

carbolised should obviate all this besides allowing the wound to be readily examined. I would advise any surgeon trying this idea to get 21-ounce glass and to have it at least three inches wide and longer than the wound itself. I think later an advantage would be gained by having the top and bottom edge bent slightly outwards, the remainder flat, and a hole can be drilled if necessary for a drainage-tube.

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## THE POSITION, USE, AND ABUSE OF MENTAL THERAPEUTICS.

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By his very claim that the aim of his art is to secure the *mens sana in corpore sano* the physician is pledged to a recognition of mind and matter as the fundamental entities and he is required to possess some clear understanding of their relationship and interactions. But neither medical education nor clinical training as ordinarily experienced is calculated to give the average medical man anything like an adequate idea of the part played in health and disease by the psychical factor and as a result we find the profession generally unduly unconcerned and even ignorant as to its true position and therapeutic application.

The situation may, perhaps, be simply yet satisfactorily stated as follows. Thanks to recent discoveries we are now able to trace all forms of matter back to the luminiferous ether itself, whilst we find life entering at a certain stage of molecular complexity—it matters little whether as a fresh kind of movement or a new sort of force. And it is more rational to place purposive thinking mind behind insensate mass than to regard the psychical as progressively evolved from the physical. Omnipresent supreme mind thus comes before even illimitable ether and, in ultimate ontology, idealism, the explanation of everything by mind, is more probable than materialism, the explanation of everything by matter. But whilst mind may thus exist alone or in some unknown combination, outside the infinite though incalculable universe, yet, within known bounds, there is always a psycho-physical parallelism and realism, the explanation of everything by mind or matter, but neither alone is the only hypothesis that accounts for all present conditions. As to the exact inter-relationship, however, of mind to matter there is still room for difference of opinion. According to the writer of the article on Psychology in the "Encyclopædia Britannica," the theory with which we must at present rest content is "that the physical and the psychical are not independent and 'closed' against each other, but that in certain circumstances—e.g., in perception—physical changes are the occasion of psychical, and that in certain circumstances—e.g., in purposive movements—psychical changes are the occasion of physical, neither alone being explicable from the other." The same writer represents them further as "both keeping invariably and exactly in line in development and in efficiency, in intensity and complexity," and "even structure to be regarded as partly shaped and perfected by function rather than function as solely determined by structure itself mechanically evolved." Thus, just as amidst all mental and moral operations there is a physical factor always present, often dormant, and potent even where unsuspected, so also amidst all physiological and pathological processes there is a psychical factor, equally operative, though unrecognised by material science. But whilst, under existing conditions, there is no possibility of the physical factor being overlooked or of its claims being neglected, the psychical factor is too often both ignored and unused. It has no place in the ordinary curriculum of study, it has only a few half-friends in the wards, it is not found in the post-mortem room, and it is uncultivated, if not unknown, in most everyday practice. And yet it has claims which demand the most serious considerations, ramifications that are wider, and effects that are more remarkable, than those of any other branch of therapeutics.

In its essence the psychical factor in each one of us may well be assumed to be akin to the omnipresent supreme mind, a particulate entity thereof, so to speak. And though the deep-thinking East has decided differently it probably

enters each human cortex inherently free from material stain. It has unquestionably some power of choice, though its independent action seems limited like that of a player by his instrument or like the movements of the epicycle by the general sweep of the Ptolemaic orbit. Rightly, too, as theology may hold it to be ultimately destined after trial and testing, ever and always to choose in harmony with the supreme, still, at present, it is heir to a material inheritance which it cannot alter, open to physical influences which it may not control, and operative through physical channels. And yet it initiates change, modifies function and environment, regulates organs, is a final court of appeal in many systematic disturbances, and plays a fundamental part in disease, structural as well as functional, physical as well as psychical.

The systematic utilisation of this psychical factor in the maintenance of health and in the cure of disease constitutes mental therapeutics. Even proverbially contentment is great gain, we laugh and grow fat, joy stimulates, fear depresses, worry disturbs, and flight acts like a shock. And of necessity the physician himself and his hygienic, dietetic, and medicinal assistants always exercise some psychical, over and above the necessary physical, influence. But these ordinary sporadic and almost automatic attempts do not deserve the name of mental therapeutics or place this line of treatment in the unique position to which it is rightly entitled. To do this we have to make it our aim systematically to arouse in our patient all the powers of auto-suggestion. This demands a mixture of insight, knowledge, and confidence, but no special or supernatural powers. In theory this means that we have to seize the psychological moment, to employ the most appropriate suggestion, and to apply it in the aptest manner. And the best procedure is similarly both personal and natural. We secure the patient's confidence by making him believe that we understand his case, that we sympathise with him, and that we can and will do the best for him. If therefrom he can create—as he frequently can—the certainty of cure, cure, if possible, is at hand. Everything else, environment and attendants, are also to be then utilised to convey not only their ordinary physical cargo but the special therapeutic suggestions, which are often of much greater importance and which at times may deserve to be called specific. Hence, for example, the superior value of "spa" treatment as compared with the home drinking of the same waters and the frequent transformation of failure into success when patients are removed from home surroundings or placed in specially trained and experienced hands. But how seldom is any such sustained and systematic attempt made in everyday practice. The necessary result is that those physicians who make no such attempt fail to reap even anything like the regular crop of good results which they otherwise might obtain, whilst they leave entirely to others those exceptional harvests which astound the unenlightened and make the fame and fortune of quacks. And this regrettable failure must continue so long as medical education continues to be considered on lines that practically ignore the psychical factor and so long as disease is arbitrarily divided into physical and psychical departments, to be treated in different places, by different people, in different ways.

It is thus coming to be seen that psychical means alone do not suffice for the treatment of those whose affliction we call mental. Hence the modern treatment of the acutely insane is in a thoroughly up-to-date hospital, with all the physical and scientific appliances that the term implies, and not in an asylum, which is the last development of the doctrine of detention and safe custody. Even in the ordinary wards of a general hospital, such as the Royal Melbourne, which has many drawbacks from this special point of view, some 30 cases of melancholia have recovered after an average treatment extending over from four to six weeks without certification to any asylum. In a suitable mental hospital even superior results would no doubt be attained. Similarly, where there is inability in an asylum to provide individual and the desirable physical treatment cases of necessity do less well than in private where both are available. Thus, recently a young man who was drifting towards dementia during his six months' asylum treatment recovered within six weeks in a private establishment. And the same is found to apply *mutatis mutandis* to cases which are not acute. Hence the universal movement in favour of placing the feeble-minded, the epileptic, and the chronically insane in suitable farm and industrial colonies.

But a commoner error with the profession is that of ignoring the psychical factor in the diagnosis and treatment

of every-day disease. Few, indeed, are the medical practitioners who daily prescribe suggestion as well as diet, hygiene, and drugs. Yet the physician who makes even the minimum effort in this direction often does more for his patient than his more highly qualified *confrère* who makes none. To some, and they naturally the most successful, this endeavour comes without conscious search and improves with experience, but in some measure it may be acquired by all and no one who has become familiar with its powers will henceforward be content to remain without its constant aid. Perhaps even more serious, however, than the therapeutic neglect is the diagnostic mistake. It is of almost everyday occurrence to find cases in which the psychical element predominates relegated to the category of serious and even incurable physical disease, with the usual prognosis. To give a few illustrations out of many within my own recent experience I may mention the cases of a young woman treated for three months for chorea, yet cured by one application of the faradic brush; of a girl confined to bed for nine months and about to be operated upon for tumour of the brain, yet walking about well within a fortnight; of a boy sent from Tasmania for expert surgical treatment of his paralysis, yet walking within two days after isolation and suggestion. I call to mind also a case of blepharospasm, with extension to the arm and leg, which was cured by bandaging the eyes for a week though it had previously resisted all ordinary treatment for over 12 months; of a girl confined to bed for over two years and signed into the Austin Hospital as an incurable consumptive, yet up and walking within three months and well ever since; of a boy whose periodic vomiting was uncontrolled by medicine and diet for over a month yet never returning after removal to hospital; and of various other neuromimetic affections of joints, muscles, organs, and functions too numerous to mention which had defied long and varied physical treatment but which yielded promptly and often instantly to an appropriate combination of the psychical and physical. Of course I quote my own experience simply to illustrate the situation. It differs only in its phases from the similar experience of all others who have made an intelligent and scientific application of the same treatment. But the recital may have the more important effect of directing professional attention to the number and variety of cases in which the psychical factor is overlooked and in which mental therapeutics is not attempted. For only a certain, perhaps small, proportion have the mistake rectified at the hands of the profession, whilst there can be no question that a very large number come within the scope of quacks, faith healers, Christian scientists, and the like. The illegitimate practitioners have, of course, no proper knowledge of the circumstances of the case or of the limitations of treatment by suggestion. If quacks, they have, in addition, all the blindness of ignorance and the unscrupulousness of greed; if healers, their patients have to rely upon revelation instead of science, upon introspection instead of experience, and upon instinct instead of training. And yet utilising the same potent curative agent, which the legitimate practitioner has neglected, and being further able to make from their very ignorance more extravagant promises and more insistent appeals, they unquestionably must produce far more frequently than is generally admitted by the profession many satisfactory results and even many apparently astounding cures which discredit medicine whilst they spread quackery. The profession has apparently yet to see that equally exceptional results, and even better, would be well within its grasp if it would but recognise the real facts of the case. Meantime it is the apathy and neglect of so many medical men that is responsible for much of the success of quackery in general disease, just as it is also in the special department of sexual perversion, in which, indeed, the psychical factor is so often the one which demands attention.

I would therefore draw this necessarily brief, but I trust suggestive, paper to a close with an emphatic declaration of opinion that, whilst so many of the public are ignorant, credulous, and misguided, and whilst quackery is fraught with such untold waste and such innumerable failures, the profession owes it not only to itself and to individual patients but to the community at large to lose no time in placing mental therapeutics amongst the essentials of its everyday treatment. And for its legitimate cultivation and systematic use there are required only a clear recognition of its limitations, absolute honesty in its application, and the unflinching observance of our ethical traditions.

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## A CASE OF GASTRIC TETANY; GASTRO-ENTEROSTOMY; RECOVERY.

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THEORIES as to the cause of this rare but terrible complication of the later stages of pyloric stenosis are fully discussed in monographs on diseases of the stomach and recently in a paper by Jonnesco and Grosman<sup>1</sup> in connexion with a case successfully treated by gastro-enterostomy. A table drawn up by these authors shows that surgical treatment of the condition has been employed 11 times with eight recoveries and three deaths from post-operative complications; the addition of our case raises the number to 12 operations with nine cures. From the high mortality among cases treated otherwise than surgically it becomes increasingly evident that such methods are almost invariably fraught with disaster. The perils of delay are impressed on one by the perusal of a carefully observed case recently reported,<sup>2</sup> where the patient, apparently in excellent condition for a surgical intervention, gradually sank at the end of a week's careful treatment. As Mayo Robson has indicated, the final, appropriate, and only rational treatment of gastric tetany should be surgical, to overcome the mechanical obstacle to the onward passage of the stomach contents. The history of the present case is as follows.

The patient was a thin woman, 52 years of age, on whom six years previously we had performed subtotal hysterectomy for a small fibroid followed two years later by a hernia of the cicatrix which was successfully repaired. Suffering more or less from chronic dyspepsia for 12 years, she had been on reduced diet all that time, her symptoms being attributed to the uterine condition. In February, 1905, she returned, complaining of great epigastric pain with vomiting two hours after food, which at once alleviated the pain. She had never vomited blood; constipation was marked and she complained of great thirst. There was no tenderness on pressure in the epigastrium, nor could any tumour be appreciated, though the stomach dilatation was quite clear. A test meal extracted after five hours showed solid particles of undigested food with an enormous gastric hypersecretion, the tube bringing away two litres of a sour-smelling brown fluid. The patient felt so much relieved after this proceeding that she continued to wash her stomach herself and delayed operation. On one occasion she removed some fruit stones which she had eaten six months previously when the fruit was in season. On May 5th her medical attendant came to say that she was dying, and on arrival at the house we found her unconscious, livid in the face, the teeth clenched, the thighs and arms rigid, the feet in equino-varus, and the thumbs bent right into the palms. On examining the abdomen the dilated stomach, of a horse-shoe shape, reaching below the umbilicus, could be seen contracting against the pyloric obstacle. The patient in a short time recovered consciousness and remarked that she could not see distinctly. The pulse was 110 and she complained of intense pain in the stomach. She said that she had been quite well the previous day, that she had washed out her stomach as usual, and that during the night she had had convulsions off and on, preceded by intense cramps in the hands and feet. We washed out the stomach at once; this brought on another convulsive attack. The patient was removed to the clinique late in the afternoon. The stomach was again washed out with large quantities of water and some milk with phosphate of soda was left in. She was passing urine frequently of a specific gravity of 1015, with a clear trace of albumin. During the night the convulsions returned; she vomited, became semi-unconscious, talked incoherently, and the pulse was uncountable. 60 grains of bromide of potassium produced no sleep but at 5 A.M. she was better and the pulse was 100. By 9 o'clock she could speak coherently and complained of intense pain in her stomach. Recognising the danger of delay the patient was prepared for laparotomy

<sup>1</sup> Presse Méd., July 1st, 1905.

<sup>2</sup> Brit. Med. Jour., May 6th, 1905.