

other parts of the book, notably in the chapter on hydro-nephrosis, which is the best of the chapters that deal with the kidney.

There is little that is original, and the author has drawn largely on the wealth of German and French urological literature. He appears to have little acquaintance with modern English practice. For instance, if he were to use the aëro-urethroscope invented by Hurry Fenwick and perfected by Wyndham Powell, he would not describe ulcerations and erosions of the urethra. These ulcerations are never seen with the aëro-urethroscope, which, being passed down under air distension, under control of the eye, does no damage to the urethral mucosa.

The chapters on gonorrhoea are a little disappointing, as they are very prolix on theory and not sufficiently clear on details of treatment, and it is not of practical assistance to discuss prostatitis in a separate chapter under the heading of diseases of the prostate, when it is part and parcel of most cases of gonorrhoea. We are glad to read a book which is an earnest advocate of local treatment from the very onset of acute gonorrhoea, but we are surprised to read that the author has obtained better results with injections than with Janet's irrigations.

The chapter on serum and vaccine therapy is excellent in theory, but here again it is disappointing in practice, as none of the author's own detailed results in this line of treatment are given, and we should be surprised to learn that they are as roseate as the remarks on theory would lead us to believe.

A good feature of the book is the excellence of the illustrations; those illustrating operative surgery are very clear and useful, and Plate III, a coloured plate of conditions seen by the cystoscope, is a masterpiece.

#### NOTES ON BOOKS.

THE first volume of the *British Journal of Surgery*<sup>10</sup> presents a very handsome appearance owing to its ample page, well-spaced type, and numerous illustrations. It comprises the first four numbers of the periodical and contains some 750 pages. The papers are for the most part of a technical sort, and will appeal mainly to operating surgeons, but each number in the volume has as a frontispiece a portrait followed by a brief biography of an eminent surgeon of the past. Those in this volume are Lord Lister, John Hunter, Sir Astley Cooper, and John Abernethy. Moreover, there are accounts of visits to certain surgical clinics at home and abroad, and some notes—anonymous, as we observe—on “instructive mistakes,” which will be read with interest by every practitioner.

A useful little work on *Health Preservation in West Africa*<sup>11</sup> has been composed by Dr. J. C. RYAN, and Sir Ronald Ross has written an introduction to it, in which he describes the remarkable improvement in the health of Europeans which has taken place on the West Coast in the last ten years. He believes that Dr. Ryan's book is full of wise hints and of information useful to everyone, and in this we heartily agree. All the tropical diseases usually met with in Africa are dealt with. Due importance is given to sanitation, and in addition the subjects of dietary, exercises and treatment find a place. If the laity will only peruse its pages they will gain information which will save them from much trouble and sickness.

<sup>10</sup> *The British Journal of Surgery*. Bristol: John Wright and Sons, Ltd.; London: Simpkin, Marshall, Hamilton, Kent, and Co., Ltd. 1914. (30s. net.)

<sup>11</sup> *Health Preservation in West Africa*. By J. C. Ryan, L.R.C.P.I., L.M., L.R.C.S.I., L.M., with Introduction by Sir R. Ross, K.C.B., F.R.S. London: John Bale, Sons, and Danielsson, Ltd. 1914. (Cr. 8vo, pp. 108; 1 illustration. 5s. net.)

THE tenth Italian Congress of Midwives will be held at Venice on June 14th and two following days. The Sanitary Chamber of Venice has consented to form the Executive Committee of the Congress, with Professor Guicciardi as chairman.

THE Italian Medico-Parliamentary Committee at a recent meeting discussed the conditions of service of health officers, the hygienic duties of naval and military medical officers, and the modifications that should be made in the law regarding hospital appointments. A draft scheme was submitted for a conference of the directors and medical staffs of hospitals to study various questions relating to hospital administration which it is proposed to hold in Rome.

#### DENTAL SEPSIS.

By J. G. TURNER, F.R.C.S.

STRICTLY speaking, dental sepsis means foulness of the teeth (Gr. *σήπο* = make putrid); but the meaning of sepsis has been enlarged to indicate, in a loose, indeterminate fashion, the presence in noxious amounts of any germs and their products other than a few well-recognized varieties—the so-called specific germs—such as *B. tuberculosis*, *B. diptheriae*, *Treponema pallidum*, etc. It may be premised, however, that the word is not ill-chosen, since a foul smell is present in most cases of dental sepsis.

The term “dental sepsis” is here proposed because it indicates the dependence of the septic condition on the presence of teeth. Just as well as the term “oral sepsis,” it can be made inclusive both of results and causes—of pyorrhoea alveolaris, dental caries and abscess, and tartar, which are found in varying proportions in a septic mouth, as well as of the germs, with or without decomposing food and debris, which constitute the original state of sepsis.

Nowadays no one will be found to dispute the existence of dental sepsis; but while on the one hand many regard its recognition as almost revolutionizing the practice of medicine, and as having a large influence on surgery, others are inclined to think that too much is made of it. If we put the former view in its extreme form, we may say “every mouth is septic, and wherever there is sepsis there is infection, actual or potential.” The latter view we may similarly epitomize thus: “There are germs in every mouth, but only seldom in such amount as to be injurious; moreover, the individual may be ‘salted’ by his mouth-germs.”

#### DEFINITION OF TERMS.

Consideration of the following facts may help to a reasonable attitude towards dental sepsis. To begin with, the conditions of dental sepsis and the terms used in describing them need consideration.

##### *Septic Organisms in the Normal Mouth.*

The simplest condition of dental sepsis is that in which the oral tissues are healthy and the teeth sound and free from deposits of tartar, but in which germs of various sorts are to be found harboured among the teeth, and, to a lesser extent, free in the oral fluids.

This is the normal mouth; it is healthy, but it is a potential source of danger.

##### *Pathological Consequences of Sepsis.*

The deviations from this normal condition are to be traced on the one hand to the deposition and stagnation of germs, food, and other foreign matter, including lime salts of the saliva forming tartar, on and among the teeth, and, on the other, to the many forms of tissue reaction exhibited by soft tissues and bone to injury (used in its widest physiological sense).

Starting from this condition of normal sepsis—a condition which is universal among animals living in a germ-laden environment—a point is soon reached at which the microscope is no longer needed to demonstrate the presence of bacteria; they are present in tangible masses as a greasy white deposit sticking to the necks of the teeth. The mouth is now definitely septic, and the inflamed state of the edges of the gums shows that they, at least, resent the presence of this deposit.

##### *Solid Stagnation.*

Leaving dental caries aside for the moment, the earliest abnormal state to which a distinct name may be given is that in which, although the gums are clinically or to the naked eye healthy, yet from under the gum-edge there may be squeezed up a pultaceous mass shown by the microscope to be almost entirely composed of germs. This may be called the stage of solid stagnation.

Often this pultaceous mass has a fetid smell, and we have the earliest stage of putrid stagnation, depending in this case probably on decomposition of mucus, dead epithelium and leucocytes, and comparable to the mucus plugs found in the tonsil.

##### *Putrid Stagnation.*

Putrid stagnation may next be noted, since it is a condition which may occur without visible tissue changes,