

MENTAL THERAPEUTICS IN NERVOUS AND MENTAL DISEASES.¹

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I desire to present some thoughts on "Mental Therapeutics," drawn mostly from experience, which may have a practical value in showing the importance of ideas and of mental states in their influence for good or evil upon disease. The subject is not new, but it is one which is worthy of more attention than it has received from the medical profession as a body and it is of increasing importance.

For the purpose which I have in mind, the practice of medicine might be separated into three divisions: First, practice with drugs; second, practice with mechanical appliances, embracing surgery; third, practice with mental and moral means, including the influence of mental conditions upon the body. These three divisions are not separated in the employment of their respective means, and any or all of them may be applicable in a single case, yet it may be said, as a rule, acute internal diseases are treated by drugs, and surgical diseases by mechanical means, while many of the mental and nervous affections are, as a rule, "past all surgery" as well as pharmacy, and mental and moral influences powerfully affect them, whether used by the medical adviser or reaching the patient through other channels. It is also true in nearly all diseases that mental states of the patient and of all those around him have an important bearing upon the result attained in treatment.

The third division which I have mentioned—the use of mental and moral means in dealing with disease—would generally receive the least recognition and, perhaps, be considered by many

¹ Read before the Chicago Medical Society, Feb. 20, 1901.

of small importance. No one would deny, however, that mental means were applicable to some extent in mental and nervous disorders, but these disorders, as well as the treatment of them by mental therapeutics, have been and still are almost *terra incognita* to the average medical mind, though every practitioner employs mental therapeutics in his intercourse with his patients wittingly or unwittingly, and attainment of success is often largely due to their employment even in ordinary acute diseases, while failure results at times from lack of their use.

It is well known that mental states produce great and even extraordinary bodily defects. A familiar illustration of the simpler effects is the blush of modesty or the pallor of fear where a thought instantly and plainly produces a vasomotor change. An idea has been known to produce a blister where a patient believed a postage stamp or a piece of court plaster was *emplastrum cantharidis*. Similarly, pills of opium have been known to produce a cathartic effect. It is true that life itself has more than once been destroyed by a fatal thought. Again, ideas or the lack of them may produce insensibility, so that a surgical operation can be done without pain in a hypnotic state. A soldier in the excitement of battle may be riddled with bullets and yet not know it. The time is too short to go into details, which, indeed, are doubtless familiar to all.

But to assign importance to the mental state in, let us say pneumonia, or an operation for the removal of the appendix, would be thought fanciful by some. Surgeons especially are prone to overlook the value for good or evil to their patients of the mental condition antecedent to, during and after an operation, and cases have occurred where temporary or permanent insanity followed a surgical operation which it would seem might have been avoided by more careful attention to the mental condition of the patient.

Nervous and mental diseases are naturally those in which we may expect mental and moral therapeutics to be applicable. Coarse brain and spinal disease or structural lesions can, of course, be little affected by mental states, but it is more and more recognized that even in these a hysterical or psychical element is present. The so-called functional nervous diseases, however, are strikingly affected by mental influences. These diseases have

entering into them problems soluble and insoluble which relate to the connection between mind and matter. We have not been in a position to study these wisely until very recent years, and, in fact, so far as mental diseases are concerned, it cannot be said there is to-day any study or teaching of them in the medical schools commensurate with their importance, and so far as the average practitioner is concerned to-day, according to my observation, his sole thought in such a case is often not what he can do for the patient, but how quickly he can turn him over to an alienist or neurologist. But a change in this respect is coming, and is evident when one looks either at the curriculum of the colleges or the contents of books and journals. By slow and toilsome steps, the structure of the brain and cord are being unraveled. Like learning to read the ancient hieroglyphics, only infinitely more complicated and difficult, has been the process of gaining an understanding of the significance of outline, color, form or substance as microscopically seen in nerve cell, in cell wall and nucleus, in projection and association fibers, in motor and sensory tracts, in vascular supply and connective-tissue network. It is now known, however, that nerve fatigue involved in brain work, when it goes beyond the physiological stage, impairs nutrition, and in the cell and its nucleus can be read the story of strain and overwork, also of toxic conditions of the blood. Even the changes produced in functional diseases can, to some extent, be now deciphered and it becomes a question whether the division into organic and functional disease is anything more than a cloak for our ignorance, or, at least, something marking the point at which knowledge ceases, which point is being rapidly pushed further and further back.

It is not too much to claim that we shall ultimately understand the effect of intellectual and emotional processes upon the brain and grasp the principles that determine brain disorder and destruction on the one hand or building up and restoration to normal function on the other. We know that hope can make alive and fear can kill as an abstract proposition, but may we not expect to gain control of hope and fear and use them intelligently instead of blindly for our patient? The phenomena of mental healing are worthy of more attention than they have received. Those of Eddyism (which is the proper name for so-

called "Christian Science"), of osteopathy, of "divine healing," whether by saints' relics or waters of Lourdes, or the holy coat of Trier, have in them lessons for our profession. And here I beg to cite a few words from a recent utterance which strikes me as very apposite. I find it quoted from an address of Dr. E. H. Martin in the *New York Medical Journal* of March 3, 1900. Dr. Martin, in an address delivered at Memphis, related the following incident:

"When I was a student a young woman who happened to be an ardent Catholic, a patient of my preceptor, was afflicted with the most severe form of hysteria. For six years or more she had not walked from paralysis of both legs; for a lesser time she had been blind with perfect eyes. . . . I took a small part in her cure. I held my preceptor's horses in front of the priest's house during an interview. It came to pass soon after, that the young woman began to hope for a cure through a bottle of water from the fountain of Our Lady of Lourdes. . . . How many masses were said I do not remember. The bottle of water came, and on Easter Sunday, after weeks of prayer and preparation, the young woman was carried on a litter and laid in front of the altar. The bottle was opened, the holy contents were sprinkled on her and she rose and walked. Her sight was restored; a miracle was performed. My preceptor received no credit; he and the profession were hooted at, but he expressed a quiet satisfaction over the result."

The power residing in the influence of the healthful mind upon the sick mind and body is great and undisputed, but has been misdirected and left to the empirics, good, bad and indifferent. Certain diseases consist largely, for practical purposes, in diseased ideas—hysteria, hypochondria, neurasthenia—even traumatic cases in inherently unstable individuals often have no appreciable lesion and present only the effects of exhaustion or commotion from shock or concussion of the brain or nervous system with consequent defective nutrition of higher centers and hence defective ideation. The theory, however, that the suffering in these cases is purely a matter of imagination is a mistake. Whoever assumes that hysteria has nothing but a sham belief behind it and seeks simply to deny the presence of anything real, and to show the patient the error of his ways and thereby

effect a cure, has a hopeless task before him. To inform the patient that the suffering is purely imaginary and claim there is no disease, is the surest way to lose the confidence of the patient and thus all influence with him as well as the power of doing him any good. The same thing is true in mental disorder where delusions are entertained. It is not far from the truth to say that a morbid idea was never cured by argument. The idea will correct itself whenever normal conditions are restored.

Even in structural disease the influence of mind is powerful. Many paralytic and ataxic cases from organic brain disease are complicated with hysteria and hypochondriacal ideas. In the newer treatment of locomotor ataxia, patients are newly taught to walk after once having lost the power, by re-education of the muscles of coördination and the intuitions of movement residing in the gray matter of the brain and cord.

Furthermore, patients with pneumonia, typhoid fever, appendicitis, or even broken bones, are profoundly affected for the better by faith and confidence and hindered by fear and discouragement. An old Arabic apothegm represents the spirit of the plague as entering a city gate, announcing the intention of destroying a thousand lives, and in passing out again, when accused of slaying ten thousand, of saying: "I slew but one thousand, fear killed the rest."

The term "*malade imaginaire*" does much mischief. A sick imagination is indeed an undeniable reality, as any one who labors with it for months and years can testify, but it rests upon a deeper condition. The muscles paralyzed in hysteria are as truly paralyzed as those made helpless by organic disease. The idea is as true a pathological state as a clot in the cortex, though less understood.

It will not be profitable here to theorize as to the actual state, since it is "not a theory, but a condition," that confronts us, and the data for intelligent discussion are as yet lacking. We will not speculate, therefore, whether "retraction" or interruption by some other means of the paths of association takes place; whether defective nutrition impairs the normal consciousness and destroys the "psychological synthesis" necessary to full healthful consciousness; whether there is a conscious and a sub-conscious self and how these two act and react may be left to be

determined when we know better what the conditions of consciousness are and what it is itself. It is useless to assure the sufferers from hysterical paralysis that they only imagine they cannot move the helpless member. The morbid idea rests upon a brain changed in its functions by some obscure but material condition (whether an inherent defect, a change in nutrition, a toxic or impaired circulation, or two or more of these things), and this condition must be relieved before any change in the idea is possible. If a metallic disc, an electrical current, a magnetic touch, an electric-light bath or a hypnotic or waking suggestion will accomplish the result, these are not to be regarded as quackery, but used in a rational way. They are not in the last analysis any more mysterious than the action of quinine or calomel.

Often a long course of training, of practice in substituting hope and expectation for fear and apprehension, courage for despondency, confidence for distrust, is required in these cases.

All the above may be trite from an abstract point of view, but the concrete employment of it in practice is far too little understood.

The central idea of my remarks is that the cure of many nervous and mental diseases consists in a process of rebuilding in the patient natural and healthful lines of thought and association; replacing morbid ideas with normal ones, of forming new habits of thought and action by a process that may be in some cases likened to education.

Exact science has hitherto dealt little with the methods of cure by the imponderable influences of mind for which there was no known physical basis. It has too often, seeing how much of deception and fraud was associated with these methods, ignored the small residue of genuine truth. Earnest searchers are now gathering the facts essential for real understanding of working of mind in health and disease so as to promote the former and repress or cure the latter.

Two methods of obtaining relief through the influence of mind upon the body are found in practice: First, by some strong and rapid impression in the nature of an emotional shock, operating powerfully upon the consciousness; a hypnotic trance; an exaltation of faith or hope which perhaps disturbs the relation of the parts and allows them to return to newer and more normal asso-

ciation, being occult and obscure in its action; second, by a slower process of inducing a new mental state and habit and, through this, increasing or rightly directing the nerve energy and influencing favorably the circulation and nutrition of the parts concerned. The former, the quick way, sometimes brings a result which is both brilliant and phenomenal; such are the cases cured by hypnotic suggestion, by Lourdes water; by so-called divine healing or alleged "Christian Science." While many are relieved, in many of these the result is only temporary, and other cases are wholly inaccessible to this method. The second method, the plodding and patient one, is the one from which most is to be expected in the long run. Just as the ataxic can be taught to gain new control of muscles; so (and often more so) the neurasthenic can regain some (and often much) of the lost control of mental operations, conscious or subliminal, which in a normal mental state regulate sensation and motion and maintain the unity of functions, allowing no subordinate impulse or aberrant idea to usurp the place of reason.

In nervous diseases a weakening of the full central cerebral autonomy occurs through failure of nerve power. This unity and harmony are lost in the movements and sensations of the body. Some outlying motor or sensory region is no longer under control, rebellion or independent government is set up. The different parts act for themselves without reference to each other, or abnormal associations are formed. One part practically says to the other: "I have no need of thee," as when a healthy retina abandons its function in hysterical blindness or two parts not normally related become pathologically intimate.

The stomach, the heart and mucous or tegumentary surfaces are often affected by most complex reflex relationships of perplexing pains and paræsthesia. It may be that sense impressions are too weak or too strong; some sensation which should be fleeting remains long or permanently fixed. On the other hand, or in other cases, the motor apparatus loses its strength or regularity of action; tremors, spasms, tonic contractions, paralyses may occur, or those muscular "tics" which cause such annoyance and are often so intractable. Brissaud has recently reported several cases of what he terms "mental torticollis," and Chatin one of "mental trismus." In some cases the imitative instinct leads to

repetition of some movement, or recurrence of some imperative idea. In this manner diseased habits are formed, habit pains, and habit spasms, or habit ideas, insistent and unreasonable, usurp the place of normal sensation, thought and action. Phobias of various kinds of pathological doubt and indecision develop upon the groundwork of brain instability and of malnutrition or exhaustion of brain and nervous system, in which oversensitiveness or oversuggestibility cause prolongation of phenomena which should be fleeting. I will here cite some illustrative cases.

A patient of mine, at times when encountering a strong and disagreeable sense impression, would be troubled intensely by a sensation of having such impression driven in and "fixed between her eyes," and could not escape from the constant presence of this idea or obsession for hours and days. Another sensation she often complained of was a feeling as if the cuticle were removed from the whole surface of the body, and as if it were covered with lace, every thread of which was painfully present to consciousness. She was strongly possessed of the idea she was going to be insane. She had suffered in this way for seven years; she had been told her ideas were ridiculous over and over with the result of only aggravating the state. She finally grew so oversensitive and apprehensive that no outsider could come to the house for fear of bringing on a nerve crisis, and the doors and windows were barred and nailed up, and husband and daughters went and came through the rear entrance. This patient, by a prolonged course of invigorating spray-baths and massage, nerve tonics, graduated exercise, rest recreation, static induced current to head, and, especially, a systematic course of "waking suggestion" of the true condition and cause of her abnormal sensations impressing her with the fact that she could break the control of these ideas, obtained substantial but not complete relief. Her habits of seven years could not be corrected in three or four months, but after treatment she was able to return home and live more comfortably. She was no longer tormented by the idea that she was going insane and has been comparatively comfortable at home for a year.

Another patient, without the presence of any organic lesion, was continually tormented for months with the idea that her eyes were not straight. She would spend hours before the glass

watching the movements of her eyes, and day after day would continually inquire of every one around her whether her eyes were straight, repeating the question a dozen times in five minutes. Her eyes had been examined by two competent oculists and no lack of parallelism or other defect found. She was subject to violent migrainous attacks; there was a strong heredity of insanity. Nothing was found capable of giving relief. Hypnotic suggestion, waking suggestion, all forms of drugs, dietary and regimen alike, proved unavailing. She passed from under my care, and I learned later had been committed to a state hospital for insane.

Another patient, neurasthenic for many years, began to be troubled by the idea that she was going blind. The basis of this idea was the *muscae volitantes*, which are so common, and which were no worse with her than with many. The assurance of able oculists that she would not go blind had not the slightest effect. Her condition became more and more serious, and at last neither she nor her family could rest day or night. By coming under treatment in a sanitarium, she was in a few months entirely relieved and able to live comfortably at home again, where she has now been for a year and a half. In this case healthfully suggestive advice had more to do with the result than medication or other treatment.

In another case, a man who had been in active business suddenly shut himself up at home. He would not leave the house without his wife, nor could he be induced to enter any wheeled vehicle. Once having tried a suburban train, he became panic-stricken as soon as it was under way, rushed upon the rear platform and left the train as soon as stopped at the next street. He thought he would surely have jumped off if the train had not stopped. This patient had innumerable phobias connected with heart, eyes and other organs. The condition, though appearing suddenly, had been gradually brought on. There was a highly neurotic temperament to start with and some events acting as exciting causes. A year before, this patient had been greatly frightened by being nearly asphyxiated and had also had some anxiety and fear of scandal from a dishonest employee. He had used alcoholics pretty freely to relieve his depression. Three sisters of this patient had very similar attacks, in one of whom it

lasted two years. The mother and her family were rheumatic; the patient's grandfather had died of tuberculosis. Sufficient improvement was secured by treatment largely suggestive to enable this patient to go about freely in cars, to direct his business, though remaining quite closely at home and not yet free from many morbid fancies. He subsequently recovered so as to regularly engage in his business.

Another patient, a man of thirty-eight, traveling cigar salesman, was, at twenty, supposed to have had consumption. He went to Minnesota and recovered in a few months. Three years ago had a tuberculous gland removed from groin and extensive abscess and erysipelas following kept him ill a year. He was then well until about a year ago, when he was the subject of a "boy-cott" by a cigar union. Some threats were made against him at this time. Patient went away to a distant city and started in business, but everywhere he went he fancied he was followed and would be attacked by the spies of the union. He gave up business and returned home and continued to suffer from unreasonable fear; fancied he never went anywhere on the street without being watched and followed; thought people watched the house; had little rest night or day and constantly grew worse. This state lasted a year when he consulted me. I gave nerve tonics and mild sedative at night; ordered him to find something to do. He went into a factory as foreman and got on well for some months, though interrupted by acute sickness for a few days, during which all ideas were worse. His condition became intensified while he remained idle, and employment formed the best mental therapeutics for him.

As illustrating the state to be contended with in such cases, I will mention a few of the obsessions or imperative ideas encountered.

One patient, a woman, presented as the central and commanding feature the idea that a muscle was broken in her throat and the ends were hanging loose; also at times would say that her body was in sections, the vertebral column being separated in segments. On subjects not connected with self she was perfectly rational; enjoyed company, games, etc., and did not lose the power to dance, sing and play. She finally made a good recovery through suggestive therapeutics mainly. Another pa-

tient calmly insisted at one and the same time she was suffering from abscess of the ear, neuralgia of the heart, congestion of the lungs, inflammation of bladder, with imminent danger both of apoplexy and "spinal disease."

Two patients recently under my care presented the same obsession—an apprehension of defilement or "mysophobia." They would not wear or touch any article of clothing or object that had, as they imagined, grease or any spot upon it, refusing certain garments and throwing away or destroying clothing and other articles with entire disregard of value, common sense, or wishes of friends. These patients both improved under treatment away from home, and, after more than a year, are getting on well, though constitutionally very neurotic.

Another common morbid and unfounded apprehension is that of dying or going insane, and such a case will sometimes terrorize a whole family and all the circle of friends, dominating the situation day and night for weeks together. Many patients to the ordinary observer will present nothing amiss except the one all-commanding idea, but a careful study will reveal to the physician many ways in which the patient has changed from the normal; there is a lowering of the moral tone and temper, undue irritability and mental weakness.

A male patient, thirty-six years of age, foreman of railroad construction, who had a brother affected with locomotor ataxia, in consequence of immoderate work and excesses in alcohol and venery, became neurasthenic, and his mental state was one of extraordinary fear that he had locomotor ataxia himself. He had become familiar with some of the symptoms and presented all he knew about it—lightning pains, imperfect gait, station and coördination. The matter had been aggravated by several physicians giving a diagnosis of locomotor ataxia. This patient made a good recovery, mainly with application of mental therapeutical means, and is to-day, after nearly a year, engaged in active business.

The imperative idea which overshadowed all else in the case of a journalist, aged forty, who was under my care, was that he was a victim of epilepsy. His mother had been epileptic and nothing could satisfy him that he had not the disease himself. He had fought with this fear for months, and finally being totally

unfitted for work, went to bed at home under the care of a trained nurse. He did not improve, and later consulted me. I placed him upon hydrotherapeutic treatment, with massage and tonics and carefully regulated exercise and diet, seeking to give him mental diversion in every manner and to exert a salutary influence by constant suggestion to him of the correct view of his condition. He was conscious of the initial symptoms of epilepsy, fancied he felt the aura, etc. His emotional condition was pitiable; paroxysms of weeping, mental agitation, muscular contortions were constantly succeeding each other during his waking moments. He remained nearly stationary for weeks; the only thing he would think or speak of was his supposed epilepsy. He began to show much physical improvement, but could not see that he was any better. Later he did not dwell so constantly upon himself, and gradually began to take a little interest in outside matters. He was still far from well when his wife visited him. He decided to return home with her and come to me for treatment again if necessary, but after going home continued to improve and remains to-day, after four years, in good health and is actively engaged in business. I do not know that I cured him, but am sure he would not have gotten well except for assistance similar to that I gave him.

In these cases the re-establishment of harmony in the system becomes necessary. The body in this diseased condition may be compared to an orchestra in which there is no leader and each instrument is going off on its own independent line. The instruments themselves may be all right, but they must play together, and when the trombone is in the key of four flats and the violin three sharps, and one is on a dirge and the other on a jig, and several others have a "jag" (to speak profanely), the result is easily imagined but hard to endure. Reason must be upon her throne, rebellion must be put down; regulated and concerted movement are required. All the parts must be in normal conjunction with each other and with the central power that directs.

When an abnormal habit of thinking or feeling or movement has been formed, it is a matter of much time and difficulty to overcome it. In some cases, rest, in others, carefully regulated exercise, is needed. In all cases the drawing away of the mind from unhealthy channels is necessary, and the most important

means of attaining this is substitution of that which is healthful for that which is morbid by suggesting and keeping ever before the patient the fact that he shall resign himself into the hands of those who have the care of him and understand better than he possibly can what his true condition is and how it can be cured. Change of scene is often important, but travel or visiting of relatives are often undertaken with unfavorable results. Going away and resting quietly in a suitable locality is better. The patient is to have no theories about himself and do no worrying about himself; let his doctor and his nurse do all the worrying. It is necessary to enter with keen sympathy into all the patient's conditions, his heredity, his racial peculiarities, his occupation and all his personal limitations, habits, susceptibilities; the shocks and trials and accidents he has endured. Encouragement, explanation, suggestion (waking suggestion and hypnotic, if need be), must constantly be brought to bear. To know how far to indulge the patient, and where to sharply check him, is important. Implicit obedience must be required and yet with sufficient tact not to demand the impossible. SUBSTITUTION in mind and life of something healthful for something morbid must constantly be aimed at. Any normal interest is to be found and encouraged. The patient must be helped to help himself. He is often reduced to beggary in a neurotic sense, and restoration to solvency depends not upon medicinal alms, but upon furnishing a provident nerve "woodyard" in which he can work out his own salvation.

Some patients have a morbid heredity, and they are in some cases fully convinced they are to go the way of some one or more unhappy ancestor or relatives. They may with entire truthfulness be assured that even very bad heredity is no reason for despair, as there are almost always many descendants who escape, especially if their lives be wisely regulated with reference to nervous instability.

A mistake often made with such patients is to urge them to some great effort to throw off morbid ideas—as if something like the labors of Hercules were required—such a course often increases nerve strain seriously. Rather should such patients be reminded that in recovery and convalescence all will come easy and natural and that the "trend of things" is in their favor rather than against them.

The amount of physical exercise needs to be carefully watched and changed with changing conditions. I have many times found that patients while under mental strain and excitement do not know when they are tired. They have no healthy fatigue-sense, and while this is absent the doctor must have fatigue-sense (and common sense) for them. When the fatigue-sense returns with improvement of health, patients are often surprised at the small amount of strength and alarmed to see how easily they become prostrated, but this is in reality a good sign.

In patients with whom certain pains have become habitual, alarm and anxiety and even expectation intensifies them. I have found it useful to say to such patients that there is something abnormal in the working of their sense-perceptions. On telling them that the suffering is in the mind they will insist it is in the back or arm or what you will. They cannot deny, however, that the mind, as the seat of intelligence, is the only place in which pain can be known, and that if there was no mind there would be no pain. I then call their attention to the great variation of pain under certain conditions. A person stupefied with liquor or under great excitement may have severe injuries and not know it. On the other hand, consciousness may, under other conditions, INCREASE pain, and such is the case with many nerve invalids. Their oversensitive state multiplies pain and may make it *tenfold* greater than it should be. Instead of expecting pain and expecting it will be severe, they must seek to cultivate the expectation rather that they will not have pain or will not have it severely. The same idea is useful in combating insomnia. The nervous patient on awaking at night is immediately alarmed and feels he is surely awake for hours, which of itself destroys sleep, while if on awaking the patient subdues alarm, quietly turns over and disposes himself to sleep again he may be able to do so.

I am reminded of a patient who was relieved of insomnia for a considerable time as the result of reading Hugo Bassi's "Hospital Sermon," in which is the statement that the sick who sleep are watched over by the angels, but that God himself watches with them who wake. The influence of this thought was such that sleeplessness no longer tormented her as before.

Dr. J. J. Putnam, of Boston, in an admirable address, the

"Shattuck" lecture, before the Massachusetts Medical Society a year or two ago, remarked as follows: "To rid a patient of a tormenting delusion and increase his power of resistance against debasing habits and thoughts is quite the equivalent of a successful surgical operation and needs as much skill and preparation."

I have occasionally gone so far as to formulate a creed for a nervous patient caught in the clutches of some insistent fear or other incubus of neurotic disease, reading something like this:

"I believe in the healing power of nature. I believe that a skillful and experienced physician can understand my case better than I. I gladly accept the assurance that I can regain my health and will act upon that assumption. I will keep my mind free from doubt and fear and my thoughts, and, where possible, my hands busy, in a healthful way—so help me Hippocrates, the Father of Medicine."

This may be called the "Hippocratic oath" for the patient. It may seem puerile to a person in rugged health or to a physician who relies upon the "shot-gun prescription," or to one who is wholly engrossed in surgery, but not to a patient who believes himself hopelessly doomed to heart disease, cancer, consumption, kidney or bladder trouble, paralysis or any of the thousand horrors a sick imagination conjures up. In the desperation of such deplorable fancies the victim is glad to clutch at any straw. He is like the man hanging in the dark by his hands to a tree upon the side of a precipice and thinking he is 100 feet from terra firma. It is true the solid earth is only six inches away, but he does not know it. Many a patient who has repeated such words mechanically at first has come to have a hope and confidence from them in standing out against the assaults of morbid fear and apprehension which gave the first impulse toward natural and healthful feeling. It is known that placing the body in a given attitude, say that of prayer, is promotive of corresponding feeling; so the mind, by such form of words, may be placed in a more favorable attitude of thought. So far as Eddyism and the Eddy book are useful, they are useful in this manner and it cannot be denied that they benefit some cases.

I had intended to treat in this connection of another class of cases to which mental and moral therapeutics are especially ap-

plicable, but have not left myself time to do so—I refer to the “habit” cases in which drugs or drink are in control and usurp the place of reason. I will only say that in striving to help a case of this kind the most essential thing is the rehabilitation of the mental and moral forces which have been lost and which alone can place the patient where he can resist the lower impulse and exercise the higher faculty of reason. A hundred cures have been vaunted and each has served the purpose for those who earnestly believed in it, were anxious to reform and had some moral stability left, but for others was in vain.

I will conclude by saying that in mental therapeutics it is my belief psychiatry has a new and rich domain to conquer and annex by separating the false from the true in the fads and frauds of the day, and by placing upon a scientific basis the facts of mental influence upon physical states.

DISCUSSION.

DR. HUGH T. PATRICK:—I agree with Dr. Dewey’s statements throughout. No one who knows Dr. Dewey and is familiar with his wide experience, conscientious work and level-headed judgment, would hesitate to endorse in advance anything he might have to say. My remarks, therefore, will be simply supplemental and will be confined to the illustration furnished by two cases. I had expected to have the first patient here this evening, but she was unable to come. She is a woman, 34 years of age, and for the last three years has been a burden to herself and a nuisance to her family on account of an insistent, imperative fear that somebody will break into the house when she is there alone. She can reason about it as rationally as any one; she knows to a nicety that the probability of such an occurrence is exceedingly remote; she realizes the foolishness of this phobia, and daily resolves that it shall conquer her no more. Her fear has given rise to family dissensions, and one of the results has been that she has neglected her domestic duties; she has become generally nervous and sleepless; has lost her appetite, and has run down in general health. She is a dispensary patient, and I concluded that if I could not give her the best mental therapeutics, I would give her what I could, and so I resorted to hypnotism. She is a

good subject, has had about six treatments, and now is practically well. I have no conviction that she will remain indefinitely well of this and other nervous troubles. She has an abnormal, susceptible, impressionable nervous system, and whether she ever gets this particular phobia again or not, will be largely a matter of chance and circumstances. But this is one of the means of effective mental treatment in a few isolated and selected cases.

The other case is that of a young man, thirty-three years of age, whom I saw more than two years ago, he having been at that time a confirmed invalid for seven years. He had consulted a number of physicians without deriving more than transient benefit. Some time after leaving Chicago cured, he sent me a very clever sketch he had written for a magazine, and above it he wrote: "The story below is sent to you merely as a medical document, and not on account of any literary merit that may have crept into it. It was written by a patient of yours who, at the time, was said to be suffering from 1, enteritis; 2, catarrh of the bile ducts; 3, spasm of the ciliary muscle; 4, Rigg's disease; 5, contraction of the anal sphincter; 6, melancholia; 7, hysteria; 8, general neurasthenia; 9, after-effects of appendicitis; 10, after-effects of eye strain; 11, general weakness of the digestive apparatus; 12, incisional hernia; 13, over-work; 14, under-work; 15, nothing but crankiness." To this category I might add what he doubtless forgot in his hurry—that he had been treated for various forms and degrees of refractive error; that he was said to have a dilated stomach and gastric catarrh; was said to have had appendicitis, for which the appendix was removed, and at that operation his colon was found to be enormously dilated. I saw the operator, who is a very excellent surgeon, and he said the man's colon was about the size of one of these big German blood-sausages. He had been told repeatedly that he was suffering from autointoxication. He was brought to Chicago by rail in a sleeping berth, and on his arrival was placed in a carriage, where a mattress was arranged for him, and taken with great care to a residence on the north side, every precaution being taken so that he might not have one of his attacks of "collapse" to which he had been subject for many months or years. These attacks constituted one of his numerous symp-

toms. During such collapse his pulse became feeble and rapid, he became cold, covered with perspiration, and apparently was about to die. He had had all manner of indigestion; he was troubled with alternating constipation and diarrhoea. He had had every kind of headache that a patient could describe; he had had backache and sleeplessness. In short, he had had most of the complaints a man can have except those which indubitably point to grave organic disease. I took the patient under protest; I had heard of him for several years and did not want him. He came to me as a last resort. I examined him carefully and systematically, nearly every day for two weeks. I began with the ordinary physical examination, inspected his stools daily, gave him test breakfasts and test dinners, washed out his stomach and examined the contents, examined his blood, and, in fact, I examined him in every way that I knew, and found absolutely nothing abnormal except a dilated stomach, which performed its functions very well indeed. One by one I stopped the various medicines that he had been taking, first the enormous doses of atropine which were being dropped into his eyes every day and which were said to have accomplished some good; then I stopped the laxatives, antacids, tonics, etc., until he was taking nothing. It seems to me, that in most cases the most potent element of mental therapeutics is a thorough, systematic and conscientious examination of the patient. This is a suggestion to which every single patient is entitled. It ought not to be a gift. It is the patient's due, and in my experience, of all the elements of mental therapeutics, it is the most potent. In this case, that was the first, and I really think the most potent, element in the recovery of this young man. He had had his stomach washed out daily at one of the best hospitals for four or five months. Statements were made to the various doctors regarding the condition of his stools, but he said that not a physician had seen his stools until I examined them. This greatly impressed him. He never passed an abnormal stool to my knowledge. By gradually stopping his medicines and gradually getting him out of bed, he soon discovered that he could eat a square meal, sleep all night, and could see a few friends without having attacks of nervous prostration, palpitation, collapse, headache and dizziness. He tried to produce one of his attacks of

collapse so that I might see it, but much to his surprise and mine, he could not induce it. I early discovered that one of the most powerful mental anti-therapeutics in his case was the presence and influence of his very devoted wife. So I sent her on a visit to her home, and when the young man was able to trot all over town, to visit the suburbs and have a good time generally, I sent him off East with the absolute agreement between him and his wife that he should not see her for a year, and only write to her once in two weeks, and then a very short letter. He has made a complete recovery. He has worked for two years incessantly and hard. He was cured by mental therapeutics, pure and simple, and nothing else. He still has a dilated stomach, and once in a while it gives him a bad day, but constitutes no real disability.

Apropos of this fact, I wish, in closing, to emphasize a point to which I have called attention before, but which will bear repeating. It is this: the mere presence of structural abnormality, of organic disease, if you please, is of no earthly importance if it does not cause symptoms. I should like to have about three-fourths of the profession let that idea soak in. In my experience it is altogether too prevalent, that as soon as a tipped uterus, a dilated rectum, a stomach that lies too low, an error of refraction, an hypertrophied turbinate, or a curvature of the spine is discovered, all the complaints that that patient lays before the physician are attributed to that anomaly at once, without making the necessary physical examination, or discovering whether there is really any necessary connection between the structural defect and the symptoms.

DR. WM. E. QUINE:—Consideration for those who are waiting to be heard demands brevity. My discussion of the paper will be limited to a concurrence in the views it embodies. On the general subject of mental therapeutics I have something to say.

That the mental state of the patient, when confident and expectant, is an important aid to the medicines and methods of the physician has been a fact of familiar knowledge from time immemorial. Paracelsus, that combination of princely philosopher and charlatan, adjured his sick "To have a good faith and a strong imagination."

Faith wins victories no less than medicines; and there is no more certain way of commanding it than by a systematic and exhaustively minute examination of the patient and a recording in his presence the results of that examination. Such a beginning by the doctor never fails to create a strong impression in his favor. On the other hand, he discredits himself at the start when he hastily writes a prescription after a few words of perfunctory conversation and without any examination of the patient at all.

I am sure that much of the service rendered by the physician is owing to the faith his people have in him. Have you not lulled them to sleep with hypodermic injections of water? Do you doubt the genuineness of the cures wrought in the temples of old by incantations and magical songs? Do you question the efficacy of prayer when prayer is backed by exalted faith? Do you deny the achievements of the "Royal Touch," of "Sympathetic Powders" or of "Perkins' Tractors," in times past; or the achievements of Our Lady of Lourdes, or of Christian Science in our own time? Is it not true that numberless cases are ascribable to the potencies of Hahnemann, which contained no medicine at all, just as certainly and genuinely as are cures to-day ascribed to the operation of real medicines? And may not the cure have been wrought in the latter case, as in the former, by the faith of the patient? Has not faith, or "suggestion," or some other sort of mental agency, much to do with the achievements of Keely cures, Sanitaria, Electrotherapeutics and Dowieism?

It is a mistake to imagine that the efficacy of mental therapeutics is limited to hysterical disturbances. I have known the pain, anorexia, vomiting and emaciation of palpable pyloric cancer to be arrested by the condition of religious exaltation, termed by our Methodist brethren "The Blessing," when it was supported by a conviction of assurance from on high that recovery would take place; and I have seen the patient gain in weight for a couple of months while in a state of ecstasy and spending all her waking time in devotional exercises and rejoicing, while the cancer kept on growing. Of course the patient died; but her faith had done more to relieve her suffering and prolong her life than my medicines had done.

Many years ago I had a young lady patient whose pelvic organs had been badly injured by a fall. They were greatly displaced and inseparably matted together. The pain, dysuria and rectal tenesmus were almost unendurable. The patient had been invalided a couple of years when I first saw her. She was eager for any operation that would either kill or cure. The late Dr. W. H. Byford visited her dozens of times, and Dr. N. S. Davis, a few times, in consultation or to relieve me. Dr. Byford was importuned to operate, but declined. Medical treatment was of no avail. Complications began to creep on; an intractable diarrhoea being the most formidable of them. The patient was extremely devout, as were all the members of the family. Her brother was a Catholic priest of great piety. She had a vision one night. She was told to go to Lourdes and get well. Her faith was vehement, but it was not much greater than that of other members of the family. She got ready to go, and I spent a couple of hours examining into and recording her condition, a day or two before she started. On her way she stopped in New York to consult Dr. T. Gaillard Thomas. He pronounced her condition incurable. She went on, accompanied by her brother. On arriving at Lourdes she was exhausted by pain, dysuria, sea-sickness and diarrhoea, and was unable to walk. She was carried on a stretcher to the pool and helped into the blessed water. Upon being taken out and recovering her breath she exclaimed, "Glory to God. I am well." And she was well. That very afternoon she walked several miles. Her pelvic distress was gone and her diarrhoea was cured; and the cure was permanent. She was well. The newspapers of the world recited the story.

Some weeks after her return the lady visited me at my office, and I examined her and recorded the results of the examination. Then I compared the new record with the old. There was as much pelvic pathology as there ever had been. There was no change at all. But now the lady was well. Would you say a cure was less a cure that reestablished normal function and left morbid anatomy undisturbed, than that wrought by the eviscerating methods of the modern gynecologist? Is not the first-mentioned kind altogether more "miraculous" than the other?

This case, and others like it, that have come into my life,

impels me to endorse and emphasize what has just been said by my friend Patrick about the relation between morbid anatomy and morbid physiology. It is morbid physiology that makes one sick. Morbid anatomy which does not cause any derangement of function should be left alone. It is bad practice, in my view, to "treat" or operate upon, or even direct the patient's attention to, a condition of morbid anatomy that has never caused a symptom. I'm sure I have done much harm by officiously announcing the discovery of "movable kidneys," "dilated stomachs," "displaced uteri and ovaries," and so on, when no symptoms were present, or ever had been present, in any way connected with such conditions.

Faith, then, is a great curative power. When it is brought into play by non-medical persons, such as Mrs. Eddy and Mr. Dowie, physicians generally regard it as a species of imposition or charlatanry and the exponents of it as mountebanks; but physicians have yet to learn that they do not and cannot monopolize the faith-cure business.

DR. WILLIAM A. EVANS:—The debt we owe to Dr. Dewey for the paper which he has presented this evening has a double aspect. In the first place, we are his debtors for a scientific contribution to the subject of mental therapeutics. In the second place, his paper serves to call to our minds the fact that the best treatment of Christian Science and of the Christian Scientists, and of those making use of related psychological principles is one of calm judicial scrutiny. On this subject I quote from an essay written by Dr. Nathan Smith, in 1830: "To disenfranchise the public mind medical men must cast off the whole garb of the charlatan, nor suffer anything to remain which shall confound medical philosophy with empiricism. The profession must seize every opportunity to educate the community in the first principles of medicine, and when this is accomplished the medical scholar may, in public opinion, safely rest his ripened claims to reputation."

It is worth while to inquire into definitions of disease. Thomas' definition of disease is "a deviation from the normal in the anatomical or chemical structure, or in the functions of the body, its organs and elements of organs, which exceeds the limits of

physiological variations." Cohnheim's definition is: "A disease is where the regulating mechanisms, acting in opposition to one or more vital conditions, are no longer adequate to secure that the various vital processes shall proceed undisturbed." Lazarus Barlow says, "Diseases are often classified as organic and functional. This is a cloak for ignorance. It is inconceivable that a normal cell should perform its function abnormally." Thomas enunciates this law: "There are no fundamental or far-reaching differences between normal physiological processes and morbid pathological processes in the organ. The same chemical and physical laws which determine the course of physiological functions also govern pathological processes. Processes that are essentially pathological differ merely quantitatively from physiological processes."

If we are to accept the teaching of these men as to broad pathological principles, it is only necessary to prove that physiological processes can be influenced by the operations of mind; for if the differences between physiologic and pathologic processes are merely differences of quantity rather than quality, then if mind can influence the one, it can in some measure influence the other. What physiologic processes are not influenced in some measure by the mind? There is no histologic structure that plays a more important rôle in pathologic processes than the vascular apparatus, and yet blushing and the formation of blisters, as cited by Dr. Dewey, are evidences that vascular phenomena are in some measure under the influence, though not directly under the control, of the will.

There is not uniform relation between pathologic anatomy and pathologic physiology. Sometimes a post-mortem shows structural alteration out of all proportion to the changes in function. The converse is true. But the means by which we know disease is symptoms and symptoms are phenomena of function. But symptoms are largely nervous manifestations, sympathetic or cerebrospinal. Some of them spring from psychic areas; others from areas somewhat removed; yet the finer technical methods of to-day show dendritic ramifications; protoplasmic prolongations, and commissural fibres in great profusion.

There is, perhaps, no pathologic process that does not have a nerve side. That nerve side is best shown in the inflammations

of the exudative type and least shown in the toxic partial necroses, such as cloudy swelling. It is true that this nerve connection is mostly by the sympathetic system. Yet we know at the present time that the sympathetic system is always under cerebrospinal influences, and in specially educated people some portion of it is under cerebrospinal control, control meaning something more than influence.

And why not? We know that histologically so far as the nerve elements proper are concerned the two systems are the same. The histological differences are in the wrappings. If we look at the question from the embryologic standpoint, we find the same condition of affairs. Whereas the central nervous system develops from that epiblast immediately surrounding the neural canal and the sympathetic system from plates of epiblast removed a little distance, still the plates for the sympathetic system are only offshoots from the plates for the central nervous system. From the segmental ganglia which produce the sympathetic system also develop those of the cerebrospinal ganglia which are not situated in the brain or spinal cord. While the trend of events tends to carry the cerebrospinal system away from the sympathetic, in function, they never lose their relation. Education can bring them closer again.

The clinical facts are not at variance. We have evidence constantly at hand that mental impulses influence disease processes. What successful doctor is not in some measure a hypnotist? That physician who carries to the bedside of his patient naught save a knowledge of medicine but ill discharges his duty. He must exercise psychic influence constantly, and the force of a great personality is as potent as medicinal aid.

DR. SIDNEY KUH:—I have only a few words to say, because such a thing as a criticism of Dr. Dewey's paper is absolutely out of the question. There are one or two points which might be added in a discussion on mental therapeutics. Suggestion is not only a great power for good, but occasionally its misuse may lead to considerable harm, a point which was suggested to me by an incident I heard about a few days ago. A certain prominent physician in this city was called to examine a patient, and after having completed his examination, came to the conclusion

that the patient was suffering from a serious organic trouble. Whereupon the poor victim at once went to bed, and for several weeks was in great agony, having all the symptoms of the organic trouble. Finally, becoming dissatisfied, on account of the continual negative results of the treatment, he called in another physician, who made a thorough examination, and at the end of it came to the conclusion directly opposite to that reached by the first doctor. The simple statement made to the patient that he was a "d——d f——l" had more effect in causing the symptoms to disappear than all the drugs given by the first physician. The case illustrates nicely how much we can injure our patients by careless suggestion.

Not only the patient, but the physician himself, is influenced by suggestion and by autosuggestion. That is the only rational explanation we have for the marvelous results which are always attained whenever any new drug is put on the market. We read of brilliant results obtained by others, believe these reports and because of our confidence in them inspire the patient with hope. As we meet with occasional failure in patients who are less suggestible, we lose confidence ourselves, and with that our results become less and less satisfactory.

DR. HENRY GRADLE:—The paper of the essayist is so far-reaching, that it seems to me proper to discuss it from various aspects. If I understood Dr. Dewey correctly, he referred largely to those cases in which the mental element was so prominent that they might almost be said to come under the head of mental diseases. These, I think, the general practitioner recognizes easily. The question of nervous exaggeration and the propriety of mental therapeutics come in also in a large series of other cases in which I think the nervous element is not fully recognized. All lesions have a minimum amount of discomfort incident to them, and this minimum amount of discomfort is very often exaggerated through mental influences or unduly perpetuated. Indeed, I believe it can be safely asserted that in some instances the influence of a physician who does not fully recognize this exaggeration of symptoms may be detrimental to the patient.

Within my own domain of observation, there are two classes

of patients who present psychic exaggeration of their complaints. One of these is the class who have fictitious sensations in the pharynx in consequence of some trifling or former lesion, for instance, a slight inflammation of the lingual tonsil, or an irritation of some part of the throat, produced by the passage or temporary retention of a foreign body. Such fictitious sensations, usually referred to the presence of a foreign body, can annoy a patient seriously, and are entirely irremediable by medicinal means. It takes some form of mental suggestion to cure such patients.

Another larger class of such patients, are the cases of asthenopia not due to any anomaly in or about the eye. According to the trend of the oculist, such patients may be ordered weak cylinders, or prisms, and still others have had the tendons of their ocular muscles cut, a procedure which has now almost gone out of practice. Yet in all such instances there are but few successes, with a large number of failures, and even the successes are usually but temporary. Patients often come to us with severe asthenopic troubles, partly localized in the eye, partly exaggerated in the form of headaches, or radiating nervous symptoms, and in many instances we find no lesion in the eye of sufficient importance to account for the pronounced suffering. The symptoms are physically exaggerated, or are gradually brought forth by the patient's anxiety concerning some former transient trouble which may once have existed, but has since ceased. Sometimes uncomfortable sensations in the eye, or headaches around the eye, are perpetuated even after the original cause has ceased, and it is difficult to treat such patients satisfactorily.

I can fully corroborate what Dr. Patrick has said in regard to the effect of a thorough examination, and a nervous patient can have no better tonic in general than the assurance of curability of the disease based on an examination that seems to him satisfactory. But even this fails in many cases. A good many people come to our offices without the idea that they have serious eye disease, or that they are in danger of blindness. They want relief from mere discomfort and unless you can promise that relief absolutely, which is not always a safe thing to do, they are apt to leave you and seek the services of some other physician. Of late years I have found the use of the faradic current of very

great utility in this class of cases. Of course, I do not wish to be understood as attributing any physical influence whatsoever to the use of electricity, for my success has been just as good in these functional cases, when there was no connection at all with the actual current, and when the inert sponges were applied in a "blind" fashion. It is purely a mental influence on the patient which is unmistakably serviceable in many of these cases.

DR. DEWEY, in closing the discussion, said: Nothing seems to have been said in the discussion to call for any extended closing remarks on my part. There is one point I would like to dwell upon with reference to the examination of neurotic patients, and that is the effect of suggestion in examining patients at times. Sometimes, when we ask such patients questions—as, for instance, Do you feel this, that or the other thing?—seeking to bring out the symptoms in order to reach a diagnosis, very often we will get from such patients an affirmative response, or we will suggest something to the patient, and perhaps on second thought he will believe that he had observed such and such symptom. I have known patients who have been examined in a way that was perhaps too suggestive, especially those patients who have sustained a personal injury, and were engaged in litigation on that account.

I fully agree with all that has been said regarding the value of a thorough, systematic examination, in order to satisfy not only the physician but the patient himself.