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**“ Ear, Nose and Throat Disease in Mental Disorder.”**

INTRODUCTION BY THE PRESIDENT, T. C. GRAVES, B.Sc., M.D.LOND.,  
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As an introduction to the subject I have selected for this afternoon's consideration, namely, “ Ear, Nose and Throat Diseases in Mental Disorder,” I would point out that from time to time various approaches to the study of mental disorder are put forward, each viewing the problems presented, or some of them, from a particular aspect.

In my address last year I sketched in broad outline a concept giving such a basis of causation, development and therapeutics in conditions of mental inefficiency, ranging up to the so-called functional psychoses.

In this scheme what might be termed the infective disease approach was stressed as basal, but as this infective disease produces its effects by reason of its capacity to irritate, poison and destroy all the tissues of the body, this avenue of study can be termed the total somatic approach.

It is a realistic method of approach, for it is based on a dynamic disease process manifesting itself in conditions which are of wide frequency, but generally regarded as of insignificant import.

From the general somatic viewpoint this concept explains the origin of the various diseased bodily states which are so frequently associated with mental illness.

A large measure of endocrine dysfunction may be a result of the infective disease process, so much so that an endocrinological approach may well be formulated, an approach which, however, can be included in the total somatic approach.

A neurological avenue is also included in this conception, but here, whilst interest can be focused on the intradural nervous system, realism directs urgent attention extradurally, to the peripheral nervous system, and especially to the existence and condition of those areas of disease which are situated on

and in the peripheral nerves and their specialized endings, for by these channels of sensation and motion environment is recognized and reacted upon. Now the region of the ear, nose and throat, together with that adjoining space lying 'twixt mucosa and dura, is the part of the body where there is the greatest concentration of those functionally differing nerves and end-organs and other essential lines of communication, and this area also from the point of view of absorption forms the beginning of the visceral sheath. In this area, therefore, disease effecting positive and negative disturbances of sensation can, in the mind confused by toxaemia emanating from the same source, produce an erroneous conception of environment.

It is therefore in relation to a consideration of this aspect of the total somatic approach that I have arranged the programme this afternoon.

After considering the bearing of the location of the disease process on the problem, a next important point is the extent and character of that process, and in this relation it is essential to stress that investigation should be thorough.

In dealing with this it appears that clinicians in this and other fields of medicine and surgery, who profess interest in the activities of the chronic infective process, seem to regard its importance very differently.

Thus, quite recently, two important but separate clinical reviews have covered the subject with this sentence: "Of course, obvious septic foci should be removed." The adjective "obvious" may be attached for some reason, but it seems a meaningless, and therefore unnecessary, qualification.

It may imply there are non-obvious foci and that nothing need be done about them. In sum, there is a suggestion of limitation of investigation and treatment to conditions where there is gross external discharge, but that those areas where the discharge is internal, supplying a potent toxaemia, can be neglected.

Similarly the assertion: "Focal sepsis was eliminated" may so easily mean that it was eliminated from further consideration, but not from the patient. The chronic infective process is not easily disposed of.

In contrast the following instruction illustrates the importance attached by another clinician to the cryptic and latent, yet dynamic character of the often far from obvious process: "Septic foci should be sought diligently because they may be the only factor which is keeping the health subnormal."

An investigator in another field reports: "Removal of septic tonsils, cleaning up dental sepsis and puncturing antra offers no encouragement." "Yet," the investigator submitted, "the syndrome often follows rheumatic fever, influenza, pneumonia and other fevers, and is aggravated by them."

I hope we shall learn this afternoon whether the limitation of the area and scope of the investigation and treatment would vitiate the conclusion reached by the recording clinician.

Puncturing antra supplies information as to the existence of exudate when fairly copious in amount. We have to recognize that disease in this region may be still very important when principally limited to the membrane.

In this relation an adaptation of a sentence from the last public utterance of the late Lord Stamp is apposite: "People seeing no reason (in the form of pus) thought there was none."