

THE RELATION OF FOCAL INFECTION TO
MENTAL DISEASES.

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I HAVE read with interest and appreciation the brief paper on "Focal Infection in Relation to Mental Disease" (*vide Journ. Ment. Sci.*, April, 1929, p. 267) contributed by Drs. Kopeloff and Kirby, whose work, along with that of their colleague, Dr. Cheney, is familiar to English and American psychiatrists.

Their paper has reference to some remarks of mine, summing up the discussion on this subject at the Edinburgh Meeting, July, 1927 (see *Journ. Ment. Sci.*, October, 1927, p. 726), which was opened by addresses from myself, Sir Berkeley Moynihan (now Lord Moynihan) and Prof. G. M. Robertson.

These remarks were necessarily of a hurried and largely colloquial character, which could not be reported in their full context, and my considered opinions cannot fully be drawn from them, but only from my address which preceded them.

This incomplete and colloquial character especially applies to the last sentence of my reference to the work of these American observers, which by its abruptness about "not worrying" seems to show a want of courtesy and appreciation towards them.

I therefore gladly take this opportunity of saying that this was far from my purpose. On the contrary, I share with all others a full appreciation of the laborious investigations which they have carried out, and which have supplied many needed data to other workers on the subject.

The inclusion of that final sentence of my remarks was due to an unfortunate *contretemps* which caused me distress at the time.

When I found it in the proof of my remarks *I at once struck it out*.

It was, therefore, a source of great surprise and regret to me to find, when the Journal was published, that this correction had unfortunately been overlooked in the final revise.

My regret at this oversight was fully shared by the Editors of the Journal, to whom I at once wrote. I was in time, however, to enable the correction to be made in the later issues of the Journal,

and in the reprint of the whole discussion which was later made available to readers.*

My remark about "not worrying" had reference to the negative results which the American observers had obtained in the 58 cases in which septic foci had been removed.

They seemed to me to attach too much importance to these results. Personally I do not think the divergence of view between their results and others is as great as they seem to emphasize.

The whole subject is so difficult as to warrant any differences of opinion that exist, and no good is served by accentuating these divergences. The broad fact about which we are agreed is, I think, correctly described by Prof. George Robertson in summing up the discussion, *viz.* :

"The discussion had been very interesting, and had made a deep impression on everyone who had been present at it. He was sure that in the future no one attending clinical cases would overlook septic foci" (*op. cit.*, p. 727).

Or, as Sir Hubert Bond summed up :

"That there is a relation between sepsis and mental disorder seems scarcely open to doubt. The removal of sepsis cannot do otherwise than promote health ; and if perchance it has, indeed, acted as a precipitating agent of the mental illness its removal cannot fail to assist in warding off relapses" (*op. cit.*, p. 728).

With this view of the matter, I take it, the American observers are in substantial agreement. They admit that "the psychiatrist may even be justified in regarding focal infection as a precipitating factor in some psychoses."

That is being more and more recognized, as the work of the various mental hospitals now shows.

I do not think that anyone can reasonably hold the view that "focal infection is the *specific* cause of the functional psychoses."

The factors underlying mental disturbances are many and various. But when the importance of a great potential factor—like sepsis—is brought into the foreground by observers such as Dr. Graves, of the Birmingham group of hospitals, and others, it is certainly very desirable that it should receive special independent attention not only as an infective factor in causing psychotic disturbances, but also as a potential factor in causing the various disturbances—in metabolism (*e.g.*, calcium metabolism), agglutinating and resisting properties of the blood, endocrine function, etc.—that are so constantly found in mental cases.

My own opinion is thus expressed (*op. cit.*, p. 557) : "In dealing with this subject let me put in one plea. Do not let it go forth

* This is so. The revised report runs: "Yet, while paying his tribute to it, he did not think psychiatrists need unduly worry about the negative results of this particular work." We regret that the original correction to which Dr. Hunter refers was inadvertently overlooked.—[EDITORS.]

that sepsis is the cause of all forms of insanity. That is the sort of thing that will only serve to put the clock back. Let us be content to know on new evidence that chronic sepsis is undoubtedly capable of producing very marked psychotic disturbances, and that a new and more hopeful era has been opened up for the prevention, amelioration or possible arrest of various mental disturbances and disorders by removal, surgically or otherwise, of the sepsis which so commonly besets the mental patient."

The new evidence referred to includes that relating to the prevalence and severity of the conditions of dental and nasal sinus infection in mental patients who present problems of difficulty in regard to their treatment. The problem is a clinical one presenting different features in individual cases. The hope expressed may not be shared by all; that is a point on which, as the American observers justly remark, "We must suspend judgment, and gather further facts or develop better methods."

But as they also conclude, "In the meantime nothing should be left undone, physically or mentally, which will tend to restore the mental patient to a normal condition."

