

THE PSYCHOLOGICAL ASPECTS OF MEDICINE

by

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THE PSYCHOLOGICAL ASPECTS OF MEDICINE.

I.

The physician and the medical student of today are apt to look upon their patients not as persons but as pathological specimens. This, many men have said, is the outgrowth of their teaching. One splendid remedy for this is the preceptor system of teaching for, at least, part of the medical curriculum the student gets out and observes in a doctor's practice what is not taught in the medical schools. This brings to him the gist of what it has taken the successful practitioner years of experience to learn. That is, that a knowledge of psychology or an understanding of the human mind, plays an important part in therapeutics. The intimate, individual, human needs of a kindly word, encouragement, and a happy mein are not often satisfactorily met. As a result we have observed a leaning toward cults, which have something to offer other than strict medical regimen and scientific study. We should not ignore this fact. The most powerful determiners of human activity are the instincts and emotions, - our hereditary and unlearned reactions. These, which no laboratory can measure, should not be cast aside. The support of psychology belongs to any group of sciences whose ability to carry scientific discipline into the affairs of man is manifest. Therefore, can we not make more of psychology in medicine? The facts of the mind are useful to the physician as he goes out and among his patients. The skillful use of suggestion, for example, is of great worth even in the treatment of the so-called organic diseases.

Jacoby and Mitchell, in our present time, have written very exhaustively on the subject of psychology in medicine. They have proven

that, through psychotherapy, the perception of pain may be suppressed to a certain extent, that the appetite may be stimulated, that the digestive functions may be regulated, and that the heart action may be quickened or retarded. They say that it is the tendency of the organism to complete a process which is anticipated. That, therefore, hysterical paralyses, as well as certain idiosyncrasies, may be removed by the power of suggestion. It is known also that suggestion may be employed with success in all forms of disease which manifest themselves by functional disorder and functional symptoms. It is, then, immaterial whether these effects are produced by our modern psychology, or psychotherapy, or whether they are produced by exorcism, divine healers, holy shrines, prayer, Mesmerism, Perkin's tractor, hypnotism, or what not. It must be that although, objectively considered, the result may be the same in either case, subjectively, the psychotherapist works with credible methods. The faint, the prayer and the pagan curist is the victim of self-deception in that he attributes to a miraculous influence the beneficial results attained by natural means, through the power of imagination and suggestion. What concerns us most, however, is the sacrifice of many lives through the renunciation of medical treatment, which is characteristic of these ancient and modern healers and cults. These lives could have been saved had there been opportune recognition of the organic disease, which led to their extinction. Organic disease is not amenable to psychotherapy or to the pagan and faith curist treatment. But, on the other hand, the use of the imagination and the power of suggestion by the practitioner as a valuable aid in the treatment of organic disease, is to be heralded with great commendation and some satisfaction. On the faith and prayer curists rests a great moral culpability and criminal re-

sponsibility. They wilfully exploit a superstition and against such procedure the sick and the infirm must be protected.

I believe that the answer to the challenge of the quack, the prayer and faith curist, the chiropractor, and all those that play on the superstitious beliefs and erroneous impressions of the ignorant, lies in the more thorough adoption of psychological methods by the practitioner of medicine. I do not mean that they should seek to cure patients with chronic diseases by exuberant exclamation, or to cure those of a religious trend by faith in the all-healing power of the Deity, or to even try to cure disease, be it organic or functional, purely by psychological methods. I do, however, believe that there is a place in the practice of medicine for psychology and that the need for it there is a real one. In the following paragraph I quote Dr. Curran Pope of Louisville, Kentucky, in a discussion of his paper on physiotherapy, given at the meeting of the State of Wisconsin Medical Society at Madison, in September 1926.

"In answer to the Doctor, I will ask where in medicine will you get away from psychology and suggestion? Where in medicine and surgery do you want to get away from it? The man in medicine who does not practice it all the time, does not subtly emanate it from himself in manner, in action, in word, is the lower. He does not know his business. He may be doctoring, but he is not doctoring one hundred per cent. Everywhere we turn in this world you influence me and I influence you, when we come in contact. There is a psychic reaction from which you cannot possibly get away."

Dr. Pope has the right idea, and it is my desire to put before you that which I have read and experienced with relation to the psychological aspects of medicine. The experience, I fear, is inadequate, but I hope that the reading may prove more fruitful.

II.

To prolong life and to relieve suffering has been a great desire of mankind since the earliest of times. First he looked upon sickness and death as due to the anger of the Gods or as the machinations of the Devils. Exorcism then came into vogue, and many and varied means were used to cast the devils or evil spirits out of the bodies of the sick. Priests became healers; and shrines, holy places, and relics supposedly had healing virtues. Wood and nails from the cross, bones of biblical characters, such as Joseph and Mary, sprang in cartloads from nowhere, and were endowed with the ability to heal the sick and to relieve suffering. Then came Lourdes, the great healing shrine of France, to bring aid to the ill and the ailing. Sacred places of healing sprang up the world over - the most of which had their origin in the tale of some ignorant and superstitious peasant. Later royalty became popular and in the minds of the people were able to heal by touch or blessing. The people soon tired of royal condescension and members of their own sphere of society took up "divine healing" as a profession. We have Hohenlohe, Francis Schlatter, John Alexander Dowie, and Mary Baker G. Eddy. They all came into prominence and cast their lot with the divine healers.

Mankind turned to something more real however, - something that they could see, and feel, and hear. We then had Mesmer with his healing hand, magnetic trough, soft music, and low lights. And some people felt magnetism curing them, - and some did not. Along this line Perkins assumed the limelight with his tractor and Perkin's Institute. This tractor was like a pair of calipers and dragged out the bad magnetism of disease. Braid, a surgeon of England, was the first to call Mesmerism by the name of

hypnotism. In France in 1878, Charcot, made himself famous by his work on hysteria and hypnotism. His work, his conclusions, though by no means generally accepted, had one important influence. He was a man of the highest professional standing who had accepted the challenge of a new knowledge, - and was willing to recognize it as worthy of scientific investigation. This may be called the turning point of psychology, - from Mesmerism to hypnotism. A few years later, Pierre Janet was responsible for the transition from hypnotism to psychoanalysis. Psychoanalysis as a therapeutic measure cannot be disassociated from the names of Sigmund Freud and Carl Jung, for they were the founders of a new field of psychological endeavor.

The "cures" that have been had by these means cannot be disproven. They neither prove nor disprove the theories of their founders. They prove only this, - the patient recovered. The answer is found in the power of suggestion over the mind, and the power of the mind over the body.

Plagues during the time of metaphysical medicine swept the world, - malaria, smallpox, cholera, yellow fever, and the bubonic plague. Then came our modern physical medicine that discovered the cause and thus banished the disease. It discovered the secret of their source, - and they kill far less than the automobile now. We live in a physical world and live in a physical body. So seek first the physical cause of the disease, for most diseases of this origin will respond to physical treatment. But recognize and utilize the influence of the mind over the body, yet do not forget the greater influence of the body over the mind, or the still greater influence of environment, or the external world, over the body and mind. These words bring to mind the facts upon which psychological medicine is based.

III.

History has given us its viewpoint, so now let us turn to literature, where we find countless references to medicine. I chose a few given in the late Dr. Eliot's Harvard Classics. Invariably and inevitably I found the psychological aspects cropping forth and overshadowing the purely physical. Rene Descartes, in his "Discourse on Method", written in 1627, states "the mind is so intimately dependant on the condition and relation of the organs of the body". Here a truth is found that the mind, even in the eyes of a layman at the early period in which this was written, is dependant on the health of the organs of the body. A little later, in Rosseau's "Discourse on Inequality", we find the following words. "In a word, however useful medicine well administered may be to us who live in a state of society, it is still past doubt, that if, on the one hand, the sick savage destitute of help, has nothing to hope from nature, on the other, he has nothing to fear but his disease; a circumstance, which often renders his situation preferable to ours." This passage, written in 1750, makes me wonder what the author meant by his closing phrase, - "which often renders his situation preferable to ours". The answer, I think, is also found in the excerpt - "he has nothing to fear but his disease". Quite obviously, the mind of the savage is not connected so closely with the condition of his body or the worries of our modern life. There is a sagacious bit of truth there. It would often be better if we could put ourselves in such a situation that we had nothing to fear but our disease. Indeed, psychology enters here, for the physician who can put his patient at ease and make him forget all, except that he is to get well, is far ahead in the battle against disease.

Johann Wolfgang von Goethe, speaking as Mephistopheles to the student in Faust, deigns to give the medical profession of that time a little advice, -

"Of medicine the spirit's caught with ease,
The great and little world you study through,
That things may then their course pursue,
As heaven may please.
In vain abroad you range through science's ample space,
Each man learns only that which learn he can;
Who knows the proper moment to embrace,
He is your proper man.
In person you are tolerably made,
Nor in assurance will you be deficient:
Self-confidence acquire, be not afraid,
Others will then esteem you a proficient.
Learn chiefly with the sex to deal:
Their thousands ahs and ohs,
There the sage doctor knows,
He only from one point can heal.
Assume a decent tone of courteous ease,
You have them then to humour as you please.
First, a diploma must belief infuse,
That you in your profession take the lead;
You then at once these easy freedoms use
For which another many a year must plead;
Learn how to feel with nice address
The dainty wrist;- and how to press,
With ardent furtive glance, the slender waist,
To feel how tightly it is laced."

But do not take this too much to heart, for we must not ape the amorous medico of 1805. On the other hand "self-confidence acquire, be not afraid", "assume a courteous ease", "belief infuse", "use a nice address", - are these suggestions to be cast lightly aside? They make you stop and think. These excellent axioms are too often rusty, forgotten, or neglected by the medical profession of today. Gentlemanly conduct and courtesy are but a very vital part of medical psychology.

In "Dr. Faustus", written by Christopher Marlowe in 1588, we find

the expression "Ubi desinit Philosophus ibi incipit Medicus" (where the philosopher leaves off, there the physician begins). Maybe, it were better to wish that this were true, "Ubi desinit Medicus ibi incipit Philosophus" (where the physician leaves off, there the philosopher begins). Psychology is a part of philosophy so by philosopher in the above statements I mean the medical man who is also a psychologist. Purely physical disease can be cured by physical means, which can be seen by our modern trend towards specific therapy. The "more obscure ailments" (Herodotus, 424 B.C. - An Account of Egypt) require also mental fortitude, encouragement, and understanding. This, I interpret as requiring a knowledge of psychology and its application to modern medicine. We need not only to fight the disease, but to also fight the despair, the melancholy, and the mental attitude of the patient. The weapons lie in a practical application of psychology to the practice of medicine.

This is the age of progress in medicine and surgery. This fact has been proven a thousand fold and is indisputable. Yet, why is it that the medical profession is looked upon by its patients and the public as an indefinite science and continually bearing the tint and suggestion of mysticism? It is not right, and the sooner the medical man realizes that he works by proven facts, the better it will be for him. Even taking medicine in its psychological aspects, we have accurate knowledge and definite laws to go by. We should drive this tint of ancient mysticism from the practice of medicine and educate the public with the knowledge that empirically, or specifically, whatever the physician does for his patient, he does with the knowledge that it will somehow do some good. The physician should study his patient with but two objects in view. First, he should give the patient a thorough preparatory examination, so that his diagnosis may not be a supposition but a fact, and so that his administration of therapeutics may act with physiological precision. Second, he should have at least an elementary knowledge of psychology so that his patient's emotions and passions may be measured with a degree of accuracy, in order that, aided by suggestions, he may have the full cooperation of the patient; otherwise he should dismiss the patient. A doctor must live up to his profession and have an actual personality and an individual, conscious mind. Then he can confront the situations that arise, take or release patients, and do all that is possible to be done for them.

The statement that disease is cured, not by the remedy, but by the physician has been made, but must be taken "cum grano salis". The gem of truth which it contains is that the personality of the physician exerts a

remarkable influence on the efficiency and efficacy of his therapeutic procedures. This is particularly true in psychotherapy, where use is made of no material remedy but of mere assertion, and where, therefore, implicit confidence in the physician's powers is absolutely essential. It is also necessary to a greater extent in the general practice of medicine where the use of psychology enters, and which I hope will enter more and more. Certain qualities must be possessed by the physician if he practices psychotherapy alone, medicine, surgery, or any line of medical endeavor. In all psychology plays a role which may be great or little as the physician sees fit. If the doctor wishes to use suggestion, and allows psychology to enter at all into his practice, he should first have some little knowledge as to what he wants to accomplish by its use and what its powers are. It is essential that he should have a theoretic knowledge of psychology and neurology, a practical knowledge of the general clinical and anatomical peculiarities, and a good understanding of the details of functional disorders and symptoms. If for no other reason, this is so because the cases most amenable to psychic treatment, the functional ones, often do not present such pronounced symptoms as would make it possible for them to be recognized at once. An error in diagnosis between organic disease and functional disease is one to which even the experienced physician is easily exposed, - and as I stated previously, without accurate diagnosis there can be no proper treatment. Only that physician who is in constant touch with general medicine and who has some knowledge of psychology and functional disorders, is really qualified to allow psychotherapy to enter very seriously into his practice. Only he is able to exclude inappropriate cases from an attempt at psychic treatment and thus save himself and his patients from disappointment.

Since it is, therefore, certain that not every physician, no matter how efficient he may be in his own branch of practice, will be a good psychotherapist, it must follow that certain attributes are required for the practice of psychic treatment which need not be possessed by the surgeon, the general practitioner, or the specialist in any particular branch of medicine. I am not, however, speaking of the man who practices psychic therapy as a specialty. I am concerned with the surgeon, the general practitioner, and the specialist of any particular branch of medicine who makes use of psychology in his practice to further his attainments, and to make his therapeutics more efficient. There is a difference in the practice of psychotherapy, general medicine and surgery, and the practice of medicine and surgery combined with psychotherapy. For the recognition of diseases presenting distinct objective manifestations, whether they be elicited by percussion, palpation, or auscultation, or by chemical, electrical, radiographic, or microscopic examination, no understanding between the patient and the physician is necessary. The patient may speak a language unknown to the physician, he may be a deaf mute, he may be unconscious, and yet the physician may arrive at a correct diagnosis and institute proper treatment. A doctor can recognize pneumonia, organic heart and kidney disease, diphtheria, fractures, and many other disabilities without having to ask a single question.

In psychotherapy, on the other hand, the diagnosis and treatment depend on a proper understanding between the physician and patient. It is an undisputable fact that a physician, in order to be a success, must practice psychology at the same time he is practicing medicine. To do this, he

must have a knowledge of the elements of psychology and psychotherapy, that there be a proper understanding between the physician and the patient. He must be able to follow the train of thought and the emotions of children and adults, the educated and the uneducated, the rich and the poor, and the native and the alien. Their ways of thinking and feeling must be familiar to him for he must gain their confidence, he must frequently elicit abstruse histories of their diseases, and he must give proper instructions in a way so that they are understood. Where psychology enters medicine, it is the word that counts, even when it is combined with other forms of treatment. To have his word accepted and to effect receptive adoption of his suggestions, by patients of the extremes of education and culture, the physician must possess an enormous knowledge of human character and a vast experience with life. Delboeuf once stated that a physician must not only understand his patients but that he must feel with them.

Cold, heartless, emotionless egotists cannot make good physicians, for they can neither comfort or suggest successfully. Those doctors who have sensitive, forceful, impressionable natures, themselves easily influenced by the sufferings of others, can be good physicians for they can exert a psychotherapeutic influence. It is also true that the patient's personality acts as much on the doctor as his personality acts on the patient. There must be what is called a psychic contact, - for where there is none the joy and the enthusiasm in one's work becomes toned down. Without it medicines may be administered, surgical operations may be performed, but no successful suggestions can be implanted. Even though there are no objective symptoms of any disorder, the exaggerated complaints of hysterical patients are not

simulation, for the patients actually suffer. There has grown out of the entrance of psychology into medicine a new law governing physicians. That is, when a patient believes himself to be suffering, and asks for help, he actually is suffering and needs that help.

An important factor in the use of psychology in medicine is sympathy, for from this comes understanding and the psychic contact. Sympathy for the patient coming from the physician tends to bring forth that measure of tranquility and patience in the patient that is vital in the treatment of the sick. To listen to the never-ending complaints of many a neurasthenic and hysterical patient always taxes the time and patience of the physician. The physician who tries to hurry this type of patient, who receives their complaints restlessly and without interest, or who hints that they are foolish or imaginary, will never achieve the slightest success in any sort of mental therapeutics. The highly nervous, irritable patient or the phlegmatic one are not prone to respond to any treatment of a psychic nature. The nervous person cannot concentrate his thoughts, and suggestive therapy requires concentration. The slow-going, phlegmatic patient is also a poor patient for psychic therapeutics, for he finds it too arduous a task to respond. It is likewise true that these qualities are contraindicated in the physician who wishes to make use of psychology in his practice, and for the same reasons.

The physician who wishes to practice psychotherapy must believe in the truth of his own statements for then self-confidence and surety of demeanor follow. He must not doubt his own capabilities, or waiver in his belief in the effectiveness of this angle of his treatment. This is essential in gaining the confidence of his patients. Struempell once stated

that a psychotherapist must have a certain amount of dramatic ability to conceal his own misgivings. There should be no doubt in one's self that needs covering by dramatic pretenses. It is of value, however, to have a voice that is tender, agreeable, and of a pleasant, convincing tone. Whatever means of expression the physician uses, whether it be words or gestures, they must harmonize with himself and his convictions. Natural inclination aids the physician who makes use of psychotherapy, but practice and experience and conscientious endeavor are very essential in making it a success.

V.

Why are patients constantly leaving the medical profession in search of assistance and going to hazardous bigots who shame and adulterate the term doctor? This question is a vital one confronting the medical profession. These patients often have no demonstrable organic disease. A wrong diagnosis makes them worse, and they are uncontrollable in their desperate efforts in searching for relief. Many a wise and good physician will compromise and give a placebo. The purpose of this will be discussed later. These poor unfortunate individuals call for help first on the doctor, and it is rarely given, i.e. real help. They continue to grow worse and we given them the diagnosis of a "general breakdown". They return again and again, more drugs are given, and at last in despair they turn to the chiropractor, Christian Scientist, and the quack. Any why cannot we give them help? It is within our power. Real conditions and results in medical practice would improve to a marked degree, if those of the medical profession would train themselves in psychology and psychotherapy, and apply its forces in harmony to a general medical education and practice.

It is unquestionably true that the greatest success of psychotherapy has been in the field of functional disorders. These patients, having no demonstrable organic disease, are the most responsive. It is believed that their disorders arise from a mental origin and that consequently they respond brilliantly to mental therapy. All affections that have been produced by a psychic influence, be they purely mental or produced by the environment, the force of an idea, or the imagination, may be set aside by psychic means. This means that the patients needing psychic treatment and responding best to it will be the neurasthenics and the hysterics. Of

these, the most easily influenced are children, those adults not given to independent thought and action, those accustomed to obey orders promptly, and those who have a great respect for authority. Other important characteristics of good subjects are intelligence, will power, and strength of character. Sceptics, contradictary persons, materialists, and those patients inclined to sarcasm are poor subjects. They insist on immediate results, and criticize and oppose any method of treatment if they do not at once appreciate its efficacy. In any case, the force of counter-acting objections must be swept aside and overcome if any good whatsoever will come out of psychic treatment. On the other hand, enthusiasts, idealists, people who are emotional and impressionable, and especially music lovers, who are strongly and emotionally excited by music, are the best subjects and most easily influenced by psychic means. Real insanities, the paranoid and the paretic, cannot be beneficially influenced by suggestion for here we have actual disease of the brain. Suggestion cannot correct changes in brain tissue or circulatory conditions that render orderly association of ideas impossible. Ideas of grandeur, hallucinations, and all the false impressions of the insane, when once fixed in the brain, are more powerful than the word of the psychological therapist. Critical indiscrimination cannot be corrected by discrimination which is dependent on an orderly association of ideas.

Psychotherapy, according to Jacoby, addresses itself to personalities. When a patient seeks medical aid he is not able to analyze his disordered sensations to such an extent as to be able to discern between those of organic and functional origin. What he asks of the physician is freedom

from all his troubles, functional and organic. It is beyond question that psychic treatment cannot influence organic changes, but a therapeutic effect may be produced by psychic reinforcement of the patient's confidence in the potency of medicinal, surgical, or other remedies. The patient's hope, therefore, is not unwarranted for together with the disappearance of the organic objective symptoms, which react perniciously on the nervous and mental system of the patient, the general condition becomes markedly improved. Here, the removal of the organic disease and the disappearance of its symptoms has a psychic effect on the patient, and obliterates functional disorders by restoring the well-being of the patient.

The physician's supreme law must be his patient's weal. How the good is accomplished is of negative importance, for it is of little consequence whether or not the patient can distinguish between the benefits coming from therapeutic suggestion or medico-therapy. Even if the medicinal remedies used in the support of suggestion are of little value, they are worthy of use because of their opportuneness. This is the reason why many a wise practitioner will give a placebo to patients whose disorders are purely imaginary or functional. It is characteristic of human nature to accept concrete things with greater readiness than mere words or assertions. This fact must not be disregarded by the physician in his employment of the combined method of treatment. Even a person of strong character and set ways will expect certain changes in his condition if the assertions of the physician are re-inforced simultaneously by the use of remedies that have a material influence on the patient. The physician cannot so dissect his patient's mind as to treat the functional disorders, and at the same time ignore any

organic changes that may exist. The state of mind of the patient exerts an influence on the cure, and the state of mind, the reaction of the patient to his disease, is a most important basis for individualization in the practice of medicine.

In medicine, when it is associated with psychology, or vice versa, the consideration of the individual characteristics of the patient is of decisive importance. Personality and character are not fixed entities. They alter and waver in disease, and fluctuate with the progress of the illness. This changeability of a patient's personality and character should receive due consideration from the physician. He must give due thought to the mentality, the psychic constitution of his patient, and of the appropriate manner and ways in which he approaches him, gives treatment, and implants suggestions. No physician of discrimination will speak to a patient, who is capricious and obstinate, in the same manner as he would to one who is exceedingly depressed. Such individualization is called for particularly in medical practice where patients manifest crass contradictions of character and personality. The physician must comprehend and understand abrupt fluctuations of character and emotions, different personalities, individual peculiarities, and adopt his suggestive therapeutics to the intellect and powers of comprehension of each individual patient. Hence, suggestion for the very young and people of little culture must be conveyed in the most simple terms; while, on the other hand, an intellect that is mature, or a personality of strong and independent judgment, will not be swayed by mere commands. Here suggestion must be accompanied by explanation of the reasons, expediency, and justifiability of the procedure. Thus, where medicine is

associated with psychotherapy, a wide scope is necessary to the physician for the demonstration of his powers of individualization.

The effects of suggestion on mentally healthy, but thoroughly unsophisticated persons of little learning, and on those of a deep religious nature cannot, of course, be brought about by the same means as used on those of high education with sophisticated minds or those who are agnostically or atheistically inclined. In psychotherapy conditions are not made up, as in medicinal therapy, of chemical affinities, or, as in surgery, of antisepsis and asepsis, but are formed essentially by the personality of the patient and by the realm of ideas that control him. The physician who would try to counteract similar functional disorders in different patients by suggestion of a similar kind, without taking into consideration the thoughts character, and emotions of the patient would arrive nowhere. He should know that sceptics and persons of critical discernment will be entirely unresponsive to suggestions, where children, the uneducated, and the devout believers would accept them unquestionably. It is then necessary for the success of the physician, who wishes to make use of psychotherapy, to be capable of discerning the personality of the patient and to be capable of placing himself within the circle of the patient's mental life. His assertions and suggestions must be within the comprehension of the patient, or linked to the chain of the patient's ideas. Each patient must be an individual and an entirely new study, for in individualization lies the success of the physician.

VI.

The methods of cure employed by the mystics of other times are characterized by in part delusive and in part wilful imposture. Here I will limit myself to a brief discussion of the methods of psychotherapy which have a known scientific basis, and to those applications of mental therapeutics whose value have been proven.

The first method is suggestion, a predominant and important means of psychotherapy. This annuls functional disorders and symptoms, based on false ideas, by stimulating and arousing opposing ideas. The effectiveness of this procedure is dependent on the patient's disposition for psychic influence. Whether hypnosis be employed to augment susceptibility to suggestion should be determined by the conditions in each individual case. In all cases, though, due thought should be given to the fact that the curative agent is not the hypnosis but always the suggestion which is implanted in the hypnotic state.

Another method has gained recognition in recent years. This is called catharsis. Essentially, the aim of suggestion is the abolition of disordered ideas, whereas, this newer method endeavors to trace the disordered ideas to their source by means of psycho-analysis. In other words they ask themselves during the analysis, - how have the obsessions arisen? - what is their beginning? This method aims to recall to the mind the causative excitation, and by a confession to give him the opportunity to free himself from the obsession and thus obtain relief. From the discharge of the repressed emotions the patient's mind is cleared and all symptoms resulting from the repression pass away. But psycho-analysis has so many

weak points in its functioning, and so many facts lessening its value, that in the most part it has been cast aside as a means of psychotherapy.

A third psychotherapeutic measure consists of proper mental relaxation and exercise. This method applies quite as much to the muscles and organs of the body as it does to the brain and the nervous system. By relaxation of an organ is meant relieving that organ of the part it takes in the operation of the whole organ, and the facilitation of those activities of which it cannot be relieved. One should try to put the entire body in a state which will make as few demands as possible on the affected organ. In mental or nervous cases one cannot exclude one part of the nervous system and give that one part rest. It is necessary to give all parts relaxation treatment at the same time and to the same extent. An important form of relaxation is sleep, - this is the form that nature demands and is best. The overstrained nervous system often needs complete relaxation by day also. This is obtained by a complete change from customary life and activity. Thus, patients receive a much needed mental rest which is a requisite for recovery. The new impressions act as suggestive therapy on the disturbing obsessions, which disappear under the influence of brain repose and renewed self-confidence. Next, is the question of mental exercise as a therapeutic factor. Treatment should begin with the principles of relaxation and subsequently there should be added mental exercise in accordance with the patient's progress. Perimetric examination of the visual fields affords a reliable gauge for the progress of psychotherapy. The visual field of a rested brain has a certain definite perimetry which becomes narrowed and restricted in proportion to the amount of brain fatigue.

well-planned mental exercise can correct functional disturbances and can retrieve lost powers of action. Certain aphasics, through re-education of the unaffected side of their brain, have again learned to talk. Neurasthenics and hysterics have subjugated their obsessions and suffering, though none the less painful, by psychotherapy and strengthening their wills.

Mental relaxation and exercise serve not only as co-operative factors in the re-establishment of functional activity of the brain and the rest of the nervous system, but also serve as a remedy through which persons suffering from congenital or acquired nervous weakness can become better qualified to resist threatened psychic changes. This task is educational and deals with the formation of character and will power. The increase of neurasthenia can be stopped. The adolescent youth can be better fitted for his struggle for existence through methodical mental discipline. Aversion to idleness and love for work can be stimulated, and this by blocking nervous states serves in one sense to combat neurasthenia. The youthful mind is better impressed with noble and beautiful thoughts, yet, adults also can be materially aided. Psycho-prophylactic treatment can also help the wealthy, insipid drone to a more purposeful existence. Thus psychotherapy follows the principle which governs all the branches of therapeutics, that prevention of disease is better than cure.

The user of mental therapy must remember that suggestion acts directly as well as indirectly. He must also remember the distinction between suggestion, when used alone, and when employed as a part of some other therapeutic procedure. The physician out in practice usually uses indirect suggestion linked with other therapeutic measures. Psychotherapy is pri-

marily useful in that class of neuroses or psychoneuroses which are exclusively dependent on ideas and imagination. That class is always made up in great part of neurasthenia, in its varied forms, sexual neuroses, fright neuroses, and hysteria in its varied phases. To these must be added numerous nervous symptoms which also may be psychically induced, such as sleeplessness, loss of appetite, habitual headaches, nervous dyspepsia, imperative thoughts and actions which are called obsessions, hypochondriacal depression, and the muscular spasms of an epileptoid or choreoid type. In all such conditions the assurance that the affection will pass away, given by the physician and willingly accepted by the patient, usually will effect a cure. But such exclusive use of psychotherapy cannot be successful against those affections which are a combination of organic disease and functional symptoms, enhanced by fantasy and the imagination. It is true that the psychic symptoms in such a combination can be cured or lessened by direct psychic influence, but the symptoms dependent on organic disease can be influenced only indirectly by psychic means. The force of this influence is dependent on the degree to which the force of ideas may apparently lessen the suffering from an existing malady, and at the same time augment the patient's confidence in the beneficial action of any other therapeutic measure which may be simultaneously employed.

Where purely organic diseases are concerned, psychotherapy can only serve to palliate some of the distressing symptoms. It can, of course, have no influence on the organic changes themselves and the process of the disease will take its own course, - towards recovery or towards death. When the

changes that disease has produced in the body can no longer be remedied, and when the patient, in spite of surgery, medicine, and all medical care, is doomed to a languishing tedious path towards another world, the power of the mind to master disordered feelings, through exertion of the will and implanted suggestions, causes the pain and distress to appear less intense and makes the disease more endurable. The physician, through fostering and strengthening that power in his patients, who are hopelessly sick, can best demonstrate his powers for good. The patient comes to his physician for advice, help, consolation, and hope. If you can give him none of these you may be a good diagnostician and an excellent prognosticator, but you are not a doctor.

VII.

There has in recent years arisen in the field of surgery a new technique in the care of operative cases. Crile and Lower in their monograph on "Anoci-Association" have presented a very admirable method of giving anaesthesia, preoperative, and postoperative care. They state that they do not advocate ether alone, nor chloroform alone, nor nitrous-oxide-oxygen alone, nor local anaesthesia alone, nor morphine and scopolamin alone, nor spinal anaesthesia alone, but through selection and combination of anaesthetics to attain the anaesthesia that in the case in hand will exclude all stimuli from the brain and thereby attain anoci-association. Morphine and scopolamin are used to mitigate the preoperative dread and facilitate the induction of anaesthesia. Nitrous-oxide-oxygen anaesthesia is their anaesthetic of choice because it is odorless, because a few inhalations cause unconsciousness, because it is less apt to cause nausea, and because in a great measure it protects the brain cells from exhaustion. Ether is used in conjunction if the desired depth of anaesthesia is not obtained. Novocain is used in every division of sensitive tissue, and here one salient point is observed, which is, that the tissue should be completely infiltrated and that no nerve filament should be omitted. Quinin and urea hydrochlorid are used to minimize postoperative discomfort as its effects last for several days. So much for the medical side of the treatment of operative cases and their anaesthesia. The whole idea, of course, is the prevention of surgical shock. In this, too, the preoperative and postoperative care is very important and essential. This is where the principles of psychology and psychotherapy come into play and have been proven to be of limitless value.

The work of the surgeon does not begin in the operating room, nor in the mechanical preparation of the patient for operation. It does not end with the healing of the operative wound. The surgeon, the members of his office staff, the hospital superintendent, the intern, the nurse, the orderly, and everyone who comes into contact with the patient must remember that even slight factors may contribute mightily to his welfare. We know that in human beings one part cannot suffer without some coincident suffering of all the rest. We also know that the reverse is true, - that any factor that contributes to the improvement of the condition of one part of the human body will contribute also to the improvement of the rest of the body.

The emotional factor in producing shock is a mighty big one.

There is a natural fear of the approaching ordeal that is felt by every normal individual. This should not be augmented by tactless words from the physician, by an ungracious reception at the hospital, by inconsiderate treatment from a nurse or orderly. The sound of clanking instruments, and the rough and forced administration of an anaesthetic will lower the resistance of the patient still further after having already been depleted by his physical disease. No matter how perfect the technique of the operation may be, end results are heavily prejudiced by such adverse factors. The preoperative environment as well as the anaesthetic and the operative technique plays an important role in the development or avoidance of surgical shock. The adaptation of the principles of psychology to surgery does not end in the operating room, or with the return of the patient to his bed. Postoperative environmental conditions are no less essential than the preoperative. Psychology also enters here. The value of a shockless operation done on a poor risk is nil, when the patient is distressed and nagged

by poor after-care. The cooperation of the surgeon, the assistants, the interns, the anaesthetists, the hospital officials, and the nurses is very necessary in attaining the shockless operation. The patient must be carried through a complete psychological technique as to preoperative care, operative technique, and postoperative care. It must be borne in mind by the surgeon that no detail of his patient's care is too petty for his careful attention.

Best results are achieved in surgery only when the physician has a keen knowledge of surgery and psychology. This means that he must have thorough understanding of the principles on which psychology is founded, and its adaptation to medicine and surgery. Obtaining these results necessitates intelligent and special cooperation and training of assistants, internes, anaesthetists, hospital officials, and nurses. The surgeon must have a careful hand and a sharp scalpel and a mind free from tradition, dogma, opinions, and cotrine. Above all, it means that from the patient's first appearance in the doctor's office throughout the entire regime of hospitalization there must be no sharp points of contact either physical or psychic between the patient and his surroundings and associates. If done perfunctorily with no conviction as to its effectiveness the value of psychology in medicine and surgery is nil. Psychology can only help and accomplish its purpose, when each detail, however minute, is considered from the viewpoint of the individual patient.

VIII.

Psychology enters into the field of medicine as well as surgery. I have indicated how psychology can be of great service to the surgeon in aiding him to avoid his greatest fear, - surgical shock. I have also, in previous chapters, mentioned a few examples of how it can be of corresponding value to the medical man. The same general principles that were laid down for the pre and postoperative care of patients hold true for the patients that enters a hospital for other than surgical care. The environment plays an important role in the care of anyone who is ill. As mentioned before, the carriage, address, speech, and presentation of the physician also plays a vital role in his approach to, and contact with, the sick. I think, though, that above all, the environment in a hospital is supremely important. Psychology is a vital issue here, and a well-appointed room with cheerful, generous, logical care can do as much for the patient as medicine. A tactful approach to the patient by all who come into contact with him, considerate treatment, a gracious reception at the hospital, and, last but not least, quiet and rest can do wonders with the happiness, contentment, and psychic reaction of the patient to his care and surroundings.

Years ago the popular idea of medicine was derived from a rather puritanical source. The efficiency and efficacy of the medicine was measured by its nastiness. No medicine that was good to taste was considered to have any therapeutic value whatsoever. Out of this grew the Thomsonian, or Botanical, system of medicine, which advocated that the first dose of medicine in an illness should be "lobelia inflata". The human stomach could not stand this for more than five minutes, and consequently an emesis result-

ed. The lesson derived from these facts is that the patient always felt better after taking a nasty tasting medicine, or after having been subjected to the violence of "lobelia inflata". I dare say that he could feel no worse. Another side of the question is the psychological effect. It is characteristic that the human race will feel better and respond more to the efforts of the physician if there is something concrete and real done to him or for him. This is a psychological law that all medical men should behold and use, but it should be used with caution and infinite discretion, and upon those patients that it will benefit the most.

The gossip of the "symptom mongers", the dyspeptic, the chronically constipated, those indulging in fads for having appendicitis, anaemias, and those with vague stomach troubles all cause, by what the psychologists call autosuggestion, the first symptoms of the particular disease that the patient wishes to have. This insidious propoganda for a stylish illness or a new experience will cause hundreds to have functional illness, - not organic ones. And once begun these forms of disease cause real suffering. It is a law of mental medicine, though, that any disease that can be induced by suggestion can be avoided either by counter suggestion or by ignoring the original adverse suggestion.

Psychology in medicine, or psychotherapy, embodies two principles which are: use a little common sense, and have faith in yourself and your ability to do the patient good whether that good come from medicotherapy or psychotherapy or a combination of the two. In combining the two it is well to avoid all suggestions to the patient from extraneous sources, which are adverse to his health. If such suggestions are forced upon your patient,

it is well to meet them with counter-suggestions which are positive to the well-being of the patient. Try to inhibit all conversation at the patient's table adverse to the quality of the food set before him, especially as to its supposed indigestibility. If you do you will avoid countless gastric disorders in that patient and in his family. Never give a child food that will make him ill, and never tell a child that food refused him is done so because it will make him ill. Make it a practice to talk hopefully to the chronic invalid for his sake, for it will do him a world of good if he believes in you. Talk health to your patient on all suitable occasions, for, under the law of suggestion, health may be made contagious as well as disease. Meet the first symptom in your patient with ideas and suggestions as to there being nothing to it or that it is only a temporary affair. By doing this you will either cause the illnesses, prompted by the imagination, to disappear, or will materially lessen the length and ravages of any real illness. Obviously, the necessary mental conditions cannot always be commanded in the adult who has been reared in an atmosphere of doubt and incredulity regarding the efficacy of material, or more especially psychic remedies. Faith in material remedies has been crystallized into a prejudice which has been increased by the superstitious and charlatanry characteristic of many who practice mental therapeutics. It will take years to overcome this sentiment, and the medical profession must out of justice to themselves help in the removal of this injustice. For you will all agree that there is a gem of truth in psychology, and that there is a need for it and a place for it in medicine. Study it, and make use of its many admirable achievements to the greatest extent that you can.

Medicine, and more particularly medicine when it is combined with psychology, is confronted with another phenomenon. The mother of the stammering child brings him to the doctor. She asks his advice and aid in ridding her beloved of this affliction. Nine times out of ten the physician is at a loss as to what to answer or what to advise. Very few of his patients can have access to the specialist in speech disorders. Some of them will try the professional schools where "cures" are transient and of no avail. In the end the majority will return to their physician imploring assistance. It is my hope that this chapter will give a more clear understanding to the physician of what he has to deal with, and what he can and cannot do.

Stammering manifests itself in many forms. One of the oldest theories as to its cause is still highly regarded. It is that stammering is due to a lack of accord or want of coordination between the action of the oral and laryngeal speech mechanisms. This lack is functional, however, and is, therefore, best treated as a psychological phenomenon curable by methods psychic in origin. I shall not go into the intricate theories of auditory and visual amnesia, aphasia, and the like as the cause of stammering, I speak of pure stammering, functional in origin, and mainly caused by an amnesia. This may be complicated by two factors, - mental confusion, and fear. Mental confusion arises mostly from the use of synonyms when there is a break in speech. This result is multiple though and a tangle of visual images that hinders more than it aids the stammerer. Fear is perhaps the most important cause and complication of stammering. It is similar to stage-fright and is an all-consuming dread that deprives the speaker of his

muscular control. It is also a fear of being ridiculous or incurring ridicule. Most of these phobias, or abnormal fears, are due to simple emotional fear, or to an association when fear is acquired. Another complicating source of stammering is autosuggestion. This may work in inhibiting the speaker's power to produce certain sounds or words because he is afraid that he will stammer. Or, it may be diverting the speaker's attention to his formation of sounds make him conscious of the fact that he is hesitating and thereby increase his trouble.

The question confronting the physician is how may these causes be obviated. Fear is caused by the feeling of certain physical changes going on within the body. These changes are not under the direct control of the will. One may change the facial expression, relax the tightened muscles of the organs of speech, and alter the respiration, but one cannot alter the subtle activity of the internal organs. The stammerer must annihilate fear associations or prevent their forming by ignoring failures and unpleasant incidents. The nature of the human mind aids this for disregarding such incidents tends by weakening association to exclude recollection of them. Brooding and worrying over failures has the unfortunate opposite effect. It tends to imprint the incidents on the mind and give them an emotional coloring that presently will exert a pernicious influence and bring disastrous results.

The nature of emotional life is largely determined by the physical condition of the subject. A person in excellent health is little subject to baseless fears. On the other hand the person that is run-down, unstrung, tired, fatigued, ill, or convalescent is liable to all sorts of nervous and emotional disturbances. Lowered vitality affects the stammerer in a number

of ways. It not only enhances his fear of failure and hesitancy but it also aggravates his amnesia - his inability to visualize and vocalize his speech in his mind before entering on the physical act of speech. The amnesia and fear tend to aggravate each other through lack of self-confidence.

Knowledge is the greatest counteractive of fear. When the stammerer knows the cause of his speech disturbance he feels less fear. The impediment is more readily overcome, and even if it cannot be immediately overcome it is at least deprived of some of its terrors.

Autosuggestion has been eradicated by hypnotism and psychoanalysis. Both are essentially futile in the great majority of cases. Hypnotism is of no avail because its method is only directed towards the fear and lack of confidence and misses the primary cause of stammering - the lack of auditory imagery. Hypnotism would be far more effective if the auditory imagery could be intensified along with the lessening of fear and the building up of confidence. Psycho-analysis directs its force at the fear-neurosis that the psychoanalysts believe to be the cause of stammering. Generally speaking it fails because their system is little more than an elocutionary one. Counter autosuggestion is advocated as a means of eradicating stammering. This means of instilling confidence by the "I can and I will" method is dependent for its success on the temperament of the subject. Brute force, which is the result of "I can and I will" accomplishes nothing for the stammerer does not know what he is trying to accomplish. This is true because when mental imagery fails "I will" leads to physical effort on the part of the stammerer. A person of emotional temperament may find this counter-suggestion beneficial, but one of a cool analytical mind will find

it futile. The former does well to meet a difficult situation with assurances of perfect self-confidence, while the latter should refuse to think of the circumstance and deliberately turn his mind and thoughts to other things. He must rely on his comprehension of the psychological speech-process to tide him over.

Multiple thought, the use of synonyms, has no direct method of attack. The stammerer is always tempted to substitute synonyms for difficult words. This expedient permits him to enjoy a transient immunity from his impediment. This is the path of least resistance and the one most frequently followed by the stammerer. He must realize however, that verbal imagery is absolute in determining the nature of speech and he must not deviate from this if he is to overcome his difficulty. It is the stammerer whose disturbance is slight and who wishes to hide his impediment by reverting to synonyms that will have greatest trouble in restraining multiple thought. If the stammerer is greatly tempted to replace difficult words with synonyms he must hold a visual image of the refractory word before his mind. This image would focus his attention and to some extent counteract the tendency to substitute.

Physical stammering is purely voluntary. It is not deliberate but is the product of bewilderment. This type of stammerer resorts to physical efforts to overcome his trouble, but since articulation itself causes no difficulty his efforts are misdirected. These spasms and paroxysms are easily eradicated by elocutionary methods, but often the amnesia remains unalleviated. The elocutionary systems rectify the error of respiration, phonation, and articulation but that is all.

It is evident that after the stammerer overcomes physical stammering, fear, multiple thought and inhibitive auto-suggestion he still has the auditory amnesia to contend with. Here one has to deal with the questions, - can the auditory image be brought into activity by artificial means and can it be so strengthened that it will be less likely to vanish? Literature and my own experience give proof to the fact that it can. One can speak better within the range of noises and especially that of other voices. Continuity of sound, the continuous flow of sound and air throughout a sentence is of great aid. The visualization of the word, phrase, or sentence in the mind, the concentration on the act of speech in all its multiplicity help to strengthen the auditory imagery greatly. Mental imagery can be strengthened by training and conscientious appliance to the task. It is of unlimited value in overcoming a speech defect. One must suppress all excitement, one must think of the words he is going to utter, one must think how they are going to sound - and thus one can usually overcome one's amnesia.

In this manner can a physician help the child, youth or adult that comes to him for aid and advice? He can bring robust health and can preach the doctrine of mental and physical hygiene. He can help the stammerer to overcome his fear, mostly by giving to him the knowledge as to its cause. He can offer counter auto-suggestions and can help to eradicate multiple thought. He can instruct the stammerer in simple exercises of elocution to aid in overcoming the voluntary physical stammering. Above all he can reach the child and the earlier corrective steps are taken the better. For in the child none of the complicating factors such as fear, multiple thought,

auto-suggestion and the like have come into prominence to make the picture more complex. I am indebted to the Blantons, recently of the University of Wisconsin and the Minneapolis school system, to Mrs. L. F. Read of the Minneapolis Public Schools, and to the Moodys of New York for their personal attention to my personal case and for the great help that they have given me. It is their thoughts and help combined with my own experience that form the basis for this chapter. I want also to express the thought that a medical training is also of the greatest value in overcoming a difficulty of this kind. You are associated with a group of men who understand your difficulty and affliction. They help you over the rough spots and give you all the aid in their power to attain self-confidence. You come into contact with many people, some whose afflictions are much more tragic than yours, and you learn to meet them, you learn to understand that they look up to you to help them. And you gain confidence in your power and in your personality and in your ability. Once more I want to state that my medical education has aided me more than any one other factor in overcoming stammering. The physician when he understands all this and is sympathetic with his patient can do, through the use of a little psychology and common sense, and patience, more than any other group of men in helping the stammerer find the road to clear uninterrupted speech and self-confidence.

Human individuals are alike in many characteristics. They are alike in that they inherit a human nervous system with certain innate connections and a greater functional modifiability and retentiveness than any other animal. These pre-formed connections furnish the race with common traits, tendencies, impulses, and emotions. Human beings are alike as shown above, - yet they are unlike. It must be remembered that human beings are alike as animals yet widely different as individuals. There are native differences due to environment, rearing, nutrition, companions, education, endocrine functions, geographical location, nationality, race, home surroundings, and a thousand other influences. These all shape and mold human intellect, character, personality, and psychic reaction. There are also the individual difference due to age, sex, ancestry, temperament, and behavior. In a word, individualization is the keynote to the understanding of humankind - especially as it pertains to the use of psychotherapy.

It is seldom possible for the doctor to know beforehand the peculiarities of disposition and character of the series of patients that come under his care. In this respect, the old fashioned general practitioner has few equals today. He was personally acquainted with every member of the small neighborhood in which he practiced, and he knew all their peculiarities and idiosyncrasies and those of their families and forebears. He had their implicit confidence. He knew just where it would be wise to conceal the serious nature of the case, and just when he could hope to arouse a "fighting spirit", which would help him to win out against the disease. He knew which case could be influenced by subtle suggestions which would assist nature and the simple drugs used to work a cure. The doctor of today is seldom

acquainted with his patients before their illness, and frequently loses sight of them directly after their recovery. He can, however, learn to recognize certain types of personalities and he can always keep in mind that no two individuals are alike in their reactions to their environment. He can take measures to adapt himself to some of their outstanding differences. He can alter the environment of the sickroom, so as to secure that response which will best assist nature in restoring the patient to health. Each patient should be an individual and not just "another appendectomy", or another "heart case". The duties of the doctor include the healing of the mind as well as the body. The practitioner of today, the specialist of this age, cannot hope to have the intimate personal knowledge of his patients as did the old-time general practitioner. He should and must resort to psychology and psychotherapy in his dealings with his patients. The old-timer learned psychology in his practice, - the doctor of today must study and apply it to make up for his lack of personal knowledge of his patients.

We may take this fact from the experience of the old fashioned practitioner and the family doctor, - that psychology always has and always will be an inseparable part of the practice of medicine. Medicine during the last century has been placed on an entirely new basis. Psychotherapy has developed from the enchantations of the medicine man and religious fanaticism through a mystic hocus-pocus into an exact science. Chemistry has arisen from mysterious irrational alchemy. Astronomy has been born from astrology. And modern psychology's offspring, psychotherapy, has grown from mediaeval belief in miracles, from Mesmerism and animal magnetism, and from all the spiritistic trickeries of a Mephistopheles and a Mesmer. It was believed that disease came from astral influence, an incomprehensible power,

or as a visitation from God as punishment for sin. It was not then known that disease is a process of nature, governed in cause and course by inalterable laws.

I hope I have succeeded in showing to what extent a physician by means of suggestion can relieve suffering, and how by means of environment can influence medical and surgical recovery. How he can by his comportment, the assurance of his demeanor, and verbal, written, or indirect dictates secure the patient's confidence, and, through that implicit trust in him, guide and steer the patient to health and contentment. How he must individualize and look upon each mortal as a different and separate entity. How he can in functional diseases and speech disorders, by removing false ideas and impressions, cure the patient of his affliction and restore him to normal good health. How he must counteract and obviate all adverse suggestions, fads for stylish illnesses and operations, and the insidious treachery of the "symptom mongers". How he can make ours a better world by aiding the wealthy drone to a better existence and by helping the adolescent youth to a fruitful, idealistic, and more rational manhood. How he can fight the perversions of sex and the abnormalities of temperament. How he can aid by knowledge, suggestion, and confidence the stammerer. The ability to do all this lies in the power of suggestion, - in word, assertion, action, comportment, example, and common sense. There is no need of looking far afield and no need for seeking supernatural causes. There is a rational natural explanation for this power. This is contained in what Jacoby calls the law of ideational dynamics: "if the suggestive receptivity of an individual be sufficiently pronounced, suggested concepts will elicit sensations and movements which have heretofore been missing, and, on the other hand will do away

with sensations and movements which previously were present." I have seen the convalescent, who relies on narcotics and soporifics for sleep, glide peacefully into the arms of Morpheus upon the administration of a harmless powder by mouth. The suggestion was added that "this" would make him go to sleep. The nervous patient in the cystoscopic room has been relieved of pain and terror by a few kind words and suggestions, that induced confidence in the operator and the ability to relax. The truth of this quotation can be verified a thousandfold by the experiences of hundreds of physicians. The stammerer by a kind word or sympathetic silence on the part of the listener can be put on his ease and unhesitating speech result. Fear will be abolished and self-confidence ensue. Psychology permeates the atmosphere of the consulting room and hospital, unwittingly perhaps but it is there.

Psychotherapy means treatment by the mind, and should be distinguished from psychiatry which is the treatment of the mind-mental diseases. Psychotherapy is a method, or rather a group of methods, of treatment, which undoubtedly produces beneficial results in many instances, and which affords scope for research in nearly all the sciences. Even if it is a youthful phase of medical practice and is still shrouded in the mists of ancient mysticism and modern distrust, even if its application be not understood thoroughly and be not universal, and its explication difficult, -- why should it be neglected or left to the exploitation of those with more imagination than discretion? The practice of medicine always has unknowingly used psychology, and now when it has become a more exact science, physicians

should welcome it and use it more extensively. The psychological aspects of medicine are countless and the use of psychology or psychotherapy indispensable to the physician in whatever branch of medicine he may choose.

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