

Sketches from the history of psychiatry

The focal sepsis theory of mental illness

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“to neglect the study of history is not prudent”. Samuel Johnson. (Quoted by Hunter and Macalpine in the preface to their *Three Hundred Years of Psychiatry*)

Case one

J.H. was a 51-year-old man admitted in March 1937. The admission notes record brief details of his condition stating that he had developed the belief that his food was being “doped” and that he was “wasting away” due to reduced intake. Soon after admission he was described as “lying silent all day” refusing food and drink. The diagnosis is recorded as “a state of hypochondriacal melancholia”. The aetiological factors or “causation principles” are listed as “insane hereditary” and “dental sepsis”. During the first three months of his admission he received nine periods of dental treatment. He is described as “now edentulous” in June 1937. His condition was recorded as “unimproved” over subsequent months during which his intake was variable. A further deterioration in intake was recorded during the month prior to his death in January 1941.

The above extracts from medical records at Rubery Hill Hospital are fairly typical of case-notes from the period starting in the 1920s and extending into the late '40s. Such references to dental or oral sepsis occur frequently. The practice of complete dental clearance was common. This treatment was clearly not limited to cases where dental sepsis was considered of prime importance: the records contain numerous examples of General Paralysis of the Insane and one case of “imbecility of the Mongoloid variety” where dental sepsis was considered to be a contributory factor to the patients' mental state and behaviour, and in each case they had all their teeth removed. This was so much a part of hospital practice that a consent to dental treatment of an extensive nature was routinely obtained on admission. The idea behind this treatment was known as the “focal sepsis theory of mental illness”, the central tenet of which was that much chronic mental illness resulted from the toxic effects, on both the nervous and endocrine systems, of localised foci of infection. The most common site of such foci were believed to be the teeth, the oro-pharynx and occasionally further along the gastro-intestinal tract.

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THE COMMON CAUSE IN THE FUNCTIONAL INSANITIES

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Psychotics are physically infirm. The purpose of this contribution is to demonstrate the existence of a common cause for the mental and physical illness.

In the organic and toxic insanities a parallel exists between the somatic and toxic causal factors and the mental manifestations; but in the remaining insanities, a group provisionally labelled functional although in their course bodily illnesses occur, no such similarity is shown; in fact, erraticness appears to be characteristic of the somatic and psychotic interrelationship.

Psychological Considerations

In discussing the causation of these functional insanities psychological conceptions loom large, though they are, with the system of Freud (the latter self-admittedly), useless therapeutically. The conception of mixed causation—indicating that any psychological factor, otherwise regarded as primarily causal, has produced its effects in a physically sick person—is more appropriate than pure psychogenesis.

If the relation of these physically sick states to the functional psychoses is reviewed a full circle of opinion appears. Thus the stress of bodily illness can cause mental symptoms; both somatic and psychotic conditions can occur independently of each other; insanity can cause some somatic disorders; emotional states are of “specific importance” in the causation of certain disease states; psychological factors cause gross bodily disease, and this should be treated psychologically; mental conditions give rise to physical maladies; and nervous conditions produce sickness which calls for medical attention. In contrast, some presumed psychotic symptoms, attributed to “action of unconscious motives,” have neurological

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The focal sepsis theory and its associated practices were recently described as “an alarming episode in early 20th century American psychiatry” (Beveridge, 1990). However the theory also had its supporters in this country and dental clearance was part of routine

practice in several hospitals such as Rubery Hill as recently as the late 1940s. The Medical Superintendent of Rubery at the time was Dr T. C. Graves, one of the most well-known supporters of the theory. His background included qualifications in both veterinary science and general surgery; he was a relative latecomer to psychiatry. He was not by any means an isolated practitioner of a little known theory. He was, in fact, the President of the Royal Medico-psychological Association for four years running, starting in 1940 (making him the longest standing holder of that post). He published over 30 studies on the subject including a paper describing the association between oro-pharyngeal sepsis and mental disorder in 2,056 cases (Graves, 1937). His most detailed exposition of the theory was published in 1940 titled 'The Common Cause in the Functional Insanities' (Graves, 1940).

The theory originated in the early 20th century with the work of Joseph Cotton at Trenton Hospital in New Jersey. He was the first to advocate the use of dental clearance and sinus washing to remove alleged foci of infection as treatment for psychiatric disorders. Cotton visited Rubery in 1927 to meet T. C. Graves and compare working practices. They then went together to a joint meeting of the Royal Medico-psychological Association and the British Medical Association's section on mental diseases which was devoted to discussion of the focal sepsis theory. At this meeting William Hunter proposed that the "functional psychoses", should in future be termed the "septic psychoses" such was the

enthusiasm for the idea at the time. Cotton went on to extend the search for sepsis, later recommending partial colectomies for, among others, manic depressives (Scull, 1990). In England, Graves concentrated on the removal of teeth and treatment of oro-pharyngeal sepsis.

The theory and its associated practices fell rapidly from favour during the 1940s due to its minimal effectiveness and the growth of other physical treatments. It has not been mentioned as being of historical interest in any of the major textbooks for many years. An operating theatre that Graves had specially built at Rubery later became a day case oral surgery unit and remained in use until the 1970s – a reminder of abandoned ideas. In retrospect, the focal sepsis theory appears unlikely and its practices barbaric; however, this has been (and may continue to be) the fate of many medical and psychiatric treatments.

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