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Address

THE GENERAL PRACTITIONER AND THE FUNCTIONAL NERVOUS DISEASES *

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The subject which I have selected for discussion this evening may appear vague, but I have in my mind a definite message. It may seem that I am arrogating to myself the privilege of speaking authoritatively on a subject which neither my years nor my experience justify. But before you pass judgment I ask you to take into consideration the motive, which is an earnest desire to inquire into the cause and significance of the wave of supernaturalism that is rolling over the country in the shape, particularly, of doctrines promulgated under the name of Christian Science and the Emmanuel movement by Quimby, Eddy, Worcester and their followers. This movement assails the potency of the physician adequately to combat disease, accuses him of ignorance and incompetency, and openly contends that if medicine desires to be reinstated in the esteem of the people and retain their confidence it must link hands and proceed shoulder to shoulder with supernaturalism. And this in the twentieth century, when the accomplishments of medicine are a towering, imperishable monument to the achievements of science in the hands of mortal man. The existence and the rapid growth of these cults, whose chief object is the cure or denial of disease, is patent to every one. It was never borne in on me so tellingly as it was last summer, when, wandering through New England where once my careless childhood strayed, I saw in dozens of hamlets and small towns the familiar Congregational churches replaced by temples reared to God and consecrated to Mrs. Eddy.

Are we physicians not responsible, in a measure, for the occurrence of this strange phenomenon? Have we kept our houses in order and our wares in such condition that they can be examined without fear on our part that they will be found below the standard demanded by modern conditions? Have we purified with the fires of self-criticism and self-examination the crucibles of thought in which we concoct our remedies?

FUNCTIONAL NERVOUS DISEASES

The so-called functional nervous diseases comprise the field in which these supernaturalists chiefly work, and it is for this reason that I have chosen these diseases for my subject.

* An Address to the Rensselaer County Medical Society, Troy, N. Y., Dec. 9, 1908.

The attitude of the general practitioner toward nervous diseases has been a strange one, in some respect inexplicable. My justification for presuming to speak on the subject is founded on many years' experience as a practitioner and intimacy with physicians as a teacher in a graduate school of medicine.

Nervous diseases are looked on as mysterious in their manifestations, incomprehensible in their display, unamenable to treatment, and therefore unworthy of profound effort at interpretation. A physician who would hesitate to admit that he was ignorant of the commoner diseases attacking any other system of the body does not hesitate to say with great frankness that he knows nothing whatsoever about diseases of the nervous system. Apparently he does not feel that such admission reflects disparagingly on his medical education.

The explanation of this attitude is a simple one. In the first place, it is a direct heritage. There is scarcely a physician who has been in practice twenty years who received any considerable instruction during his college days in neurology. He may have heard a few didactic lectures and attended an occasional clinic in which the commoner nervous diseases were demonstrated, but the majority sat under professors of medicine who had as little interest in nervous diseases and as little inclination to attempt the serious study of them as the students themselves displayed when they in turn became practitioners. Consciously or unconsciously, they acquired the idea that it was a mark of good form to slight nervous diseases. Moreover, the immediate results of such example was that when the young practitioner began to encounter nervous disorders he was at a loss how to begin the study and interpretation of them; in other words, how to attack them.

If a patient came complaining of symptoms referable to the kidneys, to the respiratory organs, to the pancreas, to the ductless glands, the physician recalled a method of investigation and a plan of attack which he had been taught and when he put these into operation he found frequently that he was led to a correct interpretation of the symptoms for which he was consulted. But it was not so with disorder of the nervous system.

The practitioner heard the patient's history and statement of his complaints, and then he found himself unable to conduct the examination in a way that would reveal the location and nature of the disease. This statement of affairs was true, not only for organic nervous diseases, but for functional nervous diseases. Gradually the commoner organic nervous diseases were found to be readily recognized in the majority of instances by the application of empiric knowledge or rules of thumb; it then became truer for the functional diseases than for the organic. For instance, the diagnosis of tabes was readily made when the Argyll-Robertson pupil, absent knee-jerks and Romberg symptoms were present. Like-

wise, when a patient who, previously having had syphilis, showed slight spasticity of the legs, exaggerated knee-jerks, the Babinski sign, and trifling disturbance of sensibility, the physician did not hesitate to make the diagnosis of syphilitic spinal paralysis, or of syringomyelia when with muscular atrophy there was associated sensory disturbance, characterized particularly by dissociation of sensibility. Happily, physicians of the present generation have received instruction to such purpose that the commoner organic nervous diseases are usually recognized. The conviction that they are less amenable to treatment than other forms of chronic diseases is, however, still very widely held, and neurologists are often taunted with their inability to cure chronic diseases of the nervous system. But when such diseases are compared with other visceral diseases of comparable severity and chronicity we find that many of them are as susceptible to treatment as many diseases of the kidneys, pancreas and liver.

It is particularly the functional nervous diseases and the attitude of the general practitioner toward them that I wish to discuss.

FUNCTIONAL OR ORGANIC?

I shall not stop to consider the possibility that the diseases which we now call functional, some or all, may not one day be found to be dependent on definite organic alteration; that some of them will be seems very likely. There are diseases in which no characteristic anatomic alterations are found after death, and yet we believe these to be organic diseases. Among these are paralysis agitans, grave myasthenia and hyperthyroidism. There are other nervous diseases, commonly spoken of as diseases of degeneracy or deviation, such as tic, hysteria, idiopathic epilepsy and psychasthenia, possibly migraine, which are not likely to be found associated with anatomic alteration. The very fact that the individual who is a victim to one of these diseases is, for long periods, free from any indication of disease is the chief reason for assuming that they are not dependent on organic change. Although a person may have an organic disease and at times be free from symptoms, such disease can not last for a long time without causing symptoms.

If we ask ourselves earnestly and soberly what we understand by tic, hysteria, epilepsy, psychasthenia and migraine, what answer is obtained? A few will be able to explain the modern conception of these diseases from the biologic and psychologic points of view, but the average physician will be able merely to describe or to define the leading clinical features of each one of them. Yet if you ask that same physician to tell what he understands by diabetes he will probably say that he interprets it as a profound disorder of metabolism, in which sugar is manufactured not only from carbohydrates, but from proteids, possibly from fats, whose chief manifestations are polyuria, glycosuria and disordered nutrition. He is likely to tell of the important rôle played by the pancreas in the metabolism of carbohydrates; of diabetes produced by complete extirpation of the pancreas in animals which can be cured by grafting a piece of pancreatic tissue beneath the skin; and he makes the differential diagnosis between glycosuria and true diabetes with a great deal of positiveness. Yet diabetes is quite as mysterious a disease as hysteria and infinitely less susceptible to cure. There seems to be something about the functional nervous diseases which is decidedly repellent to many members of our guild.

THE REALITY OF NERVOUS DISEASES

I have spoken so far of only one feature of the physician's attitude toward functional nervous diseases, which is the admission that he does not know anything about them, that he does not know how to attack them in order to interpret them, and that he is ignorant of the modern teaching concerning their origin and nature. I wish now to refer to another feature of his attitude toward them—one that is almost entirely either hereditary or atavistic—and that is the belief, feeling or assumption that these diseases are not real, that they are more or less assumed, that they are manifestations of weakness or contumacy, that they are a sort of splotch on the scutcheon of health and of moral dignity, that they are evidences of stubborn perverseness which excite a mingling of sympathy and contempt, that they are the products of a disordered imagination. This is a distinct sequel of the view which looked on functional nervous diseases as manifestations of demoniacal possession, and it is probably very much less prevalent than it was even a generation ago. But it exists still, and it shows itself in the disinclination on the part of many of us seriously to study these disorders and to attempt to get at the foundation of the symptoms of the disease. In other words, it shows itself in the casual way in which neuroses of degeneracy are frequently treated.

REFLEX CAUSES

A third inclination on the part of the physician to attribute the occurrence of many of the nervous diseases under consideration to causes operating from a distance and through organs whose connection with the nervous system is very remote—so-called reflex causes. Fortunately, the uterus has lost its hold on the functional nervous diseases, and with it has gone the dominion of the clitoris, the prepuce and other portions of the genital apparatus, but every now and then we have to bow our heads in sorrow, if not in humiliation, while some one attempts again to scatter seeds of belief in the reflex theory of the causation of nervous diseases, even though the disease be locomotor ataxia and the source of the reflex impulse the urethra.

There can be no doubt that the manifestations of any of the functional nervous diseases of degeneracy may be brought about by the stress and exhaustion produced from any continuous strain or any frequently repeated series of disagreeable sensations. But these do not cause the disease; they cause manifestations of the disease. This is but a mirage in pathology, and the deceptiveness of appearance yields to appropriate investigation.

PSYCHOLOGY

The fourth reason for the practitioner's inadequacy to deal successfully with the functional neuroses is in a great measure due to the fact that psychology is for him a terra incognita. He has been and is still trained in utter ignorance of the essential facts and principles of psychology. Naturally he knows something about the mind, as does any layman, and he speaks of sensations, emotions, ideas, thoughts and feelings, using these expressions in significations that are common to all mankind; but when he comes to interpret the psychic symptoms of the neuroses he finds it necessary to make exact distinctions. For example, he probably believes there are five senses, sight, hearing, smell, taste and what is commonly called a sense of touch, or the skin sense; yet he does not know that this traditional classification

is regarded as utterly lacking in significance by the modern psychologist. Consequently when he comes to examine the sensitive surface of the skin and finds that there are several recognizable different sensations, such as those of pain, touch, temperature, tickle sensation and pressure sensation, that one or the other of these may be absent while the others remain, the situation is beyond his comprehension. He stands with little more than mere astonishment before the discovery that a man may lose his ability to sense heat and yet retain his ability to sense cold. If he has studied physiology of the nervous system he knows that the pathways in the spinal cord for these different qualities of sensation are different; but without this knowledge anesthesia is most confusing.

THE MIND NOT A THING APART

The practitioner probably shares also the common belief of mankind that the mind is an entity apart from the body, and that certain mental states have no material basis. This is a view that at one time was quite generally held and which is difficult to down. I note that, in a clinical lecture on hysteria delivered in New York, a teacher of neurology, in describing pain which the patient complained of every morning on arising, and which prevented her from going to work, took the position that the pain, being hysterical, was purely mental and, therefore, had no cause resident in the brain of the patient. There is no pain or ache or vain imagination which has not some cause in the nervous system of the subject. The cause may be found in very different portions of the nervous anatomy. A toothache may have its cause in caries of the tooth; on the other hand, it may be due to some pressure on or disease of the superior maxillary nerve. Again, it may be the result of an intoxication which affects the cells of the Gasserian ganglia, or to disturbance of the cerebral centers that are responsible for the apprehension of pain sensations. The presence of pain, after it has once been established, is a symptom of some disordered function of the nervous system, though we may or may not find its site.

If students of medicine were given even an elementary course in the facts of psychology their attitude toward their patients and toward the psychic symptoms which they present would be quite different both in nervous and in many other diseases.

My experience has been that the chief obstacle to the satisfactory interpretation of nervous phenomena by the physician who has not had special training is that he is at a loss how to proceed with the examination of the patient. If the patient is a sufferer from functional nervous disorder which does not carry with it some distinctive diagnostic symptoms, such as headache in migraine, or the convulsion in epilepsy, the story of the symptoms is so complex and so indistinctive, one might say, that the physician finds difficulty often in getting what may be called a diagnostic perspective. Finding the patient lachrymose and emotional, he calls the disorder hysteria; if depressed and inert, he calls it neurasthenia; and even when he has made the diagnosis he does not feel any particular satisfaction. But when the same physician makes a diagnosis of tuberculosis, of hydrochlorhydria, of pyelitis, immediately there arises in his mind a course of conduct which, when put in operation, will be likely to bring his patient relief. If he does not feel sure of his diagnosis, there occur to him further procedures of which he may avail himself to make it absolutely certain. But with the functional neuroses such prospects do not present themselves. The

physical examination is usually confined to a routine procedure of investigating the state of the urine, the condition of the heart and lungs and the state of the tendon-jerks, the so-called reflexes. It may be too much to expect that he should analyze the genesis of an obsession, or unearth an experience which a long time antedates the patient's disorder, but which, nevertheless, stands close to it in causal relationship. Still, a willingness to do this and a willingness to call to his aid the services of others who possess skill in that direction is necessary if we are to remove the obloquy that has become attached to our conduct of these diseases. It has been said that we prescribe medicines for the functional nervous diseases empirically, and principally bromids and strychnin. In no other branch of medicine does the practitioner feel justified in similar procedure. He considers a diagnosis to be an absolute necessity before any systematic treatment is begun, and even when the diagnosis is made he has clearly in his mind a definite picture of the morbid condition which the therapeutic measure proposed is intended to overcome. Does he have any such definite purpose when he essays to treat the functional nervous disease? I think it will be agreed that he does not.

THE EMMANUEL MOVEMENT

My chief reason for discussing the attitude of the physician toward the functional nervous diseases is to be found, however, in some occurrences of the past two years. Somewhat more than two years ago the rustle of psychotherapy was plainly heard in this country, but it is only recently that it has attained cyclonic proportions in the shape of the so-called Emmanuel movement. This is a revival of some of the emanistic doctrines of Neo-Platonism, fostered by the philosophy of F. H. W. Meyers and Hudson, with here and there the teachings of William James. It has developed under the auspices of the Emmanuel Church of Boston from the efforts of the Rev. Elwood Worcester. This divine claims to have received the germinal idea from Dr. S. Weir Mitchell and the impetus to start the movement in the hearty cooperation of the "leading neurologists of New England," but especially of Dr. James J. Putnam, professor of neurology in Harvard University. Both physicians have publicly repudiated the Emmanuel movement, its practice, pretensions and propaganda.

In reality the purpose of the movement is the revivification of that branch of the Christian Church of which the Rev. Elwood Worcester is a member and whose doctrines he professes to believe and has promised to disseminate. This church has fallen into a state of apathy, whose future along present lines of conduct seems bleak and sterile (quoted from Rev. E. Worcester's address to the Faculty Club of Columbia University, May, 1908): "The Christian character of the undertaking is guaranteed chiefly by the fact that it is absolutely disinterested." Volunteer contributions are solicited at each meeting so successfully that already the Boston clinic is in possession of a large fund which, it has been said by one of the founders, is to be used for the purchase of a property and for the construction of a spiritistic sanitarium in a salubrious locality that is at once soothing to the senses and stimulating to the soul. But the Christian character of the New York movement is not so disinterested, judged by the above-mentioned criterion. Its initiator there says, in a circular letter:

"We are ready for the very rich, for the very poor, and for the majority that are neither the one nor the other. And

most people do not want free service. Their wishes are right and will be respected. Ours is no free clinic except to the very poor; save to them there will always be charges and offerings.

There is no likelihood that this language will be misunderstood. The leaders of this actively profess to base their advent into the practice of medicine on a scientific basis, and cite in support of their profession the fact that they have associated themselves with physicians. But, when the matter is looked into, it is found that in reality what they have done is to discuss with physicians the advisability and great desirability of uniting the efforts of the church and of the medical profession and of all other learned professions, so that the people of the earth shall learn to live hygienically and to think straight, in order that they may remain sound in body and sane in mind. There is no doubt where the medical profession stands in such a matter.

The Emmanuelites are attempting to associate with them physicians who will act as diagnostic tools and who, after making the diagnosis, will turn the patients over to them for treatment; the leaders of the movement, for some incomprehensible reason, assuming that they have an ability to cure disease which the physician has not or can not acquire. The only real motive that can be assigned for such attempt is that, having failed in the profession for which they were trained, a portion of the clergy now essay to try their luck in one for which they have no training, on the ground that Christ was a physician and that they are followers in his footsteps.

THE CHURCH AND HEALING

The church, for a large part of its history, was the most important social and political organization in the communities of Western Europe. It retains this position still in some countries, and is the fount of all knowledge, education and care of the deficient classes and the inspirer of social progress. Since the time of Descartes modern science has arisen and stripped away from the church many of these functions, because to be an expert in any one field has required exclusive attention. To-day the progress of medicine has brought us to a point where it is found that a certain community of interest must be developed. This is notably the case in the treatment of tuberculosis. The measures employed to place a community in the attitude of mind necessary to cope successfully with the ravages of this disease are economic, social, psychologic, moral and perhaps even religious. I am also of the opinion that this is the case with some nervous and mental disorders. These must be combated by educating and training the public, not by curing individual patients after the diseased condition has occurred. Consequently I look with favor and hope for much assistance from the development of social service in connection with dispensaries and hospitals for the treatment of these diseases.

The outcome of such cooperation would be that the church should resume, as it appears in some instances to be resuming, not only certain social functions, but also some care of the physical and moral lives of the peoples of their communions, in order that they may lead not merely a righteous and godly life, but also a hygienic one. This is a very different matter, however, from assuming the practice of medicine, which the Eddyites and the Worcesterites do.

I recently published a communication in the *New York Times* in which I attempted to show: 1, that physicians are more legitimately entitled to practice

medicine than clergymen; 2, that the assumption of the function of the practitioner of medicine by the latter profession was arrogant and unjustified; 3, that Worcesterites had no corner on cheerfulness, hope, courage, faith and prayer; 4, that it was ungracious of them to scoff at their parent, Mrs. Eddy. Among the many letters which I have received since this communication appeared are a few which seem to indicate a suspicion in the minds of the writers that I am opposed to the church as an agency to combat disease. On the contrary, I am firmly of the conviction that it is our most potent adjuvant in the warfare against disease and that we should avail ourselves of this powerful agency to inculcate principles of right living and optimistic, elevated thinking, which are the antagonists of ill health. "I dress their wounds and God heals them," wrote Ambrose Paré over the portal of his operating-room; and no one, I think, of our profession has so far lost sight of his personal insignificance as ever to think otherwise.

In healing "God cures by the use of sunlight, healing and nourishing substances, water and air," says one who presumes to act as His spokesman in a book entitled "Religion and Medicine." No believer in God, I presume, denies the truth of this, for it is a part of the general admission that God is love and virtue and the source of all beneficence. What the atheist or the agnostic believes about this no one but himself knows, for he does not feel called on to shout from the house-tops or from the vantage-place of the public press that which he believes but can not prove. Why do not the laborers in the Lord's vineyard who are so insistent on their disinterestedness aid those who are not so fortunate as to possess their intelligence and enlightenment to use these God-given and health-restoring agencies by precept and example rather than by attempting to explain their action by a nebulous philosophy that has little foundation and few adherents? If "the time is come when the church must enter into the personal lives of the people and make a freer use of the means modern science and the gospel of Christ places at her disposal if she is to continue to hold even her own," why not, I ask, teach well persons so how to live in the luminous light shed by these agencies that they will not fall into ill health? If the Rev. Dr. Worcester and his followers are so desirous of emulating Christ, they might begin by displaying a measure of that quality which was so essentially, next to His divinity, His most distinguished feature, namely, humility. They should display a willingness to work with the physician, not as the master but as the servant, as an unprofessional assistant strictly amenable to suggestions and to orders. That the physician should become a diagnostic tool in the hands of the clergyman is preposterous and absurd. That the clergy shall be allowed to practice medicine without qualification is absurd and illegal, and the safety of the people demands that they be protected from those who arrogate to themselves any such rights. Nearly 800 years ago the church and the practice of medicine were forcibly rent asunder by the first Lateran Council in the pontificate of Calixtus II; we are as unlikely to go back to it as we are to take up again researches in alchemy or to endeavor to find the philosopher's stone.

THE PHYSICIAN'S DUTY

The question is, what is our immediate duty in the matter as physicians? It is so to conduct ourselves in the study, interpretation and treatment of disease that

these and other interlopers shall not be able to charge us with incompetency, inadequacy and inefficiency. That there is some justification for so charging us in our treatment of the functional nervous diseases I have admitted; and the foundation of the charge has been our neglect of the appropriate study of nervous diseases in the light of the developments of modern psychology. For years neurologists have been tireless in pointing out the influence of mind over matter, especially manifest in the treatment of functional nervous disease. In season and out of season they have called attention to the fact that the important element in the treatment of these diseases was the patient himself, and that little could be accomplished until his attitude toward his disease was one of hope, faith, courage and self-reliance. They have recognized that the moral element in the causation and the maintenance of many of these diseases was the important one, and they have striven, with the aid of philosophy, religion and suggestion, to counteract it. So far as I am able to determine, their message fell on insensitive ears, for it was not until the publication of the translation of a book entitled "The Psychic Treatment of Nervous Diseases," by Dr. Paul Dubois of Berne that the profession in this country seemed to give heed to it. Then they gave heed with frenzy. Soon there began to be heard in medical meetings, papers—by internists as a rule—which set forth the great therapeutic value of psychotherapy. A reference to the current medical literature of the past two years will give an idea of the hold which this subject has obtained on the general practitioner. Neurologists who had been attempting to disseminate information concerning the value of psychologic interpretation and spiritual treatment were at a loss to understand wherein the novelty of the matter lay. The enthusiasm seemed out of all proportion to its merits, which it may be said in passing, had been fairly well determined. Nearly every one of these writers presented the subject as if it were novel, and openly stated that if its therapeutic potentialities were known and utilized the results accomplished by the physician would be vastly different. Some writers hinted that there was a more or less well-formulated procedure which constituted the mode of utilization of psychotherapy. For instance, it has been my experience to attend a meeting of a society which is commonly supposed to represent the most advanced expression of medical knowledge and culture and to hear a man make the statement that practically all cases of constipation yielded to psychotherapy. The writer had cured himself and every one on whom he could lay thought. Still, when he came to describe his mode of procedure it was found that it differed in no way, so far as the average mind could discern, from that which is utilized by many of us when we essay to treat this common infirmity.

Much advance has recently been made in the interpretation of psychic manifestations, in the understanding of psychogenetic symptoms and the way in which disorder of function, mental and physical, is overcome by psychic procedure. No one familiar with the work of Freud of Vienna, of Jung of Zurich, and of many neurologists and psychologists at home and abroad can deny it. But in reality their contributions have been in the line of psychic interpretation, psychoanalysis and psychodiagnosis. If one were to discover a mode of procedure that would allow us to diagnosticate a lesion of the bundle of His he would not be likely to speak of it as a contribution to the therapeutics of paroxys-

mal tachycardia. Naturally he might deduce from such knowledge a procedure whose application would result in cure, and in a measure this is what has occurred in the wake of Freud's and Jung's interpretations. For instance, many of the psychic and emotional manifestations of the neuroses have their origin in experiences affecting the moral sensibilities early in life. These may be so many years anterior to the time of appearance of these symptoms that they are absolutely forgotten, or if not forgotten the relation of cause and effect entirely lost sight of. It would seem to require no argument to convince one that the way to overcome such symptoms would be to uncover the psychogenetic experience on which the disorder is dependent and to present the matter to the patient's mind in a logical way. Then, with a mature mind, properly oriented, he might review the sequence of events and then sit in judgment on them. This judgment should be aided by wise counsel emanating from one who has had wide experience with such matters, and who is versed in the laws of physiology and pathology, such as the physician.

THE PHYSICIAN'S ATTITUDE

What is our further duty as physicians, as citizens and as representatives of the culture in our branch of the humanities of the twentieth century? In my opinion it is so to state our position that we shall not be misunderstood and that our motives can not be misinterpreted. It has been hinted here and there that our livelihood is being encroached on and that our very existence is threatened. If such things could be, and from the attributed causes, I for one should hail it with delight. The public probates of physicians' wills are the best evidences that most physicians do not practice medicine for riches, and the few who do must be bitterly disappointed. My profession needs no champion. If now and then we have fallen on parlous times, and words of appreciation and approval are grateful, a pen capable of transcribing letters in ink that will not fade has appeared in the hand of an immortal like Robert Louis Stevenson.

It has been said that physicians misunderstand the Emmanuelites' position and misinterpret their teachings. There seem to be no facts furnished on which to base such charges. A recent anonymous defender of Rev. E. Worcester, writing in the *New York Times*, says that physicians accuse Dr. Worcester of holding that psychotherapy is a universal panacea. I do not recall having seen such accusation in the public print; but a measure that will cure 80 per cent. of all cases of alcoholism approaches more nearly a universal panacea than anything this world has ever seen! This writer also says that Dr. Worcester is accused of wishing to revert to the age when the functions of priest and doctor were united in one man. I do not presume to know what Dr. Worcester wishes, but I judge from his actions and his words; they indicate that he is reverting to the middle ages. This critic also says:

"The chief reason why many sick persons hesitate before they send for a doctor is because doctors are too inhuman. They have lost their humanity in the laboratory. They look on a patient not as a poor, sick fellow-creature that they want to help, but as an interesting intellectual problem; an opportunity for a little original investigation."

Every one is entitled to his own opinion, unless his conduct based on such an opinion endangers life or makes its possessor a nuisance to others. When it does his family or friends put him into an asylum in order

to safeguard him and them. It would be interesting to know in what laboratory doctors are dehumanized. I am not aware that the laboratory experience of any save an extremely small number of physicians is of such extent that it would bear much more than mere mention.

I purposely refrain from speaking of one feature of the Emmanuel movement which solicits careful investigation; that is the statements of Dr. Worcester, his disciples and fellow-practitioners regarding the frequency of functional nervous disease and the success that attends their treatment. If any one can believe that they cure 80 per cent. of cases of inebriety no word of mine will awaken him, for he is luxuriating in a glorious vision of the promised land, the millenium to come when this miserable world, freed from the fetters of alcohol, insanity, immorality, imbecility and illegitimacy, shall be no more.

But it seems incredulous that any opinion emanating from an individual who makes a statement so wholly devoid of fact as the one which I am about to quote should have the slightest weight with any one capable of reasoning. Bishop Fallows, who is the champion of the Emmanuel movement in Chicago, has recently written a book entitled "Health and Happiness," which contains the following paragraph:

"The functional disorders of the nervous system are quite modern. They appeared some time in the last century and were never known before in the history of the human race. They are so common now that the physicians designated as neurologists could not take care of one-tenth of 1 per cent. of these cases.

Now I submit that if one were to characterize briefly the mental or moral status of an individual who made such a statement he would be reduced to the use of brief words and very few of them. Every one who has even an elementary knowledge of the history of the middle ages knows of the ravages of the so-called functional nervous diseases in that period. Tome on tome of literature and statistics attest it. In fact, I could successfully defend the thesis that functional nervous disease is no more common now that it was 300 years ago.

PSYCHOTHERAPY OF THE EMMANUELITES

As an example of the suggestion in psychotherapy, I may quote from a recent lecture of Dr. Worcester in New York, in which he told in glowing terms how insomnia and the alcoholic habit were overcome by suggestion. His suggestion for those who have insomnia was, "When you retire, think of the beautiful things of Nature. Imagine you are on the brink of a placid lake; then think of the soft moonlight as it falls on the peaceful water." Yes, indeed, if the baby suddenly cries while you are in the midst of such alluring thoughts, or your wife insists that you go down and put the furnace in shape for the night, keep in mind that the placidity of the lake has not been disturbed in the meanwhile and that the moonlight is just as soft as before your sweet dreams were rudely disturbed!

Fellow practitioners, let us have zeal of God, but let us have it according to knowledge.

37 West Fifty-Fourth Street.

Education of the Unfit.—Charles G. Kerley, in the *Archives of Pediatrics*, states that over-education of the unfit brings forth tastes, habits and desires of which the individual should know nothing, and is the cause of more thieving, gambling and all-around dishonesty than is well appreciated. When position and wealth and reasonable competency do not follow by legitimate means, others are readily seized on.

Original Articles

THE PRESENT RELATIONS OF PSYCHOTHERAPY

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BOSTON

The answer to the question whether the pathologist can ever draw a sharp line between organic disease and functional disturbance is yet far off. Newer methods are constantly narrowing the list of maladies of which the organic substratum has been hitherto unknown.

Every expenditure of nervous energy, every mental action, every emotion, is undoubtedly accompanied by a subtle change in a larger or smaller group of neurones, some breaking down of the complicated vital molecules into simpler ones more closely akin to the inorganic, more accessible to the microscope and the test-tube. Fatigued tissues can be recognized under the microscope, and when the balance between fatigue and repair is broken for too long a time permanent degeneration is manifest. It is more in accordance with our knowledge of tissue metamorphosis and of toxic action to assume that the material change is the primary one. The rapid action of many poisons upholds this view, which may fairly be expected to cover those poisons of internal origin.

The assumption of a general control of structure and action by thought, without knowing what thought is or where it has its origin, a well-rounded theory of the complete dependence of health and disease on the mental attitude, is a convenient generalization and opens up a picturesque pathway along which one may stroll at leisure with many diversions until he is brought face to face with some hard pathologic facts.

The hotbed culture of hybrid new thought is a rapid and easy process admitting of a theoretic perfection entirely unattainable as yet by the slow growth of biologic science based on physics, chemistry and anatomy.

For our practical needs it is desirable to bring as much of the borderland as possible within the limits of the known and measurable and to ascertain where they come together.

It is not so very long since the doctrine of the dependence on the bodily health of correct mental action, of the emotions, even of theologic views, a comfortable digestion, a happy life (in this world at least), was the one popularly taught. It was summed up in various proverbs, such as "*mens sana in corpore sano*," and the pun "whether life is worth living depends on the liver," etc.

Even in the confusion of claims of the various theories and specialties, each for itself, this doctrine, far from growing obsolete, continues to cover an enlarging field in diagnosis, and as morphology is being supplemented by biochemistry, it more nearly covers the whole. And not only for therapeutics in the narrowest sense, but for preventive medicine, it is by far the most potent theory for good.

Now in the minds of hundreds of thousands, perhaps more correctly millions, this relation is reversed. That "strong will with which anything could be done," and which was considered one of the good gifts of Providence, is now within the reach of any one who will put himself for a time under the influence of a stronger one or even of a meaningless verbiage.