'SUGGESTION' AND COMMON SENSE

BY

R. ALLAN BENNETT, M.D. Lond., M.R.C.P.

Torbay Hospital, Torquay.

Author of 'Plain Rules for the use of Tuberculin'

BRISTOL: JOHN WRIGHT AND SONS LTD.

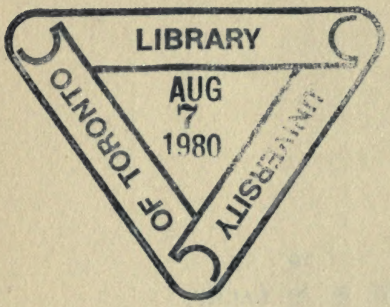
LONDON: SIMPKIN, MARSHALL, HAMILTON, KENT & CO. LIMITED.

1922

TO

MR. H. K. LACEY,

SENIOR SURGEON, TORBAY HOSPITAL, TORQUAY.



PREFACE

ABOUT twenty years ago I failed to pass the examination for the London M.D., and I remember being consoled for the mischance by the late Dr. Charles Mercier.

"Was it the Medicine or the Psychology that let you down?" "Both", I said; "but they call it Mental and Moral Science, not Psychology".

Dr. Mercier: "Well, there's not much to choose between Psychology and Moral Science, and anyway I advise you to drop them both, develop what common sense you chance to have, and apply it constantly in your Medicine".

So ever since I have shunned Psychology, and clung to that which is good, and these artless pages are the result.

R. ALLAN BENNETT.

Torquay, July, 1922.

CONTENTS

'Suggestion' and Common Sense.

CHAPTER I.

PSYCHOLOGY AND ORGANIC LIFE.

THE shadow of Psychology has darkened the medical student's path for many years, and now it seems as though the time had really come when the subject can no longer remain an optional part of the higher examinations, but must take its place in the regular curriculum. What will happen to the student when this extra straw is put upon his back cannot be foretold—probably he will survive, as he has survived so many burdens that Authority has laid upon him; but it is hard on those who are no longer students with elastic minds, if they are expected to assimilate so much strange doctrine, or to recognize at once, in their

new trappings, ancient truths that time and experience have already taught them.

Moreover, these last are so defenceless; they do what they have always done; they listen with respect to any statement on a subject outside their own particular line—*vox magistri vox Dei*, and if they do not accept all they hear at once, they think there must be something in what is said with such dogmatism and confidence. It is hard to break this habit, but one is forced to examine a little more closely the value of the new science, and the claims that are based upon it, simply because the modern psychotherapist expects us to take so much for granted. It would make it easier if he would start by telling us that fancy and not fact is the foundation of his subject, and that he has no laws except two or three that he has borrowed from the physiologists—no rules even but those he has made up as he went along.

Consider the unconscious mind: so much has been written on the subject that we have been hypnotized by the idea of it, and have grown so accustomed to refer every mysterious psychic happening to its influence, that we do not trouble ourselves to define what the term really stands for. We might

like to think of it in a vague way as inseparable from the past—indestructible as the past is, and capable of modification only in the future, as its possessor changes. . . .

But the psychotherapist adopts a particularly superior attitude towards this principle: he makes the subconscious the field of the most fascinating adventures: he invents a language to describe its intricacies, its behaviour, and its regulation. Will he admit that most of what he tells us is as old as life, and that all is purely speculative? Not he. He takes the subconscious and clothes it with attributes as with a garment; he digs in it and brings up all he wants to find; tells us it is a structure, susceptible of injury, and liable to change; and in short he treats a fragile and elusive figment with a gross and unsatisfying materialism.

It is not his fault; convention has so long given the chief rôles in life to the mind, and to the brain which is perhaps its structural counterpart, that the other organic systems are at a disadvantage, and it is difficult at this time of day to see them in their proper perspective. Yet it is just these other systems that are most concerned in the business of living, and they certainly contribute

to the collective perception we know as consciousness. There was a time when consciousness was regarded as an attribute of the mind, and both were thought of as depending on the functioning of the brain. But it is doubtful if the brain—as an organ of mind—is concerned with consciousness at all; it shares the momentary pin-point of existence through which we are passing—helps indeed to make it—but as for consciousness as a whole, that is only the sum of the experiences which approach, confront us, and pass away like a tale that is told. This consciousness, in the sense used, includes experiences from without and within: those from within may never reach above the arbitrary threshold of perception, but they arise undoubtedly with every change in each individual cell in the body—the heart beats, the lung respires, the kidney excretes—each function conventionally unconscious and apart, but sharing the momentary consciousness as we know it—as it endures for its flash of time.

Moreover, some of these organs are at first independent of anything in the shape of a central nervous system—function and structure are coeval: the developing vertebrate

heart beating in the first instance before ever it is reached by nerves of any kind, and affording an example of the ability of tissues to perform complicated actions without initial suggestions or subsequent interference from some outside control.

At birth the pulmonary and reproductive systems are not working; the first comes into action at once, the second after a period which varies with the individual; but each of them has its place in the individual consciousness, and neither can be divorced from its connection with the central nervous system. By some the germinal cells are allotted a place higher than that occupied by the somatic, while others exalt the cells of the nervous system above their neighbours; whereas, in truth, all should be regarded as equal.

For if we consider the unicellular organism, we find at once functions of a complicated kind accurately performed under the direction of intelligence. True, the amœba's search for food, its capture and absorption of it, are, by some, ascribed to chemiotaxis; but the explanation is a degrading one, since it would, if true, deprive the organism of the attribute of life as we understand it. But

if we assume, as we have a perfect right to do, that the amœba is guided in its actions by intellect, it is but a step forward to the segmenting mammalian ovum, where, before the appearance of the primitive streak, there is but a mass of haphazard undifferentiated cells—each independent, each the counterpart of its neighbour, each endowed with the same possibilities — psychological possibilities as well as structural, unless we are content with the idea of a mechanical ovum, restricted to the performance of stereotyped processes at the instance of some outside agency upon which it is dependent.

Turning back for a moment, then, there is the amœba, centralized, endowed with life, and with the archaic impulses towards nutrition and reproduction. Its first evolutionary efforts were restricted to reproduction by fission ; but since further progress was barred that way, the advance in the one direction possible — self-contained division — became only a question of time. Given, then, the organism with the power of self-contained division and the intelligence to use it, the path to infinite degrees of segmentation is clear at once, and, at the same time, the gate is opened to the decentralization of function.

It is difficult to conceive that in the simplest multicellular organism there was any sharing or division in the business of life; but, as evolution proceeds, it is plain that structure and function became mutually supporting—function calling for specialization, either as the cause or result of specialized structure.

So, in a cell provided with mechanical and psychological possibilities—with the functions of growth and development combined with the force which calls them into action—there is the perfect association which allows of infinite changes and unrestricted progress; moreover, since each cell has an uninterrupted ascent from its parent ovum, the mind can follow this succession back through eternity to the ancestral organism which first stirred with life. Granting this, there is no essential difference between cells wherever placed and whatever functions they fulfil—nothing to justify the eminence to which some collections have been raised at the expense of others which fulfil a humbler and less dramatic part. Psychologically, too, all are equal, for, granting the physical continuity of the cell, its psychological continuity must be admitted too—otherwise progress would be impossible. Behind each ovum lies the

experience of its predecessors—the mistakes, the wrong turnings, the retracing of steps, the failure and success. Is it possible to doubt that the ovum uses this accumulated experience? Because, if it did not, it would be starting on its long journey ignorant of its goal, unguided, and at the mercy of any chance happening that might divert it from its path. To illustrate this point, consider any essential of organic life—respiration, for example; what infinite choice of paths was available along which the desired end could be sought! How many false starts and futile experiments! What ages of endeavour useless and abandoned! And yet neither false nor useless, since heed has been taken of them, and their teaching respected. Surely the developing organism recognizes these lessons and remembers their teaching. How else can the embryo accomplish so quickly and so accurately a task to which an eternity of preparation has gone? And if we care to particularize and consider the detail of function, we see how the heritage from former generations falls, for instance, upon a cell in one of the peptic glands, and we must credit this cell with the capacity of growth and function on one side, and with intelligence

to use it on the other ; in other words, the peptic cell takes an interest in its co-ordinated but still individual effort ; and though it may seem grotesque to think of it as suggesting to itself possible improvements and modifications, one hesitates to regard the character of any cell as stereotyped and finished ; rather does each one still retain the possibility of improvement, just as it holds the seeds of degeneration and decay.

In this respect the supply of nerves to the gastric mucosa must be regarded as a convenience rather than a necessity ; the present arrangement has been attained through the survival of experiments prompted by expedience, but the original and vital intelligence of the cell has not necessarily been surrendered, nor subordinated to a higher centre.

There is need of a term expressing the tendency towards growth and complexity which informs every living organism. Instinct seems as good as most, though no two people will agree as to its meaning. The dictionary defines it as an inward tendency to some mode of action, independent of any consideration on the part of the agent, of the end towards which the action tends. But this is not satisfying ; certainly an inward

impulse—but not necessarily blind and innocent of its goal ; and we are still left uncertain as to the question of origin. Whence came the impulse ? Was it always 'inward', or was it implanted by some outside force as necessity or expedience called for it ? Conventionally, though we speak of instinct as innate, we really think of it as an addition from without—a spiritual gift to the individual, unconcerned with his needs or his development. Why not consent to endow the cell not only with the power, but with the will to develop, and so confer upon it a completeness of form and purpose which gives it the infinite possibilities spoken of, and ennobles it to a far greater extent than does the idea of it as a mere living organism, directed, and so limited, by an outside influence ?

Apply this to man. The archaic ideas we have in common with other living things—nourishment, reproduction, and self-preservation—dwell in us, we know, independently of the arrangements existing for their fulfilment ; but it does not follow that these arrangements have no say in the matter—that they must wait passive until the still small voice from outside awakes their function. Indeed, the

first of the ideas is indulged at a time when no intellectual effort, so-called, is possible; the new-born seeks food and assimilates it without hesitation or error, and it seems as reasonable to regard both these performances as originating in the systems designed to sustain them, as to think of their resulting from an impersonal and outside command. That is, the awakening of the gastric glands to their duty seems to me just as clear an example of instinct, or intellect, as is the series of activities which results in providing them with the material on which they work. One is hampered at every turn by the picture of the individual as a marionette; linked to his past no doubt he is, but next moment—to-morrow—he is free and untrammelled to work out his own future and his own salvation, and there is something degrading in the conception of the individual as still obedient to any wire that jerks him, still fettered and in leading-strings.

And if this freedom applies to the individual as a whole, it must be accorded to the component systems of which he is built; the peptic cell is continually passing through experiences which not only affect it, but influence the system and the individual of

which it is a part. And this though the experience may never rise into our conventional consciousness.

It does indeed seem as if experience and consciousness were the same thing ; memory, too, for I exist now but for this second—pinpoint—atom of time ; experiences which are to mould and change me approach, flash for a moment, and pass, to become none the less part of me, though existing but as memories.

Just as these happenings which we recognize, form our obvious selves, so do the unrecognized experiences of the peptic cell change and modify the system of which it is a part—change and modify its structure, and its function too.

Moreover, we are justified in assuming that these experiences are at the disposal of subsequent generations : each vital system in the embryo not only furnished with the capacity for development, but equipped with the experience accumulated by its predecessors—experiences which enable it to start where they left off.

The name of this faculty is important in a way, and the word 'memory' occurs to one at once. The dictionary tells us that memory is the faculty of the mind whereby we

reproduce past impressions, and, on the surface, that appears good enough for the present purpose. The trouble is that the conventional reading of this definition will lay the stress on the mind as a whole ; it will take no account of the myriad separate minds existing in the individual systems. If we were content with the idea of memory simply as the faculty whereby we reproduce past impressions, we should widen its meaning and allow it a place in the make-up of the meanest cell.

Illustrate this idea by the performances of the musician ; the work of memorizing the music over, the subsequent performance becomes an automatic or reflex act ; we say the whole business is handed over to the unconscious, and actual perception on the player's part is liable to cause disaster. But if we watch the movements of the musician before he has the piece by heart, we see how stumbling, uncertain, and full of effort they are ; a little later, before the performance is perfected, while the artist now dispenses with the book, there is still an obvious mental effort, a concentration on what is being done and what is to follow, and we associate both these stages with the idea of memory. Why

degrade the third stage and call it reflex and automatic? Surely it is memory in its most refined and polished stage. Unconscious? Not at all—just a reproduction of past impressions, a sequence of acts flowing along paths beaten down and smoothed by long-repeated exercise.

But even the idea of a path or channel appears materialistic and gross; the co-ordination of all these acts, their harmonious performance, their constant association: these permit—necessitate—their orderly reproduction. Any other idea asks for some mechanical cell change connected with past experience, some vague molecular disturbance in the cell wherein the experience is stamped and registered. Here it is we strike the notion of an unconscious mind capable of being torn and scarred by some terrific happening; the notion is, it seems to me, false. Here is nothing plastic—to be altered and defaced by happenings of any kind; the experience and ourself are one—to be added to what has passed, but not to change or alter it except as the successive rings may change the tree.

No; if one desired a concrete idea of memory at all, one might think of it as a

mirror upon whose smooth and placid surface every part of our experience must be reflected ; here the materialism is passive, and one has a picture of innumerable images which have been, and have passed away without leaving sign or trace upon the surface which has recorded them.

Turning to the organic side of life again, we traced the development of the unicellular organism towards its complex successors, and expressed faith in the assumption that the experiences of development passed over from one generation to another. This, if it means anything, means that the individual cells in the early segmented ovum remember the struggles of their predecessors—one collection to become peptic cells, another renal, and so on—are enabled by these memories to avoid the mistakes of countless generations that have perished by the way and left no trace, have a direct hand in their own growth and development, and possess the power to strike out towards possible improvements on their own account.

Accumulated experience has landed all living things pretty much on the same mark, for the business of life itself in all organisms differs only in elaboration. Not only has

this experience taught the heart to beat and the stomach to digest, on lines broadly similar in all animals, but it has pointed out the path along which each class must develop. Otherwise we should be prepared to find that organisms did not invariably breed true—figs producing thistles, and the human ovum developing, maybe, into a tree. It seems to me that the unconscious mind is to be found in this sum of experience—so complex and so simple: complex in that it springs from every change that affects each body cell; simple because the result is our own self as we are competent to judge it. We do not pay sufficient attention to this unbroken succession. Conventional expressions of our confidence in the effect of mind over matter, health and holiness, and so on, occur to us; but, when the time comes, we still tend to think of disease as an interference with the structure of arbitrarily separated collections of cells, or, in the absence of gross change, we shelter ourselves behind the expression 'functional', and think dimly of some disturbance of the mind. The fact that disease is just part of this mass of experience which is ourself though the merest commonplace, we do not recognize, or we do not act as though we did

The emotion we feel now becomes part of us, changes us for worse or better, just as did the headache of a year ago; and both experiences are indestructible, only to be overlaid by future action. Speculation on the organic aspect of life is justified in ranging over the whole creation; but when we come to its ethical side, we are limited to the experiences of the only type we can understand—our own.

Here the matter is simple enough; every individual starts with a clean slate. Intellectually, we have nothing more to show than the organic attributes—nutrition, reproduction, self-preservation; our ethical development is bound up with the chance happenings that may come to us, and this does not affect in any way the question of free will, for, after all, it is only another way of saying that environment influences personality.

The principles governing this question are necessity and expedience; without the three main rules we could not exist—the other avenues of development we explore in a feeble and tentative manner, each generation starting apparently from the same mark as did its predecessor, each turned aside and disappointed by every check that it endured.

Why is this ? Given the principle of inherited intellectual attributes, one might wonder why no 'instinct', other than the three, should be transmitted from one generation or individual to another ; one might expect, in the offspring of scientist or musician, some increased facility in learning their parents' business, or to find special virtue in the son of a just and saintly man.

No instance of such inheritance occurs to the mind, and where children have followed their fathers' lead, and have succeeded more brilliantly in their callings, the exception is only the result of opportunity, combined with the early and intensive training adopted in their case.

There is really nothing odd in this. We might reasonably be disappointed if the offspring of the *n*th generation of pianists displayed no aptitude for music ; but no such experience is available for us. If we think of the ethical side, we have to confess that, while grasping the theory, say, of altruism as the goal of progress, in practice we have been for ever tied and bound with the chain of expedience. In other words, while we make few mistakes in organic life, there is no precept of a higher sort which we practise *instinctively*.

But we have no right to judge Nature for her failure to improve the type intellectually, because we do not know what her aim is, nor whether she has been interested in this side of the question at all, during the eternity she has spent in bringing the organic to its present more or less perfect state. The primary forces—reproduction and the others—have developed on lines more or less parallel with physical growth, and we share them with all forms of life. As for higher tendencies, it is something to have admired them so long in the abstract; constantly we speak of them in veneration, occasionally we watch them practised by individuals, very rarely by collections of persons; who knows what the result of these associations may be in some distant age? Consider the peptic cell, and imagine what dim ambitions may have stirred its primeval ancestor; see what it has done, with perseverance and unlimited time to help it. We have no cause to despair of development on the intellectual side, or to doubt that in the passage of ages the ethical virtues may become as much a part of man's heritage as are the animal instincts with which he has had to be satisfied until now.

Unless we deceive ourselves and the truth

is not in us. After all, we have only convention to support our faith, and the doubt we raised a moment ago, as to Nature's intentions, may be well founded. How disheartening if, having forsaken the substance of a really satisfactory organic life, we prove to be in pursuit of a vain shadow—Nature continuing her own path, watching our efforts with a cold and uninterested eye.

CHAPTER II.

PSYCHOLOGY AND DISEASE.

"The majority of symptoms of disease are disturbances of normal reflexes."—(JAMES MACKENZIE).

A SYMPTOM is "a sign or token, indicating the existence of something else"; medically, it is some perceptible change in the body or its functions, and the term cannot be restricted to disease alone, as many a disturbance of function may exist without any pathological meaning in it. The origin of disease may be tracked through any of the functions resulting from the action and interaction of any number of organs, and so it is unprofitable to arrest the investigation of a symptom in that organ where its subjective or objective influence is most clearly shown; it is essential to look for the source whence the function of the organ—apart from its structure—really springs.

This is a far cry, and one that will leave us chasing eventually after the origin of life itself, unless we can rest content with the

knowledge of function *en détail*, as opposed to function *en gros*, which physiology passes on to us. Even so the facts discovered do not always warrant the conclusions drawn from them. The ancients were satisfied that the spleen or the uterus or some other organ held the secret, and we laugh at them ; but there are worthy structures in the limelight to-day for which claims are made that are based on grounds just as unsubstantial. "What the draught is to the fire" is said of the thyroid ; and in another breath, "Nay, it is the match that lights it". Well, which is it to be ? What has the sympathetic to say to this, and what could the thyroid do without it ? And behind the sympathetic ? For all that, it does seem as though there existed possibilities in the sympathetic and the endocrine glands which might throw light on dark places ; but one cannot exalt these structures over their neighbours or ascribe to them vital qualities which the others lack. I tried to show in the first chapter how perfect was the fundamental equality of all cells ; and the position occupied by sympathetic and endocrine glands is not due to their inherent superiority, but to the fact that they function as lines of

communications and messengers between the systems which actually carry on the business of living ; there is nothing to show that they originate it.

The difficulty of estimating the relative value of the endocrine glands and the sympathetic is increased by the fact that the one may be regarded as passive and the other active, according to the point of view ; at least, if we accept the sympathetic as a mechanical device for transmitting impulses ; on the other hand, we might say, for example, of the sympathetic and the adrenals, that the sympathetic excites the secretion of adrenalin, and that adrenalin increases the response to the sympathetic impulse. But we are still in the air, since the question of the origin of the sympathetic action on the adrenals is left unanswered. Some look for it, as we saw, in the thyroid, others seek it self-made in the sympathetic itself ; others again hold the chemical products of metabolism responsible, with the blood as their carrier ; it may well lie deeper still—in the experience to which the sympathetic responds, as the string vibrates to its harmonic.

This experience may arise in some physical

change in the body, or in some emotion which may have a purely psychical origin —it is better to discriminate, if we can, between the two. Hunger—which we may call a sensation or an emotion as we like—possibly involves an impulse originating in the wall of the alimentary canal, and so the psychical and physical elements may be confused. But if we take a physical stimulus like the action of secretin, and a purely psychical one such as fear, there is less danger of confusing the two; though even such an example of the interplay between sympathetic and endocrine as is furnished by the share of secretin in the production of pancreatic juice is not altogether a fortunate one. Still, it is a fair illustration of the complexity of the whole subject. The old idea that the action was a reflex must be given up, because it occurs after the sympathetic ganglia and the nerves supplying the segment of bowel under experiment have been destroyed; it is rather an example of the purely chemical origin of vital action that was mentioned a moment ago; and having said this we are still left with the facts that stimulation of the vagus does result in the production of small quantities of

pancreatic juice, though curiously enough such stimulation inhibits the flow aroused by the action of secretin.

The effect on the sympathetic is the same in any case: we do not know the nature of the change which marks the passage of an impulse; we have to be content with the suggestion that some subtle molecular rearrangement has occurred in the nervous structure; but, whatever the effect on the intermediary, the result of these different impulses is manifest in the release of some kind of energy.

The manufacture of secretin is fully understood; it arises through the action of an acid upon its predecessor—prosecretin—which is found normally in the duodenal mucous membrane, and, in ever-decreasing amount, as one descends the wall of the small intestine. Experimentally it may be formed by acting upon duodenal mucous membrane with 4 per cent hydrochloric acid; physiologically it follows the passage of the acid chyme through the pylorus; a step backwards and we arrive at the secretion of the necessary acid in its appropriate glands; and if we ask whence and how the hydrochloric acid, there is no answer to the

question, except the vague one that its source is the blood.

We fall back on speculation again, and speak of the psychical stimulus of hunger or of the mechanical excitation of food, and we realize all the time that stimuli as we recognize them are unnecessary, and that the gastric glands are capable of secreting on their own initiative; that is, the gland can and does produce its specific juice in the absence of food, and even in the absence of consciousness as we know it. Further, the gland is but an elaboration of the primeval unicellular organism which dealt with its food as a whole, and, if we wish, we can bridge the gap with one of the early multicellular organisms, where the individual cell seized and dealt with the food as it entered the cavity it was lining.

The point to bear in mind is that the initiative lies with the secreting gland. For convenience sake it can be stimulated by normal physiological actions, and it can be stimulated and inhibited by injurious processes whether they are mechanical or purely psychical. But the innate tendency of the gland—its instinct—is secretion.

We may picture this example of a secretion cycle thus :—

Secretin to pancreas—pancreatic juice ; pancreatic juice to acid mixture in duodenum until neutralized—and so on.

There is no doubt (Starling has proved it) that for ordinary purposes this cycle is a purely chemical one, and the medium of communication between duodenum and pancreas is the blood. We will take this example as typical of the chemical reaction, for in contrast to the nervous reflex it is more ancient, and needs more time for its performance. Compare this cycle with the secreting reflex in the mouth—the momentary presence of the food and the immediate necessity for a digestive fluid ; here the need calling for an immediate response occasions a nervous reflex. It appears indeed to be a question of time—the choice of chemical or nervous action ; and this is brought out clearly in the second example we chose—the effect of an emotion such as fear. Here there is no question of a chemical reaction : the time factor is all important, and the emotion calls for instant translation into acts.

All the varied influences of the central and

sympathetic nervous system upon the outward and visible signs of this emotion can be traced in Darwin's description: "The heart beats quickly and violently so that it palpitates or knocks against the ribs: the skin instantly becomes pale as during incipient faintness. This paleness is in large part, or exclusively, due to the motor centre being affected in such a manner as to cause the contraction of the small arteries of the skin. That the skin is much affected under the sense of great fear we see in the marvellous and inexplicable manner in which perspiration immediately exudes from it. This exudation is all the more remarkable as the surface is then cold, and hence the term 'a cold sweat': whereas the sudorific glands are properly excited into action when the surface is heated. The hairs also on the skin stand erect, and the superficial muscles shiver. In connection with the disturbed action of the heart, the breathing is hurried. The salivary glands act imperfectly: the mouth becomes dry and is often opened and shut. One of the best-marked symptoms is the trembling of all the muscles of the body: and this is often first seen in the lips . . . . the uncovered and protruding eyeballs are fixed

upon the object of terror, or they may roll restlessly from side to side.

"The pupils are enormously dilated: as fear arises to an extreme pitch, the dreadful scream of terror is heard: great beads of sweat stand on the skin—all the muscles of the body are relaxed. Utter prostration soon follows, and the mental powers fail. The intestines are affected. The sphincter muscles cease to act and no longer retain the contents of the body." (*Expression of the Emotions*, Ch. xii.)

It would be tedious to assign the various branches of the nervous system to their appropriate places in this description. Enough to realize that the expression of this emotion calls for instant action from every region of the body, and that this multitude of activities is made possible by the co-ordinating action of the nerves.

Here there is no time for the action of a chemical reflex; but it is easy to imagine an emotion or 'frame of mind' which may be slow of onset and long enduring: not calling for immediate response as fear does, but causing by slow degrees those changes in aspect and demeanour which betray its presence.

Such is discontent; and to describe its outward signs there are expressions in common use which readily occur to the mind. We see an emotion—a psychical experience—translated into action; and since there is no doubt that these experiences, if repeated often enough, will lead to changes in the organs gross enough to be recognized pathologically, it seems to me that it is difficult to fix a limit for the interplay of physical and psychical stimuli either in the direction of health or disease. We all pay outward respect to this platitude, but most of us with a smile at our credulity, and all with some mental reservation. The advantage that such a creed as Christian Science has over our profession is that with it there is no reservation of any kind: such a position is impregnable—absolutely, and it enables the Christian Scientist to score many triumphs over us, who are willing to admit some of his premisses, decline to draw his conclusions, and are, generally speaking, revolted by his methods.

Yet, stripped of unessentials, the aim of medicine is to heal the sick—by any method, —and no doctor can disregard for a moment the pomp and ritual of his mystery if he wishes to be successful in his purpose. Indeed,

he cannot ; the fact that he is what he is, constitutes his stock-in-trade, and he trades upon it legitimately. The miracle to-day, as a thousand years ago, lies not so much in the drug, as in the manner of taking it, and we continually under-estimate the part played by the patient in its success or failure.

We all have memories of patients who recovered after every sign and symptom seemed to make recovery impossible. One such case remains in my mind after many years, as the most remarkable resurrection I ever saw. The patient was a bushman from a village on the Cross River in Nigeria, and he had been treated for double pneumonia at the Native Hospital in Old Calabar for three weeks. The crisis was long past, the physical signs were clearing up, and by the ordinary rules the man should have been improving daily ; on the contrary, he slowly went down hill, and his death seemed inevitable. At the last moment I sent for his native medicine man, who arrived when the patient appeared to be moribund. The two recognized one another, and the doctor carried out the curious ritual of his craft : there was a ceremonial burning of evil-smelling incense, and a low chant to which the patient now and

again made a feeble response. I had his pulse under my finger during the whole performance—rather more than an hour—and from an intermittent flicker it steadied to a regular beat, of respectable tone and volume. In the course of the day the patient had made the extraordinary progress which one expects from natives; he was out of danger; and the doctor took his way homeward, declining (yet another marvel) fee or reward. No person who saw this episode could doubt for a moment that the man's recovery was due to the effect of mind over body, and the impression it left upon me was very great.

In the presence of innumerable cases like the one I have just described, one cannot deny the possibility of influencing every kind of bodily action—pathological and healthy—by means of some emotion—some state of thought—either originating in the individual under experiment, or induced in him by some outside agency. How this action takes place, where the psychical influence ends, and the physical begins, we do not know, and the question can hardly be answered as long as we remain ignorant of the nature of all vital changes. It is possible to think of the

individual as made up of two distinct but continuous series: the one formed by the experiences of the past, as existing in the parent cells from which he springs; the other depending upon his own individual chances as far as they can be differentiated, chances, of which he weaves his own web, which make him what he is, which are, indeed, himself.

Since these two series are really unbroken, one cannot put the first aside, nor even settle where it ends. Wherever we fix our individual start we are handicapped, favourably or not, by the past, which stretches straight back to the origin of life. The best we can do is to take some arbitrary point of time and say that at such and such a moment—at birth, or in the dawn of understanding—the individual emerged from the amorphous past and took his future in his own hand.

That seems to me the most important note of all: the *fact**—if we can make it so—that our physical growth and our spiritual development depend upon ourselves.

---

*NOTE.—What *is* fact, of course is arguable; to many, the preceding remarks may seem feeble enough, and to such I can only suggest that they may be wrong. Fact, to me, is what I unfeignedly believe; which, after all, is only pragmatism.

The choice is obvious enough; but we cannot have it both ways; either we are in the thrall of some super-intellect (and if so there can be no qualification of its power), or we are (handicapped of course by the past) free. There is not an atom of proof either way. The decision has to be a deliberate act of choice; and any attempt at compromise —limiting the capacity of the super-intellect or lessening the perfect freedom of the individual—seems futile: a kind of cat-and-mouse business, disheartening for the mouse, and not too dignified for the cat. This is the first quarrel of all—on one side subservience, on the other, freedom; and nothing really can come of it, because absolute truth is not revealed.

The choice is vital for the physician, since his attitude towards disease and health will be affected by the same principle: either he and his drugs must fill the part of the super-intellect, or he will respect the freedom we spoke of, and, having pointed out the way, will step aside and leave the rest to the patient. I do not mean that either extreme is usual; most of us do compromise here, as always; and we keep in our minds lists of diseases arranged more or less definitely

according to their vulnerability from the physical or the mental point of view. If we really believed in the complete oneness of mind and body we should leave this illogical position, and regard every disease as amenable to—let us say—suggestive treatment—: at least, logically we should ; practically, it is impossible to persuade a person struggling with violent pain that he can abate his suffering if he will but give his mind to it. Common sense tells one to relieve the patient's physical anguish at once and to deal with his mind at a convenient moment later—a dose of morphia and the assurance of freedom in ten minutes, and the patient's mind will reinforce the drug ; but tell the patient that his pain is going, going, gone, and he will probably curse you for a mountebank, and will certainly call in some sensible person to shorten his next attack.

For the patient the question is still more urgent ; it will be admitted that, to this day, treatment remains for the most part a gross and mechanical business. As a student I was hypnotized by the importance of the drug, and that habit of mind—shared, I know, by my contemporaries—stayed with me and

increased for many years. Teachers of medicine abuse their opportunities when they fail to mark the essential difference between the action of medicine in a test tube and in the human body; had I been warned that the cure rested with the patient, and that only through him might true grace be found, how many failures and delusions might I have avoided. As it is, hypnotism and tuberculin, Fletcherism and sour milk, flit before the mind and pass disappointing or discredited away. Even the elect allow themselves to prophesy and raise hopes doomed to failure. Hear what was said by one of them: "Absolute control over the workings of the human body is the goal of medical science . . . the results of physiological research justify us in the faith that within a reasonable space of time we shall be in the possession of chemical substances which are normal physiological products, and by means of which we shall be in a position to control not only the activities but also the growth of a large number of the organs of the body."

This was written twenty years ago, and where is the goal of medical science today? Our specifics have not increased in

number. Opium for pain, quinine, Epsom salts, and one or two more, are all we can be sure of, and meanwhile the possibilities from the patients' side have been very little thought of.

It follows from what has been said, that disease, as one of the experiences that befall an individual, becomes as much one with him as all the other experiences of which he is the subject; one has an idea of disease as a more or less isolated conflict, of which the mind is only an interested witness; one thinks of it and the part it is affecting, as a ringed battlefield where the two can fight it out with little or no interference from outside. This point of view is wrong. No disease, wherever found, however trifling, but has its echoes in the most distant organ of the body, and is accompanied by some distemper of the mind: the two inevitably occur together—the terms synonymous. To put it another way, we are—mind and body—the result of the innumerable experiences which have befallen us—disease of one, well-being in the other—disaster, suffering, happiness: one cannot affirm and reaffirm too often, these are ourselves, and no thrill nor ache but helps to mould us.

"Où sont les neiges d'antan?" Gone, we think; but where they rested there is a mark no time can obliterate—the sound of their long-past falling must echo in our lives for ever, and so the question becomes really one of education, the doctor only carrying on, in sickness, the precepts that the parson and the pedagogue have taught in health.

Speaking of the experiences of which we are the outcome, we allowed that the individual history might be divided into the common past and the personal present; obviously, as far as the individual is concerned, no experience can alter the past; it can only affect his own personal part, as it has developed from the moment that we decide to think of him as a separate existence. In other words, we have him at the start stamped with the experiences of the past—up to and including those of his parents: and these we cannot affect; no more can we really affect his own personal part indeed; but, though we cannot change, we can divert the tendency which his own experiences suggest, and we can do it by offering him experiences of which an infinite variety lie to our hand. But if we are going to make

anything of this scheme at all, we *must* keep before us the necessity for co-operation between ourselves and those we wish to influence.

We give a drug—one which we call specific—digitalis for example; its action on the heart muscle is mysterious to the last degree; it functions as a cardiac tonic in the way we expected of it; and its effects, far from remaining restricted to the particular structure at which it aims, spread to the farthest confines of the organism, and reconstitute the whole of the mental attitude of the moment.

Contrariwise, it is notorious that we can achieve the same results by exposing the individual to an experience which, as far as we know it, is entirely emotional. In other words, by taking thought we can construct an emotion which will equal or surpass in effect the action of the most powerful drug. Instances of such a kind will occur at once to the mind—the recovery of the Calabar bushman was one. Countless examples fall to the lot of everyone; and if one needed a particular illustration difficult to understand and impossible to explain, we have the behaviour of patients suffering from some

bacterial infection, where an emotion such as hope—whether it be a momentary flash, or the result of temperament and of long-continued habit—will result in the formation of the appropriate antibodies and lead directly to a cure.

The field must be widened to include those mental diseases where the patient is in a condition to review and judge his ailment, and I must confess that with this restriction I see no logical end to the possibilities of influencing experience, in any direction. For in disease just as in health, the patient reacts to every experience he meets, and it is not even necessary that these experiences should be conscious ones; the majority of them indeed cannot be, but unfold their sequence in silence; let them, however, rise above the threshold of conventional consciousness and they become in some degree part of an emotional state—subject to inhibition or the reverse as the direction of the emotion ebbs and flows. Take, for instance, the digestion of a meal—the silent, undisturbed digestion—that is one experience, indifferent and unconscious; or the process may be affected in one of two directions—the food may be pleasant or unpleasant, and the circum-

stances in which it is eaten may reverse or augment the tone feeling that accompanies it. That is, environment determines for us, whether we shall strain at a cutlet and a glass of beer, or swallow with impunity and even with profit dressed crab and indifferent champagne. "Better a dinner of herbs where love is than a stalled ox and bitterness withal"; and if this is the case with the most important act of all—eating—, the principle applies to every other function that the body carries out, and it should be possible to create a habit of body or of mind with respect to each which shall act continuously or as occasion demands.

The questions how the common physiological functions—healthy or diseased—act upon the unconscious and conscious mind, and how these in turn react again, remain unanswered, and must, until we know what life is. Meanwhile, professors will continue to explain with dismal certainty their various methods for influencing the experiences which surround the individual—how suggestion, how hypnotism, should be practised, how psycho-analysis, how this, how that. The truth is, we allow ourselves to be hypnotized by expressions of opinion from men who, because

they possess high reputations—acquired often enough in other fields—are accorded the right to make pronouncements on a subject of which they are as ignorant as the rest of mankind—a subject on which no ray of light has ever fallen from the time of Adam until the present day. In this matter we are all on the same level of ignorance, and if we need an illustration, we may adapt from Papini, and liken the sick person to an hotel vestibule : many chambers open into it ; in one sits the physician, in another the surgeon, in a third the psychotherapeutist, in a fourth the healer, the interpreter of dreams and those who practise neuro-induction, while in a fifth are found the Christian Scientist, the quack, the herbalist, and the patent medicine vendor.

No one can say of any of these chambers that the truth is not in it ; only results will show us, and we look for them in the vestibule where the experiment is made. Anyhow we admit that the ordinary physiological functions of the body can be influenced by emotion, and it is not much to claim that such an emotion causes some temporary change of structure, or even, by frequent repetition, a permanent one. On the other

hand, we have no difficulty in realizing how the occurrence of structural change in the body—through accident or disease or through the lapse of time—may, sooner or later, result in the crystallization of the accompanying tone feeling into a more or less permanent condition, which we conventionally describe as a state of mind.

Take as an example the referred pain of visceral disease. The afferent sympathetic in health conveys impressions to the cord of which we are unconscious; by reason of disease these impressions become in time so strong as to overflow along the segmental nerves of the central nervous system, and there is referred discomfort or pain. This pain, inhibited at first by the cortex, becomes, either by its own intensity or through a relative feebleness of the controlling force, so insistent, that it defeats any possible effort of control, and may at last dominate the whole picture.

But note the fact that it is, at one time, controllable. Now extend this; imagine the afferent stimuli continued so intensely, and for so long a time, as to cause more or less continual pain and discomfort; with this goes, and endures, the depressing emotional tone

which such an experience engenders. Now perhaps the intenser stimuli cease ; but the nerves along which they have travelled remain sensitive to impressions which, from their slightness, could not have forced their way of old into consciousness, or if they had arrived so far, would have been controlled or altogether abolished by the higher centres. Thus the physical discomfort and the depressing emotional tone which illness brings are merely relative, and the whole condition tends to become more or less a habit.

Moreover, as we have cause to know, that habit of mind may persist, though the physical disturbance which caused it has long passed away, and it is certain to be aroused again by any similar accident or illness which may subsequently befall. Such a habit may be favourable or the reverse ; but for good or evil it exists, and *must* be taken into account by the physician ; and since it is impossible to root out and make as though it had never been, the least of the experiences that has befallen a person in time past, so he cannot hope to replace an evil state of mind in the sense of changing it, but must be content to overlay it with an opposing one.

So, as we said, the doctor becomes a pedagogue after all; and as the schoolmaster cannot change character, and may only hope, for example, to develop in the liar a habit of relative truth, so the physician—as a rule, with less chance of success—may aspire to foster in his patient habits of courage and hope, to the defeating of those depressing emotions which normally go with physical disease.

CHAPTER III.

SUGGESTION.

"It is some relief to a poor body to be heard with patience."—GEORGE HERBERT.

IT is impossible to say anything new of suggestion: it is as old as human nature; we practise it upon each other—physician and sick person, whole and diseased—in all the complicated traffic of daily life; not an emotion but is influenced by it, scarcely an action that suggestion does not prompt. Its use in medicine is as venerable as the art itself; and we have evidence that priests, magicians, and the official practitioners from the earliest times depended for their successes on its exploitation:—

> "The subtle power in perfume found,
> No priest nor sibyl vainly learned;
> On Grecian shrine and Aztec mound
> No censer idly burned."

All through the ages there has been no break in the succession; to-day we still find the quack and the patent medicine maker

flourishing on the credulity of mankind, and competing on equal terms—at least in the public eye—with the professional physician. And these terms are not perhaps so unequal as we like to assume; the gulf may seem wide, between the ways of Sequah, beating his drum in the market place, tearing out teeth to the blare of the trumpet, and those of the physician surrounded by every refinement of medical science; but there is no doubt that both may achieve success, and one thinks of Papini again, and wonders.

Certainly those who obtain cures by any method, official or unofficial, cannot deny the effect of suggestion in their practices, and in time, if they are honest, they realize that the greater part of the credit must be ascribed to the conscious or unconscious efforts of the sick person.

Religious experiences of this kind are supposed to be on a different footing; here the cure is obtained by an outside agency, and depends upon a process which requires a suspension of the laws of nature: the event is miraculous. The patient may be unwilling, or even unconscious; or he may desire with most fervent expectation that his health shall be restored to him. The

means may be of the simplest: it may be a few words spoken with authority, touching for the King's evil, pilgrimages, secret and public prayer, and the touching of relics: a thousand methods whereby for ages folk have sought to deprecate divine wrath, to invoke mercy, and obtain health. For many it is helpful, for many a necessity, to ascribe this type of healing to a supernatural agency, to lift it altogether out of the category of material experiences. Others, again, deny the supernatural, and claim for auto-suggestion the credit of the transaction. It is an arrogance on the part of the Church to attribute moral turpitude to those who cannot accept her interpretations; but it is just as futile for these to deny the possibility of supernatural agency in any healing. St. Augustine, I think, said: "Truly the miracle lieth not in these (the material changes of healing), but in our immortal nature, which taketh all these fragile things, and transmuteth them by the alchemy of the divine spirit." I must confess I cannot see we have got any further than that now. We do need to remind ourselves constantly that absolute truth is not revealed, that we know no more about life now than we did 10,000

years since, and that we can do no more than speculate as to the nature of vital things, of which suggestion in its relation to healing is surely one. It is not proposed here to treat of suggestion from the religious point of view, but I will quote the case of a patient who was under my care for many months, who was cured of her complaint after an experience which she regarded as religious, and whose story I can vouch for.

The patient was a Catholic girl of 18, whom I had treated unsuccessfully for lupus erythematosus over a period of several months. She was seen in London by a skin specialist, who confirmed the diagnosis and suggested various remedies, which were tried for several weeks, without much effect. Shortly after this the patient had an opportunity of joining the English pilgrimage to Lourdes, and I urged her to take it, descanting upon the cures I knew of, and endeavouring to awake in her, sentiments of expectation and hope. She was anxious to go, but did not share the extreme enthusiasm which the enterprise aroused in the rest of her family. The pilgrimage was made, the accustomed ritual carried out—but no success.

She returned to London, and one afternoon

was having tea in a restaurant with her cousin and her sister; the cousin's husband came in, pulled out a revolver and shot his wife dead, fired at my patient and missed, and then shot himself. As the girl told me a few days later, she felt, in the moment of agonized fear, a clear and intense desire to live, and to be cured; she spoke to herself, "Blessed Virgin, save me and cure me", and in a moment the danger to her had passed and she felt an extraordinary uplifting and sense of protection. That night she noticed that the marks on her face were paler, and the next morning the dilated blood-vessels surrounding the scaly zone had disappeared.

This case was investigated by the Church authorities, and when I was pressed to give an opinion as to the nature of the cure I had no hesitation in saying that I considered it miraculous; and whether one regards it as ecclesiastically miraculous or not, seems to me a question of no interest at all.

It is usual to speak of auto- and hetero-suggestion, and while there is a certain convenience in this practice, it should not disguise the fact that, at the last, all suggestion is self-suggestion. That is, there must be a willingness—a predisposition for the

method—before it can be of any use. This attitude of mind, this suggestibility of the patient, varies greatly in different individuals; sometimes we confuse our results in this way, and as in the fable of the priest, the pearl diver, and the shark, we are apt to comfort ourselves for failure at the expense of the patient, and throw the responsibility for the miscarriage upon him. This variation is not only individual; it is racial; and there is no doubt that the Latin races are more amenable to treatment by suggestion than the Anglo-Saxon are. Of patients in this country, my experience shows that those of Celtic origin offer the most favourable opportunities; but in any case, I believe that the English habit of mind is opposed to treatment by methods which appear extravagant or ludicrous, and, from the English point of view, not even in accordance with common sense.

Apart from this characteristic, there is the further difficulty promoted by the national habit of discussing our ailments and those of our relatives. When from earliest childhood the condition of our bowels has been the subject of earnest inquiry by our parents, when we are permitted and even encouraged to

speak of our catarrhs, our constipations, and our belly aches in and out of season: no wonder, when the suggestion is made to us that we should desist from this practice, and speak of illness, if we speak of it at all, in private only, that the habit of a lifetime rises to protest, and we refuse to abandon our most cherished conversational possession.

Years ago the aim of medicine was regarded as the control of the activities and growth of a large number of the organs of the body, and medicine itself was called a science. Medicine is not a science; it is an art; and the aim ascribed to it seems a dull and unprofitable one. I prefer a less exacting programme—the prevention of disease where possible, and its relief when it has occurred. In these attempts one sees how great a part suggestion plays, and one realizes again that it is largely educative in its method; that it ceases to be a preserve of medicine, and becomes a part of the general development of character and life. We recognize its help in the security enjoyed by doctors in the face of infectious disease; and we lament its absence when we are dealing with a patient who puts up a feeble struggle against illness, and develops in time an actual enjoyment of

bad health. Many such seem to err in this way by instinct, but in others the moral responsibility for this feebleness lies with the parent. How many times, when ordering some simple remedy, has one been told, "Oh, but I can never get him to take a dose of oil; it always makes him sick"; and then one persists, and the oil is taken—and, sure enough, he *is* sick.

Useless to labour this point; but with such a training, the patient is heavily handicapped when he is called upon later to make a serious effort of any kind—against disease or discomfort or any unpleasing experience that may befall him. In other words, our lives are spent in *education* of ourselves or of other people, and the term itself is synonymous with suggestion.

It seems unnecessary to complicate the question by subdivisions such as induced, self-induced, reflective, passive suggestion, and so on—unnecessary unless the intention is to surround the subject with mysterious language and ritual, and so induce a further atmosphere which shall itself be suggestive. I doubt if this intention is honest; but as a profession it is almost impossible for us to take the laity into our confidence. Disease

is, after all, a convention based on mysteries which antiquity and custom have combined to hallow. We have cut it out of the mass of experiences that makes a man's life, and have labelled it as a preserve of our own. We handle it according to rules which we have made up as we went along—many of them unnecessarily complicated and obscure—and we are apt to clothe our real ignorance, by adopting a fantastic nomenclature, which, whether we intend it or not, can only confuse the issue in the minds of our patients. So let us be satisfied with two varieties of suggestion—hetero- and auto-suggestion—dividing each, if we wish, into active and passive, and let us also grant that the result of both depends ultimately upon the subject and not upon the operator.

Since the mental attitude of the average person towards disease is one of slow growth—definitely part of his character, the result of the innumerable suggestions which we call education—it seems unreasonable to expect by any means suddenly to upset this habit of mind and to substitute for it some different outlook. Slow and imperceptible the development of one has been, and common sense demands time for the attainment of its

opposite; naturally enough this is not the idea of the individual in search of relief; what he needs is a cure—rapid, and entailing as little trouble as possible to himself. Ordinarily it cannot be; miraculous and lasting cures occur no doubt every day, but they must be, in the nature of things, exceptional, and they should always be suspect. Man desires health so strongly, and at the same time is so little prepared to make any effort for its attainment; he is ready to dip for a moment in some fountain of health, expecting to emerge renewed of plumage, "like a dove that is covered with silver and her feathers like gold"; but he forgets the moral of the pool of Bethesda—so many waiting and hoping on the bank, but only one chosen for the miracle.

"There are many that desire health, but they have no mind to practise the things that are required thereunto."*

There can be no easy journey from disease to health again; it may be that the emotional tone which accompanies illness may be less depressing in one sick person than in another; but it is only a matter of degree, and more or less of a struggle is called for always: success

* St. Thomas à Kempis.

or failure, other things being equal, depending almost entirely upon education, courage, and, for want of a better word, 'guts'. In this struggle the suggestion of the physician, the auto-suggestion of the patient, play their part; but the patient's contribution is immeasurably the more important. Any of us can do much for a patient who will suggest to himself that we are the wisest and best of men; but what will happen to the patient if his doctor annoys him by some subtle inflection of voice or by some unfortunate trick of manner, or even by the way he parts his hair?

R. L. Stevenson was ill-advised when he said that failure was our inevitable portion. Handicapped by such a watchword, any enterprise might fail; and for most people it is not enough to have the bitterness sweetened by the saying that the real business is the struggle itself, foredoomed to failure though it be.

If we applied this principle to psychotherapy, what would happen? Imagine the effect on the patient if we were content to tell him, "Go on struggling; repeat to yourself: I am better, I am better; in a short time I shall be well; you will acquire merit,

though nothing can be promised you, and quite possibly your pneumonia will not clear up, and probably your deafness will increase, and the odds are that your leg will have to come off". On the contrary, at any cost success must be held out as the reward of effort, in sickness as in health, and it is impossible to repeat too often that though this success depends to some extent on the power of the physician to suggest, it ultimately rests upon the capacity of the patient to assimilate these suggestions and make them his own.

For my part I am convinced, and experience supports and increases the conviction, that no ailment, organic or functional, is beyond the reach of help by suggestion, provided that the patient is capable of exercising the requisite intelligence.

Passive and Active Suggestion.—I should describe passive suggestion as the unconscious effect of environment, circumstance, and expectation, upon a patient who is not called upon to make any special effort on his own account. Strictly, one would perhaps exclude the process or attitude of expectation, since that requires a certain voluntary effort ; but what is meant by the word here is more the

passive attitude of willingness than a state of mind requiring active concentration.

Instances of this passive suggestion will occur to the mind: the surroundings of the patient—peaceful or not, his freedom or otherwise from pain and worry—the appearance, the reputation, and to some extent the skill, of the physician; the sympathy existing between patient and doctor; and over all an atmosphere of confidence and hope.

Before speaking of active suggestion, one must return to the exception which qualified the earlier statement as to its efficacy: the need for a certain intellectual standard in the patient. This must be extended to include the patient's mental attitude towards the idea of suggestion itself; if this is hostile, measures must be taken to assuage it; if indifferent, to arouse some interest in it; if favourable, to reinforce it.

It would be tedious to attempt to indicate the devious course to be followed in attaining the desired end. Tact and diplomacy are needed, and a high degree of both, and even so one may fail to remove the prejudice that exists naturally in the English against measures to which they are unaccustomed: measures confused in the past with mysticism

and quackery, and for these reasons fallen into disrepute.

Beyond this attitude there is the case, where from feebleness of mind or confirmed dislike, the patient cannot or will not make the effort needful for success; naturally the physician can make no headway, and sooner or later has to recognize defeat.

Such a case was recently treated at the hospital clinic in my charge. The patient was a woman of 30, who, with two brief intervals, had not spoken above a whisper for four and a half years. Twice her voice had returned for a few hours—once following suggestion treatment at Seale Hayne, once after an anæsthetic at my clinic. The previous history related that she had complained of pain in the right side for fifteen years, and that ten years ago the right kidney had been stitched in place, without relief. Four and a half years ago she caught a severe cold, and on recovery found her voice gone; from that day she never made a spontaneous effort to speak, though she could and did make a loud noise with an annoying persistent cough. She had a foolish mother, who at the age of twenty-five had suffered for several months from aphonia, and never

by precept or example did anything to help the girl make the effort called for by her condition.

She was a feeble creature, weighing only six stones, with an anxious, sullen expression, which scarcely ever changed ; if left, she was content to lie in bed for hours, apparently brooding over her condition ; but she was willing enough when work was given her, and would go out of her way to help the other patients in the ward. There were signs of consolidation at the left apex, but no evidence of active trouble. The left cord scarcely quivered when phonation was attempted, but moved freely and met its fellow in the middle line, on coughing. The chest movement was extremely poor—scarcely $\frac{3}{4}$-inch expansion ; the patient said she could not take a deep breath because of the pain in her abdomen and side. There were no other physical signs, and neither kidney could be felt.

Attempts were made on general lines to improve the bodily condition—rest, work, massage, Aix douches, iron, and so on ; but progress was disappointing, and the weight gained one week would be lost the next. In the meanwhile every possible effort was made to induce the patient to speak : she was

hypnotized, psycho-analyzed ; she had general anæsthetics, faradism with and without a laryngeal electrode ; she was spoken to kindly and severely ; other patients who had suffered in the same way and had been cured spoke to her ; but everything failed. Now and again our hopes would be roused by a few rough and strangled sounds ; but the effort died away, and each morning we had to take up the task where we had left it the evening before.

During the five months the patient was under observation she never made any attempt to help us, though she constantly expressed her strong desire to get better, and she was at last discharged in just the same state as when she was admitted.

I have described this case at some length because it illustrates, better than any example I have seen, the hopelessness of treatment without the active co-operation of the patient. This girl was in no sense mentally deficient ; she was honest in declaring that she wished to recover, and she had persuaded herself that she was actually doing her best. Analyses revealed no resistant complex in her unconscious mind. The fault lay in the general education and character ; and though

one very rarely gets any comfort out of an explanation of this kind, I did persuade myself that this time the responsibility for failure was with the patient and not with me.

In what has gone before I have insisted upon the fact that suggestion, for good or ill, enters into the simplest transaction between doctor and patient. At the risk of tiresome repetition there is the sentiment of expectation, the atmosphere of the consulting room, the examination with unfamiliar instruments, the few 'well-chosen words', the prescription; in how many cases is not the patient already half cured before the door shuts behind him?

And if this is so with the ordinary consultation, how much greater the effect when the patient is aware that in his case, some, to him, strange and unfamiliar method is to be tried—a method used, he knows, with excellent results in other cases: one that he earnestly hopes will be successful with him. It is impossible to lay down hard and fast rules for the direction of this first interview; the opportunities to the doctor's hand are only limited by his experience and his knowledge of life and human nature; obviously, if he is to succeed, he must establish sympathy

with his patient, and again his knowledge of the world supports or fails him. With one he takes the confident tone of conviction; with another he is content to argue; with a third—why labour the point? We do but use the experience and common sense and wit which have come to us in the course of our years of practice. With all our skill we fail only too often, and by some eccentricity of voice or manner or appearance we raise some hostile emotion in our patient and he goes sorrowful and empty away.

CHAPTER IV.

GENERAL METHODS AND DANGERS.

TREATMENT by suggestion in no way lessens the need for the usual physical examination: no matter if the patient has been sent with a diagnosis ready made, the case should be taken and the history considered with the same care that one bestows upon a patient of whom one knows nothing; for the particular purpose in mind, one is more likely to get help from the history than from the actual physical signs, and nothing is more helpful and soothing to the patient than encouragement to tell his story in his own way.

Possibly the physical examination will have exhausted the time at the physician's disposal, and the actual attempt to suggest must be held over. When the time comes, the patient is made as comfortable as possible:—told to relax all his muscles, to close his eyes; these orders are accompanied by a simple explanation that their fulfilment tends to lessen the

distraction which outside happenings might have on the mind. The patient is told that he is not to be hypnotized; that he will hear and understand all that is said to him; that it is essential that he should all the time co-operate with the physician; that he should as far as possible reinforce the directions given to him; he should not answer, but if anything is said that he cannot understand or accept, he should refer to it later; shortly, that he should dispose himself to be as receptive as he can.

On his part the physician should be as direct and encouraging as possible. He can have no stereotyped plan of attack. His activities must be adapted to the disease, and to the mental type of the patient as far as this can be known. Useless to tell a patient that his pain has gone, when its presence is perfectly obvious to him: the statement only rouses a feeling of antagonism and distrust; but to say and repeat, "The pain will go", "is diminishing this moment", commits the speaker to nothing, and does not compromise him in regard to his future statements. Here, as always, he must have faith in his own doctrine, and power to carry conviction to his patient; and it may be

helpful to suggest some general lines along which he may attack.

"Try to rest your body and relax all your muscles; be peaceful in your mind. What I say to you I know to be true and applicable to your case. You know how your pain, your disability, acts upon your mind; have you reflected how the converse is possible, and how much can be achieved by your mind acting on your body? All things are habits: health is one, melancholy another, disease and sickness may be a third; do not expect too much; distrust a sudden cure, just as you would a sudden conversion from sin and drink. These things do happen, but only once in a while, and though you may be the fortunate selected one, be content to pull yourself slowly back into health, just as you have slowly sunk into disease. All the more credit to you; for remember it is yourself that has to work this miracle: there is no transfer of strength or will from me to you; yours is the effort, yours the reward; and, with courage, you will not fail."

But it is not possible nor desirable to subject the patient to constant sermons based upon some or all of these texts. There is a

danger, for the type of patient in whom this line of treatment offers the widest scope, of developing a tendency to depend upon the preacher, which may be fostered, intentionally or not, until it becomes a habit in every sense worse than the disease which the treatment was to displace. This danger is very real. Under any circumstances the relations between patient and physician are privileged; but they become extraordinarily intimate and subtle when any set form of psychotherapy is used. Much of the prejudice which certainly exists against this branch of medicine is due to the intense and national dislike of anything which tends to abrogate the personal freedom of the individual, or leads to excessive submission of will on the part of one person to another. The practice of psycho-analysis seems to me to err in this way. One hears of patients for whom daily séances are held over periods of weeks and even months; the dustbin of the past is raked over back and fore, and every memory and action closely scrutinized—very often the object being the discovery of some sexual injury or adventure. I think there is a possibility that a mutual search of this kind may establish positions of superiority and

dependence, which it is entirely wrong for human beings to occupy towards one another. I go further and say that patients whose condition requires such a remedy are better left untreated, better in a mental hospital, better dead.

To return to suggestion, which, used improperly, lies open to the same reproach—it is the first duty of the physician to insist again and again on the fact that he does nothing but show the way; the patient *must* pursue it, and on his own feet. Moreover, the patient is entitled to all the credit of success; and, contrariwise, it is only fair that he should be prepared to take some responsibility for failure.

The public have no conception of this. The idea of animal magnetism dies hard. People speak of the influence of mind over body; but even the most intelligent confuse the mind of the physician with that of the patient, and imagine a pouring out of some vital fluid, which exhausts the one while it invigorates the other. It is all part of the fiction that salvation is to be sought without, in drugs, in diet, or in influence, whereas the power of suggestion depends at last upon the capability of the patient to

establish a mental atmosphere in which it can develop. This may involve an effort which is handicapped by the habits and traditions of a lifetime ; and one of the tasks of the physician is, in the first place, to persuade the patient that such an effort is worth while, and in the second to support him in his attempts and failures. Two things increase the difficulty of this task—the inertia of the patient, who objects to do what he thinks he pays another to do for him ; and the diffidence of the physician, who cannot bear to leave the shelter of drug and prescription, to cut himself adrift from the legacy of mystery which clings around him, and to say to the patient, " Look, this is your business; mine to diagnose, mine to aid you perhaps with a drug; but the real mystery, the cure, lies in your effort, in your will to recover ".

Much has been said of the ritual to be followed by the patient in receiving and developing suggestion ; common sense tells one that while it is possible to follow a broadly similar line for all, individual cases must be allowed appropriate modification.

Physically, the great point is that the patient should be comfortable and relaxed :

lying in bed, or sitting in a chair; the head should be supported—shoulders and hips at the desired elevation, hands folded or arms lying idly along the sides. A little shuffling and shifting of the body, and the patient should have partially attained the first object, physical repose. Partially, because in the majority of patients one finds that while the posture assumed is one of rest, the body itself is in a state of tension, of which the patient may be quite unconscious. To test this, raise the patient's elbow, telling him to relax his arm the while; often enough the limb stiffens under the grasp, and when it is let go, instead of falling limply, it remains suspended for a moment and is then slowly lowered.

Time and again in many cases one repeats, "Relax, let yourself go loose", and though the patient may think he has carried out the order, on testing, one finds a hand clenched, a neck muscle tense, or a foot extended.

Simple as it sounds, the lesson takes some learning, and very often one has to spend the greater part of many interviews in teaching it. Once acquired, the habit naturally becomes more and more easy to practise, and the muscles lose that quality of perpetual

tenseness which never allows the patient to assume an attitude of complete tranquillity.

This quality of strain will betray itself, perhaps, when the patient is directed to take the next step—to close the eyes; for to many people—not necessarily neurotic—it seems almost an impossibility to keep the eyelids quietly closed under observation; one notes the continual perturbation of the lids, accompanied, maybe, by a twitching of the muscles round the mouth.

Here again it may be necessary for the patient to teach himself to avoid any muscular effort in closing his eyes; the lids must fall of their own weight; otherwise there will be a struggle between the antagonistic muscles, with its distracting effects. All this time it should be impressed upon him that these attitudes are assumed, not for the purpose of enabling the physician to transfer some mysterious virtue to him, but simply to place him under conditions which will keep him for the time undistracted by external impressions.

The absence of all intention on the part of the physician to hypnotize the patient must be made clear from the start: the point must be repeated again and again: the fact that

what is done is done by the patient must be dwelt upon in the clearest way, and the meritorious side of the achievement, from his point of view, kept continually before his mind.

If one fails to convince the patient of the truth of these ideas, or allows him to imagine that his cure is to be wrought, not by his own exertions, but through some occult power derived from another, the door is opened to that idea of dependence which I have deprecated so strongly, and which undermines the principle upon which the whole notion of re-education is based.

Assuming that the patient has succeeded in adopting an attitude of physical rest, he proceeds to the task of attaining the mental tranquillity which is its complement. It is here that the gulf widens which separates patient and physician. Obviously the latter can satisfy himself that the physical instructions he gives are carried out; but for assurance on the mental side he must depend upon information vouchsafed by one whose estimate of values necessarily differs from his own. Naturally the idea of mental rest bears a meaning which varies with the individual, and even if it were desirable to

reduce these meanings to some common standard the attempt to do so would be futile. But it is not desirable, for the production of any uniformity in the mental processes—or rather conclusions—of physician and patient suggests once more the idea of dependence.

I spoke of the gulf widening between patient and physician : it would be sounder to have in one's mind the idea of two paths—now approaching, now diverging, but always separate, always necessitating a different speed and gait in those who follow them.

Mentally, the first instruction given to the patient directs him to make his mind a blank. This feat, incomparably more difficult than the act of muscular relaxation described, cannot be accomplished without such an effort of will as at first defeats its own end. As we saw, the same thing may happen in the attempt to relax the muscles ; there is an act instead of a passive state ; on the mental side there are innumerable thoughts and fancies and memories crowding up from the past and attempting to occupy the present moment of time which the patient would keep clear. Numbers of people find

that it is usual for them to admit those fancies and memories which have a painful and depressing emotional tone, to the exclusion of more cheerful ones, and this habit of mind tends to become exaggerated and confirmed, when ill-health of body is added to the depressed or melancholic temperament.

It would appear simpler on the surface to attempt to replace these thoughts by others of a pleasant emotional tone; and so it is, but such a course entails an effort, which sacrifices the principle of complete mental rest at which we aim. Moreover, there can be no mental effort without a disturbance of the muscular relaxation already achieved; no thought, however simple, but holds some emotional tone which suggests the muscular movement appropriate to express it.

This emptying of the mind, then, implies a definite act of volition, and when achieved the resulting condition of repose endures only for a moment; the moment may be extended by practice, but the utmost limit is a narrow one. Too soon the habits of a lifetime—the compelling force of the association of ideas which makes our mental life—assert themselves, and thought again formulates itself in the mind; one only has

to "say to oneself", "I will not think", and straightway one thinks of not thinking.

But for brief spaces of time the attaining of this state of rest is in the power of all; and though the actor is entirely conscious and aware, ready to respond to external stimuli, the intellectual mind is in repose.

No doubt it is sometimes easier to attain this mental state of rest by means of a physical effort, or a mechanical contrivance of some kind, by watching some shining surface, or by listening to the rhythmic dropping of water; but it is best to rely from the first upon an unaided effort of will, lest we become dependent upon some outside source of inspiration.

Curious that there is no satisfying word to describe this state. Meditation calls for a concentrated effort; perhaps contemplation expresses the meaning best; the lives of the saints are full of examples of its pursuit and its attainment, and the habit has been practised for thousands of years in Eastern countries as a religious exercise.

Unfortunately there is some subtle attribute of this habit which makes it repugnant to the Anglo-Saxon genius. Whether this type of mind sees in practices of the kind

something undignified or ludicrous, or whether it rejects on principle the need for some intellectual effort in their performance, the fact remains that it is difficult to induce patients to make the experiment, and not easy for the physician who urges it, to avoid a self-conscious reproach of quackery and humbug.

This reproach is partly due to the character of the quacks who have practised this type of treatment in the past; but some of the blame lies with the legitimate practitioner, who has failed to instruct the public as to his methods, failed to urge again and again the fact that the real and only merit of the treatment rests with the patient and with his own capacity to make the best of it.

Granted the two stages already described, one notes that they are passive, and designed to lead up to and support the third—the active stage—for which we may safely use the word 'concentration', with its implied sense of effort. In this the patient takes the line foreshadowed in the description of the second stage. There are at his disposal the memories of his past experiences, the circumstances of the present moment, and the imagination with which he can invest the

future. The physician's part at this stage is to point out that the choice of subjects for concentration lies in the patient's hand. For too many—either from feebleness of body or bitterness of mind—the choice has been an unhappy one ; they have indulged the habit ; in time they have come to enjoy it, and their minds run perpetually upon " old, unhappy, far-off things, and battles long ago ".

To change such an outlook, uproot such a habit, one needs to convince the patient, first, that it can be done, and secondly, that it is worth doing. Desire in the patient, patience in the doctor, perseverance from the patient again: granted these three essentials, granted that the patient has succeeded in fulfilling the conditions of stages 1 and 2 ; while he is passing in and out of the stage of mental abstraction, the physician explains to him the nature of the treatment he is proposing to give, exhorts him to present effort, and encourages him as to his future recovery. He is urged to concentrate upon some thought which is opposed to the current in which he has been swept so long and unresistingly: for pain, ease ; for sickness, health ; for despair —but it would be fruitless to name antitheses of every form of sickness and disease

from which man suffers. The principle is plain enough—the substitution of pleasant, happy thoughts for those that are painful and distressing; but while the principle is simple, the feat entailed is extraordinarily difficult. Just as the patient may find it impossible to prolong the second stage of mental abstraction beyond a second or two, so, when he comes to concentrate upon an idea, he may find it continually slipping from his mind, and replaced by others of an undesired emotional tone. So insistent may these intruders be, emphasized perhaps by physical pain or mental distress, that they continue in the mind to the exclusion of all others.

In such a case the patient must be content at first to inhibit the injurious train of thought; he will find it impossible to prolong stage 2; and, indeed, the longer it lasted the more likely is his swept and garnished mind to be filled with seven other devils more wicked than the first. To accomplish this inhibition he may use means of the simplest kind: he may copy words or sentences in a language unfamiliar to him; he may repeat a sentence or a word over and over again; he may occupy his hands with some

mechanical device ; he may do anything as long as the task does not become automatic and so leave his mind free to wander again.

While his attention is fixed in this way, he can form a picture of the two opposing trains of thought, waiting to take possession of his mind ; he sees them—thoughts and memories and sensations crowding tumultuously towards the threshold of consciousness—marshalled in companies according to their emotional tone value, waiting only for the empty stage, to begin their struggle for supremacy.

This picture, this notion—since the patient realizes at the same time the object of the physical or mental effort he is making—automatically inhibits the injurious and strengthens the helpful idea, though in most cases the injurious has the advantage of habit, and the helpful, of necessity, starts with a heavy handicap.

The moment that the patient has succeeded in stemming the flood of injurious thoughts, he is in a position to concentrate upon the helpful idea ; and here again the ability to fix the attention will endure but for a moment, and the mind will oscillate between the opposing thoughts.

Some idea of the conflict involved appears in the following letter from a patient who for years suffered more or less continual pain of body and distress of mind :—

" . . . . as you know, for seven years I had suffered from increasing pain and weakness in both knees : they got quite stiff and very much swollen, and in wet weather used to go off like pistol shots when I moved them. I was earning my living all the time—painting—and year after year I grew more and more terrified of the disease attacking my hands. At last, two years ago, my right forefinger began to swell and get painful. I was passing the change of life, and all the troubles of that time seemed to fall upon me and crush me. I had tried everything I could afford, for the arthritis in the legs, and I was like the woman in the Bible—none the better, but rather the worse. When my finger began to go I felt I couldn't stand any more, and I gave up work and applied for admission to a home for incurables. While I was waiting the pains in my knees got much worse ; I could scarcely move about, and all the fingers of the right hand swelled up. I tried all sorts of quack remedies ; I prayed ; I did everything I could hear of ; and as a very last resort tried the suggestion treatment, though I thought in my heart that it was humbug, and only took it up out of compliment to you, and because you pointed out that in any case it could not make me much worse than I was.

" For a fortnight it was a failure. I went through the forms and ceremonies most religiously—I could not relax because of the perpetual jumpings of the muscles of my legs—and the pain—the more I tried to rest, the worse it got. I didn't have so much trouble with 'making my mind blank' ; and it lasted as you described, just for a second or two. It was in the third stage that the chief difficulty was ; I did feel as though there was a regular fight going on in my brain ; it was just like

a real combat, and my head used to throb and whirl, as I thought, with the ebb and flow of the battle. I used to have to hold my head in my hands, and clench my fingers, grind my teeth together, and contort my face.

"After a time I got really interested, and vowed I would let the 'good' thoughts have a chance, and from then it got easier and easier, and I could lie tranquil and turn on a sort of tap in my mind out of which comforting and hopeful thoughts seemed to flow. I used to practise this four or five times a day, repeating 'I am better, I am better, the pain is less, my fingers are not so stiff—I can work again, I know', over and over again.

"Presently I began to tackle the flushings and the faintings that came from my time of life, and, not to weary you, in about two months' time I had defeated these, and had begun to work again—if not in physical comfort, at any rate with a quiet mind.

"I had my knees *x*-rayed, and they were the same as they were two years before; there was nothing wrong with the hand; the periods stopped altogether; and mentally, I felt as though I had been stuck in a tunnel for years and had got into the sunlight again.

"I am practising Müller's exercises for the body, as I've always done, but these Müller's exercises for the mind—I do feel thankful for them. Dr. — told me that I was better because the climacteric was passed and the disease had run its course; and he sniffed at the suggestion part of the cure—but I know better.

"P.S.—I came across a very helpful remark the other day in Francis Thompson: 'Constantly familiar with the suffering, but not the palsy of mortality', and if I've got to go on suffering, I'm certainly not going to let it paralyze *me*."

This physical sensation of combat is constantly experienced by patients who follow

this method of treatment. There is nothing new in it, either on the physical or on the mental side, only the attention being drawn to the opposing lines of thought, and the idea of conflict aroused in the mind—the picture of an actual battlefield takes shape, with its alternatives of victory and defeat. This is brought out in the following letter, from a patient less cultivated than the last, but capable of expressing herself clearly enough :

"I am not any better with the new treatment [she had suffered from asthma for twelve years, was extremely neurotic, age 29, and cumbered about much serving]. When I get an attack, I try and do as you asked me, and sometimes it seems to pass off quicker than it did ; but thinking like I have to gives me terrible pains in the head, and I get worn out with it, and the medicine eases me just as quick and doesn't seem so much trouble.

"I would sooner have the medicine by me, for when the breathing is bad, I don't seem to be able to think just like I want to."

These two letters illustrate a point one constantly meets in dealing with patients by this method : the ease or difficulty of persuading them that there is really something in it worth their while to try.

Something has been said on this subject before : it is difficult to persuade a member of the Anglo-Saxon race to try suggestion, even in secret : nothing, as a rule, will induce

him to face the ordeal of a collective séance, although, in other countries, this development is in constant use. The national self-consciousness stands in the way of successful treatment in this country; it accounts for the disappointing results of the method, and for some of the suspicion with which those who practise it are regarded by many of the profession. Suggestion in cold blood makes no spontaneous appeal as a rule to the English mind, and some strong emotion is needed to reinforce it. The religious revivals that from time to time pass over the country provide such a stimulus, and great healings are performed under their influence; the same effect is achieved by the Catholic pilgrimages to Lourdes, where the scene is so staged that it may appeal to every suggestive emotion that can stir the sick and crippled penitent. But though the religious enthusiast finds these accessories helpful, they are only accessories, and he is capable of healing himself by his own powers alone, as we see for ourselves every day in our consulting rooms, and more dramatically at any of the holy places up and down the world that are visited by those in search of health or holiness, or both.

CHAPTER V.

EXAMPLES AND RESULTS.

It is impossible to say whether religion in its supernatural sense has anything to do with these cures or not, nor, from the sick man's point, does it matter very much ; certainly the Christian, the Buddhist, the follower of any religion, can point to cures which each claims to be attained or influenced by his particular rites and services. One believes this, another that :—

> " You disbelieve ! Who wonders and who cares ?
> Lord So-and-so, his coat bedropped with wax,
> All Peter's chains about his waist,
> Believes ! Again, who wonders and who cares ? "

But one thing does emerge from the claim and counter-claim—dogmatic statement and speculative question. For all these Faith is essential. With it you *may* succeed, without it you fail for certain ; and since among the confusing claims for this system and for that there is no firm resting-place, since it may be impossible for a particular person to accept any statement as to those things that should

be believed but cannot be seen—let him take the only fact of which he can be sure—his own personality—seek to engraft upon it faith in its own possibilities for physical as well as moral health, and be content.

If some set doctrine or physician or teacher helps him, so much the better; but these are only crutches after all, that may let him down at any time, and are not to be confused with the real power which springs at last from the efforts of his own self.

The difficulty here is that the upholders of the supernatural argument will not, as a rule, move a step towards those who are unable to accept their doctrine; they will have it that *their* miracles are spiritual and all others material; they claim that the prayers of a multitude—of a few—of one—may raise up the sick person, and that the same sick person may cure himself by some great and moving act of faith.

These things are done every day; but I cannot see why one should necessarily read into them the personal interference of a supernatural power, that can be persuaded by such petitions to set aside the natural laws of healing. Look at the question from the material standpoint so-called. What must

be the emotional effect on a person, of the knowledge that his recovery is being prayed for by one or two persons dear to him, or by a congregation, or by a multitude throughout the world? And what the effect of some powerful act of self-surrender on his own part, arrived at maybe slowly, or as the outcome of some crisis suddenly faced?

What are the results of these things? Physically, a stimulation of the sympathetic, an outpouring of specific anti-bodies in the blood, a general improvement in tone and function, and eventually perhaps a return to normal conditions, slow or sudden as the case may be.

It seems to me that these material performances follow logically on what has gone before, and are more miraculous and truly divine than if they were performed by some supernatural being, with a casual snap of the fingers. No; the credit, if the term can be used, should go to the individual in whom the miracle occurs, because, as I have pointed out so often, the effort, after all, is his.

And once again, any creed will serve. The Calabar native practised a paganism of a particularly low and sordid kind, but his

faith in it was sufficient to bring him back from the gates of death ; and, on the other hand, the case of the pilgrim with the lupus erythematosus shows what can be done by an act of faith on the part of one whose more sophisticated religion is to her the one and only guide.

It seems to me impossible to avoid the conclusion that it is the individual who performs the miracle, and that salvation comes from within and not from without.

It is not possible to catalogue disease under the two headings, amenable, and not amenable to suggestion ; the distinction has to be made from the point of view of the individual patient only. And again, one must have some idea of the extent of the claim for suggestion that exists in one's mind. Logically one is justified in demanding nothing less than cure, and in being disappointed when it fails to follow ; but experience again teaches that with most cases we are fortunate to achieve a degree of success far short of it.

But we should not forget, as we so often do, that the shortcoming is not on the side of the method, but in its application : lack of conviction in the physician, want of faith

in the patient; and though one is reminded again of the priest and the pearl diver, I see no way out of the difficulty.

The ways of the early Church had the merit of simplicity, and the gulf that separates us from these practices grows wider and deeper as our methods grow more complicated. "Is any sick among you? let him call for the elders of the Church; and let them pray over him, anointing him with oil in the name of the Lord. And the prayer of faith shall save the sick, and the Lord shall raise him up" (James v. 14, 15).

We have travelled a long way since these words were written; but however we choose to label the means, the principle of the method remains just the same to-day. It is lawful for us to use the knowledge that time and experience have brought us, lest we share the fate of the midwife who, in a case of post-partum hæmorrhage, knelt by the patient's bedside and prayed for the divine interference. We laugh at the pretensions of those who would follow the practice of the early Church and profess to treat by faith only; we resent their intrusion into what antiquity has assigned to us as a strict preserve; but a great opportunity there is for

common action ; and whether we cast out devils in the name of the Lord, or by one of the fashionable psychotherapeutic agencies, what does it matter so long as the devil is cast out and the patient made well again ?

The practice of publishing lists of cases that have been cured or helped by this treatment and by that, is an unattractive one, and, in the case of suggestion, impracticable as well, since it would resolve itself—theoretically at least—into a recital of every case with which one had ever dealt. It seems more satisfactory to consider a series of cases chosen at random and judged from the standpoint of mechanical and psychical improvement respectively, though speaking strictly, from our theory, there cannot be one without the other.

I well remember the first case I saw where suggestion was relied upon as a method of cure. This was a woman of 52, who, some years before, had suffered an attack of acute poliomyelitis ; she was unable to use her left leg, and hobbled about with the aid of a Thomas's hip-splint and crutches. The left foot and leg were cold and blue ; the muscles below the knee were wasted and flabby ; those of the thigh, though wasted from disuse, gave

the impression of retained vitality, and the temperature and colour of the skin over them were normal. When the muscles of the leg and thigh were examined electrically there was no response in the muscles of the calf, the extensor longus digitorum, and the peronei; there was a slight contraction of the tibialis anticus to a strong galvanic current, and all the other muscles gave feeble, but relatively normal, reactions. The reader will remember that the question of muscular localization in the cord is not one of segments only: many other muscles, beside the three mentioned, take their nerve supply from the 1st and 2nd sacral segments; indeed, the distinction is more delicate still, and depends ultimately on the grouping of the individual nerve-cells in the anterior horn.

Thus, if one realizes that the posterior and lateral group supply the calf and extensor muscles, and the anterolateral the hip muscles and the hamstrings, it is easy to understand how, with a localized lesion, one group of muscles is paralyzed and another spared, and how even individual fibres of a particular paralyzed muscle may remain unaffected and capable of recovery, though to the casual eye the whole limb may seem to be out of action.

In this patient's case there was an added handicap in the fact that a physician in whom she had confidence had told her, after investigation of her condition, that nothing could be done to remedy the paralysis, and that she must make up her mind to put up with it. Fortunately she was a particularly intelligent person, and though she had abandoned any hope of recovery, it was not difficult to rouse her interest in the details of the electrical examination and in the performance of the unaffected muscles.

It was demonstrated to her that while the leg below the knee was permanently out of action, all the muscles of the thigh and hip were potentially normal; that there was no necessity for any support above the knee, since the unaffected muscles were capable of steadying the pelvis on the femur, of flexing and extending the leg on the thigh, and of keeping the knee steady when extended. She was told that the greater part of her disability was due to her having ceased to practise these muscles in their natural activities, and she was promised complete recovery as far as they were concerned, if she would herself re-educate them in their forgotten functions.

At the same time it was pointed out to her that recovery would be hastened by appropriate massage and electrical applications, and it might be that some of the paralyzed muscles below the knee would turn out to be capable of improvement under these conditions; but, first and last, stress was laid on the necessity for her active co-operation, and she was told repeatedly that without it she could expect but little improvement from the mechanical aids alone. The Thomas's splint was given up at once, and the patient used a plain leg-iron, with the usual device for counteracting the dropped foot. Massage and various modifications of the constant current were given daily, and in and out of season the psychical aspect of the case was continually kept before the patient's mind.

The upshot was that in a fortnight she could stand on the affected leg without help, in three months she could walk about the house and garden with a fair amount of comfort and security, and in six months she could take any ordinary exercise. The muscles of the thigh quite regained their usual function; those below the knee showed no sign of improvement except the extensor longus hallucis, and that only occasionally

and to a small extent. The patient's mental condition improved as her leg got better, and she became once more the cheerful, energetic person she had been before her illness.

One may ask perhaps why such a case should have been chosen as an example of the efficacy of suggestion, and indeed it is difficult to decide what proportion of virtue should be ascribed to the mechanical and the psychotherapeutic methods respectively. But that is just the reason why it is chosen : it shows how close the relation is between internal and external agencies for treatment, how much they overlap, how greatly one aids and reinforces the other. It would have been possible, no doubt, to restore the muscles of the thigh to their original dimensions and to their functional possibilities by massage and electricity ; but without the continual suggestions to the patient, and her own constant activities of mind and body, I doubt if those functions would ever have been exercised.

On the other hand, it would have been unreasonable to expect the psychotherapy to meet with any immediate or dramatic success. The patient was a strong-minded business woman, inclined to be sceptical of

any mysterious influences she did not understand, and with very little imagination. Moreover, she had developed a habit of mind and body with regard to her leg, of long growth, and based on perfectly reasonable grounds. The conviction she held had to be loosened and replaced by another : her whole attitude had to alter, and these changes could only be effected by means which would appeal to her rational and common-sense mind.

G. G.—This patient is an example of the type of functional disease where suggestion by itself may be expected to effect a more or less sudden cure. She was a girl of fair intelligence, the child of working people, and had suffered from the age of 13 from some kind of fits ; no doctor had seen her in an attack, and the mother was vague in her description of them ; they did not impress me as likely to be epileptic, but rather of the nature of 'faints'. One day in the spring the girl saw the family cat run over by a cart. She at once had an attack, and on recovery found her right leg paralyzed ; in the course of an hour the other leg became numb and useless, and from that day until November—eight months—she lay helpless in

bed. During this period she had been seen at intervals by her doctor, who was never able to discover any sign of organic disease, and was constantly impressing on her the need for effort if she wished to recover. The girl did her best, but her attempts were frustrated by her mother, who lost no opportunity of showing off the patient to multitudes of neighbours, expatiating the while on the sadness of the case and the extreme improbability of cure.

Fostered in this way the patient's delusions as to her paralysis became more fixed, and at the end of eight months she showed a text-book picture of hysterical paraplegia; the only sensory disturbance was a stocking anæsthesia of the right leg, and this had been induced by an incautious remark I had made quite early in the case.

There was no difficulty in the diagnosis. The patient was really anxious to get well, and she was intelligent enough to grasp the principle of the suggestion treatment as it was outlined to her. The home influence was eliminated by taking the girl into hospital and forbidding the mother to visit her, and it was found easy to remove the anæsthesia permanently by simple suggestion.

Before attacking the motor problem, the girl's general condition was improved, and she was given regular and energetic massage to both legs. She was in an atmosphere of cheerful anticipation and hope ; patients who had been relieved of similar troubles were brought to her, and everything was done to awake in her an eager expectancy of cure. At the end of a fortnight she was told that she had succeeded in defeating the weakness in her legs, and that the application of a particular electrical treatment next day would result in her being able to use them.

The next day she was taken down to the electrical department and a heavy discharge from a glass electrode (HF) was passed over her legs. In a few seconds she said she thought she could walk ; she was helped up from the couch, and at once walked somewhat unsteadily out of the room and along the corridor ; she never relapsed, and for many years now she has been leading a hard-working and useful life.

If these two cases are contrasted, we see that in both there is a functional element, and in one an organic as well. For the moment leave the organic injury : the position is that

in both we have the functional disability, in the one pure, and in the other associated with organic change. It seems to me just a matter of degree to say what proportion of the resulting disability should be ascribed to the functional cause. Obviously there is no destruction of tissue in the one case ; but it is doubtful if there can be any loss or diminution of function without some alteration in structure, though the change may be so subtle as to escape our powers of observation ; and if we return to the case with obvious organic injury, we shall find it very difficult to determine the point where alteration of structure on the one side must be regarded as permanent and destructive, and on the other, temporary and capable of restoration.

R. G.—The next case is a simple one of warts on the face. Innumerable scientific and quack remedies have been vaunted as cures for this condition, but we still lack a specific. This patient, an unintelligent girl of 14, had a crop of small warts round the mouth, which had lasted for many months, and had been exposed to various treatments, incantations among them. From time to time some of the warts would

disappear, but others took their place, and the disfigurement and annoyance were really troublesome.

The largest wart was burnt off with the cautery, and the others were touched with the cold point; the patient was told that these would disappear in seven days, provided she thought hard about them for ten minutes every day, desiring very strongly that she might be rid of her trouble. The scheme was successful, and in a week's time every wart had gone, nor had they returned when the patient was seen again some weeks afterwards.

Remembering that a wart is a true neoplasm consisting of an outgrowth of connective tissue with blood-vessels and nerves, its removal by psychotherapeutic methods is really an impressive fact. It induces again an atmosphere of doubt as to the limits of these methods. If one kind of growth, why not another? If a simple type, why not a malignant? It is unconvincing to ascribe the removal of the warts in this case to coincidence, and besides, we all have first-hand knowledge of similar cases, differing from this only in the circumstances under which the method was applied. I remember a gardener

in the country where I lived as a boy, who had an immense reputation as a wart charmer: every servant girl in the neighbourhood and for miles around consulted him, and, though no doubt one heard more of his successful cases than of his failures, his reputation rested upon a firm basis of results. His method was to touch the warts with a pebble in which the occult power dwelt, and the patient was instructed to rub into them, daily, the juice of some plant that varied with the season of the year. His cases and mine are on all fours, the difference being that he took all the credit for his success, while I am convinced that my patient had only herself to thank for her cure.

The last case I shall describe is that of a woman with malignant disease of the pylorus. She had the usual symptoms of this condition—pain and vomiting and loss of flesh—but for some months it was supposed that it was a case of chronic indigestion only. This theory was given up after an exhaustive examination, which included a bismuth meal, and as the patient was not satisfied with the altered verdict, she had a second opinion. The physician disagreed with the diagnosis, and told the patient that she was suffering

only from her chronic trouble, and would get well with suitable treatment ; this statement had a great effect, and within twenty-four hours the pain and vomiting had both ceased. In six weeks the patient had gained 17 lb., and had lost nearly all her cachectic look. About this time it became possible to palpate a hard swelling in the right hypochondrium ; there was a sharp hæmatemesis, and the vomiting and pain slowly returned. The patient lived for another two months, and the post-mortem showed a large growth extending from the pylorus along the greater curvature.

One is not justified, however, in concluding from this case that the psychic effect of a favourable prognosis can extend so far as to inhibit the activity of a malignant growth. There is no evidence that this happened here, and, as far as I know, there is none that such an effect has ever been produced in any authentic case of malignant disease, or at least none that could satisfy an honest inquiry. But the relief of symptoms was so impressive that it was difficult to reconcile it with the idea of a steadily progressing disease ; the explanation of a normal remission was not satisfactory, as the coincidence was too

striking to make this at all likely, and one was forced to admit the possibility of an inhibition as the result of what was really a psychotherapeutic measure.

If we consider these four cases, which are but types, and associate with them the similar experiences which have occurred to all of us, we must admit the futility of dogmatizing either on one side or the other. We know very little about natural law, very little of the reactions between health and disease, less than nothing of the effect of experience, of 'mind', on either. How can it be reasonable to state that "the applicability of suggestion as a curative agent is severely limited, and it is necessary to understand on what its limitations depend . . . in order to select only suitable cases", when we are ignorant of the first principle on which disease, and suggestion with its applicability or otherwise, depend? For all that, those who limit the field for suggestion to this degree, and decline to admit its universal scope, just because examples of its apparently supernatural effect have not come their way, form the bulk of common-sense lay and medical opinion at the present time.

On the other hand, the difficulty of the orthodox ecclesiastic is—Bishop Ryle's committee notwithstanding—that he has an uneasy feeling that it is disrespectful to imagine that the Almighty works by rule at all, or is hampered by any consideration for laws that He has made Himself. This point of view suggests that the divine power is not only capable of unmaking or of abrogating its own regulations, but constantly does so with complete indifference and flippancy, leaving us bewildered, as children are when a conjuror takes rabbits out of a hat.

This is all very well from the ecclesiastic's outlook, and perhaps is the logical attitude for him to adopt ; but it irritates the other side unnecessarily, and explains, I think, the gulf which separates him from the physician, a gulf which the physician at any rate seems unwilling to cross on any consideration.

It should be possible to reconcile the two outlooks. It would be, if both sides would accept the dictionary definition of a miracle as "a deviation from the *known* laws of nature". Both sides could meet on common ground at once ; the materialist would cheerfully admit the possible existence of still undiscovered natural laws, whereby the

unorthodox cures he cannot swallow might be logically explained; the ecclesiastic would be content to assume that the Almighty respects the laws on which the universe is apparently based, has no need to go outside them, and achieves His results by their means; our ignorance of them makes no difference at all; what does make a difference is our habit of confusing the discovery of a law with its creation.

He would have to admit, too, that the divine power would be unlikely to make a reservation in favour of any particular religion in regard to spiritual healing, faith being as efficacious with the heathen as with members of any more sophisticated creed.

It is reasonable to assume that the Almighty has other laws at His disposal which allow Him to accomplish results that we cannot account for by our present knowledge. Are we to call Him a quack for that reason? The scientist makes no effort in his mind to limit the possibilities of evolution: why should the medical artist be less generous in his ideas, or imagine that his work has special limitations, or be content even with the labels of functional and organic disease, when he has no sound reason

for determining where one begins and the other ends?

I can see no logical objection that can be brought against the assumption that laws exist permitting the readjustment of any relations disturbed by disease. Indeed, the little evidence we have, compels us to recognize their presence. I have never seen any but their most elementary applications —never met for example with a cured case of malignant disease, where the cure was permanent, and the malignancy beyond question. But faith that can move warts cannot be restricted by arbitrary rules nor judged by present values: it is as futile to attempt it as to define suggestion as "a process of communication resulting in the acceptance of the communicated proposition in the absence of logically adequate grounds for its acceptance". On the contrary, one is justified in thinking of suggestion with respect, because of the entirely logical position on which it is based. No, in medicine, this Canute-like attitude is out of date, and those who, from pride or superiority, persist in it, are liable to be overtaken by the tide which would have overwhelmed him who first adopted it, if he had not shifted his position.

Grant the infinite possibilities of development and admit our own ignorance, and every person has in himself the power of exploiting his own experiences in every direction and to an unlimited extent, and so is competent, simply by taking thought, to reproduce in solitude all the seeming miracles of Nancy or of Lourdes.

JOHN WRIGHT AND SONS LTD., PRINTERS, BRISTOL.

JOHN WRIGHT & SONS LTD., PUBLISHERS, BRISTOL.

Published QUARTERLY, in MAY, AUGUST, NOVEMBER, and FEBRUARY.

Subscription **30/-** *net per annum (may begin at any time).*
Single Numbers **8/6** *net, post free. Cases for Binding,* **3/6** *net.*
Bound Volumes I and II Now Ready, Cloth, **36/6** *each net.*

The Journal of Neurology and Psychopathology

AS compared with Continental countries and America, British medical journalism has been slow to deal in adequate fashion with the advance of the last decennium in our knowledge of Nervous and Mental Diseases. THE JOURNAL OF NEUROLOGY AND PSYCHOPATHOLOGY is devoted to the furtherance of knowledge along entirely modern lines in all that pertains to the nervous system, and comprises :—

1. **Original Papers dealing with Neurology and Psychology and any of their branches—Neurophysiology, Neuropathology, Psychotherapy, and so on ;**
2. **Short Papers and Clinical Notes on cases of neurological or psychopathological importance ;**
3. **Editorial Comment on Current Topics bearing on the matters with which the Journal is concerned ;**
4. **Special Critical Reviews and Digests on subjects of neurological and psychological interest whereby the reader is kept abreast of the most recent research and expressions of opinion ;**
5. **Selected Abstracts from Foreign Contributions to neurology and psychology and their various subdivisions, including endocrinology, from current literature ;**
6. **And Reviews of recent books and monographs.**

It is hoped thus to bring before the general medical reader, as well as the professing neurologist and psychologist, the results of modern work in organic and functional Nervous Disease; in Psychology and Psychopathology; in the Physiology of the Nervous System; in Vegetative Neurology (so-called) and Endocrinology; and in the application of modern research on these topics to the problems of practical and preventive medicine and sociology.

9th Edition. Fully revised. Large 8vo. 665 pages. **35/-** *net. Postage* **1/-**. *With 262 Illustrations (some in colours), including Four Plates.*

TEXT-BOOK OF NERVOUS DISEASES.

For the use of Students and Practitioners of Medicine. By CHARLES L. DANA, A.M., M.D., LL.D., Professor of Nervous Diseases in Cornell University Medical College; Consulting Physician to Bellevue Hospital; Neurologist to the Montefiore Hospital, and to the Women's Hospital; Consulting Physician to the Manhattan State Hospital, etc.

It is now twenty-eight years since the first edition of this text-book. The successive volumes present in a measure a record of the advancement of neurology during that period.

In the present edition the Author has endeavoured to keep in touch with established progress. Material has been added bearing on the subjects of Neurological Surgery and Injuries to the Nerves, and the results of Shock and Emotional Strain caused by the war.

Chapters have also been added on Psychology, in its dynamic, descriptive, and physiological phases, and on Endemic Encephalitis or Encephalitis Lethargica.

Demy 8vo, 380 pp. Illustrated. **25/-** *net. Postage* **7d.**

FUNCTIONAL NERVOUS DISORDERS:

Their Classification and Treatment. By DONALD E. CORE, M.D. (Manch.), M.R.C.P.; Honorary Assistant Physician, Manchester Royal Infirmary; Lecturer in Neurology, Victoria University of Manchester.

The problems presented by the functional nervous disorders occupy a prominent position in present-day medicine, and their importance has been emphasized as a result of the recent war. It is probably true that in no branch of medicine is there more confusion and lack of agreement than in that which deals with these abnormalities.

Demy 8vo. **3/6** *net. Postage* **4d.**

EVOLUTION AND DISEASE.

Founded upon the Author's "CHADWICK PUBLIC LECTURES." By J. T. C. NASH, M.D., D.P.H., M.O.H. County of Norfolk.

Demy 8vo. **6/-** *net. Postage* **6d.**

HEREDITY, EVOLUTION, AND VITALISM:

THE RESULTS OF MODERN RESEARCH INTO THESE QUESTIONS—THEIR TREND AND SIGNIFICANCE. By RONALD CAMPBELL MACFIE, M.A., M.B., C.M.

THREE COMPANION VOLUMES.

Reduced Price for the Complete Set (value £6 6 0) if ordered together £5 14 0 net.

Third Edition, fully revised and enlarged, with 39 Coloured Plates, and over 300 other Illustrations. Super Roy. 8vo, 932 pp.
42/- net. *Postage* **1/3.**

AN INDEX OF DIFFERENTIAL DIAGNOSIS OF MAIN SYMPTOMS. Edited by HERBERT FRENCH, C.B.E., M.A., M.D. (Oxon.), F.R.C.P. (Lond.), Physician to H.M. Household; Physician and Lecturer, Guy's Hospital. Together with 22 SPECIAL CONTRIBUTORS.

This work aims at being of practical utility to medical men whenever difficulty arises in deciding the precise cause of any particular symptom of which a patient may complain. It covers the whole ground of Medicine, Surgery, Gynæcology, Ophthalmology, Dermatology, and Neurology. It is a work upon differential diagnosis in that it discusses the methods of distinguishing between the various diseases in which each individual symptom may be observed. The body of the book deals with *Symptoms*, while the General Index, containing some 60,000 references, gathers these together under the various *Diseases* in which they occur.

Eighth Edition, fully revised and enlarged, with many New Articles and Illustrations. Super Roy. 8vo, 1040 pp.
42/- net. *Postage* **1/3.**

AN INDEX OF TREATMENT. Edited by ROBERT HUTCHISON, M.D., F.R.C.P., Physician to the London Hospital, etc.; and JAMES SHERREN, C.B.E., F.R.C.S., Surgeon to the London Hospital, etc. Together with 90 SPECIAL CONTRIBUTORS.

A complete Guide to Treatment in a form convenient for reference.

Nearly Ready. Third Edition. Fully Revised and Enlarged to Super Roy. 8vo. **42/- net.** *Postage* **1/-.**

AN INDEX OF PROGNOSIS AND END-RESULTS OF TREATMENT. Edited by A. RENDLE SHORT, M.D., B.S., B.Sc. (Lond.), F.R.C.S. (Eng.), Examiner for First F.R.C.S.; ex-Hunterian Professor; Senior Assistant Surgeon, Bristol Royal Infirmary; Lecturer on Physiology, University of Bristol; Surgeon Clifton College. In conjunction with 25 SPECIAL CONTRIBUTORS.

Sets forth the Results, and particularly the End-results, of various methods of Treatment in such a form as will enable the Practitioner to obtain a fair, unbiased, reasoned opinion as to the prospects of securing for his patient permanent relief, and the risks of such treatment.