes into the jaw bone itself. In a number of cases we found necrosis of this bone. These cases applied for relief not from rheumatism but from intense neuralgia. Several of them had suffered intense pain off and on for years. The location of the pain varied with the different patients. With one it was over the right eye, with another over the side of the head, and with still another in the back of the head. It appears that necrosis of the jaw bone is not especially uncommon and it may be the primary cause for cases we see who complain bitterly of neuralgic pains which have up to this time received little or no benefit from the treatment given.

I have seen a number of patients who have received marked benefit from rheumatism and neuritis and have at the present time a patient who has had twenty-seven attacks of iritis. This man has been treated for years in the old-fashioned way without results. No one ever thought of his teeth or tonsils, though he has had repeated attacks of tonsillitis. Very recently he came under the care of one of my friends who immediately referred him to me for examination of the nose and throat. The patient's tonsils are thoroughly diseased and he has in addition several tooth abscesses.

Space does not permit all I desire to write on the subject of chronic tonsillitis and tooth abscesses. They are very important and far reaching diseases which are to a very great extent overlooked in both diagnosis and treatment. When present and active, they are the real cause of much suffering which will continue until they are completely removed by surgical procedures. Nothing short of this will give permanent relief.

TUBERCULOSIS WEEK LITERATURE

Orders for literature and requests for information already received by the National Association indicate that Tuberculosis Week from December 3 to 10 will be more widely observed this year than in any previous year. Anticipating an increased demand for supplies, the association has prepared a quantity of literature unusually early and is ready to supply your wants promptly.

It is strongly urged that those who have not already made plans for the observance of this week do so at once. While the educational results of Tuberculosis Week are emphasized, there is no doubt that an intensive campaign of seven days will also increase the sale of Red Cross seals. Money spent on Tuberculosis Week is a good educational and financial investment.