

The Force of Mind; or,
The Mental Factor in Medicine
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"The Springs of Character," etc.

ιητρος φιλοσοφος ισοθεος

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TO THE MEMORY OF
MY FIRST TEACHER OF MENTAL THERAPEUTICS

THE LATE
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THIS LITTLE WORK
IS AFFECTIONATELY DEDICATED

PREFACE

TO

THE SECOND EDITION

THE fact that a second edition is already called for, coupled with the kind way the book has been received by the medical profession, shows a marked interest in the Mental Factor in Medicine. The author has always believed that, in spite of much outward indifference, there is in the minds of many thinkers a deep appreciation of the importance of the union of mind and body which this volume insists on. That the 'Force of Mind' may be used scientifically in the profession with greater effect is the author's sincere hope and aim.

6 HARLEY STREET, W.

October 1902.

PREFACE

TO

THE FIRST EDITION

THIS book is an endeavour to supply the information asked for on April 17, 1897, by the 'British Medical Journal' in the following editorial note on an address of mine to the Victoria Institute on the 'Scope of Mind.' It runs as follows:

Book written in answer to the 'British Medical Journal.'

'This is all very interesting, but some people would perhaps like to know how this key to the cause and cure of many, if not of most, diseases is to be used; and to have one or two diseases named in which the unconscious mind plays the part of causation or cure; and some suggestion as to the use of the knowledge in respect to cure.'

This request, made five years ago, is thus the 'exciting' cause of this book; the 'predisposing' cause being found in the continual study of these questions, necessitated in the treatment of functional nerve diseases—no two of which present the problem in precisely the same light; and it is written in the hope that those who are really anxious to study the

The 'exciting' and the 'predisposing' cause.

relations of mind and body with regard to disease may get some assistance from the evidence I have adduced on the subject.

Sense of proportion necessarily lost.

I would next remark that in reading this book the sense of proportion is necessarily lost between the relative importance of this 'mental factor' and all the other causal factors of disease. It is inevitably so in any book occupied exclusively with one side of a question; and it must not be supposed for a moment that (as explained in the text¹) one does not fully recognise that, after all, in many diseases the part played by the mind is *very small indeed*, either in cause or cure—though we believe that to some extent it is ever present. It may also be borne in mind that a thousand books exist on the physical factors in disease, whereas on the mental factor hardly a work can be found.

Standing in a rapid stream.

And again, in defence of any zeal in pressing the subject that may appear to some readers excessive, I may be allowed to point out that I am only too conscious of standing in a very rapid scientific and material stream, whose current sets against the consideration of the subject here raised.

Under such circumstances I cannot be blamed for not preserving the exact perpendicular of a neutral and colourless mind. To keep one's balance one must lean over against the current if one is to counteract its force, and thus present a very one-

¹ See Chapter IV.

sided appearance ; for the subject has to be pressed and arguments reiterated in a way that would be quite unnecessary in still waters.

Having tried to explain my one-sided attitude and to account for any over-zeal that might be deprecated, I should like to say one word about an omission that is rather conspicuous. I have soundly rated (without, I dare say, doing them much harm) our modern text-books for their rigid adherence to a mere descriptive level : wilfully oblivious of the moving and governing central power that must exist to bring the multifarious processes of the body into harmony. But it may well be retorted that, though I trace these to a mysterious agency which I am pleased to call the 'unconscious mind,' I make no attempt to show whence this mind is derived. This omission is not, however, due to any want of belief in a First Cause, nor to any doubt that this First Cause is indeed the 'God' of Christians and of Revelation, 'in whom we live, and move, and have our being,' but solely to the fact that the subject lies beyond the scope of this work, which is limited to the powers and action of the mind in man, and is not concerned with its origin or even with its nature.

Finally, I would earnestly crave the indulgence of the literary reader, not only for the many avoidable defects he will doubtless discover, but also for the unavoidable drawback of having to make innumerable quotations and extracts in the text. This cannot be

A notable omission.

Innumerable quotations and many repetitions.

obviated, as it is absolutely necessary in seeking to establish any new or doubtful point, to prove it by whatever testimony one can secure; and this cannot be relegated to foot-notes. No doubt the result makes the book less readable, but that is a small matter if it makes it more convincing. To this end also I have ventured to repeat in several chapters the same point in different words wherever it is one of great moment, knowing well from experience what a help this is in these days of rapid reading.

Impor-
tance of
the whole
subject.

The whole subject is of such value to the medical profession, and so greatly neglected, that I should be indeed glad if the very defects of this monograph might rouse some abler pen, convinced of the importance of the matter, to present it in a weightier and at the same time more attractive form.

6 HARLEY STREET, W.:

August 1902.

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PART I.

**THE ACTION OF THE MIND IN
CAUSING DISEASE**

THE
FORCE OF MIND,
OR
THE MENTAL FACTOR IN MEDICINE

‘*ἰητρὸς φιλόσοφος ἰσόθεος*’

HIPPOCRATES

CHAPTER I

THE FORCE OF MIND

‘Though leaders in the profession have recognised the mental factor in all ages, it is generally ignored to-day.’

ONE of the most charming medical biographies recently published is the Life and Letters of Sir James Paget by his son. It stands a model of what biographies should be, alike in its simple diction and the natural manner in which we are allowed to see the character of the man himself growing before our eyes; revealed perhaps most fully in his private letters to his friends. Its greatest charm lies of course in the personality it describes, and we may say that such a man enriches and ennobles the whole profession to which he belongs. No one can rise from the perusal of this book without feeling a better man, a sense of the dignity of labour, and the certainty of the ultimate reward of a consistent and straightforward life.

Biography
of Sir
James
Paget.

We allude to it here because our subject is 'The Mental Factor in Medicine,' and it chances that this volume contains some remarkable testimony on this head.

A letter
to Sir H.
Acland

The sentence we would quote is part of a letter from Sir James Paget to Sir Henry Acland written in 1866, and reads as follows: ¹ 'What unsatisfactory . . . cases these are! This clever, charming, and widely known lady will some day disgrace us all by being juggled out of her maladies by some bold quack, who by mere force of assertion will give her the will to bear, or forget, or suppress all the turbulences of her nervous system.'

is a mirror
of the
writer's
mind,

Now such a letter is absolutely invaluable, and for this reason. Any conscious effort to reveal one's mind or spirit mostly ends in failure. It is when the conscious mind is diverted elsewhere, and the man is unaware of being observed, that the unconscious mind shows as in a mirror the true soul, the real thoughts of the *ego*. A casual letter to a friend reveals more, therefore, in its unstudied phrases than an elaborate essay could do upon the subject. Every thoughtful physician knows the real illuminating value of letting a patient describe his symptoms in his own language, however quaint; and how he learns thereby more of the inner working of the disease than by the most cunning phrases which he puts into the patient's mouth.

and of the
medical
mind of
1866.

It is so here. This illuminating letter pictures unconsciously as in a glass the attitude of the medical mind of 1866 towards mental therapeutics—a mind

¹ *Sir James Paget: Life and Letters* (Longmans, 4th edit. p. 277). Extract of letter to Sir H. Acland (we have given the whole extract).

which is not so very much changed in 1902. Many of our readers will find their own thoughts reflected in it.

Translated into bald prose, it sets forth 'that the disgrace of the writer, of Sir H. Acland, and other eminent colleagues is expected, owing to the power possessed by some "bold quack" to cure an attractive patient of Sir James Paget's through her mind by mere "force of assertion;" the process of cure apparently consisting of the lady "being juggled out of her maladies."'

A bald
prose
trans-
lation.

Such an unconscious revelation of the thoughts of a great and powerful teacher demands our closest attention; and an analysis will be found to well repay the time it may require.

The general picture it presents is at first sight absolutely amazing.

An
amazing
picture.

We see these justly distinguished men sitting down, and calmly awaiting their inevitable disgrace (with a fatalism worthy of Hindoo fakirs), at the hands of 'some bold quack,' in the cure of this 'clever and charming lady,' whom they all seem powerless to help.

Try and realise for a moment the horrid conceit of the 'bold quack' who reads this letter, and whose powers over this 'widely known lady' are thus accredited by the leaders of the medical profession, themselves paralysed by impotence.

Its effect
on the
'bold
quack.'

We must feel instinctively that 'something is very wrong somewhere' for such a grotesque picture to be possible; and the pathos is that it should be drawn by the pen of such a man as Sir James Paget.

Surely, on consideration, the 'unsatisfactory case' of which the letter speaks is rather that of the

medical profession than of the charming and widely known lady; and this the word 'disgrace' seems to confirm.

The lady's
view of the
matter

The lady's own view of the matter would be most interesting, and if medical men only practised a little more the art of putting themselves in their patients' place, they would not be surprised to find how widely their views differ from their doctors'. The lady in question doubtless would feel very grateful to the quack; and, so far from thinking her case unsatisfactory, would only apply this epithet to her previous treatment by physicians, of whom we fear she would say some unkind things.

'Cure'
versus
diagnosis.

Is it not extraordinary what value the public attach to such a trivial matter as 'cure;' and yet how utterly incapable they seem of grasping the importance of 'diagnosis'?

What after all, then, makes such a picture possible?

Where
does the
healing
virtue lie?

Can it be that the 'bold quack' wields some power called 'mere force of assertion' that the physician either does not understand or does not condescend to use? Does the virtue lie in the 'boldness of the quack,' in the 'force of the assertion,' or in both? In both probably; and I, personally, may assert 'with some force' that their acknowledged value by such a man as Sir James Paget proves that, in his opinion, the 'mental factor' can not only cause, but cure disease; and that it can be made available 'by force and boldness.'

The 'widely known lady' does not know this, and the 'bold quack' himself is probably equally ignorant, and in neither case are we surprised; but we are amazed and justly indignant that a force so

potent and so sure can be wielded with success by a charlatan ; to the disgrace (to use his own words) of such a profession as that which Sir James Paget adorned. It is a sign of grace that it is owned to be a disgrace ; and it is with the hope of being able to do something to remove such a disgrace that these pages are written.

Why be
'disgraced'
by
quackery ?

It is, further, very significant of the psychological standpoint of the period that this lady is cured by 'being juggled out of her maladies.' The phrase is most instructive, and the words show exactly what was passing in the writer's mind. The maladies are confessed, and not dubbed 'imaginary'—an added insult which is unfortunately only too common in the lips of inferior men. But they are cured by 'jugglery'—another word for conjuring, or producing effects without obvious means. A black draught and a blue pill are noble, obvious, and palpable professional remedies. But 'force and boldness' are such intangible, such unorthodox drugs !

What is
'medical
jugglery' ?

And yet, sooner than stand disgraced by bold quacks, it would be well if the profession tried such means ; and more especially when their effects on the patient are regarded so favourably by Sir James Paget !

Why, in the name of *Æsculapius*, should the profession have to look to a quack for boldness and force ? Is there, then, no dignity and authority, no courage and impressiveness in a physician's personality ? Are we to believe that he has not sufficient command of language to be able to make assertions of any required strength ? There are many words besides 'Abracadabra' that will strike a patient with awe.

*Æscula-
pius*
invoked

I admit, to the ignorant, and to those only accus-

Mental
thera-
peutics
are not
'jugglery.'

tomed to the heavy material methods of pharmaceutical therapy, the process may look like jugglery; but so would vaccination appear in the days of Jenner to the ordinary medical mind of the period, as indeed it does now to a large section of the laity.

Disgust at
irregular
tactics.

Moreover, we cannot help feeling that this interesting letter which we have considered, carries with it a distinct impression beyond what is expressed verbally. It is pervaded by a not unnatural feeling of disgust that tactics so unprofessional in the hands of an outsider prove successful where all orthodox manœuvres directed by experienced officers have failed.

The
'regular
and the
'quack'
in
South
Africa.

I couch the phraseology somewhat after a military manner, for it seems to me well, before leaving this instructive insight into the mind of a great man, to draw the remarkable parallel that exists between the disgust we notice in the letter and the same feeling in a somewhat similar situation to-day. Let South Africa itself represent the chronic invalid—the clever, charming, and widely known lady. In the British Army we have the orthodox practitioner of stereotyped pattern, while the bold quack stands confessed in the wily Boer, who at one time might have succeeded in annexing the charming patient by his 'jugglery.' (Perhaps the simile may seem clumsy and laboured, but it is in the feeling of disgust common to both that we shall justify the comparison.)

The
wisdom of
learning
from the
enemy.

The British Army, with its code of military tactics, honour, and courage, stood bravely by its worn-out manuals, marching in proper formation at regulation intervals, to be shot down, not indeed like a dog in a ditch, but standing erect, brave, and true, honourably

conspicuous against the skyline, until matters had reached such a parlous state that it became absolutely necessary to look into the tactics of the enemy. His low, mean, contemptible dodges had long filled every honest bosom with disgust—in his lack of regular uniform, in his sneaking, crawling advances, sniping behind a stone, and his no less ignominious scuttlings and scatterings when pursued.

But at last the lesson is learned, and we behold an amazing sight; a painful one perhaps, but in it lies victory. The British Army, after all, is wise enough to pocket its disgust when it perceives its own code is wrong; and though Europe may look on, discreetly smiling behind her hand, is not above taking a leaf out of the enemy's book; and the result is, we behold the British Army lying prone upon its 'abdominal parietes,' and wriggling from mound to mound along the veldt as slimly as the Boer himself. Without for a moment comparing the tactics of the Boer with the noble science of the relation of mind and matter in disease, let our own medical profession, following such an example, overcome any question of feeling, and study in a philosophic and scientific spirit the methods of 'the quack.'

We must make a definite advance in our position, and no longer sit by, while bold quacks use before our very eyes upon our own patients such rational and effectual mental medicine as forcible assertion; and we must also cease to dub as 'jugglery' successful methods we may not at the moment understand; knowing ever how much greater is the sum of truth than our very partial apprehension of it. Sir James Paget will not have penned this melancholy

'Abdominal' tactics of the British Army.

Let the medical profession take to heart this lesson.

Value of Sir James Paget's letter.

confession in vain if it leads us to the determination that such a force shall not be left to be exploited by charlatans, but shall be mastered and used by those who seek to walk in the van of our profession. Is it too much to hope that my readers will agree with the spirit of these remarks, which is the spirit which animates me to write these pages, however little they may be able to accept the terminology I shall use—after all, a minor matter—or to receive as evidence all the illustrations and testimonies I shall give?

Psy-
chology
and the
diseased
mind.

Some time ago, at a meeting of the British Medical Association, I had to read a paper bearing on the connection of mind and body, and found myself placed, and rightly placed, in the Psychological Section.

When I stood up to read, I faced an audience composed, with hardly an exception, of alienists, or, in other words, of those connected in various ways with asylums. It was evident that medical psychology consisted chiefly of the study of diseased mind, and practically included hardly any consideration of the sane mind in relation to medicine.

Yet undoubtedly the action of mind in disease and therapeutics is everywhere admitted, and vaguely, tentatively, and often unconsciously used.

It is not, however, a subject which is studied in our schools, or spoken of, or written about by our teachers. In fact, if this book were called 'The Mind in Medicine' it would no doubt be regarded as a work on insanity. The title, therefore, is 'The Force of Mind, or the Mental Factor in Medicine,' which avoids this danger. It is also more intelligible, and has a further recommendation which we will unfold in the next chapter.

The philologist would doubtless suggest to us that the first business of the physician is to deal with physics and physic; and that his healing art must therefore rest primarily upon a material basis; and yet the philologist does not in this explanation exhaust the meaning of the word 'Physician;' for there have been few worthiest of the name who have not perceived, it may be dimly, the presence of the 'Mental Factor,' and recognised the importance of the psychic element both to themselves and to their patients.

Physicians are not confined to physic or physics.

That mind and body are in some way connected was known long before the Greeks associated a mental state with a physical cause by inventing the term 'melancholy' (black bile). It is indeed only within the last century that the practice of medicine has been severed from its connection with the black arts, witchcraft, astrology, phrenology, quackery, and knavery of all kinds; most of these being more or less psychological in their nature.

Mind and body connected in 'melancholy.'

Medicine freed from pseudo-psychology.

The medical man of the present day values too much his freedom from the errors and mysteries of mediæval medicine not to look with a somewhat jealous eye upon anything that distracts him from his physical studies. He knows too well what his profession owes to the inductive methods of diagnosis, to exact observation aided by modern instruments of precision, to the advances in physiology, pathology, and bacteriology, to be over-anxious to turn aside to the study of the interaction of the physical with the psychic.

Science and exact observation are the methods to-day.

Yet, real as the advance has been, may I venture to suggest that it has perhaps become too one-sided in its character?

In medicine, as in most human pursuits, progress is

Medical progress like the motion of an Irish car.

too often like a journey on an Irish car—accompanied by an unnecessary amount of oscillation from side to side. All science advances ; but in medicine particularly the zigzag course of this advance due to rival theories and schools of thought eloquently demonstrates the unstable equilibrium of the human mind.

Medical philosophy out of fashion.

Philosophy in medicine is not in fashion just now. The sternly practical and scientific character of the medical school training, the mechanical and chemical plane on which our physiologies move, the strictly material nature of modern pathology, all tend to foster the belief that any consideration of the psychic in medicine is archaic in character and futile in result.

To talk of the patient's spirits in a case of phthisis, when the bacillus swarms in the sputa, seems to savour of 'idle words.' What folly to speak of mind influences in typhoid fever, when the enteric ulcer can be seen (*post mortem*) in the pathological theatre ! We can catch and stain and double stain the microbes of many infectious diseases ; what nonsense it seems, then, to talk of fear as a causal factor !

Advance in medicine, real and great.

In urging some attention to the 'mental factor' I would not for one moment be thought to depreciate in any way the great and real advance in the art of medicine ; nor to deny that it has undoubtedly been due to a steady persistence in exact scientific observation, with a rigid refusal of all *à priori* reasoning. Many are perhaps quite unaware what a vast gulf as to this separates us from the current thought of even fifty years ago, until they happen to take up such a book as Dr. George Moore's 'Use of the Body in relation to the

Mind,' published by Longmans in 1852, and compare it with a modern treatise on physiological psychology.

In spite, however, of all this, the psychic is ever with us, and a sober consideration of the part it plays in the human organism can never really be either out of date, or futile, or beneath the attention of the busy man.

It may be that one reason why an ill-concealed impatience is often felt when psychic causes are pointed out to the skilled experimentalist, is that they suggest a something which he can neither weigh nor measure; and he very naturally thinks that any attention they receive is diverted from exact research and the exclusive consideration of the material.

Another reason, surely, is the limitation of the human mind, which, when it has spent a term of years in the steady study of one class of phenomena presented in medicine, finds it both painful and difficult to consider another.

The 'British Medical Journal' (April 12, 1890) suggests as a third reason the inherent difficulty of the subject itself:

'The influence of the mind on the body is a subject whose study involves so many of the fundamental and difficult problems in Nature, that it would be strange if it were popular amongst men whose first aim is to be practical.'

To the 'Journal' (*of that date*) the study obviously is not of practical value; the 'practical' being clearly identified with the 'easy,' here, by implication, associated with the 'material'—a fallacy that is still sometimes repeated by those who regard men with the eye of a mechanical engineer.

The
psychic,
however,
is still
with us.

Reasons
for medical
dislike
of our
subject.

'British
Medical
Journal's'
reasons.

Four other reasons.

Yet another authority suggests that the ignorance of the medical man of the period as to the mental factors in medicine is due to four reasons:—

1. Want of instruction in the subject in medical schools.

2. The difficulty of the study without teachers or text-books.

3. The uncertainty of the utility of the knowledge when acquired.

4. The dread of being thought singular or old-fashioned.

Modern physiologies purely scientific.

The text-books of a period give great insight into the spirit of their time: and every thoughtful student of modern works on physiology and medicine must be struck with the increase of the scientific tone at the expense of the philosophic. The most recent physiologies agree in dealing *solely* with apparatus, structure, mechanism, and function on a mere descriptive level, characterised, it is true, by the most minute accuracy of detail. But there is also such a complete absence of all consideration of the necessary co-ordinating and combining power which alone can make of these diverse machines and many members one harmonious unity, one perfect man, that the whole reads more like a work on physics than the story of the somatic life of a human being.

Source of the unity in diversity not recognised.

And yet the unity in diversity displayed by the body in general, and by its members in particular, as much postulates a central guiding force as the co-ordinated evolutions of a large army prove the existence of a commander-in-chief. Once this is grasped, the importance of a study of this central directing power will be no longer denied, and its

practical value will not be lessened if the power prove to be mental rather than material.

Systems of medicine, however large and modern, display the same character as the physiologies. A rather old book, Pereira's 'Materia Medica,' devotes three pages out of 2,360 to 'psychic therapeutics.' Dr. Shoemaker, of Philadelphia, in his 'System of Medicine,' spares one page out of about 1,200; but most of the others, including far larger works, devote none.

Works on medicine do not recognise mental therapeutics.

Every possible, and even impossible, aid to therapeutics is gravely discussed at length; including the values of obscure organic extracts; of special artificial forms of exercise under innumerable names; of every variety of light, heat, and Röntgen ray; of German synthetic compounds with barbarous polysyllabic titles; of patent foods, and of systems innumerable; while not one line is devoted to the value of the mental factor in general therapeutics.

If we turn from the text-book to the class-rooms or hospitals, polyclinic or postgraduate course, we find the same result. Students listen with rapt attention to the latest methods in aseptics, the culture of micro-organisms, the use of antitoxins; they study the powers of phenocoll, aristol, protargol, salophen, and other well-advertised Teutonic drugs; they discuss keenly the rival merits of diverse forms of splints, sutures, forceps, inhalers, and various instruments of precision; they are carefully shown the best methods of physical diagnosis. All these necessary and important factors in therapeutics are thoroughly exhausted, while at the same time the omnipresent mental factor is almost universally ignored.

Hospitals and class-rooms also ignore them.

We may even attend cliniques on functional nerve

Even in
nerve
diseases
it is often
ignored

diseases where this factor is predominant both in cause and cure; and while listening for an hour to the physical signs established by tendon and skin reflexes, and trained and systematic observation, fail to hear one word to show that the disease has had other than a purely physical origin, or that it can be cured by other than purely physical means.

In practice,
therefore,
it is
naturally
neglected.

Turning from the teaching to the practice, we cannot fail to see the natural result. That which is ignored in physiology is not likely to be admitted in pathology; what is never taught in the clinique is not often practised in the sick-room. For though the influence of the mind over the body, as well as of mind over mind, is everywhere seen and felt, it is at the same time neglected and ignored—in out-patient departments, in hospital wards, in consulting rooms, and by sick-beds—and hence the amazing spectacle so constantly seen of men laboriously trained in all the medical wisdom of the twentieth century patiently investigating the causes of disease, or earnestly considering methods of cure, without a thought of the ever-present mental factor; and sometimes hardly realising that the case is that of a suffering human being, and not merely of a machine that is out of order. Another factor that obliterates the 'man' from the physician's mind is over-specialism. This has increased by such leaps and bounds that the good all-round physician once so popular and so genial has wellnigh passed away, and only hardy specimens still exist scantily in isolated districts. To him has succeeded the pale, spectacled, serious, and most profoundly scientific student of one of the sixty or seventy parts into which, I believe, we are now segmented.

Men
treated
on the
level of
machines.

The
passing of
the 'all-
round'
doctor.

It really becomes increasingly easy, as one listens to a paper at a medical society, to forget that a 'man' as such still exists; while it is perfectly obvious that whole lives apparently centre round the 'appendix' and the 'posterior nares.'

The man forgotten in his seventy sub-divisions.

It seems almost time that the 'man' specialist appeared; one who studies the 'altogether,' to use poor Trilby's happy expression—a physician whose exclusive duty it should be to study men as men; to master the marvellous intricacies and dependencies of spirit, soul, and body; and to be skilled to know when and how to call on the one to help the other. With such men the profession would be complete; but it is hard to bid farewell to the 'all-round men,' having only instead as their successors such semi-mechanical scientists as we have pictured. Let it, however, be remembered that the character of such successors is not due to deficiency in the men, but rather to the defective character of the training they have received.

A 'man' specialist required.

And let it likewise be hopefully remembered that we have everywhere amongst us those 'irregular regulars' who refuse to be bound by the traditions of the schools.

Our best have owned the rare dramatic power
Which gives to sympathy its lifting hour;
Go learn of them, the masters of our Art,
To trust that wise consultant called the heart.
There are among us those who haply please
To think our business is to treat disease,
And all unknowingly lack this lesson still.
'Tis not the body, but the man is ill.¹

'Not the body, but the man is ill.'

Apart from the general character of a training that produces a thousand careful observers for every exact

¹ Dr. S. Weir Mitchell, *The Physician*, Philad.

Many
observers,
few
reasoners.

reasoner, the whole trend of modern thought has long been to force the psychical further and further away. The mind is not only driven out of the body, but out of the brain itself; or, at any rate, is commonly regarded as either a secretion of that organ, or a curiously complicated mechanical reflex, dependent on purely physical causes.

Morbid
minds and
meta-
bolism.

One paper read at the British Medical Association at Cheltenham attempted to refer all morbid states of mind to the action of various autotoxins arising from imperfect metabolism, and, though the idea was generally regarded as a reversion to the days when mental symptoms and blue pill were inseparable, it nevertheless expressed a view as to the material basis of mind that is current amongst experimental physiologists and their pupils.

Monists or
dualists?

And here we may pause a moment, before proceeding further, to make up our minds as to whether we are *monists*, believing exclusively in either spirit or matter; or *dualists*, believing in both.

The former case includes both spiritualists and materialists; the former holding that matter is a function of spirit, and the latter that spirit is a function of matter. We need not consider either of these positions here; for in this book we definitely take the place of Dualists, believing in both mind and body; without, however, dogmatizing too curiously on the nature of the former. While there is abundant room for diversity of opinion, we may accept generally as sufficient for our present purpose Professor Ladd's latest deliberate statement on the subject when he says: ¹ 'The assumption that the mind is a real being

Professor
Ladd on
reality of
mind.

¹ Professor Ladd, *The Philosophy of Mind*, p. 476.

which can be acted upon by the brain, and which can act on the body through the brain, is the only one compatible with all the facts of experience.'

Mind is therefore to us—mind, and matter—matter.

'We must firmly grasp the truth,' says Sir J. C. Browne, 'that mind is still enthroned apart, inaccessible save to itself; that it has been in no sense evolved from matter, and that it is altogether different from the liberation of energy of the highest sensorimotor centres.'¹ Herbert Spencer, speaking of some who fear that mind may possibly be interpreted in terms of matter, says: 'There is not the remotest possibility of so interpreting it.'²

Herbert
Spencer on
mind and
matter.

Generally speaking, we may regard the brain as the principal seat of mind, although by no means its exclusive sphere, which, indeed, extends throughout the entire organism. It is curious to note here in passing that Aristotle regarded the heart as the seat of the soul, and the brain as an inert bloodless body used to cool the heart!

As dualists, therefore, the importance of our subject is apparent the moment it is dispassionately considered, unbiassed by its unpopularity—important because the mental is perhaps the one factor out of many that is invariably present in some form in all disease, while in functional nerve disease it has, of course, a special and prominent place, and is therefore more readily recognised, whereas in general cases it is easily overlooked.

The
importance
of the
mental
factor

In spite of the general apathy of which I have so

¹ Sir J. C. Browne at Leeds, 1889.

² Herbert Spencer, *First Principles of Psychology*.

as
recognised
by many
medical
leaders.

loudly complained, the psychological side of disease has been recognised by many leaders in the profession. Hunter, Laycock, Gairdner, Bastian, Beale, Clouston, Holmes, Maudsley, Paget, Clark, Reynolds, besides many others, speak of it.

By
Brodie,
Browne,
and Tuke.

Sir B. Brodie says: 'It is the business of medical practitioners to study, not only the influence of the mind on the body, but also that of the body on the mind.' Dr. Lockhart Robertson points out that 'all engaged in the practice of the healing art must learn to search out and understand the mental and moral as well as the material causes of disease.'

Sir James Crichton Browne says: 'Medical psychology belongs to our whole medical profession . . . the general practitioner cannot ignore it.'

Dr. Hack Tuke, in a fine passage, says: 'I want medical men, who are in active practice, to utilise this force, to yoke it to the car of the son of Apollo, and, rescuing it from the eccentric orbits of quackery, force it to tread with measured step the orderly paths of legitimate medicine.'²

Medical
neglect
encourages
quackery.

This last remark is all-important, and especially when considered in the light of Sir J. Paget's letter, with which this chapter opens. There can be no doubt that, had the mental factor in medicine been recognised and studied by the profession, quackery would never have attained the position it has in our day. The more the range of influence of the mind on the body in health and disease is ignored or narrowed, the more charlatanism flourishes and credits itself with cures really due to the mental factor for which we plead.

¹ Leeds, 1889.

² Dr. H. Tuke, *Mind and Body*, 2nd edit., vol. i. p. xiv.

The serious study of this power in therapeutics was never more pressing than to-day. 'What we need and want in medicine,' Dr. A. H. Carter said not long since, 'is something corresponding to those splendid flashes of imagination which yielded the heliocentric theory of the planetary system, the theory of gravitation, the undulatory theory of light, the theory of evolution, and the germ theory of infective disease—some fundamental and far-reaching generalisations in pathology and physiology which would vivify and vitalise some part at least of the mass of dead material facts which have been accumulated.'

Vitalising
dead
material.

Any student of a modern medical text-book, say on physiology, can well understand how the mass of dead material facts which fill its pages would be 'vitalised' if their dependence on the central directing force were laid bare, and the unity that underlies diversity in man demonstrated.

Plato vitalises the material when he says,¹ 'The good soul improves the body ;' Professor Calderwood when he says,² 'Mind and body form a unity of life. Mind so acts on body that . . . the body performs only a limited range of its functions without intelligent direction. The unity is that of a rational life, manifesting itself in a rationally directed physical life.'

Calder-
wood and
Clouston
on mind
and body.

Professor Clouston, speaking of Dr. Laycock, the teacher of Hughlings Jackson and Ferrier, points out³ that all the advantages are not with the students of to-day. In Laycock's time examinations might

¹ Plato, *Republic*, Book iii. 403.

² Professor Calderwood, *The Relations of Mind and Brain*, p. 817.

³ T. S. Clouston, Address Roy. Med. Soc. Edin., Oct. 1895.

have been less, but there was more speculation. To him medical psychology and modern neurology owe far more than they acknowledge. No man, before or since, has had so wide a grasp of the position and functions of the brain and its relation to mind, to development, to bodily function, and to pathological processes.

Also
Professors
Gairdner
and de
Fleury.

Professor Gairdner, as President of the British Medical Association, says: 'We must acknowledge the spiritual element in man is brought necessarily into the sphere of the physician's daily work.'

De Fleury, observing that the medical treatment of mind is yet a science in its infancy, says: 'The modern doctor must understand the pathology and hygiene of the intellect. There can be no doubt that the fields of psycho-physiology, psycho-pathology, and psycho-therapeutics are as yet almost untouched.'

The philo-
sopher,
priest, and
alienist.

The study of mind is now mainly relegated to the philosopher, the priest, and the alienist; but a sound specialism after all can only be built on a solid and broad generalisation. Philosophers and priests, however, are students of the mind and soul, and alienists of the diseased mind; what we need are physicians trained in the knowledge of mind and body, and who thus would prove better specialists than any of the three.

Wise
physicians
should
understand
spirit, soul,
and body.

Philosophy, theology, and medicine touch each other to-day as they have ever done at certain points, and there is a transition ground which is common to all. On this ground the physician should stand with as much authority as the priest or philosopher. The Church no longer treats the soul and ignores the man; but the case of the human being as a whole—spirit,

soul, and body—is increasingly coming to the front. And in the same way the wise physician must grasp the underlying unity of the spiritual and material, and recognise that if the body may and does influence diseases of the soul, so does the mind influence states and diseases of the body.

I utterly refuse to regard the definite recognition of the 'mental factor in medicine' as a retrogression. It is, on the contrary, a step, and a great step, in advance; for the day is past when a physician can bound his knowledge or his practice by the physical. Laycock says: 'The most eminent and successful physicians have all been psychologists; for a knowledge of a practical science of mind is fundamentally necessary to the practice of medicine.'

No retrogression, but an advance.

Sir J. C. Browne said at Leeds in 1889: 'Success or failure in a practitioner often depends as much on his expertness in moral treatment as on his skill in simples;' while Sir H. Acland, speaking of the ideal consultant, thus points out his mental qualities. 'He is a great artist (German, *Arzt*), always genial, always possesses his patient with the belief that his malady is of personal interest to his adviser.'

Success or failure may depend on this knowledge

I do not wish to be too pessimistic in tone, for we have reason to believe that medical practice is increasingly influenced by the conception that man is an organic whole, partly psychical, partly physical; not a mixture, but a compound of mind and matter, so intimately united that the body cannot be moved without the spirit, nor the spirit without the body.

I remember some little time ago, when addressing a large number of London clergy on behalf of the National Health Society, impressing upon them that

The clergy recognise man as a whole,

if the physician cannot fully treat the body without any reference to the spirit, neither can the clergy care for the soul without any regard for the body. Considerable impatience was shown by my audience at my spending any time in elaborating a point which to them seemed so obvious; and afterwards they told me that the day was past when the conception of Christianity was limited to the soul.

theoretically if not in practice.

It may, indeed, be so in theory, but I have some doubts whether the influence of the body upon the mind is any more practically recognised by many of the clergy than that of the mind on the body by many physicians. True, the former have more excuse for the neglect than the latter; for, while the mind is to some extent studied by the physician as well as the body, there is no study of the physical (at present) in a divinity course.

The physician's mind.

So far we have been engrossed with the needs of the patient, and with the deficiency of our training in reference to him, but is there not a mind in the physician as well as in the patient; and may not one mind have some power over another mind, as well as mind over body? In other words, may mind not be used in therapeutics objectively as well as subjectively?

Curiously enough, this question is, as a rule, neither asked nor answered in our schools, text-books, hospitals, or consulting rooms.

Most doctors dimly perceive they have a personal value.

Still, there lurks in the mind of every doctor who reads these pages a suspicion that he has a something about him which is of value to his patient over and beyond the outward and visible sign of his faith in drugs, as obscurely manifested in the crabbed hiero-

glyphics on his prescriptions. And there is a consciousness, too, in every actual or potential patient who may scan these lines, that there is a something about his doctor that does him more good than the medicines, which indeed he rarely takes. And the doctor he likes is the one he sends for; in spite of the fact that the other doctor in the town has a greater scientific reputation, and a longer string of letters after his name.

It is, I think, sufficiently clear that one great cause, if not indeed the chief one, of the difference between a successful and an unsuccessful practitioner of similar medical attainments must lie in the contrast of their respective psychic qualities. A man's physique is something, even the dress and carriage are something, but neither is to be compared with the mind and character as elements of success.

Psychic
qualities
and
success.

How often do we find ourselves puzzled to account for the phenomenal fame and rapid rise of some medical brother, which, perhaps, with that touch of professional jealousy rarely, alas! wholly absent, we put down to his 'cheek,' or 'push,' or 'advertising methods,' all of which of course we scorn; when the truth is that his success is due to the value of the mental factor in medicine, therapeutically used by him, consciously or unconsciously, in benefiting his patients' bodies by influencing their minds.

These are
often its
real cause

How many distinguished ornaments of our profession are wholly unconscious of the real agent which has placed them in their exalted position!

There are two mighty powers for good in every physician worthy of the name—what he *knows* and what he *is*; but, alas! as a rule he only values the

A phy-
sician's
assets are
what he
knows, and
what he is.

Conclu-
sion.

former ; this book is written that he may better value the latter.

I venture to think my opening thesis is now fully proved, that 'though leaders in the profession have recognised the importance of the mental factor in medicine in all ages, it is generally ignored to-day.'

CHAPTER II

THE UNITY OF MIND

‘As the action of the mental factor in disease is unconscious, it cannot be recognised as mental by those who limit mind to consciousness. The word “mind” must therefore be extended to include all psychic action.’

I HAVE NOW striven at some length to show the importance of the mental factor in medicine, and pass on to first consider the essential point raised in the sentence that heads this chapter before I proceed to examine how this power can be practically used for the benefit of our patients. It appears to me that no true grasp of any science can be really obtained until its deep underlying principles and their laws are grasped. The superficial diversities are apparent enough, and easily lend themselves to endless analyses and descriptions and investigations; but the deep foundation-unities are hidden, and require some searching to find them. The law of gravitation was one of these, and its discovery gave to the motions of the heavenly bodies, amid all their apparent diversity, an underlying unity that explained the movement of every star and planet in the heavens. It did no less for dynamics. It is this force, so far inscrutable, that determines the position of every molecule of matter in the universe.

One essential point to be settled.

Combining unity under superficial diversity.

The unity
of true
physiology.

In physiology, amid the bewildering surface multiplicities of organs and processes, we cannot but recognise also a deep underlying somatic unity preserved by some inscrutable force. In the science of psychology, if it is ever to rise from the chaos of isolated facts, so pitilessly described by James as its present condition, the essential unity of *all* mental processes must be grasped and consciousness no longer be deified, but take her place as an invaluable handmaiden, who lights up many of these processes for our inspection and understanding; leaving the rest, equally mental in character, to be inferred and deduced by many other means.

The
essential
unity of
mind.

The unity of mind is a truth as needful to lay hold of as the unity of body, and I venture to say that, had it been as firmly held as Newton's law of gravitation, the sciences not only of psychology but of medicine and physiology would have benefited by a grasp of their subjects that they cannot possess as long as the unconscious mind is denied, or the mental factor in medicine ignored.

James's
definition
of mind.

I will therefore seek, as briefly as may be, to give evidence in support of James's definition of mind, which goes far beyond consciousness, when he lays down that 'psychic action consists of the pursuit of definite ends with choice of means.'

The classic
frog.

Speaking of the classic frog, immortalised in every physiology, which, when the foot of the leg in which the thigh had been cauterised with acid was cut off, stroked the place with the other foot *after the removal of the brain cortex*, James further says: 'If purpose remains the same where the means are different, there is mind.'¹

¹ Sir M. Foster, in his *Physiology*, part iii. pp. 980, 981 (7th edit.), doubts the association of any intelligence with the 'choice' shown by

With this definition the fact of the unconscious mind needs little further proof; for in this case all those higher centres that alone could possibly be associated with consciousness had been removed. Flourens' hens and Voit's pigeons and generations of rabbits and guinea-pigs have all added their dumb testimony to the fact that psychic acts can be performed when all the highest conscious psychic centres have been removed; and this, not as the result of having formed some artificial sensori-motor reflex by dint of frequent repetition, but where acts have been done for the first time, as the results of nervous stimuli. These acts, we may add, performed wholly unconsciously, vary in nothing from those done in consciousness; and not only so, but we may descend further in the scale, and see everywhere evidence of mental purposive action. If we carefully consider the following example of reaching a fixed end by choice of means in novel circumstances, we must feel that no elaboration of mere mechanism can account for it.

Flourens'
hens and
Voit's
pigeons.

The *Arcellæ* possess a distinct nucleus and a concave-convex shell. In the middle of the concavity is an opening through which the pseudopodia (or feelers) project, appearing as clear protuberances at the edge of the shell. If a drop of water containing *Arcellæ* be placed under the microscope, it often occurs that one of them is lying on his back, so that the pseudopodia cannot reach any support.

Purposive
action in
ameba.

It is then observed that near the edge on one side minute bubbles of gas appear in the protoplasm, tilting

the frog in this case. G. H. Lewes, I may point out, removed the *whole* brain from a frog, after which 'there was no lack of spontaneous movement, and the animal remained quite lively.'

Evidence
of choice
in *Arcellæ*.

it up as it becomes lighter, so that the animal can reach the slide with its feelers and turn over. Then the gas bubbles disappear, and the animal crawls away. If a little water containing *Arcellæ* be put on the under side of a covered glass, and the latter placed in a gas chamber (so as to leave the drop of water hanging unsupported), the animalcule first sinks to the bottom of the water away from the glass. Finding here nothing to lay hold of as it expected, since the water in this case is pendent, large bubbles of gas are developed in its body, and the animal floats up to the glass again. If it touches the glass so that it cannot reach it with its feelers, it then diminishes the gas bubbles on one side or increases them on the other, so as to tilt up one side till it turns over. Then the bubbles disappear, and the animal walks away. Whenever the *Arcellæ* are in any inconvenient position, they correct it by developing gas, which disappears when the purpose is accomplished. No mechanical theory can account for this apparently intelligent psychic action.¹

Sir William
Dawson on
volition in
amœbæ.

Sir William Dawson says: 'An *amœba* shows volition, appetite, and passion. One, trying to swallow a one-celled plant as long as its own body, evidently hungry and eager to devour it, stretched itself to its full extent, trying to envelop the plant. It failed again and again, but repeated the attempt; until at length, convinced of its hopelessness, it flung itself away, and made off in search of something more manageable.'

Romanes
on rotifers.

Romanes, describing a fight between two rotifers, says the battle 'lasted several minutes, till eventually

¹ Professor Engelmann, Pflüger's *Archiv für Physiologie*.

the small rotifer was thrown violently away. It then returned to the conflict, but did not succeed a second time in establishing its hold. The entire scene was as like intelligent action on the part of both animals as could well be imagined.' ¹

'If we let our gaze travel beyond the creatures that are possessed of a glimmer of intelligence and consciousness,' says Maeterlinck, 'beyond the protozoa even, which are the first nebulous representatives of the dawning animal kingdom, we find, as has been abundantly proved by the experiments of Mr. H. J. Carter, the celebrated microscopist, that the very lowest embryos, such as the myxomycetes, manifest a will and desire and preferences; and that infusoria, which apparently have no organism whatever, give evidence of a certain cunning. The amœbæ, for instance, will patiently lie in wait for the new-born acinetes as they leave the maternal ovary, being aware that these must as yet be lacking their poisonous tentacles.' ²

Mind
below the
protozoa.

But even this is not all. Many physiological psychologists (*e.g.* G. H. Lewes) have seen proofs of mental action where the brain is wholly absent. There appears to be some mental action even in the independent functions of the spinal cord and its ganglia. Dr. Macpherson, of Edinburgh, records a case that shows this. He says that 'a mere segment of an earwig will fight with a segment of an Australian ant, under the unmistakable influence of rage, until exhaustion or death ensues.' ³ Those who refuse to recognise

Psychism
in gan-
gliconic
centres.

¹ G. Romanes, *Animal Intelligence*, p. 18.

² Maeterlinck, *The Life of the Bee*, p. 280.

³ Dr. Macpherson, *Mental Affections*, p. 100.

Instinct is
uncon-
scious
mind.

mind below man, or at any rate below the higher vertebrates, will dismiss all these instances with the remark that all this is the expression of mere instinct. But in instinct the end is constant though the means are various, which is a characteristic of true mental actions (James) as distinguished from merely mechanical reflexes, if indeed there are such processes in the body at all. Sensation is of course present in the spinal cord, which, however, as G. H. Lewes points out,¹ by no means implies consciousness. In spite, however, of the endless proofs that can be adduced of purposive action of unconscious origin, similar in all essentials to that performed in consciousness, there are psychologists to whom mind is still only consciousness and only consciousness is mind.

Why fight
over
words?

It may be said, why fight over words? If English psychologists in the main agree to limit mind to consciousness, in order possibly to prevent the extension of the word to the faculties of lower animals, what does it matter, and what difference does it make?

What do
we mean
by the
word
'mind'?

Well, let us look at the question fairly. Words, after all, are not worth fighting for in themselves; it is the thought that underlies them that is of importance. If you say 'mind' and mean thereby the phenomena that centre round consciousness, and I say 'mind' and mean all those phenomena that are not material, characterised generally also by purpose and the adaptation of means to ends, we mean two very different things. In both these cases we necessarily restrict our remarks to human beings, for it is the misfortune of the narrower psychology that it cannot prove or even admit consciousness, nor, therefore,

¹ G. H. Lewes, *Physiology of Common Life*, vol. ii.

mind, in any with whom it cannot exchange thoughts, though both may be present. Of course, this cuts both ways; and, strictly speaking, it is equally impossible to prove unconsciousness. The secondary consciousness, shown in so many hypnotic experiments, of the deeper personality which is revealed when ordinary consciousness is in abeyance, may exist. But we still retain the term 'unconscious mind' here as the best available term, seeing that we use the word 'consciousness' simply in its common signification, as referring exclusively to the ordinary consciousness of a healthy man; and *not* to any possible subsidiary consciousness of which he is not conscious.

Impossible to say what exists outside ordinary consciousness.

But the great evil of this limitation of 'mind' is, as pointed out elsewhere, that its adherents, in common with materialists, Haeckelian monists, Jacksonian parallelists, *et hoc genus omne*, unite in declaring that all extra-conscious processes are purely the 'functional activity of the brain.'

No mind admitted outside consciousness.

What Ebbinghaus calls 'the vulgar prejudice of the absolute distinction between mind and matter' may bias the writer in common with others, but it is well to note that the point does not rest there.

If we grant, with Ebbinghaus and Spinoza, that mind and matter are but two aspects of the same thing, the names then refer merely to aspects—that is, to appearances; and if we are to believe that purpose, adaptation, and what we call signs of intelligence are the marks of the 'mind's' appearance, we still reach our definition of mind.

If, on the other hand, we are, as already declared, staunch dualists, where, then, does the 'conscious psychologist' stand? Between the horns of a dilemma.

The dilemma of the 'conscious' psychologist.

He must either relegate all processes below consciousness to material agencies—a concession of no value to the materialist or to any else, or he must destroy the force of words; for no amount of distinctions he may draw between consciousness, self-consciousness, dim consciousness, &c., can alter the fact that processes as purely mental in character proceed entirely out of all consciousness as truly as in it.

A name for all psychic force is needed.

This is no question of choice; it is a matter of absolute necessity, felt by every writer on kindred subjects, that we should have some intelligible term to distinguish the remarkable force this book speaks of; and it is not to fight about words, but on account of the necessity stated in the thesis at the head of this chapter, that I write this.

'Nature' and 'Physiology' are useless names.

We have, as a matter of fact, no intermediate word that is intelligible, to describe anything between the conscious mental and the material or mechanical, such terms as Nature or Physiology being unintelligible. We are therefore forced either to describe psychic processes as mechanical which are not accompanied by consciousness, or to extend the word 'mind' as suggested. I have previously stated that the unity in diversity shown by the body as a whole as much postulates a central guiding power as the evolutions of an army prove the existence of a commander-in-chief. It is curious to see that G. H. Lewes, in his remarkable work on Physiology, admits the need of the officers, but denies the necessity of a general. He says:¹ 'There is unity, there is a consensus of the whole organism . . . it is due to organic subordination . . . all act together . . . as all the parts of an army act together, by

There is a controlling unity in the body.

¹ G. H. Lewes, *Physiology of Common Life*, ii. 421.

officers and discipline. The unity is an aggregate of forces, not a presiding force.'

This makes the body a confederation or a syndicate, not a unity; and thus stops just short of the truth.

I may now, with advantage, quote Professor James's exact words (to which I have already alluded) in his description of a science erected on an artificial basis, and ignoring the essential unity that underlies all mental action. These are the words: ¹ 'Psychology is but a string of raw facts, a little gossip and wrangle about opinions, a little classification and generalisation on the mere descriptive level, a strong prejudice that we *have* states of mind, and that our brain conditions them; but not a single law in the sense in which physics shows us laws. At present psychology is in the condition of physics before Galileo and the laws of motion, or of chemistry before Lavoisier.'

Professor James's indictment of 'conscious' psychology.

Dr. J. Macpherson, of Edinburgh, points out the reason of this chaos: ² 'The futility of psychology to account for the majority of mental reactions is largely due to the attempt to explain these by terms of consciousness.'

The cause of this chaos,

A psychology so hide-bound lands us in endless difficulties. Bastian cogently remarks that ³ 'if we are, as so many philosophers tell us, to regard the sphere of mind as coextensive with the sphere of consciousness, we shall find mind reduced to a mere imperfect disjointed series of agglomerations of feelings, and conscious states of various kinds—while a multitude of initial or intermediate nerve actions

explained by Mackenzie and Bastian.

¹ W. James, *Principles of Psychology*, i. 468.

² Dr. J. Macpherson, *Mental Affections* (1899), p. 97.

³ C. Bastian, *Brain as an Organ of Mind*, p. 146.

would have no claim to be included under this category.'

The result on physiology is no less disastrous; for, following the shibboleth of psychology, and therefore consistently ignoring any mental action performed out of consciousness, it is in a cruel dilemma. Too honest to attribute the purposive actions it observes (at any rate entirely) to sensori-motor reflexes, it invokes, even in serious text-books of recent date, female deities already known to us under the names of 'Nature,' 'Physiology,' and the like, to account for the phenomena.

The chaos
in physio-
logy

Conscious
automata

The doctrine of a mind limited to consciousness produces in man the 'conscious automaton' of Hughes and others. These affirm that emotions are laid on the surface of the man as colours on a tile mosaic, and cannot affect the body in any way. I can only say that any view more disastrous to the successful treatment of disease could not well be conceived.

Clifford also follows with the same idea, that all unconscious actions must be mechanical and automatic.

But with the best scientists the days of the 'conscious automaton' are gone. The necessity, indeed, of invoking a 'Nature' with a capital N shows this. There was a time in physiology not so long since, when it was thought that a mechanical law of diffusion and osmosis accounted for the absorption of oxygen and of food. We know now that both are the result of some vital action which is one of the complex properties of the epithelial cells that line the alveoli and the digestive tract. These pursue a selective and purposive end with a

'Vital
action'
replaces
mechanical
theories.

persistence that no mechanical theory can explain; nor is it accounted for by the fact, so insisted on by G. H. Lewes, that the vital phenomena displayed by the human machine depend upon it differing from ordinary machines in being essentially a sensori-mechanism.

I will now proceed to show by further evidence that I do not stand alone in thus seeking to extend the word 'mind' so as to embrace all psychic action.¹

In 1888 the Aristotelian Society held a special meeting to decide if 'Mind is synonymous with Consciousness.' It was settled in the negative. Professor Shadworth H. Hodgson, President of the Society, said: 'It seems to me that both usage and accuracy of definition alike concur in deciding the question in the negative, for if we identify mind with consciousness, what are we to do with those states commonly called mental which are below the threshold of consciousness, and some kinds of which never rise above?' With this Dr. G. Ritchie (Oxford) and many others agreed. I am of opinion that this deliberate discussion and decision on this subject carries considerable weight, particularly when the arguments adduced are considered.

Ribot says of the mind, it has two 'parallel modes of activity, the one conscious, and the other unconscious.'² Maudsley points out that 'it is a truth that cannot be too distinctly borne in mind, that consciousness is not coextensive with mind; that it is not mind, but an

Mind
not con-
fined to
conscious-
ness.

Ribot and
Maudsley
say the
same.

¹ For further proofs and a review of the whole subject, see the Author's *Unconscious Mind*, 2nd edit. (Hodder & Stoughton).

² Ribot, *Heredity*, p. 221.

Professors
Hoffding
and James
extend
sphere of
mind.

incidental accompaniment of mind ;' that ' the whole business of mental function *as work* might go on without consciousness, just as the machinery of a clock might work without a dial. It is a necessary concomitant, not an energy at work in the manufacture of the mental organism. The misfortune is that ordinary language assumes it to be a kind of superior energy.'¹ Professor Hoffding, while himself confining mind to consciousness, admits that psychological laws prevail beyond the province of conscious life, and that conscious actions are largely the result of unconscious influences, which determine a large part of conscious life ; and he compares conscious life to a coral island which rests on invisible (mental) strata below the surface.

Professor James not only extends the scope of mind beyond orthodox limits, but denies that consciousness proves anything. He says² that the fact of ' a person feeling nothing is no proof that no feeling has been there.'

Mind can-
not be
limited to
what we
see of it.

Consciousness after all only represents what I *see* of my mind ; but surely there are many ways of detecting its presence besides sight ; and one might as well limit the body to what one can see of it, ignoring those parts that are discerned by touch, as make consciousness the only proof of mind. We can, of course, see the image of our faces in a glass, but we can just as clearly see the unconscious mind reflected in actions, and we have no more right to deny the existence of the one than of the other. To say you cannot know you think or feel, unless you are conscious, is to say one cannot tell a man is a watchmaker unless one

We have
other
mental
senses
besides
sight.

¹ H. Maudsley, *Mind and Body*, p. 25, and *Mind*, xii. 503.

² Prof. W. James, *Principles of Psychology*, i. 211.

actually sees him make the watch; whereas one reaches this conclusion by seeing the watch itself which he has made. In like manner, the results of unconscious thought seen in consciousness prove the existence of the unconscious mind. We must not only get rid of the idea that consciousness *is* mind, but also that it is the only proof of mind.

Mind, in fact, may be conscious, sub-conscious, or unconscious. The second state may be brought into consciousness by effort, the last cannot.

Mind may or may not be conscious.

Once this is seen, the difficulty felt from all time as to the recognition of some unconscious mental power that governs physical life disappears. The ancients ever sought to understand the unconscious mind, and in modern writings we see everywhere men groping in search of it.

Ancients tried to understand the unconscious mind.

The word 'physiology' was first used by Hippocrates, and compounded from the word '*phusis*,' which meant some essence, some spiritual entity which kept the processes of the body in order. Aristotle included in the functions of his '*Anima*' the regulation of nutrition and other processes; but Descartes narrowed it down to consciousness under the word '*Mens*,' to the great detriment of subsequent sciences.

Descartes narrowed mind to consciousness.

The '*Archaeus*' of Van Helmont, as Sir Henry Holland points out, as well as the '*Anima*' of Stahl and the '*Pneuma*' of Galen, refers to an active immaterial principle, producing and controlling the actions of the system, by operations neither chemical nor mechanical. These terms were suggested by the imperative need that was felt and the effort that resulted to find something intermediate between conscious mind and body—some middle agency that might give a

Certain terms invented.

show of explanation of the actions of the former on the latter. No doubt many think we have outgrown this ancient lore in the twentieth century, but it is not so; nor can it be so, as long as the need exists of which there can be no doubt at present.

Professor James, though, as we have seen, free from shackles of the old psychology, does not seem wholly happy in the thought of an unconscious mind; and rather hugs his old fetters when he says¹ that consciousness may be split up into two parts, one of which he calls 'a secondary or sub-conscious self.'²

Hack Tuke speaks of the 'automatic action of the hemispheres,' while Sir Michael Foster and others invoke (as we have said) 'Physiology' herself and 'Nature,' as the female deities that preside over physical processes. In short, any and every term is preferred, however meaningless and unintelligible, to

¹ W. James, *Principles of Psychology*, i. 210.

² Bramwell and others point out that what we term the unconscious mind, which is active in the hypnotic state and in dreams, when ordinary consciousness is in abeyance, has a consciousness of its own. This doubtless is so, but involves with it the idea of a double *ego*. Now, writing as we are for the simple and practical man, medical or otherwise, it would be the height of folly to obscure the plain issues here raised by speaking of consciousness in any sense but that ordinarily used; and that is the mental sight and insight attaching to our ordinary *ego*, and which does not embrace the states of the 'unconscious mind.' The point is of interest as affording definite proof that we have a long range of mind beyond the limits of ordinary consciousness, and also may show that the term 'unconscious mind,' like so many others, may be more convenient than accurate. But we must refuse to pursue the question of double, and even treble, personalities further here, as this whole chapter is only preliminary to our real subject, which is 'The Mental Factor in Medicine.'

Question
of double
conscious-
ness.

Female
deities
worshipped
in modern
physiology.

that which seems to me so accurately descriptive. All this and much more show that the need is as present as ever, and probably were it not for Descartes and his disciples the meaning of the word 'mind' would have long since been extended to meet it.

The 'unconscious mind' is, then, the best term I can find for this power which we all have to recognise in medicine; and I use the phrase in the same way that we say 'the sun sets,' as convenient and descriptive, but possibly not as severely scientific as it sounds; for psychology is as yet, as we have seen, a science in its (rather elderly) infancy.

I have dwelt somewhat fully on this theme of the 'unconscious mind' because it is perhaps one of greater practical importance to physicians than to any others, excepting parents and teachers. To these the knowledge and study of the unconscious mind are absolutely essential when the unconscious powers that constitute the character are being formed, and the lines on which a successful life may be built laid down: that is, if the true methods of education are to be understood and definite schemes of character-building pursued.¹ But it is to the physician, as we have said, that this knowledge is all-important, and because of these two facts—first, that almost all the action of the mind upon the body, as a factor in disease or therapeutics, is exercised unconsciously; and, secondly, that most of the action of the physician's mind and personality upon his patients is also unconscious. The limits of the powers of the conscious mind in either of these two actions are extremely narrow and well-

'Unconscious mind' is the best term.

Great importance to physicians.

The action of the unconscious mind is great. The action of the conscious mind is small.

¹ See further on this subject, *The Springs of Character*, by the Author. (Hodder & Stoughton.)

defined, whereas unconscious mental action is indefinite and extensive. A physician, therefore, who only recognises the former, and is compelled by his creed to ignore the latter, necessarily stands at a great disadvantage; we are forced, in fact, with regard to this matter, to use the words of Bastian:—

Mind must include all unconscious psychic action.

‘This is no question of choice, but one of absolute necessity. The meaning of the word “mind” must be considerably enlarged so as to include . . . as mental phenomena, the functional results of all nerve actions . . . whether these nerve actions are accompanied by a recognised conscious phasis or no.’ ‘Let us enlarge our conception and definition of mind. Let us openly profess that which has already been tacitly implied by many. Instead of supposing that mind and consciousness are co-extensive, *let us make mind include all unconscious nerve actions*. We must inevitably come to this, and the doctrine of “unconscious cerebration” [Carpenter] has served to pave the way for it. And we are coming to it rapidly, and once we reach it all difficulty as to the mental factor in medicine will disappear.’¹

The idea of the unity of mind is growing.

The evolution of psychology itself shows that there is progress even in that science. The idea of the unity of mind is distinctly growing. For a long time intellect, emotion, and will were studied and regarded almost entirely as three independent entities. They were self-contained factors, connected, it is true; but the unity they formed was largely lost sight of in the description of their differing qualities; somewhat in

¹ C. Bastian, *Brain as an Organ of Mind*, p. 148. I do not consider that mind consists of nerve actions, as the passage might imply. Mind is the psychic cause or result of nerve action.

the same way that the unity of the body is often forgotten in specialism.

Even when the error and fallacy of such a view of the mind as this was seen, and the constant interdependence and inseparable nature of its three powers were perceived, theories of isolated states of consciousness, of the atomic theory of mind, and other vagaries succeeded.

But once the unity of mind is apprehended even dimly, it paves the way for the gradual displacement of consciousness as its synonym. Of course the struggle is long and severe, and every shift has been made by those who cling to the old formula to explain that the unconscious is after all the conscious, or at any rate is sub-consciousness, or sub-liminal consciousness or secondary consciousness ; in short is a consciousness of which we are not conscious. So gallantly will men fight for an old creed in terms that show the cause is already lost.

It needs no words of mine to prove that when psychologists are reduced to such shifts it is a sure sign the truth is pressing hard upon them, and must ere long lead to a still further revision of their phraseology, so as to admit wholly unconscious mental processes ; and thus lead them up eventually, if logical, to the position of the more advanced teachers ; and to recognise the grand psychic unity, and the fact that mind is mind, whether illumined by the fitful rays of consciousness or not.

The terms 'conscious mind' and 'unconscious mind' are in themselves misleading, and give the idea there are two minds, and thus obscure its essential unity. I only use the latter term here provisionally

And this displaces consciousness as its synonym.

In no sense is the unconscious the conscious.

Mind is mind, whether conscious or unconscious.

But mind is essentially one, whether in darkness or light.

until 'mind' means all mind, and not only, as now, a small part of it. The mind is one; but, as I have said, while one part is in constant illumination, another is never lighted by consciousness; and between the two stretches a tract of uncertain extent that is sometimes in light and sometimes in darkness—the sub-conscious region.

Advancing physiology proves the unity of mind.

Physiology leads the way here. T. White, in 'Mind,' has pointed out¹ that 'the facts of physiology have at length led psychologists to see that states of consciousness form only a portion of the mental life, and have as background sub-consciousness and unconsciousness. At first it seems like a contradiction to speak of facts of unconsciousness as belonging to psychology; but when it is considered that the same changes in the nervous system may be accompanied by consciousness, or some sub-conscious change, it is evident that mind must consist of other elements than those which appear in consciousness. The study of physiology was necessary to bring out clearly the conception of unconscious feelings as facts in mental phenomena.'

The latent interval in reflexes.

It has been recently remarked physiologically that in the sensori-motor reflexes as well as in conscious acts no continuous mechanism has been proved, and also that the space of time that intervenes between the arrival of the stimulus and the issue of the mandate seems to postulate between the two or between the conscious causal idea, emotion, or will, and the physical effects in the body, some unconscious agent of mind, which produces results that the initial cause itself could not effect; and there can be no doubt that

¹ T. White, *Mind*, v. 506.

when Golgi and Cajal demonstrated the independence of the neurons of Waldeyer and the discontinuance of the nervous mechanism it gave a better physiological basis for the existence of the unconscious mind, which may constitute the necessary link and agent.

The discontinuance of the nervous system.

It has also long been observed that but very few of the effects on the body, even in the case of the contractions of the voluntary muscles, are the definite purposive result of the action of intellect, emotion, or will. On nearly all, the mind can consciously only act indirectly; by this means we can will the purpose, but not the means. The predisposing cause of the bodily state, we may say, is the conscious mind and will; the exciting or efficient cause is the unconscious mind.

Conscious mind predisposing, unconscious mind exciting, cause of action. The 'unconscious mind' as an irritant.

Perhaps I may pause here for one moment in the belief that the non-psychological reader, whose eyes must have widened as he reads the story of the horrid conflict this chapter records over the meaning of the word 'mind,' will by now have clearly grasped that to a large, learned, and ordinarily sedate section of the community the very term 'the unconscious mind' acts as a real irritant, pretty much as a red rag to a bull. We may perhaps claim some slight merit here in having steadfastly refrained, in spite of the greatest temptation, from giving one single quotation from Von Hartmann's ponderous monograph on 'The Unconscious Mind,' recognising from past experience that the very name of the distinguished Professor is 'anathema' to the orthodox psychologist. One word more.

Von Hartmann never quoted!

The author's Machiavellian cunning in his choice of a name for this book will by this have become

The title of
the book.
Why
chosen.

apparent; as it dawns upon the reader that, while the whole work is on the powers of the unconscious mind, no hint of this appears in the title, though indeed it was not easy to exclude it. The 'Force of Mind' as a title is without offence; and while the 'Mental Factor' as a substitute may give rise to questions, it will not prevent the purchase of the book by those who differ from me with regard to my view of the scope of mind.

Are there
two nervo-
muscular
systems?

It is of course still a question in physiology if the sympathetic and cerebro-spinal nerves should be classed as two separate systems; and with their muscles, smooth and striped, be designated respectively voluntary and involuntary or not. As a matter of fact, hardly a muscle in the body, whether striped or unstriped, is under the control of the conscious will, while every muscle of both systems is constantly contracted and relaxed at the dictates of the unconscious emotions, instincts, &c., as well as secondarily to carry out some mandate of the conscious will.

A final
picture of
the uncon-
scious
mind.

And now, before I proceed in the next chapter to give some illustrations of the action of the unconscious mind upon the body in health, let me give, if my readers are not quite exhausted, a final picture of what I mean by a term that has not yet passed into current use. Professor Lazarus says¹ we have first of all to remember that our psychic life is made up of conscious and unconscious elements. We think of consciousness as a brightly illuminated sphere surrounded with widely extended darkness, with the dim elements, though outside consciousness, co-operating with those within in a state of co-vibration.

¹ Prof. Lazarus in *Mind*, 'Das Leben der Seele,' vii. 599.

Once, of course, we admit that we can have thoughts and not be conscious of them, and perform actions and not be conscious of them, it is evident that no theory of mind which does not include the unconscious is adequate; unless, as is sometimes done, the meaning of consciousness is desperately stretched so as to include its opposite, which is of course to destroy the meaning of words.

Our conscious mind, as compared with the unconscious mind, has been likened to the visible spectrum of the sun's rays, as compared with the invisible part which stretches indefinitely on either side. We know now that the chief part of heat comes from the ultra-red rays that show no light, and the main part of the chemical changes in the vegetable world are the result of the ultra-violet rays at the other end of the spectrum, which are equally invisible to the eye, and are only recognised by their potent effects. Indeed, as these invisible rays extend indefinitely on both sides of the visible spectrum, so we may say that the mind includes not only the visible or conscious part, and what we have termed the sub-conscious, that lies below or at the red end, but the supra-conscious mind, that lies beyond at the violet end—all the regions of higher soul and spirit life, of which we are only at times vaguely conscious, but which always exist and contain our most abstract and spiritual faculties as surely as the sub-conscious links us to the body on the other, both supra- and sub-conscious being parts of the unconscious mind. Of course, speaking of regions and levels is merely figurative, the non-extension of mind being a fundamental doctrine. I would include in the supra-conscious

The conscious mind as the spectrum.

such a faculty as conscience, which is surely a half-unconscious faculty. Moreover, the supra-conscious, like the sub-conscious, is best apprehended when the conscious mind is not active. Visions, meditations, prayers, and even dreams have been undoubtedly occasions of the working of the spirit apart from the action of reason or mind.

Conclu-
sion.

With this, then, I conclude, in the hope that by argument and quotation I have sufficiently shown that 'as the action of the mental factor in disease is unconscious, it cannot be recognised as mental by those who limit mind to consciousness,' and that 'the word "mind" must therefore be extended to include all psychic action.'

CHAPTER III

ON PSYCHO-PHYSIOLOGY

'The double action of the "mental factor" on the body in health consists generally in carrying on the functions of life; and specially, in physically expressing mental states.'

THE action of mind upon body is at least threefold—physiological, pathological, and therapeutical. With a little widening of the word 'medicine' we may allow our present view of the 'mental factor' to be sufficiently broad to include all these three actions; and it is to the first of them that we must now address ourselves. So far I have sought, after pointing out sufficiently the importance of my whole subject, to show that modern psychological-physiology demands, if words are to retain any definite meaning, that the mind be declared *one*, whether conscious or unconscious, its essential unity (whatever its nature may be) being the possession of common well-marked qualities.

I may begin, then, our present study with a remark of Benjamin Rush, made in 1794, and pathetically true to-day. He says: 'The extent of the influence of the mind over the body has not yet been fully ascertained.' Still, although the range of mental action may not be yet defined, and the ask will not

Threefold
action of
mind on
body.

Power of
mind over
body
undefined.

be attempted here, there is no doubt whatever of the facts ; and to this I now invite the earnest attention of my medical readers. When we once grasp the interaction of mind and body in health, we are better prepared for understanding the part they play in disease and cure, a part indeed of great importance to the practical physician.

Professor Ladd says :¹ ' Even the most purely vegetative of the bodily processes are dependent for their character upon antecedent states of the mind.' An editorial in the ' Medical Times ' in 1872 says with much truth : ' However little we know of the nature of mind, or of that form of force to which we give the name of mind, the effects capable of being produced by mind on body are very clear, real, and considerable, and while in all ages they have been the chief therapeutic agents on which the charlatan and quack have relied, they have probably been less trusted and utilised by the scientific physician than experience warrants or physiology or psychology suggests.'

Medical
Times' on
psychic
force.

The
whole
body is the
organ of
mind.

The influence of the unconscious mind over the body is deep, permanent, and all-pervading. If, as I believe, all the so-called automatic or reflex processes of the body are under the control of this superior power and express its force, we may clearly maintain that it is not the brain alone, but the whole body, that is the true organ of mind.

And yet, in spite of the abundant evidence of a mental governing power, a distinguished physiologist recently writes that ' he knows nothing of any central authority or controlling power over the bodily functions.'

¹ Prof. Ladd, *Physiological Psychology*, p. 475.

Some governing centre must regulate, control, counteract, guide, and arrange the action of the human organism with regard to the continual succession of differing events, foods, surroundings, and conditions which are ever affecting it in endless succession and in constant varieties, enabling it amid this bewildering multiplicity of changing influences to hold on its steady course of growth, health, nutrition, and self-maintenance with the most marvellous constancy.

A govern-
ing centre
a necessity

It is sufficiently clear also that this governing centre is essentially mental in nature and unconscious in character; in other words, that the various functions and organs of the body are governed by the 'unconscious mind' through the sensori-motor mechanism.

Mental in
nature and
uncon-
scious in
character.

Apart altogether from mere control, it is wonderful to see how the body and mind are associated both in sensation and motion. With regard to sensations of various sorts, the interdependence is well known. For instance, we connect many mental states with definite parts of the body—general felicity (according to Sir B. W. Richardson) with an active condition of the sympathetic ganglia, love with the heart, melancholy and irritability with the liver; while to arrive at the highest point of mental insight there has always been a tendency to direct the thoughts to the pit of the stomach, where lies the great solar plexus, chief centre of the sympathetic system. Here, too, is the great source of nightmares, as it is pressed on by a full stomach when lying in bed in the dorsal position. Many other feelings are connected with this region, and we talk of a sickening story, thoughts, &c. The Bible and old writers go lower still, and

The
mind and
sensation.

speak of 'bowels of mercies,' being 'straitened in your own bowels,' &c.

The
mind and
motion.

With regard to motion and the muscular system generally, it is very curious to see how our body expresses mental states in its attitude, carriage, and general appearance. If we try to see a thing with our minds, we often put an intense and strained expression into our eyes. If in a state of delight they become fixed, as on some beautiful vision. Some words, again, almost seem to have pleasant or disagreeable tastes, and so on.

The chief centre of the controlling power of the body is probably associated with the cerebral hemispheres; while subordinate centres are found wherever there are ganglia. Many experiments go to show this.

Cortex
is chief
controlling
centre.

The cortex is ever a special factor for good or evil in the somatic life. Every organ and function is represented there, and there brought into vital unity. Professor Laycock says: 'The hemispheres, as the organ of thought and mental action proper, are in unity with all the processes of life whatever, whether they be termed vegetative or animal.' The difference in the control of these two mainly rests on the fact that whereas the former are ruled by the mind unconsciously, the latter are generally consciously governed. The seat of the unity, therefore, of the body, and to a large extent of the *ego*, is found in the cortex. Bain shows that all tissue nutrition is unconsciously influenced from this great centre, and most physiological processes can be arrested by its action.

Bain and
Clouston
on value
of cortex.

It controls anabolic and katabolic cell metabolism. Professor Clouston says: 'We talk and laugh and

¹ Prof. Clouston, *British Medical Journal*, Jan. 18, 1896.

weep, we blush and we shiver, we hunger and sweat, we digest and defæcate all through the brain cortex. There is not one of these physiological acts but can be instantly arrested by a mental act.'

And here we may conveniently pause a moment and consider briefly the parts that conscious and unconscious minds play in the command of the body. Before I proceed to illustrate this rule in detail let us outline in brief the limits of the realm governed directly by the conscious mind, and we shall then see clearly how very narrow they are ; and if in the instances I shall adduce the power of the mental factor be admitted, it will be seen that in almost every case it is the unconscious mind that acts.

The power to *use* our lives through the voluntary muscular and nervous systems appears to have been committed to our reason and conscious will-power ; while the power to carry on the processes of life and existence generally is under the control of instinct or unconscious mental power. We may be said to *live* consciously and to *exist* unconsciously. The two powers are variously exercised ; for while even in health the conscious mind often acts to the detriment of the body, the unconscious never does. The direct limits of the conscious mind and will are fairly well defined, and are generally pretty constant ; though in some few individuals they extend much further than in the majority, but under no circumstances can the will produce any direct organic change in the body. With heart and circulation the direct influence is very small. By conscious effort in some people the heart can be slowed ; and I believe there have been instances where it could be arrested. We cannot

The
'conscious
realm.

We live
consciously
and exist
uncon-
sciously.

Power of
conscious
mind over
heart.

consciously change the volume and course of the circulation.

Power
over the
lungs.

In the lungs we have greater power ; we can consciously arrest the breathing altogether up to the limits of safety. The moment, however, the organism is imperilled for want of oxygen, a more imperious power overcomes the strongest will, and we are forced to breathe. We can also vary the breathing at will in every conceivable way, as in singing, speaking, yawning, laughing, sighing, &c. In the digestive organs the conscious mind has only control over the commencement and termination of the tract, having no direct power whatever over all that lies between. In the mouth conscious control ceases at the fauces, or at any rate with deglutition. Up to this point we have unlimited powers of choice—beyond it none. Defæcation is under our conscious control, and this completes our powers over this system. Over secretion we have direct power in the case of tears and saliva only ; all the rest lie beyond the limits of the will.

Power over
digestion.

Power over
the
kidneys.

Over the renal system, our only power is in voluntary micturition. In reproduction our conscious will can initiate the process ; all beyond is outside its power. Turning from the vegetative to the animal systems : over the locomotive powers we have almost entire control, not in their detailed actions, but in their defined results. We have perfect control in every possible manner over the movements that this structure permits, over our limbs and our tongues ; though all the time absolutely ignorant of, and powerless over, the mechanism that produces the movement.

In the nervous system we have less power. We can use at will portions of the cortex, and the centres

of the special senses for thinking, speaking, seeing, hearing, smelling, tasting and touching, &c. The rest of the brain, by far the greater part, and all the nerves of the body, are beyond the direct conscious control of the mind. We have no power over the skin and its appendages.

Power over the nervous system.

From this brief summary it will be seen that the respiratory, amongst the vegetative systems, and the nervous and muscular systems, are the three over which the will has a large range of power, while over the rest its control is very small.

Wherever the conscious limits are reached there the powers of the unconscious mind begin, and its actions, though only styled instinctive, may be truly said to be on the whole far more rational and beneficial than those inspired by what is always assumed to be reason, but which just as often is unreason, and, indeed, becomes at times a positive power for evil over the body; a disaster which rarely happens in the case of the unconscious mind. We think we live entirely as reasonable beings, but it is very rarely that we do, and none of us could exist for a day were we not guarded and guided incessantly by a never-erring instinct.

Where 'conscious' ends unconscious begins.

Our reason alone would not guide us for a day.

Hack Tuke's classic work on the connection of mind and body divides the action of the mind into that produced by intellect, emotion, and will; and out of the whole number of special instances given we find that 36 % are due to the intellect, 56 % to the emotions, and 8 % to the will. He points out that the intellect appears to influence the vascular tissues most; emotion the glands and organs, specially the heart; and the will the so-called voluntary muscles.

The intellect, emotions, and will.

Local
expression
of emotion.

Some emotions, he adds, act specially on definite organs—as grief on the lachrymal gland; some in certain regions, as shown in the skin of the face; and some more on the voluntary muscles—as wonder on the facial muscles.

Uncon-
scious
mind and
the heart.

We may now very briefly consider the mental factor in various simple physiological processes, as producing or arresting them under certain special conditions, as well as in its general controlling power. With regard to the heart, we all know that of all organs in the body it is the one most swayed by the mind and emotions. In all people the mind can alter its movements in speed, rhythm, and force; but in nervous people it is a veritable echo of the prevailing emotion at the time. The emotion may be strong enough to produce what amounts to pathological action. ‘I have never met,’ says Sir B. W. Richardson, ‘with a case of intermittent pulse that was not due to some mental cause—shock, fear, sorrow, &c.’ This may, in Sir B. W. Richardson’s experience, be so, but the present writer has seen more than one case due apparently to the circulation of uric acid in the blood, though at the same time there is no doubt that emotion is a most potent factor, even if not a constant cause. Look at the vascular system; not in microscopical, chemical, and mechanical detail, as so admirably set forth in our physiologies, but as it acts in man, intelligently directed for the benefit of the whole being.

Uncon-
scious
mind and
the circula-
tion.

The circulation does not go round, as most text-books would lead us to believe, as the result merely of the action of a system of elastic tubes, connected with a self-acting force-pump. It is such views as these that degrade physiology and obscure the marvels

of the body. The circulation never flows for two minutes in the same manner. In an instant, miles of capillaries are closed or opened up according to the ever-varying body needs, of which, consciously, we are entirely unaware. The blood supply of each organ is not mechanical, but is carefully regulated from minute to minute in health exactly according to its wants and activities, and when this active control ever fails, we at once recognise it as disease, and call it congestion and so forth.

The circulation and heart form an organic entity carrying on, under some diligent supervision (the unconscious mind), purposive and ever-varying action for the good of the body as an organic unity, as well as subordinately for itself, as a part of that unity.

Unconscious mind and blood-vessels.

The calibres of arterioles and capillaries are ever changing throughout their countless miles, and the beat of the heart alters incessantly. To call all this action of the vaso-motor and pneumogastric and other nerves merely reflex, in the sense that governor-balls flying round regulate the speed of an engine in proportion to its work, is inadequate and inexact. We doubt not that much may be of this character; but the circumstances in which the body is placed are constantly unique, novel, and unanticipated, and of a nature that no mere mechanical arrangements could meet, and we may add no mechanical automaton survive. Consider what adjustments of the vascular system, and especially the surface capillaries, are needed for incessant changes of temperature, for changes of position and gravity, for changes of time, as at night to secure sleep, for the varying activities of each organ, for special supplies to the stomach at

Incessant adjustment needed.

lunch and dinner, and to the brain when reading these pages, for blanching and blushing with various emotions, for supplies to the limb muscles in active exercise, for eliminating poisons from the blood, and for the reception of food and the functions of metabolism. Fear can close in a moment miles of capillary vessels, which shame can as quickly open. With regard to blushing, one or two points are of interest.

Blushing.

It is believed that no animals can blush ; children of three years old can. The limits of blushing rarely extend as low as the clavicles in front and the scapulae behind ; but one instance is recorded of the whole body blushing from shame. The other day I had a nerve patient whose heart I wished to examine. As she uncovered the chest I perceived a scarlet rash extending as low as the middle of the bosom. I found that she habitually blushed to this level.

Uncon-
scious
mind and
digestion.

The digestive organs in the same manner must be centrally controlled to respond in the marvellous manner they do to the endless variation and quantity of food, consisting often of new and untried ingredients, and received at most irregular intervals. All the supplies of the various digestive fluids have to be made in the required amounts and at definite times. The mechanism of the liver has ever to be readjusted to its work of incredible delicacy. Poisons, excess, and starvation, and the needs of all the other organs require to be met from day to day.

Examples.

Besides all this, special mental states also produce special physical results. Benjamin Rush pointed out in 1774 that thirst without any physical cause was common at the beginning of a battle from mental emotion. The thought of an acid fruit will fill the

mouth with water ; hence a successful way of stopping discordant street noises is to suck a lemon within full view of a German band. Fear, on the other hand, will so dry the throat that raw rice cannot be swallowed. This is a test in India for the detection of a murderer. The suspected man is brought forward, and given a handful of dry rice to swallow. If he is innocent he can probably do this ; if he is guilty he positively cannot, fear having completely dried his mouth.

With regard to the stomach, apart from actual disease, we may notice one or two instances of unconscious mind action. A passenger on a Channel steamer who was very seasick lost a valuable set of artificial teeth overboard, and was instantly cured. If the thoughts are strongly directed to the intestinal canal, as by bread pills, strong peristaltic action may ensue. Vomiting occurs from mental causes apart from injury to the brain. Bad news will produce nausea ; and severe nerve shock may absolutely cause vomiting. Certain emotions, the sight of vomiting, certain smells, or thoughts about a sea voyage, or the idea that an emetic has been taken, may also produce nausea or vomiting.

The mere thought of food, even without the smell or sight of it, can produce a copious flow of saliva in the mouth, as well as of gastric juice into the stomach. The bowels are largely under the control of the emotions, as also the action of the kidneys—a fact well known to students at examinations.

The respiratory system is closely responsive to the mind. The breathing may incessantly vary according to the amount of oxygen respired from

The unconscious mind and the stomach.

Unconscious mind and respiration.

different qualities of air, from the activity of the body, from the rate of the interchange of gases, from the amount of the action of skin and kidneys; from the needs of the body according to posture, condition, and state of the heart and circulation, &c.

And all this has to be regulated with such nicety, and in circumstances of such endless variety, that sensori-motor reflexes alone can hardly account for it.

Laughing, speaking, sighing, and other respiratory acts are of course direct expressions of mind; but breathing, yawning, coughing, are also continually altered, arrested, or produced by mental states.

The short quiet breath of joy contrasts with the long sigh of relief after breathless suspense. Joy gives eupnœa, or easy breathing; grief, or rather fear, tends to dyspnœa, or difficult breathing. Sobbing goes with grief, laughter with joy, and one often merges into the other.

The unconscious mind and hay fever.

Dr. Morton Prince says¹ a lady whom he knew always had a violent catarrh in the nose (hay fever) if a rose was in the room. He gave her an artificial rose, and the usual symptoms followed. He then showed her it was made of paper, had no pollen, &c., and ever after all symptoms disappeared.

Unconscious mind and muscles generally.

The muscular system is under the direct control of the unconscious mind, and under the indirect control of the conscious mind, as far as the striped muscles (the heart excepted) are concerned. In the voluntary muscles the most we can do is to will results. We cannot consciously will the contractions that carry out these results, these being produced by the

¹ Dr. Morton Prince, *Journal of Nervous and Mental Diseases*. (Boston, May 1891.)

unconscious mind. Moreover, while all the muscles can be influenced by the emotions, only the 'voluntary muscles can be moved by the will.'

Vertigo, experienced at the mere apprehension of danger, is an instance of the disturbance of muscular co-ordination by a thought. On the other hand, sudden and unconscious balancing in climbing up and down a mountain, done with perfect ease if performed unconsciously, but with much awkwardness by conscious will, is an illustration of mental control of the muscles. The jar from the idea that a step less or more exists when going downstairs shows how perfect the unconscious adjustment of the body is, and how disastrous any interference may be. Moreover, while all the muscles can be influenced by the emotions, only the voluntary muscles can be moved by the will.

Vertigo
and
balancing

This is a very interesting and, we think, accurate distinction between the action of striped and unstriped muscles. It would appear that the difference arises because emotions (unconsciously) can act on the body through both the sympathetic and cerebro-spinal nervous systems; whereas conscious wills can only affect the cerebro-spinal, and even this by means of the unconscious mind.

Striped
and un-
striped
muscles.

The voluntary muscles may be moved quite unconsciously by emotion. The stump of Nelson's arm shook uncontrollably at Trafalgar from mental causes.

Uncon-
scious
mind and
voluntary
muscles.

Voluntary power over muscles may be comparatively lost (paralysis), and yet emotion may move them through the unconscious mind.

The voluntary muscles of the body are continually being moved by unconscious mental action, as in the expression of the face, the varying attitudes of the

body corresponding to mental states which we have noted.

Artists well know the value of the unconscious mind.

Artists well know the power of the unconscious mind over voluntary muscles. If a model attempts consciously to arrange his hand or arm in a graceful position, it becomes hopelessly stiff. He must just let it fall naturally, and it at once harmonises and composes with the face. The same mind must move the hand and face. Again, a model must be engaged in conversation to lose the consciousness that he is 'sitting.' The facial muscles are then at once arranged by his unconscious mind on the lines of his character; and the artist gets what he calls a characteristic expression.

So all through, everything that is unconscious in muscular action is 'natural,' and everything done in self-consciousness tends to conceal or distort, rather than to represent the man.

Unconscious mind and special meta-bolisms.

Consider also the marvellous increase of smooth muscle in the uterus at term and its no less marvellous subsequent involution; observe, too, the compensating muscular increase of a damaged heart until the balance is restored, and then its cessation; consider the growth of the body and its arrest at a fixed period. Also the detailed process of repair in a broken bone, and for a damaged lung. These actions do not proceed from any inherent properties of matter, nor are they the result of ingenious mechanism. They demand, and are the product of, a controlling, and yet an unconscious mind.

Consciousness, indeed, only hinders some of these actions. Somnambulists can balance themselves in dangerous positions unconsciously, which they could

not maintain for a moment were they awake. Hypnotised subjects can assume attitudes and perform feats impossible to their conscious powers. The organic or vegetative functions, as well as the skin and hair, are specially affected by the emotions. Fear and other mental influences can not only alter the circulation in the skin, but can produce copious perspiration, and even certain skin eruptions. The hair can be blanched and can also fall out under the influence of the mind.

Uncon-
scious
mind and
skin and
hair.

But the most remarkable instances of skin changes through the mind are the stigmata, some cases of which appear to have been verified and to be authentic. This is of course caused by an interference with circulation ; but we class them with skin changes, as they are evidenced there. The first historic instance is that of St. Francis of Assisi on September 15, 1224 ; and the facts appear to be vouched for by reliable biographers. Since then there are about ninety more or less authenticated cases ; eighteen being males and seventy-two females. Louise Lateau is a comparatively recent instance. Some remarks of Professor Barrett's on the subject are worth reproducing here. He says :¹ ' It is not so well known, but it is nevertheless the fact, that utterly startling physiological changes can be produced in a hypnotised subject merely by conscious or unconscious mental suggestion. Thus a red scar or a painful burn, or even a figure of a definite shape, such as a cross or an initial, can be caused to appear on the body of the entranced subject solely through suggesting the idea. By creating some local disturbance of the blood-vessels in the skin, the

Stigmata.

Professor
Barrett
on their
cause.

¹ Prof. Barrett (Prof. Physics, T.C.D.), *Humanitarian*, 1895.

unconscious self has done what it would be impossible for the conscious self to perform. And so in the well-attested cases of stigmata where a close resemblance to the wounds on the body of the crucified Saviour appears on the body of the ecstatic. This is a case of unconscious *self*-suggestion, arising from the intent and adoring gaze of the ecstatic upon the bleeding figure on the crucifix. With the abeyance of the conscious self, the hidden powers emerge, whilst the trance and mimicry of the wounds are strictly parallel to the experimental cases previously referred to. May not some of the well-known cases of mimicry in animal life originate, like the stigmata, in a reflex action, as physiologists would say, below the level of consciousness, created by a predominant impression analogous to those producing the stigmata? That is to say, to reflex actions excited by an unconscious suggestion derived from the environment; in other words, the dynamic, externalising power of thought, if the action of that which is unconscious may be called thought. We must, in fact, extend our idea of "thought" to something much wider than intellection or ideation—these are special acts of thought, for the directing functional activity of our sub-liminal life has also the attributes of thought though we may be unconscious of its thinking.'

Uncon-
scious
mind and
physical
aspect.

The general appearance of a man is largely a physical expression of his mind, and his character is more or less legibly stamped upon the body. The state of the mind unconsciously alters the poise of the head, of the shoulders, arms and legs, and trunk. A short time of trouble may make a man look many years older than before it commenced. The eye will

lose its brightness, the face will become withered, the brow wrinkled, and the skin harsh.

With regard to sensation generally, Hack Tuke¹ asserts 'that there is no sensation—general or special—excited by agents acting upon the body from without, which cannot also be excited from within by emotional states affecting the sensory centres.'

Special and general sensation can be aroused by abnormal means.

We must remember that though the usual exciting causes of sight, sound, or common sensation are thought to be unusual, they are not so; and in their absence sight, sound, and sensation may all be consciously experienced. Common and special sensations may indubitably be aroused by abnormal physical means as well as by purely mental agencies. Pressure on the nerves from a tumour or a blow will illustrate the former case and vivid ideas the latter.

The illustrations of the action of mind on sight are literally innumerable. I will give but one or two.

Unconscious mind and sight.

Professor Binet tells us of a Dr. A., who, with his mind full of an examination on botany, walked past a restaurant and saw on the door 'Verbascum thapsus.'

He turned back astonished and read the real word 'Bouillon.' The error in vision was due to the fact that 'bouillon blanc' is the common name for 'Mullein' or 'Verbascum thapsus,' and an unconscious connection was instantaneously formed in his mind between the two.

The following is headed 'An Anxious Sportsman' in the 'Daily Telegraph' of September 8, 1896. A boy having fired at a bird rising nearly just behind his father, the father writes :

¹ Hack Tuke, *Mind and Body.*

'I remarked to him afterwards that I quite expected him to injure me, and mentioned the particular instance.' His reply was, 'I never even saw you.' The boy, no doubt, was so keen on bagging his bird, that he really did not see the father.

In looking through a microscope where attention is given to the object, the other eye can be open without seeing anything, all messages from it being inhibited before they reach consciousness, as completely as if the eye were shut.

There is no doubt that the protective mechanism of the eye that consists in the sudden closure of the eyelids, starting back involuntarily and raising the arms in defence, is directly controlled and co-ordinated by the unconscious mind.

Uncon-
scious
mind and
hearing.

Turning to hearing, we see how the mind affects the auditory impressions.

Some years ago, when constantly called out at night, I frequently heard, as I thought, the night-bell ring distinctly. On going down I found it had not been rung. After long practice I could still only distinguish doubtfully between the real bell, the sound of which was a little more vivid, and the imaginary.

I had for some months a clever trained nurse with a patient who kept shouting loudly at her. In taking her exercise alone out of doors she constantly heard the patient speaking to her.

'The ear,' says Tuke, 'often responds to well-known sounds when it does not to others. A distinguished oculist could not possibly be roused from his sleep until a friend whispered in his ear, "I have a

foreign body in my eye; can you remove it?" The effect was electrical.'

The mind alters *taste*. A man sent the cream away because it was sour, but found it sweet when the servant brought it in again—he imagining it was a fresh supply.

Uncon-
scious
mind and
taste,
touch, and
smell.

As to *touch*. Dr. Pearson, when he first took up a globule of potassium and was told it was a metal, exclaimed, 'Bless me! how heavy it is!' simply from expecting it to be so, whereas it is excessively light.

As to *smell*. 'Professor Bennett tells us of a Scotch procurator-fiscal,' says Tuke, 'who, on having to exhume a body, declared when the coffin appeared that he perceived a strong odour of decomposition, which made him so faint he had to leave. On opening the coffin it was found to be empty.'

I doubt not that many of the instances given will be at once dismissed as sensori-motor reflexes. It may be that they are so; but this merely leads the inquiry one step further to a question as yet undecided as to the true nature of a so-called reflex, and as to whether after all there is not some psychical element acting in the latent time that has been so much noted recently in the sensori-motor action, between the arrival of the impulse and the ensuing motion. Still, setting aside those cases deemed of doubtful value by the critical reader, I would ask, Is there not abundant evidence left of the control the mind unconsciously exercises over the body in health, both generally and specially, so as to establish the thesis at the head of our chapter?

Psychic
element
in sensori-
motor
reflexes?

The conscious mind has, as we all admit, no direct control over the vital functions of the body, and

Evidence
of real
controlling
power of
uncon-
scious
mind.

Not
'Nature' or
'Physio-
logy'!

Conclu-
sion.

only in a general way over even the 'voluntary muscles;' but is there not clearly some power, mental and purposive in character, that harmoniously co-ordinates and regulates them all for the common weal? If it be so, is not the term 'unconscious mind' altogether more rational and intelligible than such words as 'Nature, Physiology,' &c., which are in general use, and after all mean nothing?

I conclude, then, this fragmentary sketch of the physiological action of this Psychic Force, and trust I have said enough to indicate that 'the double action of the "mental factor" on the body in health consists *generally* in carrying on the functions of life; and *specially* in physically expressing mental states.'

CHAPTER IV

ON PSYCHO-PATHOLOGY

'The mental factor is present in some way or other in all diseases.'

WE now reach the second of the three actions of the mind upon the body, that I indicated in the last chapter. The first treated of there was Psycho-physiology; the two remaining are Psycho-pathology and Psycho-therapeutics. I don't know that there is much use in this incessant compounding of words, but it is the fashion, and they are undoubtedly expressive, if not euphonious.

The second of the trio.

In turning to the mind in pathology, we reach a subject that cannot be handled in a single chapter. I can but attempt to give a very general view of the matter, leaving the connection of the mind with special diseases and also with the entire class of functional nerve diseases for future treatment.

A general view of the subject.

I will now therefore consider the general relation of the mind to disease, both organic and functional, as a causal factor. It is no doubt possible, and most probable, that these two terms are clinical rather than scientific; and that no great value must be attached to them. But those who feel this, must remember that very much of our language is more

Language often reveals our ignorance.

expressive of our ignorance than of our knowledge. And this not alone in common parlance, but in medical phraseology; and, to carry the matter one step further, even in science itself. What do the words 'atoms,' 'affinities,' 'combining bonds,' really mean? The very expressions 'mental' and 'physical' may, after all, yet prove to be but two aspects of the same thing.

Differences are often fictitious.

Most of our distinctions are due to the imperfection of our vision, or to the limitation of our conceptions; and when very closely looked into, the difference between organic and functional tends to disappear; and, as a matter of fact, we are brought to this, that no change in function, as well as no action of mind, can ever take place without some corresponding physical alteration of structure. While freely admitting this, however, we retain the terms as none the less useful because they are not scientific; understanding organic disease to mean that disease where the physical changes are gross and obvious, and functional disease that where they are neither.

Functional and organic go together.

Exaggeration to be avoided.

And now, in looking at the bearing of mind upon these two, and first upon the organic, let us at the outset guard against any appearance of exaggeration.

It is of course difficult to preserve a right sense of proportion when dealing exclusively with what, after all, is but a small part of a very great subject. In treating of the mental factor in disease, therefore, to the exclusion of all others, one is apt to fall into the same error as our leading railway companies do in their respective maps.

Fiction in railway maps.

In these well-known works of fiction they seem to find it impossible to resist the temptation of depicting their own railway as leading in straight lines every-

where, while their rivals are indicated by narrow tortuous wriggles that appear to lead nowhere.

Lest, therefore, it should be thought that the necessary prominence given to a single factor of disease in a work exclusively devoted to it represents its real place in medicine, let me say 'right here' (as our American cousins would put it) that, with the exception of mental and functional nerve diseases, the part that the mental factor plays is exceedingly small, and often very obscure and ill defined. It would be as ridiculous to suppose for a moment that the ætiologies of disease given in leading text-books do not describe correctly the main causes, predisposing and exciting, of the various affections, as it would be incorrect to assert that they can possibly enumerate them *all*, when the mental factor is omitted. For, though small, it is certainly a constant contributing cause in organic disease somewhere in its course, and often all through. It may be a predisposing cause, an exciting cause, an aggravating or a modifying accompaniment; it may act as a poison, or therapeutically as a medicine. What is of importance is not therefore its size but its ubiquity; and this, coupled with its general neglect, may be a sufficient apology for bringing it forward with such prominence in these pages.

The influence of the mind in all forms of functional nerve disease is generally, though by no means universally, admitted. And this want of unanimity need occasion no surprise when we find that there are those who refuse to recognise the mind as a cause even in mental diseases.

On the other hand, a large number who freely

Mental factor plays only a small part.

Still, though small, it is ubiquitous.

Mental factor in nerve disease not always admitted.

What is
'pure
organic
disease'?

admit the mental factor in mental and in functional nerve diseases firmly declare that it has no part in 'purely organic disease,' whatever that may mean. To us the phrase is obscure, for if functional disease may after all be organic at the bottom, *à fortiori* there can be no organic disease without some derangement of function.

It may not be needful here again to insist on the importance of the knowledge of *all* the parts mind plays in disease, for we are at present only concerned with its share in ætiology. Later on, when I come to treatment and therapeutics, where its power is so obvious and so great, and yet so set aside, I may enlarge upon the practical power that this knowledge in the art of medicine gives.

Sir F.
Bacon on
mind and
body.

Sir Francis Bacon observes¹ that 'the knowledge concerning the sympathies and the concordances between the mind and the body is fit to be made a knowledge of itself.'

The 'British Medical Journal,' after all, may be right when it speaks² of the difficulty of acquiring this knowledge as being the real deterrent. And coupled with this there is doubtless everywhere a tendency in partially trained minds to doubt or reject somewhat too readily what cannot be easily proved by eyes and ears.

It would seem that a science that regards the senses as the sole source of truth is as far from being correct as the (Christian) science (so called) that considers the senses the source of all error.

When we can learn equally to appreciate all the

¹ Sir Francis Bacon, *Advancement of Learning*, ii. sect. ix.

² See *supra*, Chapter I. p. 11.

sources of knowledge, and when the philosopher and scientist can 'lie down' together, the golden age of wisdom will have dawned on man.

The golden age of wisdom.

Before enumerating various organic and other diseases where the mental factor can be more or less clearly traced, we will give a few extracts from some leading writers on the relation of mind to disease as a whole.

Sir James Paget speaks as follows :¹

'Not only the signs of some diseases, but their progress and issue, may in measure be determined by the patient's will. I mean . . . by the direct influence of the will on sensation and motion. It can affect the character and intensity of pain, and other morbid sensations, . . . it can control the movements of muscles generally involuntary ; . . . it can, at least in some degree, determine the methods of some of the processes of our life.'

Sir J. Paget on mind in disease.

Dr. Goodhart observes :² 'The conscious direction of attention upon any pain, however slight, for a length of time will gradually make a trifle unbearable and even agonising.'

Drs. Goodhart and Rennie.

Dr. G. E. Rennie in the 'British Medical Journal' recently says :³ 'First, I would remind you of the immense influence exerted by the mind on the body. I need only refer, for example, to the effect of sudden emotion, fear, or pleasure upon the heart, producing in some cases merely palpitation, at other times actual syncope or even sudden death.'

Professor Clouston, in his inaugural address to the

¹ Sir James Paget on 'The Use of the Will for Health.'

² Dr. Goodhart, *Lancet*, July 1889.

³ Dr. G. E. Rennie, *British Medical Journal*, May 4, 1901.

Professor
Clouston's
inaugural
address.

Royal Medical Society in 1896, which will well repay the most careful perusal, says (the italics are mine) :¹

‘I would desire this evening to lay down and to enforce a principle that is, I think, not sufficiently, and often not at all, considered in practical medicine and surgery. It is founded on a physiological basis, and it is of the highest practical importance. The principle is that the brain cortex, and especially the mental cortex, has such a position in the economy that it has to be reckoned with more or less as a factor for good or evil *in all diseases of every organ*, in all operations, and in all injuries. Physiologically the cortex is the great regulator of all functions, the ever-active controller of every organ, and the ultimate court of appeal in every organic disturbance. We all know that every organ and every function are represented in the cortex, and are so represented that they all may be brought into the right relationship and harmony with each other, and so they all may be converted into a vital unity through it. Life and mind are the two factors of that organic unity that constitute a real animal organism. The mental cortex of man is the apex of the evolutionary pyramid, whose base is composed of the swarming myriads of bacilli and other monocellular germs which we now see to be almost all-pervading in nature. It seems as if it had been the teleological aim of all evolution from the beginning. In it every other organ and function find their organic end. In histological structure—so far as we yet know this—it far exceeds all other organs in complexity. When we fully know the structure of each neuron, with its hundreds of

¹ Dr. Clouston, *British Medical Journal*, January 18, 1896.

fibres and its thousands of dendrites, and the relation of one neuron to another, when we can demonstrate the cortical apparatus for universal intercommunication of nervous energy, with its absolute solidarity, its partial localisation, and its wondrous arrangements for mind, motion, sensibility, nutrition, repair, and drainage—when we fully know all this, there will be *no further question of the dominance of the brain cortex in the organic hierarchy, nor of its supreme importance in disease.*'

And further:¹

'The evidence that the brain cortex regulates absorption, secretion, vascular tone, and the anabolic and katabolic processes in the cells of the tissues may now be regarded as complete. Sores in many melancholic persons will not heal. The gland and the lung tissues in idiots and demented are unable to resist the attacks of the tubercle bacilli, so that two-thirds of our idiots and one-third of our worst demented die of tuberculous affections. Brown-Séguard showed that the section of certain cutaneous nerves, thereby cutting off the cortical influences on the hair bulbs, will cause the hair to become white on these spots.

Organic
disease
and the
mind.

'When we have localised cortical destruction on one side of the brain we have, as we all know, resulting on the opposite side of the body not only motor paralysis, but also wasted muscles, liability to bed-sores, altered texture of the skin, and a lowered or heightened temperature.'

Again: 'To explain all these mental and nervous effects on nutrition, on function, and on disease, we must not forget that it is gradually being demonstrated,

Mind is
directly
connected
with
centres of
nutrition.

¹ Dr. Clouston, *British Medical Journal*, January 18, 1896.

Every-day
effects of
mind on
body.

Effects of
day and
night.

All
diseases
worse at
night.

even in our present state of histological knowledge, that we have a sufficient apparatus in the brain cortex and its peripheral connections. It is not a vague question of "mind acting on body," of imagination producing physical effects. The highest mental centres can be demonstrated to have abundant and direct connections with lower motor and trophic centres. All the centres can now be proved to have strands of fibres passing from the one to the other, and every centre can be proved to act on its organ, and to be reacted on in turn. Most people recognise that there are rare and striking effects of mind on body—few fully realise its every-day effects. It is of far more consequence that our profession should remember the common than the uncommon in treating disease. If one desired to adduce one of the strongest illustrations of the influence of the cerebral cortex and mind on diseases, one would take the differences between day and night in nearly all disorders. We know that at night, and especially during sleep, the brain cortex is in a totally different state from its condition during the day, and the mind is then practically in abeyance. What is the result on function and disease? Do not all febrile affections become aggravated at night? Are not all mental affections then at their worst? Do not all pulmonary diseases then cause most pain and distress? Do not all the worst exacerbations of the neuroses of sensibility then occur? Do not the worst and most intractable of the convulsive disorders then come on? We can control the day fits of many epileptics wonderfully by the use of bromides. We can seldom do any good to the night fits thereby. Is not asthma always worse at night? And is no

night the time when the vital forces sink so low that mankind mostly die in the early hours of the morning? The night-work of the doctor is largely due to many diseases being at their worst then; but in addition to this there is a mental state peculiar to the night both in the patient and in his relatives from the same cortical cause. Fears, depressed views of the result of the trouble, anticipations of evil, want of courageous common-sense are then most manifest, and the doctor is hurriedly sent for, not, it may be, because the patient is much worse, but because he and his friends think so. This is a bit of practical psychology that touches us all in a very tender place, for who likes to turn out of a warm bed and be awakened out of a sound sleep to go out on a cold rainy night? What man's courage is as great at three in the morning as at midday? Nay, what man's judgment is as clear then?'

Peculiar
mental
state at
night.

Judgment
not so
clear at
night.

I think that those who carefully read Dr. Clouston's words will feel that the length of this extract is amply justified by the importance of the matter.

John Hunter, as is well known, was fully alive to the importance of our subject. I will only quote one of his many sayings: 'As the state of the mind is capable of producing a disease, another state of mind may effect a cure.'

The bearing of temperament on disease, which is now again being seriously regarded, is, after all, largely due to the mental factor connected with it. In all these cases, however, as well as in those special forms of disease we are about to speak of, one must remember that the mind is always used unconsciously.

The
influence
of the
mind is
nearly
always un-
conscious.

Physical
and
psychic
ever
interact.

Action of
the body
on the
mind.

Value of
the face in
disease.

The mind
muscles of
the face.

Dr. Lay-
cock on
physio-
gnomy of
disease.

The mental factor is, as I have already said, ubiquitous; physical diseases and psychic conditions are inseparable both as cause and effect, both in action and reaction. Our subject here is not the action of the body on the mind, and I have left this side of the subject so far alone; but one may now be permitted to point out that in every mental disease there is probably some antecedent change of the brain, and indeed that every physical disease writes its story in some way on the mind.

On the face, for instance, the diseases of the body are not only often physically but mentally inscribed. Dr. Clouston says: ¹ 'Laycock was a great physiognomical diagnostician, and constantly preached its value to his students. I well remember a talk he gave me on the subject one quiet Sunday when he and I were alone in his side room, in which he assured me that in time I should be able to diagnose half my cases at sight without further examination if I gave proper attention to what he told me.'² I have seen him arrive at marvellous diagnoses thereby. The muscles of the face are emphatically the mind muscles, and they often express in readable form, to those who observe them acutely, many most important and striking mental relationships of diseases. The cortex is the key common to the normal expression of disease.'

Laycock says: 'Study well the physiognomy of disease—that is to say, all those external characteristics in the patient that reach the unaided senses and

¹ Dr. Clouston, *British Medical Journal*, January 18, 1896.

² To carry this out to the exclusion of other methods of diagnosis would in my opinion be most dangerous in practice.

which are associated'—associated, I would point out, chiefly through the brain cortex—'with morbid states, whether they be sounds or odours or visible and tangible modifications of form, complexion, expression, and modes of functional activity, taking cognisance of minute modifications as well as of the more obvious, for they are only minute in a popular sense.' If this is done, it is truly as 'scientific' a mode of diagnosis as any stethoscopic or chemical investigation. No doubt some persons are more tell-tale physiognomically than others; that is, there is in them a closer and more constant relationship between the organic and sensory centres in the cortex, and the mental and motor centres that control the face and attitudes; their mental reflexes are, in fact, more acute. 'Take as an example a case. A patient comes to you, and before you ask him a question, you notice a glazy complexion, especially under the eyes, the eyes themselves showing a combination of brilliancy over the cornea, with pallor over the conjunctivæ, the skin of the face being rather muddy, the lips and ears a bit dusky, the breathing rather heavy, and the activity of the muscular movements diminished. These are signs of organic distress in the general mental expression of the countenance. If still further the patient has the typical outward signs of the arthritic diathesis—namely, tall figure, broad thorax, full abdomen, large muscles and frame, limbs large, movements rather sedate—then, founded on all those outward phenomena, which by experience can be taken in at a glance, you form a valuable *primâ-facie* case of renal-cardiac disease. Beyond any doubt, there may be a "gastric" or a "renal" look, and there may be a "cardiac" or "pul-

Observation is as scientific as the stethoscope.

An example of diagnosis by observation.

Gastric and renal 'look.'

monary" look in a man's face. It will be seen that almost all these outward signs arise through the brain cortex being acted on by the diseased organs, this action being reflected in the face.'

Morals and
mind and
body.

In considering these close sympathies of mind and body we are reminded here of an interesting point lately raised as to whether the mind can remain undefiled after voluntary physical immoralities. It seems to me that the fact of evil thoughts being written physically upon the face shows that evil deeds are written psychically upon the mind; and indeed every consideration of the close interdependence of soul and body must tend to drive from the minds of serious thinkers this mischievous philosophical antinomianism, which has lately reappeared in Europe, into which even a Maeterlinck, so great in many departments of thought, has permitted himself to be beguiled; and which teaches that the soul of a prostitute or of a murderer may preserve its purity in the midst of atrocious bodily acts. The soul may, indeed, remain pure while most hideous violences are offered to the body; but to absolve it from participation in voluntary action is surely a misconception of everything. Such a misconception, indeed, that we should not have turned aside from our subject even to allude to it, if it were not widely current, carrying evil in its train.

A gross
miscon-
ception.

Conclu-
sion.

In concluding our present subject I would say that, having given sufficient illustrations, largely from the testimony of able observers of the general relation of mind to disease, I will reserve further details for the next chapter.

I do not think I need apologise for the length of my quotations in this and other chapters, and even for reiterating, as I have done, some important points. In accumulating evidence on any subject in which the writer is specially interested, his own *ipse dixit* should not be too prominent; and where the testimony of competent physicians is available, I think it is best to give it; although the style of the book necessarily somewhat suffers by being disconnected. At any rate, it is by these means that I trust I have established that 'the mental factor is present in some way or other in all diseases.'

CHAPTER V

THE MENTAL FACTOR IN ORGANIC AND
OTHER DISEASES

‘We have examples of the mind as a causal factor in most organic diseases.’

New
diseases
of mental
origin.

‘I AM sure,’ says Sir B. W. Richardson,¹ ‘that modified, if not new forms of disease, developed through the mind are much more common than they were’—a startling statement, but one supported widely by medical experience. We need not, however, confine our attention to such new or modified diseases to find abundant evidence of mind action.

Without committing himself definitely as to which is cause and which effect, Sir B. W. Richardson connects certain mental diseases (to which, if I mistake not, he stands sponsor) with certain physical conditions: ‘Delirium Inquietans,’ for instance, he connects with valvular disease of the heart; ‘Delirium Dubitans,’ with ‘changeable’ diseases and intermittent fevers; ‘Delirium Sperans,’ with tubercle; ‘Delirium Desperans,’ with disease of the rectum.

Dr. Lys’
list.

Dr. Grabham Lys says that mind produces atheroma, dilated heart, Graves’ disease, dyspepsia, jaundice, cirrhosis, chorea, cancer, pernicious anæmia, foetal deformities, and alopecia.

¹ Sir B. W. Richardson, *Discourses*, p. 16.

I suppose he means that in each of these diseases there are numerous instances where the most obvious cause at any rate has been the mental factor.

Dividing the mind into emotion and intellect, I find that Emotion has caused unconsciously numerous cases of epilepsy, diabetes, jaundice, urticaria, rachialgia, paralyses, boils, cancer, gastric diseases, retention, amenorrhœa, granular kidney, and anasarca.

Diseases produced by emotion.

The Intellect, on the other hand, has a much less intimate connection with organic diseases; and from what I have adduced as to the relative power of the conscious and unconscious faculties on the body, the reason is clear. Emotion in its varieties is often wholly or partly unconscious, whereas the intellect is almost always exercised consciously, though its effects upon the body are wrought by the unconscious mind, apart from the direct action of the will. The results are therefore much shallower and more superficial, and nearly always functional.

Diseases produced by intellect are mainly functional.

Although my subject in this chapter is more especially organic disease, I will enumerate some of the effects of the intellect on the body.

The intellect can influence and produce indirectly through the unconscious mind hyperæsthesia, anæsthesia, paræsthesia, dysæsthesia, and all varieties of special sensation. Intellect can contract or relax muscles, and cause all movements, including irregular and excessive movements, spasms, and convulsions. It can also produce loss of muscular power and paralysis. Intellect can in the same way influence the involuntary muscles of the heart, lungs, blood-vessels, bowels, also those in all organs. It also can affect

List of diseases

the salivary and mammary glands, digestion, excretion, secretion, and general nutrition.

Diseases
of sym-
pathetic
origin.

The sympathetic system, which is largely governed by the mental emotions, causes functional diseases of all parts and many organic diseases—inflammations, œdema, goitre, exophthalmic goitre, headache, angina pectoris, diabetes, Addison's disease, and neuroses of the extremities.

It is interesting to note, in comparing the voluntary and involuntary systems, that it is decidedly the former (which to some extent is under the control of the conscious mind) that is most easily paralysed and suffers most from disease.

I must not traverse in detail the ground so ably covered by Hack Tuke in recording at length the numerous instances known of physical diseases of mental origin; but will be content very briefly to summarise the evidence at my disposal under this head.

Diseases of
heart pro-
duced by
mind,

Let us commence with the heart and circulation. Dr. Sansom, in the 'Twentieth Century Practice of Medicine,' says: 'Mental overstrain is a more frequent cause of a morbid condition of arteries, heart, and kidneys than is generally admitted. The influence of protracted emotion in the production of arterial and cardiac disease is real. It has been proved by Mosso that emotions produce a spasmodic contraction of the arterioles.' 'Strong and repeated emotions,' says Huchard, 'can induce cardiac affections by their strong action on the peripheral circulation. Hence arterio-sclerosis is so common amongst doctors, politicians, and financiers.' The emotion of anger has been specially investigated with reference to arterial pressure.

and of
circula-
tion.

It is found capable of increasing the pressure of blood from 14 to 21 cub.m. in men, and the blood corpuscles from 3 to $4\frac{1}{2}$ millions per m.m. The connection of fear with the circulation is well known. Not only is the skin blanched, but the pulse often becomes irregular. 'Am I afraid?' said Louis XVI. once in a crisis in the Revolution; 'feel my pulse.'

John Hunter says: 'An exciting cause of angina pectoris has long been known to be emotional excitement.'

Dr. Lys speaks¹ of both apoplexy and anæmic bruits occurring during mental anxiety, being caused by arterial tension, also of many cases of atheroma where no cause is known but some mental disorder. Also of cardiac dilatation in young people which may be due to palpitation from the increased vascular tension of mental origin.

Respecting atheroma, Clifford Allbutt says he knew 'a young man whose pulse tracing for twelve months during severe anxiety showed increased tension.'

Atheroma,
anæmia,
and
anasarca.

Dr. Stephen Mackenzie gives three striking cases of pernicious anæmia caused by mental shock.

Dr. Bateman tells us² of a poor woman who got general anasarca in the night after the loss of all her money (only a small sum).

Turning to the lungs and breathing, asthma and various forms of dyspnœa, coughs, and hiccoughs are largely influenced by mind. Sir Henry Holland says: 'I have known asthmatic patients in whom attacks are brought on by seeing them in others.'

Lung
diseases
of mental
origin.

¹ Dr. Lys, *Lancet*, 1892, i. 904.

² Dr. Bateman, *Practical Symptoms of Cutaneous Disease*, 7th edit. p. 214.

Hæmorrhage from the lungs has been frequently traced to mental causes. Sir James Paget tells us of a young man who had hæmoptysis on his birthday, and for nine years after on his birthday, being quite free between. He died of rapid consumption after the tenth anniversary.

Dr. Sweetzer tells us of a lady, who, feeling a living frog fall into her bosom from the clutches of a bird, was seized with such profuse hæmoptysis that she lived only a few minutes.

Digestive
diseases
of mental
origin.

The digestive organs, including the liver, are, as is well known, greatly affected by the mind, and woe betide the practitioner who fails to remember this in some obscure case of dyspepsia or mal-assimilation. Anorexia, nausea, dyspepsia, flatulence, gastralgia, constipation, and diarrhœa are all often either caused or largely affected by the mental factor.

Jaundice from mental emotion is recorded by Sir S. Wilks; ¹ jaundice from anxiety specially by Dr. Churton.² Jaundice has also been caused by fits of anger and fear. A medical student had an attack brought on by a severe examination.³

Dyspepsia
of mental
origin.

‘Barristers,’ Dr. Fletcher tells us, ‘commonly suffer from dyspepsia during the assizes, which disappears at once when the anxiety is over.’ Dyspepsia, indeed, of all diseases, is the most easily produced by the mind. Dr. Clouston observes with regard to dyspepsia: ⁴ ‘The mental attitude of the physician is often changed somehow, when he is treating his

¹ Sir S. Wilks, *British Medical Journal*, July 2, 1870, p. 4.

² Dr. Churton, *British Medical Journal*, November 19, 1870, p. 547.

³ Dr. Hack Tuke, *Mind and Body*.

⁴ Dr. Clouston, *British Medical Journal*, January 18, 1896.

patient's indigestion and constipation, as compared with that with which he considers and treats the mental pain that accompanied and perhaps caused the indigestion. The indigestion took its real origin, it may be, in a disturbance of the action of the mind and brain cortex, but the stomach only is thought of or treated by peptones, acids, or laxatives, and this is called "scientific" treatment. We do not need to hypnotise a patient to show that the mental centres in the cortex have the power of directly influencing physiological function and tissue nutrition. In mental disease, which means cortical disease, every one of these functions is commonly enough affected. The dry skin, the foul tongue, the constipation and mal-assimilation, of certain melancholics, the greasy, odorous perspiration, the phosphatic urine, and the constant flow of speech of many maniacal cases, are every-day examples.'

Vomiting is not only excited by injuries to the brain, apart from disorders of the stomach, but by the mind alone. A house surgeon of Dr. Durand gave one hundred patients coloured water, and told them it was a strong emetic given in mistake. Eighty of them were violently sick in consequence. With regard to the liver, we have given one or two instances of mental action; but there can be no doubt that in this case, as in all digestive disease, the effect of the malady upon the mind is more powerful than the power of the mind in causing the disease.

In connection with the action of the mind on the digestive canal, I will give a striking instance of its power in producing a disease, so incredible on the face of it, that it is well to say that I will personally vouch

The mind
and the
liver.

Reversed
peristalsis
due to the
mind.

for every detail. Early in 1897 a woman was admitted into a London hospital with faecal vomiting. Her abdomen was covered with the scars of various laparotomies made in order to find out the cause. The whole of the abdominal contents had already been carefully examined, but, as the vomiting persisted, a fresh opening was made once more and the colon specially overhauled. All the viscera were healthy; nevertheless the faecal vomiting was genuine. Most careful experiments conducted by the surgeon and house-surgeon yielded almost incredible results. Two ounces of castor oil introduced into the rectum were vomited with faecal matter in from ten to fifteen minutes. Half a pint of water stained with methyl blue introduced into the rectum was vomited in the same time, and so on. The cause of this marvellous reversed peristalsis was purely mental, and the patient was eventually relieved by wholly mental discipline and therapeutics, and was discharged cured. Although this confessedly is a case of functional disease, it nevertheless remains one of the most remarkable instances of the power of the unconscious mind over the body. To some, perhaps, this seems too much to assume. But let us see if any alternative theory is possible. The abdomen had been repeatedly opened in the belief that the cause was physical and material, but without result. Moreover, the cure was effected without the removal of any physical irritant or other agent. The cause was therefore mental, or, if this still be objected to, let us at least take refuge in 'Nature' or 'Physiology.' In the second place, we have no conscious mental power that could produce such a disgusting action, even if we wished. If any doubt this,

Remark-
able ex-
periments.

The
cause is
perverted
action of
the un-
conscious
mind.

let them try, and they will find the reign of the conscious mind has its fixed limits all over the body, as we have shown, which are in sharp contrast to the more extensive and apparently universal powers possessed by the 'unconscious mind.' In this case, for instance, the powers of the conscious will cease at the fauces or pharynx; all beyond knows not its sway. Nevertheless, it is far from being in a state of anarchy: the presence of a controlling power, ordering all to one end, is perhaps even more evident beyond the fauces than on this side. The power that reversed peristaltic action without any mechanical or material cause is not therefore only mental, but shown to be unconscious by two facts. The woman had no idea it was effected by her mind at all, and, if she had, all her conscious power could not have produced it. What caused it, therefore, was neither 'conscious' nor 'sub-conscious,' but 'unconscious' mind; and the disease necessarily remained incurable until this unconscious mind was reached, and made to undo the evil work it had done.

Conscious control ceases at the pharynx.

The kidneys and bladder are affected organically by the unconscious mind. Diabetes is undoubtedly caused by mental strain. Sir B. W. Richardson records such cases, and says: 'Diabetes from sudden mental shock is a true pure type of a physical malady of mental origin.'¹

Kidney diseases of mental origin.

Van Noorden, in 'Twentieth Century Practice of Medicine,' says: 'There are many carefully observed cases of diabetes on record, in which the disease followed a sudden fright or joy, or some other disturbance of the mental equilibrium.'

¹ Brunton, Pavy, and others also give mind as a cause.

Urine and
the mind.

Apart from disease, the mind naturally affects the renal secretion. Eleven parts of urine are secreted in repose, compared with thirteen when the brain is active (allowing for other disturbing factors). The amount of urea is also augmented.

Dr. Clifford Allbutt says it is an undoubted clinical fact that granular kidney is often produced by prolonged mental anxiety.

Incontinence and retention are both produced by the mind apart from physical causes, and are also often aggravated by it where these are present.

It is an interesting fact, though it proves nothing, that from sympathy, after the death of Napoleon III., four persons consulted Sir James Paget for stone in the bladder who had no physical sign of it, though they described the symptoms.

Cancer and
the mind.

Cancer has often a discernible mental factor, if not an efficient mental cause. Sir George Paget says: ¹ 'In many cases I have reason for believing that cancer had its origin in prolonged anxiety.'

Dr. Murchison says: 'I have been surprised how often patients with primary cancer of the liver have traced the cause of this ill-health to protracted grief or anxiety. The cases have been far too numerous to be accounted for as mere coincidences.'

Dr. Snow ('Lancet,' 1880) even asserts his conviction that 'the *vast majority* of cases of cancer, especially of breast and uterine cancer, are due to mental anxiety.'

Sir W. H. Bennett, speaking at St. George's Hospital (January 1899), tells us of cases of increased growth of tumours following constant attention.

¹ Sir George Paget, *Lectures*.

We find thoughts unconsciously acting freely on the skin secretions, in arresting or increasing them. Sir B. W. Richardson says:¹ 'Eruptions on the skin will follow excessive mental strain. In all these, and in cancer, epilepsy, and mania from mental causes, there is a predisposition.' 'It is remarkable,' he adds, 'how little the question of the origin of physical diseases from mental influences has been studied.'

Skin secretions and the mind.

As to infectious diseases, the mind is a potent factor. A doctor owes his immunity to this fact far more than to any care he takes, and so do nurses. The surest way to be attacked with an infectious disease is to be afraid of it. Fear and the thought of sickness are of themselves sufficient to cause the same (provided the germ be present).

With regard to cholera, Sir W. Stokes says: 'The first sight of cholera patients gives rise to symptoms of cholera afterwards.'

Cholera and the mind.

Sir S. Baker, the explorer of the Nile, says that 'any severe grief or anger is almost certain to be succeeded by fever in certain parts of Africa.'

'In the general paralysis of the insane (apart from syphilis),' according to Dr. Mickle, endorsed by Dr. Blandford, 'mental strain and overstrain are the great pathological factors.'

Scurvy is often stopped by naval engagements, and the British Fleet is remarkably healthy after victories; while Professor Rolleston points out that after defeat an army 'readily succumbs to dysentery, scurvy, malarial fever, and other diseases, that have comparatively little effect in opposite circumstances.'

Effect of mind in scurvy.

¹ Sir B. W. Richardson, *Field of Disease*, p. 618.

Dr. Lys says: ¹ 'In every case of Graves' disease (exophthalmic goitre) there is a morbid mental state of a constant character which precedes its development, and consists of depression with extreme irritability.'

Dr.
Clouston
on
influenza.

Dr. Clouston says: ² 'If one wanted a special illustration of the mental and nervous relation of an infective fever, one would select influenza. The microbe or its ptomaines have a special affinity, there can be no doubt, for the higher nervous centres. They eat up and destroy the nerve and mental energy. No mental and no nervous effort is possible while the disease lasts with most people; and the nerve cells, being the highest and most delicate in the organism, take by far the longest to recuperate. The simplest but most effectual mode of conserving and restoring nerve energy by going to bed at once, and staying there a long time, is never so necessary as in influenza.'

Muscular inco-ordination seems to arise from some error in the action of the unconscious mind.

Insomnia and tinnitus aurium are largely vices of the nerve centres.

Pains &c.
caused by
mental
action.

Reflex pain is often felt from mental shock, or a sharp twinge on the receipt of bad news. Other symptoms are 'the back opening and shutting,' a sudden backache with an acid taste in the mouth, and the teeth on edge, also muscular tremors and weakness of the legs. I was walking in Victoria Station the other day with a lady in perfect health, but of nervous temperament. The receipt of some bad news made her reel about and lurch from side to

¹ Dr. Lys, *The Lancet*, 1892, i. 905.

² Dr. Clouston, *British Medical Journal*, January 18, 1896.

side as if intoxicated; while her natural gait was replaced by short steps on her toes as in paralysis agitans, which, by the way, is another disease in which the mental factor acts as a causal agent.

Turning to uterine diseases, we may couple the action of the mind with the growth of fibroids, with abortion and premature labour, with conception and its products, both in their mental and physical characters. Dr. Clouston observes: ¹ 'Nothing is more common than for the menstrual discharge to be diminished, arrested, or increased by mental and nervous influences. Any practitioner of physic who treats menstrual disturbances without reference to the patient's mental and general brain condition will certainly not succeed fully in his efforts. The whole subject of the function of reproduction and sex is quite as much mental as bodily. It relates as much to the brain cortex and the mind as to the organs of sex and generation. A man who treats spermatorrhœa, masturbation, impotence, hysteria, and the allied affections without taking into account the affective and inhibitory state of his patient, and without using moral and mental means as well as physical agencies, is certainly acting on unphysiological lines.

'I cannot help adverting here to what I consider the rash and unjustifiable way the operations of castration and removing the ovaries and appendages were recently looked at, without any reference to their mental effects on the subjects of them. We know that there are two primary instincts in all the higher animal kingdom—to live and to reproduce. No philosophic-minded gynæcologist can look lightly on

Uterine
diseases
and the
mind.

Dr.
Clouston
on castra-
tion.

¹ Dr. Clouston, *British Medical Journal*, January 18, 1896.

the deliberate extinction, by surgical means, of the essential organs of reproduction. Profound mental changes commonly follow after this in young subjects. The difference between the mental qualities of an ox and a bull should be sufficiently evident even to the most surgical-minded gynæcologist. Yet I have seen the operation recommended with as little consideration of mental consequences as the opening of a whitlow. Depend upon it, it may be almost as great a crime to castrate as to kill.'

Dr. Ormerod gives a case where a mother in pregnancy injured two fingers of the right hand, the child being afterwards born with two fingers imperfect.

Dr. Owen¹ gives another case of a pregnant woman whose brother was genitally deficient. Her child, a male, was born similarly defective.

Effects of
mind in
pairing.

The action of the mind on the products of conception, though not, perhaps, coming under the head of disease, may be conveniently considered here, and affords remarkable proof of the power (presumably) of the mental factor.

Dr. Lowe, in the 'British Medical Journal,' says² that the lasting effects of pairing in animals, both *in the male and female*, are to his mind conclusive of the way in which the mind of the parent can unconsciously impress physical characteristics on the offspring. He selects about half a dozen experiments, which speak for themselves.

Dr.
Lowe's
experi-
ments.

1. He says that a white sow with a black Berkshire boar produced a litter of black and white pigs. This sow next, with a red Tamworth boar, although

¹ Dr. Owen, *Lancet*, 1892, i. 969.

² Dr. Lowe, *British Medical Journal*, October 31, 1896.

there was no black in either of the parents, produced a progeny which were red, black, and white, the patches of black being very conspicuous.

2. A black sow and boar (Duckering breed) had always bred their progeny black. The boar then was put with a white sow for the first time; two months later it was back with the original black sow, which then produced a litter of black and white pigs, although there was no white in either of the parents.

3. A shorthorn cow with an Alderney bull produced a calf which was half-bred Alderney. Afterwards, this same cow, with a shorthorn bull, had another calf, which was still partly Alderney.

4. A smooth fox-terrier, by a rough Scotch-terrier, had rough pups. Afterwards, by a smooth fox-terrier, it had pups which were, many of them, rough-coated, and none were like the parents.

5. A Manx tailless tom-cat paired with an ordinary English cat, and some of the kittens had either no tails or very short ones. The tailless tom-cat died some years ago, but up to the present time a few tailless kittens are still born.

6. A fair light-haired Englishman married a Brazilian lady, but had no children. Twenty years after he married a light-haired English lady, who subsequently had a dark-haired son who was more Brazilian in appearance than English.

Dr. Lowe can give numbers of different cases of cows, cats, pigs, rabbits, sheep, &c., but thinks these examples will sufficiently illustrate this phenomenon.

Case No. 6 is alluded to as follows in the next issue by Dr. Neale:

Dr.
Neale's
comments

'The solution to this problem appears to me

“psychological imprint;” that, having been deeply attached to his Brazilian wife, and having dwelt lovingly upon her memory for twenty years, the resulting offspring from his “fair English wife” bore the traces of long-continued mental impressions rather than the result of merely having lived many years previously with a lady of a darker hue.’

A thoughtful study of these cases will leave the reader with the profound conviction that the cause is undoubtedly psychical and not physical.

Pre-natal
impres-
sions.

The effects of pre-natal impressions on the offspring, of which there seems undeniable evidence, also afford a striking illustration of the influence of suggestion. ‘The story of Jacob getting Laban’s flock to breed striped cattle by means of suggestion (Gen. xxx.) testifies to the antiquity of a belief which seems less incredible as our knowledge extends.’¹

Charles
Kingsley’s
case.

The mother of Charles Kingsley believed that impressions made on her own mind before the birth of the child for whose coming she longed would be mysteriously transmitted to him; and in this faith, for his sake as well as her own, she luxuriated in the romantic surroundings of her Devonshire home and in every sight and sound which she hoped would be dear to her child in after life. These hopes were realised; and though her son left Devon when he was six weeks old, and never saw his birthplace till he was a man of thirty, it and every Devonshire scene had a mysterious charm for him throughout life.²

Lastly, passing beyond disease, there are various mental actions which can produce death itself, though

¹ Professor Barrett (Dublin), *Humanitarian*.

² Charles Kingsley, *Life*, i. 4.

they themselves can neither be measured nor demonstrated.

I will give a few instances mainly from Dr. Tuke's book :

Death
from
mental
causes.

'In May 1873 a stockbroker in Paris fell down in an apoplectic fit, and soon died on hearing that his valet had been found shot through the head.'

In the 'Lancet,' 1867, is the case of a woman forty-three years old who died in a fit from finding her daughter, whom she supposed to have been killed in a railway accident, come home unexpectedly.

A woman, having nursed her sister during a long illness until her death, did not then give way to grief, but appeared perfectly unmoved. A fortnight after she was found dead in her bed, but there was no *post-mortem* cause found, except the depressing influence of pent-up grief through the nervous system.

'A laundress coming home along a lonely road from a solitary walk looked ill and excited; she said that a man had jumped out of a cemetery as she passed. She died at the supper table. The *post-mortem* examination showed all the organs healthy except the heart, and the verdict was "Death from syncope due to shock."'

Dr. Walshe says: 'A man came to insure his life in full vigour and was rejected, and told he had a diseased heart. He became melancholic and died the week after.'

Signor Laura, in reporting on a station master who had died suddenly after hearing that his station had been robbed, points out that 'sudden mental emotion may cause death in persons of robust health in a very remarkable way.'

Only recently I heard of a case in the South of Scotland when two medical men were walking together, and one was saying that he could make a man ill by merely talking to him (I do not give the doctor's name for obvious reasons). The other doctor doubted this. So, seeing a labourer in a field, the first speaker went up to him, and, telling him he did not like his appearance, proceeded to diagnose some grave disease. The man was profoundly struck, left off work soon after, feeling very ill, took to his bed, and in a week died; no sufficient physical cause being found. This was of course a shocking misuse of the power, causing great grief at the time at the unexpected and fatal result.

Overwork
kills mind
and body.

Overwork causes eventually death of mind and body. At Cambridge recently the Third Wrangler alone survived, the Senior and Second having died. A man may be intended by Nature to be third or thirtieth Wrangler. If he gets first it is only at serious peril. There are few greater causes of ill-health than the mental factor 'ambition.'

Dr.
Clouston
on protec-
tion of a
sound
cortex.

May I, in closing this chapter, give one more extract from Dr. Clouston? He says: 'It seems, indeed, as if certain persons who are predisposed to special diseases have, as their great protective and prophylactic against them, a sound and well-working mind and brain cortex. When well in mind, they are sound in body. When disturbed in mind, they fall victims to their diathesis. I have no doubt myself that this is the strongest of all the forces from within that preserve health and protect from disease. It is now generally recognised that death takes place with most men, not because

¹ Dr. Clouston, *British Medical Journal*, January 18, 1896.

disease is overmastering, but because the resisting power against it at the time is lessened. A man gets over many attacks of bronchitis till he is past seventy, and then his nervous resistance becomes too weak effectually to save his life. The degenerating cortex, as old age comes on, not only loses its faculties of memory and keen volition, but a trophic energy which it has hitherto supplied to the organs and tissues; so that we have atheroma, the senile heart, a shrivelled skin, and many other tissue degenerations. In fact, a bad memory and an attack of senile eczema in a man of seventy-five may result from the same central nervous cause. For the healing as well as for the prevention of disease, a sound cortex and a cheerful and a buoyant mind are all-important.'

Nothing more need be added to prove the argument of this chapter, that 'we have examples of the mind as a causal factor in most organic diseases.'

Conclu-
sion.

CHAPTER VI

THE CAUSE AND SYMPTOMS OF FUNCTIONAL NERVE DISEASE

'The mental factor in neurasthenia is generally admitted.'

Insanity is a disease of conscious mind, hysteria of unconscious.

A MAN whose conscious mind is diseased is called insane; but one whose 'unconscious mind' is affected is not regarded as insane but as 'hysterical,' which to some is a worse name than the other. The delusions may be equally strong in both cases and the results on life almost as disastrous, and yet we are quite clear that a man is not insane if he has only 'hysteria.' This nomenclature should not be disturbed, and the word 'insanity' should not be allowed to cover any disorders below consciousness. In the present instance we have nothing to do with diseases of the conscious mind, and I do not therefore write of the insane at all. Nor, on the other hand, are we here confined to hysteria. Our general subject is 'the mental factor in medicine,' and what we must consider now is the special bearing of this factor on functional nerve diseases. It is only of recent years that these diseases have been recognised as such, and given a distinct place by the profession generally. Pioneers and geniuses in medicine told us all about these diseases long ago, but we heeded them not.

Functional nerve diseases only recently recognised.

Now we unearth the musty tomes, and are surprised to find what modern views those medical classics contain.

Hospital students, again, are generally kept abreast of the most recent advances, and are pretty well up to date in their knowledge; and yet it is only quite recently that this subject has occupied a definite place in their education; and though the sufferers from this form of disorder exist in ever-increasing numbers, it still brings up the rear in the ranks of disease. I must here utter a word of protest against the contempt with which the ignorant public—and shall we say at times semi-ignorant medical men?—regard functional nerve disease. The word 'hysteria' is generally uttered with great contempt, and is often treated as if synonymous with malingering. In a recent medical work we read: 'The sister of the ward and the house physician settled between them that the case was hysterical and the girl was malingering;' that is, that hysteria means shamming. Such a statement takes us back to the Dark Ages, when all insanity was possession by an evil spirit; as it certainly implies that one with serious nerve disease is simply possessed by a lying spirit. 'A disease due to the imagination is not' (as we shall see) 'an imaginary disease,' but can produce functional and even organic disturbances. The late Dr. Sutton once said to me with great force: 'If a man is so ill as to say he is ill when he is not ill, he must be very ill indeed.'

Dr. Clouston makes some important remarks on the subject. He says: ¹ 'If some people want to imply that a patient's symptoms are unimportant, they call

and made a part of medical education.

Sometimes treated with contempt.

True hysteria is not shamming.

When is a man ill?

'Hysteria' a term of reproach.

¹ Dr. Clouston, *British Medical Journal*, January 18, 1896.

them "nervous;" if they want to ticket them as unworthy of consideration altogether, they call them "mental;" and if they want to brand them as quite absurd and out of the pale of human sympathy or medical effort, they call them "hysterical." One would imagine from these things that the phenomena of sensation—normal and abnormal, and those of consciousness—feeling, judging, willing, and memory, and their disturbances through cortical disease, were not comprehended in true scientific work at all; and that mind generally and nervous influence might be left out of account by the physician! A man breaks his leg, and it is said to be put up on "scientific principles." He loses his memory, his energy of will, his social instincts, and in the diagnosis and treatment of his disease the word "scientific" is exchanged for terms which are often vague and meaningless. It seems to me that the severity of these scathing remarks is quite justified by their accuracy and undeniable truth.

Mind
influence
of little
account
with some.

Imaginary
diseases
and
diseases
of the
imagina-
tion.

The one
do not
exist, the
others do.

Up to fifty years ago doctors failed to distinguish between an imaginary disease and a disease of the imagination, and airily dismissed both as malingering. No suspicion seems ever to have entered their minds as to the root error they were making, and the disastrous consequences for which they were surely responsible. It never occurred to them that an imaginary disease was a disease a person *had not got*; but a disease of the imagination, on the contrary, was a disease the person *had got*. Once this is fairly understood, and we thoroughly and clearly grasp that a disease of the imagination only differs from a disease of the lungs in being more obscure and difficult to

treat, that it probably causes more suffering, and may end in death, we are up to date, at any rate, in this matter. Archaic survivals (early Victorian), however, everywhere abound, to whom the above is utterly futile—a playing with expressions, and a trifling with the word ‘disease.’ I do not defend the term ‘imagination’ or ‘imaginary’ as scientific. Indeed, I defend no term I have used on this ground. It is best at present to regard all expressions connected with mind and psychoses and neuroses, and disease also, as only provisional ‘terms of expectation.’

Terms of expectation.

I believe that all functional diseases have somewhere an organic basis as well as a mental; and likewise that all organic diseases have a functional as well as a mental factor; in fact, may we not say that, so far as our present knowledge extends, no operation goes on in man in health or disease without the combined action in some way of mind and body?

Functional diseases have an organic basis.

Still, the organic is often as difficult to trace as the mental factor. Ordinary mentation can never be explained by organic changes, but doubtless physiological and anatomical changes may explain many of its morbid phenomena.

Organic basis often hard to trace.

The subjects of functional nerve disease are by no means always drawn from the same class, either mental, moral, or physical. We find sufferers amongst the greatest and the least, the noblest and the basest, the strongest and the weakest, amongst men and women. The same elements, after all, exist in great men and neuropaths; only in the former there is power to subordinate the means to the end, and to keep the idea noble and the habits excellent. Nervousness, after all, is an excess of self-consciousness of a normal quality.

Great men and neuropaths.

Hereditary
neuroses.

The evil consists in bringing into consciousness what should be left in unconsciousness. It may, of course, be more than this, but this at least is ever present. There is generally, also, a predisposition both from temperament and heredity. Dr. Rennie points this out¹ and asks us to recognise the moral and emotional side of human nature, particularly in young women, and observe how frequently it is a cause in hysteria. He also reminds us that the offspring of persons who are alcoholic, or insane, or neurotic frequently inherit nervous systems which are unstable, and furnish us with illustrations of defective and perverted functional nervous activities.

Dr.
Clouston
on nervous
diathesis.

Dr. Clouston furnishes us with an illustration or two of such cases. He says :² ' Here is a woman with well-marked features of the nervous diathesis, which is usually characterised by medium stature, small muscular development, spare habits, features marked and expressive, muscular movements in health abrupt and energetic, sensory power keen, reactive power to impressions from within and from without quick and intense. Your patient has the looks and the asexual shape of the climacteric on her. But she has a hopeless, fearful, depressed expression of eye, the skin is muddy, and the attitude and movements show a lack of nervous force.

The mental
factor may
determine
the nerve
disease.

' Before she has said six sentences you see that she suffers from climacteric melancholia, one of the innumerable neuroses that arise primarily out of the nervous diathesis ; secondarily, from the great epochs of life ; and, lastly, from ordinary exciting causes of

¹ G. E. Rennie, *British Medical Journal*, May 4, 1901.

² Dr. Clouston, *British Medical Journal*, January 18, 1896.

disease. Why does one man develop tertiary syphilitic disease of the nervous centres, or have locomotor ataxia, or Jacksonian epilepsy, or local paresis, or cerebral syphilomata, while nine-tenths of the other men who have tertiary syphilis develop its symptoms in the bones and joints and skin?

‘Because he has a nervous diathesis or neurotic constitution, no doubt, which means that all causes of disease are attracted to his nervous tissues.

‘His brain cortex is his weak point. When he becomes tired he is irritable, sleepless, and perhaps craves for alcoholic stimulants, which affect him strongly.

Picture of
a man with
‘nervous
diathesis.’

‘When he has losses, misfortunes, or worries, they exhaust his nervous energy unduly and paralyse his volitional power, so that he is utterly cast down.

‘When he marries he probably indulges in sexual intercourse to an inordinate and hurtful extent. When he is reduced by ordinary disease, he becomes sleepless, dyspeptic, nervous, or neurasthenic. When he is getting old, he fails in memory and in energy all at once. If predisposed specially to mental disease as well as being generally neurotic, any one of those reducing causes which I have mentioned may bring on an attack of melancholia or mania. When he has influenza, it attacks specially his brain cortex, and he is never the same man again.’

Clinically, Dr. Clouston recognises four types of functional nerve disease:

Four types
of nerve
disease.

1. Feigned disease (or malingering).
2. Functional disease dependent upon (obvious) organic disease.
3. Neurasthenia.
4. Hysteria.

The first I do not speak of here, the second occupied us in the last chapter, and the third and fourth we will now consider.

Neur-
asthenia.

Neurasthenia simply means nerve weakness. The term itself was unknown in England before 1886, though used earlier in America and Germany. This disease, in common with other nerve troubles, has been somewhat in the condition of Noah's dove at least as described in poetry; for it has long 'flitted between' the 'rough seas' of ordinary medical practice and the 'stormy skies' of the alienist, seeking in vain a resting-place for the sole of its foot. It was neither physical—so the physician would have none of it; nor (consciously) mental—so was looked on with suspicion by the alienist; and it was long in a parlous state. Indeed, were it not for the well-known gallantry of the two great nations of America and France towards sufferers (mainly) of the fair sex, the lot of neurasthenics would indeed be hard. Now, however, I am glad to say their claims to distinct recognition as genuine and reputable sufferers are widely recognised; and the respectful attention they now receive from physicians hardly justifies the apologetic way in which many of these patients still enter their consulting rooms. Probably it is but a survival of the bad old times, now gone for ever.

France and
America
befriended
neur-
asthenics

Neur-
asthenia
& distinct
disease.

Neurasthenia, says Allbutt boldly, 'is neither a sham nor a figment. It is no mere hotchpotch into which odds and ends of nerve troubles are thrust.'

It consists broadly of increased reflex irritation coupled with a diminished power of resistance to pain and depressing influences. It is a rare disease in the very young or very old, but common in middle life.

Neurasthenia used to be called hypochondriasis, being of course put down at first to that long-suffering organ the liver. The term 'hypochondria' is now reserved for a fixed delusive idea of some particular disease or local suffering. Herman defines it as 'the belief without cause of serious bodily disease.' This brings it very near hysteria, which is largely the nervous mimicry of disease.

Neurasthenia not hypochondria.

Neurasthenia and hysteria may of course coexist; the former is decidedly more common in men than the latter.

There are many varieties of neurasthenia. When the chief trouble is in the head, we speak of cerebral neurasthenia; when it is in the spine, of spinal neurasthenia. In some the abdominal viscera are affected, and this is visceral neurasthenia. In others a very common form is sexual neurasthenia, and these are often considered the most incurable, and are certainly the most troublesome to deal with.

Varieties of neurasthenia

Some of these cases, especially the last, are often perilously near the shadowy line that separates the sound from the unsound mind.

Cardiac neurasthenia is yet another variety. Here the heart is often painful—a sort of pseudo-angina. The pulse is rapid in the surface arteries, and there is a marked loss of compensation for gravity, as in the upright position. In these cases the pulse will be often 76 lying down, while it may reach 116 in the standing position, an increase of 40 beats.

The classes of neurasthenics vary as much as the varieties of neurasthenia. There are three classes clinically constantly observed—the patients who look perfectly well and are cheerful, the nervously ill

Three classes of neurasthenics.

and wretched, and the mentally ill and gloomy. The first class are well nourished, plump, restless, and talk without ceasing ; but the other two are downcast, and the latter especially will hardly speak. Idlers are nearly invariably neuropaths, and need equal treatment for body and mind. This is generally successful, if these idlers are men of capacity.

De Fleury observes : ' Slothful neuropaths when they are resourceful form the nursery of great minds. Amongst this class were Alfieri, J. J. Rousseau, Goethe, who could all only work a few hours a day. Also Darwin, Balzac, Zola, who can only write three hours a day.'

Causes
of neur-
asthenia.

The causes of neurasthenia are innumerable ; but the chief predisposing cause is a weak nervous system through heredity or want of nutrition, and the chief exciting cause is over-strain.

In education the true chronological order is the body first, and the brain after. Neglect of this is a large factor in this disease.

Education
and neur-
asthenia.

Many cases of neurasthenia are put down to education ; but we must remember that development of the nervous system makes for increased control. It is found by Dr. Allbutt that neurasthenics are, after all, not more common in New York than London, or among the busy than the idle. The disease abounds in such places as Finland, and in the Yorkshire collieries.

Nervous
system
may be too
'excitable.'

Dr. Allbutt, however, goes on to say :¹ ' The attributing of over-excitability to nerve structures in disease is absurd. No nervous matter was ever too excitable. To be excitable is its business. In over-

¹ Dr. Clifford Allbutt, *System of Medicine*, viii. 150.

irritability a racehorse differs from a jackass. The more excitable our nerves, the quicker and higher our life.' But here surely Dr. Allbutt says too much.

Within the limits of perfect control, it is possible that the nervous system cannot be too excitable, but surely the safety lies in the italicised addition we have suggested. Other things being equal, the more excitable, the fiercer the combustion, the more rapid the metabolism, the more necessary the strong control. A slow-combustion stove needs neither the attention nor the care that a forced-draught boiler does; and speed seldom increases safety.

It is of course difficult to define the point at which life at high pressure or hard study or training ceases to do good and begins to do harm to the nerve centres.

'Mental strain,' Sir James Paget points out, 'is a common cause of nerve disease;' and he instances a case of paraplegia following a severe Civil Service examination.

Karl Petrén, of Upsala, in the *Deutsche Zeitschrift für Nervenheilkunde*, Bd. xvii., reports the results obtained in a recent investigation upon the frequency of neurasthenia in the various grades of society. Contrary to usual statements, he does not find a larger number of cases in the upper than the lower classes. Out of some 2,478 patients observed between 1895 and 1899, he met with 285 (11·5 per cent.) cases of definite neurasthenia. These he resolves into three groups: (1) Artisans and peasants; (2) tradesfolk and under-officials; (3) intellectuals. In further division as to sex, males are easily first with (1) 14·8 per cent., (2) 13·2 per cent., (3) 18·3 per cent. As regards women, the numbers are (1) 11·4 per cent., (2) 6·6 per

Mental
strain a
cause.

Neur-
asthenia
and
society.

cent., and (3) 6.6 per cent. In Sweden it therefore now appears that neurasthenia is more prevalent amongst the working classes. Petréon thinks that as previous writers have drawn their statistics, on the one hand, from the higher classes, and, on the other, from clinics, the results disagree because many neurasthenics do not come under hospital treatment, while those of the former status readily consult their doctors. That the disease is not dependent upon the rush of modern life seems apparent from the fact that the greater number of cases came from the provincial parts of Sweden, where life is very simple and tranquil. As regards causation, 62 cases have followed family disappointments, 24 financial difficulties, and 47 overwork. Twenty-nine cases occurred after influenza, 21 acknowledged venery or masturbation; in 16 females it complicated pregnancy and the puerperium, 8 were directly traced to alcoholic excesses, and 2 were produced by high temperatures experienced during their avocation. A prominent factor is that of hereditary alcoholism. In the early years of the century large quantities of spirits &c. were almost universally consumed, and where the alcoholic tendency is not directly apparent its influence is felt in the nervous equilibrium of the present generation. Several cases are reported in which cerebral arteriosclerosis was present. Hygienic conditions also contribute to the increase amongst the lower classes. Lack of proper nourishment, insanitary dwellings, and monotony of existence are amongst some of the causes that need attention in order to prevent its further extension.

Classifica-
tion of
causes.

The mental factor in neurasthenia is sufficiently

obvious, but there is also the physical factor, just pointed out by Karl Petrén, of malnutrition, which is common enough ; or of some chronic and depressing disease, of persistent physical pain, or, on the other hand, mental pain, as in constant unhappiness.

Physical
factor in
neur-
asthenia.

It may arise, again, from shock or an operation ; or be left as a legacy after disease, and particularly after influenza.

Neurasthenia often arises in men from sexual excesses ; in women more commonly from the strain of sexual life in child-bearing, &c. Herman¹ points out that 'the Protean symptoms of Bennet, Tilt, and Graily Hewitt, described by them as being of a reflex nature from minor diseases of the uterine organs, really arise from the mind. It is not that a cervical erosion hurts the nervous system, but that a weak nervous system draws attention to the cervix. Nervous women as a class resist pain badly, and feel it more acutely. Still, though mental in origin, these Protean (really neurasthenic) symptoms are benefited by local treatment. Diseases of the womb may aggravate neurasthenia, but do not cause it *per se*.'

Sexual
excesses.

Turning to the symptoms of neurasthenia, we had better give first the complete list as enumerated by Dr. Beard, of New York, a man of very great experience in the disease. It need hardly be said that no single case exhibits even one half of these symptoms.

Symptoms
of neur-
asthenia.
Dr. Beard's
list.

Scalp tenderness—headaches (not in my experience a common or a prominent symptom)—dilated pupils—feeling of pressure on the vertex—heavy expression of eye—congested conjunctivæ—alteration

¹ G. Herman, *Diseases of Women*, p. 11.

of the nerves of special sense (increased or diminished capriciously)—*muscæ volitantes*—noises in the ears— atonic voice—loss of mental control—irritability— hopelessness—morbid fears of open places, of crowds, of confined spaces, of being alone, of people, of responsibilities, of diseases, of infection, of trains or cabs, of everything (called by various Greek and other compound words, agoraphobia, claustrophobia, &c. &c.)—blushing—insomnia (a marked symptom)— drowsiness (in visceral neurasthenia)—tender teeth— dyspepsia—love of drugs—abnormal secretions— sweating hands—tender spine—tender coccyx—irri- table heart—tremors—dysphagia—irritable cough— irregular respiration (sometimes ‘Cheyne Stokes’)— cramps—morbid sensibility—numbness—hyper- æsthesia—exhaustion—pruritus—flushes—cold feet and hands—sudden changes of condition and symptoms.

Some additions.

To this long catalogue we may add from personal experience: Constant restlessness—defective memory—dizziness and giddiness—dread of noise or light—loss of voice—loss of sense of proportion, small things looking big, and important things trifling—want of co-ordination—palpitation of the heart—weariness of brain—pins and needles in limbs—left sub-mammary pain—left inguinal pain—nervous hand (flexed wrist, extended fingers, fine tremors and dropped thumb)—flatulence and constipation.

Classifica- tion of symptoms.

Out of the above 48 symptoms we may class 26 as functional, 15 as mental, and 7 as physical or to a certain extent organic.

State of mind both cause and result of neur- asthenia.

The condition of the mind is a potent cause of neurasthenia, as well as being a result of it; so that the mental factor is prominent all through. It is for

this reason that we go more fully into functional nerve diseases than into others. We shall grasp the true inwardness of this class of ailment better when we come to treatment; for this throws further light on the ætiology, with which we have specially to do here.

In the next chapter we turn to a different class of case altogether in hysteria and neuromimesis, where the most important part is not played by the conscious mind, but the unconscious.

CHAPTER VII

THE ÆTIOLOGY OF HYSTERIA

‘The mental factor in hysteria is the unconscious mind.’

That un-
pleasant
word
‘hysteria’

‘HYSTERIA’ is an unpleasant and an unsatisfactory word, owing to its connections and derivation. No one knows exactly what it means, save that it implies something to be ashamed of. It is inextricably confused and confounded with malingering, neuromimesis, all sorts of neurasthenia, and hypochondria.

almost
amounts to
slander.

So keenly is the word resented by a large section of the public that, though it may hardly amount to libel or slander, a doctor who uses it incautiously will soon feel the effect in his practice. I have already indicated in the previous chapter how the word is constantly used for malingering. On this head Dr. Rennie says:¹ ‘Hysteria may assume a great variety of forms—in fact, there is no organic disease of the nervous system which it may not counterfeit. Now note particularly that while I say “counterfeit,” *I do not wish to imply that this is done intentionally* by the patients themselves; and this class of patients must not be included in that of the malingerers or feigners of disease. It is very important for you to

Hysteria
is not
‘sham-
ming.’

¹ Dr. G. E. Rennie, *British Medical Journal*, May 4, 1901.

remember this, as there is too great a tendency to look upon any case of doubtful or obscure nerve disease occurring in young women as one of deliberate shamming, and the methods of treatment adopted often support this view. I would advise you never to use the term "hysteria" either to patients or their friends, because this word is synonymous with shamming in the minds of the majority of lay people. Hence it is always better to speak of the condition as one of functional disturbance of the nervous system.'

Dr. Rennie's good advice.

The words in the above which I have placed in italics show how clear the belief is in those competent to speak, that 'hysteria' is not a disease of the conscious mind—its phenomena therefore are not 'intentional.' But they have all the qualities of mental and intelligent actions. What alternative remains, therefore, if there be no 'unconscious mind'? This is one of the many facts that prove the existence of a faculty of which we are not conscious, and demonstrate the existence of an unseen mind by its products.

Hysteria is a disease of the unconscious mind.

Dr. M. H. Jones, however, speaks of 'voluntary hysteria.' We may say broadly that such a disease is not hysteria but malingering. The essence of the true disease, we repeat, is that it is of unconscious and involuntary origin, being a disease of the unconscious mind.

There is no voluntary hysteria

Herman goes so far as to say: ¹ 'Another popular idea is that "hysterical" means shamming. *This is true* of the nervous mimicries, but not true of the hysterical paroxysm'! (*The italics are mine.*) It would seem that this implied that half the symptoms are malingering, and half due to the disease.

Neuro-mimesis is not 'shamming.'

¹ Dr. G. E. Herman, *Diseases of Women*, p. 34.

I do not doubt that amongst hysterics may be found malingerers as well, of whom the above may be true; but thus to describe hysterics in general is incorrect. It is, indeed, ideas like this that tend to drive the hysterical to despair; and we can hardly believe that the writer really means to be taken literally. Of course, as we shall see, where the unconscious mind is unknown, ignored, or denied, 'hysteria' must mean 'shamming'—fits and all. Mimicries especially must be frauds, for they necessarily involve a mental process, which must be performed consciously if there be no unconscious mind action; and this equals fraud, Q.E.D. There seems to be no other way out, and every physician who, as we say, ignores or denies the presence of the unconscious mind is positively driven, if logical, to regard mimicries of disease as fraudulent, even if he be not bold enough to say so. This feeling in his mind must influence his bearing and his practice in a wrong and false direction, and frequently lead him, with the best intentions, to inflict cruel wrongs upon his sensitive patients. Even Sir James Paget, one of the acutest writers upon this subject we have ever had, seems to imply that the successful mimicry of disease must be produced by conscious effort, when he says: ¹ 'Among the sane there are many who cannot bring about a mimicry of disease by any effort of imagination or direction of the mind. Among these I am happy to count myself. I have tried many times carefully, and with good opportunities, but have always failed.' This may be so; and yet it is possible that those whose every conscious effort fails might become them-

Conscious
mind
action
implies
fraud.

Conscious
effort is
not neuro-
mimesis.

¹ Sir James Paget, *Lectures on Nervous Mimicry*.

selves victims of neuromimesis, and reproduce with perfect fidelity the symptoms of a disease by unconscious mental action that they are powerless to do consciously. Moreover, when these mimicries are closely studied, it will be seen that many of them involve local changes of tissues and functions far beyond the range of any conscious effort.

For this and other reasons the word 'hysteria' has become so unpleasant and misleading that it should be used as seldom as possible, and to this end I think the word might be severely restricted to those cases described under this head by the most modern authorities, which are mainly characterised by alterations in the field of vision, by sensations in various parts of the body, and by convulsive attacks. Neurasthenia and hypochondria, at any rate, should never be confounded with it. There may be and always are borderland cases; but we should be clear that neurasthenia is not, and should not be called, hysteria.

With neuromimesis the case is more difficult. Many cases of hysteria, clearly marked by the signs we have given, also mimic various diseases; and, on the other hand, the most extensive mimicry of disease exists without one of these signs. We think that here, as in neurasthenia, neuromimesis should be regarded as a separate disease from hysteria, though the two may co-exist in some cases.

This is our counsel of perfection for the future, and is supported by Sir James Paget, who says: ¹ 'Cases of neuromimesis are commonly included under the name "hysteria," but in many of them none of the distinctive symptoms of hysteria are ever observed;

'Hysteria' should be restricted in use

to cases of narrowed consciousness.

Unconscious mimicries should be called neuro-mimesis.

Here, however, 'hysteria' includes both.

¹ Sir James Paget, *Lancet*, 1873, ii. 512.

and from all of them it is desirable this name should be abolished.'

But preaching is one thing, and practising quite another, and for the present in these pages one must be content with the former without the latter; for it is clinically convenient, till the difference is generally recognised, to speak of neuromimesis and hysteria together, both being diseases of the unconscious mind, and content ourselves here with raising a protest and making suggestions for the future. As a matter of fact, the remarks I shall make on hysteria will apply far more to neuromimesis, or the nervous mimicry of organic disease, than to the true form of narrowed sensations and convulsive seizures.

The
process in
hysteria.

Let us consider, then, for a moment the process by which, in 'hysteria,' disease is caused by mental action.

In the first place, we note that our brain not only acts by the will and by ideas of which we are conscious, but is continuously vibrating with ideas, memories, and trains of thought of which we are unconscious. It is so even with regard to common sensation.

Uncon-
scious
'sensa-
tions.'

A very small proportion of the afferent currents arriving at the brain produce conscious sensations of any kind. If the term 'unconscious sensation' be objected to, let 'unconscious irritation' be substituted; for they certainly produce the same effects on the unconscious mind which in the conscious we term sensation; and, furthermore, I have shown that sensations can be produced by the unconscious mind, arrested by it, and can themselves produce psychical and physical effects through its agency.

Professor W. James, in his 'Psychology,' remarks:

‘One of the most extraordinary facts of our life is that, although we are besieged by impressions from our whole sensory surface, we notice so very small a part of them. . . . Yet the physical impressions which do not count are *there* as much as those which do.’

James,
Barrett,
and
Waldstein
on impres-
sions.

‘For all these impressions,’ says Barrett, ‘whether we are conscious of them or not, leave some mark behind. They weave a perceptible or imperceptible thread into the fabric of our life; they make a greater or less indent upon our personality. We know that this is the case, for impressions of which we were unconscious at the time often emerge when the attention is withdrawn from things around, as in states of illness, in dream, or in reverie.’

Dr. Waldstein also says: ‘There is hardly a moment . . . when the nerve endings in the skin are not constantly assailed by sensations of pressure, of temperature, of the flux or reflux of the blood supply.’

Perhaps an illustration will help here.

If you concentrate your attention on any part of your body, you become aware of sensations in it that escaped your attention before, but were equally then present. If with a feather I lightly tickle the back of your neck, and at the time you are engaged in very earnest conversation, the vibration aroused in the brain sensory centre is unnoticed by you; and yet if I call your attention to the part it is noticed at once. By increasing the stimulus I can make the waves of vibration set in action other centres: involuntary ones, such as cause a shaking or shuddering of the neck; or voluntary, such as turning the head round or moving away.

Conscious
and un-
conscious
vibrations

1 Professor Barrett (Dublin), *Humanitarian*, 1895.

If you are asleep I may tickle your foot, so that you draw the leg away and you wake up. In this case you are probably conscious of moving your leg ; but the stimulus that made you do it was too slight to reach your consciousness. We may thus be conscious of a transferred vibration leading to action or sensation, and yet be ignorant of the cause that set it going.

Power of memories.

Memories, again, will involuntarily, and it may be unconsciously, arouse both feelings and actions. One may have smelt the strong scent of some flower when some critical event took place, a proposal of marriage or some sudden news ; henceforth, whenever the topic is touched on, the very scent or vibrations of the nerve of smell that represent it may be exactly reproduced. A certain field always recalls a certain song we used to sing as we crossed it on our way to school. The thoughts of old Anglo-Indians often set the vibrations of Eastern sights and sounds in action again in the old centres.

Observe in all these cases we are considering natural associations, not vibrations deliberately set up by the will in an unusual way. You can, as shown already, think of a green field when in a drawing-room until you set in vibration the centre of sight and see the green grass ; or the centre of hearing, and hear the lowing of the cattle or the hum of the insects. This is much easier if there are no distracting sounds, and if you close your eyes ; and still more so if there are some insects actually humming in the room. But the memories I speak of are wholly unconscious ones.

Seat of all sensations is in the brain.

Let us now sum up our results, taking a definite case, say of a pain in the little finger. This pain is felt in the little finger, we say, though we really know

that the only seat of any sensation is in the brain. It is there at the central termination of the ulnar nerve which leads from the little finger that all the vibrations take place, of which the mind becomes conscious and which it calls pain. Whenever these vibrations take place in the nerve centre belonging to the little finger in the brain, the mind always refers the sensation to the commencement of the nerve in the little finger, whatever may be its real origin.

In the same way, if in your house the hall-door bell rings, you say there is some one at the hall door; if the drawing-room bell, there is some one there; and yet such may not be the case. I may have pulled the door-bell wire inside the hall, as I passed down the kitchen stairs; or a rat may have moved it, or I may have struck the bell itself and made it ring, or a shock of earthquake may have shaken it, or a strong gust of wind; and yet, although these causes are so various, you, in the kitchen, always say, 'There is some one at the front door.'

It is so in the body. 1. The little finger is pricked—there is pain in the little finger. 2. The ulnar nerve itself is pressed on somewhere in its course—there is pain in the little finger. The hand may be cut off, and still, if the nerve be irritated in the stump by pressure, the man feels the pain in his imaginary little finger as truly and vividly as if it were still actually there. 3. Or, again, there may be a tumour in the brain pressing on the nerve centre in the brain of the ulnar nerve, and the most acute pain is felt in the little finger.

All these instances are from direct irritation of the nerve in some part of its course. But, as we have

We think it is at the injured spot.

Pain is always referred to the origin of the nerve,

however it
may be
caused.

seen, we may go much further. The hall-door wire may have got caught with the drawing-room one, so that when the latter is pulled, it is the hall-door bell that rings; the vibration is thus transferred. So in the brain. 4. I may set to work to think of my little finger, and so start sensations in it which, if not actual pain, are still sensations. But if I have the idea it is injured, though it may not be, I may feel the pain acutely from an idea alone. 5. But, again, the pain may have been originally caused by an abscess in the little finger, and afterwards kept up long after the abscess was gone, by the ideal centre. 6. Association may cause pain, as seeing others with crushed little fingers; or, 7. Memories, conscious or unconscious, of crushed little fingers may also start and keep up this pain.

Observe, then, the varied causes with the same effect. Only, in conclusion, we may add that while in health it is generally easy to discriminate between pain in the little finger caused by injury to the little finger, and that set up in other ways, in nerve disease it is not. Nay, it is sometimes impossible not only to the sufferer, but to the doctor who attends him.

We think
as we feel,
and we feel
as we
think.

It has been well said: 'We think as we feel, or think we feel; and we feel as we think. If we feel a pain, we think we are ill; and if we think we are ill, we feel ill.' If my ideal centre vibrates with the thought of crossing the Channel in rough weather, and pictures the nausea that would then be felt, the vibrations are transmitted to the terminal centres of the sensory nerves running from the stomach, and I actually *feel* sick from communication with a sensory centre; and, possibly, if of a highly nervous organisa-

tion, may actually *be* sick from transference to a motor centre.

Real feelings and real acts can be started in entirely ideal centres. If we *think* intensely of any part of the body long enough, we *feel* sensations in that part. If we think of a good dinner our mouth waters. We shiver whether we only think of cold or actually feel cold. The sensation of pain can be produced as really and vividly by thoughts or ideas alone, as light in the eye by striking it. In short, every sensation of the body ordinarily produced from without can also be produced from within.

Real feelings may arise in ideal centres.

These ideal vibrations, acting on motor and other centres, are quite different from the action of a motor centre by the direct impulse of the will, the action being in the latter case voluntary and in the former involuntary. So far I have only spoken of ideas of which we are conscious, so that, although the modes of exciting these motor and sensory centres are abnormal, *we know them to be so*, and hence are not deceived and do not deceive others into believing them to be natural.

Thus, when our teeth are on edge from discordant sounds, we do not go to the dentist; if we are sick from ideas, we do not think we are dyspeptic; if we hear noises in the ear, we do not look for them externally; if we shiver from thinking of cold, we do not put on more clothing; but this is because we are conscious that the cause is mental; in other words, of the action of the mind. It is quite otherwise where the sensation is caused by mind action of which we are wholly unconscious: the conscious part of the mind being, at the same time, cognisant of the symptoms,

Subjective sensations and sounds.

but ignorant of the cause, naturally attributes it to the disease most likely to produce it.

Sensations
from ideas
are not
ideas of
sensation.

With regard to the excitation of feelings by the action of the mind, John Hunter says: 'I am confident that I can fix my attention to any part until I have a sensation in that part.'

The transition is easy from the irritation of real sensations to those actually produced by expectation in the ideal centres, only we must remember the mind produces *sensation by ideas*, not *ideas of sensation*. The difference is enormous.

'Whatever mental or bodily state can be excited through the senses from without may arise from within, from imagination proper.'¹

Sensations
in the
hand.

Braid took four men between forty and fifty years of age, and told them to fix their attention on their hands for five minutes. One, a member of the Royal Academy, felt intense cold in the hand; an author, darting and pricking pains; a mayor felt heat; a scientific man had the arm cataleptically fixed to the table.²

The sensations in the hand by thought are produced probably by real vaso-motor changes in the hand, set up by the mental excitation of the sensory centre in the brain.

Sensations
in teeth.

The sensation of the teeth on edge may be excited by an acid on the teeth (normal irritation), by scraping glass (transference from auditory nerve, which lies by the side of the nerve from the teeth, in a bony canal), by seeing glass about to be scraped (transference from optic nerve by association), or by the mere thought of

¹ Hack Tuke, *Mind and Body*, 2nd edit. i. 30.

² Braid, *Hypnotism*, xx. 93.

it being done (transference from ideal centres). In each of these cases the mouth may be filled with saliva.

I have perhaps shown sufficiently the process by which neuromimesis may be set up in a weak nervous system, and will now consider how this process begins. I have already shown that, without admitting the existence of the unconscious mind, it is difficult to see how neuromimesis can be regarded as a true disease, and have indicated the various ways in which sensations may be abnormally aroused, and referred to non-existent causes; and I will now give some current views as to the cause of hysteria, hoping to show that the theory that it is due to unconscious mind action is, after all, the most probable. It must be premised once more that we use the word 'hysteria' generally as covering all forms of neuromimesis.

Dr. G. E. Rennie says: ¹ 'Now, there has been much discussion as to the nature of this form of functional nerve disease. There are some who would attribute the condition to functional degradation in certain parts of the brain or spinal cord; the occurrence of an hysterical hemianæsthesia or hemiplegia would on this theory be due to some vaso-motor spasm in the cortical areas of sensation or motion. An attack of paraplegia would be due to some impairment in nutrition of the cells of the anterior cornua. But this explanation will hardly meet all the facts, since the sudden transference of a hemianæsthesia from one side of the body to the other under the influence of a magnet or some special metal could hardly be explained by any such coarse pathology.'

Neuromimesis cannot be understood apart from the unconscious mind.

Dr. Rennie's views.

No coarse pathological change in hysteria,

¹ Dr. G. E. Rennie, *British Medical Journal*, May 4, 1901.

which is
dependent
on psychic
conditions.

'The entirely opposite theory regards all these phenomena as essentially dependent upon psychical states; and functional disturbance or degradation of the lower centres is not recognised. Now, I think that we can get a clearer idea or conception of hysterical nerve disease by regarding it as partly mental and partly physical; the underlying physical state being allied to the hypnotic state.'

Wilks,
Ormerod,
and
Reynolds,
on
'hysteria.'

Sir S. Wilks¹ regards hysteria as of the nature of an explosion. He says: 'Nature having no outlet for the superfluous energies, the whole system becomes disordered.' Here Nature (our well-known female deity) stands for the 'unconscious mind.' Dr. Ormerod² says vaguely it 'is due to a supposition of vaso-motor spasms, or defective nutrition of nervous elements.' Sir R. Reynolds, Charcot, and others say it depends on idea, or is ideogenic. These ideas being unconscious, they imply its origin is the unconscious mind.

Professor
Janet on
psychic
failure

Janet considers 'the anæsthesia and amnesia in hysteria arise not from physical failure in mind or brain, but from psychic failure to grasp or attend to sensation; in short, a contraction of the field of consciousness, as the contraction in hysteria of the field of vision from the same cause. The impressions therefore cease to rise above a lower sphere (unconscious mind), and tend to foster at the expense of consciousness a "secondary" sub-conscious mental state. The elements of such a state exist in all of us;' and may I add that this state is here called the 'unconscious mind'?

¹ Sir S. Wilks, *Diseases of the Nervous System*, p. 365; quoted by Dr. Herman, *Diseases of Women*, p. 30.

² Dr. Ormerod in Clifford Allbutt's *System of Medicine*.

Professor Biener (Vienna) considers¹ that the 'sundering of consciousness' exists in rudimentary fashion in every case of hysteria. The foundation and condition precedent to hysteria is the existence of hypnoid states (or what he would call unconscious consciousness).

Biener on secondary consciousness.

Now we—we think more intelligibly—understand by this 'sundering of consciousness' the distinction between the conscious and the unconscious mind; and the hypnoid state is the revelation by its effects of the powers, not of 'unconscious consciousness,' but of the unconscious mind; while the consciousness of the *ego* is partly in abeyance or its powers impaired.

Sir James Paget says:² 'If you study neuromimesis from its mental side, you may easily find reason for believing it [the result of] mere mental error, rather than the erroneous working of sensory and motor centres; but to regard all mimeries of organic disease as essentially mental errors is bad pathology and worse practice. In some mimeries it is hard to discern any mental influence at all, such as in distension, constipation, &c. Some are found in ignorant and slow-minded people.'

Sir J. Paget shows conscious mind cannot be the cause.

This is an admirably reasoned passage to show that the conscious mind is certainly not the active agent in most neuromimetic cases; and hence Sir James, limiting mind to consciousness, can recognise no mental action at all, and falls back on the erroneous working of sensory and motor centres. But is not the agent that sets these centres working

The agent can only be the unconscious mind.

¹ Professor Biener (Vienna), *Neurologisches Centralblatt*, January 1893.

² Sir James Paget, *Lancet*, 1873, ii. 513.

erroneously purposive and mental, and should we not call it the unconscious mind?

Eichhorst,
Briquet,
and
Bernheim
on hysteria

Eichhorst¹ says that 'hysteria is properly attributed to disturbances in the cerebral cortex.'

A new
name for
the un-
conscious
mind.

Briquet,² in the best work published on hysteria, holds that the seat of hysteria 'is the brain and not the uterus.' Page shows that the brain (unconscious mind) is the cause of the railway spine, and that it is not due, as Erichsen and Erb thought, to inflammation of the spinal cord. Bernheim says:³ 'How can memory set up a disease it has never seen? The disease [hysteria] must be in the psychic centres, but unconsciously; possibly a disease of æsthesodic cells of the cerebral hemisphere' (a new name for the unconscious mind).

I may conclude these quotations with the far-reaching views of Dr. Buzzard, who has done so much in the ætiology of this disease; and I make no apology for quoting his words *in extenso*.

Dr.
Buzzard
on
hysteria.

He says:⁴ 'Hysteria is a term the etymology of which is misleading. It is often improperly applied to cases of simple malingering, and others which do not admit of ready explanation. Its use is best restricted to a condition of the nervous system fairly defined, but the intimate pathology of which is not known; characterised by the occurrence of convulsive seizures and by departures from normal functions of various organs leading to very numerous and often perplexing symptoms.'

¹ Professor Eichhorst, *Practice of Medicine*, 1901.

² See *Twentieth Century Practice of Medicine*, x. 454.

³ Professor Bernheim, *Brain*, xvi. 190.

⁴ Dr. Buzzard, *Quain's Dictionary of Medicine*, 1883, l. 678.

‘These are apt to simulate those commonly arising from definite alterations of structure ; but differ from the latter in the fact that they may often, even when at their worst, be removed instantaneously, usually under the influence of strong emotion. It would seem that there is a disturbed or congenitally defective condition of the cerebral substance, *involving in all cases the highest nervous centres*, and in various examples extending more or less also to some of *those which preside over automatic phenomena*. *Partial or complete suspension of inhibitory influence* would appear to be the most patent result of the condition, whatever it be ; and this is recognised as well in regard to the mental as to the more evidently physical processes belonging to cerebral function.

Resembles
organic
disease.

‘A laugh which cannot be checked, but continues until tears flow or the limbs become convulsed, is a typical example of such a suspension of control, and, if studied, throws light upon the nature of a considerable portion of the phenomena of hysteria. The jerking expirations of laughter arise from excitation of the respiratory centre ; and when this excitation, uncontrolled by higher centres, acquires an abnormal strength, it extends to other parts of the medulla oblongata and spinal cord, and produces general convulsions. It overflows, as it were, into other nervous centres which in health would receive none of the exciting impulse. Between the lowest (automatic) functions of the cerebro-spinal system and the highest (psychical) there is an ever-increasing complex system of excito-motor processes, *which may be in part, or wholly, under the pathological influence, whatever it be.*’ (The unconscious mind ?) ‘Hence

Loss of
inhibitory
power.

Bizarre
character
shows loss
of control.

the *bizarre* character of the hysterical phenomena, and the circumstance that the symptoms always include modifications of those processes which underlie the mental faculties. The suspension of the power of control possessed by the higher centres explains the irregular movements, spasms, and convulsions. Hyperæsthesia and pain are dependent, probably, in hysteria, upon such a molecular change being initiated in the sensory ganglionic centres as is ordinarily propagated from the periphery.' (This, due to the unconscious mind, I have described a few pages back.) 'Hysterical paralysis, on the other hand, signifies that the power of the higher centres in liberating movements is in abeyance. In hysterical anæsthesia it is probably feeling or sensory perception and *not* the function of the sensory apparatus that is in abeyance, whilst the reflex actions which result from excitation of sensory nerves are performed in an orderly manner. A patient may work a needle with fingers which can be touched or pricked without the act being felt. Tactile impressions are conveyed to the ganglionic centre by the afferent nerves, and excite the action of the efferent nerves so that the muscles are contracted. What is wanting is the participation of those higher centres in which consciousness runs parallel to this physiological action.' I have already tried to explain this in the earlier part of this chapter.

Hysterical
paralysis
and an-
æsthesia.

'Hysteria'
sometimes
is early
stage of
dissemi-
nated
sclerosis.

Dr. Buzzard has further shown that numbers of cases of hysteria have been in fact early stages (unrecognised) of disseminated sclerosis; that such cases have been 'cured,' and afterwards returned with spinal disease. This raises the question of the connection of functional with organic disease, which is of

the greatest possible interest in the case of hysteria. It often happens that an organic lesion produces a functional disturbance sufficiently great to constitute a disease in itself; and not infrequently this attracts all the attention, and the organic basis is overlooked.

Functional
and
organic
disease.

Dr. Rennie points out that,¹ 'associated with organic nerve disease, we find frequently some degree of functional disturbance. For example, in the case of hemiplegia due to cerebral hæmorrhage a certain amount of damage is done by the hæmorrhage to the conducting paths from cortex to spinal cord, some nerve fibres ruptured and permanently damaged; but other parts of the nervous system are damaged temporarily by pressure of effused blood or disturbed circulation. As the pressure is relieved by absorption of the clot or restoration of imperfect circulation these diffuse symptoms disappear; the functional element is removed, the organic remains. Or, again, in cases of degenerative disease of the brain or cord, such as tabes dorsalis, the symptoms depend upon actual degeneration of the neurons. But besides those neurons which are degenerated others are merely impaired in function, and so certain symptoms appear besides those dependent upon complete destruction of the neurons. The amount of anæsthesia in tabes, for example, is a varying quantity; the patient when first seen may present much more extensive areas or degrees of anæsthesia than he does subsequently after treatment. Again, the association of hysteria with organic nerve disease is well recognised, an association which frequently obscures the diagnosis. In cases of disseminated sclerosis one meets with inter-

Functional
or organic
symptoms
may
disappear.

Hysteria
often
obscures
the
diagnosis

¹ Dr. G. E. Rennie, *British Medical Journal*, May 4, 1901.

Advancing
pathology
limits
hysterical
cases.

current attacks of functional or hysterical hemiplegia or paraplegia.' We find also Dr. Bury pointing out the close connection of functional with organic disease. He says: ¹ 'Let me remind you of the investigations of Buzzard, Bastian, and others, which have done so much to narrow the boundaries of hysteria; and state my belief that increasing knowledge of pathology will tend to reduce its limits still further. Prolonged vascular spasm or some other lesion must underlie a profound anæsthesia or a contraction of the visual fields. What is meant by calling these phenomena hysterical?

Hysteria
may lead
to struc-
tural
change.

'In some cases they persist for years, even throughout life, and, when they disappear, have we adequate knowledge of the subsequent nervous history of the patient? With regard to motor phenomena, such an authority as Charcot has stated that persistent hysterical contractures, after lasting for many years, may be attended with structural changes in the spinal cord; in one case he found a lateral sclerosis which apparently he regards as a direct outcome of changes started by the hysterical contracture. I find it much easier to believe that from the very first there were minute definite changes to which any hysterical or psychical manifestations were secondary.'

Diagnostic
signs.

Dr. Buzzard has noted as a diagnostic sign that in hysterical contraction of the upper extremity the whole arm can be straightened at once; whereas, in organic disease, the straightening of one part flexes another.

¹ Dr. Bury, Bradshaw Lecture, *British Medical Journal*, November 9, 1901.

In hysterical paralysis the knee jerk is generally increased while the plantar reflex is abolished, and Babinski's phenomenon (extension of big toe on plantar irritation) is absent.

Perhaps with this I may close this long chapter. I have, indeed, gone somewhat beyond our thesis, but the amount of evidence adduced all through both in the way of argument and testimony has, I trust, sufficiently established the fact that 'the chief factor in hysteria is the unconscious mind.'

Conclu-
sion.

CHAPTER VIII

*PHENOMENA AND ILLUSTRATIONS OF
HYSTERIA*

‘The phenomena of hysteria are due to the perverted action of the unconscious mind.’

BEFORE giving a few illustrations of hysteria—few, because the disease is so well known—I may say a word or two more on its origin and symptoms.

Origin of
hysteria.

Hysteria often begins in some slight but real disease in a person with an ill-balanced or worn-out brain—one in which the sub-conscious mind has too much sway, so that feelings ordinarily unnoticed are ever present to the consciousness. As the French say, ‘On s’écoute trop.’ Such disease, therefore, long after it is gone, continues to set up a train of associations, in spite of which the doctor, finding the organic disease gone, may declare the patient well. But it is not so. Let me repeat an illustration. When the door-bell rings we may be wrong in saying there is some one there; but we are certainly wrong if we go there, and, finding no one, say it is nothing. Something must have pulled the bell. And yet it is this which is still being said by medical men through want of training in mental therapeutics, combined with too great training in believing in only what they can see

Who rang
the door-
bell?

or feel or hear. If such men find there is nothing wrong with the knee-joint, however loudly the patient may complain, they may tell him there is nothing wrong with him. Consider the injury unconsciously inflicted on a nervous sufferer, who, feeling agonising pain in the knee, is first well pulled about, and then, because nothing can be felt locally, is calmly told that nothing is the matter; and is sent away with the diseased ideal, or other centre in the brain, uncured. The general predisposing cause in hysteria is an irritable and unstable state of the nervous system, often combined with physical weakness. The two, indeed, frequently form a vicious circle, and it is impossible to say which is cause and which effect. The weak nerve system leads to loss of appetite and neglect of exercise; less food and malnutrition increase the nervous debility; this leads to nervous dyspepsia, this to greater nervous instability, and so the vicious action and reaction continues. The chief exciting mental causes are religion and love, worries of all sorts, conflicts between evil and conscience, morbid introspection, sexual feelings, and the emotions generally. The chief physical exciting cause is some existing disease or accident. It is restrained emotion that has no relief or reaction in speech, weeping, or physical action that is worst in its effects. A man who gets a great shock at his dinner can eat no more without some reaction or outlet first. If he even speaks, he is relieved and may then be able to go on eating.

An affection may be real, and yet not local.

Cause—an irritable and unstable brain.

Hysterical symptoms may arise in pure ideas (ideogenic), or be the result of the conversion of the pent-up psychical into the physical.

Ideogenic symptoms.

The tendency in hysteria is to change psychic

irritation into morbid physical phenomena (*i.e.* bodily affections).

Drs. Breuer and Freud furnish us with a striking instance :¹

The
psychic
changed
into the
physical.

‘A young lady (21), after the death of her father, had pains in walking, with a hysterogenic zone over the inner side of her right thigh.

‘This was traced to two psychic causes—the conflict against illicit love for her sister’s husband, and the mental strain of nursing her father. The inner side of the right thigh was the centre of the disturbance, because it was on this she supported her father when the dressings were changed, and her feelings were then naturally most acute. The physical pain was the counterpart of the psychic. Pain in walking was felt because she used to go out with her brother-in-law, for whom she had a strong affection, which she could not gratify.’

Mind often
not quite
normal.

Pain does
not usually
produce
organic
change.

In hysteria there is more psychic than physical change. It is seldom, indeed, that neuromimetics have quite ordinary conscious minds. It is of some interest to notice that even in prolonged neuromimesis the parts affected generally undergo no organic change; there may be intense suffering with little or no alteration in structure.²

Hysterical
mimicry is
wholly un-
conscious.

Though, however, the mind may not be normal, I must repeat that true neuromimesis is not only never consciously produced, but in most cases there is no knowledge that it *is* mimicry, the process being carried out from first to last by the unconscious mind. To say, therefore, that the ‘hysterical fit differs from the

¹ Dr. Breuer and Dr. Freud, *Studien über Hysteria*. Wien, 1895.

² To this there are exceptions, which I have noted at the close of the previous chapter.

nervous mimicries of disease in being involuntary,' is to make a great mistake, and one probably due to the limitation of mind to consciousness, of which we have already said so much.

It would, indeed, be impossible for nervous mimicry in many cases to be voluntary; for no will power can produce such complicated phenomena as the mimicries of some diseases, which moreover are maintained for days and weeks. Such a feat is beyond the powers of the most accomplished actor.

Perhaps it might be well now to summarise the symptoms of hysteria in one list, as I have done in the case of neurasthenia in Chapter VI. Hysteria (using the term broadly) is characterised by anæsthesias in all parts of the body, in regions, patches, sides, and limbs—by visual anæsthesias resulting in narrowed fields of vision—by fits or paroxysms with or without incomplete loss of consciousness and accompanied by clonic and occasionally tonic spasms, tremors, convulsive movements, and large contortions, sometimes of extreme violence, with or without cries, foaming at the mouth, clenching of hands and other emotional signs—by dysæsthesias or pains in any joint in the body, often in several; in zones or patches, in the head, the back, the heart, the abdomen, the coccyx, the breast, the mucous membrane, the organs of special sense, the limbs and the organs of generation—by paresis and paralysis of every or any part of the body capable normally of voluntary motion—by contractions and wasting of limbs or parts of limbs—by tremors, continual and intermittent—by mental states, ecstatic, vague, demoniac, talkative, taciturn, &c.—by dermatoses—by Raynaud's disease—by urticaria, hyperæmias of skin and other erup-

Too complicated to be voluntary.

Symptoms of hysteria

and of neuro-mimesis

are nearly
all func-
tional.

tions—by hæmorrhages from organs and under the skin in all parts of the body—by stigmata—by muscular atrophies (detected in lower limbs by absence of Babinski's sign, extension of big toe on tickling sole)—by pyrexias of all sorts—by paraplegia—by hemiplegia—by tetany—by inco-ordination of muscular movements—by swellings and tumours (perfectly simulated) of all sorts, largely abdominal, fluctuating, solid or pulsating according to the variety, and of all sizes—by abnormal gaits of all kinds—by mutism—by stammering—by aphonia, aphasia, amnesia—by coughs—by dyspnœa—by dyspepsias—by gastric spasms and gastralgia—by flatulence—by hæmatemesis—by anorexia—by vomiting, ordinary and fæcal—by borborygmi—by swollen joints—by dysuria, polyuria, anuria, incontinence, retention—by floating kidneys, also by more or less elaborate simulation of various diseases, such as hip disease, asthma, Pott's disease, &c.

Let us now pass on to a few illustrations of various exciting causes in hysteria.

We get many cases arising from accidents :

Accident
as exciting
cause.

'A lady saw a heavy dish fall on her child's hand, cutting off three of the fingers. She felt great pain in her hand, and on examination the corresponding three were swollen and inflamed. In twenty-four hours incisions were made and pus evacuated.'¹

Dr. Diaz, in the 'Medical and Surgical Journal,' had a lady patient whose lips and mouth were suddenly enormously swollen from seeing a young child pass a sharp knife between its lips.

Dr. De Fleury¹ tells us of 'a girl who dreams she

¹ De Fleury, *Medicine and Mind*, p. 9.

is pursued by a man, and falls into a ditch and breaks her legs. Next morning she wakes bruised, and declares her legs are broken. It is not so; but her legs are paralysed (by this dream) for six months.' De Fleury tells us of another girl who, dreaming she was outraged, was full of bruises and ecchymoses next day. He says dreams can create physical impressions by momentary paralysis of the vasomotor mechanism. Whipple¹ tells us of a man of thirty-five with a dull pain above his ankle for twelve years, with swelling at times and always worse in a train. This was caused by seeing a man crushed to death in a train.

Hysteria
from ideas

A gentleman known to me, seeing a friend with stricture of the gullet, soon experienced an increasing difficulty in swallowing, which ultimately was a cause of death.

In the 'Lancet' for January 1880, we read that a gentleman (fifty-six) thought he had swallowed his false teeth. He felt them in the pharynx. There was a hard swelling behind the larynx, and a surgeon was telegraphed for. The symptoms were most distressing and real, until the missing teeth were found in a drawer.

Whipple tells us of a young woman with a constant cough, from the idea she had sand in her windpipe. Once she had been nearly drowned in bathing, and swallowed some water and sand, which she had thought of ever since. In the London Hospital many cases of hysterical abdominal tumours (supposed to be aortic aneurisms) have been sent in for operation, caused solely by the observed pulsations of the abdominal aorta seen in thin people, and so acting on their unconscious

Hysterical
abdominal
tumours.

¹ Whipple, *Mental Healing*.

minds that the abdominal muscles were actually contracted on one side to simulate a tumour, which disappeared temporarily under chloroform.

Sexual
element in
hysteria.

The sexual element is a large factor in hysterical phenomena, but it is observed that mimics of uterine diseases seldom go with organic uterine diseases; because the former are common in virgins, the latter in the married.

Sir S. Wilks points out¹ that 'a subjective ailment [as of the uterus] may, by overlooking the fact that the cause is purely hysterical [*i.e.* mental], be converted into an organic one.'

Special
sense and
hysteria.

The organs of special sense are constantly the seat of neuromimesis. A patient of mine had diplopia, nystagmus, total loss of taste and smell, and almost complete deafness.

Hysterical amblyopia is detected by a double object being seen by the blind eye. This, of course, seems like a gross imposture, but it is done in good faith and absolute unconsciousness.

We get sensory aphasia or word blunders, intensely illustrative of the action of the mind on the body, and due to some lesion of the psychical sight-centre on the occipital lobes.

Motor aphasia, or incapacity of speech, probably due to a lesion in the psychical speech-centre in the third frontal convolution of the left hemisphere. Also word deafness from lesion in the psychic centre in the superior temporo-sphenoidal lobe of the auditory nerve.

We get not only anæsthesia, but perversions of sensation, so that the hand in contact with a heated stone may feel very cold.

¹ Sir S. Wilks, *Diseases of the Nervous System*, p. 365.

In the urinary system we get simulation of floating kidney, formed by loose abdominal walls and large stomach.

Hysteria and the urinary system.

A servant girl mentioned by Bernheim had hysterical retention of urine, where the unconscious auto-suggestion was so strong that no suggestion offered consciously or hypnotically could cure it. A lady, on the other hand, suffered from incontinence at Niagara from the constant sound of falling water. Spitzka gives a number of cases suffering from agonising hydrophobia, which recovered on hearing the dogs that had bitten them were not mad.

Dr. Dale gives a case of one boy bitten by another who, seized with symptoms of hydrophobia, died of fear, when there was no rabies in the bite.

Dr. Ormerod points out¹ that 'hysterical disturbances of digestion may produce deplorable and even fatal malnutrition.' Deaths from this cause and from hysterical dyspnœa are, however, very rare.

Hysteria and digestion.

Dr. Bigi, of Lombardy, records cases of gastric ulcer; and relates one in which a woman of twenty-six had hæmatemesis after a severe fright; she had indubitably hysterical symptoms. After almost three months a second severe hæmatemesis occurred, and from that date the other symptoms of gastric ulcer began to appear. After the first hæmorrhage the lacerated mucous membrane probably was restored, but not after the second. He suggests that the process of formation is comparable to the production of a neurotic œdema, or even a bullous urticaria on the skin. In hysteria the gastric mucous membrane, like that of the lung or any other viscus, is liable to

¹ Dr. Ormerod, in Clifford Allbutt's *System of Medicine*.

Hysteria
and
necrosis.

hæmorrhages arising from the direct influence of the neurosis. Our knowledge of trophic affections of the skin enables us to state that the process has a general tendency towards necrosis; the hysterical process being thus actually a gangrenous one. When it is situated on the gastric mucous membrane, the gastric juice is able to maintain, as a permanent ulcer, the solution of continuity produced by an original hæmorrhage. Gilles de la Tourette and others have shown that half the clearly diagnosed cases of gastric ulcer have an hysterical ætiology. This must be remembered if one wishes to carry out a suitable and rational treatment.

Hysteria
and death.

‘A young lady gave her father laudanum in mistake. When he died she was struck down, and lay ten months till death from general œdema set in. There was a *post-mortem* examination, and there was no cause of death but dropsy of mental origin.’¹

Hysteria
and tem-
perature.

With regard to hysterical temperatures, Drummond records 108° in one axilla coincident with 98° in the other; Teale, a case of hysterical fever with a temperature of 118° (?) This case is also quoted by Dr. Ormerod.² In hysterical paralysis Charcot observes the face is never paralysed.

Hysteria
and
paralysis.

Sir Russell Reynolds gives us a case of paralysis which shows how motor and sensory disturbances may be first developed and then destroyed under the influence of ideas.

He was called to visit a young woman whose father had lost money, and had been paralysed through grief. She herself supported the whole

¹ Sir H. Marsh, *Dublin Quarterly Journal*, xliv. 9.

² See Clifford Allbutt's *System of Medicine*, viii. 116.

household by giving lessons in various parts of the town. When fatigued by her long walks she sometimes thought that she too might become paralysed, and that then their situation would become desperate. The idea haunted her. Under its influence her limbs grew weak, and she soon lost her walking powers.

Sir Russell Reynolds visited her, prescribed purely mental treatment, and at length convinced her that she was able to walk, when she at once resumed the practice.

This young woman's experience confirms (says Gliddon) Battey's teaching, that in the case of some subjects who have never been hypnotised, paralysis may be produced by giving them the idea that they are going to be paralysed, and may be taken away by a contrary suggestion. Emotion is a most common cause of the aggravation of paralysis agitans, hence during sleep movements are calmed.

Paralysis
by idea.

Hysteria
and
paralysis
agitans.

During the Reign of Terror an abbé was seized by the mob. He escaped, but he afterwards had continual tremors of the limbs.

Hack Tuke gives the following instance of insanity from fright :

'A healthy boy was lying in his cradle when a cock perched on the side; the boy was at first amazed, but afterwards was afraid, as the cock stretched his neck, put his head down and looked closely at the boy; he then flapped his wings and crowed. The child gave one sharp cry of pain and was instantly convulsed; three or four fits occurred the same day, and the boy grew up an idiot.'

Insanity
from
fright.

Anæsthesias and hemianæsthesias Binet and Janet connect with a narrowing of the field of conscious-

Hysteria
and
sensation.

ness in the brain. These anæsthesias in the most capricious patches frequently occur in people without the least symptoms of 'nerves.' For example, a bucolic, stupid-looking girl of twenty came into a London hospital the other day with hysterical hemianæsthesia, and soon recovered. We mention this here to mark the point that hysteria differs from neurasthenia in not being in the least necessarily connected with 'nervous' people. It is true that all neurasthenics are not naturally nervous, but a much greater proportion are of this class than with hysterics.

Neuro-
mimesis
covers
more than
mimicry,

It will be observed here, and will be noticed again further on, that the unfortunate word 'Hysteria,' which we confessedly use to include 'Neuromimesis,' actually covers a good deal more than the mimicry of disease. In a good many instances given here, we find the mind producing not so much mimics of disease and death as actual lesions and death itself. That is to say, the power of the mind over the body goes far beyond the mere production of mimics, however perfect these may be in their way. In these we admit there is no real local lesion, but only the unconscious simulation of it. But when we find examples of inflamed fingers with evacuation of pus—of bruises and ecchymoses, actual death, hæmatemesis, and gangrene—we feel the word 'neuromimesis' has become wellnigh as elastic as 'hysteria' itself. And yet it would hardly do to put these into a separate class. They are but extreme and somewhat rare examples of the power of the mind over the body; and the generic term 'hysteria' must at present cover them all.

and
includes
actual
lesions.

There can be no doubt that as the Force of Mind is increasingly understood, and the mental factor acknow-

ledged, our nomenclature will be revised, and placed upon a more intelligible footing. To attempt to do so here would be to add to a task already sufficiently onerous, another equally great.

Nomen-
clature
must be
revised.

I must be content, therefore, and more than content, if in these chapters I succeed in any marked degree in establishing in my readers' minds an appreciation of the remarkable part the unconscious mind plays in the cause and cure of diseases, even if I have to leave the right naming of many of these diseases in a state of chaos.

Conclu-
sion.

Without, therefore, dogmatising on the word Hysteria, I trust I have shown in this chapter that 'the phenomena of hysteria are due to the perverted action of the unconscious mind.'

With this chapter the first half of this book is concluded. Our task has been to demonstrate the Force of Mind and the mental factor in medicine in connection with ætiology and the *causation* of disease. In the second half we shall be occupied with the consideration of the part played by the Force of Mind and the mental factor in medicine, in therapeutics, or the *cure* of disease.

PART II

THE ACTION OF THE MIND IN
CURING DISEASE

CHAPTER IX

ON PSYCHO-THERAPY

'The force of mind in therapeutics, so largely ignored by the profession, is generally exploited by quacks for their own ends.'

I HAVE NOW traced briefly and imperfectly the connection of the mind with the body in health, in ordinary diseases, and in nervous ailments. My task has been far from easy, and has been handicapped all through by having continually, in describing the part of the mind that is mainly connected with physical phenomena, to use an expression, 'the unconscious mind,' that is not only not yet current in the best medical and psychological circles in England, but often meets with an animosity that would be hard to understand, were it not a well-known fact that 'shibboleths' are as strenuously insisted on in science as in religion.

Reason of
difficulty
of the task
so far.

But it seems to me that the task so far has been comparatively simple, when contrasted with what still remains to be done. It is one thing to give a passive assent to an unpalatable doctrine, and quite another to give it our active support. And yet this is the difference between *ætiology* and *therapeutics*: we *observe* the one, but we *practise* the other.

Greater
difficulties
ahead,

in regard-
ing mind
as a means
of cure.

Hitherto we have spoken of the mental factor as a *cause* in disease, but now we turn to it as a means of *cure*; and the discerning reader, who may himself be a very Gallio in his indifference to the questions raised, will yet readily appreciate the fact that those who disallow its claims to be the one will take a still greater exception to it as the other.

Six reasons
for dis-
liking
mental
thera-
peutics.

I think there are in all probability several reasons why so many of us distrust and dislike the very idea of mental therapeutics. May I suggest half a dozen that occur to me at the moment?

The idea is distrusted and disliked—

1. Because

so many please

To think their duty is to cure disease;

'forgetful,' too often,

of this lesson still,

'Tis not the body, but the man is ill.

A man whose sole idea is to fight disease, though trained in all the science of the schools, is still oblivious of the physician's noblest work, and may well 'pass by on the other side' the subject before us.

2. Another reason is the deep mistrust with which the ordinary British mind, even when fairly educated, regards the influence of the mind over the body; in the face of the quackery and knavery which exploit it unscrupulously to their own ends.

3. A third is because of its possible connection with hypnotism (which is still in very doubtful favour in the best medical circles); or with certain well-advertised (and lucrative) 'systems of cure.'

4. Fourthly, because (limiting the mind to consciousness) they find by experience how little can be effected in cure by conscious efforts, however determined.

5. Fifthly, because the Zeitgeist — the spirit of the (medical) age — is against it. Scientific diagnosis and clinical work naturally lead to scientific cures, and anything else is more or less suspected.

6. And lastly, because so many are ignorant of a subject which has formed no part of their medical curriculum at college or hospital.

It seems to me these six reasons are amply sufficient to account for the way mental therapeutics are regarded by the majority of us to-day.

I may perhaps be pardoned for quoting here—*à propos* of our subject—from a letter I wrote to 'The Lancet' on June 2, 1894, on this topic. Referring to a previous article, I said :

A letter
to 'The
Lancet.'

'My previous remarks in "The Lancet," written with a view to call attention to the much-neglected subject of Mental Therapeutics, received great point from an annotation in the same number on the "Immunity of Quackery." The writer, speaking of the failure of a recent prosecution, alludes to the "remarkable licence" that quacks enjoy. He points out what a ridiculous state of affairs it is that the public persistently continue to have recourse to quacks when they have the whole medical profession at their service. He goes on to say that the eulogy of grateful patients, though given in good faith, cannot be depended upon; for, he proceeds to point out, "there are no limits to the imagination of the hypochondriacal and hysterical subject."

The public
attach a
great value
to 'cures.'

' Now, in all this the writer does not say why quacks still flourish at the close of the nineteenth century ; nor why, in this educated period, they are as numerous, or more so, as in the dark ages, and can still undoubtedly produce large numbers of genuine cures. If the common sense of the public has not yet enabled this enlightened body to sufficiently distinguish between the value of the regular orthodox practitioner and the opposing army of quacks, special "pathists," and faddists of all sorts, whether Counts or commoners, it is to be feared that there is rather a poor prospect of their ever doing so as long as matters are as they are. The public, curiously enough, set a far higher value on a "cure" than the trained professional man. With him, we may, I think, assert, interest centres in the diagnosis of the disease, and it is to this point that the most careful teaching and training are directed. We do not say that to most it is the "end;" but it is certainly a very prominent "means" indeed to it, and necessarily so. The public, and with them the quacks, care little about the diagnosis, for which they have neither learning nor interest; what they do look for is the cure, which, alas! is often effected without any diagnosis at all, though not without grave risk to the patient for want of it. As long, therefore, as quacks cure diseases, so long will the public employ them; and no amount of Carlylean quotations as to the number of fools in the world, or contemptuous classification of the cured diseases as imaginative, will alter their attitude.

' What requires to be done, and what must come to pass before long, is the recognition by the medical

profession that the secret of the perennial vitality of quackery is that it has used (no doubt ignorantly) what the medical profession has so systematically ignored (at any rate in its teaching): the value and the curative power of mental therapeutics. I have looked again through many leading books on medicine and therapeutics, but neither in Ziemssen nor in Hare (as representing the latest American views), nor in any other standard work, can I find this subject fairly considered and discussed.'

Vitality of quackery due to force of mind over body.

The fact is, that much medical teaching is circumscribed by such well-defined boundaries—boundaries, by the way, of which it is intensely proud—that no surprise need be felt when we find any subject denied a serious hearing which lies outside these limitations.

Dr. Clouston says:¹ 'Mental therapeutics are, fortunately, had recourse to far more now than of old. The exhilarating and nutrition-stimulating effects on health of pleasant social intercourse, change of scene, of beautiful landscapes, of the summer sea shining in the sunshine, are now universally recognised. Bright and cheerful surroundings in our hospital wards are no unimportant part of the cure of their patients. The cures effected at our hydropathics and watering-places are surely mental in a large degree. What tonic and promoter of convalescence is equal to the "merry heart" which the wise man says heals like a medicine? If we fully accept and apply the sound principle that the brain cortex and mind constitute the great central resisting energy against the occur-

Dr. Clouston on mental therapeutics.

¹ Dr. Clouston, *British Medical Journal*, January 18, 1896.

rence of disease and one of the great forces that make for its cure, we thus get an explanation of many facts that cannot be explained on any localising theory. Such a conception prevents us from falling into that evil sort of surgical-mindedness which takes account only of the gross anatomy of the part affected, and such things as can be seen and felt by the surgeon. It enlarges our conception of the human organism into something of that degree of complication which actually exists in Nature. It affords an explanation of many of those miscalculations and disappointments which we all only too frequently experience. It explains to some extent the extraordinary differences in the action of the same remedy in different persons, and in the same person under different conditions. You are probably aware what enormous doses of certain drugs an acutely maniacal or an excited melancholic patient will tolerate, and, indeed, will require for us to get the effect desired. The brain cortex, in a state of disturbance and disease, inhibits to a large extent the action of many drugs. I have given in old times a maniacal patient half an ounce of tincture of opium within a week after beginning to use the drug, and we frequently use paraldehyde in half-ounce doses before sleep can be obtained, while, in some cases, several drops of croton will not purge. In melancholia and some other forms of insanity we find intense sluggishness of the bowels, of the skin, and of the secretory glands that result entirely from the morbid cortical condition, which the usual laxatives, sudorifics, and cholagogues will not remedy.'

Brain
cortex can
inhibit
drug
action.

And yet, how foolish any discussion of the

'mental factor' must seem to those who, rightly enough, impressed with the marvellous mechanism of the living body, can see nothing beyond the mechanism, and who therefore believe the art of the medical man to be as material and exact as that of a mechanic in a factory.

Medicine
is not
mechanics.

By doctors of this school a man is regarded pretty much as a superior cycle, or rather perhaps a motor-car, might be, and resembles the latter in being frequently subject to inconvenient breakdowns. It is clear to these that the use of adequate means, a little screwing up here or there, a new nut or bolt or strap, will effect the repair and restore the machine to health; and not only so, but they can prove this by the numerous machines they have successfully repaired apparently by these methods alone. To the materialist the invalid has for therapeutic purposes no more mind than the car; while, even if the medical man credits himself with any mental force, he does not for a moment suppose it can in any way assist his patient, any more than it can matter to the motor-car who the mechanic is that repairs it, provided the right means are used.

An invalid
is not a
machine
out of
order.

I am aware the simile is not very apt, but it may be effective enough for my purpose.

Has it, then, ever occurred to our materialistic medico to ask how it is that the human motor-car is often perfectly repaired by means which to him are ludicrously inadequate—having often little that is material about them; or, on the other hand, what is equally puzzling, how it comes to pass that the same bolts and nuts put in by one mechanic repair the

The doctor
as well as
the
medicine
'cures.'

machine, while exactly the same process fails in the hands of another ?

Many
quack
cures are
genuine.

That such is the case in medicine, though not in mechanics, is well known ; and it is, I think, abundantly clear that faith and quack healing of all sorts could never have attained the position they have in the leading centres of civilisation and intelligence were not the cures numerous, and in very many cases genuine.

Dogma-
tisan cures.

The fact is, the most materialistic medicine man going uses constantly with his patients, *malgré soi*, and wholly unconsciously, the curative influences of the mind. His very cocksureness as he 'screws up the bolts,' his exactitude, his dogmatism, and his 'no-nonsense' manner, all profoundly impress the patient, and produce a confidence and a belief in his powers that cure, quite as much as the means he uses.

The
reason of
'agnostic'
attitude of
doctors.

Let us proceed to review in a little more detail this remarkable subject of quackery, and I think we shall understand somewhat better the reason of the physician's agnostic attitude towards mental therapeutics. We see him beset on all sides by a very army of irregulars, who, in spite of his edicts and medical ethics, continue to defy the laws of both ethics and science by stealing some of his best patients, and, worse still, by curing them with means which to him are wholly inadequate, after the manner so graphically portrayed in the letter from Sir James Paget with which this book opens.

The
paradox of
quackery.

One of the most extraordinary paradoxes surely of to-day lies in the fact that, simultaneously with an advance in scientific medicine wholly unparalleled in the world's history, there is on every side a

quackery that flourishes and triumphs as much as, or more than, in the darkest of the dark ages.

It is the general rule that as the true light shines the darkness disappears. It is not so here. Nor can it be said that it is in the less civilised parts of the earth, where scientific medicine is rare, that most quacks are found. The reverse, strange to say, obtains. It is in America, and the most enlightened parts of America; it is in England, and in the heart of its most intelligent centres, that quackery flourishes; and we now speak of quackery pure and simple.

Only a year or two ago there was started most successfully in London a system of curing, not one or two, but all diseases, by little bottles of medicine (so called) sold across the counter by any chemist, the diagnosis being made by the sufferer!

But, from the doctor's standpoint, worse still remains. Quackery would soon come to an end and fade away before the spread of knowledge, and the decay of superstition, under the fostering care of the School Board and the higher educational system, but for one thing. It can show real cures, both undeniable and numerous, in spite of the vast number that may not bear scrutiny.

This the physician cannot, alas! deny, though he may deplore it. After allowing full discount for forged and false testimonials (which are not so numerous as supposed), for purely imaginary diseases and the credulity of mankind, and even for the lesser functional disorders, there remains behind a large residuum that cannot by any ingenuity be explained away. At any rate, the public believes it has suffered from some disease, say, rheumatism, for which, in

Quackery would disappear if no real cures were effected.

Quack remedies are not always inert.

the ordinary course and the absence of the quack, it would have gone to the nearest doctor ; with the result of a possible more or less tardy cure, and the certainty of a considerable bill. Whereas now, the purchase for $7\frac{1}{2}d.$ or $1s. 1\frac{1}{2}d.$ of a small bottle of something in a wrapper black with testimonials has already given relief, maybe even before it has been taken, on the mere reading of the wonderful cures effected. The ignorant charlatan may thus effect with his shallow mysteries what a great physician cannot do with his science, because wonder and awe have a greater therapeutic power than respect. In this case, of course, the remedies used on both sides are regarded as inert ; and yet we believe it is true that many of our most useful medicines have been discovered by quacks.

Now it is quite possible that no one is more surprised as well as pleased at the cures than the quack vendor of the same ; and it is not for him to deny what he cannot account for, as the doctor is often tempted to do, because his interest is to magnify cures, which he promptly does.

Pseudo-
religious
quacks.

It is therefore doubtless true that, in spite of all our science, quackery flourishes ; and the reason of it is by no means that all men are fools, but that it undoubtedly effects numerous cures, and some—if it be not heresy to breathe it—that have been attempted in vain by eminent scientific men, the sufferers having only tried quackery when all else has failed. It is also true that these cures astonish perhaps equally the quack and the doctor.

But let us go a little further and glance at the pseudo-religious quacks and humbugs who make a gain of the credulity and folly of mankind without recourse

to patent pills or 1s. 1½*d.* medicines. These are found everywhere, but abound most, like the ordinary quack, not, as might be supposed, in Russia, or in Turkey, or Poland, or South America, or other shady corners of the civilised world, but in the very focus of intellectual and rational life—the United States of America.

The greatest of these latter-day mystics is undoubtedly at present the 'Rev.' Mary Baker Eddy, whose ponderous work on Christian Science, in two volumes, is the text-book of the entire sect, numbering nearly a million or more here and in America and elsewhere, of educated followers far above the average in wealth and culture—many, alas! formerly having been among the most lucrative of the physician's patients. This book is appointed to be read by Mrs. Eddy in all her churches, side by side with the Bible; and in one of her handsome buildings in New York, that cost over 20,000*l.*, as well as in their first English church, not very far from Harley Street, this work, 'Science and Health,' is read every Sunday to a crowded and attentive congregation of upper-class educated people. With their dogmas one need not interfere; cures are detailed and vouched for by the healed at every meeting, and though to some judgments Christian Science contains neither Christianity nor science, as generally understood, these cures cannot all be doubted or explained away. (I may return more fully to this subject in a future chapter.)

Of the lower class of pseudo faith-healers, we hear of one in New Jersey, with 15,000 more or less educated patients in one week. Chicago has been turned upside down with one, amongst others, who

Christian
Science
and Mrs.
Eddy.

Chicago
faith-
healer.

has the walls of the largest hall in the city covered with crutches, splints &c. presented by cured followers ; and indeed all over the States the name of these religious quacks and humbugs is legion, and their harvest plenteous and golden. Now, though *populus vult decipi* is undoubtedly true, and though most men are fools, still cures are effected not only by respectable quacks, but by the most arrant knaves, and testified to by most reputable persons, and, curiously enough, largely by the clergy. Many indeed are not lasting ; many are very trivial, and many may be said to be due to hypnotic influence of one sort or another.

Hypno-
tism.

But, again, what about hypnotism and Nancy and the Salpêtrière ? The investigations of the 'British Medical Journal' have shown that here we have to deal with a quite inestimable amount of fraud and self-deception ; but observe, we have now to examine the work of learned professors, regular and registered physicians, and not that of mere charlatans. We have, or had, Charcot in France, and names of honour and repute in this country who testify to cures of all sorts without medicine or physical means, but in this case purely (if the word may be coined) by 'psychism' in the form of suggestions—suggestions, too, which appear powerless when presented directly to consciousness, and only highly efficacious when the patient is in the 'hypnotic' state. All these things are a riddle and most perplexing, and when the last echo of the laughter of derision and the last curve of the smile of contempt have died away, there remains much to make the physician of the period at least thoughtful.

Again, what about homœopathy, hydropathy, Matteism, and all the many and flourishing Swedish, German, Austrian, Italian, and other special cures? Are they all unworthy of the name? By no means. Here a semi- or pseudo-scientific basis is more or less attempted, many excellent hygienic formulæ are observed, which elevate these above the mere rank quackery we have spoken of. But the great point is that cures, and remarkable cures too, are everywhere effected. And here, indeed, may be added that it is impossible to say all these are what in our ignorance at present we crudely class as 'functional,' though, doubtless, most are. Is rheumatism a functional or an organic disease? Is dropsy, is erythema, is eczema, is paralysis? Some hyperscientist may object that some of these are symptoms and not diseases. But what is a symptom and what is not a symptom? Nay, more, what is a disease? And until we can answer this last profound question, how do we know whether it is functional or organic or both? Our own broad definition of the two would be that 'functional' disease is that which is of psychic origin; 'organic,' that which is of physical. At the bottom *all* diseases involve some organic change somewhere.

Homœo-
pathy,
Matteism.

What are
functional
diseases?

But this is not all, in the way of inexplicable cures.

What about Lourdes? Or if that be a centre of imposture, which it is, and yet isn't, what about our own faith-healing centres and others abroad, uncontaminated by the least sympathy with Roman Catholicism or saint-worship?

Lourdes.

As these may not be so well known even to the

widely informed physician, a detail or two may be given showing they at any rate exist.

Faith-healing at home.

A few years ago, in the Agricultural Hall, a great conference of some 2,000 faith-healers was held, there being then some 120 faith-healing centres in this kingdom alone, now probably many more. In America there are over thirty homes (one of which cost over 6,000*l.* presented by a 'cured' patient) and innumerable centres. There are several in Australia and many all over Europe. A few years ago in New York and Boston there was hardly a believer in faith-healing, now there are thousands. Observe these have nothing to do with the Christian scientists on the one hand or the pseudo-fraudulent faith-healers on the other, of whom I have spoken. These are orthodox, severely Protestant, and mostly evangelical.

Diseases cured by 'faith.'

In one long list of 250 published cases of disease cured we find five 'consumption,' one 'diseased hip,' five 'abscess,' three 'dyspepsia,' four 'internal complaint,' two 'throat ulcer,' seven 'nervous debility,' nine 'rheumatism,' five 'diseased heart,' two 'withered arm,' four 'bronchitis,' three 'cancer,' two 'paralysed arm,' three 'weak eyes,' one 'ruptured spine' (?), five 'pains in the head.' And these are the results in one year at one small chapel in the north of London! The list causes amusement and perhaps surprise; and impatience may be felt that such puerile details should be given. *Pace* my scientific and learned friend, to the poor sufferers it was anything but puerile to be cured, or at any rate relieved, from diseases from which they suffered, or at any rate imagined they suffered, free of all charge; for none of

these are money-making agencies, whatever else they may be.

What about charm cures? Perhaps scientists innocently suppose these have died out. Not at all; and later on I will give instances. Suffice it here to say that not only in the country districts, but it may be in the humbler regions of the physician's own house, they are implicitly believed in, and moreover even here also are cures effected.

Charms,
relics, and
idols.

What about cures by relics and even by idols? I am told that undoubted cures are effected not only by the Holy Coat of Trèves, but all over the world, notably in India, China, and Africa, in the presence of actual idols. One in India is most famous for its therapeutic power; while large temples in China are covered with votive offerings from the 'faith-healed.' Trees, plants, flowers, bits of animals, &c. have all their therapeutic powers.

But the patience of our cultured reader must not be too severely tried. Turn, then, with relief to something more respectable.

What about the 'cures' at home and Continental spas, with their eternal round of sulphur and iron waters and baths?

Spa and
bath
'cures.'

Does the doctor attached to the spa, in his heart of hearts believe that *all* the cures which in these cases he cheerfully certifies to *are* effected by the waters, or even the waters and the diet, or even the waters and the diet and the air; or does he not think there must be a 'something else' as well? And to come nearer home and into the centre of all things, and the chamber of all his secrets: In his own consulting-room and in his own practice, is not the

physician brought face to face with cures, aye and diseases too, the cause of which he cannot account for ; and is he not often surprised to find a continuation of the same treatment originated by the local practitioner is, when continued by his august self, efficacious ? And is not the local practitioner not only surprised but disgusted as well to find such is the case ?

Orthodox
cures.

The cura-
tive agent
in all is
the un-
conscious
mind.

But we have asked hard questions enough. We will ask an easy one. What is the one effectual agency in quack cures, in semi-scientific cures of all sorts, in faith cures, in relic, charm, and idol cures, in many spa and water cures, in some doctor's cures, perhaps in more than he suspects ? After allowing fully for the intrinsic value of the quack remedy, of the mystic formulæ, of the millionth dilution, or of the prismatic electricity ; for the sulphate of soda or magnesium and even for the value of real B.P. drugs, we must answer — It is mainly and primarily *the power of the unconscious mind over the body*. It is this, and this pre-eminently ; and it is this, and this pre-eminently, that is everywhere ignored, however much other minor factors may be extolled.

Now we see, as I said we should, how hard it is for a physician to own this, and here is the 'other reason' for his otherwise inexplicable 'agnostic' position. It at once seems to give a sort of *locus standi* to the unregistered and unqualified therapeutists of all denominations ; not only admitting their cures, but giving a scientific reason for them, probably unknown to themselves. And worse still, it puts the physician at first sight on somewhat of the same level in effecting many cures, in equal ignorance, by the same means.

Further and worthier thoughts will reveal that it is vain to fight against truth for any secondary reasons ; and the question is—Is it true? Is this true?

We think that those who really honour this subject with their grave and careful consideration will say that it is : and that even those who do not, and who merely skim the evidence we shall give, will say at least—‘ There must be some truth in it.’

If this be the case, how strange that such a therapeutic agent should have been so ignored, that from so few of our leading surgeons and physicians do we hear the influence of the human mind, whose powers pretty well balance the whole Pharmacopœia, spoken of ! In the ‘ British Medical Journal ’ we find this remarkable sentence :¹ ‘ Disease of the body is so much influenced by the mind that in each case we have to understand the patient quite as much as the malady. *This is not learnt at hospitals.*’ Or, in other words, one-half at least of the science of therapeutics is not ‘ learnt at hospitals,’ for the simple reason—it is not taught.

Does any practical medical man, after all, really doubt these mental powers ? Is he not aware of the ingredient ‘ faith,’ which, if added to his prescriptions, makes them often all-powerful for good ? Does he not know experimentally the value of strongly asserting that the medicine will produce such and such effects as a powerful means of securing them ?

If, then, this power is so well known, why in the name of common sense should it be pooh-poohed and ignored as it is ? It has its laws of action, its limita- If it is why is it pooh-poohed ?

¹ *British Medical Journal*, Educ. Number, autumn 1897.

tions, its powers for good and for evil ; would it not clearly help the medical student if these were indicated to him by his lawful teachers, instead of his gleaning them uncertainly from the undoubted successes of the large army of irregulars ?

A silent
revolution
taking
place.

We are, however, inclined to think that, after all, a silent revolution is slowly taking place in the minds of medical men, and that our present text-books on disease, content with merely prescribing endless selections and combinations of nauseous drugs, and dismissing any mental cure in a single line as unworthy of serious consideration, will in time be replaced by others containing views more worthy of the century in which we live.

Drugs are
valued
less.

For, although these drugs are still administered, but few medical men now believe that they are the entire cause of the cure ; for very gradually it is beginning to dawn upon us that most nervous diseases at any rate are easily and naturally treated by mental therapeutics, and that the still persistent efforts to cure them by the stomach are neither reliable nor rational.

Mind cure
not
limited to
functional
diseases.

It ill becomes, therefore, the medical man, who recognises in these cases that it is the mind that cures, to decry any form of faith cure, however little its process may be understood by him in detail. We have seen that the powers of the conscious mind over the body are wellnigh immeasurable ; and knowing, as we now do, that our old division into functional and organic diseases is merely the expression of our ignorance, and that all diseases, even hysterical, involve organic disturbance somewhere, we are prepared to believe that faith and other unorthodox cures, putting into operation such a powerful agent as

the unconscious mind, or, if you prefer the formula, 'the forces of nature,' are not necessarily limited to so-called functional diseases at all.

Dr. Clouston makes some important remarks upon the necessity of understanding the mental element in disease, that we may quote here. He says :¹

Dr.
Clouston
on mind
cures.

'The nervous and mental element in disease is a universal and constant fact, but it prevails in different cases to a different extent. I could have related remarkable cases to you from my own experience, and out of the books, of functional disease being brought on and being cured by mental impressions only, of functions being suspended and altered from the same cause—nay, of actual organic lesions being directly caused and cured by mental impressions; as when blisters are caused by suggestion during hypnotic conditions. Constipation has been cured by doses of medicine containing no laxative, but with dogmatic assurances that a stool will follow in an hour. Warts have been "charmed" away; scurvy among sailors has been cured by the prospect of a naval fight; gouty swellings have disappeared when "Mad dog" or "Fire" was cried out suddenly to the sufferers. All these things have happened, but they occur only rarely, while some influence or other for good or evil is taking place, in some degree or way, from the patient's brain cortex and mind in every case of ordinary disease that you will have to treat. This is a fact that I am far more anxious to impress on you than to relate the marvels and the miracles of medicine. To keep in mind the ordinary laws of Nature as they ordinarily manifest themselves in life

¹ Dr. Clouston, *British Medical Journal*, January 18, 1896.

and disease in their sure but commonly unconscious and quiet manner of acting, is of far more importance to each of us than to know the wonders and cataclysms that only occur once in a lifetime. The brain habit should be early formed in a physician to take account of, and instinctively and without conscious effort to apply the principle that the condition of the patient's brain cortex and mind can never be an equation to be left out of account in his treatment.'

Mental
thera-
peutics
and its
connec-
tions.

It is no doubt, as I have said, the connection of mental therapeutics directly with faith-healing, Christian Science-healing, and hypnotism; and indirectly with liquid electricities, billionth dilutions, and quack remedies of all sorts, that has so far deterred the profession from examining very closely its wonderful powers.

I feel quite sure, however, that all such reasons will fall to the ground when the fact of the unconscious mind is admitted, clearly and definitely, by scientific men; and once its powers become generally recognised they will at last, after long neglect, be made the subject of serious study.

It is somewhat curious that while the power of the mind over the body is so little thought of, far too much is being made of the power of the body over the mind.

Depend-
ence of
mind on
body.

Indeed, it is time that a reaction took place against the popular doctrine of the dependence of mind on body, which is fast reaching a *reductio ad absurdum*, in the tracing of every changing mental state, and even of every morbid impulse or criminal action, to a deranged liver or an anæmic brain. No doubt before long the pendulum in England will swing over com-

pletely to the other side (as it has already done in America to the remarkable extent displayed in the 'mental cures' we have already spoken of), and most bodily disorders will be attributed to a diseased mind. The truth meanwhile occupies, as ever, the medium position between the two, there being times when the body sways the mind, and other times when the mind sways the body, the two being, as has been forcibly expressed by Miss Cobbe, something like a pair of coupled dogs ; sometimes one and sometimes the other obtaining the victory, and sometimes both pulling together in harmony.

This harmony is health and ease, the discord is ill-health and dis-ease, and true therapeutics must ever consist, in virtue of a law higher than any framed in our colleges or hospitals, in replacing the one by the other.

Harmony
is health ;
discord is
disease.

CHAPTER X

THE VIS MEDICATRIX NATURÆ

'The testimony of the profession as to the presence and importance of the "vis medicatrix naturæ," and the power of mind over disease.'

What is
meant by
vis medi-
catrrix
naturæ.

AFTER going so very fully into every possible plea that could be adduced for the disregard of the mental factor in therapeutics, and showing in some degree how it was exploited by quacks and others outside the profession, it is high time that I adduced some proof of its real value in legitimate medicine.

The first point perhaps to consider, and one of great interest, is what is meant by the well-known expression, *vis medicatrix naturæ*, which heads this chapter.

Is it a
force?

It has of course been hotly disputed whether such a force exists at all. Then, if this be admitted, it has been strongly argued that it is not a true force; while, on the other hand, by a very large majority it has been decided that it is, and one moreover of almost inestimable value in cure. It appears to me that this 'vis' consists of the natural power resident in the unconscious mind to preserve the body against its enemies of all sorts; and, if these should have gained an entrance in the shape of disease or accident, to combat them

vigorously; largely by what we call 'symptoms of disease' and also by other processes. These 'natural powers,' however, form, after all, only a part of the mental factor in therapeutic medicine. Further powers can be aroused and brought into action by mental therapy, in stimulating the patient's own mind to greater efforts in various ways which we shall consider. So that the *vis medicatrix naturæ* and the energy aroused by mental therapeutics represent together the powers of the unconscious mind in its beneficial rule over the body. We will adduce further reasons for this view as we go along. First, then, for the denial of the existence of the *vis*.

Dr. Pye Smith, in an inaugural address to medical students, says: 'The *vis medicatrix naturæ* is a figment which owes its prevalence to its Latin dress.'¹ This is not so; its vitality is due to the truth that underlies the dress, which alone can keep it alive and vigorous to-day.

Its exist-
ence
denied
by Pye
Smith

Sir Benjamin Ward Richardson opposes it determinately. 'In the long catalogue of serious diseases, Nature's cure is the last remedy discernible.'² 'The term *vis medicatrix naturæ* is an entire misnomer, except it be limited to the simple capacity of the organism to resist gravitation. A belief in it in the concrete has no basis whatever.'³ 'If it be true,' he says further, 'then physicians are of no use save to cure their own maladies by its power.' (!)

and
Richard-
son.

But there are not many who attempt such a hopeless *reductio ad absurdum* as this, which has only to

¹ Dr. Pye Smith, *British Medical Journal*, October 9, 1897.

² Sir B. W. Richardson, *Asclepiad*, 1886, p. 267.

³ *Ibid.* p. 284.

be read to be self-condemned. We meet with a more scientific view of this power in the following, from Dr. A. H. Carter (in the 'British Medical Journal'), which, it will be observed, while treating it as the passive outcome of the law of equilibrium, does not close till it is acknowledged as an active force for the preservation of the body :

The law of
equilibra-
tion.

'The quality of resistance to which I have just alluded bears such important relations to the principles of causation and treatment of disease that it deserves to be examined at close quarters, in order to see what it really means and what it teaches us. That the body possesses some power of resisting and recovering from the disturbing forces of disease has long been recognised, and represents what is often described as the *vis medicatrix naturæ*. But with regard to its real nature and operation there has been much difference of opinion, and it is only within recent times that it has been possible to put the matter upon a rational basis. It certainly represents no independent force of any kind ; but, as Mr. Herbert Spencer tells us, it is the working out in the body of a law which obtains throughout all Nature—the law of equilibration or balance of forces. The living body is a moving equilibrium of a variety of antagonistic forces, which on the one side is constantly dissipating its energy in the functional activities of its individual parts, and on the other side is being as constantly reinforced by taking in fresh motive power. It is an equilibrium which, moving onwards in a rhythmical progress, preserves a constant mean, and tends to re-establish that mean whenever accidental causes have disturbed it. The mean balance of forces in movement which

characterises what we call healthy life, unstable as it is, yet as the result of adaptations extending indefinitely back into the past has become sufficiently stable to offer very considerable resistance to disturbance; and if disturbed, short of being altogether upset, it tends to become re-established sooner or later. The limit of recovery from such disturbance, or what may conveniently be termed the index of resistance, varies somewhat for each individual. When the index is high we speak of such a man as strong or robust; when, on the other hand, it is low, as weak or delicate.

‘The special susceptibilities to disease connected with age, sex, pregnancy, lactation, climacteric period, and the like, correspond to physiological fluctuations of the resistance index; and these again merge by imperceptible degrees into what are called “acquired susceptibilities,” which represent pathological forms of diminished resistance due to such factors as inanition, fatigue, exposure to cold, and previous disease. If I am not much mistaken, something of what passes in our medical vernacular as acquired susceptibilities is not to be distinguished from disease. If, for instance, a healthy man attacked by influenza tells us he has “never been the same since,” it is probable that in a strict sense he is still the subject of some morbid process left over from the original disease. At the same time, there are many cases in which, after serious disturbance never completely recovered from, a fresh balance is established by virtue of the law of equilibration, though upon a permanently lower plane than before, and which henceforth becomes for that person a normal state. Though in some aspects the *vis medicatrix naturæ* works on passive lines, in other

The index
of resist-
ance.

aspects its operation is more active, as by the destruction of noxious agents entering the body, by natural processes of expulsion and elimination, by compensatory overgrowths, and by a slow process of adaptation to new conditions. But for the natural tendencies of the body towards health when disturbed by disease, the art of healing could not exist.'¹

The art of healing depends on the 'vis.'

It is evident from this, that though the 'vis' may be represented in one aspect as a sort of inertia that tends to restore the lost balance to equilibrium, it plays other parts, in which it appears as a living preservative force.

Mitchell Bruce and Wilkinson in favour of it.

Now let us see what more can be said in its favour. Dr. Mitchell Bruce writes: ² 'We are compelled to acknowledge a power of natural recovery inherent in the body—a similar statement has been made by writers on the principle of medicine in all ages. . . . The body *does* possess a means and mechanism for modifying or neutralising influences which it cannot directly overcome.'³

'I believe,' he continues, 'that a natural power of prevention and repair of disorder and disease has as real and as active an existence within us as have the ordinary functions of the organs themselves.'

'Every thoughtful practitioner,' says Dr. Wilkinson,⁴ 'will acknowledge that when his therapeutic reserves are exhausted by far the most reliable consultant is the *vis medicatrix naturæ*. To ignore the fact that she has already been in charge of the case

¹ Dr. A. H. Carter, *British Medical Journal*, Nov. 1900.

² Dr. Mitchell Bruce, *Practitioner*, xxxiv. 241.

³ *Ibid.* p. 248.

⁴ Dr. Wilkinson, *Lancet*, 1897, ii. 1518.

for days, when we first approach with our mixtures and tabloids, is at least a mistake in medical ethics.'

'The *vis medicatrix naturæ*,' he also says, 'is a power, a vital resistance to disease. Most protective processes are grouped together as "symptoms;" whereas they should be labelled "hereditary treatment."'

We may proceed to examples:

Consider the following very remarkable facts in proof of the guidance the unconscious mind exercises over the growth and nutrition of the body. In extreme old age, as nutrition gets feebler, the bones are wasted, thinned, and softened. But the bones of the skull will be found thicker than normal. A little consideration will show that there must be a centre able to arrange the manner in which the new bone is deposited so as to ensure the safety of the brain, even to the detriment of less important structures, in a manner not merely mechanical.

The '*vis*'
in growth
and
nutrition,

'In rickets the organism does not get enough lime salts to build up the skeleton of its normal strength. It, however, tries to make it as strong as possible by the formation of bone at the growing lines, along the concavities of curves and at such other parts as transmit a greater proportion of weight. Most that is seen in rickets is the result of the effort made by the organism to render the ill-nourished skeleton able to perform its mechanical work. Except for this effort life could not be carried on. In the skull the activity of the organism in meeting the condition of softened bone is enormously and efficiently increased. Observe here how effectually nature makes the best application with its

and in
rickets.

very imperfect material. The bone is most abundant where it is most wanted.'¹

Our ordinary text-books on physiology give but little idea of what I may call the intelligence that presides over the various systems of the body, showing itself in the bones, as we have seen, in distributing the available but insufficient amount of lime salts in disease; not equally, but for the protection of the most vital parts, leaving those of lesser value disproportionately deficient.

This selective action of the 'organism' forms no part of any property of matter, but is essentially a psychic quality; in short, nothing but the action of the unconscious mind.

Effect of
mind on
cornea.

Professor Laycock points out that 'if the attention is daily directed to an opaque cornea during a hypnotic trance, a deposit of lymph is observed to form according to Müller's law, "that a structural defect tends to be removed by an act increasing the organic action of the part."'

Further
illustra-
tions of
the 'vis.

In aortic obstruction we get hypertrophy of the left ventricle, as also in a regurgitant mitral, compensation always occurring where the disease cannot be removed.

A blow 'below the belt' is rarely fatal if expected. The eye warns the mind what is coming, and the abdominal walls instantly become rigid without conscious knowledge. Also in peritonitis the walls become rigid to protect what lies beneath.

The swarming of leucocytes after bacteria, and the purposive manner in which they work their way to

¹ W. Arbuthnot Lane, *British Medical Journal*, November 7, 1896, p. 1365.

the seat of war, speak of the intelligent protective mechanism of the body, of which innumerable other instances might be adduced.

The *vis medicatrix naturæ* gives power to the body to withstand disease in many ways, not only by manufacturing antitoxins, but in increasing the resisting power of exposed parts of the body by lessening their susceptibility. The skin of the face is as thin as on the body, but is seldom susceptible to chills, &c. In connection with this, Dr. Clouston points out that¹ 'in some respects the influence of the brain cortex on existing diseases in any organ or tissue and in warding off disease is measured by the amount of its nerve supply. A richly innervated tissue, like the skin of the finger pulps, is not nearly so liable to cutaneous eruptions as the less endowed skin of the back and limbs. And when we have in the same organ different tissues of different vitality and innervation, the higher and the more innervated tissue resists the effects of poisons far more effectually than the lower. Take, for example, the way in which the alcoholic or the syphilitic poison affects the brain and the liver. They do not touch directly the nerve cells or fibres or the hepatic cells. They do all their pathological damage to the less innervated and less active connective tissue and vascular and lymphatic constituents of these organs. The neurine and hepatic tissues proper only suffer secondarily by pressure or irritation. It seems as if any tissue might effectually resist the assaults of its enemies if it had nerve influence enough from the brain cortex.'

Nerve
supply
increases
resistance
to disease.

'Whatever other theories we hold, we must

¹ Dr. Clouston, *British Medical Journal*, January 18, 1896.

Other
testi-
monies to
the *vis*
medi-
catrix
naturæ.

recognise the *vis medicatrix naturæ* in some shape or other,' says Professor O. W. Holmes.

'Je le pansay et Dieu le guarit' ('I dressed the wound and God healed it') is written by Ambroise Paré on the walls of the Ecole de Médecine at Paris. 'Nature is the physician of disease,' says Hippocrates. 'Reason dictates that disease is nothing else but Nature's endeavours to thrust forth with all her might the morbid matter for the health of the patient' (Sydenham). This is more true of the symptoms than of the disease itself.

Sir W. S. Church speaks of our old friend the goddess 'Nature' as a therapeutic agent, and by this time we know to whom he refers. He says: ¹ 'Did they not themselves conduce to this credulity on the part of the laity in speaking of "curing" disease? With few exceptions they did not cure the disease any more than they cured a broken leg. They placed the patient in the best circumstances for "Nature" to restore the health of the ailing person, or the bone of the broken leg.'

'Safety-
valve'
actions in
body.

The *vis medicatrix naturæ* has been traced in some detail by Dr. Mitchell Bruce. He gives as instances various 'safety-valve' actions in the body—*e.g.* the relief of cardiac dilatation and distension by relaxation of the arterial walls by depression of the circulation. If this fails we may get angina pectoris, which in its turn is relieved by nitrate of amyl, distending the capillaries in imitation of this action of 'Nature.' Again: 'Anorexia in gastric catarrh and hepatic disturbance giving physiological rest.'

¹ Sir W. S. Church at opening of the Yorkshire College, Leeds
British Medical Journal.

Dr. Bruce points out that in contracted kidney the increased arterial pressure favours diuresis and empties the veins: so that the body here modifies the influence it cannot overcome, and tries to remove the effects if it cannot touch the cause.

Other instances of the *vis medicatrix naturæ* are to be found in the regulation of the body temperature, which allows high temperatures to persist (as is now believed) to destroy certain toxins; also in the compensating action of skin and lungs; also in the repair of fractures, in sealing up poisonous abscesses, in forming fresh channels of circulation when the old are stopped up. Dr. Bruce finally points out that this 'vis' is possibly acquired through evolution; that it often fails, but that still true therapeutics is based upon its methods. In aortic obstruction or mitral regurgitation we get, as I have said, enlargement of the left ventricle—*i.e.* the principle of vigorous reaction; and this we imitate in many forms of treatment at Nauheim and elsewhere.

Vomiting and diarrhoea in dyspepsia, and cough in bronchitis, show the principle of direct removal of cause. Some think that hunger, thirst, and dyspnoea may be included as actions of the *vis medicatrix naturæ*. The power is perhaps seen best in animals who have not Harley Street to call in, and observe Nature's treatment. It is also seen in savage life. The overwhelming desire for sleep in some nerve diseases is another instance of it.

If we take Dr. Charrin's book,¹ we find that he lays down in systematic fashion the various factors which

Other examples of the 'vis.'

Hunger, thirst and dyspnoea and the 'vis.'

Dr. Charrin on the natural defences of the organism.

¹ Dr. A. Charrin, *Les Défenses Naturelles de l'Organisme*, Paris, 1898.

assist the organism in resisting the attacks of the causal agents of disease. After giving a general review of the subject, he takes in order the condition of the blood and the other fluids of the body, and shows what an important action these may have. He then discusses the various glands, especially those that have special functions, such as the thyroid and the suprarenal bodies, and shows how in all probability they exert a marked influence on the removal and neutralisation of the poisonous products formed as a result of ordinary metabolic processes. In considering the spleen he treats of it in its relation both to the composition of the blood and to the elimination of certain poisons from the body. Then, leaving the special glands, he takes up the consideration of our defences against thermal conditions, especially those connected with the nervous and vasomotor systems. The secretions of the nasal fossæ, the bucco-pharyngeal cavities, the gastric and intestinal juices, the pancreatic and the hepatic secretions are all discussed in turn, and their importance insisted upon. The secretions of the kidney are also carefully analysed, and the variations as regards the nature of the toxicity of the urine considered. Finally, there are a chapter on the nervous system and a summary of the defences outside the organism.

Three
questions
raised.

It is evident that in a work of this kind three questions must constantly be coming to the front—phagocytosis; the destruction by the various cells of the body of natural and disease products; and lastly, the production and action of various antitoxins, using the term 'antitoxin' in its very widest sense, as it is employed by Bouchard. Dr. Charrin has treated each

part of his subject with a certain degree of thoroughness, and I can promise any one who will carefully read through this work that he will rise from its perusal with a feeling of astonishment, not that he escapes disease, but that he should ever, by any chance, become affected. So much for the *vis medicatrix naturæ*!

The most, then, a doctor can do is to assist the body in making use of this great power, which, we may once more repeat, is really nothing more than the action of the unconscious mind. The 'vis' is a fine illustration of the power of the mental factor in Pathology if not in Medicine. So great indeed is this natural power that not the most skilled combination of drugs is of any avail without its aid, while the most haphazard remedies of the purest empiricism can accomplish marvels if backed by this ever-present force. But for this marvellous power, a morbid disturbance once set up would inevitably continue to the point of annihilation; for treatment addressed to the living body is *absolutely meaningless* except as an appeal to such powers of resistance as a patient possesses. When these powers of the unconscious mind fail, as in the closing scenes of any fatal illness, it is idle to expect anything from treatment, as of course we all know death really is the result of the failure of the *vis medicatrix naturæ*.

Sir Lauder Brunton may fittingly close this brief survey of the *vis medicatrix naturæ* with the following interesting illustration of its physiological power.¹ 'How is it,' he asks, 'the ferments which form poisons do not pass into the blood, and kill the

The *vis medicatrix naturæ* is the unconscious mind.

Treatment is useless without it.

Sir Lauder Brunton on the protective action in digestion.

¹ Sir Lauder Brunton, *Disorders of Assimilation*, 1901, pp. 3 and 5.

animal by digesting the tissues, and forming poisons from them ?

'In all probability the reason . . . is . . . that they are altered from active enzymes to inert zymogens, which can be stored up without risk ; and can again liberate active enzymes when . . . required. In this respect they may be compared to the knives used by wandering people, by whom they are not thrown away after each meal . . . but put into sheaths which cover their edges.

And on
immunity.

'Possibly we may discover also that immunity, natural or acquired, is nothing more than an extension to the cells of the tissues generally of a power which is constantly exercised during digestion by those of the intestines and liver.'

Nature's
thera-
peutics.

The wonders of 'Nature's' therapeutics (or of the mental factor in medicine), Professor Potter, of Philadelphia, declares, 'are worthy of a professor's chair.'

Perhaps at present one of the best unconscious demonstrations of its powers is to be seen wherever true homœopathy in its minute dilutions is faithfully practised. This, however, requires a long search to find nowadays.

The *vis*
medica-
trix
naturæ is
not all.

I have considered the *vis medicatrix naturæ* as being a well-known and defined form of natural, mental, protective, and remedial action, but my readers will remember I have pointed out that this, after all, forms but a part of the mental factor in therapeutics. If, then, I leave this subject now, it must not be thought that the stream of testimony to the healing power of the mind over the body has therefore run dry.

I will now consider some evidence of a general nature as to the way in which the natural powers of the unconscious mind may be augmented by mental therapeutics; and to any disposed to think the testimony needlessly prolix or redundant, I would say, 'Consider for a moment that the little book you hold in your hand, with its many defects, is after all probably the only attempt in this country in recent years to present this mental factor as an agent in the cause and cure of disease. If there are others, I have not found them, and should be very glad to hear of them. Meanwhile, even at the possible risk of boring some of my readers, proof must be piled upon proof, testimony upon testimony, in order that out of the mouths of many witnesses the facts may be established.

No books
on the
subject.

Testimony
and proof
must be
multiplied

Though, however, there may be no modern works upon the matter, there are plenty of scattered allusions to it in older books, for the subject at any rate is not a modern one, but is as old as medicine itself.

The antiquity of mental therapeutics is indeed great. In the oldest civilisation with which we are acquainted, that of Egypt, it had a prominent place. Colquhoun, quoted by Gliddon, remarks: 'Their priests evidently appear to have perfectly comprehended the method of exciting that internal sanative instinct in the human organism which in general is a profound mystery even to the individual who excites it; and which was, therefore, naturally enough perhaps in those remote ages, represented as an immediate gift of the gods. Nowhere was this internal faculty so generally cultivated for the cure of

The
antiquity
of mental
thera-
peutics.

the sick, as also for other affairs of this life, as in Egypt.'¹

Greece and
Rome.

The excavations at Cavvadias have furnished us with much interesting material, showing that the miraculous cures of Epidaurus were effected at this ancient Greek shrine five hundred years before our era, precisely in the same manner, and by suggestion, as in our times at Lourdes.

Livy tells us that the temples of the gods of Rome were rich in the number of offerings which the people used to make in return for the cures received from them; and Pliny tells of Etruscan spells used by Theophrastus for sciatica, by Cato for the cure of dislocated limbs! and by Varro for gout. Our own Druids, using similar methods, were consulted by the Emperor Aurelius.

Sir Andrew
Clark and
others on
mental
thera-
peutics.

But coming to more modern times, Sir Andrew Clark says: ² 'It is impossible for us to deal knowingly and wisely with various disorders of the body without distinctly recognising the agency of states and conditions of mind, often in producing and always in modifying them.' 'The reaction from the ancient metaphysical view of medicine has been carried too far.'³ This last refers to the switchback method of progress common to human science, already alluded to.

'Up to the very gates of death I maintain that a sanguine, cheerful, and hopeful expectation is infinitely more useful, and more warrantable on the part of the physician, than a brutal candour, which may cut the slender thread that holds the vital powers together.'⁴

¹ Gliddon, *Faith Cures*, p. 8.

² Sir A. Clark, *Lancet*, 1855, ii. 315.

³ Dr. A. Morrison, *Practitioner*, 1892, p. 25.

⁴ *Ibid.* p. 40.

‘In actual danger of death, the sense of safety is often a saving cause.’¹

Dr. Maudsley says:² ‘Perhaps we do not as physicians consider sufficiently the influence of mental states in the production of disease, their importance as symptoms; or take all the advantages which we might get from them in our efforts to cure disease. Quackery seems to have got hold of a truth which legitimate medicine fails to appreciate or use adequately.’

Maudsley,
Granville,
Carter, and
Playfair.

Dr. Granville adds:³ ‘Except in a loose and vague way the potent influences exercised reflexly by the mind upon the body are scarcely regarded as falling in with the scope of pathology.’

Dr. R. Brudenell Carter points out that ‘the good physician must be a student of human nature. When he becomes a clinical clerk, he must think of the mental characteristics of his patients.

‘He will find it possible to use the mind’ (*unconsciously*) ‘of almost every patient as an instrument for promoting the recovery of his body. There are some patients with whom you may enter into a sort of intellectual partnership, explaining what you want them to do.’

Dr. Playfair says:⁴ ‘The tendency of advanced medicine of the present day is unfortunately to overlook cure in the zeal for accurate diagnosis and correct pathology. In short, it is science rather than therapeutics that is the aim.’

Dr. Brudenell Carter again observes:⁵ ‘There is

Sir B. Ward Richardson, *Asclepiad*, 1890, p. 333.

¹ Dr. Maudsley, *Mind and Body*, i. 38.

² Dr. Mortimer Granville, *Lancet*, 1879, i. 580.

³ Dr. Playfair, *British Medical Journal*, 1886.

⁴ Dr. Brudenell Carter, *Lancet*, 1873, ii. 484.

Carter,
Robertson,
and Wilks.

one branch of special study that demands the closest attention; and that is the study of the varieties of human temperament and character, so that we may learn to use the mind of each patient as an instrument for promoting the recovery of his body.'

Dr. Robertson says: ¹ 'While the influence of the mind over the body is universally recognised, its employment as a therapeutic agent is purposely used by but a few in the regular ranks of the profession.'

Sir S. Wilks remarks: 'The doctor soon finds that in treating his patient *the practice of medicine is not only one of physic but of psychology*; and that the effect of his drugs depends as much upon the constitution of the patient's mind as on that of his body.'

Dr. Shoemaker and
Dr. Dale.

Dr. Shoemaker, of Philadelphia, says: ² 'Psycho-therapism plays a most important part in the ordinary every-day practice of medicine. The influence of the mind upon the bodily functions is so great that every experienced intelligent physician is glad to enlist so potent an auxiliary.'

Dr. Dale, however, considers that 'the use physicians can make of the influence of the mind over the body in curing disease is very small indeed;' a proof, if proof were needed, of the weakness of the conscious mind (to which he alludes) in this direction, as compared with the power of the unconscious.

Drs.
Cathell
and
Clouston.

A book by Dr. Cathell on the reputation and success of a physician insists in nearly every one of 300 pages on the mental factor in the cures effected.

Dr. Clouston says: 'In the treatment of *all dis-*

¹ Dr Robertson, *Lancet*, 1894, ii. 408.

² Dr. Shoemaker, *Therapeutics*, p. 1013.

eases, the influences travelling to and from the brain cortex must be taken into account.'

J. H. Sealy in 1837 writes:¹ 'I shall now consider the mind as a source of cure and as an agent equally potent and as frequently used for the removal of corporeal malady, as I have shown it to be active in its production.'

Dr. Sealy
and Sir
John
Forbes.

Sir John Forbes writes:² 'Means acting directly on the mind, and influencing other parts of the body through it, form an important class of remedies, and occupy a much larger space in actual therapeutics than is commonly believed, and deserve to occupy a still larger. Their operation is fully as powerful and effective in disease of a purely bodily character as in mental disease.'

Tuke says:³ 'The mind or brain excites, paralyses, or depresses the sensory, motor, vasomotor, and trophic nerves, and through them causes changes in sensation, muscular contraction, nutrition, and secretion.'

Tuke,
Sutton,
and Beard.

H. G. Sutton writes:⁴ 'We must remember when our aim is to relieve the sufferer we must not leave his mind out of court.'

Dr. Beard says: 'The ill success of patients who treat themselves or physic their families is due to the absence of the mental factor.'

We read in 'The Lancet':⁵ 'Though the therapeutic effect of faith and hope is not detailed in our text-books, they are enough often to turn the scale in favour of recovery; and yet they are but two of the

*The
Lancet* on
mental
thera-
peutics.

¹ Dr. J. H. Sealy, *Medical Essays*, ii. 76.

² Sir John Forbes, *Nature and Art in Disease*, p. 193.

³ Dr. Hack Tuke, *Mind and Body*.

⁴ Dr. H. G. Sutton, *Pathology*, p. 487.

⁵ *The Lancet*, January 1883.

many mental medicines which a judicious physician may use in the management of disease.'

The effect
of the
doctor's
mind

So far we have but touched on the effect of the patient's mind upon his disease, either in its natural action, or as stimulated by mental therapeutics; but the mental factor in disease may have a wider meaning, and include the effect of the doctor, and the doctor's personality and mind, in its unconscious or sub-conscious influence upon the patient's mind; and through this, unconsciously upon the physical ailment. The chain may seem a long one, but it is traversed instantaneously in every interview between doctor and patient.

and per-
sonality.

We will give the testimony of one or two on this head.

Dr. Affleck says: ¹ 'The power of suggestion as a factor in therapeutics has gained wide recognition in recent times.

Value of
sympathy.

'The numerous directions in which it may be exercised are better realised by some practitioners than by others. But there is one manifestation of it which applies to the case of all: that is, the personality and moral influence of the physician in his relations to his patients. It may indeed be difficult or impossible to appraise the abstract therapeutic value of the output of his sympathy and the tone which may be imparted to his ministrations. But when these are dictated by the highest motives which can inspire a life, they are laden with true healing virtue to the sufferer, they tend to exalt the physician's office in the estimation of mankind.'

¹ Dr. Affleck, Edinburgh Meeting of British Medical Association, 1898.

'A day will come,' says De Fleury,¹ 'when there shall arise an upright and intelligent physician, strong enough to defy ridicule, and authorised by a noble life and the merit of his labours to lay claim to the superior dignity of a moralist. If he knows the human heart well he can draw the sick of soul to him.' 'The sound medical moralist might be able to double the amount of voluntary energy and moral strength in us all.'

Prophecy
of
De Fleury.

Dr. A. Morrison, President of the Æsculapian Society, says: ² 'We often do less than half our duty in not exploring the mental life of the patient. . . . A good deal has been written on prolonged vascular tension due to physical causes. Is there no such state as prolonged mental tension due to moral causes? . . . In such cases, if the physician is to be of any service to his patient, it must be by the agency of mind on mind; and this takes us out of the vestibule littered with microscopes, crucibles, and retorts into that inner chamber—the holy of holies in the life of a physician and his patients—where heart and mind are laid bare to the sympathetic gaze of a fellow-man, whose discretion may be relied on, and who may from his training in the knowledge of the human soul as well as the human body be able to cure his brother of a disturbing factor in his life beyond the reach of the most advanced therapeutics of a purely physical kind.'

The
vestibule
littered
with micro-
scopes.

The inner
chamber of
mental
thera-
pents.

Dr. Gordon Sharp writes: ³ 'Above all, the personality of the physician is to be remembered; for

Dr. Sharp
and *The
Lancet*.

¹ Dr. De Fleury, *Medicine and Mind* (Prize Essay of the French Academy), p. 224.

² Dr. A. Morrison, *The Practitioner*, 1892, p. 27.

³ Dr. Gordon Sharp, *Lancet*, 1894, i. 1557.

some men can work wonders by means of almost any drugs, whilst another medical man with a chemist's shop fails to relieve his patient.'

'The Lancet' (January 1883) says: 'A full recognition of the value rightly attaching to the mental treatment of physical ailments will improve the usefulness of the physician, give him a higher place in the affections of his patients, and materially assist in promoting their return to health when suffering from very various diseases, functional or organic.'

Dr. Sealy writes: 'Without the full confidence of the patient, no physician should continue to attend his patient.'

Some last words of Dr. H. G. Sutton.

One of the last words of Henry Gawen Sutton, my teacher of pathology at the London Hospital, was: 'Don't underrate the influence of your own personality. Learn to give confidence to your patients.' A presence is of course felt in proportion to its power. 'O Iole, how did you know Hercules was a god?' 'Because I was content, the moment my eyes fell on him—he conquered whether he stood, or walked, or sat.'

Psychological action through the eye.

To constrain a feeble brain to be governed by a good one is not a superhuman labour for one who goes about it adroitly. *The moment the eye of the patient meets the eye of the physician, psychological action, influencing the course of the disease, at once takes place through the patient's unconscious mind.* The depression caused by the doctor's bad manners or gloomy looks may be combated actively by the patient's reason, and will yet have a bad effect, *malgré lui*, on his body through the unconscious mind, or 'instinct.' Just as with our material science and physical skill

we seek by drugs and other agents to influence the body for good, so invariably (and, as I have said, most often unconsciously) does the physician's mind influence that of the patient. The 'gift of healing' that some men seem to possess to a marvellous extent, so that few sick can leave their presence without feeling better, is a purely unconscious psychic quality, at any rate in its origin; though, like other gifts, it can of course be perfected by use.

The 'gift of healing.'

Manner is much in medicine, and the personal presence is a power in practice, and both are worthy of a serious consideration they seldom get.

Manner in medicine.

The effect on the patient's mind varies of course much with the patient's temperament, as, indeed, all know. Moreover, those acquainted with the natural history of disease know well that a particular malady in a patient of sanguine temperament may be looked on more favourably than in one of a phlegmatic constitution. In the former case we can rely on a resiliency which will fail us at the critical moment in the other.

But I must bring this long and, I fear, somewhat wearisome chapter to a close; trusting I have succeeded by the mouths of many witnesses in fully establishing my thesis that there is, after all, a large and weighty body of testimony 'to the presence and importance of the *vis medicatrix natura* and to the general power of mind over disease.'

Conclusion.

CHAPTER XI

SOME VARIETIES OF MENTAL THERAPEUTICS

'The effective agent in all faith-cures is the unconscious mind.'

The
doctor's
interests.

It may perhaps form an interesting introduction to this chapter if we glance at that side of mental therapeutics that appeals to the doctor personally, and consider for a moment its value to himself as well as to his patient.

Doctors are, indeed, the most unselfish of men (though this is not perhaps the place to say so), but they are, after all, very human.

The
autumn
inaugural
addresses.

The lofty altruistic note which is regularly struck at the inaugural October lectures for the benefit of the neophyte is, as a rule, too high for the somewhat sordid mind of the average medical student, and it is interesting to observe how it gradually lowers in purity and pitch as his ideal slowly rises; until at last the approximation of the two yields the practical keynote of ordinary medical life. This life, after all, is governed by very mixed motives, in which the sordid necessities of existence perforce find a hearing in common with the highest impulses of a noble philanthropy.

Very various and complex indeed are the forces that underlie the conduct of upright and honourable men; the utterly vicious on the one hand, and the self-deceived, the visionaries, and the fanatics on the other, know less of the balance of opposing forces that make for sanity. It is only the latter, indeed, who think they really live by the impulse of a single motive. 'A single eye' but postulates at best a *controlling* motive; the subordinate ones are all also needed to total up an honest man's life.

The virtue of mixed motives.

All this leads up to the truth that the power possessed by the mental factor, when rightly used, becomes not only an agent of untold good to the patient, but no small part of the cause of the physician's success.

Mental factor of value to the physician.

An editorial in the 'Medical Times' for 1872 says: 'The question how mental influences may be practically applied, controlled, and directed for therapeutical purposes is certainly one well worthy the pursuit of the scientific physician.

The Medical Times on the question.

'We question if we, as a profession, sufficiently study the art of inspiring confidence of recovery. We know that inert substances, under a confident expectation of their producing certain effects, will often act as purgatives, narcotics, or sedatives.

'How much more would the well-directed efforts of the physician produce these effects with certainty if aided by probably *the most powerful therapeutic force in the human organism!*' (The italics are mine.)

Sir J. C. Browne says: 'The success or failure of a practitioner will often depend as much on his

Also Sir J. C. Browne and Professor Bowen.

¹ Sir James Crichton Browne, *British Medical Journal*, 1889, li. 400.

experience as a medical psychologist as on his skill in simples.'

And further :¹ 'The general medical practitioner has to have regard to the psychological condition out of which corporeal diseases grow, and by which their course may be beneficially or injuriously affected.'

Professor Bowen says :² 'After poisoning their patients with drugs through many centuries, the doctors have at last come to know their business better ; and now generally stand aside, so as to leave free course to the curative agencies of the unconscious, which alone can restore the patient to perfect health.'

Also *The Lancet*.

An editorial in 'The Lancet' (1883) says : 'The doctrine that a favourite drug is useful for a particular disease may be found fallacious if the mental condition of the patient be overlooked ; and one chief difference between the thoughtful, intellectual, and successful physician, and another who is neither, is the attention which the first devotes, perhaps unconsciously, to this factor in the case.'

But why, may we ask, should not the unhappy man 'who is neither' have been helped and instructed in his student days in a knowledge of such an important condition of success ?

And the ancients.

Cassiodorus ('Ep.' lib. i.) says : 'To give joy to the sick is natural healing ; for once make your patient cheerful, and his cure is accomplished.'

Celsus (lib. iii. cap. 6) says : 'It is the mark of a skilled practitioner to sit awhile by the bedside with a blithe countenance.'

¹ Sir J. C. Browne at Leeds, *British Medical Journal*, 1889, ii. 400.

² Professor Bowen, *Modern Philosophy*, p. 349.

Solomon says (Proverbs xvii. 22): 'A merry heart doeth good like a medicine.'

Truly these ancients understood the value of the doctor's face in disease, and with them agree also the wiser of the moderns. Hear Dr. Oliver Wendell Holmes, when he appraises its commercial value: 'A smile may be worth 5,000 dollars a year to a man'!

I presume he means a smile a visit, or at least one a day; or perhaps he may picture a smile commenced with the professional career, and continuing in storm and calm, unruffled throughout its course!

I wonder if physicians as a rule have really any conception of the power of the face over the patient; how closely it is watched, and more deduced from the aspect and manner than from the words.

The power
of the
doctor's
face.

Some have the faculty, as we say, instinctively (which simply means by the action of the unconscious mind), of adapting themselves in voice, manner, and expression to the needs of the patient before them, so that these shall produce their highest therapeutic effects; and there can be no doubt that what is thus instinctive is at once more natural and more effective than what is consciously assumed. It is undoubtedly this natural gift that is the great secret of success.

But the man who has not got this may do much, once he grasps the value of the mental factor in medicine. He can, at any rate, so discipline and train himself as to infuse three ideas into the patient's mind at every visit.

Three
ideas for
the patient.

1st. That the case has his whole and undivided attention.

2nd. That he thoroughly understands it, and—

3rd. That he believes he can cure it, or, at any rate, takes a hopeful view of it.

There are of course in every doctor's experience sad occasions when the last is impossible, but these are rare.

Drs. Rush
and De
Fleury on
mental
influence.

Dr. Rush never prescribed remedies of doubtful efficacy in the various stages of acute disease till he had worked up his patients with a confidence bordering on certainty of their probable good effects. The success of this measure has much oftener answered than disappointed his expectation.

In neglecting the systematic and scientific employment of mental influence in the course of disease, medical practitioners throw aside a weapon for combating it more powerful than all the drugs in the Pharmacopœia.

'It must be acknowledged' (however), says De Fleury,¹ 'that the higher hygiene which I propose can only be exercised efficaciously by a *tête-à-tête* in the consulting-room of a specialist, and that it actually is lay confession without prestige and without poetry.'

Value of a
cheerful
counte-
nance,

Men who cultivate a hopeful demeanour in the sick-room will more readily restore the patient by this helpful buoyant spirit than others who are constitutionally grave and desponding. These often unwittingly hinder the cure they are anxious to promote. I give an instance of this in Chapter XVI.

Indeed, so great is the mental factor in therapeutics, that it is not too much to say that inferior medical skill with a good and assuring manner is more likely to

¹ Dr. de Fleury, *Medicine and the Mind*, p. 222.

effect a cure than a superior skill with a diffident and depressing personality.

Sympathy is indeed a powerful drug in the hands of a skilful administrator ; for, after all, patients think much more of the doctor than his prescriptions ; while he—poor man—generally thinks his hieroglyphics all, and himself nothing. and of sympathy.

Success largely depends upon our striking the keynote of the characters we have to deal with. ‘In nerve disease,’ says Coleridge, ‘he is the best physician who knows best how to inspire hope.’

A wise doctor pays many visits that are not confined to strictly professional topics ; for in them the doctor learns much, as the unconscious mind displays itself before him.

It is thus that a family physician in the first instance has the greatest opportunities of mental treatment. His blue pill may be useful, but his tact in encountering false notions and instilling healthy ideas is the most powerful remedial agent he possesses. Value of the family physician.

There are at least four ways by which mental therapeutics can be applied to disease. Four methods of mental therapeutics.

1. By the direct active power of the unconscious mind inherent in itself, and generally called the *vis medicatrix natureæ*.

2. By the unconscious mind influenced directly by surrounding personalities or other unconscious agencies acting as suggestions.

3. By the unconscious mind influenced indirectly by the conscious, which has faith in persons, systems, places, &c.

4. By the unconscious mind indirectly acted on by

the conscious by distinct effort—in determination to get well—to shake off illness, ignore pain, &c.

I have spoken a little of Nos. 1 and 2, and I may now look at the mind acting on the body by faith-healing and kindred agencies.

A recent writer in the 'British Medical Journal'¹ reviews these as follows :

Review of
faith-
healing.

'We live in an age in which there is not only a survival of superstition and a belief in the occult and in quackery of all descriptions, but in an age in which there has been a positive revival of an hysterical form of occultism, a jumble of pseudo-science and irreligion.

'Faith-healing, of which so-called Christian Science is the type,² is a money-making concern, and a diploma from a college of psychic healing can be obtained after a course of study not extending beyond three weeks, in some circumstances in three days.

'Medicine and religion in remote times grew up side by side, and their exposition was in the hands of the same individual—the priest-doctor; a belief in the occult was therefore a factor in each. Even Hippocrates, who was the first to attempt to put medicine on an improved basis, jumbled fact and fiction and fable in his humoral system of pathology. Every physician claimed to be a miracle-worker in a small way on the strength of cures effected through the influence of the mind on the body; that was, by suggestion and expectant attention. . . . The morbid influence of occultism, which to some extent declined in the time of Galen, began to luxuriate again in the Dark Ages in association with alchemy, astro-

¹ *British Medical Journal*, 1901.

² Christian Science is not the type of faith-healing.

logy, necromancy, and religious superstition. Faith-healing, touching for king's evil, mesmerism, homœopathy, and clairvoyance kept occultism going from the time of the Stuarts to the end of the eighteenth century, and the nineteenth century was remarkable for the revival of the belief in spiritualism, mental telepathy, and "divine healing." Quackery, as represented by fraudulent institutes for the deaf, the sale of ear-drums, and of panaceas for every ailment under heaven, appeared to prosper as of yore, and would continue to do so whilst the majority of mankind were unthinking in medical matters, and unable to throw off the occultism of the nursery. Unfortunately, the supporters of quackery, Christian Science, occultism, and all forms of medical heterodoxy were found as often in the castle as in the cottage.'

Paracelsus pointed out that, 'whether the object of your faith is real or false, you will nevertheless obtain the same effects ;' thus showing that the virtue is not derived objectively, but subjectively, as we think, from the unconscious mind.

In 1651 we read the following sound and thoughtful remarks: ¹ 'All the world knows that there is no virtue in charms, &c., but a strong conceit and opinion alone, as Pomponatius holds, which forceth a motion of the humours, spirits and blood, which takes away the cause of the malady from the parts affected. The like we may say of the magical effects, superstitions, cures, &c., such as are done by mountebanks and wizards. As by wicked incredulity many men are hurt (so saith Wierus), we find in our experience by the same means many are relieved.'

Faith heals
subjectively.

¹ Burton, *Anatomy of Melancholy*.

Coming down to our own times, we find a careful analysis of the cause of faith-healing as follows: 'There can be no question that faith-healing is a fact. The brain is not simply the organ of the mind; it is also the chief centre, or series of centres, of the nervous system, by which the whole body is energised and its component parts with their several functions are governed and regulated. There is no miracle in healing by faith; whereas it would be a miracle if, the organism being as it is, and the laws of life such as they are, faith-healing did not, under favourable conditions, occur.'¹ Here conscious mind alone is recognised; the unconscious mind being 'a series of centres' endowed with psychical powers!

No miracle
in faith-
healing.

It must not be forgotten that function goes before organism in development, and that there are large classes of cases in which the disabilities of the diseased organ, for a fair performance of its functions, are mainly due to a want of power or regularity in action.

It is the
uncon-
scious
mind that
cures.

There is a large body of trustworthy evidence that permanent amendment, of a kind perfectly obvious to others, has shown itself in a great variety of local maladies, when the patients have been sufficiently possessed by the expectation of benefit, and by faith in the efficacy of the means employed.

Observe here it is not the faith itself that cures, but faith, fear, &c. set into activity those powers and forces that the unconscious mind possesses over the body, both to cause disease and to cure it.

Binet on
faith-
healing.

'Those who undertake miraculous cures . . . do not deny the existence of disease, but assert that it may be cured by supernatural power. They act by

¹ Editorial in *Lancet*, June 13, 1885.

means of suggestion and by gradually inculcating the idea that the disease is curable, until the subject accepts it. The cure is sometimes effected by the suggestion, and when it is said to be by saving faith, the expression is rigorously scientific. These miracles should no longer be denied; but we should understand their genesis, and learn to imitate them. These are therefore *no imaginary diseases, but are diseases due to the imagination*,¹ and accompanied by real functional disturbances. Such disturbances may be developed under the influence of spontaneous (unconscious), accidental, or deliberate (conscious) suggestion, and they may be cured under the influence of another suggestion of equal intensity working in an inverse direction. The moral treatment ought not therefore to consist in denying the existence of the disease, but in asserting that it is susceptible of cure, that the cure has actually begun, and will soon be completed.²

Following in the same line, I give a few pregnant remarks of Dr. Clouston's. He says: ³ 'If mind and brain so powerfully affect the conditions of disease, one naturally turns to them in looking for means of cure. And beyond all question we can often get effectual help there. Half the diseases that kill, as I have already said, do so because there is no sufficient power in the organism to resist them. The physiological commonly passes into the pathological, because the nerve energy is below par. To check many diseased conditions we cannot employ better

¹ Here we get the distinction between these two insisted on which I have pointed out in earlier chapters.

² Binet, *Animal Magnetism* (International Science Series), p. 354.

³ Dr. Clouston, *British Medical Journal*, January 18, 1891.

therapeutics than to stimulate the cortex and strengthen the mental energy. To this end the first thing a good doctor does is to inspire confidence in his patient. What is this but a bit of psycho-therapeutics? And it is an all-important one in many cases. So to condition the patient that his brain and mind are kept up to the very highest mark attainable, to remove irritations (mental and nervous), and to distract attention from a lowering to a cheerful view of the whole situation, may make all the difference between life and death in many a case. Hope and a calm cheerfulness are often the best general aids to healthy metabolism. We know that a joyful emotion will at once fill the cortical capillaries. It is a true cerebral stimulant. Aided by medicinal cortical tonics and stimulants, like strychnine, quinine, the mineral acids, &c., mental stimulation is an undeniable adjuvant to the local treatment of disease, and is used largely by the most successful physicians.'

Bearing this in mind, we can better understand the following from 'The Lancet:'

Therapeutic value of faith and hope not in our text-books.

'A malady induced by mental reflex can only be cured by mental remedy. A full recognition of the value rightly attaching to the mental treatment of physical ailments will improve the usefulness of the physician and materially assist in the recovery of his patients. In disease, functional or organic, the therapeutic value of faith and hope, *though not in our text-books*, is often enough to turn the scale in favour of recovery.'

Dr. A. T. Myers says: 'In examining a patient in a modern hospital we rely on observable and measur-

¹ Editorial, *Lancet*, 1883, i. 19.

able facts, less on the patient's own statements of what he feels, least of all on his theories how he came to feel it. In doctoring him we rely much on definite operations and on those few drugs whose action on the body we can prove, little on the patient's prayers for recovery, least of all perhaps on the encouraging words we throw in. Yet cures have always been effected by other than physical means. Either these can be referred to physiological means which have escaped detecting, or they cannot.'

In connection with prayer, we may here note that 'prayer-healing' has for some time prevailed in aristocratic circles in Berlin and Potsdam; and a pharmacopœia of prayers to be used against special forms of disease has been prepared. In America, and even in England, 'prayer-healers' are found, who have a moderate scale of charges for their services. The whole idea to me seems irreverent and revolting.

Dr. Carpenter says: "That the confident expectation of a cure is the most potent means of bringing it about, *doing that which no medical treatment can accomplish,*" may be affirmed as the generalised result of experiences of the most varied kind extending through a long series of ages.'

Prayer-
healing in
Germany

We find in 'The Lancet' again the following: ¹

'We will even go so far as to affirm that a very large proportion of the ailing might be and probably would be sound, if only they were sufficiently strongly impressed to believe themselves so. The influence of the *mind*' (here observe in the same journal the 'nerve centres' of 1885—see page 198—are boldly called 'the mind' in 1888) 'upon the body has been the

'Nerve
centres' in
1885
become
'mind' in
1888.

¹ *Lancet*, February 28, 1888.

stronghold of quackery from the earliest times ; and faith is as powerful an influence for good or evil now as it has ever been.'

Eight varieties of faith cures.

Faith cures exist of many varieties.

1. There is the prayer and faith cure at Lourdes ; which is based upon faith in God and the Virgin, perhaps mostly on the latter.

2. Relic cures of all sorts ; where the basis is faith in the holy emblems, seen or touched.

3. Evangelical faith cures ; based upon external Divine power.

4. Mind cures ; effected by the realisation of the power of mind over matter, or by the conscious effect of the mind of the healer on the patient.

5. Christian Science cures ; based on the unreality of disease, and the direction of the mind to the Divine.

6. Spiritualistic cures ; effected by faith in departed spirits.

7. Mesmeric cures ; effected by a supposed fluid or magnetic influence passing from healer to patient.

8. Direct faith-healing ; effected by faith-healers, in whom the patient has confidence and who heal on the spot.

Cures neither by deceit nor miracle.

Those ignorant of the power of the mind over the body see nothing in cures effected by such agencies but either deceit or miracle—whereas the powers of the unconscious mind explain them all. Faith itself is healthful. Sir J. C. Browne at Leeds said : 'The normal action of faith is wholesome and hygienic.'

Christian Science acts by auto-suggestion.

I may perhaps take this opportunity of saying a little more about Christian Science in view of its rapid development in the teeth of its extraordinary doctrines. My remarks here are of course solely directed to its

scientific position as a curative agent: of its relation to Christianity I prefer not to speak in detail; indeed, to do so would be outside the scope of this work.

Christian Science, then, cures by a process of auto-suggestion. Instead of, as in hypnotism (of which more), suggestions being *always* made by the hypnotiser, they are sometimes made by the teacher to the faithless and the neophytes, but adepts are taught to make them to themselves.

Christian Science thus occupies a platform altogether distinct from every species of mind or faith healing, hypnotism, or suggestive cures, and claims therefore these few explanatory lines. In the first place, it is no more a mere therapeutical society than vegetarians are a body of people who eat vegetables, as is vulgarly supposed. As a matter of fact, most vegetarians consume large quantities of animal food daily, in the shape of eggs, milk, &c., and may be best described as strong religious zoophilists.

In the same way, while in Christian Science the cures most arrest the attention of the careless, they are but the outward signs of an inward system of metaphysics, which, while professedly based upon the Bible, gives such an artificial and special force to the words it quotes as to entirely alter their meaning. This, in default of a dictionary, makes its teaching a little difficult to follow. Christian Scientists argue from the fact of God being all-good and all-present, that there can be nothing evil, as there is no room for it in God's universe; sin, disease, and death being specially creations of a distorted mind. Hence, when one has grasped this spiritual truth (?), the supposed disease is clearly seen to be a delusion, equally with

Christian
Science
distinct
from all
faith-
healing.

Christian
Science
a system of
meta-
physics.

A mystic
Theism.

the body itself, where it was falsely supposed to occur. The system, in short, is a mystic Theism, the ordinary tenets of Christianity, as distinct from this, being not exactly denied, but explained in a way that robs them of all their accepted meaning.

The cura-
tive agent
is the 'un-
conscious
mind.'

The cures are many of them undeniable, and mainly functional, though I have known one case of varicose veins cured, and of course more remarkable results are claimed. I do not see why in these cures we need look further for an efficient cause than to the power of the mind (that is, the unconscious mind) over the body; and that this is not limited to function, we have had ample proof. The fact is that, setting aside for a moment cures attributed to drugs and ordinary medical treatment, that system will undoubtedly show most cures that can best command the beneficial influence of the mind over the body; and it would seem that a system that asserts there *is* only mind, and that disease does not exist, reaches this end by the shortest road. With those who find themselves able to accept its doctrines the method is more than suggestion; it is dogmatic assertion, something like that 'force of assertion' Sir James Paget speaks of in his letter quoted in Chapter I., and to which he attributes such power. It is apparently based upon a reasonable axiom, and supported by the highest spiritual claims; and where its influence is yielded to, whatever beneficial power over disease the mind does possess is necessarily brought into play.

Cure by
force of
assertion.

Though, therefore, the philosophy of the cure differs *in toto* from all forms of faith-healing, inasmuch as the results are similar, and the limits of the power of the mind over the body are as yet unknown, there is

no need to seek for a further cause, even in cases of organic cure.

And now for one word on hypnotism. It will be observed that all the above varieties of faith and mind cures reach the unconscious mind, and through it the body, by way of consciousness and intelligence. The latter may not be of a very high order, it is true, but all that there is is used, while consciousness is fully active; so that they contrast sharply with hypnotism, where the conscious mind is put to sleep, and the unconscious powers, usually hidden, are exposed and brought to the front, so as to be directly reached by suggestions.

Hypnotism

reveals the 'unconscious mind.'

It is obvious that hypnotism is of most value to those to whom no variety of faith cure appeals; either from too little emotion or too much intellect, both of which often are stumbling-blocks in the way of success.

Where faith cures *are* available, they are, I think, preferable to hypnotism; and I believe Ernest Hart, the late editor of the 'British Medical Journal,' who closely investigated some of the wonders at the Salpêtrière, expressed the same opinion.

Faith cures preferable where available.

We cannot of course, however, force ourselves to believe; and it is often difficult by ordinary means to set in train the curative powers of the unconscious mind.

It is owing to this lack of power that hypnotism has arisen, and undoubtedly supplies a greater force and a therapeutic agent fraught with larger powers; which, like all potent remedies, sometimes acts as a poison. Wherein, then, does its power lie? As far as I can ascertain, in this simple fact, which I beg may be

Hypnotism abolishes the conscious mind.

noted: consciousness is in abeyance, and the unconscious mind is placed in a condition to be directly influenced by the hypnotist, in a way that is not possible by any other means.

The powers
of the un-
conscious
mind.

The powers of the 'unconscious mind' thus revealed are truly marvellous both mentally and physically. Mentally it can recall facts, dates, numbers, &c. in a way far beyond the powers of the individual.

I came across an instance this year worth recording here. A young lady of nineteen was placed under hypnotic treatment by a physician for violent muscular tremors of all the limbs—constant diffused headache—attacks of pain over the heart—faintness—dysmenorrhœa—obstinate constipation and other symptoms. After the failure of ordinary means, suggestive and otherwise, the patient was hypnotised eleven times in all—cured, and returned to work. Opportunity was, however, taken to test her mental powers in the hypnotic state, and on Wednesday, March 11, at 4 P.M. she was hypnotised in the presence of three medical men, and four suggestions were made that the patient should, after the expiration of the number of minutes they named, make a cross on a piece of paper. These numbers were 21,400, 21,420, 21,428, 21,434 minutes. On the right day, Thursday, March 26, the lady was hypnotised, and made the four crosses spontaneously without suggestion; two of them at the exact minute, one a minute, and the other two minutes, too soon.

Case of
remark-
able
memory.

Dr. Bram-
well on
hypnotism

Dr. Milne Bramwell, who was present at this experiment, records also the following: 'I accidentally

¹ Dr. Milne Bramwell, 'Hypnotic and Post-Hypnotic Appreciation of Time,' *Brain*, 1900.

discovered that deep hypnosis was associated with an increased appreciation of time. The following were the usual suggestions given: (1) A simple act was suggested during hypnosis which was to be carried out at a given time before that state terminated. (2) The subject was told during hypnosis that this state was to terminate at a specified future hour. (3) The performance of a simple act at a given hour after the termination of hypnosis was suggested. (4) Awakening from natural sleep at a given hour was suggested during hypnosis. (5) The subject was told in the waking state that he was to pass into the hypnotic condition at a given hour, remain hypnotised for a specified length of time, and perform certain simple acts at stated intervals; then pass again into the normal state and remain in it for a specified time, and again pass into the hypnotic condition. These experiments, continued from 1889 to the present date (1902), have been frequently repeated before competent observers. The majority of the suggestions were executed at the moment indicated, while in the remainder the error in time appreciation rarely exceeded five minutes.'

The appreciation of time possessed by the unconscious mind does not always require hypnotism for its demonstration. Many people can set their minds at night to call them in the morning. The following is an authentic instance, and the writer of this is another.

Dr. George Savage possesses the power of waking at a given hour, and has tested it on many occasions. The following is an example: One day, having to catch an early train, he determined to wake at 6 A.M.,

Appreciation of time by unconscious mind.

and slept soundly without waking until the exact time. The seven following mornings he woke exactly at six, notwithstanding that he went to bed at different hours, and there was no necessity for early rising. This involuntary repetition of self-waking at unusual times also occurred when he was roused by others at abnormally early hours. Thus, when in the Alps, if he were called at 2 or 3 A.M. he would certainly wake spontaneously at the same hour next morning, even if he had been much fatigued with climbing. Dr. Savage states that the accuracy of the time of waking in these instances has puzzled him greatly.

Secondary
conscious-
ness.

Into the question of the secondary consciousness of the 'unconscious mind' I cannot now enter. It would not alter our designation, for 'unconscious' here only refers to its relation with ordinary consciousness, which is the only consciousness possible to consider in these pages. The side issues connected with the force of mind are so interesting in themselves, that one is ever tempted to follow them. In this case Dr. Hyslop's explanation of double consciousness is perhaps the best,¹ though hardly intelligible to lay readers; for, to put it simply, we may say he regards it as due to a supposed inhibition of the amœboid movements in the pseudopodic protoplasmic prolongations of the neurospongium!

A simple
explana-
tion.

Hypnotism
produces
physical
pheno-
mena.

In the body, hypnotism reveals equally marvellous powers of the unconscious mind. It can be made to produce at will blisters, swellings, erythemas, pain or ease, paresis, temperatures, and other physical phenomena.

¹ Dr. Hyslop, *British Medical Journal*, September 1899.

In both mesmerism and hypnotism it has been a question whether the results were due to a force proceeding from the healer's mind or the arousing of a latent force in the patient's mind. It is now practically decided that both contribute; but the force is mainly from the latter source.

Before closing this chapter we may look at some mental qualities that are recognised as curative agents.

Mental
curative
qualities.

Sir John Forbes gives as psychic powers of cure: augmented hope — faith — cheerfulness — mental activity—decreased anxiety—mental work—new motives for mental action—new motives for physical life—soothing moral and religious sensibilities.

'Imagination,' says Sir J. C. Browne,¹ 'is one of the most effectual of psychical agencies by which we may modify the conditions of health and disease.' A disciplined imagination is one of the most valued tools of a physician.

A strong will is a good therapeutic agent. Mental therapeutics may be directed to calming the mind in excitement, arousing feelings of joy, hope, faith, and love; by suggesting motives for exertion, by inducing regular mental work, especially composition, by giving the most favourable prognosis possible, by diverting the thoughts from the malady.

Sympathy, religion, common sense, patience, indifference, neglect, altruism, philanthropy, ambition, are all at times good mental medicines.

The doctor himself, his illegible prescription, his room, and even his fee (if impressive), are all valuable therapeutic agents.

The
doctor's
bill as a
thera-
peutic
agent.

¹ Sir J. C. Browne, Leeds, 1889.

De Fleury says: 'In describing the action of a remedy, the doctor of to-day—the incorrigible of Molière's comedy—instinctively resorts to big words as a dwarf to high heels.' No doubt these big words have also much value, though they may have little meaning. Have we not all heard of the soothing power of 'that blessed word Mesopotamia'?

The
doctor's
face and
long words.

But the doctor's face is worth more than his words, and no doctor ever knows how keenly it is studied. It would be well worth while to write a book on the medical face—1st, as seen in the patient as a diagnostic sign of physical and mental disease; and, 2nd, as seen on the doctor as a power for good or evil.

Fear as a
thera-
peutic
agent.

Fear is itself a great therapeutic agent, but is, like the salts of copper and other poisonous drugs, too dangerous for general use by medical men. Still in some cases fear in small doses acts as a sort of mental digitalis.

One golden rule of mental therapeutics must not be forgotten—that the cure of sick or exhausted nerves must precede the cure of a sick mind. The implanting of therapeutic ideas is only possible successfully in a healthy soil.

Conclu-
sion.

I close with a restatement of the thesis of this chapter, that 'the effective agent in all faith cures is the unconscious mind.'

CHAPTER XII

ILLUSTRATIONS OF THE CURATIVE POWER OF MIND

'The force of mind is a therapeutic agent in every disease.'

BEFORE giving a few illustrations of the power of the mental factor as a medicine in ordinary diseases, I will say a word or two about drugs. The value of drugs.

Perhaps nowhere has the misleading doctrine of *post hoc ergo propter hoc* been more mischievously used than in pharmacy. The power of drugs as compared with the power of the *vis medicatrix naturæ* is as spurs when compared with the muscles of a horse, which, after all, are the moving power. Spurs and muscles.

But there is this difference. Spurs always mean greater effort on the horse's part, and no horse regards them as a signal to stop. But with drugs, even of a powerful nature, the action often depends upon the mind, which can increase, neutralise, and even reverse their action to an almost incredible degree. An example or two will suffice.

A colleague of mine recently gave a woman some opium pills to produce sleep, but forgot to tell her their object. The next week she told him the pills had opened the bowels well each morning, but Effect of drugs altered by mind.

had griped her a little. On inquiry he found that she had had no better sleep.

Another woman thought she had taken a large dose of rhubarb as a remedy for constipation, and soon had five or six movements of the bowels. She discovered afterwards that she had forgotten to take the medicine.

The effects of a purgative pill have been rendered *nil*, and it has produced sleep in the belief that it was an opiate pill, though consisting of a strong dose of colocynth and calomel.

Physical
and psy-
chic action
of drugs.

All drugs, or rather compounded medicines, have a twofold value—one physical, and the other psychical.

Sir S. Wilks thinks most of the latter. 'I do not say,' he observes, 'that drugs are not useful *in a moral sense*.'

Sir W. Gull's prescriptions frequently consisted of *sacch. ust.* His followers are legion—all of them regular practitioners, who scorn 'quackery'!

Physical
and physio-
logical
remedies.

The increasing disbelief in the physical value of drugs has led to a great growth of physical and physiological remedies as opposed to pharmacy; and these physical agencies are greatly to be preferred to pure expectation or nihilism, to which at one time the physician was wellnigh reduced.

Turning to the psychical value of drugs, in 1771 Unzer remarked: 'The expectation of the action of a remedy often causes us to experience its operation beforehand.' New remedies have thus a greater effect when first introduced than afterwards.

Reputation
of a drug
affects its
value.

It is extraordinary how little the disturbing influence of the mind on the action of drugs, of which I have given some instances, is taken account of by

the average physician. So great is it, that the testing of new drugs must be done secretly, or the results will be vitiated by the mental action of the patient. Many of the difficulties and uncertainties of pharmacy really arise from this mental factor.

As long as a medicine is powerful in psychic qualities it cures readily ; when it falls into disrepute or out of fashion, and the halo goes, it loses much of its value.

Moreover, as the supposed rational action of drugs breaks down under modern searching investigation, their use becomes more and more empirical.

Use of
drugs
becoming
more
empirical.

Still, certain drugs triumphantly assert their physical powers in spite of latter-day scepticism. No mind force is on a par for certainty of action with mag. sulph., pulv. jalapæ, croton oil, or apomorphia.

In serious organic diseases the power of the mind can do little, but then it is also true that drugs at such a time can do even less.

We must not underrate the *rôle* which careful therapeutics may play in building up the system ; but it may all fail when there is some mental drawback, which a little judicious advice might remove and change the whole situation. Dr. Bennett points out that many drugs and systems of treatment are (pharmaceutically) inert or uncertain in their action, though supposed to act through the blood ; whereas in fact their successful operation is due to exciting expectant ideas, and through these (by the unconscious mind) acting indirectly on the disordered parts.

Inert
drugs

I will now pass on to instances of the curative power of mind.

Sir Thomas Grainger Stewart says : 'In heart

disease the most important element is rest. Second in importance is perhaps the element of hope. If a patient becomes persuaded that he may recover, that good compensation may be established, he becomes more hopeful about himself and his heart benefits correspondingly. If a patient is gloomy and despondent, this damages the organ in a way we cannot at present fully explain.'

Cure of heart disease by loss of reason.

'A lady suffered from organic heart disease and rapidly developed dropsy, from distress at the misconduct of her husband, and was in imminent peril of death. At this crisis she lost her reason. The disturbing mental factor (of disease) being eliminated, the balance of the labouring circulation quickly righted itself, but the reason was not restored.'¹ This is a very remarkable proof of the mental factor. Even where the mind does not cure, it often greatly relieves.

The mind and pain.

Anæsthesia is common with melancholics, hyperæsthesia with neurotics. Insensibility and pain are common in mental disease.

Soldiers in victory remain practically insensible to cold. Hunger and thirst are modified by the condition of the mind. Thirst is often removed by attention being diverted. On the other hand, it is very common among soldiers at the beginning of a battle. Soldiers in battle seldom feel any pain in the wounds until the battle is over. Carpenter says, and the writer can bear most emphatic testimony to the same fact, that he has often found in speaking, when suffering from severe rheumatic pain, that it has entirely ceased to be perceived until he sat down, when it returned in full force.

¹ Dr. A. Morrison, *Practitioner*, 1892, p. 29.

Pains, it is well known, go when the doctor comes, and toothache ceases in the dentist's room.

Professor A. Ford says: 'During the summer of 1891 I met an attendant K. from Würtemberg while I was lecturing at Zürich, who had constant headaches for two years after a severe pneumonia. The physician there told him these headaches would never leave him, as they were an inheritance from his father; and he had never lost them, always feeling a dull pressure on the head. This showed the two years' headache was nothing else than the result of an unconscious suggestion of the physician. The man had only had the most temporary headaches before. I then told him definitely that headaches were not an inheritance, and could easily be cured. Since then (four months) the chronic headache has disappeared. 'This case,' he continues, 'seems to be very instructive, because it shows how easily physicians, without knowing it, can produce sickness by pessimistic prophecies, by anxious looks or words. Thus are diseases suggested (unconsciously) by the physician!' ¹

Cure of
headaches.

'I myself,' he says, 'committed the same fault. A female attended me with pains in the stomach. I diagnosed and treated her anxiously for gastric ulcer. For months she kept her bed, and gradually recovered with the stomach very sensitive for years. I have not now the slightest doubt that her long sickness was produced by over-anxious investigations and strict regimen.' ²

¹ Professor A. Ford, *American Journal of Psychology*, iv. 4.

² *Ibid.*

I think many physicians as they read this will search their own memories, and find recorded there more than one parallel case.

Thera-
peutic
power of
the clock ;

I will now give an instance of the value of a new curative agent from my own experience.

I refer to the therapeutic value of a striking mantelpiece clock. (I say clock in preference to watch, because it has a greater value ; and I say mantelpiece instead of hall clock for the same reason ; and I add striking as being of still greater efficacy.) Sir Dyce Duckworth, without dwelling on the value of mental therapeutics, has pointed out its use by means of the clock, in showing the great effect in cases of persistent vomiting in giving the liquid food in teaspoonfuls every five minutes by the clock. If the patient is told that the food thus given will be retained, and if he can see the clock clearly from the bed, it will probably be successful ; for at the exact time the unconscious mind enables the stomach—probably by some inhibitory power over the vomiting centre in the medulla—to retain the food.

in aiding
labour.

Some years ago I tested the value of the clock in labour in 200 uncomplicated cases. In cases where the uterine contraction was very irregular and slow, I discovered, by impressing the patient with the fact that a contraction would and must begin every five minutes by the watch and last two minutes, giving three minutes' interval, that, after a little assistance at first, I could ensure in the case of a patient of average mental power a contraction commencing exactly when I said the time was up. I calculated, of course roughly, that my attendance at the 100 cases treated thus with suggestion was shortened an average of two

hours each, as compared with the 100 left entirely to nature. Of course it is obvious this calculation is not exact, but the fact of the value and power of unconscious mental action or suggestion is clearly evidenced. This induced action by means of the patient's own unconscious mind must be carefully distinguished from the physical force or mechanical aid often used so disastrously. The one is, in a sense, natural, the latter purely artificial. I think any medical man who, in suitable cases, gives this plan a fair trial, will be much pleased with the results.

In the nursery, again, the clock is a very foundation of health. Food given by it agrees, without it disagrees. Sleep regulated by it is easily obtained, irregular bedtimes are bad. Its value, also, is that it tends to produce habits of the utmost benefit to the young child. I will now give one instance of its power in old age.

A patient about seventy years of age came to me in deep distress about her obstinate constipation from paresis of the rectum, which was so severe that every enema and pill had failed, and mechanical evacuation was the last resource. This condition had continued for some years, a trained nurse living in the house. The patient was of exceptionally powerful mind and will, and remarkable intellect. Seeing this, I relied upon the clock as an efficacious aperient. I explained the power of an exact habit over the bowels, and told her she would be cured if at 9.30 exactly by the clock on the mantelpiece she sought relief each morning. She was at first aided artificially at the exact hour, but after a few mornings when 9.30 arrived, and she

In the
nursery.

In
obstinate
constipation.

was taken out of bed, a natural action was obtained, only she sometimes wanted to relieve the bowels before the hour. This was never allowed; she was told that to be too soon would prevent the cure as much as being too late. At the end of six weeks the bowels were daily relieved without medicine at half-past nine exactly by the power of the unconscious mind; and at the end of six months she had never missed a day. She has now no further trouble. I mention this case, for it shows the power of mental therapeutics even in the decline of life.

Now as to the curative effect of the patient's own conscious suggestion to the unconscious mind, and through it on the body.

Typhoid
cured by
faith in a
saint.

'In 1837, Pastor Chiniquy got severe typhoid fever in Canada, and four physicians told his bishop there was no hope of his recovery. On the thirteenth day they said he had only a few minutes to live, and his pulse could not be felt. He then in a vision saw his favourite saint, St. Anne, to whom he cried for cure with every power of his soul, and he heard her say, "You will be cured." He recovered, and Quebec rang with the miracle. He was examined by two Catholic and two Protestant doctors. Dr. Douglas, a Protestant, showed Chiniquy his recovery was due to his being a man of remarkably strong will, and determination to resist death; that the will had a real power over the body, and his strong will had conquered. Chiniquy listened, but preferred his saint, and had a votive picture painted of her for 50%. A priest who saw it then told Chiniquy the cure was no miracle, and that most of the crutches hanging round the church were left by impostors; and the rest

by those cured by the power of the mind over the body.

'Till 1858 that picture, representing the saint telling Chiniquy he would be cured, was in the church. In that year he again got typhoid fever in Chicago, and once more was given up as dying. But this time he did not cry to the saint, but made a determination to get better and soon felt life returning. He then saw the saints had no part in his previous cure, and took his picture down and burnt it.'¹

Typhoid
cured by
will-power.

The above, even if not accurate in all details, contains, I am sure, a great truth. I had some time ago a favourite nurse who always had a superstition she would die of typhoid fever. She contracted it nursing a case of mine, and lay in a county hospital apparently dying; in the third week of the disease, in a low typhoid condition, and with every appearance of collapse, but with the mind clear, I went in to see her for the first time, and found her much depressed. She told me she was about to die, and I said, 'Certainly.' She looked up and said, 'Yes, but I mean it; I always said I should.' And I said, 'Then of course you will.' She stared and said, 'Don't you mind?' I said, 'What's the use of minding? You are going to die if you say so.' 'My saying so doesn't make me die,' she said. 'Perhaps it does,' I replied, 'for if you said you wouldn't die, you would probably live.' I saw, as far as I could judge, she had reached that point when the throwing of the will into either balance would determine the issue. 'Do you mean that?' she said. 'Yes, I do,' I said; 'and, what's more, unless you say so, I won't come and see you again.'

Nurse's
cure by
will-power.

¹ *Life of Father Chiniquy*, revised edition, London.

It is now 11.30, and if *now*, at this hour, you turn your mind the other way, and determine to live and not die, I'll do all I can to help you. You shall have another nurse, and I'll get the doctor to let you have a little champagne. But this resolve must come from you.' She looked me hard in the face, and, seeing I meant it, and believing me, she said in deepest earnestness, 'I will;' and from that hour she steadily gained strength, and soon got well. I firmly believe that interview saved her life.

Cures by
fright.

A gentleman in Manchester, at an hotel, in 1869, *en route* for London, was seized with rheumatic fever. He had fearful pains, high fever, profuse perspiration, and all the symptoms of the disease. Being, however, most anxious to return to London in spite of all, he persisted in being carried to the night express. There was a serious collision, in which he was terribly frightened, but not hurt. He had to walk some distance in the cold, but all symptoms had gone, and the fever had disappeared.

A hopeless epileptic never had another fit after seeing his own daughter burnt to death.

In 'Fraser's Magazine' for May 1873, there is an apparently perfectly authentic story of a case of whooping-cough cured by a good thrashing.

Dr. Buckley records this case. 'A doctor was called to see a lady with severe rheumatism, and tried to extemporise a vapour bath in bed, with an old tin pipe and a tea-kettle; and only succeeded in scalding the patient with the boiling water proceeding from the overfull kettle through the pipe. The patient screamed, "Doctor, you have scalded me," and

leaped out of bed. But the rheumatism was cured, and did not return.'

Tuke says that mental therapeutics without hypnotism can cure toothache, sciatica, painful joints, rheumatism, gout, pleurodynia, colic, epilepsy, whooping-cough, contracted limbs, paralyses, headaches, neuralgias, constipation, asthma, warts, scurvy, dropsy, intermittent fever, alcoholism, typhoid fever, and avert impending death.

Various
cures.

Dr. Murchison says: 'There is good evidence that nervous influences may not only cause functional derangement, but can cure structural disease of the liver.'

Liver,
gout, and
dyspepsia
cured.

Sydenham says: 'Gout surely attacks the foot, but melancholy predisposes to it.'

Dr. Dale records the case of a young lady with severe nervous dyspepsia, who was told she could cure herself by will power, but failed for want of sufficient force. The doctor then told her lover to say they could not marry until she was cured, when she at once recovered.

I would call special attention to this instructive instance of the failure of assimilating mental therapeutics directly through the conscious mind backed up by conscious will power; whereas when used indirectly they succeeded at once. The unconscious mind can rarely be made to act by any direct conscious effort save under hypnotism, but indirectly can be made to do almost anything.

Dr. Gibert, of Havre,¹ in the presence of Dr. Janet and others, washed a boy's hands covered with warts in blue water, and said if they were not all

Warts
cured.

¹ See *Medical Journal of France*, 1893.

gone in one week he should wash them in yellow water, which the boy thought would scald him. They were all gone but two or three in the time.

It is an undeniable fact that sores and ulcers and some growths have been completely cured under strong excitement of the nervous system.

Minor and major surgical operations.

Great importance attaches to the state of mind of the patient previous to a major surgical operation.

The power of mental treatment in gynæcology is well known, and is often much to be preferred to meddling minor operations.

A man defrauded his brother, and came to his doctor for anorexia, dyspepsia, and debility. The doctor discovered the mental factor, made him repay his brother, and the case was cured.

Mind in spinal disease.

'We get temporary recoveries,' says Dr. Bury,¹ 'in myelitis and locomotor ataxy, due to the influence of the mind on the body. In one case of transverse myelitis known to me, a man who was unable to stand bathed at Holywell. After the dip he was able to walk, and the next day he moved about without crutches. The improvement lasted ten days, and then the paralysis returned, when he came under the care of Dr. Dreschfeld at the Manchester Royal Infirmary.'

Alteratives break habits.

All alteratives are really habit-breaking drugs, such as Plummer's pill in gleet, arsenic in stomach cough, quinine in chronic bronchitis, &c., and they owe their efficacy to breaking the unconscious memory of the body.

I have spoken of drugs failing when ceasing to be the fashion. In the same way other cures cease to be efficacious.

¹ Dr. Bury in Bradshaw Lecture, 1901.

The moment the power of Perkin's metallic tractors was found to be due to the imagination of the patient, as shown by Haygarth's success with wooden ones, they ceased to cure, and were discarded with contempt. Though patients may not now recover by tractors, we still employ the mental factor in other ways with equal success. Harness's electropathic belts cured many cases of functional nerve disease, which reappeared after his exposure.

In alluding to Harness, I would call attention here to the fact, that had I given authentic instances of the success of quack remedies in these pages, I think most would have been amazed to see what remarkable cures are wrought through the mind by these nostrums. The body of testimony, excluding doubtful cases, could thus have been swelled *ad libitum*. But I have refrained, and contented myself with the fragmentary and more prosaic testimony of the profession; not only because such evidence is more likely to be accepted without question, but because prejudice enough surrounds my subject as it is, without stirring up more by any recognition of these men. They are justly despised by the profession, not so much on account of their ignorance, as because their whole object is commercial profit, and their methods often unscrupulous. That they have used in ignorance a great power neglected in legitimate medicine is certainly no credit to them. I shall therefore throughout this book content myself with orthodox testimony.

Summing up the therapeutic position, therefore, thus far, and considering how the mental factor may best be utilised in the cure of ordinary cases, we may

No
instances
given of
quack
cures.

say : by the effect of the presence and personality of the doctor and his surroundings, by the conscious employment of the patient's unconscious mind by arousing hope, joy, faith, expectation, confidence, peace, rest, &c., by the psychic action of the drugs used, and by suggestions given directly and indirectly.

New classification of diseases.

Diseases as well as therapeutics may be classified with regard to the mental factor as follows :

1st. Into those that recover by the sole force of the *vis medicatrix nature*—a larger class than is supposed.

2nd. Those where this force has to be assisted or controlled by drugs.

3rd. Those where active mental therapeutics are added to it, to further increase the action of the unconscious mind.

4th. Those where all means are insufficient.

Finally, I would say that a class cured by physical means alone does not exist—for 'the force of *mind* is a therapeutic agent in every disease.'

CHAPTER XIII

MENTAL THERAPEUTICS IN FUNCTIONAL NERVE DISEASE

'Functional nerve diseases are mostly cured by suggestions presented in various ways.'

IN Chapters VI., VII., and VIII. we looked with some care at the question of the connection of the mind with the body as a *causative* agent in functional nerve diseases; and here we reach the corresponding question as to the part the mental factor plays in their *cure*.

Mind as
cause and
cure.

It is not so long since that the treatment, or rather maltreatment, of functional neuroses constituted a real *opprobrium medicinæ*.

Maltreat-
ment of
functional
nerve
diseases.

The cases were not wisely handled, for the simple reason that they were not understood. They were not understood, partly from the symptoms not being recognised as distinctive, partly from their very vagueness and contradictory nature, but far more from the impossibility of dissociating many of them from some form of malingering, as long as the conscious mind was a supposed agent. Indeed, it is only quite recently the true nature of these cases has been grasped, and the treatment of them improved.

The result was everywhere disastrous, and perhaps most so in the way in which it swelled the

This drove patients to quack remedies.

numbers of quack cures, and drove patients away from those who understood them not, to those who at any rate had a dim perception of the mental character of the malady, and that it required some mental cure. I have alluded to such a case in Chapter I. All this was a real, though unmeant, cruelty to the patients, who soon became actually ashamed of their maladies, feeling instinctively they were suspected of fraud. It must not be thought that in these remarks I have spoken too severely, or indicated a condition of things that no longer exists.

Nerve cases still described as malin-gering.

Listen for a moment to the usual routine treatment of a nervous case as described by Professor Binet: 'When one of these victims to hypochondria, who are commonly called *malades imaginaires*, has recourse to medicine for the relief of pain or some other disturbance, he is usually told it is of no importance, that he is fanciful, and some anodyne is carelessly prescribed. The patient, who is really suffering the pain he has suggested to himself, feels convinced that his malady is not known, and that nothing can be done for him. The idea that his complaint is incurable becomes intense in proportion to his high opinion of the physician's skill; and thus the patient, who was suffering from the chronic affection suggested by his imagination, often goes away (not only uncured, but) incurable.'¹

Nerve sufferers have been greatly wronged.

The diseases grouped under the heads of nervousness, hysteria, &c. are real in origin and effects, and formidable in their nature, and it is high time that the ridicule, the offspring of ignorance, with which they

¹ Binet, *Animal Magnetism* (Internat. Science Series), p. 353.

have been so long surrounded, be entirely done away with. These unhappy sufferers have been greatly wronged and often cruelly treated.

This ignorance is partly due to the fact that the symptoms are generally subjective rather than objective, and that observation is not so much needed as reasoning power. But the real cause is what we have already indicated. It is seen that the disease is partly of mental origin; and no mind being known or recognised by the doctor but conscious mind, he concludes that the patient must be aware of the mind action causing the disease, and is therefore to some extent to blame. The truth, which we hope will now be recognised, is, that (as we pointed out in an earlier chapter) all the causative changes take place in the unconscious mind, and that the patient is wholly ignorant of anything but the results in the body—the pain or disease suggested. This is the *true solution* of the difficulty.¹

Real
reason
the limita-
tion of
'mind.'

The best cures of hysteria are naturally, therefore, effected through the unconscious mind. If the case is in every way in good health, and has not entered the vicious circle of dyspepsia and debility, it may be cured instantaneously by applying to the irritated ideal centres that keep up the disease good suggestions, consciously or unconsciously, sufficiently powerful to overcome the bad ones. Their application by means of hypnotism is unnecessary, and often in the end aggravates the condition which it is meant to relieve; for suggestions are thoroughly effectual without it, if one uses the boldness and force of which

Hysteria
cured
through
the un-
conscious
mind.

¹ I reiterate here several points already insisted on in Chapters VI. and VII. on account of their importance.

Sir J. Paget speaks, and has gained the respect and trust of his patient.

If all this appears as novel as some of the terminology here used, it is simply because mental therapeutics is still the Cinderella of medical sciences, for it is yet very dubious orthodoxy to suggest that there can be any means of cure more potent than those found within the revered pages of the British Pharmacopœia.

Suggestion can seldom be absorbed pure.

We must, however, remember one great point with regard to suggestion—that it is like nitrogen. Nitrogen is the essential element in all animal life; it forms four-fifths of the air we breathe, and yet, curious to say, we have no power to use it in a pure state. We can only take it indirectly, when combined with other substances in the form of proteid food. It is the same with suggestions. Not one hysterical sufferer in a hundred can receive and profit by them in a raw state—that is, consciously; they must generally be presented, as we have said, indirectly to the unconscious mind by the treatment and environment of the patient. An electric shock often cures slight hysterical diseases instantaneously, acting, as it does, on the unconscious mind through the conscious.

It is best taken as a compound.

No doubt it would be easier if we could say to these sufferers, 'The disease is caused by suggestions from ideal centres; and to cure it, all you have to do is to believe you are well.' Still, as it would be impossible for us to take our nitrogen pure from the air, the mind cannot as a rule be thus acted on directly when the brain is unhealthy. Suggestion must be wrapped up in objective treatment, directed

ostensibly and vigorously to the simulated disease.¹

It is not, however, enough in mental therapeutics to present good suggestions; we must also remove previous bad ones. Such a patient must therefore be isolated to avoid conversations about, and sympathy being shown with, the patient's sufferings; all of which keep up the action or vibration of the diseased ideal centres. The range of mental therapeutics is, however, by no means limited to hysterical diseases. The powers of the unconscious mind are such that we can place no limits to its influence. When the mind is really unsound, it is interesting and remarkable—though quite intelligible—to notice that mental therapeutics generally fails; obviously because the conscious psychic element through which it should act is in itself disorganised. From what has been said, it will be gathered that in ordinary and some nervous diseases, while mental therapeutics acts largely through the unconscious mind, it can also be successfully presented directly to the intelligence; and, on the other hand, in true hysteria nearly all the work has to be done unconsciously, the conscious mind being fixed, not on mental therapeutics, but on the outward means used. Suggestions are often advantageously directed to the sound parts of the body, leaving the diseased part severely alone.

Bad suggestions must be removed.

Treatment by neglect

John Hunter gives a good hint here. He was asked to be magnetised, and being told he would feel it at the roots of the nails of his hand, he fixed his whole attention on his great toe, and so frustrated

John Hunter's stratagem.

¹ For the value of surgical treatment in some internal neuralgias, see paper by Sir F. Treves, *British Medical Journal*, March 10, 1898.

the phenomena. I employed this device successfully some years ago in the case (that I will speak of more fully later on) of a girl with a contracted and withered arm which had been massaged and faradised, with the result of making it more and more rigid. I neglected it entirely, and fixed the attention on the other parts of the body by vigorous massage, &c., with the result that the bad arm, left quite alone, got perfectly well.

Ideal centres made to cure ideal diseases.

It is important fully to understand that when the brain is restored to health by good nerve tissue and healthy blood, it can be made by suggestion to exercise as beneficial an influence over the body as previously it exercised a harmful one. If ideal centres can produce ideal diseases, surely the rational cure is to first bring these ideal centres into a healthy condition, and then make them the means of curing the ideal disease. Mental disease requires, and can ultimately only be cured by, mental medicine. When will this be understood? And when will nauseous drugs cease to be ministered to a mind diseased?

Sir Russell Reynolds on nauseous 'gums.'

Of the usual remedies given, Sir Russell Reynolds says: 'The whole list of anti-hysterical remedies—musk, castor, valerian, and the like—appear to have this one property in common: that they do no good, and delay the real treatment of the case, which is not one to be cured by nauseous "gums," but largely by mental, moral, and social management.'

Fixed ideas must not be too difficult.

Suggestion in hysteria is said to cure the physical condition through an intermediate emotional change—in short, by a feeling rather than a thought. It must of course begin with an idea; but when the doctor moralist tries to inculcate a valuable fixed idea,

it must not be too far off or difficult of comprehension. Such ideas often fail of their effect with indolent neuropaths, who are all more or less afflicted with mental myopia. The moment the new idea or suggestion is adopted, it begins to act through the unconscious mind exactly like a drug.

De Fleury points out that¹ a good doctor for nerve patients is also necessarily a good hygeist for the mind; neurosis being in fact only a bad habit which the 'cerebral action' (another synonym for the unconscious mind) has contracted.

De Fleury
on nerve
doctors.

Dr. Playfair pursues this thought further. He says: ² 'The rank weeds of neurotic disease will only flourish in suitable soil. Improve this, and the unhealthy growth will disappear. That this can be done by drugs or health resorts, all experience shows is an impossibility; these as a rule only make the patients go from bad to worse. Get rid of all these, put the patient under a thorough physical and moral training, and it is surprising how all neuroses vanish.'

Dr. Play-
fair on
nerve
cures.

This rational and psychic treatment is certainly gaining ground. It has, of course, a negative and a positive side. The negative consists in removing injurious influences from the patient's mind, whether they be objective from the outer world, or subjective from the patient's own disordered thoughts. The positive, in infusing into the patient's mind curative mental influences such as hope and rational ideas, which tend to counteract the unsound mental action. It is needless to say that a successful doctor requires

Negative
and posi-
tive side of
cure.

¹ De Fleury, *Medicine and the Mind*, p. 221.

² Dr. Playfair, *Psychological Dictionary of Medicine*.

in this a combination of tact, knowledge of human nature, patience, and temper that all cannot possess.

Such tact and character are every whit as conducive to success as a scientific equipment.

Impressive
means.

As I have already said, suggestions in the patient's ordinary state are greatly strengthened by adjuvants in the form of impressive means, more or less elaborate; in the hypnotic condition these are not needed, as the patient's 'unconscious mind' is then entirely accessible.

Value of
touch.

Touch is often a material aid in the conveyance of thoughts, as wires aid telegraphy. In some cases a decided manner, with a hand laid firmly on the patient's arm, will enable him to assimilate suggestions otherwise inoperative.

Some can do more, and can cure directly by bold assurance. A doctor who has the patient's full confidence may cure a patient by telling him he is cured.

Bold
assurance.

Such cases, however, are rare. Dr. Paul Edwards, of Paris, cures his patients thus. The therapeutic force is in himself. But these are exceptional methods, and my desire is rather to write for the medical man generally, and prove in this and following chapters that 'functional nerve diseases are mostly cured by suggestions presented in various ways.'

CHAPTER XIV

THE TREATMENT OF FUNCTIONAL NERVE DISEASES

'Success in the treatment of neurasthenia depends equally on psychical and physical details.'

In considering briefly a few points in the treatment of functional nerve disease, more especially neurasthenia, we shall find psychic and physical methods here go hand in hand.

Psychic and physical treatment go together.

I have already indicated the leading points of diagnosis between neurasthenia and neuromimesis or hysteria, and now in treatment we find the difference no less marked. The psychic treatment in neurasthenia cannot be effectively applied until the physical condition of the nervous centres is restored to health, and then often little or nothing is needed. In hysteria, on the other hand, the psychic treatment is the more important, though, being so often wrapped up in physical appliances, it is not always recognised as such. I will now proceed to run through some leading points that make for success in the treatment of functional nerve disease, more especially of neurasthenic patients, and, to make the hints given as clear and as useful as possible, it may be well to crystallise them around four centres: First, the

Restore physical condition first.

Four points in treatment.

physician; secondly, the patient; thirdly, methods of treatment; fourthly, various details. In other words—personality, diagnosis, treatment, and details.

To take, then, the doctor first, an order recognised by Dr. Clifford Allbutt when he says: 'Suggestion and the personal ascendancy of the physician enter so largely into all methods of treatment (of neurasthenia) that, to speak honestly, we find great difficulty in making much way (when these have failed) with old disillusioned patients.'¹

Real
sympathy
needed.

The first point one would make in connection with the physician (in spite of much that has been written, and against the practice of many noted neuropaths) is that one of the first conditions of success is *sympathy*, and one of the chief causes of failure is the want of it.

I do not say it need be always, or even frequently, shown; but believing as I do in the unconscious mind, and the quick relation of one mind to another when in harmony, I have no doubt whatever that real sympathy is always felt wherever it exists in the physician for the sufferer, though it be not shown; the proof being that it gives a confidence in his skill, and a restful feeling of being understood—that is no mean factor in the cure.

She 'can-
not will.'

To feel this sympathy one must believe in the reality of the sufferings of the patient, and dismiss absolutely the blight of suspected malingering. One must grasp the truth of the brilliant dictum of Sir James Paget, who declared that while the patient says she 'cannot' and the nurse that she 'will not,' the truth is that she 'cannot will.'

¹ Dr. Clifford Allbutt, *System of Medicine*, viii. 180.

Let us remember, as we have said, that a *disease of the imagination is not an imaginary disease*, and that pain, in its last analysis, is a mental rather than a physical fact, for its reality does not in the least depend upon its resting on any definite physical basis.

To tell neurasthenics or hysterics that there is nothing the matter with them because no clear physical basis can be discovered for the symptoms complained of—unless done in exceptional cases, deliberately for a definite purpose—is to confess oneself unfit to deal with functional nerve diseases.

As slowly, very slowly, the enormous powers of the unconscious mind over the body are beginning to be dimly perceived, such crude and false statements are becoming rarer; but they are still common enough amongst those whose opinions are founded solely upon physical diagnosis.

The next qualification in the physician is *patience*, and this, I think, is different from mere endurance, and really depends upon the first quality—sympathy. It is only those who know the tortures undergone by functional nerve sufferers, the pariahs and outcasts amongst patients and doctors, and that feel for their sufferings, that can possibly put up with the trying nature of the sufferer and his multifarious and often apparently incurable troubles.

The lack of this virtue in doctors fills our holiday and health resorts abroad with patients sent there because the doctor could not stand the strain at home, and, recognising his resulting impotence, ordered travel as the best way out.

Allied to patience is *perseverance*. The despon-

Also
patience
and perse-
verance.

dency of the patient, the scepticism of relations, the continued and heavy expense to them over which the physician has no control, and the want of any signs of improvement, it may be for weeks, render this virtue one of the most difficult to practise. And yet for want of it how many patients go unrelieved, how many incipient cures are nipped in the bud, and how many successful methods are prematurely abandoned as failures! If we have sound grounds for believing our treatment is rational; if we have seen successful results from it in previous cases, and, above all, if there is the least glimmer of improvement, let us persevere on and on. There is no space here to adduce cases in proof of this, but I have one in mind that, after defying every doctor and every variety of Weir-Mitchell and similar 'cures,' was at last successfully restored to health mainly by being persistently kept in bed for five months on end by a doctor who would not be beaten.

Not too
firm, but
firm
enough.

Closely connected, again, with this is the question of *firmness*. Curious as it may seem, it is easy to be too firm, and still easier not to be firm enough. The path of success here undoubtedly lies in the golden mean between the two. Be inflexible as cast iron in things essential; flexible as steel in all matters non-essential, and never, as is so common, inflexible from mere doggedness, but always intelligently. This gives confidence, brings success, and avoids friction with patients and friends.

Tact is
mental
touch.

Perhaps this question really depends upon the next great virtue, without which neurasthenics cannot be successfully treated, and that is *tact*. Tact is the unconscious mental touch, the *tactus eruditus*, by

which one mind feels another; and just as a physician's physical tactile sense is educated to discern much by mere touch, so can mental tact help the nerve doctor immensely along his difficult path. Take, for instance, the one question of whether to make light of any particular symptom or to treat it quite seriously.

The answer does not in a neurasthenic in the least depend, as the doctor may naturally think, upon the amount of obvious physical bases upon which that symptom may rest, but on the effect on the patient's mind of your levity or gravity; and to ascertain this effect beforehand is the highest outcome of tact.

For it must ever be recognised, and may here be categorically asserted, that neurasthenia partly, and hysteria or neuromimesis almost wholly, are diseases of the unconscious mind, of unconscious suggestion; and it is in this very fact of their unconscious nature that they differ from all forms of malingering, which always imply conscious fraud. Whatever diseased physical conditions may, therefore, coexist, require treatment, but the mental condition is undoubtedly the more important, and is the one which in every case requires the greatest judgment and tact. Most medical men, I believe, are inclined to glorify their own particular branch of the profession; but one cannot but see that in pursuing to its recesses and in curing diseases produced by such a mysterious agent as the unconscious mind, one has to employ power and means of a very different nature from the comparatively simple and straightforward processes of purely physical medicine and surgery.

I may, perhaps, say just a word on the value

Honesty to
patient's
interests.

of *honesty* with these patients; for it is a word by no means limited to its ordinary sordid interpretation. I mean absolute honesty in considering and acting solely in the patient's interests, as distinguished, not from the doctor's, but from the parents, friends, and relatives, and others whose counsels and pleadings so often turn aside the otherwise sound judgment of the physician.

Lastly, success depends upon a power of *attention to details* that is not always found in minds broad enough to grasp the case as a whole. Minds, as has been pointed out, are generally characterised by observation *or* imagination. The former quality gives accuracy in details, the latter broad and wide views. The combination is rare, and those who possess it are generally masters of their profession, and in nerve diseases this union is of especial value. The doctor who knows and sees that his patient is not disturbed at night after the last massage; who gives exact orders as to her detailed routine throughout the day; who ascertains she is not roused and agitated by the noisy cleaning of grate and room early in the morning, will do much to ensure the general success of his elaborate treatment.

A capacity for taking pains and for arranging details of treatment may turn the scale from failure to success in a doubtful case. So much, then, with extreme brevity for the doctor and his personal powers.

The
patient and
diagnosis.

Let us now consider, in the second place, the conditions of success in connection with the patient and the diagnosis. The first point, perhaps, to de-

cide, on which successful treatment may turn, is whether mind or body (including in the latter all nerve tissues) plays the chief part in the disease. Briefly and simply it may be said that nerve cases divide themselves into one category or the other.

Cases of true neurasthenia, that is, of nerve irritation or exhaustion, dependent upon external causes or upon physical lesions within, are mainly physical, the mind, conscious or unconscious, being only affected in a secondary degree, as a result of the nerve condition.

Hysteria
more
mental
than
neur-
asthenia.

On the other hand, all cases of hysteria or neuro-mimesis contain a distinct mental element, and that is an affection of the unconscious mind over and above any mere question of nerve condition; while all other cases of delusions, fixed ideas, true melancholia, and other slight aberrations, reveal a primary disturbance, want of balance or unsoundness of the conscious mind or reason, and these are generally recognised as true mental cases. Cases of hysteria, however, are not generally regarded as distinctly mental, owing to the fact that still, as a rule, in England mind is sought to be limited to consciousness. In France, however, Charcot, quoted by Féré, says, 'Hysteria is a psychical malady *par excellence*.' Here, however, from the fact of its seat being the unconscious mind, which produces in the body the symptoms complained of, it occupies an intermediate place between the pure nerve lesions on the one hand and the distinct mental troubles on the other.

The value of this broad distinction between nerve and mental troubles becomes obvious when we consider treatment. For instance, we may say generally

Bed bad
for mental
cases.

that where there is any mental taint, confinement to bed often does as much harm as in cases of disordered nerves it does good. The question of a sound conscious mind must be decided first. This is, of course, not the same as a consciously sound mind. Most mental cases are distinguished, indeed, by the fact that, although their conscious reason is distorted, they are themselves unconscious of the fact. This question has, of course, a great bearing on prognosis. No rapid or permanent cure can be safely predicted where the mental balance is destroyed or even unstable, and many forms of nerve treatment are here contra-indicated.

Irritation
or exhaus-
tion.

Proceeding now from mental and hysterical cases to neurasthenia proper, the point to determine is the stage and character of the disease; as to whether the nerve centres are in a state of irritation or of exhaustion or of both.

In neurasthenia as distinguished from hysteria the exciting cause at any rate is generally external and apparent, but the treatment of nerve irritation obviously must differ greatly from that of nerve exhaustion.

I find that success is greatly hindered if the patient has been already the victim of previous failures. As Dr. Allbutt has pointed out, these always act prejudicially in sapping the confidence and courage of the patient. To me this has always been a most difficult complication to deal with.

The mechanical routine of a so-called Weir-Mitchell 'cure' is now so well known and so absurdly regarded as a universal panacea, that this or something else has often been tried unsuccessfully

before you see the patient, with the result that anything approaching the same methods is already regarded with suspicion; though it may essentially differ, and result in success instead of failure.

Another element of success in the patient is confidence in the doctor and nurse. I add 'nurse,' because many physicians are not aware how this person can weaken or wholly frustrate all efforts at a cure. A case occurs to me that treated by the Weir-Mitchell method twice only resulted each time in failure and actual loss of weight. Secret sapping of the doctor's influence with neglect of orders was the cause in one; and open rupture of the two neutralising all efforts in the other. The case was difficult, but with agreement between the two was eventually successfully treated.

Co-operation
of
doctor and
nurse.

I must not omit here, as distinct from all diagnosis of the disease, and as a great element of success, a close study of the patient's personality and mental calibre.

This so often requires, even in two suffering from the same symptoms, a course of treatment in one case entirely different from that required by another.

The personal factor is so comparatively valueless in ordinary physical diseases such as pneumonia or gout, that one is apt never to consider it, until one finds from disastrous experience that its proper consideration is in its way quite as important as accurate diagnosis.

Lastly, in concluding the study of the patient as a factor of success, I would strongly advise, if the cause of some symptoms still remains obscure, careful consideration of the question of sexual agencies, both

physical and mental, natural and unnatural, for the extent to which this latter is a factor is little known to many physicians.

Methods of
cure.

I now come to the methods of cure, and here it is obvious that though success depends largely upon the physician, largely upon the diagnosis, it must depend still more largely upon the use of right and adequate means.

Hand-
made
versus
machine-
made
'cures.'

In the first place, then, with neurasthenics, in the greater number of cases 'cast-iron systems' of treatment turning out 'machine-made' cures stand condemned in theory and in practice. If one may say a word from practical experience, it is that the chief cause of the failures I have come across has been the ordering of such and such cure by name (involving some fixed routine and surroundings), that failed because not adapted or adaptable to the patient's special needs. Of course, wherever a doctor has any fixed system or wishes to save himself trouble, there ready-made expedients are very tempting; but we must here lay down as an important condition of success the making a system or treatment to suit the patient, rather than a patient to suit the treatment.

Methods
must be
adequate.

It is far otherwise when dealing with any definite and well-known lesion, such as enteric. Here the more of routine and fixed treatment often the better. I have spoken of the adequacy of the methods used. This adequacy must not be judged by the amount of potent drugs prescribed, or the violence or expense of the agencies employed. They may range from the most elaborate combinations of psycho-

physical treatment conducted in a well-appointed home with every possible adjunct, down to a few simple prescriptions, or even short medical talks, or a change of environment or occupation, or mere rest, pure and simple.

No method can be decried as trivial that succeeds in curing the patient ; but, on the contrary, that plan is best that arrives at this result with the least time, trouble, and expense.

I may add that, although the treatment adopted may be tentative or experimental, its aspect to the patient should always be fixed, dogmatic, and definite. Whatever balancing of different methods may have passed through the doctor's mind, all should be firm and defined to the patient.

Doctor
must be
dogmatic

Even when the treatment accords with the patient's own ideas and wishes, it should never be ostensibly adopted for this reason.

Most methods involve the use of nurses or trained attendants, or companions of some sort, and here is a frequent cause of non-success. Doctor, diagnosis, method—all are right, and yet there is no cure because the subordinate agents are inefficient.

This is not the place to enlarge upon the reason why this is so frequent, based as it is upon the non-recognition of the great need there is for a class between the three years hospital-trained and starched-and-ironed aseptic nurse of the period and the depressing mental attendants upon the insane. The neurasthenic nurse is a being yet to be evolved as a definite product, but is sometimes met with as a chance growth in out-of-the-way places, frequently painfully ignorant, alas ! of the simplest hospital routine.

The ordinary nurse dislikes the neurasthenic case largely because she does not understand the reality of the disease in the absence of physical lesions, and partly, also, because in hysterical cases there is not only the appearance of fraud, but often a perverted mental bias that takes pleasure in fault-finding, and setting the nurse against the doctor, and *vice versa*.

It is well for the doctor to remember this, and, even when a nurse has to be changed, to uphold the nurse to the patient whenever possible, even on therapeutic grounds.

*Nascitur
non fit.*

Nascitur non fit is undoubtedly the distinguishing motto of the nerve nurse, though the 'fitting' is most necessary and useful also, but until this is recognised and the nurses are to be had, what is the doctor to do? Well, of course he has to cure his patient. At present, for want of adequate help, the cure has often to be effected by his own personal influence and visits to an extent that would not be in the least necessary were our training system more adequate and really efficient helps to be had. This is all very well for patients that can pay, but is naturally very expensive.

The outcome is, therefore, clearly this, that the treatment of all difficult neurasthenic cases is necessarily, and from causes quite beyond the doctor's control, far more expensive than that of any other class of disease (excluding, of course, any involving major surgical operations), and far more expensive than it need be were efficient nurses to be had.

Women
work, and
men rest,
at home.

This question of nurses raises that of homes generally. In the first place, neurasthenics cannot, as a rule, be cured in their own homes, for what they one

and all need is rest in some form. Now, to women home is the sphere of the greater part of their work, to the man only is it (with exceptions) the place of rest. Hence, home is obviously not the environment needed for women, and for other reasons men also are cured more certainly and expeditiously away from their own family circles. This necessitates the nursing home as an indispensable adjunct for, at any rate, part of the cure.

Now, it is not too much to say that the quality of this home largely determines the question of success in the treatment. Homes are so frequently unsatisfactory that many physicians have been driven to run their own. This has, of course, its advantages, but it has great and serious drawbacks. Of course, I am here not speaking of surgical homes, or of any treatment but that of neurasthenics.

Personally, I have never been able to get over the professional feeling that a physician ought to look to his fees, and to his fees alone, for payment for his services; and should not directly or indirectly run a boarding-house under any name, or share in the profits if derived from his patients.

Doctors
should not
run homes.

It may, of course, be urged that a doctor can have his own nursing home, and yet have nothing to do with its management or profits. In this case, of course, it is hardly his, though his patients may go there; and, of course, he fails to have the perfectly free hand in dietaries—so all-important—that he has when its pecuniary management is in his hands.

It may not, indeed, be difficult to show that it is to the patient's own interest that the home should be run by the doctor, and many medical men will see no

weight whatever in what I urge against making a profit from board and lodging. One can in this only speak for oneself, and for all others like-minded.

At any rate, whether the home be the doctor's or the matron's, it must be one where the dietary is practically unlimited, where the food can be relied on to be of the best and well cooked, and, not least, punctually served with cleanliness and nicety. The room should be quiet and airy, and at any rate major surgical operations should not be conducted in the home. If possible, it should have some private grounds or garden attached to it.

The matron or sister may or may not actively co-operate in the treatment, but should, at any rate, avoid the slightest adverse comment on any methods she may or may not understand or agree with. She should be prepared to change the nurse at the doctor's request till the patient is suited, and to promptly carry out all his orders.

A few
details.

Finally, I must touch on one or two details, which have much to do with success in these cases.

In the first place, as we have seen, the treatment of neurasthenia proper and hysteria is fairly distinct.

In the former, where the whole mental system is sound, and it is the brain that is worn out physically, while rest is good, isolation is not often needed, and overfeeding and massage can frequently be dispensed with. In neurasthenia, moreover, we never fight against the symptoms as we have to do in hysterical cases.

These latter, too, require isolation, nearly always some form of Weir-Mitchell 'cure' with massage, and

probably a large amount of suggestion, direct or indirect, which neurasthenics do not.

In mental cases rest in bed is by no means a routine matter, for it nearly always aggravates the disease. It is also not often of value, as we have seen, if the physique is otherwise good and sound, and the nervous system alone is overworked and weakened as in neurasthenia. It is, however, generally needed in cases of malnutrition, in diseases of neuromimetic origin, and in doubtful nerve cases, to give time and opportunity fully to determine the diagnosis; also in severe nervous prostration even without other physical lesions; and in all cases coupled with cardiac insufficiency.

Rest in bed
not always
needed,

Massage is, of course, always needed for digestive purposes where there is entire rest in bed to take the place of active exercise. Besides this, it is of special benefit in all disorders of the circulation, in all wasting or weakness of muscles, in all stiffness or weakness of joints, in most cases of pain, in congestions of external organs in many forms of cardiac disease.

The question of friends and relatives is a difficult one, and is not answered by the simple rule of complete isolation. This is invaluable in hysterical cases wherever it can be carried out without too much depression or irritation of the patient; but there are many cases where too rigid insistence on it means failure, either from the patient leaving in consequence or from the bad results on the nervous system. Here, as elsewhere, success follows an intelligent combination of flexibility with firmness.

nor
complete
isolation.

Lastly, a word as to 'suggestions.' These, as pointed out in the previous chapter, can seldom be

assimilated in a raw state, but are readily taken in combination. Hypnotism, however, is of doubtful benefit in most neurotic cases. Some patients of low mental calibre are benefited by the direct suggestion that they are rapidly getting well; more, however, benefit by the use of means directed to combat the symptoms complained of, such as electricity, massage, drugs, exercises, &c., which, besides doing a certain amount of good directly, do still more by the suggestions they convey to the patient's mind, and thus afford a rational prelude to an intelligible cure. They appeal to the patient's reason, or, at any rate, to that which passes under that name, and afford satisfactory food to the mind, which finds a gratification in the use of extensive and elaborate means.

Sug-
gestions best
indirect.

Another form of indirect suggestion that can only be administered by a physician who is in the fullest confidence of his patient is that which points out the evil, and the weakness, and the folly of that character of mind that feeds upon itself; and that draws out the mind to altruistic and worthy objects, and thereby alters the flow of the unconscious current of thought, which has been feeding the disease all through; and thus makes the subconscious mind itself undo the mischief it has done.

Other details, important enough to affect success, are the management of dyspepsia, circulation, sleeplessness, constipation, restlessness, depression, and other troublesome symptoms.

No return
to old sur-
roundings.

Finally, in most nerve cases, to ensure a permanency in the cure, the patient should not return to the surroundings connected with his diseased state. An effort should be made to find out his tastes as

regards place, occupation, sport and amusement; and the definite directions given (which should never be omitted) as to after-life, for at any rate some months, should as far as possible coincide with the natural bent of the patient's tastes.

It may be borne in mind that in cycling and golf we have now two favourite and powerful therapeutic agencies.

For the successful treatment, then, of neurasthenics of all sorts, we need much that might be taught in the schools, but is not, and much that cannot be taught in any school. I consider that the successful nerve doctor owes less to his teachers and more to his idiosyncrasy, experience, and applied common sense than any other variety of medical man.

Turning from my own views, which I have given at some length, I find that Dr. Mitchell, of Philadelphia,¹ thinks that many of the graver cases of hysteria and neurasthenia which exhibit nervous instability, combined with physical weakness and with the moral defects of hysteria, react well to the rest cure when organic disease is absent. From a somewhat extensive experience he summarises the methods of treatment adopted by him. The most troublesome symptoms are headache and backache, tenderness of the spine and ovaries, insomnia, and chronic fatigue. Anæmia, loss of appetite, and emaciation are present in varying degrees. The treatment is summarised thus: (a) The patient is placed in a private house (according to means), and best if away from home, the room being sunshiny and freely capable of ventilation. (b) The

Dr.
Mitchell's
views.

Details of
treatment.

¹ Dr. Mitchell, *Journ. of the Amer. Med. Assoc.* March 9, 1901.

nurse should be, preferably, young, of agreeable manner, and a stranger to the patient. She should never converse with the patient about symptoms or treatment. She should be able to read aloud. (c) Isolation is most important, and the more distinctly hysterical the disease is the more strict the isolation must be. 'No letters are sent or received, no visitors seen, and but three or four persons enter the room—the nurse, the physician, the masseuse, and the servant.' (d) In ordinary cases six to eight weeks of isolation are long enough, after which a single visitor may be allowed. Letters may then be received or written in the way of reward for good conduct. This long isolation is necessary to break up radically the habits of long invalidism. (e) Rest, at first ill borne and irksome, is well borne after a week. At first feeding should be done by the nurse, and the patient over-fed. All voluntary movements should be forbidden, except sitting up for the bowels, &c. The circulation and thinking are thus kept at a low level, and one result soon observed is the improvement of the ability to sleep. (f) Diet: Milk in small quantities is given every three hours, skimmed, if ordinary milk is not tolerated. On the fifth day of treatment a chop or steak at midday is given. From the sixth day onwards bread and butter and eggs are allowed. If milk is badly borne, broth and jellies will give satisfaction. (g) Massage: A separate masseuse is desirable. Massage should begin on the third day with light massage lasting twenty minutes, and increasing daily to deep massage lasting one hour or more. If the patient is obese, long and deep massage is good. A second rubbing of the abdomen and spine by the

nurse before sleep is helpful. At the end of the first week the patient will begin to put on weight, but if this goes up too fast massage is not thorough enough and should be increased. Oil is not necessary to aid massage. (h) Electricity: The slowly interrupted faradic current should be applied to the 'motor-points' all over the body, so as to contract every muscle two or three times. This should be continued for three quarters of an hour. (i) Constipation is treated with aloes and strychnine pills, and for specially refractory cases hot injections of castor oil per rectum may be given. (k) Insomnia is diminished by massage before bedtime. Hypnotics should be avoided, and the wet pack or abdominal compresses first tried. (l) After the first week the patient is allowed to sit up fifteen minutes, the next day twenty minutes, &c. In a fortnight he is allowed to walk in the room after passive movements of the legs have been carried out. Swedish movements complete the exercises and the cure.

This *régime* is perhaps as good a one as could be devised, but I do not believe in any fixed routine, and the above has to be widely varied in different cases. You cannot set a rudder to steer a ship across the Atlantic, nor can you set with success one fixed course for all neurasthenic patients. As a general rule, we may point out that a neurasthenic patient is often worse by fighting symptoms, and yet is always willing to do so; while an hysteric is better by so doing, but generally unwilling.

All fixed routines bad.

The after-cure of neurasthenics is always a matter of anxiety; as a broad rule, one may say that the sea-side and an altitude over 2,000 feet does not suit

After-cure.

most, but a voyage, woods, and lower mountain slopes do. The pursuit of one's favourite outdoor sport or occupation, with moderate cycling, is a good general scheme.

Prophy-
laxis.

As a prophylaxis against incipient neurasthenia we may mention for women a day's complete rest in bed; and for men a week-end away from home, at a good inn in the country or seaside.

In neurasthenia quite as much as in hysteria, the beneficial influence of real confidence in the doctor is very marked; and when this is assured, the patient makes rapid progress owing to its stimulating effect upon his unconscious mind.

Conclu-
sion.

The personal factor must bulk largely in all cures of functional nerve disease, and its value must be recognised and used, always with wisdom and care, lest that which is a valuable aid to health be used as a crutch to support ill-health. It is here indeed that the practical wisdom of the medical man comes in; for the mental factor and influence may, like any drug, be abused as well as used, and over-doses may drug or even poison the patient as much as opium or chloral. A moment's reflection indeed will show that no power so strong as the 'force of mind' can be used without due care, and with this hint we may close these few remarks on the treatment of functional nerve disease, especially neurasthenia.

CHAPTER XV

THE THERAPEUTICS OF HYSTERIA

'In hysteria the cure lies in restoring the healthy action of the unconscious mind.'

I HAVE already given various reasons for restricting 'Hysteria' to one special and well-marked form of functional nerve disease, by no means very frequently met with in this country, and characterised by narrowed consciousness and seizures. But I also pointed out that for convenience I should under this objectionable term 'Hysteria' include every form of neuromimesis, a disease that is much more common. Bearing this enlarged use of the word in mind, I will very briefly recapitulate one or two points in the ætiology of the disease before considering its therapeutics.

Further remarks on the ætiology of hysteria.

Hysteria in this broad sense is a disease that manifests itself either in contracted vision, anæsthesias, exaggerated emotional displays with fits, or in the accurate but unconscious mimicry of definite disease. It will therefore be seen that it is widely different from 'nervousness' (*nervoïsme*) or neurasthenia, with its long train of well-marked nerve symptoms that suggest no disease but the one that is there. In hysteria proper—may we once more repeat?¹—there is

¹ See Chaps. VI., VII., and XIII.

no intention to deceive ; and it must carefully be distinguished from malingering or shamming, which is a direct attempt at fraud, and for which no contempt or ridicule can be too severe, though of course the two may at times co-exist. The essential difference that determines the question of fraud is that in the former the power that perfectly produces the symptoms of the hysterical disease is the unconscious mind, a force of which the sufferer is necessarily wholly ignorant. In the latter the agent that clumsily feigns some disease is the conscious mind, for the action of which the patient is cognisant and responsible, and this constitutes fraud.

Hysteria
occurs in
ill-
balanced
brains.

Cases of hysteria occur usually in an ill-balanced or starved brain ; so that, instead of showing the natural symptoms of a nerve disease that exists, it sets in vibration centres of motion and sensation that simulate some special disease suggested to the patient unconsciously, either through fear of the disease, seeing the disease in others, or it being suggested by others ; or possibly through some slight organic disease having occurred in the past. This may be so successfully done that not only the patient but the doctor believes the lesion to be in the body, whereas it is in the unconscious mind. Hysteria thus often begins in some slight but real disease in a person with an ill-balanced or worn-out brain ; and this slight but real disease sets up a train of associations that produce a true 'hysterical' disease—that is, a disease the seat of which appears to be in the body, but is really in the brain. Hysteria is most common in the spring, when the nervous system is least well-balanced. It is common in the under- and over-

worked, in the badly trained and imperfectly educated ; in boys from ten to fourteen, in girls from sixteen to twenty-five, and in spinsters at any age.

Over-education and subsequent idleness combined are fertile causes. It is often found in people otherwise strong-minded and clever. The mental characteristics found in these sufferers are thus described by Dr. Buzzard :

Over-education and idleness are causes.

‘Intelligence good, apprehension quick, memory good, judgment weak, no ability of concentration of thought for any length of time. Accuracy and perseverance are deficient. Emotions too easily excited and incapable of control. The expression of emotion is incongruous ; tears at ridiculous subjects and laughter at tragic. There is great desire for the sympathy and attention of others. Sometimes there is exaggeration in varying degree, which, however, is probably a part of the disease.’

This last point must be noted. For while there can be no doubt that many of the feelings, such as pain, are exaggerated, we must remember on the one hand that they are certainly felt ; and that the very exaggeration is a proof, not of fraud, but of the ill-balanced working of the judgment and perceptive powers of the brain.

Exaggeration on proof of fraud.

We have already given in Chapter VIII. many cases that come under the head of hysteria, including some of paralysis and spinal pains, which are so exceedingly common that there is no need to give further examples. Suffice it to say that there is no form of paralysis that is not simulated by hysterical from the loss of power in a single finger or joint to the total paralysis of one side, or of both legs, or of

Hysterical paralysis.

the entire body. The pain may be in any part of the spine, but is generally about the 'small' of the back.

In hysterical paralysis, the muscles, as a rule, do not waste much, and no bed-sores ever form. If the helpless limb is bent, it often remains so; which it would not in true paralysis.

This paralysis may also affect any or all of the special senses. It may cause such total loss of taste for years that the most nauseous substance can be eaten without disgust. It may cause total loss of smell, so that neither garlic, coal gas, asafoetida, nor otto of roses can be smelt. It may cause squint of one or both eyes, or colour blindness, or any sort of imperfect sight. It may cause deafness in every degree. It may cause loss of feeling or touch anywhere, and the part may be pricked or cut without being felt.

Hysterical
tumours.

Tumours of all sorts are simulated with a fidelity that is absolutely startling, and skilled doctors are constantly being deceived. They may occur in any part of the body, but are most common in the breast and abdomen. In the breast severe pain is complained of, and a hard mass may be felt, which, however, disappears if the hand be laid flat upon the part. Not so, however, with those in the abdomen.

Hysterical
abdominal
swellings.

Patients with these perverted nerve centres have an unconscious power of either contracting part of a single abdominal muscle so rigidly that it forms a hard, round, solid swelling, plainly perceptible; or they can spasmodically contract the digestive canal at two points so as to imprison between them a largely distended portion which, being filled with flatus and partly movable and easily felt in the ab-

dominal cavity, is exactly like an abdominal tumour. If the person be thin and the tumour be pressed down or resting on the abdominal aorta, the pulsations from the blood-vessel are so perfectly communicated to the false tumour that it is believed to be an aneurism. I was told by one of our best known physicians that fifty cases had been sent in to the hospital of this form of pulsating tumour, as abdominal aneurism ; all of them, previous to admission, having been examined and certified to be such by medical men ; and yet, on further examination, every one of them turned out to be of hysterical, and not local, origin. The only way in which they can, in many cases, be found out, is by anæsthetising the patient, when the tumour generally disappears, but, of course, returns immediately the patient regains consciousness.¹ I remember in hospital practice one special case of this sort under my care of a woman whose whole abdomen was greatly distended by a supposed tumour of enormous size. Under chloroform it at once disappeared, but on regaining consciousness there it was as large as ever. The woman was not, therefore, 'cured,' and it was no comfort to her to know that when she was unconscious the swelling was not there ; all she wished was to be relieved of it. I therefore put her under chloroform again, and, while unconscious, tightly bound her round with plaster-of-Paris bandages that I allowed to set as hard as stone before she regained consciousness. This time, of course, she could not expand, and the 'tumour' was gone. She was delighted we had 'removed' it ; and after keeping

How cured.

¹ I have already mentioned these remarkable tumours in Chapter VIII.

the bandage on three weeks, it was taken off, and the woman left, most thankful to be relieved of her distressing complaint.

Hysterical
oesopha-
geal spasm.

A young lady tottered into the out-patient department of one of our large London hospitals not long since, followed by her mother in an agony of mind, having an open tin of 'Brand's' in one hand and a spoon in the other. She had brought this because her daughter was dying from a contraction of the gullet, and she wished to show us that not even a little jelly could be swallowed. The girl was reduced to a skeleton, and would certainly have died from neuromimesis if not relieved, for there can be no doubt that people die solely from hysterical affections, though some may question it. After using appropriate means to affect the mind indirectly, in about half an hour the patient was sitting in one of the wards eating a large plateful of boiled mutton, potatoes, and turnips, with 'hospital pudding' to follow. It is cases like these, seen by men wholly ignorant of the powers, and perhaps of the existence, of the unconscious mind, that are necessarily considered fraudulent and the patients 'malingerers.'

Hysterical
aphonia.

A matron of an important institution had to resign her post and a large salary through total loss of voice. Examination showed that this was hysterical, for when she coughed she phonated, and the vocal cords were perfect in action. Appropriate means in a fortnight completely restored the lost voice.

Hysterical
vomiting.

Hysterical vomiting is very common, and often persists for months; the patient, however, does not lose as much weight as would be expected. The appetite may be greatly perverted; it may be enor-

mous, or entirely absent, or depraved, all sorts of things being swallowed. Symptoms of obscure diseases, such as hardenings or softenings of the spinal cord, that could not be known consciously to the patient, and consisting of tremors, rigidity, spasms &c. in special parts of the body, are produced by hysteria, and may persist for months; and only slight inconsistencies reveal that they are hysterical after all. But I must not dwell further on what has already been enlarged upon in a previous chapter, only repeating that on thinking over even these few cases it will be felt how readily the idea of deception comes to the mind. It is only when the real ætiology of the disease is grasped that such an idea is seen to be inadmissible. I will now pass on to indicate a few principles in therapeutics.

These cases appear fraudulent

The first thing obviously in the cure of advanced hysterical disease is to remake, as far as possible, the vitiated body and brain with fresh flesh and blood and nerve; and then, when we have put the patient into the best possible bodily health, we shall have cured the physical cause of the nerve disorder at any rate. Then, or even simultaneously, the unconscious mind must be made through consciousness, deliberately, scientifically, and systematically, to undo the evil it has done, and substitute good habits of thought and action for bad. This is done with varying success according to the skill of the operator. When the mind (conscious) is not sound, it is of course impossible. We find that with the insane, exhortation, argument, repression, and agreement are all about equally bad; and the only relief is by diverting the mind on to indifferent subjects; in other words, trying,

First point in cure.

Conscious mind must be sound.

Rational
ideas based
on realities.

by resting it, to enable it to recuperate. This and steady employment give the best results. With hysterical patients, where it is the unconscious mind that is affected, the conscious mind is, as a rule, sound, and the case is different. We must remember that rational ideas are based on realities, irrational on unrealities; therefore when the appearance of reality can be removed from the idea, the patient (with a sound mind) will perceive it is irrational.

Irrational
ideas on
unrealities.

For example, in loss of voice, a patient made to shout by means of an electric battery can be shown she has no true aphonia, and thus cured through the removal of the appearance of reality from her 'irrational' ideas. We must of course first look at the case from the hysterical patient's point of view to convert her to ours. And our success in the latter will be entirely dependent on the perfection with which we accomplish the former. The constant and steady pressure of truth must be kept up on the mind, till the unconscious mind has been made to undo the evil it has done.

The delusions of hysteria are therefore best removed by demonstrating them to be irrational—first by means that prove the supposed disease no longer exists; and then by argument based on these successful means.

Value of
true reli-
gion; evil
of false.

I must not omit here one word about religion. While it is true that the morbidness and over-introspection that accompany various sorts of fanaticism form one of the greatest emotional causes of hysteria; on the other hand, true Christianity in its Divine simplicity as taught by its Founder is most beneficial to the mind. Dr. Ormerod may be quoted here. He

says: 'Few things are more opposed to hysteria than the trustful, patient, altruistic spirit inculcated by Christ; and few things more conducive to it than the excitement seen in revivals, or the mysticism or self-conceit which sometimes poses as religion.'

As in all else, it is the true that helps, the imitation only harms.

To return to general therapeutics in hysteria, we get the following interesting account of procedure from Dr. Gibson: ¹ 'As hysteria is a disorder due to nerve instability, no method of treatment can have the slightest success unless it be believed in by the patient, whether the case be treated by the placebo method, or by the application of complicated procedures. . . . One object, and one only, is sought for, namely, a cure, by suggestion to the trustful patient that this will result from the treatment adopted. Undoubtedly many of the methods successfully applied by eminent physicians savour strongly of charlatanism; but the fault, if fault it be, lies rather in the nature of the disorder than at the door of the physician.' The latter part of this is interesting, for it shows that in 1901 the bold quack of Sir James Paget's letter of 1866, quoted in Chapter I., is no longer able to work his wicked will on attractive patients while their physicians stand by with hands folded in impotence. Though some methods are described as strongly 'savouring of charlatanism,' the physician is learning at last, tentatively, timorously, to trust and respect the mental factor in medicine; and we think the resemblance to the quack is purely superficial, if it exists at all. Indeed, were it not

General
thera-
peutics of
hysteria.

1901 and
1866.

Who is the
'quack'?

¹ Dr. Gibson (Edinburgh), *Text-book of Medicine*, 1901.

savouring of irreverence, I would venture to suggest if the real quack may not be rather he who pretends to treat diseases dependent on a mental factor solely by drugs and draughts that cannot possibly cure.

Sir Felix
Semon on
'placebos.'

I should like to quote here a recent utterance of Sir Felix Semon's upon mental medicine.

He says,¹ speaking of the treatment of the upper air passage, that the doctor must consider 'whether he will flatter the patient's whims by giving him an innocent local placebo in addition to the constitutional treatment which is obviously indicated. There is undoubtedly something to be said in favour of the latter alternative. As Dr. Goodhart truly remarks: "There are times when the sick are not reasonable beings, and unless they have a bottle of medicine"—or shall we in our special case say a gargle, or a paint, or an inhalation?—"to anchor their faith to (oh, shifting sands!), they are in a state of unrest that is positively harmful to their progress." That is certainly true. And, further, when with a little knowledge of the world, and with plenty of previous experiences to guide one, one sees that the patient, disappointed at not getting what he wants, thinks: "That doctor does not understand my complaint," and that he is sure to fall into the hands of the topical enthusiast, or of somebody worse, who will be equally sure to mulct him in a perfectly unnecessary operation, one is confronted by the difficult question whether in the patient's own interest it would not have been better to comply with his wish and to give him something local which, if absolutely useless,

¹ Sir Felix Semon, *British Medical Journal*, November 2, 1901.

would have been at any rate equally harmless, and would have set his mind at rest. I dare not say that this "pia fraus" must never be practised. But against it are three very grave reasons, which I would particularly recommend to your consideration. In the first place, when prescribing some local application, which, of course, has to be repeated at stated intervals, you involuntarily become the patient's accomplice by concentrating his mind on his local sensations, whilst in his own interest you ought by all possible means to divert it from them. Secondly, you lend yourself to supporting the general notion, which you know is neither correct nor desirable—namely, that *all* affections of the upper air passages ought to be treated locally. And, thirdly, and most serious of all, by yielding to the temptation you may unconsciously, and with the best intentions in the world, yet very actually, transgress the line between legitimate practice and quackery. Under all circumstances, therefore, the pious deception of which I have just spoken ought to be practised only in the rarest of cases, and the doctor ought to stiffen his back and harden his heart against meekly complying with every unreasonable wish expressed by an unreasonable patient. Better, I think, to lose such a one if he will not listen to well-meant advice, than to have to confess to yourself that you have descended to the level of habitually acting against your own better conviction.'

On this I would say that I doubt very much if a 'placebo' is ever 'absolutely useless;' even Sir Felix allows 'it would set his mind at rest,' which is surely of some use. But the third point is the one of

importance, and I think Sir F. Semon a little misses the point when he makes it turn on the keeping or losing of the patient. To me the point rather is, whether the mind of the patient is to be enlisted as a legitimate and powerful adjuvant to the cure or not, by means of this 'placebo.' To give a 'placebo' to retain a patient who would otherwise be lost is most unworthy practice; to give one because by this means the cure can be really hastened is right, and consistent with the highest ethics.

Value of indirect agents of cure.

Amongst the means used we may mention besides direct mental influence the value, largely psychic, of drugs, climate, isolation, forced feeding, baths, electricity, minor operative measures, massage, dietaries, special occupations, changes of scene and country, hard work, moderate shocks, mental or physical, emotional incentives, object-lessons in others, and religion. The point generally is to form fresh idea paths, causing disuse of the old ruts in the brain; by making suggestions opposed to the vicious trains of thought throughout the day by every means at one's disposal, and by securing sound sleep, if necessary by drugs, or by a full warm meal last thing at night.

Form fresh idea paths.

Herman suggests¹ 'the occupation of the patient's mind by massage and electricity (as adjuvants). The mystery of electricity satisfies the patient that something powerful is being done, and gives her confidence.' I may add that, besides this psychic effect, it does much good physically.

Hypnotism not very successful in cure,

Hypnotism is by no means specially suited for hysterical cases. Ernest Hart, who collected much

¹ Dr. G. Herman, *Diseases of Women*, p. 25.

information at the Salpêtrière, writes: ¹ 'Charcot, Richet, Babinski, and others have concluded that for curative purposes hypnotism is very rarely useful, generally entirely useless, and often injurious.'

As a matter of fact, useful therapeutical suggestions can perfectly well be made naturally without hypnotism. At present its use is perhaps greatest in affording a unique means for investigating obscure psychic phenomena. In this direction it is far more successful than in therapeutics.

but better
in research.

I will now conclude this chapter with a few notes on special cases.

In hysterical paraplegia, Dr. Buzzard points out that 'the kind of treatment is of little consequence, so that it is profoundly impressive' (hereby showing that its value is psychic). 'In the suggestion of paralysis we get a depressed asthenic emotional state ending in the paralysis; in the cure we require a sthenic state, and the exaltation of all the vital powers.'

Treatment
in hysterical
paraplegia.

Many cases Buzzard has observed of supposed hysterical paraplegia are combined with paresis of the ilio-psoas muscle, so that the knee cannot be lifted well, as in placing the foot on a chair, suggesting a possible organic complication in disease of the spinal cord at the level of the first lumbar segment. In hysterical paraplegia we notice that while there is a total absence of gross movement, which the patient thinks important, there is often a completely retained power of minor movements. In sound mental cases, if this is carefully demonstrated to the patient, it may effect a cure by removing the basis for the irrational idea; for the muscular action

¹ Ernest Hart, *Hypnotism*, p. 68.

of the gross movements in the legs is blocked or inhibited solely by ideas.

Pure
mental
thera-
peutics.

'The Lancet' records¹ a case of Dr. Barkas of a woman (58) with supposed disease of every organ, with pains everywhere, who had tried every method of cure, but was at last experimentally cured by mental therapeutics pure and simple. Assured that death would result from her state, and that a certain medicine would infallibly cure her, providing it was administered by an experienced nurse, one tablespoonful of pure distilled water was given her at 7, 12, 5, and 10, to the second with scrupulous care; and in less than three weeks all pain ceased, all diseases were cured, and remained so. This is a valuable experiment as excluding every material remedy whatever, and proving that it is the mental factor alone that cures, however it may be generally associated with material remedies. This incidentally gives another illustration of the therapeutic power of the clock, spoken of in Chapter XII.

Value of
'common-
sense
talk.'

Dr. Morrison, of Edinburgh, discovered that a lady who had constant violent hysterical attacks had given her hand to one man and her heart to another. A little direct common-sense talk in this case formed an agreeable substitute for the distilled water in the other, and the patient never had another attack.

In the days of the tractors, attention was drawn to the part, which was lightly touched or stroked with metal or wood, with invariable good results, as long as the faith lasted in the process.

In hysterical retention an aperient, with direction

¹ *The Lancet*, 1894 ii. 1246.

to the patient to hold her water as long as she can, will often produce uresis when the bowels act.

Cure of hysterical retention.

Dr. Dale tells us of the wife of a medical man with hysterical paralysis of her legs. She was told it was due to her mind, and to overcome it by force of will (a futile suggestion); she could not, and went about in a Bath chair. One summer a drunken Highlander tried to kiss her; she jumped up and ran off, cured, for her husband. Here we see most instructively the impotence of the conscious will power, and the force of the unconscious mind the moment there is a suggestion strong enough to reach it.

Failure of conscious and success of unconscious mind.

Hysteria may, as I have said, mask organic disease. Dr. Sutton speaks of a lady who was seven years on her back with pain in her spine, and was pronounced hysterical by two great authorities, and made to get up. She died of cancer of the lung a few days after in her carriage.

Another case within my knowledge was vigorously treated, by forced movements causing intolerable pain, for hysterical hip disease by a skilled surgeon, until the Röntgen rays revealed a dislocated femur.

Sometimes total neglect of the affected parts is best, and I may conclude these few observations with a case of my own that illustrates this. I have already alluded to it briefly, but will now give a few details. A girl aged sixteen was brought to me with strong left convergent strabismus and diplopia and slight ptosis, with total bilateral loss of taste and smell for years, proved to be complete by careful experiment, with deafness (watch not heard at three inches from either ear), and strong spastic contraction of the left arm and hand, proceeding to rigidity and

Treatment by neglect.

wasting of some months' standing, and some stiffening of the left hip-joint. This girl had had for months every possible ocular and general treatment, including massage, with absolutely no improvement of any symptom, the arm especially becoming more and more rigid. When she came under my care I observed this, and at once pointed out to the patient the infallible irritation that must be set up in the diseased parts by any manipulation, and forbade them to be touched, assuring her that the strong manipulation of the sound side would cure the diseased one, and asked her carefully to observe the process, which was extended, as occasion required, to all the affected special senses. It was beautiful to see the symptoms disappearing one after another under this treatment, till at last the girl threw away eight pairs of eye-glasses with which she had been provided by ophthalmic surgeons, together with her splints and other apparatus, and went home with her limbs and joints restored both in movement and nutrition, with perfect reason, acute hearing, and restored taste and smell; and shortly afterwards was happily married—cured entirely from first to last by forcing the unconscious mind, through the rational action of the conscious mind, to undo all the evil and misery it had caused this girl for many years.

With cure
of all
symptoms.

No fixed
methods.

It will be observed that, though this chapter is headed 'The Therapeutics of Hysteria,' no details of any fixed system of cure are given. And this is for a very definite reason, already stated when speaking of neurasthenia.

The intricacies of the action of the unconscious mind upon the body in this disease are so complex that each

case must be separately treated on its merits, though the whole may be grouped under the unsatisfactory title of 'hysteria.' All cures emphatically must be hand-made here. Cast-iron routine ends in disaster, and original and new methods have constantly to be employed. For this reason, then, all we can do is to state broad principles, leaving details to be added in each individual case.

The principles of cure, however, are fairly clear if the cause be understood; and, however varied the cases, I trust enough has been said to establish the thesis at the head of the chapter that 'in hysteria the cure lies in restoring the healthy action of the unconscious mind.'

CHAPTER XVI

THE PRACTICAL CONCLUSION

'The neglect of the mental factor in medicine is a source of weakness to the profession which should at once be removed.'

Manner as
a cause of
disease.

A SHORT time ago I was calling at a patient's house, and while waiting to see her entered into conversation with her eldest son. He had on his part many questions to ask me bearing on his own state of health, and the eager nervous way with which they were put, as well as their nature, showed me I had to do with a case of hypochondria in a fine young sportsman of twenty-five. I spoke to his mother a few days afterwards as to what I feared was the young man's condition, and she told me that it all dated from several visits he had paid to a physician for some local ailment. This doctor, a clever good man, well known to me, is himself an invalid, and has frequently to use medicines or lotions in consulting hours for his own relief. He has also a very depressing nervous manner and an anxious desponding look, and told the young man as he shook his head it would be a long time before he would be right. A few visits of this sort started the practice of morbid introspection, which the young fellow had been pursuing since.

Not far from him another doctor lives of a different type, also known to me. The sister of a patient of mine has been under his care for a short time, and she writes as follows in a letter I was permitted to see:

Manner as
a cure for
disease.

'I often think of him and his kindness to me through those long weary weeks—not only what he *did*, but what he *was*. Some people help one more than they know by just being themselves; I mean by their own living personality. Don't you agree with me? A bright smile on a dark day takes so much of the darkness away! Oh! it is the little things that mean so much—the small things that are so great!'

Here, then, are sketches from life of two equally estimable men; of the two, the former is probably the abler doctor, and holds the higher position amongst his medical colleagues.

And yet, how little he knows and understands of the evil he does so unconsciously, so ignorantly: for this young man was no solitary case!

Sins of
ignorance

I ask in all earnestness and all seriousness, is it right, is it scientific, is it fair that this honourable man should have gone laboriously through college and hospital, sick ward and lecture theatre, and learned all that the medical science of the latter half of the nineteenth century could teach him, and yet be left in such utter ignorance of psycho-therapy, of the effect of manner on mind?

These two instances could be multiplied, alas! indefinitely; but the list of victims of this systematised ignorance will never be made out, and the evil all unconsciously done never be known.

produce
many
victims.

It is quite futile to urge that men have their idiosyncrasies, and can never be all alike. This is of course

Doctors
will always
differ.

true, but is beside the mark ; and is no reason whatever for keeping from them the knowledge of the therapeutic value of manner and personality.

but need
not there-
fore be
ignorant.

One might as well refuse to teach physical diagnosis because all men are not equally good observers, or surgery because manual skill varies so much, as to leave in neglect the science of mental therapeutics because all cannot use it with the same effect.

The argument defeats itself, for if all naturally practised it unconsciously, there would be less need for teaching it ; and it is just because all men are not alike, that scientific instruction should be given in the power for good or evil that resides in the doctor himself, alike in causing, aggravating, and curing disease.

Reason for
writing this
book.

Let me here be clearly understood. I am advocating no *system* of mental therapeutics. I hold no brief for any of the numberless mind curers, mental healers, Christian Scientists, or other American soothsayers. I am not a hypnotist or a faith-healer, nor am I interested in anything professionally but the legitimate practice of medicine, as medicine—free from all distinguishing labels ; I am therefore running no fad, no cure, and have no aim whatever in writing this book save to get my colleagues seriously and earnestly to consider whether it is not their bounden duty as honest men to study and seek to understand every great power concerned in the cause and cure of disease.

Knowledge
is power.

It is not that their practice or their prescriptions have to be radically altered ; it is not that their textbooks are to be cast aside ; but it is that everywhere and at all times they shall have constantly before them

the two questions: 'What part does mind play in causing this disease?' and 'How can it be made to assist in its cure?'

With this of course goes a knowledge and sense of the value of their own personality, and how to use it for good and not for evil.

The point to be decided is whether the force of mind in disease is a real and important subject for study—whether it is one of practical value to medical men. I think I have said enough, and quoted enough, to show that the opinion of a large number in the profession who are worthy of our highest respect agrees that it is. It is a subject alluded to everywhere, and taught nowhere; and no single day passes in a medical man's life but he *and his patients* must suffer consciously or unconsciously from his ignorance of it. Is it, then, a subject that could be taught with advantage in our schools? Emphatically, yes; and one too which, if properly taught, would be found of absorbing interest.

Is the subject of practical value?

Can it be taught?

In the causation of disease, if not the greatest, it is at any rate the most universal factor.

What an untrodden field lies open in the trained observation of the part it plays in ætiology!

Clinically how interesting to observe in the wards how much of each disease is due to the mental factor!

An untrodden field of great interest

The part the mind plays in sickness—in different classes, in the two sexes, at different ages, in different occupations, and in the different groups of disease—might all be worked out; for the whole subject is practically virgin soil, and those who pursue this study are really explorers in an untrodden country. Lectures might be given, as facts are accumulated.

New text-books.

Text-books would appear, of a novel type, giving scientifically a whole body of facts bearing on disease not to be found in any of our standard works at present; and psychological medicine would no longer be confined to questions of lunacy, but would embrace the interesting study of the relations of the sound mind to the diseased body.

If we turn from cause to cure, the subject widens, and the interest is intensified.

The 'unconscious mind' is the real healer.

When once the matter is fairly studied clinically and scientifically, the first point that is pressed home upon the consciousness is, how little, after all, the doctor does; and how much Nature, or better the *vis medicatrix naturæ*, or best of all the 'unconscious mind,' effects in all cures.

No recovery is possible without this agency. It is absolutely indispensable to the patient's cure, and this can be said of no other therapeutic agent whatever.

The conscious mind has little power.

In contrast with its wondrous force how small and limited are the powers of the conscious mind in relation to disease! I have fully pointed this out already. The conscious mind cannot directly cause (without the agency of the unconscious mind) any disease whatever save malingering, which, after all, is not a true disease; nor can it cure; for though it appears able to do so, it is only of use as it acts indirectly through the unconscious mind.

Cannot cause any real disease.

Malingering is of some interest in this light, as I believe it is the only disease (?) in which the unconscious mind plays no part whatever.

The main agency, then, of all cures is the force of mind, which operates always naturally, but may

also be made to act artificially. In every disease its ordinary action by the *vis medicatrix naturæ* is at once evident, whether in pouring out lymph round a broken bone, in sealing up an abscess with an impenetrable wall, in digging out new vascular channels in a diseased limb, in extracting gout by the cells of the convoluted kidney tubes, in quickly eliminating CO₂ by rapid expiration, or mucus by constant coughing, in forming antitoxins, or marshalling leucocytes, or in a thousand other ways.

Power of
the *vis*
medi-
catrix
naturæ.

But besides this the unconscious mind can be stimulated to special work where needed, and particularly in those diseases of functional neuroses where it has already played such a large part in ætiology.

Special
work of the
uncon-
scious
mind.

This stimulation must as a rule be applied through consciousness indirectly, but can also be used directly.

The former action is illustrated in all treatment that appeals to the patient's reason—methods that he sees and feels, that he knows are intended to cure him, that impress him with their power. He is conscious of their good effects. He feels better for their application, though all the time he is wholly unconscious that they have benefited him through the mind and not through the body. If he knew this, in many cases no cure would result, for material remedies are in favour at a heavy premium, while mental medicine is in the shade at a large discount.

Methods of
indirect
suggestion.

It is for this reason that most successful suggestions must be made indirectly, not ostensibly directed to the mind at all, though scientific analysis shows

that it is solely through this channel that they are efficacious.

Direct
suggestion
by hypno-
tism.

But the unconscious mind can also be reached therapeutically directly, without any conscious process whatever ; and this in two ways.

Hypnotism is one ; a power that abolishes consciousness and addresses suggestions directly to the unconscious mind, which is in this condition easily reached and powerfully affected. It can be made in the hypnotic state to act directly on the body, and produce gross organic changes in a way incredible if not established by innumerable experiments.

Direct
suggestion
by the
physician's
power.

But apart altogether from this method, which I in no way recommend for general practice, even were all doctors competent to use it, there is another way of directly acting on the unconscious mind of the patient, and that is through the mental personality of the physician.

It is perhaps best that the patient should in this case be only conscious of the good results rather than of their cause ; but the physician, while never self-conscious, should certainly know all that can be known of the power he is wielding every day, in being what he is, and looking and speaking as he does.

Ignorance
does not
neutralise
the power.

Of this power he is at present taught nothing scientifically ; what little he suspects he arrives at intuitively, and feels half ashamed of, as he resolutely sets his face towards the material and turns his back on the psychical.

This, however, alters nothing, and patients are helped or hindered, diseases cured or aggravated, however confirmed an agnostic the doctor may be in the psychic therapy he unconsciously uses.

In a hardly less degree is psychic training essential for the nerve nurse.

This being exists only at present in the early embryonic stage, save as an entirely chance product. No hospital manufactures her, no examination or manuals exist for her.

No trained
nerve
nurse
exists.

For the surgical nurse, the general medical nurse, and even the mental disease nurse, how complete are the organisation and equipment! She is taught all that she needs to know, and, in the opinion of some competent observers, often a good deal that she need not know. It is only in the domain of functional nerve disease, only in the knowledge of the force of mind, that the 'trained' nurse remains untrained.

She takes her cue unconsciously from the physician's attitude; and so long as he greets the anxious nerve sufferer with the 'Oh! it's nothing—nothing' (recalling poor old Toole in the 'House-boat'), what can the nurse do but, parrot-like, re-echo the cry?

Nurse
follows the
doctor's
lead.

There are of course gifted women whose unconscious mind, or as we say 'intuition,' makes them able attendants upon nerve cases; but they are chance products, and owe nothing of their power to their training.

Nerve
nurse a
chance
product.

Here, then, in this neglect of the study of the force of mind is the weak spot in the whole system of medicine; and it is because of this I have written, quoted, repeated, and reiterated all that I have regarding the 'mental factor in medicine.' I will very briefly review what has been said.

The weak
spot in
medicine.

The first part of this book treats of 'the action of mind in causing disease.' Chapter I. commenced

Chapter I.

with the analysis of a remarkable letter of Sir James Paget, that revealed as by a search-light the weakness of the medical position in the matter, and I continued throughout that chapter to point out the neglect of mental therapeutics and the disastrous results of this neglect.

Chapter II.

The point to be proved in Chapter II. was that, 'as the action of the mental factor in disease is unconscious, it cannot be recognised as mental by those who limit mind to consciousness. The word "mind" must therefore be extended to include all psychic action.'

This, I trust, is evident to all who have followed the line of argument. The mind is one and indivisible. Part of it is seen by the mental faculty or eye we call consciousness, just as part of our body is open to our gaze. The rest is no less mind because beyond the range of vision, any more than those parts of the body are not corporeal which are outside the range of sight. Their existence can be easily proved by other faculties, just as the unconscious mind can be proved without the aid of consciousness. I say nothing of double consciousness, as I cannot here speak of consciousness as being any other than that with which we are familiar in our normal state. There may be other consciousnesses ; for our purpose they are termed 'unconscious.'

The narrow range of the conscious mind, compared with the wide field of the unconscious, has been also noted here.

Chapter
III.

In Chapter III. the thesis to be proved is that 'the double action of the mental factor on the body in health consists *generally* in carrying on the func-

tions of life, and *specially* in physically expressing mental states.'

Here we approach the three neglected branches of medical study—psycho-physiology, or the action of the mind on the body in health; psycho-pathology, or its action in causing disease; and psycho-therapy, or its power in curing disease. The necessity for a governing centre to maintain the harmonious action of the various systems, and intelligently direct them to a common end, is insisted on, and illustrations given of the power of the mind, conscious and unconscious, over the various systems of the body.

In Chapter IV. I have sought to show that 'the mental factor is present in all diseases,' both functional and organic. No doubt in most it plays but a small part; what I contend for is that it plays *some* part. This is not perhaps a subject capable of exact proof; but from the instances one can adduce in so many different classes of disease it is made exceedingly probable that when increased facilities for study are afforded, it will be traced in all. The value of the face in diagnosis is pointed out; though, I may add, he who diagnoses by face alone is guilty of grave neglect of duty in not using the other methods of physical examination at his disposal.

Chapter
IV.

Chapter V. is written to show that 'we have examples of the mind as a causal factor in most organic diseases,' and numerous examples are given to prove this, together with many also of functional disease, and some when death is caused.

Chapter V.

Chapter VI. is devoted to the symptoms of functional nerve disease, and especially neurasthenia.

Chapter
VI.

The opprobrium attaching to the word 'hysteria'

is alluded to, and the fact that this *is* a disease, and differs entirely from malingering, which is not one.

Neurasthenia is another distinct functional nerve disease, differing both in cause and symptoms and also, as we shall see, in treatment.

Chapter
VII.

In Chapter VII., where I deal with hysteria more particularly, I try to show that 'the chief factor in hysteria is the unconscious mind,' because on this fact really depends the true understanding of the disease. Once it is grasped, there is no longer any need for the constant feeling that there must be some amount of fraud in cases of neuromimesis, which always exists as long as the simulation is believed to be conscious and voluntary.

Chapter
VIII.

Having established the basis of hysteria, in Chapter VIII. I give details of its phenomena, and several illustrative cases to show that 'the phenomena of hysteria are due to the perverted action of the unconscious mind.'

With this chapter we reach the end of the first part of the book, treating of mind as a cause of disease, and turn in the second part to a consideration of the force of mind in curing disease, or to psychotherapy.

Chapter
IX.

In Chapter IX. the subject before us is the connection of mental therapeutics with every form of quackery, and I show that 'the force of mind in therapeutics so largely ignored by the profession is generally exploited by quacks for their own ends.'

The fact is that psycho-therapy, though so disliked by the profession, is the very bread of life to all quacks; and I pointed out the evil of this long ago in a letter to 'The Lancet,' which I quote. It is out-

rageous that a power that is putting tens of thousands of pounds every year into unprofessional pockets should be treated by medical men with such scant courtesy; not only to their own injury, as shown in that remarkable letter of Sir J. Paget with which this book opens, but also to the injury of their patients.

In Chapter X. I give 'the testimony of the profession to the presence and importance of the *vis medicatrix naturæ*, and the power of mind over disease,' and in addition I furnish many instances that show how much is owed to this force throughout life.

Chapter X.

Chapter XI. is on mental therapeutics generally and faith cures specially, and shows that 'the effective agent in all faith cures is the unconscious mind.' In this chapter I have tried to give some account of Christian Science, as well as of some of the wonders of hypnotism.

Chapter
XI.

Chapter XII. is written to show that 'the force of mind is a therapeutic agent in every disease.' Just as in Chapter IV. I showed that the mental factor is present in all diseases as cause, so here I try to show the same with regard to cure.

Chapter
XII.

In Chapter XIII. we come to the cure of functional nerve diseases, and I show that they 'are mostly cured by suggestions presented in various ways,' so various, indeed, that many of them are not recognised by the patients as suggestions at all.

Chapter
XIII.

Chapter XIV. shows that 'success in the treatment of neurasthenia depends equally on psychical and physical details,' and in it I give a good many hints upon which good results more or less depend;

Chapter
XIV.

most of which were embodied in a paper I read before the British Medical Association at Cheltenham in 1901.

Chapter
XV.

Chapter XV. proves that 'in hysteria the cure lies in restoring the healthy action of the unconscious mind,' the perverted action of which caused the disease in the first place, at any rate where neuro-mimesis is a feature.

Is there a
need?

And now that I have written, quoted, and reiterated and summarised all this, comes the final question: Do my readers agree as to the importance of my subject, as to the general neglect with which it is treated, and as to the need that exists for making its study a part of the medical curriculum? If so, I am rewarded for any little time and trouble I have taken to bring this subject forward. If not, it simply means working on till I do.

Fight for
hygiene.

And in this I have the encouragement of previous success. Some years ago I determined to try and get personal and domestic hygiene and the common laws of health everywhere taught, and I found that to do this they must first become subjects of examination. By memorials, by letters, by the support of the National Health Society, the Sanitary Institute, and other bodies, by influential private help, not the least of which was that afforded by Sir Henry Acland, 'Hygiene' was at length included as a subject for the intermediate examinations of Oxford and Cambridge for the first time in the history of those Universities. I never expected such speedy success then, and only hope that I may be equally fortunate now; and that here also the heads of the medical profession will seriously consider the advi-

bility of having this important subject scientifically and systematically taught.

There is no doubt that, once the matter is well ventilated, other and abler workers will enter this field, and carry the whole subject far beyond the point I have been able to reach.

Abler
workers
will follow.

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V.M.N. = *vis medicatrix naturæ*

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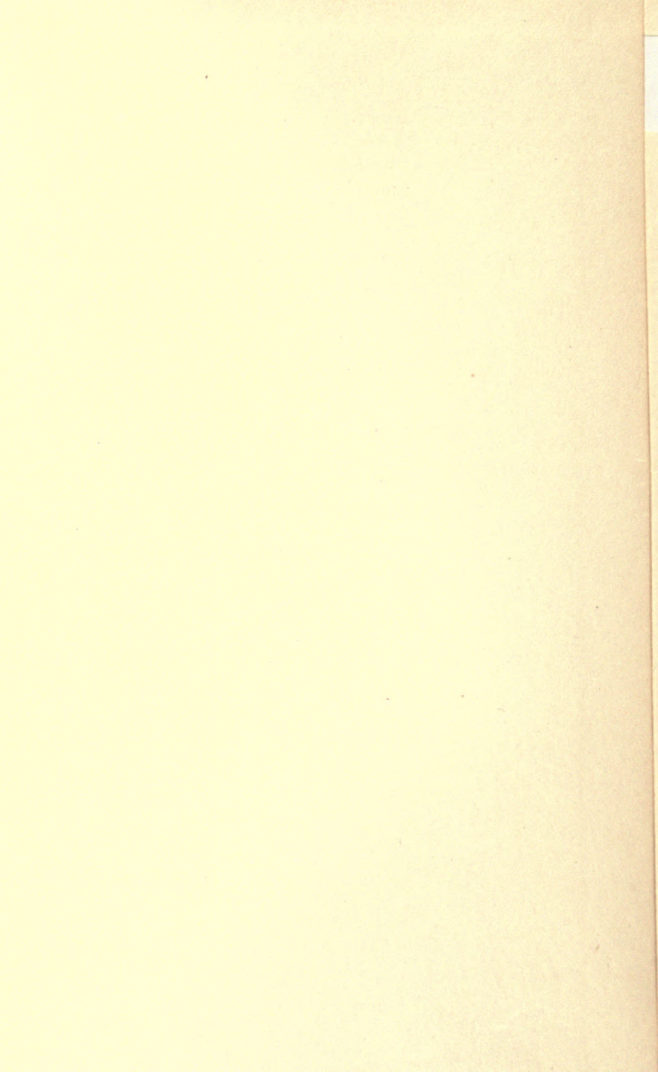
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