cases in which we can gradually trace increasing irritability of temper through a number of years to ultimate onset of traumatic mania, bringing the patient to confinement in an asylum. A typical case of this description is recorded by Mr. C. T. Dent in Tuke's "Encyclopædia of Psychological Medicine." The two conditions, depression and irritability, coexist in the majority of the patients, but one is usually more prominent than the other. In the greater number there is well-marked irritability with some depression; in most irritability is the conspicuous feature of the case.

*Nervousness* is another important symptom in this group. The patients are easily startled, they are frightened by slight noises, and jump violently in their chairs when doors slam. They will often tell you that they have lost their nerve. I have recently seen a police constable who was in hospital two and a half years ago with a fracture of the middle fossa followed by cerebral irritation. He is now quite unfit for work and has been placed on a temporary pension. In addition to the headache, vertigo, and irritability he has lost his nerve completely; he says he no longer has any confidence in himself; he cannot face the street traffic, and is almost afraid to cross the road by himself.

*Inability for mental or physical exertion* occurred for some months in practically all the severe cases of head injury which I investigated; often it lasted for a much longer period and was sometimes permanent. It was found that unusual effort was required to perform the simplest tasks, such as writing a letter. The effects of physical exertion, mental overwork, anxiety, or agitation were easily produced and unusually severe. There was fatigue on the slightest mental effort or strain of attention with a dazed, bewildered, and confused state of mind. The cerebration was sluggish and the intellectual faculties were blunted. As one of my patients expressed it: "The brain did not seem to recognise the work of the eye as before."

Some patients are apathetic. A clerk, aged 37 years, was seen suffering from nervous effects the results of concussion one and a half years previously. He described his state of mind by saying that he experienced a feeling to which he was a stranger before—namely, a dull insensibility, or, perhaps, a stolid indifference to affairs in every phase of life. He was very emphatic in stating that his symptoms were mostly felt when he was indoors and left him when he was out in the open air. This condition is essentially the result of an inadequate period of rest after the injury. The patient returns to his work before he has completely recovered and finds that any attempt at mental work results in severe headache; he is unable to concentrate his attention on any subject for more than a short time, whilst there may be neither the energy nor the ability to do physical work.

*Disturbed sleep* is often associated with headache, depression, and other mental symptoms. Sometimes there is short light sleep which is easily disturbed and broken by troubled dreaming. Sometimes the patients are unusually sleepy but their sleep is heavy and unrefreshing. This insomnia aggravates and is aggravated by the other nervous symptoms. Many of the patients had aged considerably since the accident and premature greyness of the hair was common. One patient, seen six years after a fracture of the base followed by severe cerebral irritation, stated that he thought the accident had added ten years to his life. In this case it was eight months before he could re-start his work as a joiner and he now cannot do very much of this.

*Increased susceptibility to the influence of alcohol* occurred, broadly speaking, in all the cases and forms a very striking feature. It was admitted in 60 per cent. of the fracture cases and 35 per cent. of the concussion cases. I only found but few undoubted instances in which this symptom was definitely absent. Increased susceptibility to alcohol is one of the most constant evidences of lowered resistance of the nervous system. A glass of champagne may produce headache, although formerly three or four glasses had been taken without harm. This effect is a fairly well-known one and many of my cases had not taken alcohol since the accident, in accordance with medical or other advice. The effect, moreover, is readily recognised by the patient. In other cases, where alcohol is not discontinued various secondary effects follow which must carefully be distinguished from the primary effects of the head injury. The alcoholic factor must always be taken carefully into account. Some of the patients I investigated had become confirmed alcoholics and in such the mental condition was rapidly deteriorating. This intolerance of alcohol plays an important part on the etiology of traumatic insanity. A glass of wine or beer may produce an irritable explosion or suffice to turn these patients from apparently sane beings into irresponsible criminals.

Another feature frequently observed was *inability to stand high temperatures.* Exposure to the sun after head injuries may produce headache, giddiness, faintness, and sometimes nausea and vomiting. Direct sunlight is more injurious than mere hot weather and the oppression preceding thunderstorms is keenly felt. Occasionally a definite attack of sunstroke occurs: a boy was admitted into hospital last April with concussion; three months later he was sent to the convalescent home; one morning whilst out of doors with a cap on he suddenly had a severe attack of sunstroke, although it was quite early in the year and the sun was not particularly strong. I was recently called upon to examine a cab-driver who was claiming compensation for the effects of a head injury sustained some two years ago. One complaint was that he had been unable to drive his cab during hot weather or in strong daylight owing to the giddiness and headache which resulted. This inability to bear high temperatures may become permanent and any conditions such as loss of power of concentration or failure of memory are always more marked under the influence of heat. The same result may be produced by artificial heat, as when the patient sits in front of a hot fire or works in a close confined room. In these circumstances intense headache and giddiness are very easily produced.

Unfortunately, at the time when I commenced investigating the after-conditions of patients the presence of wet weather and fog caused me to overlook the influence of sunshine and I cannot give full figures upon this point. The symptom was, however, present in more than half of the patients in whom I inquired for it. Occasionally I met with cases whose symptoms were not influenced by heat but were always aggravated by cold and wet weather.

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ABSTRACT OF

# An Address

ON

# THE PSYCHIC SIDE OF THERAPEUTICS.

*Being the Annual Oration of the Hunterian Society, delivered at the London Institution on Feb. 10th, 1904,*

BY J. F. WOODS, M.D. DURH.,

SUPERINTENDENT OF HOXTON HOUSE ASYLUM.

[AFTER a few prefatory remarks Dr. Woods continued as follows:—]

Year by year our knowledge of physiology and morbid anatomy increases and year by year we realise the more how great was the stimulus which the genius of Hunter gave to these sciences and how many of the practical developments of medicine and surgery had their origin in the great founder whose name and work we commemorate to-day. On this occasion I propose to dwell somewhat on the subject of Hunter's physical infirmities and to refer to certain of his views concerning the physiology of the nervous system and the manner in which body and mind act and react upon one another.

It is not a little remarkable that but few of our great geniuses have been men of robust physique, though many of them have shown great tenacity of life. John Hunter formed no exception to this rule. He was a diminutive man, some 5 feet 2 inches in height, of slender build and sensitive organisation, by its very nature prone to physical suffering, but his forceful mind ruled the small and ailing body, compelling its obedience where many a man of less dominant personality would have been ruled by it and would have drifted into confirmed invalidism. For the first 40 years of his life Hunter appears to have enjoyed fairly good health, at least there is no evidence of his having suffered any serious illness up to this time. In the spring of 1769 he had an attack of gout and in 1773 some trouble, probably of a domestic kind, affected him deeply and seems to have had

no small share in starting the many nervous symptoms to which he became a martyr in later life. Let me particularly direct your attention to the influence of this mental factor. He does not appear to have attributed these early nervous symptoms either to the heart or nervous system but rather to the stomach. It soon became evident, however, that his illness lay far deeper than this organ, though he, to the very end, referred to the stomach in his teaching as the "universal sympathiser." In 1776 an illness, evidently of a nervous character, began. The first attack occurred while he was out driving, with a feeling of intoxication; that evening, as was his wont he treated his stomach and went to bed, but no sooner had he lain down than he felt as if he were suspended in the air and as if the room were spinning round. The following day he was better but on the next the symptoms reappeared; when he got to bed the sensation of being suspended became more and more pronounced, he lost all sense of size and distance, and the least motion of his head appeared so great that he scarce dared move it at all. His hearing became painfully acute, as did also his sense of taste and smell, and he could bear no light, either natural or artificial, but lay in the dark with a blanket hung against the window. In this state he remained for ten days and then suddenly recovered.

John Hunter's infirmities are generally referred either to his gout or to angina pectoris but I think you will agree with me that these affections will not satisfactorily account for the symptoms which I have just described. We have here evidence of a curious functional disturbance to which we can give no more definite name than "neurosis." These attacks recurred several times during the next few years and he gradually came to realise the influence which his mental condition exerted on his health, not only on these attacks but on his gout and certain very alarming seizures which date from the beginning of 1785, though there had been a premonition of them some years before. These seizures began with a strange sensation as of the sternum being drawn backwards to the spine and an oppression in breathing, though the breathing itself was not interfered with. These spasms were at times most violent and were accompanied by excruciating pain and exhaustion and on one occasion at least by unconsciousness which lasted several minutes. Perhaps nothing shows the influence of mind upon body better than the power of a strong emotion to excite an attack of angina pectoris. This was illustrated in the case of Hunter. "It is a curious fact that the first attack of his complaint was produced by an affection of the mind, and every future return of any consequence arose from the same cause; and although bodily exercise or distension of the stomach brought on slighter affections it still required the mind to be affected to render them severe, and as his mind was irritated by trifles these produced the most violent effects upon the disease."[1] We are told that any agitation of mind would bring on an attack, such as the anxiety about the hiving of a swarm of bees or (as he mentions in one of his own lectures) the listening to a story which greatly interested him. One especially violent spasm which was attended by eructation from the stomach lasting nearly a quarter of an hour appeared to have been brought on by the dread of hydrophobia. He confessed to Dr. Pitcairn that he had been greatly disturbed in mind in consequence of having cut his hand while opening the body of a person who died from the bite of a mad dog about six weeks before and that for the last fortnight he had been living in constant dread of hydrophobia. In the second edition of his "Animal Economy" he wrote, "When death takes place from violent affections of the mind it must be referred to the universal influence which the mind has over the body," plainly showing that he believed it possible that the mind could so affect the vital organs as actually to cause death, a truth that was so tragically illustrated in his own person. One day, in his sixty-fifth year, not feeling particularly well, he told a friend that if anything occurred to excite him at the hospital that day it would mean his death he felt sure. What he dreaded did unhappily occur, for an angry discussion with a colleague brought on one of the old heart attacks. He ceased speaking and retired into an adjoining room only to fall lifeless into the arms of Dr. Robertson, one of the hospital physicians, whence after an hour spent in vain attempts to restore animation his body was conveyed to his late residence in a sedan chair. He was interred on Oct. 22nd, 1793, in the vaults of St. Martin-in-the-Fields; thence, on March 28th, 1859, through the instrumentality of Mr. Frank Builland, his remains were removed to Abbot Islip's Chapel in Westminster Abbey.

[1] From Dr. Joseph's Ridge's oration on the thirty-sixth anniversary.

Here I may briefly refer to Hunter's recognition of the intimate sympathy that exists between all the parts of the body. There was, he said, "a universal sympathy" between them and he correctly referred it to the nervous system. He considered that the stomach and the head were of all parts the most closely in sympathy and spoke, indeed, of the former organ as "the centre of sympathies."

From my own point of view, perhaps the most interesting passages to be found in Hunter's writings are those which show that he was not unfamiliar with the principles which underlie treatment by suggestion. Take, for instance, the following passage: "An effect of the mind on the body is capable of producing an impression on the senses of a second body, which shall make the mind of that second body fall into the same state with the first or original mind." And in another passage he shows how one individual may be influenced through his senses by others—how, e.g., when we see a person dance we tend to "sympathise with the cause of those actions" and to put ourselves "in the same state in which the mind, or cause, is in which produces them."

Great progress has been made in physiology and no inconsiderable progress in psycho-therapeutics since Hunter's time, but I doubt much whether the medical profession even yet fully realises to what extent the influence of the mind over the body can be turned to therapeutic account. There is among the laity a growing school of thought which regards disease essentially from the psychic side and which declares that mind has such power over matter that some day it may be possible to cure all diseases by its means. This exaggerated view is a reaction against the too material methods of treating disease which prevail among many members of our profession. The young practitioner on leaving the hospital believes that material diseases are to be cured by material means and by such means only, neglecting altogether the psychic personality which is continually making its subtle influence felt through every cell and fibre of the material body. When he gets into practice he hears of remarkable cures being effected by laymen among patients whom medical men have failed to benefit. Many of these accounts are perfectly true and when such cures are investigated it is found that mental influence has in the majority of them been the effective agent. Is it wise, I would ask, that we should neglect such a valuable means of combating disease and allow the exercise of it to be the exclusive prerogative of the untrained layman?

I now come to the methods of employing psycho-therapeusis. Different operators have different methods of inducing hypnosis and I need not detain you with the details of these methods—how one man directs his patient to look into his own eyes until the hypnotic state is induced, how another orders him to gaze at a bright object such as a diamond, how others again employ mechanical devices of various kinds but all having the same primary object, to engage the attention and to fatigue the visual apparatus. In ancient times the inhalation of certain drugs, notably cannabis indica, was used to aid the induction of hypnotic sleep and more recently chloroform has been employed with the same object in cases which do not yield to ordinary methods, but of these methods I have had no experience.

Of late years most physicians who have employed hypnosis therapeutically have shown a tendency to abandon elaborate methods, finding that for practical purposes they are unnecessary and, indeed, that it is not even always needful to induce complete hypnosis in order to render suggestion effective.

Respecting the method which I myself use, I have little to add to the description given in the *Journal of Mental Science* in 1897. It remains much the same to-day as it was then, but I ought perhaps to say that I am more than ever convinced of the correctness of John Hunter's observations with regard to "the direct sympathy that exists between the stomach and the most remote organs of the body and the way in which it may reciprocally affect, and be affected by, the head," and, acting on this conviction, it is a common practice with me to place my hand on the patient's epigastrium while gently stroking with the other the patient's head. In this way I am often able to obtain striking results, more especially in palpitation and in epigastric pain, oppression, or spasm. While applying the hands as just described I engage the patient in conversation with the object

of securing his full confidence, which, having done, I get him to relax his muscles to the utmost, and I insist on complete silence, the only sound heard being that of the rhythmic movement of my hand as I stroke the upper part of the face or, as sometimes happens, the arms. This silence I have found in many cases more impressive than words and a suggestion made at the end of a pause of this sort is, in my experience, far more effective than the uninterrupted drone of a voice making the same suggestion in different phrases, as is the custom of Bernheim who, like myself, resorts to treatment by suggestion without hypnosis. All this time I remain myself as reposeful as possible. I seek in fact to create an atmosphere of repose and silence which is in itself impressive and tends to induce a feeling of well-being and expectancy in the patient. If, when the psychological moment has arrived, I make a suggestion I get an effect such as I cannot so readily obtain in any other way, save by inducing actual hypnosis, which many patients object to and for which there is in the majority of cases no necessity whatever. In most cases there is no need whatever to send the patient to sleep. Suggestions can in almost all cases be made quite as effectually without hypnosis as with it and certainly in the case of many patients whom it would be impossible to hypnotise. A further advantage of this plan is that treatment can often be carried out in séances of quite short duration and in the consulting room, though in difficult cases it may be advisable to visit the patient at his own house in the evening at the hour of natural sleep and in still more obstinate cases it may be necessary to remove the patient from injurious home influences.

With regard to the suggestion, which is the essential curative agent, there must be no kind of uncertainty about the manner of making it; it must be forcible, deliberate, unmistakeable. John Hunter says: "A fixed principle fixes the mind but a doubtful one leaves it no rest." He goes on to say: "Anxiety is expressive of the union of two passions—desire and fear." In the patient's mind the desire is to get well; the fear is that many kinds of treatment having already failed this one will fail also. The suggestion must therefore be made in such a way as to give the patient confidence both in the physician himself and in his methods. The patient's desire to be restored to health must be accentuated and any doubt that this will not be accomplished dispelled. But before the physician can speak with this necessary authority he must have gauged the exact condition of his patient and himself be inspired with confidence in his powers so that he may infect his patient with it. It is this very confidence, or arrogant pretence of it, which enables the blatant charlatan often to succeed where the legitimate but more modest and hesitating practitioner may fail, for though the latter may begin by feeling pretty sure of success doubts are almost certain to crowd up in his mind—the strange vagaries of disease, the unexpected turns it may take, the infinite variety of constitution and temperament that are encountered, the manifold outside influences that may operate injuriously but especially in the case of the neurotic—all these considerations rise up to disconcert him and to rob him of that very confidence which is so necessary to success in inducing hypnosis or in making an effective suggestion. I find, surprising as it may seem, that more confidence and experience are required to implant an effective suggestion independently of hypnosis than are required to induce the hypnosis itself and I am therefore in the habit of advising beginners always to seek to produce complete hypnosis before offering the therapeutic suggestion, later to practise Bernheim's method of constantly repeating the suggestion without first inducing hypnosis, gradually feeling their way towards the more simple method which I have described.

[Dr. Woods here referred to the facilities which asylum practice offers for cultivating the art of psycho-therapeusis and continued as follows:]

Just as the general physician should make all the use he can of suggestion, so contrariwise the physician who devotes himself especially to this line of treatment should be prepared to make full use of other therapeutic methods besides suggestion, should they be called for. Thus if a patient suffers from chlorosis I of course give iron; if there is neuralgia from gummatous formation I prescribe large doses of iodide; if there is chronic gastro-enteritis I recommend a careful dietary; or if the patient is profoundly emaciated I may find it necessary to resort to the Weir-Mitchell treatment. But in all these methods of treatment I find I get great help from suggestion. In a case undergoing Weir-Mitchell treatment much can be done by suggestion to calm a restive patient, to improve sleep and digestion, and to remove such disagreeable symptoms as neuralgia and headache. In these cases I sometimes find it necessary to see the patient daily, but for the majority two or three visits a week suffice; later, a single weekly visit may be sufficient. Here let me emphasise the importance of securing the services of the right kind of nurse in carrying out the rest cure. She must be tactful, resourceful, gentle, firm, quiet, and patient, a combination of qualities possessed, I need scarcely say, by but few.

The disorders in which the best results are obtained by suggestion are, of course, those depending upon functional disturbances of the nervous system, such as tremor, chorea, neuralgia, headache, sleeplessness, palpitation, epilepsy, mental diseases, chronic alcoholism, and the various drug habits. But, as I have already said, suggestion may prove of service in the treatment of most maladies and I have by its means been able to alleviate serious organic diseases, such as valvular disease of the heart, Graves's disease, and locomotor ataxy. It is, of course, needful to tell the patient in all such cases that absolute cure cannot be effected.

[Dr. Woods here showed elaborate tables containing statistical results. The names of the several diseases treated and the number of patients suffering from each of them were as follows:—Neurasthenia, 245; writer's cramp, 10; chronic alcoholism, 115; stammering, 6; headache, 158; melancholia, 79; dyspepsia, 62; arthritis, 43; neuritis, 20; insomnia, 44; neuralgia, 95; lumbago, 6; torticollis (spasmodica), 13; sea-sickness, 3; sickness of pregnancy, &c., 4; impotence, 8; sciatica, 39; asthma, 4; masturbation, 9; nocturnal incontinence, 5; gout, 10; urticaria, 3; blushing, 2; pain, 5; night terrors, 2; stage fright, 10; biting nails, 1; epilepsy, 26; functional paralysis, 9; hysteria, 7; menorrhagia, 4; morphia habit, 7; tinnitus, 4; sprain, 1; spinal neuralgia, 5; chorea, 35; obsession, 2; locomotor ataxy, 3; spasm, 2; delusions, 2; bad temper, 2; pianist's cramp, 1; rheumatism, 2; tremors, 3; delirium tremens, 1; deafness, 8; and palpitation and heart troubles, 11. The grand total of patients treated was 1129, of whom 868 were tabulated as "apparently recovered," 125 as "improved," and 136 as "no apparent change." Dr. Woods also gave detailed clinical descriptions of 14 cases, from among which the six following are selected as illustrative. Lantern pictures were shown exhibiting the handwriting (before and after treatment) of several patients suffering from writer's cramp and chorea. In all cases the writing was better after the treatment.]

CASE 1.—The patient was an unmarried female, 24 years of age. She had suffered from facial neuralgia for four years. No medicine relieved her for more than a few days. She could not sleep and was weak and depressed. She was hypnotised for the first time on Oct. 7th, 1892, and suggestions were given that she was to sleep for 15 minutes, to awake with no pain, to be bright and cheerful, and to sleep well at night. Everything happened as suggested. The patient awoke laughing without any pains and slept well at night, the neuralgia not returning until 12 days afterwards, when she was again hypnotised, since when (with the exception of a few hours' pain due to a carious tooth during November, 1895) there has been no recurrence of pain.

CASE 2.—The patient was a married woman, 36 years of age. She consulted me in the summer of 1897 for sciatica in the right leg. She had been laid up on and off for about eight months and the pain was at times very acute. Such was the case when I saw her; she limped and was obliged to support herself with sticks. She had been treated without relief during the whole of her illness by rest, diet, drugs, liniments, blisters, baths, poultices, and fomentations. I treated her by suggestion only, placing my hand very gently on the back of her hip, outside her dress, when she immediately expressed herself as free from pain. It disappeared instantly. This was the quickest result I have had and surprised no one more than myself. I told her to lie on the couch for half an hour afterwards and then to get up. There was no return of the pain at the end of this time. On leaving me she laughed and said, "I daresay you think I am a fraud, but I assure you I suffered tortures." She came again three days afterwards, expressed herself as feeling well, and had had no appreciable pain, but the leg was a little weak. In 1902 I saw her again for other troubles but she had kept entirely free from sciatica.

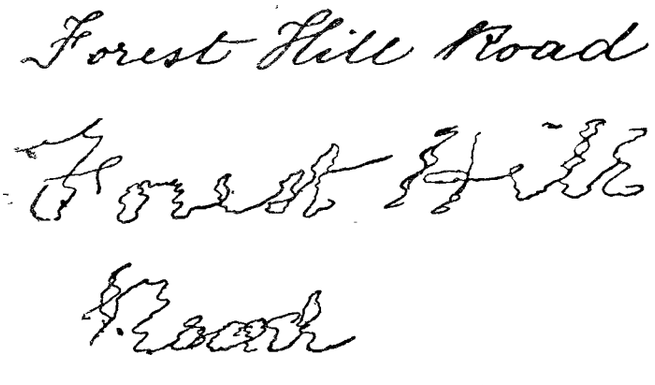
CASE 3.—The patient was a man, 34 years of age. He

had had sciatica of the left leg for 18 months and had been treated at home and abroad during the whole period of his illness. He came to me in 1896 saying that he could not sleep or walk 100 yards without acute pain. I treated him by suggestion and pressed my fingers outside his clothes on the painful spots and gently stroked his leg from above downwards. In about ten minutes all pain vanished and he performed various gymnastic feats in order to see if the pain would return but it did not. At the same time he told me that he did not believe in me or my treatment but he meant to give everyone a trial until he got relief. He walked up and down my room for about an hour, doing all sorts of movements, and then went for a brisk two-mile walk, and in two days I had a letter from him saying that he felt a little tired after walking but the pain had not returned. He visited me two or three times after this to show how well he had remained since the treatment.

CASE 4.—The patient was an unmarried female, 37 years of age. She was sent to me by Dr. D. Ferrier from the National Hospital for the Paralysed and Epileptic, suffering from functional paralysis of the left leg. She had been under treatment for two years, her leg was wasted and cold, and she walked on crutches, dragging the foot and unable to put her weight on it. I treated her by suggestion only three times in one week and she was able to walk after the third treatment. For the first treatment I suggested that her leg should feel warm and comfortable. It actually became warm in a quarter of an hour. For the second treatment I suggested that she should be able to move it, which she did slightly in ten minutes. For the third treatment I suggested that she should be able to stand on it and walk, which she did in half an hour, but only with great difficulty on account of the weakness. After this she steadily improved; in about a month the leg was of the same size as the other and she walked then as if she had never been ill.

CASE 5.—The patient was a married woman, 60 years of age. She consulted me on Nov. 9th, 1901. complaining of constant pain in her right leg, extending from the knee to the ankle on the outer side. The pain had lasted for six months and nothing gave her relief. No cause for the pain could be ascertained. She had recently undergone a rest cure (Weir-Mitchell) and had had treatment for gouty dyspepsia and neurasthenia and expressed herself as feeling well except for the pain in her leg. I treated her by suggestion only, saying that the pain would go, placing my hands where the leg was painful. In about ten minutes she told me that every vestige of pain had disappeared and she walked with comfort about the room. I saw her last summer and she told me that she had had no pain in her leg since I treated her. One treatment was sufficient.

CASE 6.—This case is well known to you. The patient was at King's College Hospital under the care of Dr. Ferrier and was sent to me by Sir Hugh Beevor at the end of January, 1896. I show examples of her writing; she had



Specimens of handwriting of patient (Case 6).

a peculiar tremor of the right hand. She was treated by short hypnotic sleeps and I believe has kept well.

OBJECTIONS.

Some members of our profession have still a rooted aversion to treatment by hypnosis and from their writings one would almost suppose that they would rather not cure at all than resort to it. For this they assign various reasons, the most important being that the operator can if he so chooses acquire an undue and injurious influence over his patient. This grave indictment has been so effectually disposed of by Dr. J. Milne Bramwell in his excellent work[2] that it is unnecessary for me to say anything further on it. Even granting, however, that the medical man could obtain through hypnotic means an unhealthy influence over his patients the fact could not legitimately be used as an argument against the therapeutic use of hypnosis. Should he so wish to influence his patients there is surely no need to resort to hypnotism for the purpose; but why should he desire it any more than he should desire to injure them by the employment of other well-tried therapeutic means? Assuming that he can make a poisonous use of hypnosis, can he not also make a similar use of drugs? and no man worthy the name of physician is likely to do the one any more than the other.

But while this absurd charge carries its refutation upon the very face of it the case is far otherwise in regard to the employment of hypnotic treatment by the unskilled layman. The danger here is not so much that the operator shall acquire an undesirable influence as that he shall, through a random and indiscriminate use of a subtle and potent agent, inflict serious injury. The public is constantly suffering at the hands of the so-called healer. This over-credulous and gullible public is willing—nay, anxious—to regard the power to hypnotise as some mysterious spiritual gift rather than as an attribute possessed by all and explicable on known natural laws. They cannot look upon hypnotic treatment as they do upon treatment by drugs or electricity, or Roentgen rays, or other recognised therapeutic agent to be prescribed by a physician only.

The so-called faith-healer knows nothing of the nature of the disease which he presumes to treat or of the difficulties which lie in his path. Blind men have by faith been made to see, deaf men to hear, lame men to walk, then why should not (so he argues) a cure of the case before him be similarly effected? The fact that there may be an insurmountable barrier in the way of cure, that the case may be essentially one for surgery or for antisyphilitic treatment, enters not into his mind. If it should chance to be one which lends itself readily to his methods he will succeed for a time at any rate; and if not he recks nothing of the precious time and opportunity he may be wasting while the patient is being deluded with the false hope of recovery.

There are, however, signs that the opposition which treatment by suggestion has met with is growing daily less and less and that this potent therapeutic method bids fair soon to be taught in our schools as a matter of routine. For myself I am gratified and proud to say that I have received much help and encouragement from my professional brethren in pursuing this line of treatment and my relations with them have ever been most cordial and pleasant.

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ABSTRACT OF

# An Inaugural Address

ON

# THE DIMINISHING BIRTH-RATE AND WHAT IS INVOLVED BY IT.

*Delivered before the British Gynæcological Society on Feb 11th, 1904,*

BY JOHN W. TAYLOR, M.Sc. BIRM., M.D. BRUX., F.R.C.S. ENG.,

PROFESSOR OF GYNÆCOLOGY IN THE UNIVERSITY OF BIRMINGHAM; PRESIDENT OF THE BRITISH GYNÆCOLOGICAL SOCIETY.

THE address was divided into four parts. The first was devoted to a critical study of the statistics of the subject during the last 25 years. The birth rate of the United Kingdom was compared with that of other countries, both east and west, and it was shown that during the last 20 years no other nation has sustained so great a loss as we have in this definite period of time. The marriage-rate in the United Kingdom during the same period was found to be slowly rising so that the "birth loss" was necessarily due to causes operating in the married life of our population and not simply due to celibacy. The value of the population of

[2] Hypnotism: Its History, Practice, and Theory, 1903.