CHRISTIAN PSEUDO-SCIENCE AND PSYCHIATRY.

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ABSTRACT.

Dr. Baker said that he would like to turn the attention of the Association to certain lines of investigation that seem to promise much if properly carried out. He did not recall instances in which, if he could carry the investigation far enough, he could not find that antecedent to conception there was a deterministic condition of the parental mind, in the form of a stress brought about by deprivation. Take, for instance, cases of sexual obsession. So many times he had found that one of the parents, or both of them, had lived a life of absolute sexual stress, of the order of deprivation. He would not go into the details, but simply spoke of the general fact to indicate a line of investigation. Take, again, parents who, during their child-bearing period, are eager for property and yet, who, to a certain extent, are deprived of the benefits of property. Such a stress of mind, or emotion, or body, if you please; seems to be the ground-field in which the child gets the predisposition to an imperative conception or obsession, which will be developed later on. He did not say it is so universally; but he did say that when he had an opportunity of carrying the investigation far enough, he could not recall an instance where he had not struck the dire influence of stress upon determining the predisposition of the child.

With reference to the influence of hypnosis in the treatment of these conditions, he confessed that he was not enough of a hypnotist to bring about the result claimed. He would rather take ten times the pains to engage such people in a straightforward development of the mind, by putting them at Emerson's essays, or geometry, or some new science; by giving them a hold upon something new to work with, than to use all the hypnosis that he was capable of bringing about.

DISCUSSION.

Dr. Philip Coombs Knapp said he hardly thought that the condition which Dr. Angell had made of imperative conception and fixed idea is one that can be strictly maintained in practice, for it certainly had been his experience to have noticed almost every stage between the mere obsession of the healthy

person, as for example, when some tune or verse of poetry gets fixed in the mind for a period of six to twenty-four hours up to the quite profound obsession, gradually developing into a delusion. There can be no sharp lines drawn between them.

In regard to treatment by hypnosis, although Janet admits that individual fixed ideas in his patients may be removed by hypnosis, still he recognizes that the tendency persists and that such persons are very susceptible to new fixed ideas. Attempting to remove the fixed idea by hypnosis seemed to Dr. Knapp something like trying to cure a weak back by putting on a spinal brace. By instructing the patient as to the nature or unreasonableness of his idea, it encourages him to correct it and to overcome it, and thus he can be cured more efficiently and more permanently. A typical example of that is the case of Goethe, who, in his early years, was a victim of the fear of high places, and who cured himself by exposing himself to danger on the spire of Strasburg cathedral.

Dr. S. Weir Mitchell desired to call attention to one or two points of interest that occurred to him in regard to these matters while his friend and former pupil, Dr. Angell, was speaking.

A lady whom he had recently seen is possessed of a habit which is not absolutely imperative. A good many of these obsessions are not so imperative as to be totally and entirely beyond control, and there is every possible amount of difference as regards the matter of self-control. If it were not so, if there were no margin on which we could stand to help them, there would be no possibility of assisting many of these cases. This lady had a mania of repetition in one of its most interesting forms. Whenever she did certain things, like moving a book on the table, she felt obliged to move that book a certain number of times, and associated the number of times she moved the book with some one of her relations, there being a numeral in her mind for each particular relation. This had become so serious a matter that if she once turned a book on the table she must turn it three times, if thinking of her cousin; and seven times if she were thinking of her husband. This became worse and worse until it attracted attention. Dr. Mitchell asked her what was her feeling about it. She said: "When I was a child I had a tic"—what we call "habit spasm," if you like—"and if I did not obey the impulse to move my two shoulders I was so uncomfortable that I yielded to it, and I have the same kind of a feeling in regard to this." She said: "If I do not turn the book three times when I think of my cousin, than I have a discomfort of mind that is comparable to the kind of discomfort I would have when I did not obey the

impulse to move my shoulders as a child, and I was old enough to remember it." Dr. Mitchell said it was a sort of mental tic. He thought her illustration exceedingly apt and interesting. He asked whether she were getting better. She said yes. "A cousin of mine has been with me and has found a remedy that helped me. Whenever I do this thing she pinches me and I have got so accustomed to associate the discomfort of the pinch with the tendency to turn the book around, but though now I am getting rid of it, when she doesn't pinch me there still comes to my mind the disagreeable idea."

Dr. Mitchell desired to say a word in regard to what Dr. Baker had spoken about. Dr. Mitchell had had a very long and large experience in hypnosis. It began in his earlier life and he had used hypnosis longer than anybody here. He did not recall a single case—and he was speaking with great gravity and thought of a serious nature—which had been cured by the simple use of hypnosis alone—he meant a permanent cure. He was glad to have the support of Dr. Baker as to the value of more logical and certainly more wholesome methods of dealing with people, and he was inclined to use these rather than hypnotic suggestion. Dr. Mitchell believed that hypnosis will practically disappear in the practice of medicine and pass into the hands of persons who alone will use it and use nothing else.

Dr. B. Sachs thought that the subject of imperative concept is one which interests us, because it is a practical, psychical phenomenon, which very closely comes to a physiological condition and does occur in persons who are otherwise normal. He said they are otherwise normal, for he confessed that as a boy he was subject to an imperative concept, and an experience which he had always interested him as proving that these concepts do not start up in the mind quite as spontaneously as is generally supposed, but that the imperative concepts are often based on some definite reasoning. When he was a boy of seven years he was unfortunate enough to lose one parent, and the emotion attending the loss of that parent suggested to him that it would be more unfortunate to lose the second parent. With that idea the number two gained such an influence over his mind that from that time on for several years he dreaded doing anything twice or in multiples of two. He would not do a thing twice or four times. He would do it three or five or seven times. With that idea in mind other imperative acts followed very readily. For instance, before going to bed he would like to make certain that he did not touch the floor twice, that he touched it only once or three times. Consequently, he was in a state of uneasiness and

would get out of bed in order to make sure that he only touched the floor three, or five, or seven times. He was cured of this by a brother, who thought that Dr. Sachs' actions were nonsensical and who persuaded him it was just as well to get rid of these concepts, and once rid of them they have never troubled him since.

As regards the effect of hypnotism, Dr. Sachs was very glad that Dr. Mitchell had spoken as he did. An experience that Dr. Sachs had had within the last week or two proves that far from curing imperative concepts, hypnotism may be responsible for their origin. The patient was suffering from hypochondria and neurasthenia. She was entrapped by a hypnotist, who thought he could rid her of this condition by making her repeat three words. She is now constantly repeating these three words and is much annoyed.

If Dr. Mitchell said that he had never seen a cure by hypnotism in these cases, Dr. Sachs thought we can add there is even some danger lurking in it as originating the imperative concept.

Dr. J. J. Putnam said that Dr. Sachs' remarks recalled an interesting case reported by Janet in one of his recent books. In this case Janet describes a patient who had been terribly alarmed at the idea of taking cholera, with which her husband had died, and carried this dread constantly with her, saying "cholera" over and over to herself, until, as he thought, the fear had become associated rather with the word than with the idea. He conceived the plan of substituting for the word "cholera" others of similar sounds, but different meaning, as "choler," "color," "coal," etc., and in that way, with a little adroit maneuvering, he cured her of that particular trouble.

As to the matter of hypnotism, Dr. Putnam had a certain loyalty to the method for the good that it has made possible. It seemed to him that the idea has often been misconceived. He thought there was no difference between the use of the hypnotic methods, strictly speaking, and the various other methods by which we take advantage of temporary passive states in our patients to influence them in various ways for their benefit. Probably we should all agree that when it comes to the cases such as severe sexual perversions reported by Lloyd Tuckey, where the patient's will is almost helpless, and to some of the drug-habit cases, the use of hypnotism has proved of real value. Dr. Putnam had not used hypnotism, in a strict sense, very much, but he had frequently recommended its use and had recently been treating, through an assistant, a boy with incontinence of urine and feces, with excellent result.

Dr. Smith Baker remarked that he was always happy when he could get his patients to actively respond to something. The passive condition into which they drift he is afraid of. The active condition, in which there will be response to something, is one that gave him satisfaction.

Dr. E. B. Angell said that this subject is one that we have to deal with in our daily work, and he confessed that he was more anxious to know how to manage satisfactorily these cases than those of any other class. He believed that if we study these cases carefully and analyze their imperative ideas, we shall find some way to counteract these ideas. It is a shame to American as well as to English neurology, that we have not done as much in this line as the French. He knew of very little, aside from what Dr. Mitchell had done, in regard to methods that are directed against these ideas themselves.

So far as Dr. Knapp's suggestion was concerned, he thoroughly recognized the difficulty of establishing any definite or absolute distinction between the fixed and imperative ideas. Of course, these conditions are largely relative, but he did believe this distinction between the fixed idea and the imperative idea is possible. The imperative idea is attended with antagonistic feeling in the consciousness of the patient, a strong desire to resist the dominance of the impulse. As an illustration there occurred to him a recent patient who was a masturbator. This patient did not want to masturbate. There was no pleasure in it, but when he went to bed he was so afraid that he would do it that the fear itself led to the act, effort to avoid it only resulting in a wakeful nightmare. Such is obsession or an imperative idea. This man was compelled to do this act, not for physical satisfaction, but from psychical pain. We know what the fixed idea is; a real delusion, which is in full harmony with the patient's feelings, however unreasoning his conclusions. If we bear these distinctions in mind they will help us. The imperative idea we can do something for; the fixed idea we cannot.

Dr. Angell said he had introduced the subject of hypnotism because, through it, we find out a great many things about the imperative idea. Janet regards it as a means of education, and a more satisfactory method than education in the waking state. However, Chaslin recently informed Dr. Angell that they are not using hypnotism at the Salpêtrière so freely since the death of Charcot. In some cases, however, it may be an efficient method for educating patients who are dominated by an imperative idea.

Dr. Angell did not believe that American men and women

are as susceptible to hypnosis as are the French, or Germans, or other Continental races.

With reference to the delirium of doubt, referred to by Dr. Sachs, that is pretty generally supposed to be due to a disturbance of the sense of personal identity due to abeyance of the co-ordination of mental function. Dr. Angell believed that in the future, by trying to find the basis upon which these ideas rest in the sub-conscious mind, we can do something more than we have done in the past for their removal.

87 ERUCTATION, REGURGITATION AND RUMINATION.

Although these conditions may be associated with organic lesions of the stomach, they are usually the result of functional disturbances or are "habit neuroses," and it is this latter phase which is reviewed by H. W. Lincoln (*N. Y. Med. Jour.*, March 24, 1900). Eructation consists, at first, of the belching of gas, later, of air which has been previously swallowed. No doubt at first there was more or less gaseous distention, and as eructation brought relief, the habit was formed. There may also be esophageal eructation, in which the air never reaches the stomach. In treatment, suggestion is all important. The patient must make every effort to suppress belching. Bromides may sometimes be of aid. Regurgitation usually comes on during the stage of digestion, especially just at the close of a meal. If it comes on later the taste varies; an hour after eating the taste is sour, due to butyric or lactic acid, or intensely sour and corroding due to hydrochloric acid, or perhaps bitter, due to peptones. It is believed by the author that atony is a prominent factor in these cases. It occurs, of course, in stagnation, cancerous conditions, etc., but the malady is usually of a nervous origin. The patient should always be forced to swallow the food again as fast as regurgitated, and to eat always in company and slowly. The diet should be arranged according to the gastric secretion, and should be light and nutritious. Electricity externally and internally may do good. Small ice pellets are recommended by Alt. Rumination is more rare and may be continued for years with impunity. Heredity, custom and imitation stand pre-eminent as causative factors. It is a motor dynamic affection of the stomach, occurring among all classes, frequently among idiots and the insane. It is confined to the period of digestion and not accompanied by any symptoms of discomfort. The chemical condition varies from achylic to hyperchloridic. The treatment for regurgitation given above should be strictly enforced, and the patient should be warned against the contraction of the abdominal muscles. A good idea is to administer at meal-time some extremely bitter preparation, as quinine or a combination of condurango, quassia, gentian, nux vomica and capsicum. A patient usually hesitates before regurgitating this mixture a second time.

JELLIFFE.