

# MIND AND HEALTH:

THE MENTAL FACTOR  
AND SUGGESTION IN TREATMENT,  
WITH SPECIAL REFERENCE TO  
NEURASTHENIA AND OTHER COMMON NERVOUS  
DISORDERS.

BY

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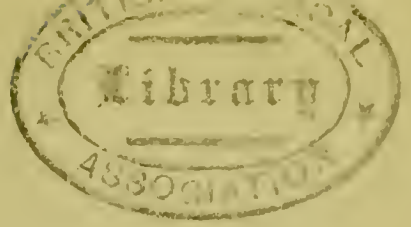
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## PREFACE.

The aim of this little book on "Mind and Health" is **essentially practical**, and in it the author has endeavoured to briefly outline, firstly, the important part which is played by mental influences in the causation of ill-health; secondly, the great and beneficial use which can be made of the influence of mind over body in the restoration of health. In the chapters on "Mental Therapeutics" the most useful methods of bringing the influence of suggestion to bear in practical treatment have been indicated, and special reference has been made to the utility of mental treatment in dealing with cases of **neurasthenia** and allied conditions. Discussion of the manifold theoretical considerations which arise in connection with the study of the influence of mind over health has not been entered into, the subject having been approached from the practical standpoint throughout.

"Mind and Health" is intended primarily as a handbook for students and practitioners of medicine, who require a brief account of the practical uses of "**suggestion**" in treatment, and for students of psychology who are interested in the application of that subject to the healing art.

EDWIN ASH.

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## CHAPTER I.

### INTRODUCTORY.

**Mind influence as a powerful factor in the recovery of health** must be acknowledged nowadays by every thinking practitioner of medicine. The acceptance of this factor has been gradually, but no less surely, forced upon the medical profession during the past few years, and although there are still a very large number of practitioners who are unwilling to admit the curative capacities of the mind, there are, I think, very few men of any considerable experience who have not come across numerous cases of recovery from ill-health which have occurred under such circumstances that the mental factor must obviously have played an important part in them.

Curiously enough, there are individuals, both inside and outside medical circles, who will acknowledge cures brought about or aided by mental processes, but at the same time refer to them in a scornful and contemptuous manner. It is not at all uncommon to hear the remark made that such and such a remedy certainly

brought a particular cure, but that it undoubtedly acted "on the patient's mind," "by suggestion," or as a "faith-cure," and so forth. But surely it is just as meritorious and satisfactory to bring back health by making use of mental influence as to restore health by a pill or an operation. Indeed, I am rather inclined to think that it is a far better thing to bring about the recovery of health by making use of the natural recuperative powers of the patient's mind, than by any other means.

However, the curative force of mind is to-day accepted (if in a somewhat half-hearted way) by many of the representatives of the medical profession in this country. And in an article dealing with spiritual and mental healing, the "British Medical Journal" recently emphasised its acceptance of the influence of Mind Force as a curative agent in the following terms:—  
"We would add that the intelligent application of the physician's knowledge of the influence of the body on the mind is a necessary condition of success in the difficult art of dealing with patients and reinforcing the curative powers of nature, or what comes to the same thing, enabling sufferers to work out their own deliverance from the thralldom of functional disease. All really great physicians have used this force, sometimes it may be unconsciously, but often with deliberate intent. It is the power of influencing the mind of the patient, or in other words, of exciting confidence in his "gift of healing" that makes what is called "personal magnetism."

But I repeat that although such acknowledgment is being made by many members of the medical pro-



fession, very little attempt is being made to make use of the principles therein indicated in the actual practice of medicine and surgery; the consequence is that an enormous number of patients who could be relieved by mental treatment are labelled "incurable" or "functional," and being unaided in their search for lost health by the legitimate doctors, find their way into the hands of quacks, or drift painfully along the road to real incurability, and frequently insanity. It is the main object of this book to show in what way we can directly bring Mind Force into play in the restoration of health, and to demonstrate the important part which should be assigned to suggestion in any reasonable system of mental treatment.

**Healing by Touch.**—Most people are familiar with the accounts of various miraculous cures recorded, not only in the Bible, but in many works dealing with the history of the Church, and there is little doubt that various Saints in early times were accustomed to heal by means of touch; not only they, but certain rulers and authoritative persons at various times have been supposed to possess this healing power. The Emperors Constantine and Vespasian are said to have performed wonderful cures by the laying on of hands; in later times one reads of Valentine Greatrakes and other marvellous healers who obtained enormous reputations in this direction.

But all these things can be explained by an application of the principle of suggestion. There is indeed little doubt that the great majority of these recorded cures are the result of suggestion acting on functional diseases. Granted that an individual obtains a suffi-

ciently great reputation for relieving pain, then every sufferer who goes to him is primarily influenced by an indirect suggestion that he is going to be cured: consequently the patient is in the most favourable mental condition for a cure to be brought about, as it most probably will be if the disorder is not too deep-seated or too far advanced.

Hence a good and understanding doctor rapidly multiplies his cures, and the more patients he relieves, the greater his reputation, and the more rapidly does he exercise his curative abilities. This is just as it should be, for it must be remembered that such a man in the first place has to have a deep knowledge of medical truths, and ability to apply his knowledge, before he can become a successful physician. With regard to the cures effected by the Saints, it is remarkable that their relics in many instances have been known to possess healing properties; it must be obvious that any specific vital influence possessed by a Saint, must have departed when he himself left his earthly habitation, and consequently it is most likely that both the cures effected by the living Saint, and those brought about by his relics, have resulted through strong mental impression of "cure" received by the patients—in other words by suggestion. The reputation would extend to his relics which would thus have practically the same importance in the eyes of those having faith in them as the Saint himself, and would enable cures to be obtained by contact with such relics, by the process of indirect suggestion.

This kind of process must be the basis of most systems of "faith-cure" that are practised at the

present day; and also at the root of the apparent success in relieving ill-health achieved by various widely-advertised nostrums which have gained an enormous popular reputation.

In these instances it is after all usually functional disturbances that are benefited; no highly coloured bread or soap pill could really cure organic disease, however widely its supposed healing virtues might be advertised. There is little doubt also that the relief effected by Anti-Rheumatic Rings is also an instance of curative mental action through indirect suggestion; and indeed I think that one has only to observe how many people actually wear these Anti-Rheumatic Rings, and aver in the strongest terms that their pain has been relieved by them, to estimate what an enormous influence a popularly trusted remedy can exert through suggestion.

**The Gift of Healing.**—Apart from the action of suggestion in directly bringing about mental cures, it is not infrequently asserted that a few favoured persons actually possess a "gift of healing" which cannot be explained away by any theories of mental action. It is, of course, well known that certain individuals are possessed of enormous strength of character, such as seems to exert an indefinable influence on everybody with whom they are brought into contact. It is easy to say that this influence can also be explained by suggestion—possibly it can—but in these dominant personalities we have some glimpse of a vital force which carries them forward in their irresistible march through life. If such a force exists it must be then to greater or less extent in all of us; but it is surely

unlikely that it can be developed and applied for curative purposes by Tom, Dick and Harry. Let us by all means grant an individual vital force or "magnetism" to all men, but it is most probably characteristic and inherent—uncontrollable by any system of training. Yet there are numerous "psychic" schools that claim to be able to develop the curative forces of their clients. I do not deny the existence of a powerful force inherent in each of us, and highly developed with curative powers in a few, but I certainly have never come across a genuine instance of such powers, though unfortunately their possession is not infrequently assumed by unscrupulous persons. I take it that no amount of training could produce a powerful natural "healer," but am willing to admit that a "gift of healing" may be born in a few favoured and rare individuals. Cures effected by such means do not come within the scope of this book, although the question of their possibility has to be considered here owing to the fact that imposture has not been uncommon in this connection, and that where impostors have brought about cures they have unquestionably done so not by a gift of healing but by a direct mental action (i.e., suggestion), through the minds and brains of those whom they have relieved.

Such instances as those recorded by Dr. A. T. Schofield are very remarkable and interesting, and I mention them here as they are difficult to explain by suggestion; moreover, the fact that they are recorded by a fellow member of the medical profession who has specially studied the problems of mental healing, add to their importance in my sight. In describing these

extraordinary examples of what is apparently the possession of some natural power of healing apart from all suggestional influence, Dr. Schofield says:—

“ Before I leave this subject I must just allude to what is termed the ‘ gift of healing.’ By this I do not specially mean what was so called in the early Church; nor, indeed, is it definitely associated with Christianity at all. Neither is it acquired at will, or the product of any school or belief in quackery.

“ What I refer to under this name, for lack of a better, is an inborn power that some men and some women appear to possess that is more than an engaging or strong personality.

“ As far as I can discover, it seems a quality from birth that shows itself in early years; and, like all other qualities, can be improved by use or dwarfed by neglect.

“ I do not think very many possess it, nor is it in the least confined to the medical profession. It is often called magnetic force—a name, I need hardly say, that does not refer to any known form of magnetism.

“ Of three that come to my mind now, two never practised it professionally at all; the third does, and successfully.

“ One was the personal friend of a well-known diplomat lately sent by our Government to settle a dispute in another country. His friend’s powers becoming known, he was besieged at his hotel with a continual succession of people coming in and out to get a grasp of his hand and thus be relieved of their various ailments. It is not supposed that serious

illnesses were thus cured, but minor ills, especially pains of all sorts, disappeared in a wonderful way. Of course, no money passed.

“ Another is a well-known artist. He came to me complaining of this power, and wondering much how he could get rid of it. He was often asked out to dinner and to parties, and said he knew why. He told me that if any of his friends had headaches or neuralgia, or great depression after influenza, or any minor ailments, his appearance was enough to cause these to vanish.

“ He told me he first discovered his powers years before, when he cured a case on shipboard given up by the surgeon, simply by sitting with him in the cabin. Naturally I was sceptical; but when I got the names of one or two of his friends, one a well-known City merchant, and found that his powers were well-known and much appreciated, I saw that the artist probably had this gift.

“ A third will, I fear, be called a quack by my medical friends, for he takes a moderate fee for his services at times, though he constantly works for nothing.

“ I had a bad case of rodent ulcer, the pain of which had become so intolerable that morphia in large doses was constantly required. Some relatives heard of this man, and, unknown to me, he came to see the patient, held her two hands when she was in agonies of pain, and it at once left her. If different parts of the head and face were painful (where the lesion was) a touch at once removed the pain, and since his advent on the scene two things have occurred.

“ Not one drop of morphia or other anodyne has been taken.

“ The patient seems physically to be full of vitality, which she declares (fancy or fact) is entirely due to the presence of this man. The patient, I may say, is over seventy years of age. It is not a matter of faith healing, because when the man had to go away for three or four days and she tried her best to believe the power was the same, it was no good; and the agonies were dreadful. The moment he returned and had held her hands for five minutes it disappeared.

“ When this man was a boy at school he cured his friends' headaches by placing his hand on the spot.

“ It is difficult to doubt, in the face of these facts, which are connected with no theory or school, or mysticisms, nor even necessarily with any beliefs, that we are in the presence of a power at present but very imperfectly understood.

“ I know many, some of them doctors, who seem in a minor degree to possess the same powers. In no case do they try to exercise it consciously, still less to bring others under its influence in hypnotism, but it seems to affect others without their will. Patients after a single ordinary interview feel better in a way difficult to explain; the touch soothes and dissipates pain and so on.”

Speaking from my own experience, I can only repeat that I have never come across such examples, and all the cures I have seen in which personality has played a part have been very clearly brought about through the mind of the sufferer who was thus relieved.

In connection with this question I am aware that I

may be considered to have dismissed very summarily and with want of reverence those instances of "healing" in which the Church or its Founders have participated. But, as a matter of fact, I have carefully avoided a denial of the possibility of what I may term extraneous spiritual intervention under certain circumstances, such as by the "laying on of hands" by an ecclesiastical dignitary, although I have hinted that the possible explanation of many "miracles" lies in suggestion. However, who can say that in these instances the underlying principles of mental therapeutics may not represent the medium through which a Higher Mind influences the minds of suffering humanity?

**Mental influence of surroundings, and attendants.**— Apart from all question of specific influence, it is surely a well-known fact that all things which tend to depress a patient's mind hinder his recovery, whatever may be the disease from which he has been suffering; whilst on the other hand we know that people get well much more quickly in bright and cheerful surroundings tended by affectionate friends, than when left to suffer in a strange place and in dismal circumstances. The beneficial action of bright sunshine is partly due to its cheering and stimulating influence on the mind; on a bright sunny day everyone feels more able to throw off trouble of all kinds, including illness, much more so than on a dull, gloomy day, when ill-health weighs so heavily, and material worries assume such crushing proportions. Similarly, a cheerful and hopeful word from the physician goes a long way towards helping a patient along the road to recovery; even in incurable



diseases words of hope and encouragement, confidently spoken by the doctor, sometimes act in a remarkable manner, seeming to alleviate distress and occasionally even to hinder the course of the disease. All these things are obviously evidence of the influence of mind over health.

An example of this occurs to me as I write. Not long ago a well-known London surgeon—a cancer specialist—more or less suddenly realised the beneficial effects that a hopeful mental outlook produced on even the worst cases of the dreadful disease which he had made his special study; it further so happened that just after this he had to take charge of half the patients in a large ward for hopeless cancer cases, for whom everything had been done that was possible. Under these circumstances the surgeon in question decided that the best thing he could do with the unfortunate patients was to maintain as hopeful and cheerful an attitude in their presence as he possibly could; the result was that most of them expressed themselves benefited by his treatment, and actually seemed to suffer less and to make a better fight against this enervating disease, than the patients on the opposite side of the ward, who were under the care of a surgeon who could not conceal his hopeless opinion, and did nothing to mentally stimulate or encourage them. Personally I have for a long time fully appreciated that what little can be done in hopeless cases of cancer can be usually effected chiefly through the minds of the patients.

That the mind can exercise a powerful beneficial action on cancer can be readily seen by watching the

effects of a hopeful conversation upon a large number of cancer patients; some of them will improve and actually put on weight under the influence of a few hopeful suggestions alone. Every practitioner of medicine or surgery who has much to do with cancer can confirm this statement, and it was only a short time back that I saw the observation had been made by an eminent physician that he had witnessed the astonishing spectacle of patients suffering from cancer of the stomach, begin to improve after some hope had been given them, actually before there had been time to perform the operation suggested as likely to save their lives.

Again, it is not a long step from the attitude of the physician which is cheerful and hopeful to an attitude of absolute confidence in recovery, and it is this which is of the utmost importance in the treatment of those ailments and disorders which are known to be "curable"—using that term in its broadest sense. It not infrequently happens that one sees people who have recently got over some acute illness, such an influenza, or typhoid fever, and yet are a very long time in recovering their full health. I am sure that it is the mental factor that is at fault in many of these cases, and that in such conditions, when change of air and tonics have done all they can without entire satisfaction, every effort should be made to encourage and brighten the patient's mental outlook, with use of suggestion in suitable cases. The patient's mind must be energised, and its natural curative powers set to work to stir up the sluggish nerve centres, and so through these to stimulate the circulation and all the

other processes of organic life. In dealing with convalescent persons it is unquestionable that one of the principal points to be arrived at, probably, indeed, the most important, is this stimulation of mind by mind—that is, the patient's mind by the bearing and encouragement (in other words suggestion), of the physician.

**Mental activity conducive to health.**—Some years ago one of the greatest authorities on insanity emphasised the importance of stimulating the mind in disease (particularly referring to the brain disorders which he had made his special study), as follows:—

“ To check diseased conditions we cannot do better than stimulate the cortex (brain) and strengthen mental energy.” And again: “ Those predisposed to special disease find a sound and well working mind and cortex (i.e., of the brain) their great protection. When disturbed in mind they fall victims to their diathesis. I have no doubt myself that this is the strongest of all the forces from within that preserve health and protect from disease. For the healing as well as the prevention of disease, a sound cortex and a cheerful and buoyant mind are all-important.” (Clouston.)

**Mental Therapeutics.**—When one comes to make use of mental treatment it is very soon found that its possibilities are very great, and its scope of action remarkably extensive. For apart from the numerous disorders which can be completely cured by mental therapeutics, with the help of suggestion we can relieve various distressing symptoms—such as pain or sleeplessness—in diseases which may in themselves be incurable, and so frequently give great relief, though we cannot cure.

Considering how great a number of the cases seen by the medical practitioner in his daily round depend very greatly on the mental factor, it follows that suggestion rationally considered is capable of a very wide application in practice. And the appreciation of this important factor in treatment undoubtedly accounts for the striking and rapid success secured by certain practitioners in districts where other men have tried and failed, or at any rate obtained very little popularity. But it cannot be expected that the general practitioner will always have the opportunity of learning the right way in which to make use of the mental factor in treatment, or which methods of using suggestion—Direct or Indirect—are the best for various cases.

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## CHAPTER II.

### MIND AND HEALTH.

**Nerve centres control organic functions.** — Anatomical investigations and physiological experiments have conclusively shown that all the organic processes of the body, such as the beat of the heart, or the movements of the chest in respiration, the action of the digestive organs and the mechanisms of excretion, are to greater or less extent under the control of the Central Nervous System. Were it not for this control the functions of the body would be in hopeless confusion, as is seen when disease attacks the nervous centres and throws the whole system into disorder, with disastrous consequences. Indeed, it is almost certain that without this central control and co-ordination of the vital processes, the whole system of growth would be awry, and that the symmetry which is such a beautiful characteristic of growth and development in the higher living organisms would be lost. This being so it is scarcely to be wondered at that the all-powerful nerve-centres should be able to exercise an important influence over the course of disease, and that under certain circumstances their action or inaction should

determine the fate of our patients; that this is so has only been appreciated during the last few years, and even now the complete understanding of the far-reaching importance of this factor in disease is confined to the few.

When a particle of dust is blown into one's eye, the particular centre controlling the eyelid causes the latter to close before we are even aware of what is threatened, and in most cases this action is efficient and the dust kept out. Similarly, with a thousand and one other simple things in everyday life; with the habits of walking and dressing, of writing and talking, and so forth, all the details of these habits are looked after by the various nerve centres whose duty it is to control them; they are made up of actions which, from the apparent ease with which they are performed, we carelessly label "automatic," and think no more about.

**Mind controls nerve centres, through them the organic functions.**—Now above and beyond the controlling influence of the brain and nerve centres there is that remarkable manifestation of human life which we call Mind, which appears to be capable of acting as a definite "force" under various circumstances. Thus the Mind can control and influence muscular actions, which it does by means of that mental faculty we call Will; and in so doing it must obviously exert a controlling influence through the centres in which the motor impulses arise. It seems evident from this, then, that the Mind, through the influence which it can exert over nerve centres, may be able to influence the various organs of the body. For, as I shall pro-

ceed to show, there is plenty of evidence that there is a very constant relationship between mental processes and bodily actions. Indeed, examples of this relationship may be seen every day of our lives; the blushing which accompanies a feeling of shame is the outward manifestation of a dilatation of the blood-vessels of the face, brought about by impulses from the circulatory, (vase-motor), centres in the brain under the influence of a mental process—emotion; the dyspepsia or loss of appetite that follows grief represents an inhibiting action of certain brain centres on the digestive processes; and similarly the rapid heart beat or palpitation which follows the receipt of unexpected news represents an action of the centres controlling the heart under the influence of a sudden mental disturbance. Moreover, the well-known fact that a patient who is expecting morphia will frequently go to sleep after an injection of plain water, when he is not told of the substitution, can only be explained by assuming that it is the result of a strong mental impression on the part of the patient that the injection he is going to have will most certainly send him to sleep. No doubt under such circumstances his mind, thoroughly imbued with the idea that sleep will result from the injection given, so acts on the sleep-producing mechanism that the anticipated result actually occurs. Similarly may be explained those cases in which sickness has quickly followed the taking of a draught said to be an emetic, but in fact containing only simple and inactive ingredients. I was much interested in an example of a like nature that came under my own observation quite recently; in this case a patient who

had been given a prescription for a sedative, for some reason or other went away under the impression that she was going to take an aperient mixture, with the result that the medicine acted on the bowels.

Mind influence is as a matter of fact one of the common essential conditions of voluntary muscular action; thus we know that by an effort of will we can so influence the motor nerve centres controlling, for example, the movements of the arm, that under ordinary circumstances we can move the arm whenever we wish so to do; but if the arm centre be disorganised or thrown out of action by, say, a clot of blood or a hæmorrhage into the brain, the arm can no longer be moved at will. Obviously, therefore, an intact arm centre in the brain is a necessary condition for the exercise of any mental influence over the movements of the arm. And there seems to be no reason for supposing that such influence can be brought to bear on the tissues and organs in any other way than through the medium of the nerve cells in the brain.

**Mental influence from without.**—So far I have only referred to the action of influence exerted by the mind of an individual upon his own body, and I must now turn to the consideration of the possibility of mental influence exerted by the individual, not upon his own system, but on that of someone else. And it is, of course, obvious that granted the action of an individual's mind over his body on the lines indicated above, the alteration of his mental state or ideas from without will indirectly influence his physical being. Let us suppose, for example, that one calls up a feeling of shame in another person by pointing out to him the



full meaning of some doubtful act or transaction with which he has been connected, he will very probably flush at the thought of his deed. In such a case mental influence from without has acted in a particular way upon his mind, which in turn has influenced certain nerve centres controlling the blood-vessels, so that the latter have dilated, such dilatation being represented to the onlooker as "flushing." Further, in some people the mere suggestion of blushing will lead to the anticipated result being brought about, such an occurrence being an example of very direct mental influence exerted by one person, A, upon the organic functions of another person, B. Whenever we insinuate an idea into anyone's mind—that is, suggest it—we initiate mental processes which may or may not, according to the nature of the idea suggested, influence organic processes. For the present I must leave these theoretical considerations and will return to this question of the physical basis of mental influence in the chapter on Mental Therapeutics. But I think I have said enough to show that it is quite possible to explain the action of mind over body on purely physiological grounds, and without the necessity of postulating the existence of so-called "forces" acting independently of the physical nervous system. And I feel sure that many medical men who now are inclined to regard in an unfavourable light any attempt to make use of mind influence in treatment, would alter their views if they realised that such an explanation can be given. A few years ago the very existence of the profound influence which mind exerts over bodily processes in health and disease, was absolutely denied by the majority of

medical practitioners, but lately the truth has been demonstrated in so many different ways that the importance of the mental factor in treatment is gradually being more and more widely realised. And I am inclined to think that this realisation of the influence of Mind over Body at all times is one of the most important advances that has been made in scientific medicine during recent years.

**Experiments and observations illustrating influence of Mind over Body.**—This influence of mental action over the bodily organs and sensations can be readily shown by a few simple experiments which anyone who is at all sceptical about it can easily carry out for himself. For example, let a dozen or more persons sit together and devote all their attention to concentrating their minds upon some particular part of the body; after a time, usually under a quarter of an hour, various sensations will be described by some of the subjects of this experiment as occurring in the part to which attention has been directed. The palm of the hand, or one side of the face, or the little finger may be selected as the particular part, and the sensations experienced will be described variously as “numbness,” “tingling,” or actual pains; in very sensitive persons redness of the part may occur. In some people, of course, no result follows within a reasonable time.

Another simple experiment which readily succeeds in many instances can be carried out with the aid of an electric battery—preferably with a faradic current. The subject of the experiment is told to grasp the poles of the battery, and pretence made to turn on the cur-

rent. It is remarkable how often under such circumstances people declare that they can feel the current passing through their hands, many, indeed, asserting that they can feel it quite strongly.

That expression of mental action which we call the Imagination is responsible for the success of such experiments; expectation leads to actual sensation through imagination. Ruskin very truly said of the imagination that, "It is the grandest mechanical power that the human intelligence possesses, and one which will appear more and more marvellous the longer we consider it." And in the practice of medicine and in the study of the conditions upon which health and ill-health depend, this wise saying finds ample fulfilment, and seems to have been prophetic in its utterance. Moreover, it is interesting to note that many years ago the members of a French Commission, appointed to study the mixture of science and sham which passed as the "Animal Magnetism" of that time, although obviously puzzled by the phenomena they observed, were certain of one thing, and that was the unquestionable dominion of mind over bodily health; and they expressed their conclusions in no uncertain language, declaring that: "As to the Imagination, we know the derangement which a vivid and sudden impression has often occasioned in the human machinery. The Imagination renews or suspends the animal functions; it animates by Hope or freezes by Fear; in a single night it turns the hair white; in a moment it restores the use of the limbs or speech; it destroys or develops the germs of diseases; it even causes death." Which observations show that the

powerful influence which mind exerts over health has long been known, although its importance is only now becoming adequately recognised; and during recent years they have in the main been endorsed by Professor Bain, of the University of Aberdeen, who has collected a vast amount of evidence showing the effect of mental states on organic functions; and who, in concluding his investigations, stated that: "The influence of mental changes upon the body is supported by an equal force of testimony (i.e., as compared with the evidence that bodily actions can influence mental states). Sudden outbursts of emotion derange the bodily functions. Fear paralyses the digestion, and great mental depression enfeebles all the organs. Protracted and severe mental labour brings on disease of the bodily organs. On the other hand, happy outward circumstances are favourable to health and longevity." (Bain—"Mind and Body.")

The influence of the imagination over the vital processes of life is well illustrated by some remarkable cases related by the late Dr. Woodhouse Braine, the celebrated anæsthetist, to Dr. Hack Tuke, and quoted by the latter in his treatise on "The Influence of the Mind upon the Body." Dr. Hack Tuke wrote:—

"I am indebted to Mr. Woodhouse Braine, who has had a large experience of administering anæsthetics at the Charing Cross Hospital, for the following striking cases of imaginary or psychical anæsthesia." Mr. Woodhouse Braine's narrative is as follows:—"During the year 1882 I was called upon to give chloroform to a very sensitive and highly hysterical girl, who was about to have two sebaceous tumours of the scalp

removed. On going into the operating theatre, it was found that the bottle containing the chloroform had been removed to the dispensary, and on testing the Snow's inhaler, which at that time I was in the habit of using, I found it to be quite devoid of even any smell of chloroform. Then, having sent for the bottle, in order to accustom the girl to the face-piece, I applied it to her face, and she at once began to breathe rapidly through it. When she had done this for about half a minute she said, 'Oh, I feel it, I feel I am going off,' and as the chloroform bottle had not arrived, she was told to go on breathing quietly. At this time her hand, which had been resting across her chest, slipped down by her side, and as she did not replace it I thought I would pinch her arm gently to see the amount of discomfort her hysterical state would induce her to bear. She did not notice a gentle pinch and so I pinched harder, and then as hard as I could, and to my surprise I found that she did not seem to feel at all. Finding this was the case I asked the operator to begin, and he incised one of the tumours, and then, as the cyst was only slightly adherent, pulled it away. At this time I had removed the face-piece, and wishing to see the effect on her imagination, I said to the operator who was going to remove the second tumour, 'Wait a minute, she seems to be coming round.' Instantly her respiration, which had been quiet, altered in character, becoming rapid as when I first applied the inhaler, and she commenced moving her arms about. I then re-applied the face-piece, and her breathing again became quiet, and she submitted to the second operation, without moving a muscle, and when the

water dressing and bandages were applied, in answer to the question, as to whether she had felt anything, she said, 'No, I was quite unconscious of all that was done,' and to the time she left the hospital she firmly believed in the potency of the anæsthetic which had been administered. Exactly ten years later, that is, in 1892, I met with a similar case. On June 16th, 1892, Kate Levy, aged 20, came to the Dental Hospital of London to have some carious teeth extracted, but as more than one sitting was deemed necessary, it was proposed to remove the two most painful and difficult teeth, and then order her to come again. This patient, like the last one, was of a very hysterical temperament, but had nitrous oxide administered without any difficulty, and the extractions were performed; when she came to herself she refused to sit up in the chair, or to push the piece of wood from between her teeth (where it had been placed for the purpose of keeping her mouth open), that is, she remained perfectly motionless, not taking any notice of surrounding objects, and not doing anything she was told to. That she was conscious I knew by the expression of her face, by the quivering of both eyelids, and by the reflex action which immediately ensued on touching the conjunctive. I therefore said to the operator, 'Well, if she is still unconscious there will be time to remove another,' for eleven teeth and roots had to be extracted, and to my surprise this was done without any apparent suffering. I then remembered the previous case, and said to the operator, 'Now she is coming round.' She therefore opened her eyes, sat up, and recovered in the usual way that patients do. She came

again on June 21st, and wishing to try the influence her imagination had on her sensibility, I determined to administer air only. She breathed this for a few seconds, and on my calling the pupils' attention to her mode of quiet breathing, she began to inhale the air more deeply, and then, on my giving her the cue by saying to the pupils present, 'Now you will see when I lift up her hand, and then let it go, it will fall heavily,' it turned out as predicted; then saying, 'Now you will find she will breathe rapidly and then cease to feel pain,' I removed the face-piece. The operator then commenced his extractions, removed four teeth, and in the hospital note-book it is written by Mr. Harding, who was the surgeon on duty that day:—

'Note.—The patient breathed air only through the inhaler; one firm tooth, two firm stumps and a temporary tooth extracted; said she felt no pain, but felt the teeth coming out—a well-marked case of hysteria. (H. H.)'

"This patient came again by order on June 29th, and on several other occasions, when air only was administered, and each time the same psychical anæsthesia was apparent."

The same writer also quotes the case of a gentleman who had constantly witnessed the sufferings of a friend afflicted with stricture of the throat, and had so great an impression of this made on his mind, that after a time he developed similar difficulty of swallowing, and ultimately died of a spasm of the throat which resulted solely from the effects of his constant and imaginative thought. Referring also to the numerous cases in which persons have apparently suffered from an attack

of hydrophobia after having been bitten by an excited and vicious dog, afterwards found not to be mad, he expressed the opinion that: "It is probable that persons who have been attacked with hydrophobic systems after the bite of a dog doubtfully mad, have suffered from the fearful anticipation of the disease only, and not from any canine virus; the inference drawn in such cases that the animal is labouring under the disease, being too hasty. When a wound has been inflicted by a really rabid animal and no effects have followed until many months after, emotional excitement may be the occasion of the outbreak of the symptoms, especially should it be in the form of fear, and should the nerves at the time be in a susceptible state. As Dr. Rush graphically expresses it, the man's fears are then let loose upon his system, and rapidly produce a dread of water which appears to be wholly unconnected with the previous bite."

These striking examples of the influence of Mind over Body, quoted by Hack Tuke, have been repeated in my own experience. Thus, a few years ago, when I was having extensive experience of the administration of anæsthetics, I frequently observed that patients began to "go off" before the administration had properly begun, especially persons who were undergoing a series of operations for dental extraction, and had become thoroughly used to taking gas; and I could not help noticing that in some the mere anticipation of the anæsthetic produced a certain amount of insensitiveness, and occasionally I saw teeth extracted painlessly when the patient had had practically no anæsthetic at all. Similarly in many minor surgical



operations, in which a general anæsthetic has not been considered necessary, I have noticed that the patient's experience of pain has depended greatly on the anticipation of it; and further, that under conditions where anxious fears have been allayed and such anticipation done away with, very little pain has been felt. Indeed, I am confident that a considerable diminution of sensitivity to pain can be induced by simple suggestion in many more persons than is usually supposed; as a matter of fact it is, I think, surprising to find how much can be done in various minor surgical procedures without recourse to anæsthetics by medical men who have the knack of gaining the complete confidence of their patients. I remember once having pointed out this important fact to a medical friend, and his telling me shortly afterwards that, having occasion soon after our discussion to set a fractured thigh-bone, he spent some time in soothing the patient's fears and dread of the broken limb being handled, whilst assuring him that the necessary manipulations, although, of course, painful, would not be productive of the intense agony he feared, the result being that the patient lay quite still whilst the fracture was set, and subsequently said he had experienced practically no discomfort. This was a very useful object-lesson, I think. Then again, I have seen a great variety of diseases simulated through the mind, particularly, of course, in people of sensitive temperament, but sometimes in sturdy, phlegmatic individuals. I have seen patients operated on for appendicitis in whom nothing abnormal was found, and on one occasion I saw a man's head trephined for the removal of

a brain-tumour which certainly existed only in his imagination, as subsequent events proved. In these cases mind influence evidently produced organic disturbance extensive enough to give rise to the symptoms complained of, and which led to the operations being performed. I think one has only to go round the wards of any big hospital on the evening of a day on which visitors have been to see the patients, to find a very definite example of the effect which mental disturbance can have on bodily processes, an effect which is at once seen by a glance at the temperature charts at each bed, which will show that quite a number of patients have had their temperatures sent up owing to the excitement of receiving visitors. This is so regular and so well-known an occurrence that I wonder it has not more often served to impress those who are at all doubtful, of the potency of the influence under consideration. Then again, one finds many other examples of a similar relation in the everyday life around us. Take for the example the pallor and depression of the circulation (sometimes amounting to actual syncope), which is so commonly the result of grief or bad news; the sickness which in many occurs as the immediate result of shock; the disturbance of the bowels which is a not uncommon consequence of the nervousness which some persons feel before going through any public ordeal; the dry mouth of the inexperienced orator; the stage-fright of the nervous actor; and the sweating which so often distresses those to whom attention has suddenly been called—are not all these things evidences of the influence of Mind over Body?

**Mind and Nutrition.**—Surely the difference between the thin, unhealthy-looking individual, who is always worrying about trifles, and the stout, happy-looking person of cheerful habit tells its own tale in this connection. A worrying mind seems inevitably to check nutrition, and prevent the proper assimilation of food substances, as well as spoil the appetite and lead to much less food being taken than ought to be. Dr. F. W. Mott—pathologist to the London County Council Asylums—appears to be thoroughly in agreement with these views, and has stated that, in his opinion, “The influence of the mind upon the nutrition of the body is well known; anxiety, mental strain, with associated insomnia, are followed by lowered nutrition and general wasting of the body. Many neuroses—such as hysteria, epilepsy, and insanity—are associated with failure of nutrition and general wasting of the body; and this condition also obtains in certain cases of nervous exhaustion in highly intellectual persons.”

**Effects of emotion on health.**—Indeed, there is plenty of evidence that mental influence, for example, under the stress of intense emotion, may produce so profound an organic disturbance that jaundice results, as in two cases quoted by the late Professor Murchison. In one of these instances a soldier, insulted in public, in a fit of furious anger became suddenly jaundiced, and soon afterwards died. In the other the patient who was suddenly frightened by a mad dog, uttered a cry and became deeply jaundiced. These cases are very similar to one recorded by the late Sir Thomas Watson, in which anxiety about an approaching examination brought on jaundice in a

student; and the case mentioned by Dr. William Hunter, where a doctor became jaundiced as the result of the mental strain attendant upon watching a bad case for several hours.

Erasmus Darwin (quoted by Tuke), related the following story for the truth of which there seems to have been sufficient evidence to warrant its serious consideration. "A young farmer in Warwickshire, finding his hedges broken and the sticks carried away during a frosty season, determined to watch for the thief. He lay many cold hours under a haystack, and at length an old woman, like a witch in a play, approached, and began to pull up the hedge; he waited till she had tied up her bundle of sticks, and was carrying them off, that he might convict her of the theft, and then, springing from his place of concealment, he seized his prey with violent threats. After some altercation, in which her load was left upon the ground, she kneeled upon the bundle of sticks, and raising her arms to heaven beneath the bright moon, then at the full, spoke to the farmer, already shivering with cold: 'Heaven grant that thou mayest never know again the blessing to be warm.' He complained of cold all the next day and wore an upper coat, and in a few days another, and in a fortnight took to his bed, always saying nothing made him warm; he covered himself with very many blankets, and had a sieve over his face as he lay; and for this one insane idea he kept his bed about twenty years, for fear of the cold air, till at length he died." This is an excellent example of an unhealthy idea firmly implanted into a person's mind by suggestion, and well illustrates the dire conse-

quences which may follow if such a morbid condition is not at once dealt with in the right way. It is said that Wordsworth founded his poem, "Goody Blake and Harry Gill" upon this incident.

As a matter of fact, one could go on indefinitely giving examples of the influence of Mind over Body, but no doubt those mentioned will be sufficient to lead my readers to call to mind things which they have themselves observed which also illustrate it. I would suggest that they think of how much better one can bear stress and exposure when the mind is cheerfully attuned, and how quickly small troubles tend to break down health when the mind and "nerves" are exhausted, or the prey of grief. For example, the reason that people so commonly take chills at funerals is undoubtedly to be found chiefly in the fact that the depressed attitude of mind naturally attendant on such melancholy occasions so lowers the vital powers of resistance that the system is more likely to be affected by temporary exposure in the open air than normally. Dr. Rush, the celebrated American physician, used to declare that soldiers favoured by the fortune of war do not feel cold and exposure anything like those of the beaten side. He noted that after the battle of Trenton, in the American Civil War, the victorious Philadelphia Militia, although accustomed to all the comforts of a city life, slept in the open air in the coldest time of the year with practically no sickness amongst them, Dr. Rush's explanation being that the stimulus of victory had reacted so favourably upon their general health that those militiamen were for the time being resistant to cold and exposure. And I think that most probably he was quite right.

**Diseases brought on by thinking of them.**—Many years ago Sir Henry Holland wrote that in certain cases, “the patient, by fixing his attention on internal organs, create not merely disordered sensations, but disordered action in them. Where there is liability to irregular pulsation of the heart, this is brought on and increased by a simple effort of attention.” This is very true, and it is well-known that publicity given to the illness of some distinguished patient leads many people to develop symptoms resembling those of the disease in question. I do not see that it is at all impossible that such persons might actually develop the disease itself by continuously thinking about it and anticipating its onset. It is unquestionable that many cases of “appendicitis” have of late years originated in some such way, since the disease has been so much talked about; some of them have possibly been genuine instances of inflammation of the appendix, dependent, in some way we do not understand, upon anticipation. Simulation of the symptoms of appendicitis is probably more common than is generally supposed, and can only be definitely found out when an operation reveals a healthy appendix and no disease that could account for the symptoms. I remember some years ago seeing a hospital porter who, after taking a series of cases of severe appendicitis into the wards, was himself attacked with symptoms that resembled those of the disease. But the operation which it was considered necessary to perform revealed no intra-abdominal disease, and the man speedily recovered. This man was probably quite familiar with the leading symptoms of appendicitis, and with the

appearance of patients suffering from severe attacks of that disorder; the run of cases which he had just witnessed probably so strongly impressed him that he began to fear an attack himself, and eventually his imaginings became so strong that he actually had symptoms simulating the disease. There seems little doubt that fearful expectation predisposes to such diseases as small-pox, scarlet fever, and influenza in those who have been exposed to infection, and it has often been observed that persons who have been fearless of infection have come through epidemics of infectious diseases unscathed.

**Indigestion produced by worry.**—Possibly the production of dyspepsia—"indigestion"—by grief or anxiety is the example on mental influence over health which is most generally known, as such "nervous dyspepsia," as it is sometimes called, is very common in medical practice. One of our most eminent physicians has remarked in this connection: "The effect of emotion upon the stomach is well known. A piece of bad news takes away the appetite, and may even bring on sickness. Mental work immediately after a meal is very apt to disturb digestion, and if carried on regularly may lead to dyspepsia. I was once staying at a hydropathic establishment near a large commercial town, when I observed that one of the rules was that any patient taking up a newspaper within an hour after dinner was fined one shilling. The reason for this was that the patients who came there were chiefly engaged in business, and the first thing they turned to in a newspaper was the money column; thus their minds became occupied with commercial

affairs after meals and digestion was not so good. Excessive weariness tends to cause indigestion, because the worried stomach and nervous systems do not respond to the stimulus of food. Worry, anxiety, disappointments, and especially a love affair, all tend to cause dyspepsia." (Sir Lauder Brunton.)

**Influence of Mind exerted through Nerve Centres.—**

Now it has been found by experiment that the nerve centres maintain a condition of readiness for action in the various organs of the body—a condition of tone; thus the capacity of the muscles for work at any particular time depends to a very great extent on their "tone," and we know that if we are run down and our muscles are consequently in a flabby state, we cannot take much muscular exercise without being quickly tired. This important nerve tone is strengthened by the important nutritional impulses which are continually being sent out by the nerve centres and which serve to maintain the various organs in a state of health. If, for example, the nerves going to a particular group of muscles are diseased, or the nerve centres governing them are disordered, those muscles become useless, lose their tone, and quickly waste away; this is partly through lack of the nutritive impulses which they must receive if they are to remain healthy and active. And as mental depression inevitably leads to lowered action of the nerve centres, it follows that when from various reasons the natural healthy activity of the mind becomes impaired, the activity of these centres will be reflected in a corresponding lowering of the vitality of the organs they control. The important relation between lowered



activity of the nervous centres and the occurrence of various nervous disease is now more or less generally recognised, but the far-reaching consequences of lowered nerve tone upon organic disease in general is not appreciated to anything like the extent it ought to be. Let us suppose, for example, that worry and anxiety have led to a disturbance of the digestive organs—that is, to a dyspepsia following upon a lowered vitality of the brain centres controlling the digestive functions; this dyspepsia will be accompanied by want of tone in the muscles of the stomach and intestines, and to poor-ness of the digestive juices, in consequence of which the stomach will become dilated and never free from partly digested food, as witnessed by the furred tongue, flatulence, discomfort and constipation which go with these conditions. Supposing then the primary cause (that is the mental anxiety and disturbance), to continue, it does not require much imagination to anticipate that the lowering of vitality of the stomach, and the presence of constant irritation, may lead to cancer of that organ, all the known conditions being present for such occurrence; indeed, if one inquires into the history of many cases of cancer of the stomach and intestines, one finds that disturbing processes, such as worry, anxiety or prolonged sorrow, have most certainly preceded the onset of the malignant disease.

To take another example, that of so-called functional heart disease, an affection which brings the physician into contact with a class of individuals who are all more or less of the nervous disposition. They have very irritable hearts, that on the slightest provocation jump

into palpitation or rush off at great speed, to the great discomfort, and often fear, of their possessors. Now, although these irritable hearts lead to no more than great discomfort and disquieting fears, one occasionally sees a patient in whom the continued nervous irritability and cardiac excitement has led to actual enlargement of the heart, with perhaps signs of failure and incompetence.

In other cases depressed vitality of organs due to mental disturbance permits pathogenic microbes to gain a foothold, as is seen in the readiness with which tuberculosis attacks individuals who are in a mentally debilitated condition. In many cases of serious illness can we trace the same series of events, the same downward path from health to ill-health—mental worry or distress lowering the tone of the various nerve centres, causing a lowering of tone and vitality in the tissue and organs, so that they are no longer capable of resisting disease.

In the large group of mental diseases proper, commonly classified under the heading of "insanity," we can find plenty of evidence that a disordered mind is able to produce organic changes and a disordered body. One has only to observe what a number of lunatics die of tuberculosis to realise how the vital powers of resistance to disease are lowered in cases of mental disease. Again, we know that the bones become so brittle in insane patients that it is a matter of routine in institutions for the care of the insane for the medical officers to be always on the look-out for fractured ribs or limbs, as such fractures may occur after the slightest injury or restraint; this is surely clear evidence of the

way in which mental disorder can produce bodily disorder. And numerous other instances of such association, familiar to those who have charge of insane patients, could be quoted.

In all cases where mental processes are to greater or less extent responsible for organic disease, we can trace a similar sequence of events, namely :—

(1) **Mind Disturbance**—through worry, anxiety, emotion, etc., leading to

(2) **Disorder of Nerve Centres**—reflected in lowered local nutrition, which leads to

(3) **Organic Disease.**

If constitutional disease is not commonly dependent upon failure of nerve cell action (that is, on lack of nutritive impulses), induced by mental disturbance, how is it that we so often find such diseases as diabetes, gout and rheumatism following on prolonged worry or sudden shock? In the midst of success or active contented life a man does not as a rule complain of muscular rheumatism or depressed health; but let a financial crisis shake out great business centres—then what a number of previously healthy men come to us complaining of ill-health, that their livers are out of order, that they cannot digest their food, that they have bilious headaches, or palpitation, or a hundred and one other signs of a disordered system.

**Modern recognition of importance of Mental Factor in production of Disease.**—That the mental and nervous factors are nowadays becoming more and more recognised in the causation of disease is evidenced by the place given to them in modern works on medicine; and I would recommend a perusal of the list of diseases

given below, and the quotations which follow, to those who are still dubious as to the importance of mind in medicine. A careful search through some of the latest and most authoritative medical works has shown that the mental factor is said by various well-known men not infrequently to play an important part in the causation of the following, in addition to the great groups of special mental and nervous diseases:—

Consumption and tuberculosis in general; anæmia, both the simple anæmia or chlorosis of young women, and pernicious anæmia; rheumatism; gout; rheumatoid arthritis; gastric ulcer; chronic dyspepsia; chronic constipation; gall-stones; asthma; Bright's disease; cancer; eczema and other skin diseases.

The following quotations show what opinions are held in this connection by some of the leading authorities on the diseases named.

**Epileptic Fits.**—“As a direct excitant of the first fit intense sudden alarm takes the first place. It can be traced in a considerable number of cases. An illustration may be given. The case referred to is that of a nervous sentinel who was on duty one night near a dark churchyard. A white goat suddenly ran across the churchyard and jumped upon the low wall. The man, convinced it was a ghost, shook with terror, but was unable to desert his post. An epileptic fit soon followed, which was succeeded by others. Prolonged anxiety seems also to be a definite cause, although the more gradual mode of its onset makes it less easy to trace with certainty.” (Sir William Gowers.)

**St. Vitus's Dance: Chorea.**—“The form of emotion to which chorea (St. Vitus's Dance), has been most

properly attributed is fright; and as many mothers know this to be a recognised cause of St. Vitus's Dance, probably the number of instances in which a fright has been obtained must be discounted, but there are well-authenticated cases on record in which the disease followed so immediately on the emotion as to leave no reasonable room for doubting the relationship of cause and effect. One of the most striking instances of the kind is a case recorded by Romberg, in which a little girl was attacked the same day after a severe fright caused by a dog jumping and barking at her. Van Ziemssen refers to a case of a boy where the disease became severe within a few hours after the fright; Trousseau to a case of a girl who was terrified into a nervous fit, and immediately became affected with chorea. It is rare for chorea thus to follow a fright without any interval; but among other recorded instances of this kind were two cases quoted by Sir William Gowers, both in boys; in one it was the result of an unexpected pistol shot close to his ear, the other was caught in an apple tree and fell in his hasty descent. Other mental emotions may likewise be responsible in some cases, notably grief, worry, or various forms of excitement; but none of these is nearly so frequently operative as is fright. So, too, mental strain, such as high pressure at school, was urged as a cause of chorea by Sturges." (Dr. Risien Russell.)

I have myself known St. Vitus's Dance brought on by sudden fright, and remember seeing a case of the disease in which a young girl was attacked after being frightened by a gipsy in a country lane.

**Bright's Disease.**—“ Among the circumstances which I think predispose to nephritis (Bright's Disease) are mental depression and nervous exhaustion. I have known this disease to come on under such circumstances from causes which would otherwise seem inadequate, that I cannot doubt that the renal susceptibility is increased by nervous or constitutional depression.” (The late Dr. H. Dickinson.)

**Exophthalmic Goitre.**—“ The malady is often consequent upon acute disease, fright, or other severe mental shock, and over-fatigue. Fright, intense grief, and other profound emotional disturbances have long been recognised as immediate causes of the disease.” (Ord and Mackenzie, in Allbutt's “ System.”)

Personally I have frequently observed that Exophthalmic Goitre is dependent on mental disturbance for its production. I remember particularly an instance in which a patient under my care developed the disease immediately after the shock due to the extraction of a bad tooth.

**Angina Pectoris.**—“ Emotional disturbance, fright, pain, sudden shocks or sorrow will produce attacks.”

The famous surgeon, John Hunter, who suffered from Angina Pectoris, used to say that his life was in the hands of anyone who roused his temper; a surmise which, as a matter of fact, was borne out by his tragic death in the board-room of St. George's Hospital, when he was seized with a fatal attack after getting up in a fit of rage to make a denunciatory speech against one of his colleagues.

**Facial Neuralgia.**—“ Mental shock is a potent factor in inducing these attacks. One of my patients

remained free from attacks for sixteen months. But within an hour of seeing a fellow workman killed by a fall the pain came on worse than ever it had been before. Business worry, or family anxiety acts in a similar way, or even an access of anger may produce an attack." (Dr. Head.)

**Disseminated Sclerosis of the Spinal Cord.**—"It is difficult to see how emotional influences can play any part in the generation of an affection like disseminated sclerosis, in which pronounced structural alterations occur in the nervous system; nevertheless, the association occurs, as in the case of Suckling's, recorded by Jordan, in which the symptoms of disseminated sclerosis appeared suddenly a few days after a severe mental shock." (Dr. Risien Russell.)

**Brain Tumours.**—"Mental anxiety, mental strain, worry, depressing influences of all kinds . . . seem in some cases to dispose to the development of the new growth, in other cases to actually excite it." (Byrom Bramwell.)

**General Paralysis of the Insane.**—"Worry, when added to other unfavourable conditions, is one of the most common causes of general paralysis." (Dr. Savage.)

**Asthma.**—"Given a certain morbid sensitiveness of the nervous centres, anything seems capable of producing an attack. It may be a nervous shock, over-fatigue of mind and body. . . ." (Dr. Goodhart.)

**Anæmia.**—"Among the influences which have been known to produce a progressive anæmia must be included those in which the mental and emotional

faculties are concerned. There is authentic evidence that shock, depression, anxiety, or severe mental strain have been followed by the presence of an anæmia which has run to a fatal issue.” (Dr. Coupland.)

**Hysteria.**—“ Among the proximate causes of the disease we may first mention depressing emotion, either of an acute or cumulative kind. Among the first kind rank terrors, as from the perils of fire, water or violence; the sights of death or accident, or convulsive fits; sudden griefs, as from loss of kindred; severe revulsions of feeling, as from seduction, desertion, or disappointment in love . . . . Of the second kind are the trials of poverty; of family and business anxiety; ill-treatment by relatives or employers; unhappy marriages; the ennui and disappointment of a purposeless or misdirected life; courses of unhealthy excitement, spiritualism or religionism.” (Ormerod.)

**Deafness.**—At the International Congress in 1881 the President of the Centre for Diseases of the Ear, Mr. Dalby (quoted by Hack Tuke), said:—“ I have known the hearing in apparently healthy subjects to be almost completely lost on the witnessing a sudden death of a near relative, on several occasions immediately upon the receipt of news of a painful nature, in the case of women upon the fright produced by a cry of fire or an alarm of burglars in the house, at the witnessing of the terrible sight of a man cutting his throat; even on the receipt of great good fortune which had not been anticipated. On each of these occasions the hearing power of the patient was always perfectly good up to the time of the catastrophe, and immediately afterwards the deafness was intense, so that



the change in all probability was almost instantaneous.”

Professor Ball, of Paris, has recorded the case of a man, aged twenty, who when in perfect health had a violent quarrel with a relative, in which he worked himself up into a terrible state of anger. On returning home and endeavouring to tell his wife what had happened he found that he had become stone deaf and unable to speak. This condition lasted some days, but eventually quite cleared up.

**Paralysis brought on by fear.**—An instance of this is recorded in the “Medical Times” of May 25th, 1868. A man charged two relatives with assault and summoned his own father as a witness. The mother of the prisoners, exasperated at the prospect of the son being sent to prison on the evidence of her relative, gave expression to her feelings in malediction, praying that when the old man left the witness box he might be paralysed; and paralysed he was accordingly, and had to be taken to the hospital.

**Facial Paralysis.**—Some years ago Dr. Wiltshire recorded an instance of facial paralysis from fright, which came under his notice at the West London Hospital, and was of some weeks duration. (“Lancet,” February, 1871.)

Within my own personal experience I have come across many instances of severe derangement of health which have been directly traceable to mental depression, worry or anxiety. I have seen severe and intractable anæmia attack previously strong individuals who had had to face prolonged worry about business or private affairs, and I have watched tuberculosis

spring into terrible activity in persons mentally depressed from various sources. I have had to deal with many cases of paralysis certainly due to faulty action of the mind (neuromimesis), as well as instances of continuous tremblings, ticklings and tremors of mental origin, and cured by mental treatment. And I have not infrequently seen extensive skin disease follow mental strain or shock—notably eczema, urticaria, and herpes (shingles). On one occasion I saw an artisan who had been worried to distraction through loss of employment, and in whom that remarkable disease of the skin known as dermatitis herpetiforme rapidly developed.

**Heart Disease.**—Again, in disorders of the heart it is found that the life of a person with a weak heart is in most instances miserable or equable according to his mental condition, his comfort being not only dependent on a temperamental outlook, but on the aggravated symptoms, such as violent attacks of palpitation, frequent fainting, dizziness, and so forth, which are always worse in people with heart disease who are unable to assume the requisite mental attitude necessary for comfort and long life. A weak heart in an anxious person will certainly cut life short much sooner than in a patient who avoids worrying about it. There are hundreds of persons going about with heart disorders of a really serious character which will probably never totally disable them, as they have fallen under careful and understanding medical supervision, so that they conduct their lives without discomfort and without fear that their heart-weakness will in the least shorten their days.

In regard to the influence of the mind on diseases of the heart, Dr. James Mackenzie, in his work on this subject, writes:—

“ The consciousness of heart trouble has often a depressing effect upon people, whether the trouble be slight or serious. When such people become convinced that the trouble is curable or not serious, their condition at once becomes greatly improved. Cures by faith, whether in drugs, baths, elaborate methods, or religion, act by playing upon the mental condition. I have already said that we should always study the mental condition of the patient, and its bearing upon his complaint, and we should utilise its peculiar features in treatment. But an employment of this element in treatment should not be the outcome of blind, unreasoning faith in some rite or ceremony, bath or drug, but in the intelligent perception of the nature of the symptoms. The reassurance of the patient of the harmless nature of the complaint goes a great way in curing him, the reassurance that with reasonable care no danger need be feared is extremely helpful. Even in serious cases, when there is reasonable hope of recovery, or a certain degree of recovery, the encouragement of the patient may and does help forward his improvement.”

These remarks of Dr. Mackenzie unquestionably summarise the whole relation of the Mind Factor to the particular group of diseases he has made his special study, in a splendidly rational manner. In a subject paragraph he further points out the harm that may be done by a physician who carelessly neglects to take into account the importance of Mind Force in

the treatment of heart disease. Dr. Mackenzie writes :

“ This mental factor should, on the other hand, make us extremely chary of giving the patient a gloomy prognosis. There is nothing in my experience so surprising as the manner in which the heart can recover from the seemingly most hopeless condition of exhaustion. And we must bear in mind that a gloomy outlook may in itself nullify the best attempts at treatment. We should aim at getting the patient into a placid, contented, hopeful frame of mind, so that the heart is not disturbed by emotional reflexes.”

As heart trouble itself produces depression, it is obviously difficult for anyone afflicted with it to assume the hopeful mental attitude that is conducive to rapid recovery. Consequently the physician is, or should be, as responsible for the mental part of the treatment as for the medicinal; that is to say, he must use every means in his power (as Dr. Mackenzie indicates), to stimulate the patient's mental energies and to banish worry and fear by his careful suggestions—direct as well as indirect.

Several times have I been consulted by patients who had got into a terrible state of anxiety about their hearts, owing to their having been told that they had a “ weak heart ” by some over-conscientious doctor, who had considered it his duty to lay the greatest stress on some slight abnormality, and to magnify it to the proportions of a serious disorder. Also I have not infrequently seen people who have been refused a “ first class life ” by an insurance company, owing to some trivial disorder, and who in consequence have been overshadowed by that fear of “ sudden death,” which

is, unfortunately, so firmly bound up with heart troubles in the popular mind. Reassurance and mental treatment in my hands have always proved effective remedies in dealing with such cases, and there can be no doubt that the mind factor is the most important consideration in their treatment.

**Indigestion.**—Another system which is just as sensitive to mental influences as the heart is that which controls digestion; and an eminent authority has said in this connection:—“ It is important, as far as possible, to avoid fatigue before meals and to get rid of all worry, or thoughts about business during meals. Some people damage their digestion by walking from their work with the notion of getting an appetite. The extra labour caused by this finishes up the patient, already exhausted by his daily work, and lessens the digestive powers still more. Twenty minutes rest at least after getting home, is a useful restorative, and is advisable for dyspeptics, especially for patients at or above middle age. On the other hand, if the occupation be of a harassing or anxious kind, it is sometimes useful for the patient to walk home instead of driving, in the hope of getting rid of his anxiety and worry by exercise. If rest can be taken on arrival the disadvantage caused by the extra bodily work in such cases may be more than compensated by the relief to the mind. After the meal is over, rest is required both for body and mind, and active exertion, either bodily or mental, is injurious; it is advisable to rest half-an-hour or more if possible. During this time pleasant conversation or light reading or a pipe may direct the thoughts from care.” (Sir Lauder Brunton.)

**Other examples.**—The mind, particularly in sudden emotion, has also a powerful influence on the bowels; it is this influence which sets up violent diarrhœa in some individuals after fright, shock, or other severe emotional disturbance. And there is a curious, but not very uncommon form of nervous diarrhœa, in which, so long as its victim is within reach of proper sanitary accommodation, he is quite well; but the minute he finds himself unfortunately situated with regard to such arrangements, he becomes extremely uncomfortable.

Dr. Lloyd Tuckey has for many years been a keen student of the influence of mental processes over disease, and in his work on psycho-therapeutics has collected a large number of examples illustrative of this. Three cases in particular which occurred within the experience of this observer are especially noteworthy, and I quote Dr. Tuckey's description of them. He writes:—"While in Jamaica I knew a young lady who had for many months been confined to her bed or couch, unable to walk a step from apparent paralysis of the lower extremities, which entirely defied the treatment used. One morning news was brought to her that her brother, to whom she was devotedly attached, had fallen from his horse, and was lying in a critical condition some miles away in the mountains. She immediately got up herself, helped to saddle a horse, rode to the scene of the accident, and nursed her brother night and day for a week. She was completely and permanently cured of the paralysis, which, of course, was merely functional and hysterical, by the nervous shock which had brought her will into operation."

A somewhat similar case came under my observation some years ago. A clergyman in whose house I was staying had long been a sufferer from chronic rheumatism, through which he was so disabled that he could only walk very slowly and with great inconvenience. On this occasion he was lying on a sofa from which he could see through an open door and across a hall into another room, where his wife happened to be. By some careless movement she upset a table there, and, as if by magic, he sprang to his feet and walked rapidly and with a perfectly even step into the opposite room, exclaiming, "There goes all the ink that was in the house, and I have to write my sermon!"

In this instance, however, the cure was as ephemeral as the emotion which had caused it; but it is not improbable that a continued excitement might have prolonged the power of easy motion, and so have broken down and caused absorption of the adhesions and exudations which produce the pain.

I remember at a water picnic a young lady complained of terrible neuralgia. From some cause the boat began to rock violently, and she became extremely nervous. Her fear of being upset completely drove away the neuralgia, which did not return, at least on that occasion. It is known that sufferers from sea-sickness almost invariably become well in moments of danger; and we can often lose the sense of pain by occupying our mind with some affair of great interest."

This reminds me of a remarkable instance of deformity and paralysis that came under my observation

some years ago. The patient was a young girl who exhibited such malformation of one leg, with pain, that it was at first thought that she had serious hip-joint disease. My personal opinion was that the whole thing was mental in origin, and that nothing but a strong mental impression would set it right. Consequently, upon my advice, it was decided to administer an anæsthetic, and tell the patient that whilst under the anæsthetic certain manipulations would be performed which would most certainly result in a cure of her trouble. Laughing gas was given as being without danger, and leaving no unpleasant after consequences, and all that was done to the patient was to bandage the affected limb in an imposing manner. The result was entirely satisfactory, and a complete cure obtained. Clearly in this case Mind Force was responsible for the relief of the illness. A mental impression of cure—such as I have elsewhere termed the “Cure Idea”—was conveyed to the patient, and thus set in motion the dormant nerve centres, whose defective action was at the root of the functional paralysis and deformity.

On another occasion I had to deal with the case of an elderly man, who, after worry had developed an incessant movement of the fingers of his right hand; this had been so marked that it looked as if he might be going in for that slowly progressive and incurable disease we call paralysis agitans. However, I was of opinion that this was also a case in which mental influences were at fault, so I proceeded to implant the “Cure Idea” in this man’s mind as follows. I prescribed a simple but very unpleasant mixture, of which



he had to take a dose every hour throughout the day, at the same time impressing him with the curative properties of the mixture ordered. Improvement at once followed and ultimately complete relief; this I am confident would not have been brought about by the medicine alone.

Thus there appears to be so much evidence that the mind exercises a paramount influence and control over health, that one may well wonder how it is that the mental factor is so seldom taken into account in the prevention and treatment of disease. Certainly the quotations I have given show that this influence is well recognised nowadays by many leading authorities, and that such recognition is finding a place in the current text-books of the day; but in spite of this the fact remains that there is nothing like the proper appreciation of this all-important factor in treatment amongst the majority of medical practitioners, whilst on the other hand the layman seems quite oblivious of the fact that his bodily health is greatly dependent on his mental state, and can at all times be influenced through his mind. I feel sure that it is this neglect that is responsible for the failure of treatment in many instances, and which permits the presence in our midst of so many so-called " chronic " and " incurable " invalids.

## CHAPTER III.

## MENTAL THERAPEUTICS.

## PRINCIPLES AND METHODS.

This question of the influence of Mind over Health offers a tempting field for philosophic discussion, but the purpose of this book being to deal with the practical application of this influence in medicine, I do not intend to now enter into the full theoretical consideration of the fascinating problems which surround it.

But having shown by numerous examples what an important part the influence of mind plays in the **maintenance of health** and in the **causation of disease**, I will now endeavour to explain clearly how this same influence can be made use of in the restoration of health.

Disturbed mental action being so capable of leading to ill-health, it does not seem unnatural that the mind should have some capacity for acting in the opposite direction, namely, to restore health. And when one comes to study the curative action of mental influence, one becomes astonished at the scope such influence has in the restoration of health, when made use of either directly or indirectly.

**Hypnotism not necessary for success.**—In dealing with the practical side of mental therapeutics the first thing to be done, I think, is to decide what place is to be given to hypnotism in this connection; because there is apparently a widespread belief that mental treatment is essentially dependent upon hypnotism for success. Hypnotism has now been extensively tried as a means of treatment, with variable results, and a few years ago the author carried out a large series of experiments and investigations with the object of separating the wheat from the chaff in regard to this subject, the study of which is beset with very great difficulties.

Although at first accepting the prevalent teaching of the time that treatment by suggestion and treatment by hypnotism were one and the same thing, I very soon found, as many others have done, that curative results could often be obtained by direct suggestion made to patients, who merely closed their eyes and without the use of hypnotism.

That is, that it is possible to use suggestion in the waking state, as contrasted with its use in hypnotic sleep, when the patient's personality and free will are for the time being evidently in abeyance. For the true hypnotic state surely consists of the condition of somnambulism and allied conditions, in which the subject loses for the most part all sense of his own personality. When investigating the hypnotic state I found, as a matter of fact, that very few persons could really be sent into a hypnotic sleep—about one in ten under ordinary circumstances—and after watching the effects of attempted induction of this state on a large

sented. As an example of the action of simple suggestion may be cited the familiar fact that however well one may feel, if several friends remark on one's pallor of countenance, or want of cheerfulness, one soon begins to feel a little off colour, and to wonder if medical advice should be sought.

Now the more healthy the brain centres the more capable are they of registering impressions presented to them, and, of course, every direct simple suggestion has to be presented either through the eyes or through the ears, and so has to be registered by one or more brain centres before it can have any action. Thus suggestion has much more weight with the healthy individual than with the patient who is run down or exhausted by long illness. And in this principle we have one of the most important factors in the rational use of suggestion. For is it not a fact that many of the so-called failures of the Suggestion Treatment are patients whose brain centres are previously out of order, weakened in powers of action, and so absolutely unable to accept and register the suggestions which the would-be suggestionist has probably presented in the crudest possible form?

So that, before attempting treatment by suggestion it is of the greatest importance to consider the general condition of one's patients.

I am sure that many of the poor results that inexperienced practitioners obtain with this method are due to the fact that local conditions and general debility have not been attended to. To obtain good results with suggestion it is in the first place essential to improve the general physical condition as far as possible.

Frequently one has to deal with anæmic, debilitated individuals, upon whom suggestion alone would have little effect; the result is very different after appropriate medical treatment has brought them into a fit state to have their functional symptoms relieved by suggestion. In rational practice, suggestion and ordinary routine methods should go hand-in-hand. We should not expect too much from either alone, but recognise that together they form the basis of successful treatment. Every individual case must be studied carefully, and its special features considered, with the object of finding out to what extent the mental factor is responsible for the disordered system. Thus only can we hope to bring about the recovery of health with the aid of the mind; and it is in this connection that suggestion is so important and can do so much in the treatment of disease. But one hears so much of the irrational use of what is supposed to be Suggestive Therapeutics, that it is not to be wondered at that many practitioners have failed to make use of the principles of suggestion with any appreciable success, whilst some have come to look upon the whole thing with distrust. It surely stands to reason that we cannot cure our patients by simply telling them to get well.

**Indirect Suggestion.**—It is a matter of experience that, although simple direct suggestion has great weight in many cases, one meets with a large number of individuals who are unable to assimilate curative suggestions in their simple form; that is to say, they require some definite physical experience to accompany the suggestion before the mental curative

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mechanism can be set in action. Thus, sometimes it is found that persistent muscular pains which will not yield to direct suggestion will quickly do so if the mental is backed up by local applications or massage, which, as a matter of fact, may have been found to fail by themselves. There is no doubt that local material measures used under such circumstances help to impress the patient's mind with the idea of cure, and it is, of course, the "Cure Idea" upon which we depend to bring about recovery. In addition, local stimulation causes sensory impulses to be sent up to that part of the brain which governs the part in question, and also to the lower nerve centres in relation with it, thus stirring up the controlling nerve cells and leading them to exert their natural nutritive (trophic) action upon the disordered part; in these ways, of course, reinforcing the mental treatment.

In the rational treatment of disease Indirect Suggestion can be made to play an important part in every case. To surround a patient with a cheerful and bright environment and to encourage his slowly returning strength with hopeful words, is to go a long way towards stimulating mind and brain into a health-giving activity.

I have not infrequently been told of instances in which a nervous patient sent to a nursing home, has fled in terror after two or three days residence there; so that a projected "rest cure" has ended in a fiasco, or a contemplated operation has had to be given up, and in such cases the worry and shock of the whole business has usually made the last state of the patient very much worse than the first. Now in practically all



these cases careful enquiry has revealed the fact that the patient's surroundings in the home had been of the very dullest, that added to this an entire want of sympathy and the rigidity of routine had so terrified the unfortunate nervous sufferer, that unreasoning fear very quickly overcame all feelings of propriety or common sense, with the result that an ignominious flight had been made, to the detriment of the patient's health and the doctor's reputation.

To isolate a patient with disordered nerves, or with any other affection, in deadly dull and unsympathetic surroundings, with the idea of supplying him with milk and slops, whilst healthy exercise of both mind and body is forbidden, is but a poor parody of a "cure," and will assuredly make bad worse, for the suggestion in such treatment is suggestive of ill-health and not of health.

The use of the wrong method is worse than trying to fit the wrong shoe on to the wrong foot; it means almost certain failure, and probably the loss of confidence of a patient. Hence, one looks forward to the time when the importance of suggestion in the restoration of health will be pointed out to the students in the wards of our hospitals, and the principles underlying its use be explained in the lecture rooms of our medical schools.

It is probable that recognition of Mental Therapeutics in the curriculum of the medical student will not be long delayed now that so much work is being done in this field of medicine, and the truth about suggestion is being rapidly freed from the mass of superstition and charlatanism that has hitherto prevented

its universal acceptance in the medical profession as a proper principle of treatment.

The more we realise the far-reaching importance of the mental factor in ill-health, the more the conclusion is forced upon us that the scope of suggestion in the treatment of disease, particularly in the restoration of health, is unlimited. I purposely distinguish between "treatment" and "restoration of health" because the two are not by any means the same thing; local disease or even constitutional disease may readily yield to treatment up to a certain point, but until the brain and nervous systems are likewise brought back to a healthy condition, health has not been restored.

**Suggestion and Surgery.**—Especially is this seen in surgery, where, for example, an operation may save a limb, or remove a diseased one which is imperilling life, but although the threatening danger is removed and life saved, health has been by no means restored, and it requires many months of careful treatment before the shock of the illness and urgent operation, and the debilitated state of brain and nerves are overcome, so that health is finally restored, and a healthy relation established between mind, brain, nerves and body.

Operations are, of course, often absolutely necessary, but rational treatment of brain and nerves are as essential if perfect health is to be restored, and our patient prevented from falling into a chronic state of invalidism. Many a brilliant surgical result has been marred by the subsequent mental or nervous breakdown of a patient who has been unable to get over the shock to his system which a severe operation neces-

sarily entails ; breakdown which should have been combatted by mental treatment.

**The Scope of Suggestion.**—It should thus be obvious that the scope of suggestion in every-day practice is extremely wide, and I certainly agree with Bernheim's expression of opinion that suggestion is always beneficial, even where it cannot cure. I am confident that it is suggestion that turns the scale in favour of many cases that would otherwise have died or lost their reason ; and the latter means a living death that is worse than all.

Medical men in general practice who have realised the importance of this principle have been astonished at the greater benefits they have obtained from routine treatment, when acting up to this knowledge. How nervous symptoms retarding recovery have cleared up ; how indefinite aches and pains have disappeared ; and how weight has been put on even in the apparently most hopeless case of wasting disease, all because tactful suggestion has helped the weakened brain and nerve centres to resume activity and send out the all-powerful nerve force that tones up and nourishes the tissues and organs.

Suggestion is the only hope of thousands of people broken down by worry or born with unstable nervous systems ; it can save thousands more from the asylum ; it can turn the scale in favour of life in diseases as deadly as consumption ; it can unquestionably prolong life in some cases of advanced cancer, and other insidious disorders. Suggestion will by itself in many cases remove the dangerous constipation of middle age, and it will act as balm to the jaded worker on the

threshold of a serious mental or nervous breakdown, by giving him sleep, soothing his tired nerves and restoring his confidence in himself.

**Method of using Direct Verbal Suggestion.**—With regard to the actual application of suggestion in treatment, the practical technique to be followed must be carefully varied, according to circumstances. In its simplest form suggestion may be brought to bear on a patient by placing him in a comfortable chair, telling him to close his eyes, relax every muscle as far as possible; all distracting noises should be avoided, and the patient instructed to fix his attention solely and earnestly on what is being said to him by the physician, who, in a quiet, persistent voice, enumerates the particular symptoms for which relief is sought, and gives reasons why these should be about to cease; or the physician may resort to the “conversational method,” which I shall refer to later.

The chief object of the physician must be to soothe and quieten the active mind of the patient, so that for the time being it is practically a blank, or at any rate is possessed by no strongly dominant ideas. This is very much the state of mind one gets into when dosing after prolonged activity of mind or body, or when lapsing into a reverie. At such times the mind is open for the reception of impressions from without; that is, which may be suggested to it either by external conditions or by some other person; and the physician having obtained this receptive condition, seeks to make therapeutic use of it by implanting therein the requisite curative suggestions. These suggestions can then be strengthened and reinforced by repetition and succes-

sive treatments. The main difficulty is the induction of the necessary receptive state, and to get the therapeutic suggestions to take root, as it were. Once this latter end has been attained it is usually not difficult to reinforce a suggestion, however weak its hold in the first instance. By repetition a suggestion that at first seems to have little influence may be made to bring about a cure; it will eventually wear away a morbid symptom as dripping water will wear away a rock. Perseverance and a persistently hopeful attitude are essential to success, and in difficult cases, such as with nervous, highly-strung individuals, who are unable to control their thoughts, the very greatest patience is required, coupled with indomitable confidence, before a cure can be brought about. But the expenditure of energy, time and patience, which this form of treatment requires, is well rewarded by its successful results, as there are many disorders which will yield to no other system.

Briefly put, the rationale of the action of Direct Suggestion is as follows:—In the usual active state of the mind ideas keep running through it, crowding each other out, and, of course, drowning any idea suggested from without unless the latter happen to be presented with exceptional force. But when the mind is soothed and quieted in the manner indicated, there are fewer intrinsic ideas to interfere with the suggestions given, and the latter may be made to take up a dominant position.

An orator is unable to make much impression on an audience of talking people, whose voices drown his and prevent his remarks from having any weight. But

when the audience is quieted the words and ideas of the orator assume a dominant position, and duly impress those who hear them. For the purposes of comparison we may consider the physician to be the orator and the talkative audience to represent the restless, active thoughts of his patients, which tend to prevent him implanting the requisite curative suggestions in the mind of the latter.

Direct verbal suggestion is useful in cases of mental excitement, and in those neurasthenic cases where terrible rapidity of uncontrollable thought is complained of. I have also found this method give good results in cases of simple insomnia, due to the formation of a bad habit with regard to sleep, and in the absence, of course, of organic disease. But in many cases, suitable for treatment by suggestion, something further is required to fix the patient's attention, and, as a rule, to effect local changes.

**Aids to Suggestion.**—Thus, in the treatment of nervous affections by suggestion, we can find a powerful aid to success in electricity. Especially is this so in the relief of headache, chronic neuralgia, painful scars, and general nervous debility. For example, I have several times seen functional headaches, which have been but slightly relieved by either suggestion or electricity, quickly improve under treatment by suggestion plus electricity. To treat, say, a case of headache by this method the physician should follow the general rule for the simple suggestion treatment, and further, apply a mild faradic current to the head whilst giving his suggestions. One electrode should be placed on that part of the head where the headache is of greatest

intensity, so that the full benefit of the current is obtained. The functional headaches for which this method is best suited do not exhibit actual pain so much as a sensation of pressure or tightness at some particular part of the head; this "pressure sensation" is characteristic of so-called nervous (i.e., neurasthenic) headaches.

Cases of general nervous debility and want of tone, or cases in which various subjective symptoms are complained of, seem to do very well when treated by suggestion combined with a strong current (faradic) to the spine. I think that better results on the whole can be obtained by such a method than by the general electrification which is often ordered.

But there are other things besides electricity which can be made to play a useful part in the treatment by suggestion. Sometimes simple light massage given simultaneously with the suggestions, will bring about a cure, especially in those cases in which local subjective sensory symptoms are the chief trouble. There are a large number of people who suffer for years and years from some isolated sensory symptoms of this kind, such as numbness, tingling or itching, without being able to obtain relief. For such affections I most strongly recommend simple suggestion, combined with light massage to the affected part. In some cases I have found local treatment by a powerful vibration machine of considerable value as an aid to suggestion, particularly so in dealing with head symptoms, which at first sight would appear suitable for faradic treatment. It must be borne in mind that many nervous people are quite unable to bear electricity applied to

the head, particularly the faradic current, which may be very badly borne by the sensitive skin of the forehead. In such cases I use a strong vibrator driven by an electric motor, and have obtained good and encouraging results by this means. I think a good deal too much has been expected of the suggestion treatment in regard to mental affections proper. Certainly I have found suggestion to be of great benefit in some cases of mild mental excitement, and have on two occasions been astonished at the way in which simple suggestion has relieved hallucinations—in both cases auditory—but I am convinced that direct suggestion is absolutely useless in all cases where the border line has been crossed. Although, of course, the indirect suggestion of companionship and surroundings is, of course, a useful and important factor in the treatment of insane persons.

**The “ Conversational Method.”**—Apart from these methods of using mental influence to alleviate disease, there is another means of exercising the same influence, which is more applicable to treatment in general, and consequently has a very wide field of use. This is what I may term the “ conversational method ” of bringing mind influence to bear in the treatment of one’s patients.

Considering the important part which worry, anxiety, mental shock and nervousness play in the production of disease, it follows that if the physician can obtain the confidence of his patient it may be possible by judicious and tactful conversation to insinuate—that is to suggest—ideas to the latter which will enable him to overcome the morbid mental feelings and



thoughts which so frequently hinder restoration to health. Particularly so with regard to those numerous individuals who readily become oppressed by morbid anxiety about their health, and who tend to naturally over-estimate the importance of symptoms when they become run down. Many of these over-sensitive and over-anxious people become chronic invalids unless they meet with a doctor who is able to infuse them with courage and hope—to give them in fact “suggestions” which banish their morbid fears and start them on the road to recovery; under such circumstances suggestion is more readily given under cover of a conversation than by any more direct method. Personally I have found this conversational method most successful in actual practice; and, moreover, have many times found that patients themselves have been quite aware of the benefit they have derived from my insistence on their taking a hopeful view of their cases.

The physician who understands the conversational method of mental therapeutics is thus able, whilst ordering usual routine forms of treatment, to take advantage of every consultation or visit to give rational mental treatment, which cannot fail to be of the greatest benefit to his patients. Indeed, I maintain that **mental treatment should actually be begun the moment the patient enters the consulting room and continued throughout the interview**; the manner and methods of the physician play an important part in awakening hope in his patients—a part that I am sure is but imperfectly appreciated by the majority of practitioners.

The conversational method of mental treatment is practically the same as the method of “persuasion”

advocated by certain French medical psychologists, and in its development I foresee the greatest possibilities for mental therapeutics. But it must not be hastily assumed that it is an easy thing for every practitioner at once successfully to make use of this method in treatment; on the contrary, I think that it requires considerable experience with all kinds of patients, and particularly of those whose ailments are primarily nervous or mental in origin, before one can confidently assume the right attitude in individual cases. It is not always easy to be sure of the right line to take, or what suggestions will be best under particular circumstances.

I will conclude this chapter by repeating that it should be understood more clearly that a strong mental impression—by setting up the Cure Idea in a patient's mind—will frequently win more than half the battle the doctor has to fight against ill-health. I have seen recovery brought about or hastened by the judicious use of Mind Influence in all sorts of cases—in nervous breakdown, early mental derangement, in affections of the heart and lungs, digestive disturbances, and rheumatic diseases, and in a whole host of so-called functional disorders, including palpitation, dyspepsia, certain forms of neuralgia and paralysis, headache and 'mind-ache.' But it must always be remembered that Mind Force must be used in conjunction with routine methods of treatment; to attempt to cure everything, from cancer to consumption, or from appendicitis to liver abscess, by mental treatment only is to attempt the impossible in our present state of knowledge. I think that the situation was specially well put

in a recent review of a work on treatment by the "British Medical Journal," in which the reviewer stated:—

"The influence of the mind in the causation of functional organic disorder, although fully recognised, has not been sufficiently utilised in treatment. Old-fashioned gout and new-fangled neuritis are well known to have been cured by removal of mental worry when the most subtle of synthetic drugs has failed to give relief, and it is possible that much functional disorder owns a mental rather than a physical cause. It is not impossible to minister to the mind diseased without throwing physic to the dogs."

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## CHAPTER IV.

## MENTAL THERAPEUTICS

IN THE TREATMENT OF NEURASTHENIA AND  
OTHER COMMON NERVOUS DISORDERS.

**Considering that its chief action consists in producing renewed activity of the brain and nerve centres,** it follows that in diseases in which the chief mischief is in the nervous system itself, suggestion should be likely to give very great benefit. And as might have been expected, an important use to which suggestion has been put in treatment has been in the relief of disorders of the mind, brain and nervous organisation generally; particularly of the type which we are accustomed to term functional. And of the functional disorders met with those which are included within the meaning of the expression "neurasthenia" are, I think, by far the commonest. Neurasthenia includes, of course, the majority of those conditions which one still hears somewhat loosely described as "nervous debility," or "nervous breakdown," and in these days of stress and severe competition, seems to be continually on the increase; and in the treatment of neurasthenia mental influence has a

most important, and, indeed, essential part to play if a lasting cure is to be brought about.

In its simplest form suggestion by word of mouth alone certainly gives astonishing results if we use it in the right cases; but in most instances of neurasthenia there is, as the term indicates, a serious weakness of the nerve centres, which prevents them responding to simple verbal suggestion. In this case it would be an absurdity to try and effect a cure by merely suggesting a disappearance of symptoms; one must carry out the treatment in two distinct stages—the **first** directed to building up the weakened body, and restoring the debilitated nerve centres; the **second** in which direct suggestion will play the chief part, should then suffice to complete the cure by removing all recalcitrant mental or nervous symptoms and preventing their return.

**Neurasthenia**, being a disorder that is usually secondary to abnormal conditions in the various organs of the body, it is most important to realise that whilst mental temperament will undoubtedly remove the various distressing mental and nervous symptoms which are complained of, yet whilst the primary cause of the nervous exhaustion exists, no permanent cure can be brought about by such means. Cases of neurasthenia which are treated by suggestion alone may appear to do very well, but unless the origin of the disorder has been attended to, they are most likely to relapse. There is one important exception to this, for where the nervous disorder is due to some mental cause, such as worry, morbid anxiety, or constant emotional disturbance, then mental treatment can bring about a permanent cure, because such causes

can themselves be removed by suggestion. But where one has to deal with neurasthenia in which various conditions of systemic poisoning, due, for example, to bad digestion, constipation, chronic colitis, defective teeth, and so forth, are at work, it should be obvious that all sources of such poisoning should be dealt with efficiently, before it can be expected that mental treatment can bring about a real cure. And thus it is that in the treatment of neurasthenia suggestion, to be successfully used, should be backed up by physical methods designed to abolish all poisoning of the system, disorders of the stomach or bowels; and in women to the relief of any disturbance of the generative organs, disorder of which, through chronic pain and mental anxiety, is a common cause of neurasthenia in the more delicate sex.

Similarly, where considerable bodily emaciation and loss of weight is an accompaniment of neurasthenia, it is most important, by rest and diet, to strengthen the whole system, so that the mental treatment which is to complete the cure shall have good material to react upon.

For example, a young man came to me for treatment by suggestion, complaining of a most distressing series of nervous symptoms; he was sleeping badly, had frequent headaches, could not keep his attention fixed on his work, and was beginning to think that people in the street were laughing at him for his weaknesses. He had been to a medical man, who had tried hypnotism without benefiting him in the slightest. Treatment by simple suggestion certainly improved the condition in this case, but only up to a certain point,

and some extra work which the patient had to do, rapidly exhausted his newly-stored nervous energy, with the result that he was soon as bad as ever. It was then quite obvious that the patient was not a fit subject for simple suggestion, and I started him upon a long course of nutritive and hygienic treatment, with the object of improving his blood and building up his weakened nerve-centres. In this I was successful, and he rapidly improved, most of the symptoms yielding eventually after a further course of suggestion. This may be taken as a typical case of so-called "functional" nerve-disorder, in which either ordinary routine measures or suggestion alone were unable to restore health, but used together quickly relieved the distressing condition.

Again, the nerve-centres may require a strong stimulus through the nerves themselves to raise them into activity, and I think we have here the explanation of the beneficial effect of many measures which are frequently said to act by "indirect suggestion." The necessary nerve-stimulus or nerve-shock may be given by electricity, massage or mechanical vibration, and I am confident that the efficiency of these methods depends as much on the fact that they raise the nerve-centres into activity than from any local action they may have on the tissues. But they cannot be used indiscriminately, and a mixture of suggestion and vibromassage, for instance, needs as carefully measuring out as a mixture of iron and quinine.

Now, as has just been pointed out, it cannot be expected that suggestion by itself will be able to build up broken-down nerve centres or to restore tone to a

weakened nervous system, but experience shows that by relieving the distressing symptoms and restoring sleep, suggestion will very greatly help us in dealing with nervous disorders of the neurasthenic type, by placing the patient in a much better condition for more material treatment. Supposing one has to deal with a patient whose "nerves are out of order"—is, in fact, a victim of neurasthenia—and whose chief causes of complaint are sleeplessness and headache; I know that suggestion will relieve both these symptoms in many instances, but I also know that it would be wrong to promise an absolute cure by suggestion alone. What I think more important still is that I know that the temporary relief of sleeplessness and pain will unquestionably enable quicker response to be made to the restorative treatment I should proceed to order, so by the time the full course of treatment has been completed, the nerve centres will be restored to a healthy state, and all subjective symptoms will have been banished; when suggestion has been used they will not return. If this point were generally understood we should not have so many returns of the nerve-weakness amongst those who have been treated by irrational systems of suggestion, or those who have been incompletely restored to health by various physical remedies.

And so it is that **suggestion is one of the chief principles upon which the successful treatment of nervous breakdown depends.**

I know of several instances in which, after health has been restored by a course of treatment, a recurrence of nerve-weakness has threatened, through the patient over-tiring his or her strength, and in which



suggestion, aided by a few days' rest in bed, has been quite sufficient to ward off the threatening breakdown, and to prevent a serious relapse. I think the chief difficulty with patients suffering from neurasthenia is that when restored to health they are strongly inclined to over-estimate their newly-stored nerve-force, and to waste their nervous energy before they have saved enough capital as a reserve for times of extra stress and strain. Consequently a hard day's sport, or in the case of a woman, a round of the West End shops, brings back symptoms which will undoubtedly get worse unless the "warning" is accepted and followed up in a rational manner.

**Hysteria—Neuro-mimesis.**—Those cases in which a nervous disturbance simulates actual organic disease of a part (neuro-mimesis) are frequently very misleading, and a mistake in diagnosis may lead to the most serious consequences.

In a preceding chapter—that on "Mind and Health"—I gave an account of a remarkable case of neuro-mimesis, in which suggestion cured a young girl of a supposed serious disease of the lower limb, several doctors having thought that she really had tubercular disease of the hip. That was an excellent example of the sort of disorder and paralysis which can be relieved by the right kind of mental treatment.

Among the cases of paralysis that are curable by suggestion must be mentioned those in which the vocal cords are paralysed, so that the patient is unable to speak above a whisper, and is sometimes quite dumb. These cases of functional aphonia, as they are usually called, are not uncommon among young women, and

are frequently treated in hospitals by the electric battery. But it is my opinion that the relief of this condition by direct suggestion is likely to give a far more lasting result than the battery.

Some two or three years ago I was asked to see a servant girl who had suddenly become unable to speak—"struck dumb," as I was told—and I found that she was unable even to whisper. The "dumbness" readily yielded to simple suggestion. I somewhat firmly massaged the patient's throat, and, speaking authoritatively, I said she would be able to speak when I told her to. After a few minutes I told her to count up to ten; this she did in a whisper; after further suggestion she was able to count aloud, and in a very short time left my consulting room able to talk as well as anyone. The amazement of the lady who brought this patient somewhat annoyed me, as it was quite obvious she thought I was making use of some supernatural agency to accomplish this cure. I asked to see this girl two or three more times, so as to make the result permanent; at first she had periods of aphonia, coming on suddenly and lasting a short time, but it was not long before I was able to dismiss her as permanently cured.

On another occasion I had to deal with a young girl with inflammation of the frontal sinus, who had also suddenly become unable to speak.

The sinus disease necessitated an operation for its relief, but before this was done I took the opportunity of impressing the little patient with the fact that the operation would bring back her speech; and as a matter of fact this was actually the case. Of course, it might

be argued that the dumbness was reflex in origin, and would in any case have disappeared after the relief of the frontal inflammation. That might have been so, but a reflex palsy is after all directly dependent on nerve centres, and so suggestion was bound to aid the cure.

Many persons suffering from nervous debility have no muscular troubles at all, neither weakness, paralysis, twitchings, nor painful contortions, nor cramps; but they may be the victims of disturbances of sensation that are just as distressing as any muscular symptoms ever can be. I have seen cases in both men and women, in whom large patches of numbness and feeling of "deadness" had occurred in their limbs; others whom a patch or tingling, or of irritation, had driven almost to distraction. Again, other nerve-patients may become affected with such over-sensitiveness of the special senses of sight and hearing that a bright light or a ticking watch nearly sends them out of their minds. All these people want nerve-tonics and rest, **but they also need suggestion** as a means of mental support until general treatment has alleviated their sufferings. Further, suggestion can prevent the return of most of these unpleasant symptoms, so long as the patient leads a rational life.

There are also hundreds of persons whose lives are rendered miserable by an eternal singing or buzzing in their ears; they belong to the large group of individuals whose nerve-weakness causes the head symptoms of various kinds. I cannot do better than quote Dr. Goodhart in this connection, when he says:—

"Next there comes a large group of cases where the morbid sensation is chiefly confined to the head.

Some will complain of headache here or there; some—and this is extremely common—of a constant, dull weight on the top of the head; some of peculiar clawings inside the skull. . . . Some will say their brains feel as if their top stories were converted into wool; others, again, suffer from what, according to their own description, appears to be a species of mild explosive sensation within the skull; and then there is a very large group of cases whose trouble is singing in the ears. . . . Tinnitus aurium and deafness form the very commonest of the nervous ailments which come before the physician in his daily work.”

The same author very succinctly describes in another passage the sufferings of a large number of nerve-patients, whose symptoms are more general in character, and are not confined to any particular region; he writes as follows:—

“ . . . . I will mention the curious dread that some neurotics have of going into society or into any crowded place. Ladies will frequently complain that they cannot go to church because they are afraid that they will faint, or that an attack of what they have generally agreed to call ‘ the fidgets ’ will come on, and that they will have to leave. I have known this dread to take possession of men, but in them it is perhaps more often a modification of the same thing—viz., a disinclination to go out and see their friends, which, if it be indulged in, becomes, before long, an ‘ all-overishness ’ at going into society of any kind that quickly converts a man into a recluse. In women there is another common phase of the same malady—viz., when the subject describes herself as turning scarlet

all over. Some inborn sensation starts what is usually described as a sudden rush of blood upwards, and thus they usually suppose themselves to turn colour, although I do not think that they often do. The hot sensation is succeeded by a copious perspiration; and of this sweating there can be no doubt, for I have been repeatedly told by the subjects of such attacks that their underclothing becomes so saturated that they require to change it."

No treatment that does not make use of suggestion will do these unfortunate people any permanent good; nerve tonics, changes of climate, and so forth will temporarily relieve them, but unless the brain-cells are thoroughly stirred up and a powerful mental impression given, the relief will only be for a short time, and in a few months the "nervousness" will be as bad as ever.

**Psychasthenia.**—There are hundreds of persons going about nursing various special dreads, which in many instances cast a shadow over the whole of their lives, and whose only hope of relief lies in some means that will stimulate the brain cells to renewed activity, and in having their fears and memories of such fears banished by suggestion. These are the victims of psychasthenia, by which we may understand an unstable condition of the nervous system and brain, which is inborn, and so cannot ever be permanently cured; a condition, as a matter of fact, that is very frequently confused with neurasthenia by practitioners who have not closely studied these affections. Some of these people have a deadly fear of cramped or closed spaces, they cannot bear to be in a crowded room, they are

miserable in a train if passengers are standing, tunnels are their *bête noir*, and travelling by a "tube" is out of the question for them—they suffer from claustrophobia. Others fear the dark, or being alone, whilst some persons fear certain animals, or have a morbid dread of other persons; yet others fear open spaces (agoraphobia), and so on, until a hundred and one special fears—phobias—could be mentioned. It is unquestionably difficult to deal with these fears, which in many cases have become firmly rooted through lapse of time, but if anything will help them it is mental treatment in the form of firm moral suasion, backed up by other measures calculated to improve their nerve tone.

**Threatening Insanity.**—I come next to the consideration of those cases in which over-strain, worry or family predisposition have led to so great a disturbance of the nerve centres that the mental balance has become endangered and the onset of insanity is to be feared. But I differ very strongly from those physicians who imagine that once the mental balance has been deranged, nothing can save the patient from an asylum; on the other hand I am perfectly confident that if the early disturbance of balance be corrected, it is quite possible to ward off a threatening attack of insanity and to preserve the patient's reason, possibly only for the time, I admit, but sometimes for good. Now in these cases drugs help us little, and as we are dealing with the occurrence of morbid ideas and irrational reasonings, we can find no more powerful means of correcting these abnormalities than by suggestion.

The beginnings of mental breakdown are infinite in

their variety, and in many cases a threatened "brain-storm" is not even guessed at by friends or relatives; it is allowed to gather and break with full destructive force, maybe with terrible consequences to all. Now my argument is that many cases of insanity could be avoided if the early signs of the coming illness were noted, and the disease crushed at the outset. Suggestion will readily correct a slight mental disturbance that if allowed to go on may be found to be incurable a few months later. Anyone with ordinary medical knowledge can diagnose a case of severe melancholia or acute mania, but when this final stage has been reached, we know that treatment has to be very prolonged before relief is likely; but the slight irritability, fits of ill-temper, restless nights, and nervous symptoms that usually precede an attack of insanity by many months are unfortunately often allowed to escape notice, when treatment at this stage would prevent months and years of untold misery.

I am sure that in a large number of instances, even where the brain disturbances that threaten actual insanity are so far advanced that the unfortunate sufferer hears strange voices talking, threatening, or calling him, a great deal of good can be done by rational treatment which includes direct verbal suggestion. We know that rest is not sufficient to stop the threatened attack in most of these cases, so that if suggestion can be shown to have any influence in warding off actual insanity, surely its use should be much more widely appreciated in the treatment of mental disorder. We have now, I think, sufficient evidence from various sources to show that suggestion can do great good in

early insanity, and especially in stages immediately preceding the actual attack.

For myself, my own experience alone would have convinced me of the good to be done by suggestion in such cases, had I not had the evidence of others to support me in my belief. The sort of thing that brings home to one the importance of this method of treatment in brain disturbances is the following. Two or three years ago I was consulted by a young man, who told me that his life was being made miserable by the constant talking of strange voices, which went on outside the door of whatever room he happened to be in. These voices were mostly mocking, but latterly had become threatening, and sometimes very insistent in their orders that he should commit suicide or injure other people. The voices ceased at times, but invariably recurred whenever he happened to be alone. This unfortunate man was obviously in a critical condition, and I took a very unfavourable view of his case.

However, I decided to try the effect of simple verbal suggestion, with the idea of first making him not hear the worrying voices, and then getting him to forget his illness, which dated from an attack of sunstroke, which had prostrated him some eighteen months previously.

The result in this case was beyond my best expectations, and after the very first treatment this patient was less bothered by the voices, which had become less insistent and often quite indistinct. This remarkable progress continued, and I only saw him about half a dozen times before he was quite relieved from his delusion about the voices talking to him; his delight



and gratitude were extraordinary, and the way in which he took up work again with renewed energy and hopeful conviction that his troubles were all over made an indelible impression on my mind.

Again, since suggestion is such an excellent remedy for sleeplessness, it is quite certain that from this action alone it may greatly benefit sufferers from early mental trouble. I remember treating a middle-aged man who had various delusions that were always associated with sleepless nights; when he slept well he was comparatively (sometimes wholly) free from his delusions, when he had bad nights he got into a shocking condition of melancholia. He did very well under a course of treatment in which suggestion played an important part, but he went away for a change, before the cure was complete, and, as I expected, he relapsed considerably within a few months; although, when I last heard of him, he was not nearly so bad as when he first came to see me.

I am sure that in many of these cases of threatening insanity, or serious mental disturbance short of actual insanity, our chief hope must lie in eradicating or correcting morbid ideas before they become firmly rooted, and assume the proportions of the "fixed idea," which has such a dreadful meaning; once a morbid idea has become "fixed" there is, in my opinion, little hope of a cure being obtained. These cases are quite beyond the reach of simple suggestion, although if the "fixed idea" can be corrected it is most likely that some form of treatment which makes use of indirect suggestion will rightly get the credit of such an excellent result. The worst case of this sort I ever had to deal with

was a man who, after a severe nervous breakdown, had sunk into a pitiable state of melancholia; when I examined him I found that he was the victim of a "fixed idea," the idea being, unfortunately, that he would never get well. Nothing would correct this morbid reasoning; simple verbal suggestion was like water on a duck's back; indirect suggestion never seemed to stir up the right brain centres to bring about a cure. I was asked to use hypnotism if necessary, but I found the patient as little benefited by it as by simple suggestion.

One of the most satisfactory cases I ever treated by simple verbal suggestion was that of a young lady who was subject to suicidal impulses, after one of which, (frustrated fortunately by the watchfulness of a sister), she declared herself quite unrepentant, and threatened openly to do away with herself if she had the opportunity. I was sent for somewhat hurriedly, and after an examination of the patient I found myself unable to hold out any great hopes to her parents or medical attendant that I could do very much good. However, to my delight, she reacted splendidly to the suggestions, and after a very few visits was completely restored to mental health. I found certain definite delusions at the bottom of the whole thing, chiefly a feeling of unworthiness and disappointment in life attributed to personal defects. My success in this case was unquestionably due to the fact that I set myself the difficult task of correcting those delusions, and being successful, the rest was easy. This patient has for a long time enjoyed perfect health, with no sign of any return of the mental trouble.

When a person is the victim of a morbid idea or obsession, treatment by suggestion offers the best chance of relief. It is a very rational thing to thus combat the morbid idea with a healthy "cure idea." The chief difficulty is that in many cases the condition has been left so long without being properly treated that it is hard work uprooting the fixed idea; indeed, one unfortunately finds that in some cases it is fixed beyond all hope of removal. If this is so there has probably occurred some permanent change in certain brain-cells which cannot be remedied by suggestion. It is, of course, such a change or degeneration of nerve-cells that renders suggestion practically useless in the treatment of actual insanity. In this field it is only applicable in certain forms of chronic mental disorder in which it can be hoped that no permanent degenerative change has yet occurred in the brain.

**Alcoholism and Drug Habit.**—The morbid ideas associated with various drug habits and chronic alcoholism are particularly amenable to treatment by suggestion. As a rule the treatment has to be continued over a considerable length of time, and preferably away from the patient's usual surroundings; if care is taken in regulating the patient's life whilst he is undergoing treatment there is a very considerable prospect of a successful issue. When relapses occur they are nearly always due to the patient's unhealthy self-suggestions, or the auto-suggestion of habit.

**Organic Nervous Disorders.**—When we come to deal with more gross manifestations of nervous disorder it is found that in many cases simple suggestion alone is able to give remarkable relief. I know this statement

will be received with doubt in some quarters, but I think such doubt will be dispelled when I have more fully explained by views on this point. In the first place it must be remembered that long-standing cases of gross nervous disease invariably become worse by the development of a group of symptoms which, for want of a better name we term "functional." Now, as I have just shown, suggestion strikes directly at the very root of all subjective or functional symptoms. Consequently, when we come to apply suggestion in cases of organic nervous disease, all the aggravating functional symptoms quickly clear up, and the patient's life again becomes more or less worth living. Take, for example, that insidious disease locomotor ataxy, (tabes). I have noticed time after time that the growth of subjective symptoms and other functional manifestations are far more distressing to the patient than the direct and immediate consequence of the degeneration in his spinal cord; further, I have as often observed that the staggering gait, weakness of the limbs, and lightning pains, so characteristic of locomotor ataxy, become worse out of all proportion to the probable destruction of nerve cells and fibres, that is at the bottom of the disease. In such cases it is unquestionable that the influence of suggestion will be able to work wonders, that, indeed, suggestion offers a greater chance of a return to comfortable life than any other method of treatment.

I remember some months ago being consulted by a man who had just lost his situation owing to the rapid progress made by the locomotor ataxy of which he was a victim. This unfortunate man was only able to walk

with the aid of two sticks, a journey upstairs was a matter of very great difficulty, whilst lightning pains and cramps in the calves of the legs added considerably to his distress, as did also attacks of painful diarrhœa—rectal crises—which occurred fairly frequently. I made suggestion the chief point in the treatment of this patient, and within a very few weeks I had the satisfaction of seeing him walk without sticks, and go upstairs quickly and without difficulty; he was soon able to sleep well, as the pains and muscular cramps became very much less marked, and occurred less frequently.

The scope of this book does not permit of a theoretical discussion of the relation between functional symptoms and organic nervous disease; its chief concern is practical mental therapeutics, and the case just quoted shows that the judicious use of suggestion may prove a blessing to many unfortunate people afflicted with locomotor ataxy, by relieving distressing functional symptoms.

Experience of the results of treatment in gross diseases of the nervous system has taught me that drugs can do practically nothing towards altering any of the various degenerations that occur in the brain and spinal cord, but it has also provided me with plenty of evidence showing that symptoms due to the finer alterations of the nerve-tissues—the symptoms we call subjective, or functional—will yield to any form of treatment in which suggestion plays an important part. So that, although we cannot promise a cure in cases of sclerosis of the cord (whatever their type), or of locomotor ataxy, yet in any particular case it may be

that it is the functional symptoms—pain, insomnia, restlessness, anxiety, and so forth—which are the most distressing, and in consequence the rational use of suggestion in such a case may effect what is to all intents and purposes a cure; at any rate, so great relief may be afforded, that the patient can live his life in comparative comfort.

**Paralysis of various organs** brings a large number of patients afflicted with nervous disease to the consulting room of the physician, because often the early stages of disease of the brain and nervous system are so insidious that the patient does not become aware of its presence until some muscular weakness or severe paralysis brings home to him with startling suddenness the nature of his illness. With paralysis, as with other nervous disorders a great point is made nowadays as to whether it is “functional” or “organic,” which means, of course, is it due to widely spread disease or degeneration in the nervous system, or are the changes in the nerve centres causing it, so fine that they could not be detected by any means at our disposal. In any case we cannot take out the brains and nerves of our patients and examine them under the microscope, and to the practical physician the diagnosis of a disease after it has killed its victim is obviously of no direct use.

Whether paralysis is functional or organic, if of recent occurrence it is sure to be accompanied by symptoms due to sympathetic nervous disturbance, and even itself may be worse owing to nervous shock, both of which can be relieved by the judicious direction of the patient's own mind under the influence of suggestion.

So that it often happens that a successful physician, who knows how to awaken the curative forces of his patient's own brain, finds that a paralysis is not nearly so bad as at first sight it has appeared to be, that, in fact, it can be very nearly all got rid of by rational treatment; whilst another doctor, ignorant of our natural forces of recuperation, and of how to set them in motion, may hopelessly struggle with the case, to his own discomfort and to the lasting misery of his patient.

Some sixty years ago Dr. Buchanan, of Glasgow, recorded in the "Lancet" the cure by suggestion of two cases of what had been thought to be incurable paralysis. One of these was a lady who had been confined to her bed for months, and was supposed to be suffering from a hopeless disease of the spinal cord; the doctor went in one day and told her that he believed her disease was not so serious as had been thought, and that he was going to make her walk again. By gradually insisting on first one movement and then another, he got her out of bed, and eventually was successful in enabling her to walk about quite free from pain.

In the treatment of these cases every effort must be made to stimulate the brain—by direct suggestion—and the local muscles and nerves by such means as massage, passive movements, exertion, vibrations, electricity, and so forth; all these measures stimulate the muscle-fibres and circulation through the paralysed limb, besides being the means of sending a constant storm of messages up the nerve-trunks to the brain-centres, which, though diseased, are more and more

restored under this healthy bombardment; lastly, the hopeful attitude taken up by the physician and the various mechanical methods employed, have a further beneficial action on the nerve-centres, an action which has been discussed when dealing with "indirect suggestion."

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## CHAPTER V.

MENTAL THERAPEUTICS IN THE RELIEF OF  
PAIN.

It is a matter of everyday observation that more people go to the doctor seeking **relief from pain**, than from any other cause; whether he be physician or surgeon, specialist or general practitioner, it is the dread fiend Pain that sends him most of his patients. Of course, I am using the word pain in its widest possible sense, and mean it to include not only all forms of gross physical pain, but conditions of intense irritation of the skin or over-sensitiveness of eyes, ears or nose, that by reason of the torture they inflict may well be classed among the pain-giving ills; also conditions of mind-disturbance, due to worry, shock, or sorrow, that in themselves give rise to mental agony. It is the same in the hospitals as in private practice; pain sends most of the patients to the consulting rooms, to the out-patients' departments, and to the wards.

This being so, it obviously becomes of the very first importance to a medical man to become acquainted with the best way of relieving pain, and amongst general practitioners it will generally be found that he who has studied the influence of the mind over local

pain, and how he can best set that influence in action by the process of direct or indirect suggestion, has the largest practice, and obtains the greatest confidence of the people in his district. After all, pain is a very terrible thing, destroying rest and sleep, giving no peace to the tortured sufferer, who gradually becomes a mere wreck of his former self. I think it would be difficult to find anything that so quickly reduces a strong man to a helpless invalid, as persistent, agonising pain. And I do not think medical men would go far wrong if they were to consider the relief of pain and suffering their foremost function; people unquestionably ask us to relieve their pain first, and cure their diseases after.

**Common Forms of Pain.**—Let us take, for example, the common ailments for which people send for a doctor; are they not the indefinite pains of indigestion, or the spasmodic pains of colic; rheumatic pains in joints and muscles; sciatica and other forms of neuritis; the agonies of gout or neuralgia, and the dull aches of cancer and chronic inflammation, not to mention headache, toothache, pains in the back, earache, muscular cramps, and a host of other painful ailments which make up the list of troubles the general practitioner has to treat in the course of his daily round.

Now it cannot be argued for a moment that simple suggestion will straightway do away with all these aches and pains, if that were the case our task would be easy indeed; but inasmuch as many of these painful ailments are the result of general ill-health and debilitated brain centres, the use of indirect suggestion is a most important and helpful adjunct to other forms of

treatment in dealing with them. Headache, for example, is one of the commonest of everyday ailments, and is also very frequently the result of over strain to the brain or nervous system generally; so that in a large number of cases of headache absolute relief can be obtained by combining rest and special nutritive measures with indirect suggestion, which may be given, either through the médium of massage, a light current of electricity, or a vibrator. I have several times noticed that chronic and long-standing headaches which have not yielded to ordinary routine remedies have disappeared very quickly when the principles of suggestion have been made use of in the treatment. Even with headache due to serious organic disease a certain amount of softening of the intense pain may be brought about by suggestion, although, of course, in these cases such relief can be only temporary.

Pain is one of the commonest manifestations of the nervous breakdown I described in a previous chapter, and it varies remarkably in its position and in its intensity. I have seen a nerve patient periodically racked with the most excruciating pains, whilst others have complained of a constant aching pain, never better but never worse, making their lives miserable with its persistency; others again have no pain at all, their nerve weakness showing itself in various other ways. Now this so-called "functional pain" is in many cases very readily controlled by suggestion, sometimes directly responding to a few aptly given simple verbal suggestions, but more frequently requiring the mental impression of a very painful indirect suggestion to relieve it.

The typical **neurasthenic headache**, which feels like a weight pressing down painfully on the top of the head, is one of the most difficult symptoms to relieve by ordinary remedies; I will not go so far as to say that in all cases this distressing headache will disappear immediately under the influence of suggestion, but I have certainly had experience of some very remarkable results in this direction.

Personally I never attempt to straightway treat acute pain of any kind by suggestion, as I know of no mental method by which pain can be quickly got to overcome the brain-activities that are causing the painful paroxysms. So, for example, if I have to deal with a case of severe neuralgia I immediately relieve the pain by the administration of a suitable drug, and proceed to map out a course of treatment in which suggestion will certainly play a part, with the object of preventing further attacks of neuralgia, and of raising the tone of the nerve centres so as to free the patient from all nervous symptoms, whether painful or otherwise. In the treatment of these neuralgias it is extraordinary how often the fact is overlooked in practice, that although a neurasthenic condition may be directly responsible for the attacks, yet the immediate cause on which they are dependent, which produces the pain, so to say, is very often a decayed tooth, or a long-forgotten stump, which must certainly be removed if we are to give suggestion or any other means of treatment a fair chance of effecting a cure.

Of course, **neuralgia** attacks different people in many different ways. Some sufferers have the most acute pains radiating from a point just below the eye, shoot-

ing in all directions into the teeth and jaws, through the eye up into the forehead, in a way which tears the whole nervous system to pieces by its cruel paroxysms and jarring agony. These cases, when not dependent on bad teeth or other local disorder, or due to general neurasthenia, are very difficult to treat, and require the very greatest care in dealing with them, otherwise the condition may become chronic, and life-long misery endured. I think that these cases would all yield to treatment if we could sufficiently stir up the disordered nerve centres, whose faulty action is responsible for the pain; the best method for doing this will always vary with the individual, but I am sure that a treatment that includes suggestion is the right even in the worst cases; and I am inclined to view with horror the mutilating operations that are sometimes done as a last resource for the cure of severe facial neuralgia. Apart from the possible consequences of the shock of such operations as those for removal of the root centre of the offending nerve (the Gasserian Ganglion), we know that this severe treatment does not always relieve the pain! Fortunately we have lately found that local injections give brilliant results in the treatment of these severe neuralgias, so that it may be hoped that we shall hear no more of the operations mentioned. But I see no reason why suggestion should not be used to reinforce the effects of the injections.

Other cases are not so terrible in their malignant intensity, and the pain is more or less bearable until treatment brings final relief. I have found cases of occipital neuralgia, in which the pain radiates chiefly about the back of the head, fairly common; they are

as a rule not so persistent as those in which the pain is situated chiefly in the face, and yield more readily to treatment. There is one particular group of cases in which suggestion is always indicated, and may be used with great hope of benefit. I mean those cases in which the neuralgic paroxysm comes on at a particular time each day. In dealing with these the thing is to give suggestions that the patient will fall asleep every day some little time before the attack usually comes on; in this way he may be got to sleep during the daily hour of pain, and when he awakes will have no fear of further attacks for that day. This is not always so easy as it would appear, as the haunting fear of the expected paroxysm tends to keep the patient awake even in the face of determined suggestions that he shall sleep.

**Rheumatic Pains.**—On the whole I have found suggestion alone much more useful in the treatment of chronic pain in the body or limbs than in cases of either acute or chronic pain in the face or head. I think pain in the head is, if I may so express myself, by the very nature of its situation brought home more strongly to the thinking and perceiving part of the patient; it is so close to the actual seat of the Ego and the higher centres, that it is sometimes very difficult to counteract its influence by any mental process. Pain in the limbs, on the other hand, is not brought home so closely, and is therefore more amenable to mental treatment. And so it is that in many cases of chronic pains that are variously diagnosed as “neuritis” or “rheumatism,” frequently disappear very quickly under the influence of suggestions, which stimulate and

strive to put activity into the nerve centres of the articular region in question. Suggestion in these cases should always be aided by some mechanical treatment which stimulates the muscles and other tissues at the seat of the pain, for it is unquestionable that it is as important to stimulate the circulation of the painful "rheumatic" muscles as to stir up the nerve centres influencing them.

Of course, when such pains are due in the first place to chronic inflammation of the tissues, particularly ligaments, or may be attributed to inflammation in the nerves themselves, as, for example, in bad cases of sciatica, it is still more important to combine the suggestion treatment with remedies directed to the cure of the inflammation at work. Otherwise treatment will only give temporary relief, to the great disappointment of everybody concerned.

In many instances, where pain persists in a limb, muscle, or joint for a long time after the occurrence of a primary inflammation or injury, it is certain that the pain is really a pain-echo in the brain. The pain is just as severe in many cases as in the original attack, but it is no longer due to actual inflammatory change going on, but represents the action of certain brain cells which, being long ago strongly impressed with the painful shocks coming to them, have gone on reproducing the sensation of pain in the brain for months or even years afterwards, in a phonographic manner. This phenomenon is responsible for much of the rheumatic and neurotic pain that we have to deal with, and fortunately yields readily to suggestion. As an example of which I may mention the case of a young girl who,

two years before I saw her, had an injury to one hip joint, resulting in a severe bruise and some strain of ligaments. She had apparently got well, and had full use of the joint, but a dull, aching pain was always present, and it was for this reason she was sent to me, all sorts of treatment having been previously tried. I was very glad to find that these visits completely cured her of this pain, which was, I am sure, just a brain-echo of the original pain, and so was the very case to cure by suggestion.

These **echoes of pain** are very like the painful sensations that some patients experience after they have had to have a limb removed by the surgeon's knife; it is well known that after such an operation people may feel as if the amputated limb were still in its place, and, moreover, is subject to tinglings and other sensory disturbances, sometimes of the most agonisingly painful character. It is unfortunate that in most of these cases the life-long association of certain brain cells with the limb that has been amputated makes it very difficult to successfully implant a counter suggestion, and consequently I have noticed several reports of failure of mental treatment in such cases. Personally these reported failures do not alter my conviction that mental treatment is indicated in all such cases of painful sensation, and only requires to be carried out rationally and efficiently to effect a cure.

Apart from the varieties of pain already mentioned as being especially amenable to suggestion, there are a considerable number of other painful disorders that are likewise readily relieved by the same process. Of these I must take a common variety of pain that is



particularly likely to affect persons whose nervous systems are not over strong, and whose heart is of that peculiarly irritable disposition that one so frequently finds amongst nerve patients; I mean those distressing **pains over the heart** that in some cases are merely occasional, and not thought much of, and in others attain such an intensity and occur in such dreadful paroxysms that the unfortunate patient is fully convinced that he is the victim of that most terrible disease, *angina pectoris*. Now, as a matter of fact, *angina pectoris* is not nearly so common as is generally supposed, and moreover is, in most instances, always associated with a particular kind of heart disease; it is at least merciful in that it kills its victim in a comparatively short space of time. So that from the practical point of view, if one is asked to see one of these anginal patients, one knows at once, especially if it is a woman, that the attack is most likely a neuralgia in the region of the heart, that may be almost as distressing, although, of course, without the fatal significance of the real thing. I have found these pains—these precordial neuralgias—yield with considerable readiness to suggestion, having, of course, regard to the severity of the attacks. Similarly, abdominal pains, due to an irritable condition of the stomach, yield to suggestion, and it must be noted that this form of treatment has a truly astonishing effect on many cases of chronic dyspepsia.

When we come to the consideration of pains due to either **acute inflammation** or to more or less rapidly **advancing organic processes** we find that in most instances, as would be expected, suggestion can only

give some temporary relief to the pain, or at the most it can only lull the sufferer's senses into a longer sleep than he has been able to get before without the aid of powerful drugs. But it must be remarked that in some cases the most unlikely pains are quite cured by suggestion, as in the case of the man mentioned who was relieved of the exquisite "lightning pains" of locomotor ataxy, and an instance which I have heard of in which the sharp stitch-like pain of acute pleurisy has similarly yielded to mental influence. With regard to the chronic degenerations of the nervous system, which, slowly progressing, generally paralyse and cripple their victims, the group of diseases which includes disseminated sclerosis, lateral sclerosis, and similar forms of degeneration of the spinal cord, it must be remarked that in all these we can never be certain at first how much of the pain they produce may be of such a nature as to be fixed beyond the reach of mental treatment, and how much will readily yield to the expert suggestionist. Further, one meets with such extraordinary similitude between so-called functional nerve diseases and progressive degeneration that I am sure that suggestion ought to have place in the treatment of all these cases. Every practitioner who has had much to do with nervous disease knows of cases, the nature of which has for long remained obscure; and it is by no means unknown for a case at first diagnosed as "typical" disseminated sclerosis to turn out eventually to be a case of functional paralysis.

So that, as I have repeatedly pointed out in dealing with any organic disease of the nervous system, we cannot say for certain whether such a symptom as pain

may not be of the so-called functional kind, and so be amenable to suggestion. Consequently suggestion should unquestionably be made use of in all such cases, and the results obtained will be frequently gratifying and astonishing.

As with degenerative diseases of the spinal cord and brain, so it is with such affections as chronic inflammations or tumours, whilst one cannot expect to influence the actual seat of the disease, various functional symptoms may possibly be relieved, particularly the mental distress—often amounting to pain—which so often accompanies these conditions. It would be absurd to expect that suggestion will remove the terrible headache caused by a tumour growing in the brain, but when the worst symptoms have been relieved by operative measures, it will be found that then there is a part for suggestion to play in the programme of treatment.

## CHAPTER VI.

## THE FUTURE OF MENTAL THERAPEUTICS.

In the preceding chapters I have endeavoured to trace **the influence of mind over bodily processes in health and disease**, feeling that although the importance of this influence is well-known to the few, yet the majority of persons, both medical practitioners and laymen, are quite unaware of the vital part which mental influence plays in our daily lives. First of all we have seen that the influence which the mind exercises over the processes of movement and sensation can be observed every day by anyone on the look-out for it; going further, we have seen that states of mental depression lead to depression of health generally, whilst on the other hand mental exhilaration and happiness conduce to a healthy action of all the organs, and so to the maintenance of health. Carefully looking into the essential causes of disease, we have found that a truly remarkable number of disorders can not infrequently be traced to some disturbing mental factor—anxiety, worry, fear, depression, grief, shock, and so forth, appearing as exceedingly common agents in the production of disease. In this connection the

author sought the opinion of the greatest authorities we have on the various diseases mentioned, as shown by the quotations given in the chapter on "Mind and Health"; the most astonishing thing about these opinions being that whilst so many eminent men seem convinced of the important part played by mental conditions in the causation of disease, yet no attempt has been made to teach this aspect of medicine in our medical schools, in consequence of which our medical students lack instruction in a matter which is really of paramount importance to them in after life in the practice of their profession. Then, having considered the enormous mass of evidence which makes it conclusive that the mental factor in the production of disease has been hitherto overlooked in the most astonishing manner, an endeavour has been made to see if the same influence cannot be brought to bear on the processes of disease in such a way as to act as a curative agent; with the result that it has **become apparent that the mind plays an unequalled part in the recovery of health**, and that in the minds of our patients there exists a recuperative power which, once called into action by appropriate means, is one of the most powerful therapeutic agents at our disposal. But we have also seen that it is not by any means an easy thing to call this innate healing agent into activity; that just as it requires much experience and practice to perform successfully the difficult surgical operations which nowadays save so many lives, so the physician who wishes to successfully make use of mental therapeutics must have considerable experience of patients generally before he can be confident of his results.

For, as I have repeatedly pointed out, mental therapy is not a form of treatment that can be learned by rote, and used absolutely as a specific; on the contrary, mental treatment in a great many cases finds its chief use as an aid and complement to the more routine methods of medical and surgical treatment. Consequently the methods of its use must differ so widely, as, indeed, I have shown in an earlier chapter, that it necessarily requires a very wide experience for its successful application.

**Result of Medical Prejudice.**—And with regard to the various “systems” of treatment in which mind force plays the chief part, I cannot help thinking that in the future these will be no longer exploited by medically unqualified persons, for I think that the reason the public have sought treatment at the hands of unqualified practitioners has been because the medical profession has so long delayed the recognition of mental therapeutics as a legitimate branch of the healing art, and consequently as the practice of mental treatment becomes more general amongst medical men, there will be no need for people to resort to unqualified practitioners for ailments which really require some form of treatment in which the mental factor has a place. I am quite sure that the intelligent lay public will speedily recognise the advantages of seeking relief at the hands of men trained in medical and surgical science, rather than at the hands of others, always provided that medical men will finally overcome their old prejudices against mental therapeutics, and candidly acknowledge the importance of mind in medicine.

**Development of Technique.**—As to the actual tech-

nique of mental treatment, as it becomes developed at the hands of scientifically trained medical men, I feel sure that the more mysterious associations with which its practice has been surrounded in the past will be dropped. I have shown, for example, that hypnotism is a doubtful and unnecessary aid to mind force in most instances, and that we can very well do without it, except in a few special cases—concluding that it will never come into general use as a therapeutic agent. And whilst indirect methods such as I have indicated in a previous chapter will probably come into more and more frequent use amongst general practitioners, there will always be a considerable field for the use of direct suggestion, in the immediate verbal form, in the treatment of certain nervous and mental conditions, at the hands of experts.

But, on the other hand, the physician will have to study the effects of surroundings on his patients in much greater detail than has been done, because we know now that surroundings play an important part in regard to the curative mental force which it is desirable to call into activity in our patients. Thus, it is unquestionable that cheerful surroundings and the companionship of bright, healthy people are most essential for the successful treatment, not only of depressed mental states, but of many other conditions of ill-health; whilst a highly excitable nervous patient requires quiet and calm surroundings, and a nurse of a very different temperament to the one required as the companion of a melancholic individual. Moreover, to make use of mental treatment successfully, the physician must study his own manner towards his

patients, and towards his patient's friends, using every endeavour to get into mental touch with those he is endeavouring to help; and by this I do not mean that the doctor must always assume a hearty and boisterous air of cheerfulness, as is sometimes done with the best of intentions, for such a manner, whilst undoubtedly benefiting some patients, will unquestionably harmfully affect many others. The manner of the doctor must always be suited to individual cases.

**Influence of Patients' Friends.**—In this connection a word must be said about patients' friends. It is a very unfortunate thing that in a large number of cases the relations and friends of patients develop strong ideas in regard to the illnesses and chance of recovery of the former, ideas which usually they do not hesitate to communicate to the sick; and, indeed, in the majority of instances, betray by their manner, even, whilst under the impression that the invalid is ignorant of what they think about him. As a matter of fact, invalids are extraordinarily sensitive in these matters, and judge from the slightest indications as to what doctor and friends really think about their case.

Where the patient's friends regard his illness with hope and confidence, the suggestions they unconsciously give by their manner and conduct are most helpful and conducive to recovery; but, as a matter of experience one finds, I think, that a patient's relations are inclined to be pessimistic in any serious illness, and in this case, unless they are warned by an understanding doctor, they may go on giving suggestions which are bound to retard the patient's return to health. And it is not too much to assert that in some cases life itself



may be endangered if the patient is led to take a pessimistic view of his condition through some careless remark made by one of his attendants. There is no doubt that the will to be well is a very important factor in the recovery of health, as I have pointed out previously, and it is this will or desire, or intent, to be well, that must be set up in the minds of our patients and fostered by healthful suggestions and maintained by the right surroundings, the attitude of friends and the treatment of the doctor.

Particularly, in certain nervous and mental disorders may the attitude of a patient's friends and relations exercise an important influence on the course of his illness, and, owing to the fact that the early stages of such disorders are frequently quite overlooked or misunderstood by the patient's immediate associates, the latter very often assume a scornful or unsympathetic attitude which greatly aggravates the nervous symptoms. Why there is so much intolerance of what healthy people scornfully call "nerves" I cannot understand; but there it is, and its presence frequently makes the position of a nervous sufferer placed in the midst of healthy relations a truly pitiable one. The true attitude of relations under such circumstances should be one of understanding sympathy, which under the guidance of the physician should help to support and sustain the nerve patient through his illness, and, aided by the exercise of firm moral suasion, or any other suitable form of mental treatment, should gradually help him back to health. The overwhelming sympathy which tends to make a confirmed invalid out of a nervous patient is, of course, as bad as the unreasoning and

cruel contempt for nervous disorders which endeavours to laugh him out of his illness; and the happy, sympathetic medium is not easy to secure. For this reason I very often prefer to take nervous patients—by which I mean persons suffering from neurasthenia, psychasthenia, and various other functional ailments—away from their friends and place them under my own immediate supervision, where I can be sure that their surroundings will be in accord with the mental therapeutics which constitutes such an important part of the successful treatment of such cases.

This subject could be elaborated at great length, but I think I have indicated sufficiently clearly for present purposes the principles on which the rational practice of mental therapeutics should be based; and I hope that the brief account which I have given of this somewhat neglected, but extremely important, branch of medicine will be of real practical use to others who wish to make good use of the mental factor in treatment.



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