Notes, Short Comments, and Answers to Correspondents.

NOTES ON

PSYCHOANALYSIS AND PSYCHOTHERAPY.¹

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PART II.*

SUGGESTION is a perfectly legitimate medical weapon, the assistance of which is invoked by every medical man in every prescription, but care must be taken that its nature is clearly understood. This is especially true of hypnosis. In psychotherapy its utility is unquestionable, but its influence is often short-lived, for cases thus treated are admittedly very liable to relapse. When unduly pushed or misapplied it may induce very disastrous consequences. In the war psychoneuroses suggestion has been of conspicuous use, more especially in those cases in which autosuggestion has been at the root of the symptoms. A confident prediction by a sympathetic physician that there is nothing radically wrong and that in a certain definite time, under a certain impressive course of treatment, complete recovery will take place, has often had the happiest effect. *Similia similibus curantur*. What suggestion gave suggestion has taken away. But the results of suggestion are insecure, and backslidings are frequent.

The Doubtful Value of Argument.

Of the value of argument in psychoneurotic cases I am less convinced. The rule used to be that once for all the patient should be encouraged to state fully his mental troubles, and once for all their irrationality should be explained to him, and his objections met; but to recur to the subject again and again and chop logic about it was regarded as bad policy. Lightly held erroneous impressions may be argumentatively jettisoned, but a delusion should not be given belligerent rights. In the presence of the most absolute proof of its absurdity it will stick fast, and, for my own part, I have never known a delusion worn away by controversial methods.

The Anti-repression Method.

To one psychotherapeutic expedient for which great achievements are claimed I should be inclined to demur; this is the anti-repression method, or the upheaval or facing-it-out schema, as it might be called. Repression, which is alleged to have taken so considerable a part in the production and maintenance of the war psychoneuroses, especially of the anxiety neuroses, I confess I do not clearly understand. It is described as "the active or voluntary process by which it is attempted to remove some part of the mental content out of the field of attention, with the aim of making it inaccessible to memory." It is therefore the will to forget, but the will has no such power. It cannot seize a painful or disagreeable thought or feeling by the scruff of the neck and thrust it down into unconsciousness. There is no method by which a person can voluntarily remove from consciousness some part of his mental contents. The will is not a policeman with power to order objectionable memories to move on or to shut them up in the cells below. It is undoubtedly true that by a voluntary endeavour we can modify or divert the stream of images and recollections arising in the mind. When surveying the scene before us we can, under an adequate motive, observe one point and neglect everything else. When engaged in any pursuit it is possible for us to keep out irrelevant thoughts, though arising in the current of association, but this is done, not by any forcible extrusion process but by concentrating attention on the thought or image we desire to observe or study, and leaving all outside thoughts and images to that natural fading towards the vanishing point which takes place when the light of attention is withdrawn. As regards emotional states the one thing practicable is to check or promote that part of their diffusive manifestation that is made up of movements of the voluntary muscles. The suppression of the active movements has a tendency to suppress the nervous currents that incite them. "It is a law of our constitution that the inward wave tends to die away by being refused the outward vent."

There are vehement states of sudden emotional excitement in which it is perhaps better to give free course for a time to their outward display. Anger, grief, or joy may come upon us in such overwhelming force that the current cannot be resisted; repression is impossible because attention is wholly absorbed, and the inward pressure is relieved through the safety valve of vehement demonstration, but in all emotion short of this acme it is habitual and systematic restraint that should be aimed at.

"No one," said Maudsley, "can resolve successfully by a mere effort of will to think in a certain way or to feel in a certain way, or even to act always in accordance with a certain rule, but he can, by acting on the circumstances which will in turn act on him, imperceptibly modify his character; he can learn to withdraw his mind from a certain train of thought, the activity of which will thereupon subside, and can direct it to a different train of thought which will thereupon become more active."

Its Contradiction of Accepted Principles.

The fixing of attention upon some indifferent or different thought while poignant memories occupy the mind is always a difficult, sometimes an impossible, task, but it is the only way of obtaining relief, and it is the way in which our war-worn men have sought refuge from their reminiscent troubles. Attention in them, instead of moving freely from point to point with the objects presented to it, has become riveted upon some particular idea or recollection, and has become rigid. The men have tried not to think of their life in France or Belgium or Gallipoli, to occupy their minds with other interests, and to avoid newspapers and war books.

But in doing this it appears our war patients have been all wrong. They have been practising repression, which is anathema, forcing down their war memories into mysterious depths from which they emerge now and then, in curious disguises—anxiety, depression, tremors, jumpiness, dreams, dizziness, headaches, dyspepsia, and all sorts of anomalous symptoms. During the day repression can, by an effort, be maintained, but it is relaxed when night comes and the irrepressible memories bounce up in consciousness and cause insomnia or ghastly dreams. The proper course, we are assured, for men thus afflicted is to stop repression and keep their miseries ever before them. They must be persuaded to dwell on them, to describe them to their companions, to face them, and to get accustomed to them.

Now all this seems to me to be at variance with pre-war experience, at any rate, and, must I add, with common-sense. Rubbing a raw surface has not hitherto been found conducive to healing. Surely it is the experience of mankind at large that to recall our misfortunes, sorrows, and follies is the one sure way to strengthen and prolong their hold on us, and that the sooner they are ousted by neutral or pleasant memories the better for our equanimity. Would it be prudent to recommend a hypochondriac to fix his attention on his abnormal sensations, and to keep bringing them to the surface for examination? Did any of us ever see a delusion cured by encouraging the patient to give expression to it and dwell on it? Is it not best to leave it alone and give it a chance to wither and atrophy. We "nurse our wrath to keep it warm," but it cools down if we turn to something else. "With a mental grief as with a physical pain," said Maudsley, "the right course is not to foster increased action, but to give it rest, and to allow the healthy energy of neighbouring parts to encroach gradually upon, and to subdue, the morbid action."

It is, from a hygienic point of view, the supreme virtue of the confessional that it confers what the psychoanalysts would call his much deprecated repression. By creating a belief in forgiveness it abolishes qualms of conscience which might unbalance the mind. Much melancholia has been attributable to keeping within the sphere of attention memories of faults and transgressions which should have been driven away by wholesome recreation; much, too, has been due to the hugging of sorrows which should have been discarded. Believing what I do of anti-repression, I am not surprised to find that those who practise it acknowledge many failures. I am, however, surprised to note that in a number of the cases reported as successful there is no evidence that the patients had been deliberately repressing certain painful elements in their mental content. They had simply and instinctively been trying to withdraw attention from the painful content and to fix it on other mental contents of a less painful or pleasurable kind, in accordance with the common custom of mankind. Dr. Rivers narrates an interesting case illustrating this point. It is that of an officer who "had found on the field of battle the body of a fellow officer blown into pieces, with head and limbs lying separated from the trunk, and who, from that time, was haunted by the ghastly vision of what he then saw. When he slept he had terrifying nightmares of the mangled remains of his friend, and so he dreaded to go to bed, and spent each day in painful anticipation of the night, and awoke during the night pouring with sweat." The psychotherapy in this case consisted in pointing out to the patient that the mangled state of the body of his friend showed that he had been killed outright and had been spared the prolonged suffering which is too often the fate of those who sustain mortal wounds. He brightened at once, and was ultimately discharged recovered, although he seems to have suffered from at least one terrifying dream after his discharge. Now, what psychotherapy, I would ask, is there in this? Was there ever a case of sudden death in which this euthanasia specific was not administered to the sorrowing

¹ Part I. was published in THE LANCET, June 5th, 1920 (p. 1248).

relations? Was there ever a mourner under such circumstances to whom, not being an idiot, the consolatory reflection, for whatever it is worth, did not spontaneously occur? But what had repression, or the relief of repression, got to do with it? It was substitution, and not anti-repression, that availed. There had been no forcing down of a hideous memory. It was on the surface, and was merely glossed over by the reflection that the friend's death was painless. But this officer, it seems, before he encountered the horrid sight that is alleged to have overcome him, had been buried as the result of a shell explosion, which had been followed by symptoms pointing to some degree of cerebral concussion, and it was, I suggest, cerebral changes due to the concussion with the lowered power of resistance they involved that enabled the horrid sight to take such a persistent grip of him—a grip which it gradually relaxed as these changes were rectified. Then, before the simple psychical anodyne of reminding him that his mutilated friend had suffered no pain was administered, he had been advised to keep all thoughts of war from his mind, and it was perhaps compliance with this—certainly not anti-repressive advice—that did him good.

Its Application to Dreams.

The anti-repression policy is applicable, we are assured, to dreamland as well as to daily life. Disquieting dreams, nightmares, and insomnia have always afflicted those who have taken part in war. Sir Walter Scott noted this.

"Soldier rest, thy warfare o'er,
Sleep the sleep that knows not breaking,
Dream of battlefields no more,
Days of danger, nights of waking."

But the appalling features of modern warfare have given to the dreams of our soldiers a peculiarly disturbing character which renders their alleviation more than ever desirable. Well, that alleviation, according to the psychoanalysts, consists in anti-repression. They teach that the patient suffering from such dreams must, on going to bed, make no effort to banish the remembrance of them, but must rather recall them, lest the dream substance, buried in the subconscious, may emerge therefrom during sleep. How the burial was effected is not clear, but the reason for the nocturnal resurrection is obvious enough. The mind is then no longer preoccupied by opposing impressions, but is left to ruminate on its contents, and the higher controlling centres being the first to go dormant, the lower or emotional centres are free to agitate. The view that this agitation may be prevented by its voluntary initiation, just as sleep is impending, is certainly not in accord with the popular notion on the subject or with physiological principles. Recurring bad dreams are common enough. They grow out of the cares of peace as well as out of the pangs of war, and the accredited mode of warding them off is to occupy the subsomnolent mind with something as remote from them as possible. The man who carries his worries to bed with him will get no sleep, or sleep with dreams in which these worries are mixed up; and of the thousand expedients that have been devised to invite sleep when it is thus coy, and to keep it clear of worrying dreams, there is not one that consists in conjuring up the worries and turning them over in the mind just when sleep is invited. The rational treatment of insomnia is to discover the precise nature of the anxieties that are keeping the patient awake and remove them. Agreed! But how is this to be done? The anxieties are often real and clamant enough, and where they are fictitious they cannot be enucleated like an encysted tumour. The only way to dispose of them is to think of something else, or to circle round them at an ever-increasing distance in thought until they are lost sight of altogether, or to blunt the sensibility of the cerebral centres by sedatives and narcotics.

The Tendency to Emphasise Mental at the Expense of Physical Factors.

The tendency of the psychoanalytical school appears to be to seize on and emphasise mental factors in the psychoneuroses, and to pass lightly over personal physical factors of at least equal significance. In illustration of the effects of repression there is described the case of an able pilot in the R.A.F., who, when returned to duty after a crash, was ignorant of the construction of an aeroplane and denied that he had ever been in the air. But surely the crash was enough to account for this state of matters, without assuming a stand-up fight between fear and a sense of duty or any forced repression of a tormenting idea which should have been bravely confronted. We find frequently ascribed to repression cases of complete amnesia in men returning from the front with a large block of their mental life blotted out. Intense emotional stress has no doubt caused new departures in the war, but in civil practice I have never seen complete retrograde amnesia in a healthy young or middle-aged man, arising out of emotional excitement or mental struggle, but I have seen it constantly as a consequence of trauma or toxæmia. I would say that invariably after concussion there is forgetfulness of the events immediately preceding the accident, the impressions then received having been, as it were, developed but not

fixed in the brain and remaining permanently irrecoverable. When the amnesia exceeds this and extends back for days or weeks, then it may be safely inferred that there has been a physical lesion. That fear or mental shock without physical commotion should leave complete amnesia behind it is improbable, as the rule is that objects of alarm are exceptionally impressive. The whipping of boys at parish boundary lines was intended to ingrain the remembrance of the landmarks. But the perturbation of fright in its excitement of the perceptive powers makes a more indelible stamp than even an acute bodily infliction, and it seems unlikely that fright alone should have created a big gap in memory in war neuroses men.

That externally induced psychical states have played an essential part in the production of many of the war psychoneuroses is undeniable, and that the counteraction of these states by a psychical antigen self-produced, or by a psychical antidote therapeutically administered, has in many cases been eminently beneficial, cannot be gainsaid, but it remains to be determined within what limits the psychical antidote is efficacious, and how far, when efficacious, it is assisted by concomitant physical changes. The purest of the psychoneuroses are apt to set up a recurrent habit, and, if unrelieved, to run into structural changes that are beyond the reach of unaided psychical remedies.

General Conclusions.

In a large number of cases in which psychotherapy has been successful there have been coincident with it changes in environment, companionship, diet, and employment, which may have contributed largely to the favourable issue, and in a number of cases in which it has been unsuccessful the lapse of time, fresh air, exercise, games, shooting, or fishing have ultimately secured complete recovery. It is quite unjustifiable to talk of the futility of voyages and rest cures and changes of scene in the psychoneuroses, which, long before psychoanalysis, as such, was heard of, and without any preceding psychoanalysis beyond an accurate diagnosis, have in countless cases conducted to perfect recovery. When the new psychotherapy has as good a record of permanent cures as these methods of treatment it will command fuller acceptance than it does to-day, and, as things stand at present, I would not exchange for it the use of the bromides alone. The extremes to which the psychoanalysts push their panacea is illustrated by Jung's contention, in defiance of all observed facts, that the psychological factor plays a decisive rôle in the origin and course of dementia præcox. Those of us who have watched the slow progress of the malady, sometimes from early childhood, who have noted the physical abnormalities and signs of defective development and degeneration which are so commonly associated with it, will not assent to that view of it.

I would be the last to depreciate the importance of the psychical factor in the causation of insanity, or in its treatment, but I must again, in justice to our department, insist that psychotherapy is no new discovery. Moral treatment, as it has been called, has long been diligently carried out in our asylums. I open at random a British asylum report for the year 1857, and I find recorded under moral treatment first, occupations of many kinds—gardening, field-work, carpentry, turning, sewing, knitting, printing; secondly, amusements, dances, theatricals, concerts, bowls, cricket, billiards, excursions; thirdly, instruction, lectures, and classes for modern languages, music, and drawing, and more than that, I find testimony borne to the restorative influence of the personal intercourse of the physician with his patients, and of the impact of the sound on the unsound mind. "The advantage," the report says, "of the association with healthy and vigorous minds has long been recognised in the treatment of the insane. Reading is no substitute. Communion thus with the thoughts of even the wisest and best has not the influence of personal intercourse. The latter is regulated according to the varying phases of the emotions, and while new images and suggestions and sympathy are poured into the wounds of the sufferer, they are adapted to his character and condition."

That the very same kind of moral treatment thus practised in our asylums nearly three-quarters of a century ago is still efficacious to-day is evident, for Dr. R. T. Williamson, of Manchester, as the result of his experience, recommends in psychasthenia after shell shock suitable occupations, such as netting, fretwork, wood-carving, sewing, knitting, basket-making, field-work, gardening, and motor-wagon driving; games, such as draughts, dominoes, cards, and billiards; and studies, such as foreign languages, drawing, painting, photography, and music. Dr. Williamson recommends also prolonged sleep, and accentuates the importance of avoiding the reading of war news, the discussion of symptoms with other patients, and the direction of the thoughts into new channels. Sir Frederick Mott has testified to the benefit derived by soldiers suffering from shell shock at the Maudsley Hospital, from field-work, gardening, poultry-keeping, metal-work, and carefully regulated physical exercises. Much sound psychotherapy lurks behind the sweat of the brow.

THE CONTINUITY OF HOSPITAL TREATMENT.

AN interesting address on Old London and the Origin of the London Hospitals was delivered at St. Thomas's Hospital on May 28th by Mr. G. Q. Roberts, the secretary of the hospital, mainly with the object of drawing attention to the admirable work of the League of Mercy. Incidentally, however, the lecture was a powerful plea for the continuance of the voluntary system of hospital maintenance, which, as Sir William Collins, who presided, pointed out, has played a very important part in the social life and history of London.

The lecture was a running commentary on a large number of maps, plans, and pictures of old London and its hospitals, which were thrown upon the screen. By way of striking contrast with the quaint views which were to follow, the first picture showed St. Thomas's Hospital at the present time, taken from an aeroplane, and presented a view of the river Thames with Westminster Bridge running diagonally across the picture, the hospital being at one end and the Houses of Parliament at the other. So imposing are the buildings of the hospital, especially when viewed from the terrace of the House of Commons, that a visitor from the United States when being entertained by Members of Parliament at tea mistook the structure for the Houses of the "Principal Aristocracy," said Mr. Roberts.

Provision for the Sick in Olden Times and Now.

It is almost impossible at the present time, the lecturer continued, to realise exactly what London was like in the past, for its origin lay hidden in remote antiquity. The river afforded easy means of communication and, surrounded as the place was by marshes, one could easily understand why it should have been selected as a stronghold. After the arrival of the Danes it was strongly fortified, and the renewed Roman wall stood well on into Tudor times. After the Norman Conquest many religious houses were built, and these occupied about one-third of the city, large numbers of the inhabitants being employed in and about them. Most of these houses made provision for the sick poor, and long before the thirteenth century St. Thomas's Spittal had been established as an offspring of St. Mary Overie, while St. Bartholomew's was connected with the priory of Rahere, and St. Mary's Spittal, which gave rise to Bethlehem Hospital outside Bishopsgate, was founded about 1256.

When Henry VIII. closed all religious institutions and confiscated their properties London suffered greatly owing to lack of hospitals for the poor, and the citizens were greatly inconvenienced by the odours emanating from the sick lying about the streets. The citizens petitioned the King for the restoration of the hospitals, and before his death Henry restored St. Bartholomew's to the people. It was, however, Edward VI. who granted a charter conveying to the mayor and corporation rights by which St. Thomas's was given for the treatment of the sick, Christ's Hospital for the education of neglected and fatherless children, Bridewell for malefactors, and Bethlehem for the treatment of the insane, these being co-ordinated with the work of St. Bartholomew's. Bridewell and Bethlehem were joined together in one institution. The citizens of London at once set to work to organise the raising of funds, householders were individually called upon, and arrangements were made for appealing to the congregations in churches, sermons being written for and supplied to those preachers who were by themselves incapable of moving the hearts of their hearers.

After the Fire of London medicine and surgery made great advances, and the needs and requirements of the sick poor became insistent. New hospitals were established and actively supported by Cheselden and his colleague Mead, St. Thomas's and St. Bartholomew's Hospitals providing the staffs for carrying on the work. Incidentally the lecturer remarked that Cheselden was not only a great surgeon but the actual architect of old Putney Bridge. Guy's Hospital was built on a site secured from St. Thomas's, and Westminster, the London, Middlesex, and St. George's Hospitals followed, the tendency being to keep the institutions outside London.

Continuity of Treatment.

In conclusion, Mr. Roberts said that the voluntary hospitals of London were going through a very difficult time. While their income had not advanced their expenses had increased, and they had to move with the times and pay higher salaries, inadequate though they were. Many people were ready to say "let the Government take over the hospitals," but the voluntary system of London had existed through centuries, and those people who had seen something of institutions which had come under Government control and who knew the work of hospitals insisted, in the best interests of the community, that the voluntary system should be maintained. The Government would have to give some help, but in such a way that the voluntary principle was not destroyed, every encouragement being given for carrying on the advance which history showed had been made in the treatment of the sick poor, and until perfection was reached.

REFERENCE BOOKS.

THE selection of a suitable school is a question of anxiety to all parents, and in these days of high prices and attenuated incomes it becomes more than ever necessary to obtain accurate information as to the standard of teaching and the fees to be paid before a decision is made. Great help is afforded in this connexion by the "Public Schools Year Book," which appears again as a comprehensive guide to public and preparatory schools, universities, professions, public services, and business careers. Edited by Mr.

H. F. W. Deane, librarian to the Dean and Canons of St. George's, Windsor, and Mr. W. A. Bulkeley Evans, secretary to the Head Masters' Conference, of which it is the official book of reference, the year book gives a list of schools in alphabetical order, together with staffs, fees, and scholarships. A tabular arrangement of medical scholarships gives the name of the scholarship, its annual value, how long tenable, and the conditions attached to it. The brief notes on openings for young men in both professional and business undertakings include pharmacy, and welfare work. —A companion volume to the above is the "Girls' School Year Book (Public Schools), 1919-1920," the official book of reference of the Association of Head Mistresses, in which similar information similarly arranged is provided for those seeking educational institutions and careers for girls. Both books are published by the Year Book Press, Limited, 31, Museum-street, W.C. 1, the price of the first-named being 10s. 6d. and of the second 7s. 6d.

The Year Book of Scientific and Learned Societies of Great Britain and Ireland, 1919, just issued, is a useful compilation, containing as it does a record of the work done in science, literature, and art during the session 1918-19. Of its 336 pages 35 are devoted to medicine, though there are, of course, many papers of interest to medical men to be found in the sections devoted to chemistry, biology, and psychology, as well as in general science. Under the various sections are given the addresses of the societies, their objects, date of meetings, subscriptions, names of officers, publications, and the names of papers read during the session, a very full index to the societies making reference easy. Twenty-six societies not previously appearing in the Year Book now find a place, and music claims its place among the learned societies. The section of medicine is naturally headed by the Ministry of Health. Messrs. Charles Griffin and Co., of Exeter-street, Strand, are the publishers.

HAND-PROPELLED TRICYCLES FOR THE TOTALLY DISABLED.

IN view of the "rally" of hand-propelled tricycles which is to take place at Regent's Park, London, to-day (Saturday), the Ministry of Pensions state that the provision of hand-propelled tricycles in cases of total disablement was not, until two years ago, a recognised duty of the State. During the late war, until April, 1918, the Lord Kitchener National Memorial Fund supplied 276 machines, but from that date the Minister of Pensions has been responsible for the supply where a machine is essential for a man's health or to enable him to get to and from his work. Thus, in all cases of amputation of both legs a hand-propelled tricycle may be provided for outdoor use (and in addition, where required, a Merlin chair for indoor use). In paraplegic cases similarly a tricycle may be provided as soon as the man is medically certified to be able to make use of it for the benefit of his health. Machines may also be supplied on a medical certificate that they are necessary, on the grounds above mentioned, to men who have suffered amputation of one leg and one arm, and in other cases of grievous disablement, each of which is dealt with on its merits. Applications are made through the Local War Pensions Committee. The total number ordered by the Ministry up to May 31st, 1920, was 1455, of which at least 1350 have been supplied. It is known that the number of men who have suffered amputation of both legs is 961, and it may be taken that about 900 of these men are in possession of machines. The remaining 550 are for paraplegic and other special cases. The Ministry are responsible for the repair and renewal of the machines, and of those provided by the Lord Kitchener Fund.

AN OPPORTUNITY FOR INVALIDS.

To the Editor of THE LANCET.

SIR,—To those cut off by bodily weakness from the wider activities of life the Invalids' Auxiliary of the Edinburgh Medical Missionary Society offers an interesting opening. The Auxiliary was founded some fifty years ago, and has as its aim to give invalids an opportunity of helping fellow sufferers in other lands. A sale is held about the end of the year in Edinburgh of work contributed by members of the Auxiliary, the proceeds being apportioned amongst various medical missions. Contributors are kept informed as to the destination of their gifts, and an endeavour is made to establish a living link of sympathy between those who give and those who get. To many invalids in past years the Auxiliary has brought an added interest in life, and a congenial means of useful service. The committee will welcome new contributors, and would suggest to doctors and nurses who have the care of invalids to bring this form of activity to the notice of their patients who would benefit by being interested in helping other sufferers.

Further particulars will gladly be furnished by Miss Clark, 16, Coates-gardens, Edinburgh, or Miss Annie Walker, assistant secretary, E.M.M.S., 56, George-square, Edinburgh.

I am, Sir, yours faithfully,

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Secretary and Superintendent, Edinburgh
Medical Missionary Society.

May 25th, 1920.