

In eight weeks the patient returned to work, and has not lost a day since. His feet are so flexible he takes some pride in showing them; he has gained ten pounds in weight, the muddy appearance of the skin is gone, and he claims to enjoy life to a degree unknown for several years past.

In this patient the teeth themselves were sound, and the gum condition obvious. In a considerable portion, however, one might easily overlook a pyorrhoeic process, as it may only involve a few teeth, or as in a patient observed a few weeks ago with arthritis of the elbow, only the inner surface of the gums were apparently involved. This possibility of oversight, and the association with rheumatism, is again well illustrated by Goadby.

History.—Patient, a man aged forty, had sudden attack of pain behind left ear, progressive stiffness, and muscular rheumatism, and stiffness of the right shoulder, and right hip joints. Ten days later, rigor, temperature 102 degrees F., and evening temperature of 100 degrees F., for two or three weeks, which gradually subsided. Three months later another acute attack, with fever, pains in back of head and neck, lasting five weeks. An X-ray photograph of the chest was taken and it was thought that the case was one of early tuberculosis. The patient was sent to a sanatorium, where, however, he derived no benefit and left. He was in constant pain, unable to move his head, and had constant attacks of fever at night, the temperature running up to 100 degrees F., falling to sub-normal in the morning. He became wasted, losing more than a stone in weight, and had become greatly depressed mentally, and had to give up his work.

Hyper-æsthesia over all cranial nerves. The patient could only walk with difficulty.

The molar teeth had been lost on both sides in both jaws; the patient resented any suggestion that his mouth was at fault, as he had recently seen his dentist, who had pronounced his gums and teeth quite sound, and the gums appeared normal in color. Careful examination with a fine platinum probe brought to light several deficiencies between the remaining teeth, and passing down to the bare bone, and microscopically pus was demonstrated. A vaccine was prepared and inoculations were performed. The patient made an uninterrupted recovery, the temperature ceasing to rise at night after two or three inoculations. After six months the inoculations were discontinued, and a slight relapse took place. The vaccine was, therefore, continued for a further six months, and the patient made a complete recovery, and has remained perfectly well since.

Such conditions as reported above are among those who came for treatment because of rheumatic conditions. I now wish to refer to, and