

resulting toxæmias. They are stated to recover after treatment of the oral infection. Hence we must either change our diagnosis in the cases which recover from dementia præcox to manic-depressive insanity, or admit that dementia præcox is not the incurable malady we have believed it to be.

The existence of chronic infection is determined by methods as follows: (1) Complement-fixation test of the blood for *Streptococcus viridans*. (2) Examination of the teeth: The X ray must be used. All capped and pivot teeth are extracted and all fixed bridge work removed. (3) Infected tonsils: These should be enucleated. (4) Gastro-intestinal tract: Involvement of stomach, duodenum, or lower intestinal tract occurred in 50 *per cent.* of cases. A routine examination is made and autogenous vaccines are used. *Streptococcus viridans* is the principal infecting organism but a virulent colon bacillus may be present.

At the Trenton State Hospital, as the result of treatment the average monthly discharges to admissions increased from 43 *per cent.* to 80 *per cent.* Mills does not hold these optimistic views, and states that teeth were freely sacrificed without a single convincing result. Anders also believes that the latest fad, as he terms it, has far-reaching baneful effects, although he admits that many morbid medical conditions may be oral in origin. He thinks that the medical and dental profession should protest against the all too common custom of extracting teeth on the mere assumption that when tooth root disease exists it is the cause of disseminated infection. All other foci of infection should be eliminated before consulting a dentist.

Fine also believes that too many teeth are extracted and thinks that the systemic disease may account for the dental disturbance. Fones thinks that dentistry should concentrate on the soft tissues (gums, pericementum and pulp), for these permit the ingress of bacteria into the lymphatics, thus producing many systemic infections. He agrees with Cotton.

Cahn states that there are faddists in every profession, and as hundreds of ovaries and appendices have been needlessly sacrificed, so have thousands of teeth, although a great number of seemingly hopeless cases have been cured by the eradication of oral sepsis. Any infected area should be removed, be it in the mouth, throat or prostate. The removal of vital and healthy teeth for the supposedly clearing up of an oral infection is gross ignorance and malpractice, but the removal of dead infected teeth or the clearing up of a pyorrhœa alveolaris should be strongly advised.

W. J. A. ERSKINE.

*The Nature of So-called Idiopathic Epilepsy according to Recent Studies.*  
(*Archiv Neurol. and Psych.*, February, 1922.) Pagniez, P.

The formulated conceptions of idiopathic epilepsy still maintained are that it is a resultant of (1) a predisposition due to a congenital or acquired lesion of the nervous system, and (2) a precipitating cause, *viz.*, an intoxication, usually alimentary. The antecedent brain lesion is due to local mischief, possibly traumatic, but frequently toxic.

In a series of cranial war injuries French workers demonstrated 10 to 20 *per cent.* of subsequent epileptic seizures, partial or complete, and

the longer the observation the greater the incidence. The attacks supervened after a variable latency, commonly three to five months, but in one-fifth of the series five to ten months. General epilepsy was less prevalent than the Jacksonian type. The latent period coincides with cicatrisation of the lesion, the form and particularly the extent of the scar-tissue being the determinant, and not the lesion itself.

The crisis of *grand* or *petit mal* is produced by a cortical vaso-motor derangement, whether anæmia or stasis. Anæmia must be an adequate cause, for suppression of systole in certain cardiac cases results in vertigo 3 secs., fainting 8, and epileptiform convulsions 12 to 15 secs. Leriche is stated to have observed manifest anæmia in exposed brains in two subjects. Also the retinal arteries have been seen in spasm 20 secs. before convulsion and persistent throughout *status epilepticus*.

Alimentary intoxications are admitted the most important cause of onset, sometimes the accumulation of normal waste products, sometimes polyglandular inefficiency. The stereotyped manifestations of epilepsy cannot be identified with the variable phenomena of anaphylactic crises.

Edgeworth claimed complete cure in 40 *per cent.* of a short series by protein therapy—small doses of peptone intravenously. No success attended auto-serotherapy.

JOHN GIFFORD.

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#### 4. Clinical Psychiatry.

*General Paralysis and Heredity* [*Ueber die Rolle der Erbllichkeit bei der Paralyse*]. (*Arb. für Psychiat., München, Bd. ii, February, 1921.*)  
Meggendorfer, F.

From the time of Bayle the influence of heredity in the causation of general paralysis has received much attention, and at the present day there are many leading authorities who hold that, next to syphilis, heredity is the most potent ætiological factor. It has been shown that in the families to which paralytics belong there is an hereditary mental taint, less than in the families to which persons affected with other mental diseases belong, but greater than in the families to which normal persons belong. Further, in the descendants of paralytics a mental taint has often been observed, so that some authors have held that general paralysis not only arises from degeneracy but produces degeneracy. Most studies, however, of the offspring of paralytics have dealt chiefly with young persons, and do not show their fate in adult life; on the other hand, investigation of the family histories of mentally affected congenital syphilitics yields results that are misleading, because account is taken only of the diseased and not of the healthy. An inquiry into the mental constitution of the descendants of paralytics, if it is to yield results that shall be comparable with those yielded by a survey of the descendants of persons of other categories, must start from the paralytics themselves.

From the entire paralytic case-material of Upper Bavaria since the year 1859, Meggendorfer has selected such cases of general paralysis as satisfy certain requirements: The diagnosis must be beyond doubt, the date at which the paralytic became infected with syphilis must be