

The physician who is truly successful in practice must depend in a great degree upon the good opinion of his fellow practitioners. Laymen have not the positive means of gauging our ability which those possess who are fitted to judge.

Nothing commends itself to the professional mind as does the thorough scientific investigation of individual cases. Certainly there are among those who have no medical education some who judge reasonably of the physician's worth, but the number of these is few. Of the majority, we may say they are the most ignorant who are most positive and loudest in their praise or denunciation, and these are often the most influential.

Herbert Spencer has well said: "Had we time to master all subjects, we need not be particular."

"Could a man be secure
That his days would endure
As of old; for a thousand long years,—
What things might he know!
What deeds might he do!
And all without hurry or care."

Bearing in mind our limited time for acquisition and action, the question which is of such transcendent moment is, whether the methods recently introduced are of sufficient benefit in the study of disease to claim our attention and time. We must determine, in other words, "the relative values of knowledge." If we consider the relative worth of these methods to the clinician from an unbiased standpoint, we must conclude in favor of the adequateness of the advantages. There is certainly a proportion between the required labor and the probable benefit. The young man needs the knowledge and training which the thorough study of disease develops, while those who have grown old in the treadmill must take advantage of modern methods and ideas to retain their standing in the profession.

Sir James Paget, in his *Memoirs* recently published, writing on the "Ways into Practice," and the "Various Ways out of Practice," speaks candidly on the conditions which affect success and invite retrogression. Between the lines one can read the thoughts of this clear-minded gentleman physician and the appreciation by him of the importance to the honest worker of receiving, after a sufficient period of probation, the methods which were included in the armamentarium of his juniors and pupils.

To those who are practising at a distance from centres where men are devoting themselves to the accurate methods in medicine, a word of warning may not be misplaced at this time. Your influence will not endure if you persist in ignoring methods which have been tried and found useful. You will finally hold only a remnant of your present clientèle. In spite of the fact that the public has never been more credulous or more ready to encourage quackery, the services demanded from the physician were never before expected to be of so high an order. His search must always be after the end of science. "The real and legitimate goal of all sciences is the endowment of human life with new inventions and riches." The individual has a right to demand

of his physician accurate recording of all facts relating to his condition, with a painstaking investigation of every detail which the case offers, by every method needed for accurate observation and ultimate diagnosis. Believing that modern methods of diagnosis lead to the trustworthy interpretation of symptoms with a firm belief in the superior ability of those who have adopted these methods, the lay world is fast removing its former prejudices against hospitals, where medicine and surgery are practised rationally. The consulting rooms of those who are known to employ most thorough methods are filled with all classes of clients. There is a feeling abroad which calls for thoroughness from those charged with the recognition and treatment of disease.

The period has not yet been reached when we can truthfully deny that our art is in advance of scientific direction and explanation. Now, as always, we need common sense as well as knowledge, with ready decision and resourcefulness. This no college or teacher can supply. We must never allow our critical faculties to exceed the practical. It has been truly said that "Practice without scientific re-edification soon degenerates into stereotyped and sterile routine." No amount of extra labor bestowed on the study of disease will prove irksome to him who possesses the true scientific spirit; on the other hand, the consciousness of a duty thoroughly and consistently performed will prove an ample reward.

Out of the clinical laboratory "the new medicine is to come,—the medicine which, penetrating into the intimate processes of Nature, learns to turn Nature to her own correction,—the clinical laboratory is to be the scene of the study of the origins of disease."

"A life full of work and labor is no burden, but a boon, an enjoyment"—this served as the text of Virchow's original thesis. His life has been sweetened by the conscientious and scientific application of his great powers, and it is this spirit which will continue to inspire the physician.

The moral force of scientific methods in medicine is the greatest factor in modern medical practice.

Original Articles.

SUGGESTION IN MEDICINE.¹

BY GEORGE C. SMITH, M.D., BOSTON.

In these days, when such rapid advance is being made in the diagnosis of disease in its prophylaxis and treatment by rest, hydrotherapy and dietetics, it may be well to ask ourselves what we are doing for our patients psychically.

Many physicians, if they consider the psychical side of their patients at all, believe that it may be ignored; others, though recognizing it, feel that it would require too much of their time; while still others think that only the neurologist can do

¹ Read before the Clinical Section of the Suffolk District Medical Society Nov. 20, 1901.

this kind of work, as they do not possess the subtle knowledge necessary. Heretofore, no qualification in psychology and philosophy for admission to our medical schools has been required, and in many no instruction is given in these studies.

To show how this matter is regarded today, I will quote from the Shattuck lecture delivered by Dr. James J. Putnam in 1899. Speaking of the preparatory work for admission to the medical school he says: "I should rate a thorough preliminary course in psychology and philosophy far above a knowledge of botany or zoology, and as following close on chemistry and physics."

Edwin Checkley, Esq., professor of physical culture, New York, says the two faculties of mind principally cultivated are memory and imitation, and upon the development of these two the ability of an individual depends to reason, devise and make what he desires. The extent of his acquirement depends upon the desire, environment and possessions of the individual. These faculties are called voluntary.

Suggestion in the restricted scientific sense pertains solely to the subjective mind. The subjective intelligence accepts and acts upon suggestion without reason and without reflection; whereas, suggestion, in the sense that all our education is suggestion, appeals mainly to our reason and is approved or disproved by reflection. When we restrict the power of suggestion to the subjective mind we shall see that it is still the most potent factor in mental development. We first notice it in infancy, when the child cries for everything it wants. It first cries for food and gets it, and receives the suggestion that it gets what it cries for, till after a little it fails to get it, and learns the meaning of no. And as Hudson says: "Whipping a child for a confessed fault imparts a strong suggestion that falsehood is better than the truth, with the result that the next transgression is denied and punishment is escaped, and the child soon learns that lying is better than telling the truth." In this manner liars are made. The persistent suggestion to a child it is a liar, a fool, a thief, inevitably develops the character. Thus we see the dominant factor in molding character is suggestion, the education which addresses the reasoning and intellectual faculties alone being comparatively unimportant.

Dr. Tuke in 1872 wrote a work on the "Influence of Mind upon the Body." Today such an essay would be better entitled the "Influence of Suggestion upon the Body." Suggestion is the cause of the horrible perversion and inversion of sex, instincts and relations so ably set forth by Kraft Ebing. Here we see the danger of leaving a child in its tender years to the care of an illiterate nurse. Every minute it is literally absorbing suggestions made by the nurse and her ignorant associates, which will later form an integral part of the personality of adult life.

There is no doubt that early training would save many a person from hysteria, neurasthenia or insanity later in life — diseases which are often

called hereditary but in reality quite as often acquired.

At no time in life do we see such power of suggestion as in childhood, and a patient under observation now will well illustrate the great impressibility of this period of life. The patient is 40, female, family history good; was frightened when 3 months old, while lying in her cradle, by a person blowing a tin horn over her head to see her jump. This was repeated, innocently, every day for some time, to the great amusement of her family and operator. Later, this story was often recounted in her presence, which fixed the idea, and since, every sudden or sharp sound not only frightens her, but even the expectation of it is quite as alarming. In no other way does this patient manifest nervousness. She is well nourished, and maintains a good degree of health by avoiding public places during celebrations and every place of amusement where firearms are used. This weakness not only shuts the door of many enjoyments, but puts her to great inconvenience to find a quiet place to which she can go.

As an example of the fixation of early impressions upon the future of one's life, you may recall the case of Miss Helen Keller, who, at the tender age of 19 months, was deprived by illness of all her special organs of sense except those of touch, taste and smell. In middle life she recognized the songs of "Black Crow" and "The Ten Foolish Virgins," which her father sang to her in her babyhood.

Dr. Waldstein has shown that our religious beliefs are not originally developed by reason. The religion of our homes is our religion, however great may be the influence of our intellect upon our attitude toward it later in life. And the importance of the formal side of spiritual matters in early life is recognized by religious teachers, and well expressed by Jacobsen in the words "The church bell has rung God into our souls."

The importance of training in childhood has been recognized for centuries, and such expressions as "Tell me what the child was and I will describe the man," "As the twig is bent the tree inclines," "Give me the training of the boy the first seven years and I will vouch for his future religion," — all these illustrate the immortal effect of suggestion upon youth.

As the years advance this power lessens through adolescence and is least in middle life, but increases again in old age. Much more can be done, then, in the way of benefiting the race by educating parents in the mental care of their children. The so-called mothers' class, various neighborhood societies and the kindergarten have done much in this direction, and the physician who goes often to see the little patients can do much more.

A short time ago, when returning from an early morning call, I met on the Common an old classmate who occupies a pulpit of a conspicuous New England church, and jokingly remarked to him that he would have to walk more moderately or some day he would fall. After a few moments

devoted to pleasantries we separated, and I never thought of him again till a few weeks later I met his physician, who informed me that my old friend had spent a sleepless and miserable night, worrying over the thought that I had suggested to him early in the morning. Here was a man apparently in perfect health, and at an age least subject to suggestibility, yet unwittingly made to suffer to the extent of sending for his family physician to see if he had heart disease.

Without citing other cases to show the suggestibility of normal men, I think we may accept the results of the experiments of Sidis in Professor Münsterburg's laboratory, as well as those of Binet and Forel, which prove that man is a suggestible animal. If this is true of healthy individuals, how much stronger must the suggestibility be in disease.

The adult patient consulting the doctor is usually wide awake and specially attentive to learn all he can about himself, as is shown by the eagerness he evinces when some sentence or phrase is uttered by the physician which he does not understand, as he requests more lucid explanation, and he frequently interrupts the examiner to inquire the meaning of this or that inquiry. When asked if he arises in the night to micturate, he often inquires if there is reason to suspect kidney trouble. Or, when asked if he suffers with palpitation, have I heart disease?

He is in a very receptive mood, and consequently a ready recipient of any suggestion which the physician may make. Now, it is important to remember that he is, if in a pessimistic or melancholic mood, more open to evil than good suggestions, hence the necessity of using great caution in the method of examination not to arouse apprehension, as well as care in our suggestion of remedial therapeutics.

I can best illustrate the dangers of harmful suggestions during the examination and treatment, by relating some concrete examples. One of my patients recently told me, when I suggested that she use a mild laxative to move her bowels, that her former physician, a very prominent and able physician of this city, told her 25 years ago that she must never take a laxative, as it would weaken the bowels, adding that it did not matter if the bowels did not move for a week; hence all these years she had avoided the very thing she needed, and developed as a result a chronic endarteritis, arthritis, bronchitis and cardiac disease. More than this, I found it very difficult to overcome this strong prejudice, especially as daily defecation for one accustomed to weekly movements is fatiguing and serves rather to strengthen her belief in her former view.

A patient 28 years old, recently sent to me by a physician of another city, stated that among the diseases from which she had suffered in the past was gallstone, 8 years ago, and that her physician then told her that the formation of this stone was due to the strong medicine which her former physician had given her for the nerves, thus impressing her with the idea that she had been

not only improperly treated, but also with the fallacy that strong medicine can produce gallstone.

Another patient, 36 years old, recently came to me complaining, among other things, of pleurisy, saying that 10 years ago he had had a sharp attack of pleurisy in right side, and the doctor advised him to wear extra clothing on that side of the chest, which he had done for 10 years since. This patient had no fever at the time, and attended to his usual routine business, and finding complete expansion of the lung on the affected side and a movable pleura upon deep inspiration, it is fair to conclude that he did not have a pleurisy.

Last summer, while one of my patients was spending a few months in the mountains in company with her sister, the latter became ill, and my patient offered her some bromide of sodium to take, saying that I had given it to her for similar troubles; but her sister very properly declined, and called in a medical gentleman of most excellent reputation in the neighborhood to prescribe for her. She acquainted him with the above fact, and he replied: "I am very glad that you did not take the bromide, as there are several different kinds of bromides and no one safe to give a patient. They are all dangerous; I never use them." Now, whereas this may be very true when prescribed by the laity, it certainly is not true in the sense in which these two people understood it or the laity as a whole would understand it. The natural inference is that it is dangerous when given by a physician.

Out of fairness to the fraternity we are apt to account for the foregoing statements by saying that patients misunderstand, exaggerate and equivocate, or that the physicians consulted were ignorant and careless. To this I can state that I was careful to select these patients, who had been previously under the care of men of unquestionable skill and ability in this and neighboring cities.

In an address on "Specialism in Medicine," delivered by Dr. F. C. Shattuck, before the Canadian Medical Association last year, he said: "Suggestion may be a more potent therapeutic agent in the hands of an unscrupulous and positive man, ignorant though he be, than in the hands of a highly trained and conscientious man, handicapped often by a painful realization of his ignorance."

The power of suggestion is seen in the faith of our patient in our diagnosis of his case when we have, during our examination, anticipated his symptoms. A gentleman past middle life, with atheroma and aortic stenosis, is asked if he suffers with vertigo upon suddenly changing his position from the stooping to the erect; if he has numbness and prickly feelings in his limbs; if he suffers with headache; if his memory has weakened; if he has lost confidence in his intellectual power, without telling him that he has premonitions of shock, he will believe that you know what ails him; hence a proper use of suggestion during our examination may become a valuable aid in establishing confidence, also in leading to an

autosuggestion that our treatment will be effectual. How many of us have suggested to our patients that a certain placebo or mild remedy would bring about a definite beneficial effect with happy results. Great care, however, in the selection of cases is necessary, as stoics and philosophers are on our lists, and, though susceptible, are not as amenable as artists, musicians and neurotics.

The classical work of Dr. Morton Prince, published in 1898 in the "Medical Communications" of the Massachusetts Medical Society, entitled "The Educational Treatment of Neurasthenia and Certain Hysterical States," clearly delineates, under the head of mental therapeutics, the proper method of employing the power of suggestion, and I would most earnestly request my hearers to read and reread this valuable contribution. Though written upon a neurotic subject, this division of it will apply to many of our patients, for how few of them fail to become neurasthenic at some time during their illness.

To secure the most good from suggestive therapeutics, we should not say this remedy may, but it *will*, relieve. We should make only one suggestion at one sitting, as the mind is best influenced by keeping one thought dominating all others for several days, until the idea becomes fixed, when another can be suggested, and so on. In this manner our patient, though bordering upon, is not quite in the hypnotic condition, and is especially open to suggestion.

Some patients have very little power of voluntary attention, and are therefore said to belong less to themselves than to any object that happens to strike their attention. Business men say the ability to gain the attention is often the secret of success in life. Druggists can sell any patent medicine that is shrewdly advertised.

Our suggestions should be founded upon facts, some of which at least can be demonstrated to our patients. Bacon said: "No pleasure is comparable to the standing on the vantage ground of truth." Oftentimes a suggestion of slight improvement in a symptom is hailed with great delight.

Most patients give the cue for our suggestion when they detail their symptoms. Emerson says: "The key to a man is his thinking." Every optimist believes he has a greater possibility, and we are wise if we take advantage of this element of his nature. No one needs to be told the value of a favorable reaction in the money market upon the depressed spirits of the losing broker, or of the salutary influence of great mental achievement upon the general well-being. When we have developed a feeling of self-confidence in our patients the victory is nearly won.

I once heard Dr. Lauder Brunton say in St. Bartholomew's Hospital, that physicians, after reckoning on all the good their medicine will do in the economy, should always ask themselves what harm they will do, and perhaps they will then not deem it wise to give them. So it is with evil suggestions. Professor James says man be-

lieves what he can, but as a gregarious animal man believes whatever is suggested to him. Sidis says that social suggestibility is individuality hypnotism written large. One needs only a retrospective glance over the mental epidemics of the past to see these statements confirmed. Suggestion and leadership alone did the work.

The crusade epidemics, Flagellantism, the Antisemitic craze, Italian tarantism, the religious manias of the Jews, Holland's tulip mania, the witchcraft mania of later date, and still more recently in our own land have come epidemics of emotional religious manias alternating with business panics. The so-called faith cures, mental healing, Christian Science and Osteopathy are not evolutions of scientific thought and experience, but mere phantasms of evil suggestions. A little leaven leaveneth the whole lump. You all know how a patient returning from a tubercular sanitarium revolutionizes at once the hygiene of his household, and the idea spreads from the home throughout the community, until the sanitary conditions of the entire neighborhood are much improved. In a similar manner good suggestions take root in our patients, and the family and community are benefited.

The pernicious influence of evil suggestion is clearly illustrated in our cases of traumatic neurosis. Victims of railroad accidents are still further victimized by their sympathizing friends and impecunious lawyers, till they become imbued with fixed ideas that are false, and these ideas are often declared by our court trials to be true. It is a burning shame that such patients have to listen to expert testimony and arguments in their own cases.

Another evil result of suggestion is often seen when surgeons summarily dismiss their patients immediately after operation, without reference to subsequent treatment. This seems to me to be the cause of so many failures of surgeons, as the patients leave the hospitals thinking the operation has cured them, only to find, after a few days or weeks, that their old aches and pains are returning. They consult their friends, who criticize the surgeon and in this way bring the profession into ill repute. All this could have been avoided had the case been kept subsequently under the eye of the surgeon or physician till health was completely restored. That this effect extends to the community and reacts upon the medical fraternity as a whole is evidenced daily in our offices, and we find no solace when we visit the homes for incurables. We make the work of our colleague much easier by sending our patients to him or having them consult him of their own account, with minds free from old notions and prejudices. It often requires a long time to get out of our patients' minds ideas jeopardizing health, which have been carelessly allowed to take root.

Want of time has prevented more than a brief allusion to the good that may be done by wise suggestion, and I will merely add in closing that it necessitates in us a more thorough study of

human nature and psychology, makes our examinations more exhaustive, sharpens our observation, broadens our vision, enhances our power of concentration, and intensifies our interest. The result is better diagnoses, prognoses and treatment.

I hope by the foregoing to have aroused in your subliminal consciousness what you have already known a long time, but some of you, I am afraid, have regarded as cold storage.

If this paper elicits a liberal discussion and emphasizes two points its object will be realized:

(1) The need of thorough psychological preparation for the medical school; (2) the danger of bad suggestive therapeutics.

A CASE OF RAYNAUD'S DISEASE.¹

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MRS. M., 45 years of age, born in Ireland, came under my care April 1, 1900, complaining of intense burning pain in both feet.

The family history is excellent, the patient being one of 16 children, of whom 9 are living and well. There is no history of diabetes, tuberculosis or any other chronic disease. She has always enjoyed good health, save for pneumonia 10 years ago. There have been 13 children and 3 miscarriages. In June, 1896, 4 years ago, owing to an accident, she miscarried at 3 months. At this time she was confined to her bed 11 weeks because of sepsis. Two months later, at St. Elizabeth's Hospital, the cervix and perineum were repaired and the fundus sewed to the anterior abdominal wall. The records give no information about either the general physical condition or the urine. Six months after the operation she felt as well and strong as ever. Her catamenia returned and occurred regularly until July, 1900, when it ceased abruptly.

Present illness.—The patient considered herself well in February, 1899, when severe burning pains came on suddenly in both feet, extending from about 1 inch above the ankles to the tips of the toes. In a few days the toes became dark red but not swollen. This condition prevailed with varying intensity and without other symptoms for about 2 months, when a similar pain was felt in the middle finger of the left hand. This was followed by 3 red spots just above the nail. A few weeks later the left forefinger turned dark red, purple and then black. Gradually the last phalanx became wholly gangrenous and very slowly dropped off.

In December, 1899, a few months after the onset of the gangrene, she noticed marked increase of urine accompanied by a great thirst. A few weeks after this she went to the Boston City Hospital, where she was told she had diabetes.

¹ Read before the Clinical Section of the Suffolk District Medical Society, Nov. 20, 1901.

There is no record of a physical examination. Instruction about diet was given and followed, with the result that the polyuria and thirst subsided. There was some complaint of failing vision, but it was not enough to prevent the daily use of the eyes. Her weight, which before the accident had been 145 lbs., was now 96 lbs.

In March, 1900, some 6 weeks before I first saw her and shortly after her visit to the City Hospital, there was a return of the pain in the feet followed soon by a dark color of the toes. A few days later she noticed a sore under the ball of the right great toe, which became black, dry and hard. In about 2 weeks this dropped off, leaving a small scar.

This brings her history to the time when I first saw her, April 1, 1900, suffering again from pain in the feet.

Physical examination showed the patient to be a thin, tired-out, nervous little woman, with pupils equal and reacting equally to light and distance. The knee jerks were normal. The radial arteries were straight but in the condition of marked arteriosclerosis. The pulse was regular and of good strength and volume. The heart was apparently normal.

A few scattered râles were heard in the lungs. The abdomen presented nothing abnormal save the scar of the laparotomy.

Extremities: Hands.—The last phalanx of the left forefinger was absent. The rest of that finger and the middle finger were very cold, slightly tender, and much darker than the other fingers. They were stiff and clumsy, as if benumbed with cold. There was diminution of sensation. The radial artery pulsated in normal manner. There was no pain or tenderness of the nerves of the forearm; no atrophy or paralysis of the muscles.

The feet.—Both great toes and the 2 adjoining toes of the left foot were cold, glossy, and of a dark color, which faded away towards the tarsal bones to the normal color. There was no tenderness or redness along the nerves, no atrophy or paralysis of the muscles. They were the seat of intense pain.

Urine.—The 24-hour amount was not known. It was pale in color, acid, specific gravity 1.020; albumin a very slight trace; sugar 1.4%; no acetone or diacetic acid. Sediment; a few hyaline and granular casts, urates and some squamous cells; no blood.

She was placed on a diabetic diet, given tonics, and the extremities were massaged with chloroform liniment and bound in thick cotton dressings.

Within a week after this examination a superficial gangrene attacked the under side of the ball of the left great toe and of the 2 adjoining toes. These gangrenous areas appeared first as blebs, about the size of a ten-cent piece. These slowly dried with a resulting black eschar, which in the course of 2 weeks dropped off, leaving a small conical cicatrix.

Wishing to have her under better observation and control, she was admitted to the Baptist Hos-