Original Articles.

MIND CURES FROM THE STANDPOINT OF THE GENERAL PRACTITIONER.*

BY ROBERT T. EDES, M.D., READING.

IF one wished to ascertain the general trend of opinion in the community relative to the progress of medicine in recent years, and with this object in view were to glance over the table of contents of a large number of medical journals from cover to cover, he might infer that leaving out surgery and obstetrics there was a sort of polarization going on in which one set of opinions grouped themselves around mental, psychical, and even miracle cures, as represented by all sorts of 'pathies, 'ologies and sects, religious and otherwise, and at the other extreme around a condition of polypharmacy such as the world has never before seen; where if we believe half of what we read on one side the wonder is that any one dies, if at all, before he reaches one hundred; or, if we believe another set of writers, that any one ever lives to grow up.

It may seem absurd, or at least disrespectful, to suppose that The Massachusetts Medical Society goes to either of these extremes. As a matter of fact I don't think it does,—not as a society,—but a little experience showed me that one of these poles is not without its attractions for some of the members, and it is not an unfair inference that the other is drawing to itself some adherents by the fact that such a subject as that upon which I have been asked to say a few words finds a place upon the programme.

I had occasion to send to a good many of the Fellows some years ago a circular letter of inquiry as to the drugs which it was thought desirable to reject as useless from the U. S. Pharmacopeia, and what should be added. I received some answers somewhat as follows: "What is the use of putting in a lot of trash such as is now there? Give us something practical and useful."

Then would follow a list in which the influence chiefly to be noticed was evidently the latest advertising pages in the Journals. When one looks over pharmacopeias and works on therapeutics (and by the way I know of little more instructive reading on the subject than Stillé's "Materia Medica" compiled when the learned author was a young man, studied side by side with the last edition of the "American Dispensatory" of which the therapeutic part was written by the same author after many years of evidently well digested experience), and if he notes the changing lists of drugs which have, many of them, been vaunted just as highly and on apparently the same basis as those now produced in such bewildering rapidity by the coal-tar chemists, and when he recalls the varied and often contradictory theories which have controlled the practice of medicine, many of them being, according to our present knowledge of pathology, absolutely groundless, he is obliged to

*Read before The Massachusetts Medical Society, June 8, 1904.

acknowledge the vigor of the *vis medicatrix naturæ*.

But when we find that in spite of mistakes and contradictions, which the critics and satirists are not slow to perceive nor reluctant to remind us of, that the physician is still sought for in sickness as a helper and not merely as a sort of sanitary adviser, in order to promote recovery or at least to witness it, we have evidently to reckon with some kind of constant and permanent usefulness which has comparatively little to do with therapeutics as laid down in books, but which has been a part of the physician's *armamentarium* ever since there were physicians.

This moral support or encouragement, the relief from responsibility, the substitution of decision for doubt, even a masterly inactivity when there are no active steps to be taken, has long been recognized by the laity and by those literateurs who are fond of doctors but not of drugs, although it is apt to be somewhat slightly spoken of by those who want something to be done promptly.

We are all familiar with the story, which I presume continues to go down from one generation to the next, and which in one form or another is told to us by gentlemen of other professions who wish to pat us physicians on the back on public occasions, of the doctor's smile which was supposed to be worth so many hundreds or thousands per annum, according to the social stratum to which he administered. The market for this commodity, however, varies greatly. While a lady fatigued with what she is pleased to term her social duties may be very willing to pay quite a liberal fee for his smile to the fashionable practitioner who "does not believe in drugging," which is the proper name to apply to the administration of all medicines except those which *you* happen to fancy, and which does *not* exclude in the case supposed "just a little sleeping powder" or "just an occasional nerve tonic," there are others who begrudge even a small one for the moral support of an equally competent physician unless they get something with it which they can taste or feel. But this sort of comfort is hardly therapeutics in the strict sense, and it certainly does not work wonderful cures. If there are any, they are discounted in advance and supposed to be in the ordinary way of business, unless perhaps they find commendation in the doctor's obituary.

Considering the very prominent position which psychic treatment in one form or another occupies in the public mind and the extravagant claims made for it, and hence its necessary importance in the professional consciousness, it is worth while to consider what morbid processes can be beneficially affected by mental action. Of course we do not expect or admit any influence of outside or foreign mind or spirit or nerve function upon the bodily processes of any patient except through that patient's own mind or emotions. If any such be possible it is the nature of a miracle and does not come within the scope of human physiology.

"Christian Science" is so far correct that it refers its therapeutic action to the mind of the patient, stimulated of course by its meaningless phraseology and fantastic doctrines, which to a certain kind of intelligence appeal so much more strongly than either scientific reasoning or old-fashioned Christianity.

In an extremely philosophical and suggestive work ("Anglo-Saxons and Others," by Aline Gorren), which I saw for the first time after this paper was written and in part read, I find so excellent a statement of the mental attitude of a large part of our community that I cannot forbear quoting it:

The habit of action and attention to the realities have drawn away the mind from the field where the highest criticism of life is achieved, and the mental processes which such criticism calls into play are stiff from disuse. Human reason was told to act, to test all things for itself, to take no one's word for it, at the Reformation. But as a stimulant to its activity in the realms of abstract thought the Reformation was a failure. M. Guizot but observed what many others have seen when he wrote that in all Reformed countries something was lacking to the perfect organization of intellectual society, and to the free circulation of general ideas.

And here, by the way, is to be found the cause of all that vague, inconsequent, metaphysical yearning which, with apparent contradiction, runs like a vein in a rock up through the solid unspeculativeness of the Saxon nature. Nowhere are there so many persons of sound intelligence in all practical affairs so easily led to follow after crazy seers and seeresses, and after new "psychic" doctrines of every known and unknown degree of wildness, as in England and the United States. The tenets of the Russian religious sects are at least free from the pseudo-scientific pretensions which constitute the chief absurdity of American and English metaphysical churches, healing societies, and the like.

The truth is that the mind of man refuses to be shut out absolutely from the world of the higher abstractions, and that, if it may not make its way thither under proper guidance, it will set off even at the tail of the first ragged street procession that passes. If no habit has formed of making discriminations, of separating the genuine from the false, there will be sad mistakes made, evidently. And we shall continue to see business men not to be "taken" in by the sharpest in the management of their daily interests, not to be deceived in the quality of any material goods offered to them, sitting, ingenuous and receptive, under the jargon of some foolish woman with claim to a newly revealed cure for all the ills of the body and the soul.

And the upshot? — In the aggregate, with all his lack of critical faculty, no harm comes to this order of man. His brain, as to the abstractions, is never clear, is always in a fog; but he works, and he fights if need be, and he goes on without ceasing in the thing which he has undertaken and he succeeds. He succeeds because he never questions that he is right all through, and takes much of his proof on faith.

Who cannot feel the power that goes out from such a mental stand as this? A rationalistic, modern Frenchman, debating his motives, cynical as to his virtues, philosophizing his own errors, doubts and is lost.

This newer type of man does not debate, is by no means doubtful of his own virtue, and never philo-

sophizes, not finding it easy work. And he is invulnerable, and everything goes down before him.

That trait of his which is called hypocrisy, but which is not hypocrisy, only a confusion of ideas and feelings, is the direct cause of one half of his impressiveness. The day on which he loses it will be a day of disaster.

What are the real physiological or pathological processes over which mental action, intellectual or emotional, can be supposed to have any effect?

There are certain ones covering a very wide field in the ordinary practice of medicine in which there is no satisfactory evidence of any such direct influence at all.

Fever, which is so important an element in pathology, especially of acute diseases, and a very large number of chronic infectious ones, is apparently uninfluenced. In the novel, to be sure, the mother, or the very old and wise physician, or the good "sister," or the pretty nurse, lays her hand upon the heated brow of the hero and his fever subsides. The so-called "fever of excitement," or "anger," over-excitement of any kind, may undoubtedly be controlled by reason, but there is not the least ground for supposing that the pyrexia of the pathologist, marked by a rise of temperature, an increased secretion of solids, and usually dependent upon a more rapid metamorphosis of tissue, is influenced in any important way by mental action, except so far as rest promotes and excitement hinders the normal processes of defervescence.

And yet in its early stages fever is to a large extent an affair of nerves. It can be reduced by baths and by various drugs. Why not by the determination of the patient or the spell of the faith curist? Simply because it is not. Over many processes of nutrition there is little influence for the worse and none at all for the better. Diabetes apparently sometimes takes its origin in shock, but the mischief once done is not to be undone by finding that the cause of the shock was an imaginary one.

Secondary anemia sometimes seems very amenable to psychic influences, but probably rather in an indirect than a direct way.

Idiopathic anemia, on the other hand, furnishes about as conclusive an illustration of the uselessness of an apparently well-founded encouragement as could well be.

What could apparently be more calculated to promote a cure, if a rational conviction of its possibility and actual presence could do such a thing, than the improvement in strength, in color, in well being, all sustained by the careful examinations of the physician who finds by his blood-count increasing amounts of red blood and disappearing abnormal forms; all but one of which the patient need know neither the presence nor the significance. And yet how fallacious! If well-grounded and reasonable expectations, seemingly almost realized, cannot cure, why should unreasoning and ignorant hope do so?

It was a remark of the older clinicians, that the mental condition of patients with disease above the diaphragm is much more cheerful

than that with disease in the abdominal viscera. If this disposition had a saving virtue, then pulmonary tuberculosis and valvular disease of the heart ought to be much more susceptible of cure than acidity of the stomach or constipation.

The value, importance and efficacy, as an adjutant, of psychic influence in such cases is not to be denied, and no one would be inclined to minify it either in theory or practice, but it is most certainly not a direct one. It acts by encouraging the patient to persevere in such more positive measures as may be necessary in the particular case. It has been wisely remarked that it is possible for a patient to be too much encouraged, so that he is not willing and anxious, as he ought to be, to take the measures which are of the utmost importance for his recovery. The precise proportion in which hope and fear may be most advantageously combined is a matter for consideration in each case for itself.

No alienist would consider the "*delire des grandeurs*" of the parietic, in which he is convinced not only of his own abounding strength and universal powers, but of his perfect health, as a favorable element in the prognosis.

It is not probable that the most persuasive teaching of any sect can for the average man and for the moment produce a greater sense of well-being or lift him, in his own estimation, to a higher plane of thought than the administration of certain narcotics. The song may say,

"Fill the bumper fair;
Every drop we sprinkle
O'er the brow of care
Smooths away a wrinkle,"

but the pathologist will be likely to suspect that the "smoothing" process may not be altogether unconnected with edema, and finds that the more frequently this psychic influence is invoked the less of a prophylactic does it become to cirrhosis of the liver and arterial and other degenerations.

I think we are justified in saying, that over infections, degenerations, slow organic processes not dependent in any way upon mental activity, such as are those very largely which control the duration of life, the general health and the vigor of the constitution, direct psychic influences are practically *nil*.

Psychic influences come in contact with organic processes to affect them through the nervous system, and in particular through the vaso-motor and secretory nerves, and symptomatically not only these, but also the ordinary motor and sensitive.

The secretions are, as is a matter of common observation, largely under the influence of mental impressions and of sensation. The activity of digestion is promoted by the pleasing taste of the food, and even its anticipation, and by the congenial company at the meal, and the reverse of this is also true. Solomon said: "Better is a dinner of herbs where love is, than a stalled ox and hatred therewith."

It has undoubtedly happened to many of you to be consulted by some patient who informs you that everything he eats hurts him, except when he goes out to a big dinner. It is even possible that a few hours from now may witness on a large scale, speaking with all due respect to the committee having the banquet in charge, a similar triumph of mind over matter.

Constant attention to the processes of digestion is well known to have a disastrous effect upon its comfortable accomplishment. The weighing of food and, worse yet, the constant use of the stomach tube by the patient, are practices much to be deprecated.

The effect of mental influence upon the movements of the bowels is notorious, and it is utilized not only in the every-day practice of the physician, but in the mystic séances of the faith curist. The effect also upon the secretions of the kidneys and skin is well known, and although this is usually pathological there is no reason why it might not under some circumstances be really, as well as apparently, curative. One form of diabetes insipidus is distinctly hysterical and might very easily contribute to the triumphs of some healer if he had the good luck to succeed a physician who had made an erroneous diagnosis of dilatation of the lower urinary passages, or even of interstitial nephritis, or if he were shrewd enough to suggest such a diagnosis himself, a diagnosis whose correctness might be made very conclusive to a nervous patient.

The intimate relations between the genital functions and mental and moral conditions need only to be mentioned.

Mental influences upon many cardiac phenomena of a functional character, including attacks of palpitation, are well known.

One of the speakers yesterday spoke of his experience in examining applicants for admission to the police force where a systolic murmur present in a great many cases disappeared when the successful issue was announced. Another reported that the sight of the dinner has had more effect on the blood tension as measured by instruments of precision than did strychnia.

Albumin has been found in a great many cases of students awaiting examination.

Suppose for the sake of illustration (although the hypothesis is so wildly improbable that it is difficult to entertain it), that our colleague had been a careless or an unscrupulous diagnostician and the systolic murmur had been announced to the friends of the patients as "heart disease" and then they had been told that instead of being admitted among the elect of this city they were going to be admitted to the Kingdom of Heaven on earth. He would have gained as great a reputation among the laity for his cures of "heart disease" as he has since among his professional brethren for his skilful and courageous use of antitoxin.

We have left, as a field for psychic therapeutics, those diseases or, more correctly, those sets of symptoms, which are closely connected with mental and emotional activity through the

consciously or subconsciously active, sensitive and motor nervous system, *i. e.*, diseases which we usually call functional, which do not always involve directly the nutrition or the processes of organic life but which may easily and frequently do so indirectly, and which interfere greatly with comfort, usefulness and the normal relations of the individual to his surroundings. But even here, where we should expect, and in fact do find, the greatest and most picturesque, almost the only triumphs of psychic therapeutics, there are many and great disappointing limitations. In many forms of insanity, which are apparently most especially appropriate for such treatment, we get nothing more than a relief, perhaps great, perhaps trivial, of some symptoms which are accidentally added to the fundamental processes of the disease. But this is an apparent and not a real exception, for there is little doubt that these are dependent upon organic processes frequently of a degenerative character.

But in melancholia, or, in more modern nomenclature, the depressed phase of the manic-depressive type, it would certainly seem that if psychic therapeutics had any field of action it could call its own it would be this. Of course no one can say how many mild or incipient cases of depression which do not come within the ken of the physician may have been cut short by a diversion of some sort — a bit of travel, the encouragement of friends, a chance remark, the influence of a faith healer or a piece of good advice from a physician, or by attention to the bodily functions, especially the digestion; but it certainly comes within the observation of us all how often the encouragement is utterly futile, how the patient while freely admitting the purely subjective origin of his troubles nevertheless confesses that he is absolutely unable to look at his surroundings in a reasonable and logical way, or rather perhaps that this admittedly true way has no effect upon his depressive emotions, and we are unable by argument or exhortation to present matters to him in any such aspect as to produce the desired change of feeling. We are as inexorably obliged to await the slower processes of nature as if we were dealing with typhoid or tuberculosis.

It is seldom that the faith curist even claims to cut short such a case, but he does not for that confess a failure, for he can always represent that the patient does not give himself up to the healing influence. This is perfectly true, but it is because he cannot, and this very ability which faith or religion or magic ought to supply it is conspicuously unable to do.

If the patient could do this he would have no need of a cure, and yet here, where it seems as if a change of emotional attitude would be so easy and so naturally obtainable by purely psychic means, is the very point where it has so slight an effect.

It is hardly necessary to reiterate the admission of the great value of psychic treatment, diversion, amusements, and best of all when possible an employment in which the patient can be inter-

ested, as adjuvants and for the relief of symptoms. The point is simply this, that the psychic end of the circuit cannot be controlled powerfully enough to set the emotional current flowing in the proper direction.

After such limitations as these we find left but little except cases in which symptoms, constituting in themselves a psychic disorder, counterfeit more or less closely something of a more serious and organic character.

The different varieties under which such disorders may show themselves would require, and have indeed occupied, volumes for their description. Explanations are not satisfactory and amount to but little more than saying in one way or another that there are inhibitory influences of purely mental or psychical origin which can interrupt or confuse or disarrange the normal associations of movement and sensation, just as effectually for the time being as certain organic lesions, but they are naturally much more amenable to other psychic influences and hence to treatment of the same kind.

Accepting the usual nomenclature, and having made the exception of more clearly classified groups, we find that neurasthenia proper is not especially amenable in its essentials to psychic influences except temporarily and apparently. Their value as adjuvants, however, can hardly be over-estimated.

If there is a real deficiency of nervous force, and not a mere counterfeit of it by indolence or timidity, it can hardly be expected that it will be at once restored by any simple brief stimulation of one part of the circuit. Time is required to bring back what has been overexpended, but other conditions being favorable, the psychic stimulation is necessary to enable the elements to profit by the nutriment brought to the cell, just as the muscles, after being kept at rest, for the sake of a fractured bone or the injury of their motor centre, need exercise to bring them back to their normal force. Hysteria, that ill-defined and perplexing psychosis which has been the foundation of so much that is false and illusory in therapeutics, is undoubtedly the peculiar and favorite stamping ground of the faith curist and miracle monger; not under its own name but under those of the organic diseases which it counterfeits.

A graphic clinical picture, showing with great scientific accuracy what can and what cannot be expected and obtained from profound psychic impressions, is to be found in Zola's novel of "Lourdes," powerfully realistic though not real, depicting the sufferings, the disappointments, the commercialism, the faith uplifted and the faith destroyed and the rare miracle cures of visitors to that famous grotto.

What are the methods of psychic treatment? Is there anything special or mysterious about them? Is it necessary for the self-respecting practitioner to put on the manners of the quack or to claim that he has in his control supernatural agencies, or that he should advise his patient to give himself to the study of empty verbiage and

theories which have no meaning to the healthy mind?

I do not think these questions can be answered in every case alike. Two diagnoses are necessary — that of the disorder and that of the patient. It has been said recently by distinguished members of our profession, and by other eminent citizens, that the utmost honesty and frankness may be used in dealing with patients and that they may be told the exact truth. Both may have been correct from their point of view, but most practitioners have to deal largely with persons who are not soldiers or philosophers or saints, who are not tired of life, and above all, do not like to be told of their own weaknesses. I think the practitioner is justified in giving the patient the benefit of the doubt, when there is any, and in putting the best side of the case before him, without insisting on the other. The average man will not be comforted by being told the exact percentage of recoveries in the disease which bears the name of what he thinks he has. He needs a unanimous vote of confidence. One reason why a man with a perfectly sane and healthy mind wishes to consult a physician is that he may throw upon his shoulders the responsibility and free his own mind from all the ifs and buts which weigh heavily upon it and retard his recovery.

Even the lawyers admit that there are many cases where both sides have a certain amount of right, and that it is more important that the case should be *decided* on one side or the other than that it should be left indefinitely *undecided*, because absolute justice cannot be done to both sides.

When the physician is sure that he is dealing with a case of neuromimesis he cannot be too strong in his encouragement and exhortation, and he may then assume more of authority than comes from a simple scientific knowledge, which would very possibly be scouted by the patient. He had better fall back on his prestige and reputation and such measure of oracular mien and expression as nature may have endowed him with, and give no reasons, and, above all, not give the true name of the disease. This is an average, and not a universal, rule. There are patients who can bear to be told the truth — and nervous ones at that — but it is well to study the patient's disposition as well as his disease before you are too frank in your expressions.

But when nature kindly draws a veil before the dangers of the future, I think we have no right, for the sake of absolute scientific accuracy, to draw it aside and destroy the hope which may be the last fighting chance.

There are various ways in which treatment addressed to the patient's mind may be given, ways as different as there are patients and physicians. One practitioner cheers his patient by judicious pleasantry, another by a carefully reasoned exposition of the grounds upon which his recovery is to be confidently looked for, another by religious influence; one by hypnotism, another by non-hypnotic suggestion; one quack by the

confident repetition of an absolutely unsupported and probably absurd assertion, another by absolute silence.

The methods may be various, but the essential thing is the implanting not merely in the patient's reasoning and conscious mind, but in what we call, as it seems to me somewhat inconsistently, the "subliminal consciousness"; that is, the store room of past and forgotten associations, ideas and emotions of which the patient is not at the time definitely aware, but which may be in various methods reached, the idea of recovery and health, of the unreality of the pains, of the ability to walk or to talk.

Our late associate, Dr. Russell Sturgis, used to practice a method which he considered of great value in utilizing the slighter degrees of hypnosis for diagnosis and treatment. It seemed to me that it went but little beyond inducing a specially confidential and persuadable frame of mind and completeness of recollection, so that the causes of abnormal psychical conditions became more clearly revealed and consequently more thoroughly removable.

Breuer and Freud have used a method which does not necessarily depend upon hypnotism, but upon successive séances of inquiry and upturning of the subliminal consciousness to its lowest depths.

According to their theories, hysteria is always based upon some special psychical injury at an early age, its concealment and the suppression of the appropriate motor reaction; as, for instance, in the case of an official who did not dare to resent the insult offered him by his superior, but became nervous and hysterical until he had confessed the whole matter fully and got well.

The great remedial value of a full and free confession, often perhaps of some trivial affair, is well recognized in our profession, although less formally than by the Catholic church and some others.

It is not uncommon in hearing patients relate their wonder cures, or perhaps more frequently after the stories have passed through more than one narrator, to learn that they had no faith whatever, but submitted to the treatment in order to please importunate friends, and so on.

I venture to doubt the correctness of this. I have no doubt that often when patients may be as willing as any of us to admit the foolishness of the methods pursued, they have yet a real but subconscious belief that something is to happen. In some cases the belief in something weird, uncanny, seems to be an essential point.

As to the particular doctrine taught in the various sects there is little choice, except that it should not be too repugnant to the patient's deep-seated convictions, religious or social.

A strenuous repetition of a positive assertion seems an absurd sort of method to be advanced when unsupported by any argument, proof or illustration; but if any one doubts its efficacy among a proportion of mankind large enough to have a great commercial importance, I would ask him why medicine makers find it to their great

pecuniary advantage to disfigure miles of railroad and square miles of territory with simple repetitions of the statement that "Blank's Pills cure everything," or that "Children cry for Catcher's Gambogia."

Many of the various modern mechanical means of treatment, especially those which are used in chronic nervous diseases, owe a certain part of their efficacy to the constant impression of something being done, of taking up the patient's attention while nature and time are taking their slow course. A prescription of this kind may be considered as having, like many prescriptions of drugs, a proportion of mental influence as one of its ingredients.

Electricity, for instance, is difficult to disentangle from this element of error. I recollect on one occasion in a society of neurological specialists an apostle of a peculiar form of electricity was exhibiting a new electrode, and on being rather hard pushed by the other members, not only as to the advantages of that particular form, but of electricity in general, fell back from one line of defence to another until he reached the last resort of saying that it had a very good moral effect in hysteria, which is no more than might be said of any drug in or out of the pharmacopeia, from abelmoschus to zygadenus, if administered with due solemnity, or of no drug at all.

The various kinds of active exercise have the very distinct advantage that the patient is kept from thinking of himself not only by the unusual sensations, but by being obliged to use his will in a definite direction, which is exactly what he needs to do. This is especially to be seen if the exercise consist in some employment in which he takes a real interest, and this must, of course, vary greatly with each individual patient.

The beneficial effects of certain systematic exercises in sclerosis of the cord is not to be accounted for entirely on this ground. As I presume will be more fully and scientifically set forth by my successor, it is a question of readjustment, and not of restoration. The damaged tissue cannot be replaced, but other comparatively sound cells, nerves and muscles may be able, under training, to take up a part of their work and carry on the function with greater or less approach to perfection.

In how large a proportion of the ordinary work of the practitioner, beyond the cheering and encouragement that he may always offer to some extent as a contribution to his patient's comfort and happiness, is psychical treatment of consequence? According to some sects, the whole of medicine, surgery and obstetrics, although it is understood that recently in the highest circles in the latter departments the true believer is graciously permitted to seek human in addition to divine assistance and receive relief through agencies which do not act merely through the mind. According to the skeptics, only the cases of nervous and silly women.

How are we to account for the hundreds of assertions of cures obtained by all sorts of means

which range from the crudest mixtures of common, perhaps inert, drugs, to the most transcendental imaginings of cultivated and intelligent persons?

If there were time, there would be an opportunity for a digression on the meaning to be attached to the words "cultivation," and "intelligence." But we may leave this aside and allow for a very liberal discount for the lie pure and simple, paid for by the advertiser to the patient perhaps, and heavily and appropriately to the journals which are willing to take such money with the same hand that does not refuse even the criminal advertisement. Then come other lies in various grades.

It would not be difficult to show by example that a person may be highly cultivated, intelligent, even with scientific talents of a high order, and yet under the influence of feelings and desires entirely uncritical and credulous.

We should then find a very considerable percentage due to imaginative but entirely honest exaggeration, by the shutting of the eyes to one set of facts and the opening them very wide to another. If time permitted I should like to describe one instance which happened to display both sides to me, which shows how the mind seeking for a miracle manages to get itself gratified.

Darwin makes the very pertinent remark that he found that facts which were in disagreement with his theories slipped from his mind much more easily than those which harmonized. If such a cause of error required to be guarded against by a Darwin what can be expected of ordinary humanity, which is not only not on its guard against it but cherishes it with fond affection?

Then there is the small residuum of genuine cases in which some form of functional nervous disease, a paralysis, a contracture, a neuralgia, a convulsion, which has undergone all sorts of scientific treatment in vain, yields in the hands of a faith curist.

Statistics in such matters are obviously very untrustworthy. A few years ago Mr. H. H. Goddard prepared for his graduation thesis at Clark University a paper upon this class of cures, and was kind enough to show me some of the answers returned to him, some of them referring to patients who had been under my care. He came in contact with one man who had had a good deal of success in dealing with many cases of which a considerable proportion were evidently functional nervous, and who was willing to give information which Mr. Goddard believed to be full and candid. He was not a medical man and his diagnoses were consequently not very trustworthy but were probably honest. He was willing to speak frankly of the cases which were not cured. This information Mr. Goddard compared with the published statistics of the celebrated medical hypnotists as representing the scientific side of the question. He found that in a general way the two sets of cases corresponded fairly well both as to percentages of cures and as to the class of cases benefited.

"He (Dowie) says, in a certain issue of his paper: 'I pray and lay hands on 70,000 people in a year.' At that rate he would have prayed with 175,000 in two and one-half years. But in the two and one-half years immediately preceding this statement, he reports only 700 cures. The conclusion is indisputable that only a small portion of those prayed with are cured." — Goddard.

As regards the every-day practice of medicine with its very great proportion, among the acute cases, of infections; and among the chronic infections and degenerations, scleroses and new growths, psychic therapeutics as a primary and essential treatment finds but little scope, while as an adjuvant to the healing forces of nature and time it is and always will be a most precious resource of the physician, and he who wields it most judiciously will be the most successful.

Among the psychoses, notwithstanding there are many and great limitations even upon the side which we must still consider functional — though any day some new method may show us the incorrectness of this view — the relation is reversed, and the physician must look upon the building-up processes and the various appliances in use, pharmaceutical and otherwise, not only for their real and direct but for their mental impression.

For either case he must look before all for a diagnosis.

A CONSIDERATION OF MENTAL THERAPEUTICS AS EMPLOYED BY SPECIAL STUDENTS OF THE SUBJECT.*

BY JAMES J. PUTNAM, M.D., BOSTON.

THERE are but few kinds of disorders which interfere more with the happiness of the community than those which cause a painful and hampered action of the mind though without implying the presence of serious mental derangement. The disorders to which I refer are mainly those characterized by insistent thoughts, emotions and impulses, "obsessions" and "morbid fears," which the patient recognizes as largely causeless yet cannot shake away. Starting, perhaps, with some severe or prolonged emotional strain, and on the basis of some weakness or defective organization which one would call hysterical or neurasthenic, these morbid tendencies become deepened by habit, and expand into complex systems or "temperaments," which mingle their influence with every motion of the mental life; or they show themselves in the form of occasional outbreaks which really have a definite, though hidden, history, or as constantly recurring and seemingly causeless tricks of muscular movement, the "tics" of the French writers, and in many kindred ways.

Even the "fatigues" and faintheartedness of neurasthenia are, in some measure, to be classified amongst these inco-ordinations of the mind.

These affections cloud the happiness of many

persons whom every doctor meets upon his daily rounds, and yet, in spite of this fact, they are far more susceptible of relief, under prolonged and skilful treatment, than is commonly supposed.

On these accounts there is no branch of therapeutics more deserving of study than that which forms the subject of this conference. Of course, the mental therapeutics may rarely be the only kind of treatment to be thought of. Sometimes an impaired general nutrition stands in the way of improvement, or some local ailment, which perhaps a gynecologist or an orthopedic surgeon can remove, has lowered the vital tone just enough to make the patient a prey to troubles which would otherwise have been resisted, and if such a physician or surgeon is wise he may make his treatment the starting point of a new departure of hopefulness to which, perhaps, no other avenue could have been found.

But after the ground has been cleared through a consideration of these possibilities, there remain innumerable cases where some sort of specialized mental influence or education has to be employed. Of course, in practice, each case has to be studied by itself, but it will be useful for the purposes of this paper to distinguish between the patients who are more or less continuously and painfully conscious of nervous weakness or hypochondriacal depression and those whose symptoms present themselves intermittently, or only under certain conditions. The patients of the former class are mainly those suffering from neurasthenia, with its attendant distress of body and mind, while the second class is represented by the sufferers from morbid fears of specific sorts, or occasional outbreaks, often of a serious nature, which may, for convenience' sake, be classed as hysterical. In the case of the first of these two classes the question of bodily nutrition and reflex excitations is much more important than in that of the second class, and when these questions have been eliminated the problem as regards the mental state is the relatively familiar one of seeking to secure the conditions under which the patients can live a relatively active and useful life, of inducing in them, in an adequate form, the sentiments of courage, confidence, patience and determination, and making them familiar with the dangers that are likely to threaten from without and from within.

It frequently happens that the question of happiness or unhappiness of patients with severe forms of neurasthenia depends largely on influences which would ordinarily be classed as social rather than medical, though, in fact, the physician can help greatly in determining what the outcome of these influences shall be.

I have heard so many patients say that they had formerly entertained great disdain for nervous weakness, if not for the patients who allowed themselves to be controlled by them, that I think such sentiments must be very common in the community, and must be the cause of many needless burdens of distress. The time must surely come when nervousness and even serious

* Read at the Annual Meeting of The Massachusetts Medical Society, June 8, 1904.