

Focal Infection and Mental Disease. (*Amer. Journ. Psychiat.*, October, 1923.) *Kopeloff, v., and Kirby, G. H.*

The authors state that this investigation was stimulated by the claims of Cotton, and therefore it has been necessary painstakingly to scrutinize his work. One hundred and twenty cases were taken, 58 forming the series which were operated on and focal infection removed, and 62 cases were taken as controls.

Generally speaking the cases were balanced as to types of mental disorder, duration and probable prognosis, and also as to types of infection, such as that of the teeth, the tonsils or the cervix. The duration of the cases both before and after admission varied from a few weeks to a number of years. Full details of all these points are given in a number of tables. The types chosen consisted of 33 and 32 cases of dementia præcox in the selected cases and the controls respectively, 20 and 25 cases of manic-depressive psychosis and 5 each miscellaneous.

Twenty-two of the 58 operated cases improved or recovered, 15 of these being in the manic-depressive group, 8 of which were recoveries.

Of these 22 cases 6 improved before treatment commenced, 4 cases improved within a month of operation, 9 cases improved in one to two months and 3 cases later.

The figures in the controls very closely resembled those of the operated cases.

The authors give a detailed criticism of the bacteriological technique employed by Cotton and of the deductions drawn therefrom, and much of this appears to be well justified.

The conclusions drawn are that in the psychoses chosen the removal of focal infection did not result in a higher percentage of improvements or recoveries than in the cases in which this was not done. Again, all recoveries obtained in the operated cases have been forecasted, and no case recovered in which a poor prognosis had been given. In one case, however, an unexpected improvement occurred. A critical study of the methods used by Cotton for establishing focal infection proved them unsatisfactory for teeth, stomach, lower intestine and cervix.

Finally, while it is desirable to remove proved focal infection where found, it has not been shown that focal infection is the ætiological factor in the functional psychoses.

A. A. W. PETRIE.

3. Clinical Psychiatry.

Some Röntgenologic Observations of Gastro-Intestinal Conditions Associated with Mental Disorders. (*Amer. Journ. of Psychiat.*, April, 1924.) *Henry, G. W.*

Details of the findings and technique employed in barium meal examinations of 100 unselected cases from the Bloomingdale Mental Hospital are summarized. Only 25 per cent. had gastro-intestinal symptoms, quite slight except in one or two. X-ray

examinations were made over a period of six days in each case. The results showed that in manic states the position of the viscera tends to be high (normal or above normal) and tone and motility are increased, whereas in depressed states the position is low and there is longer retention and hypotonus. Recent dementia præcox showed more marked changes than the chronic who may be supposed to have made some adjustment. Dementia præcox in general shows higher position, hypertonus but diminished motility. In all psychoses with paranoid trend there is some hypomotility and hypotonus of sigmoid and rectum, which is interesting in relation to possible anal eroticism. Psychoneurotics appear to be prone to hypertonus and hypomotility. One patient was observed in both manic and depressed states, and the findings agreed with those of the manic and depressed groups.

In a discussion of this paper *White* speaks of hypertonus as representing conflict. Hypotonus (*e.g.*, the long-standing dementia præcox cases and the depressed patients) indicates that the patient has "given up the fight" for the time being. The hypotonus and retention of contents of the lower bowel in involution melancholia is in agreement with psycho-analytic theories according to *White*, as these patients have a large component of hate which, in suicidal cases, leads to turning one aspect of the personality against another.

MARJORIE E. FRANKLIN.

Psychic Manifestations in Migraine. (*Amer. Journ. of Psychiat.*, April, 1924.) *Moersch, F. P.*

Among 1,000 cases of migraine in the Mayo Clinic, psychic symptoms were noted in 150, but the real incidence is probably greater, as the author has to rely on history or short observation. The disturbances are usually mild and transitory, but more serious conditions, sometimes even suicide, are occasionally recorded. The commonest form is mild mental and physical depression with retardation, sometimes combined with anxious foreboding. In the prodromal period this may occur alone or be preceded by a transient state of hypomania and exhilaration. Visual, olfactory, and sensory aura sometimes occur. During the attack there may be divers types of psychic disturbance, the commonest being somnolence, sometimes leading to clouding of consciousness, confusion, hallucinosis or delirium. Unconsciousness may be associated with migraine and does not necessarily indicate epilepsy. Psychic disturbances in this phase are usually relieved by vomiting and sleep. Other symptoms at the height of the attack include anxiety and terror, auditory, visual, occasionally olfactory hallucinations, obsessive ideas, etc. Transient manias and changes in personality may be associated with the attack or occur as psychic equivalents. Personality changes include moroseness, impulsiveness, compulsions and pathological stealing and other periodic asocial acts. Other equivalents include excitements, depression, confusion, automatism and dissociated states. The author alludes to an association with periodic drinking and the existence of a "migrainous constitution."

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