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SUGGESTIVE THERAPEUTICS

Edited by SYDNEY FLOWER, LL. D.

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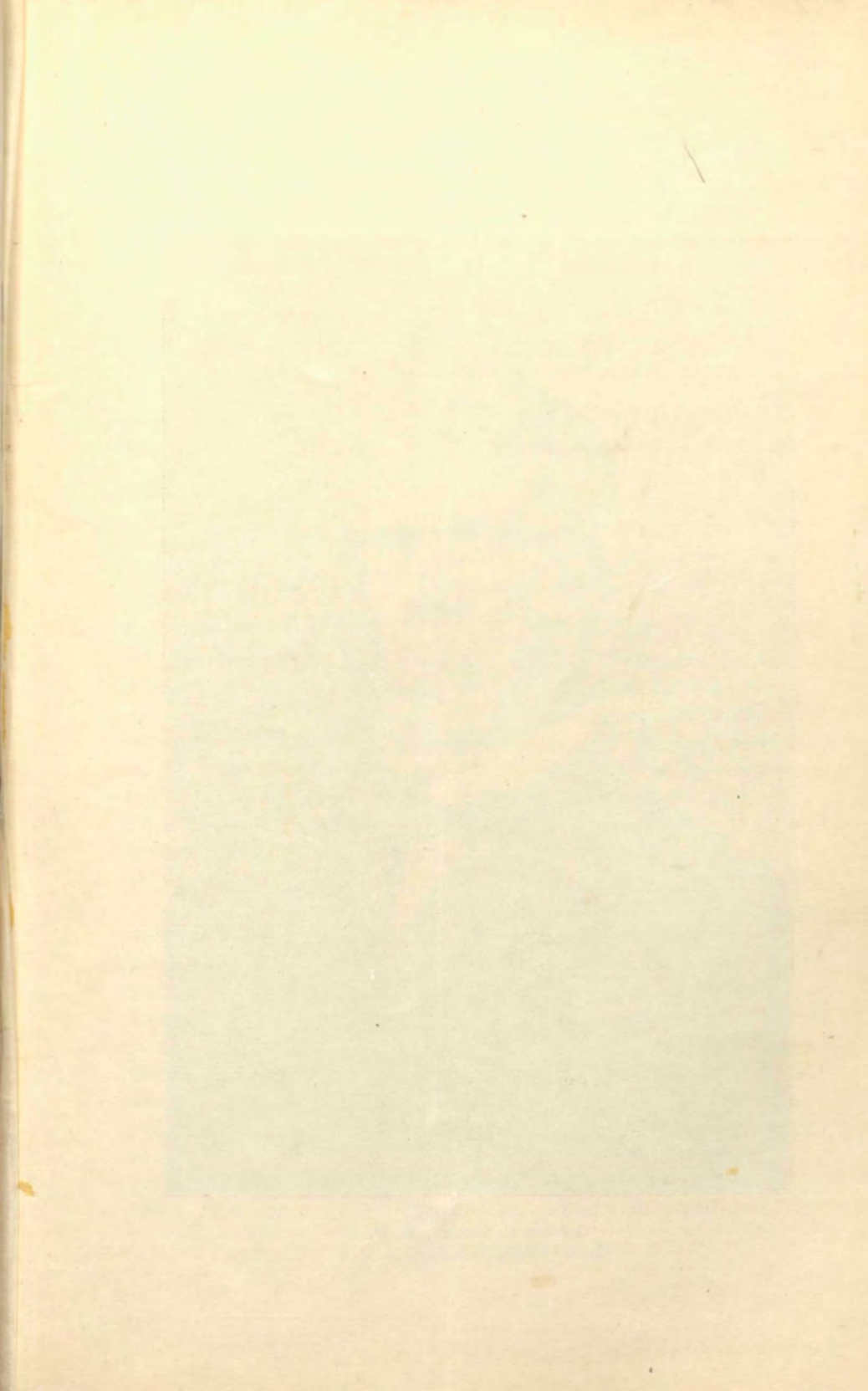
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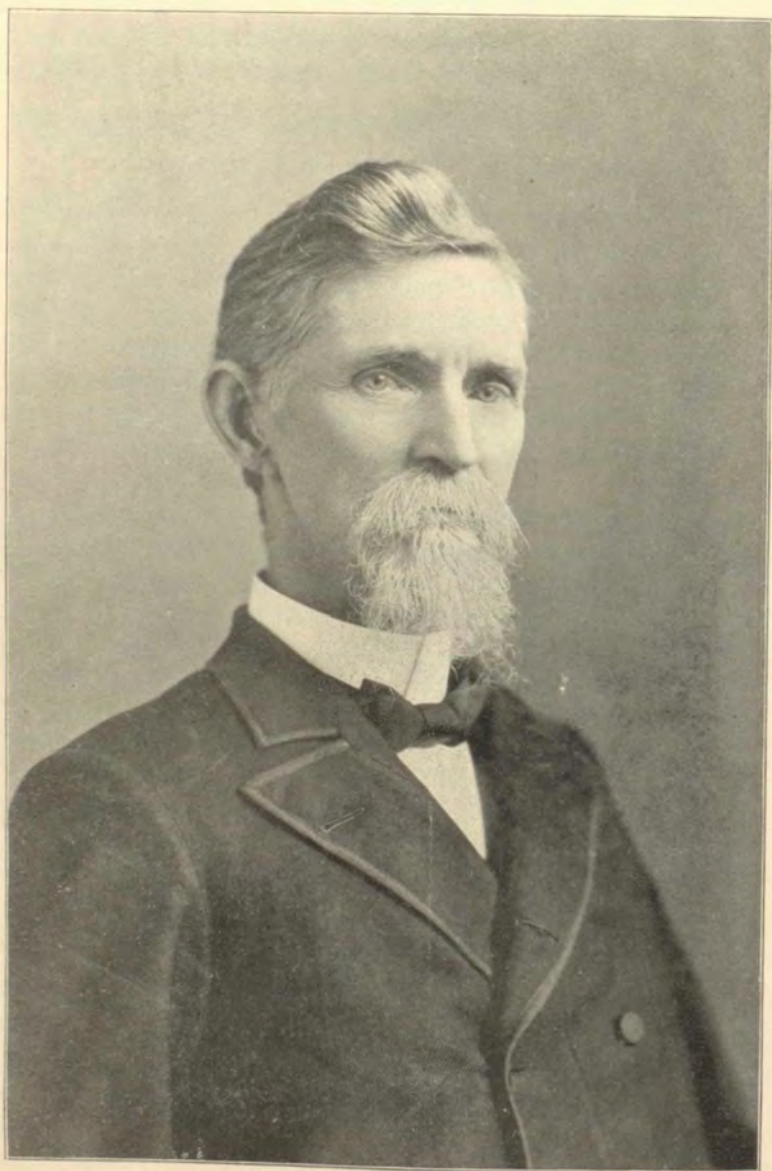
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GEORGE C. PITZER, M. D.
3955 West Belle Place, St. Louis, Mo.

SUGGESTIVE THERAPEUTICS.

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HEALING AT A DISTANCE.

By George C. Pitzer, M. D., 3955 W. Belle Place, St. Louis, Mo.

In considering the question of healing at a distance, let us suppose our patient to be a thousand miles distant from me. He writes me a letter containing the same description of his ailments above given. I reply to him, and make the same statement to him in writing that I should make to him in my office. Following this, I explain to him how we can, by Suggestion, engage the subjective mind to bring into harmony all the functions of his body, invigorate his heart, remove the water from his tissues, relieve his pains, etc.

Instead of asking him to relax himself and go to sleep, as I do in office treatment, I simply request him to retire to some quiet place in the house, at a certain hour each day, take a recumbent posture and close his eyes, and at exactly the same time each day, I do the same thing—repair to a quiet place, take a recumbent posture and close my eyes. I ask my patient to remain in a quiet condition with me for five minutes; to keep his thoughts upon me, and I will think of him, and in five minutes I will bring him en rapport with me. I now ask him to repeat with me the duplicate suggestions with which I furnish him, and we repeat these suggestions in concert, exactly the same as we should do in my office. We repeat these suggestions in harmony, over and over,

THE WAKING AND HYPNOTIC STATES.

By Dr. Liebeault (of Nancy).

(Translated from the *Revue de l'Hypnotisme*, Paris.)

Psychical life, more or less active, presents itself under two forms or ways of expression which act alternately. The first is characterized by the power of making free and voluntary efforts to create thought. This is known as the waking state. In this form the power of attention, everywhere omnipresent where there is nervous substance, flashes from the brain, and, by a centrifugal movement presides at the formation of the impressions on the senses, at the transformation of these impressions into sensations, then into ideas, and subsequently into acts, whether these ideas be imaginary or not; in short, it creates all these mental operations of which it is the source.

In the second form, those free and voluntary efforts which in the first are the origin of right actions and creates them, are arrested, or at least become slower in their movements. From the inertia which is then developed in greater or less degree, the subject who is the object of it loses his initiative, and isolates himself from the surrounding world, partially or completely. Natural sleep is the most perfect expression of the passive states which depend on this latter mode of existence.

All have their foundations in the thinking phenomena of the mental representation.

Among the number we distinguish the propensity of imitation, abstraction, emotional sentiments, joy, anger, melancholy, fear, love, etc., and among the most general passive states we remark ordinary and artificial sleep, nocturnal somnambulism and various nervous affections, which are but the effects of morbid sleep.

All these manifestations of passivity, though differing so widely, have for common cause all initial concentration of the attention on one or many ideas. And we can only explain this diversity of

phenomena under the influence of one cause, by admitting the polizoisme of Dr. Durand (de Gros); that is to say, a relative independence of these centers, each having nevertheless, besides its own special properties, others that are common to all. And if we find signs of the passivity of the mind during the waking state, and signs of its great activity during the passive states, the cause of it is certainly due to the fact that the nervous centers often act independently one of another.

* * * * *

Much has been said of late about suggestion in the waking state, and some of the disciples of Professor Delboeuf, who have shared his inconsiderate opinion on the possibility of the efficacy of such suggestion, have gone even so far as to say that it is even more powerful over the organism in this case than it could be during sleep. They are greatly mistaken.

If they have had some successes, such have been of small import, and were solely the fruits of partial and spontaneous sleep; these successes have never risen to the height of those that we can produce, for example, in profound somnambulism, and the results thus obtained were only remarkable in subjects who easily fall into certain partial sleeps, or who were naturally disposed to accept suggestive affirmation by reason of the faculty they possessed of receiving it easily and quickly. If in the waking state the mind is many-sided, if it is continually creating sensations, and ideas for the creation of other sensations and other ideas, it is quite different and altogether opposed to this in sleep; the mind can then create nothing. In this state it remains inert, without initiative; but at slight solicitation it fixes itself more or less on one or many ideas, these it accepts without resistance and blindly follows.

It is thus that the mechanism of suggestion is realized, thanks to the production of the passive states, especially the state of hypnotism.

HOW TO HYPNOTIZE.

Being a Course of Practical Instruction in the Art of Inducing Hypnosis,
Divided into Five Lessons.

BY THE EDITOR.

LESSON I, WITH INTRODUCTION.

INTRODUCTION.

It is assumed that you who read these lines intend to put the instruction here presented to a proper use; i. e., to make of hypnosis either an educational agent, a curative agent, or a means whereby the supranormal powers of the human mind, as evidenced in clairvoyance, may be studied to the best advantage.

It is further assumed that you need admonition and directions, more than argument, and I therefore refrain from cumbering these lessons with theories, or a discussion of theories, giving you only such reasons for certain directions as seem necessary to support the reasonableness of those directions.

LESSON I.

Scene: A social gathering. Time: Evening.

Hostess (to long-haired gentleman with flashing eye): "Professor, will you oblige us with a specimen of your power?"

Professor: "I vill dhry vot I can do mit you."

Hostess: "Oh, no, not me. Try some one else."

Professor: "Ach, so! You are aff-r-r-aid? You fear me? I shall not har-r-rm you. No!"

Hostess: "I am so much interested in the occult, but please look at some one else, professor, and put some one to sleep, won't you?"

Professor: "Not always I succeed, but generally—yes. I vhill select that young lady, mit ze fair hair. I look at her—so! I hold her vit mine eye, she cannot move. So! She heave and blow, but she move not at all. She is heepnotized; alretty she is asleep."

Finding herself the object of unusual attention, the young lady with the fair hair turns first red, then pale, laughs, cries, has hysterics, and is led out of the room.

Professor: "Ach, it was a peety; she is a goot subject."

Now here is a man busily engaged in making an ass of himself, and, worse still, tampering with an agent that has no place in a social gathering as a means of affording amusement to a circle of guests.

Hypnotism's place is the sick-room or the hospital.

Take your first case, a man who complains that he has been unable to sleep soundly for the past three months. Put him into a comfortable chair facing the light, and make sure that he is comfortable. Shift him about until he is resting, and says he is resting. You do this for effect. Everthing in this work depends upon the effect you produce upon the patient's mind. Even the sleep you intend to give this patient on the coming and succeeding nights when he is far away from you will depend upon the effect you produce upon his mind by your preliminary acting.

You are not, while engaged in this work, a man of original thought; you are simply an actor, weighing tone and gesture, testing the effect of a glance, a sentence, a frown, a compression of the lips, a persuasive unbending; testing these things, weighing them, trying and withdrawing them according to results, even as the regular physician tries and withdraws his material remedies according to results.

You are working upon a system; you are endeavoring by all means in your power to so impress the mind of your patient with a sense of the weight that attaches to your words that he will accept without questioning what you tell him; will believe, and so will realize what you tell him to realize. He will feel drowsy when you say that he is feeling drowsy; he will sleep when you say that he is sleeping.

Now you understand how important it is that you should weigh all preliminaries, because this is your business, and you must understand how most quickly to succeed.

You fall into one of the three types of hypnotists:

1. An egotist, ignorant and vain.
2. A self-confessed humbug.
3. A single-hearted enthusiast.

This classification includes all operators, whether honest or dishonest.

If a hypnotist knows himself to be a humbug, knows that the success of his work is dependent upon his power to work upon the power of his patients to believe; i. e., upon their credulity, then he is an actor; and it makes little difference whether he calls himself a humbug a dozen times a day, provided that he does not say it aloud, and guards his patients from entertaining the same opinion of him. He will make a good hypnotist, because he will calculate points, and study effect.

The ignorant egotist is also a good operator because his egotism gives weight to his words; he believes in himself, and this belief is a power.

The enthusiast acquires all his force in common with the egotist from this belief, but how different the source of the power. In one it is drawn from a love of a seeming truth, from a love of the work itself; in the other it is drawn from a love of self. Note that the self-confessed humbug has not this belief in himself at all, but rather a self-contempt. However, his dramatic ability supplies him with the earnestness needful for success, and he can impress his patient as successfully as either the egotist or the enthusiast.

A very beautiful study this, since it leads to an understanding of human nature, its heights and depths.

You have put your patient in the chair, and turned him with his face to the light in order that the glare may the more speedily tire his eyes, and that so he may be induced to close them. Now you take a position in front and to one side of him and say with the decent solemnity of a fashionable undertaker:

"Mr. Jones, you have come to me to be cured of Insomnia. You have done well to come. You have come to the right man, because this happens to be the one disorder of which I have made a special study" (say this quickly as though undesirous of claiming too much credit, and your seeming honesty will produce a

good effect—look for effect always); “and you have come at a convenient time, inasmuch as I have an hour to devote to your case without fear of interruption.”

Now pause and watch your man's expression. You can judge his calibre by the effect of such a speech upon him. If he is duly impressed he will be grateful to think that you single him out specially for this lengthy sitting, and he will esteem himself fortunate that you are disengaged for an hour. Such a one is easily contented; and such a one is easily hypnotized. Where there is content there is an affable disposition to obey suggestions; waste no more time in preparation of the mind of such a one, but proceed to put him to sleep, according to the method to be detailed herein later.

If your patient should be one of those well-bred persons who will seemingly acquiesce in the suggestions of the operator from a sense of politeness, rest you content, because this very politeness, this good breeding, will cause him to fall asleep later at your suggestion.

Suit your preliminary talk to the appearance of your patient, and do not, above all things, talk boastfully to well-bred, quiet, self-possessed persons. A talk of some kind you must give them, of course, remembering that as you impress them in the first place, so they will afterward react.

But suppose that your patient is of harder metal; suppose he is not particularly well-bred; suppose he grins broadly, winks, or looks sharply at you as you speak, are you thereby disconcerted, and rendered speechless? By no means. In this work, please remember that audacity, audacity, and more audacity, is always successful.

For such a one you shift your course and tack easily in another direction, as follows:

“Insomnia is an effect, not a cause. It is our business to remove the cause of insomnia and so remove the insomnia itself. I shall teach you first how to relax the muscles of the body, then how to fix the voluntary attention upon a given point, and in this way we shall produce in you a drowsiness due to a fixation of the attention upon a simple process; we shall deepen that drowsiness

by suggestion, and you will finally sleep. Then by a repetition of our process you will do for yourself to-night what I shall do for you here, and you will go to sleep to-night. Do you understand?"

Observe that you have by your frankness pleased him, disarmed his opposition. Now follow up your advantage thus:

"It is easy to prevent yourself from being put to sleep; it is not so easy to carry out carefully the instructions given you, and thus allow yourself to be influenced. It may take a little time for you to grasp the importance of becoming instantly passive, letting go all tension, telling yourself that for once in your life at all events you will be absolutely obedient, and sink your own individuality. You can readily understand how necessary it is that I should have your full co-operation in this work; otherwise, if your will conflicts with my suggestions, I might as well accept defeat at once, because the operator has only such influence as his patient permits."

At the sentence, "You can readily understand," accent the "you," and thus strengthen the compliment to his understanding. He must have a weak point somewhere, and probably this is it. He flatters himself that he is not easily deceived, and such men are invariably easy to handle, being but wise in their own conceit. Tread cautiously, therefore, insinuating a wisdom beyond the average as your patient's portion, and in a little while he will pass into the same condition of mental content as number one. A little longer handling he may require; a little more tact, a little more knowledge of human nature, a little more experience in this work on your part; but all men are oranges with soft interiors—only the peel is thicker in some than in others.

When he has reached the required condition of content, he is passive, and you may proceed to teach him relaxation and concentration, according to the directions set down in the second lesson to be delivered next month.

(To be continued.)

THE PHENOMENA OF SPIRITUALISM.

By H. L. True, M. D., McConnelsville, O.

No. I.

Having previously read considerable literature on the subject of psychic research and some on spiritualism, being interested in the subject and not having opportunity to witness any of the phenomena as developed by professionals, about two years ago a number of my friends with no preconceived opinions on the subject and myself concluded to try an investigation on our own account. We therefore organized a little society and began to hold meetings and have obtained results which in some respects are astonishing. Thinking, perhaps, a report of some of them might be interesting to the readers of the Journal I have concluded to make them public.

In order that the general public might not consider us a set of "cranks" or ghost hunters, it was agreed that our meetings and proceedings should be kept secret. This was for our own protection. I would suggest the same course for other investigators. Our circle was organized with ten members, composed of persons ranging in age from 20 to 50 years, equally divided as to sex, and I do not think it would be considered boasting when I say they were above the average of community in intellect, composed as they were of two lawyers, three school teachers, two doctors, with the remainder fully equal to those mentioned in point of intellect.

Meetings were held evenings once a week, promptness in attendance being required. Sessions usually lasted about an hour, unless something interesting was developed, when frequently they would be continued two hours or longer. A light was kept burning in the room during the sessions. Sometimes we have had meetings with good results in the daytime. A large, old-fashioned fall leaf table (with extra legs to support the leaves)

made of cherry wood was provided. Good results have been obtained on tables of different kinds. We arranged ourselves around it, sexes sitting alternate, always observing the same order and the same positions at the table. We place the palms of our hands flat on the table (not necessary to touch hands) and wait. We may talk about any pleasant subject or sing while we are waiting. As soon as the raps begin on the table we give our attention to them.

In our circle, communication was established at our third meeting. Desultory raps had been heard before, but nothing intelligible. The raps are very characteristic, sounding as if they were deep in the table. They are entirely different from a squeak produced by bearing too heavily upon the table. The raps purporting to come from different intelligences or spirits, have an individual characteristic, so that it is easy to recognize one from the other.

As soon as the raps answer promptly, some member of the circle makes a statement to the effect, "If you mean yes, rap three times; if no, but once, and two for I don't know." This code being agreed upon, some member will call over the letters of the alphabet, setting down the letters rapped upon, and in this way words and sentences are spelled out. It is usual in the beginning to spell out the name of the "intelligence," and it has been the universal experience in our circle that the name of some deceased person has been spelled out. Some of these have been of persons who had been dead thirty or forty years and whom none of the members of the circle ever knew, giving the date of their death, birth, etc., and which, by reference to records, tombstones and interviewing old residents of this locality, were afterward found to be correct.

We rarely fail to get communications at each meeting, unless some regular attending member is absent or unless a new person is present. Then the communication is liable to be interrupted or it is mighty uncertain. After the curiosity of our first few meetings wore off some of our members became irregular in their attendance and were finally dropped, so that during the last year we have rarely had a regular attendance of more than six mem-

bers. To the present time we have been unable to learn that the communications depend upon the presence of any particular member. For a time the ladies of the circle were inclined to believe that I was the "mascot," but when they found they could get communications in my absence that idea was abandoned. At present they place considerable reliance upon the statements made in the communications.

We have found that when a communication is started we can move back from the table, keeping in a circle around it (no one touching the table), and the rapping will continue with perhaps slightly diminished force. Sometimes after the sitting has closed and the circle broken up, the raps will return and correct some error in the message which we have made in taking it down.

Now I wish to call attention to one experiment which we have repeatedly tried and which to me seems to furnish conclusive evidence that the human mind can act outside of the body or at a distance. When a stranger visits our circle he usually hinders communication if allowed to sit at the table, consequently we find it more satisfactory to keep him at a distance until he is given permission by the "intelligence" to approach. Suppose he is sitting in a distant corner of the room or in an adjoining room, with a door open between. When communication is established we ask permission for our visitor to run the alphabet mentally, giving us the letters rapped upon. The raps will respond to his mental letters and in this way intelligible communications are spelled out, thus proving that his mind acts outside of his body at least to the distance he is from the table.

We have also found that the raps will respond to mental question from any member of the circle provided a request is first made for them to do so.

Now some will say this is hypnotism pure and simple—that the members of our circle are hypnotized and think they hear the raps when in reality they do not; but how about our visitor, who also hears them when he is in an adjoining room? He is not hypnotized, neither is he a believer in spiritualism, and yet a single test of this kind will convince him of the genuineness of the phenomena, however much he might desire to prove it otherwise.

It has been reported that the famous Fox sisters made confession just before they died to the effect that the "Rochester knockings" were produced by the working of their toes, causing the joints to crack, making the so-called spiritualistic raps. Possibly some one of our company has a like habit of producing raps by working his toe joints, but what puzzles me is how the toes could read the mind of a visitor or skeptic who sits at a distance. Besides, as I have above stated, the phenomena do not depend upon the presence of any particular individual, they having been produced by the rest, when each one at a time has been absent.

In a future article I will analyze and discuss some of the messages we have received and will show that we have no power to control with our minds the matter of the messages nor the spelling of the same. From whatever source these messages come that source controls the messages, and we cannot change them and get response from the raps. I will also show that information sometimes comes that could not possibly have been in the minds either objectively or subjectively of any member present—matter clearly from the outside, of the source of which I have no explanation.

(To be continued.)

HOW SUGGESTION AIDED ME.

By Margaret Virginia McCabe, 917 New York Ave., Washington, D. C.

Recognizing Suggestion as the all powerful antidote for the many ills of this life, nay, it may even be termed the connecting link with the life beyond, the life of full completeness that haunts us all, and having grasped and felt its beneficent power, I want to add my testimony to the many already written, trusting that even in a slight way I may hold out the hand of faith to suffering mankind.

After months of dreary, languishing sickness, days of weakness too intense to even care to live on, through the pages of the Hypnotic Magazine light first broke upon me.

Still I struggled on with *materia medica*, still hoping against hope that relief would come. Finally, with a great effort, I threw all old beliefs aside, and began Suggestive Therapeutics. The change was almost miraculous. First the old enemy of years, insomnia, vanished as if by magic; then some abdominal trouble that three doctors had treated, each in a different way, and none had given a name to, gradually loosened its hold and has become only a memory.

The remedy is simple enough, too simple since a perverse nation looks for signs and wonders, yet all may try without incurring any harm even should they fail to find a cure.

When first I began this treatment I would seek a quiet, retired spot, put myself in a comfortable position, muscles relaxed, eyes closed, in a perfectly passive condition and thinking only of sleep. Gradually a soothing sense of rest would pervade me as if the spirit were severed from the mortal body, all sensation having vanished and only a buoyancy light as air around me; then with my objective or mortal mind I issued my commands in a firm, unflinching faith—by auto-suggestion to the subjective mind—that I would arise refreshed in mind and body, free from pain, with worries and troubles put aside. If there were pain in any particular portion of the body, I would direct my thought to that separately.

Often I would pass into a refreshing sleep lasting about thirty minutes, awaking at the minute appointed, or perhaps sleep did not follow, yet the results were the same.

Nightly now I make a practice of treating myself in this way as the mortal mind becomes unconscious, a purely subjective state, and rarely does it fail me. To insomnia victims I especially make my plea. Last summer I hardly knew what a night's rest meant—never without using a narcotic; now in this bustling, noisy city, with electric cars passing my windows, newsboys calling their "extras" and a continued hum of humanity, I can use auto-suggestion and any hour of the day or night induce sleep—deep, lasting and refreshing.

Once understand the power of suggestion and its results can be obtained at all times and in all places.

I quote a simple instance that all endure. Not long since I found myself becoming intensely excited, seriously disturbed over one of those disagreeable affairs that may arise at any moment. Quick as a flash, although surrounded by people, I became passive and sternly gave this suggestion to my subjective mind: "Be quiet, calm your nerves, this is no affair of yours, and you have no cause to worry or become angry." The result startled me. Instantaneously the mountain rolled away and seemed as nothing.

I have named but few benefits I receive from suggestion. Their name is legion, but I want to say to those who may be suffering and have not tried auto-suggestion that I know whereof I am speaking and I would urge upon them not to neglect so great a salvation.

MUSIC AS AN AID TO SUGGESTIVE TREATMENT.

By Thos. Bassett Keyes, M. D., 100 State St., Chicago.

As a curative agent music was recognized by the ancients. It was found useful to relieve the plague, also the effect of bites and stings from insects. Asclepiades is said to have cured a man of deafness by the sound of a trumpet. It was the first recorded remedy for the relief of madness; the Bible, too, bears record of its usefulness.

Music has been defined as the art of moving the feelings by a combination of sounds. The junction of time and pitch constitutes music.

In the production of hypnosis by Braid's method one of the effects produced is a rhythm between the body and the object stared at, an auto-rhythm, and particularly is this so if the patient is told to breathe as if drawing something into the body. Music holds and increases the rhythm of the patient as he sleeps.

In the proper state of hypnosis music is capable of producing the most wonderful and perfect auto-massage of any means which will probably ever be known to man. Those who completely

lose themselves in musical impressions will readily appreciate the relaxation it brings, leaving no tension unrelieved.

Strictly we cannot say that air is the only medium which can convey sound. For example, often persons who are totally deaf to sound produced by excitement of the air can hear the sound of a watch or bell when held between the teeth; the sound being then undoubtedly conveyed by portions of the head to the auditory center. In the suggestive (attentive) state every sense is more acute, and the sympathetic system and the entire body are ready to receive the slightest impression.

Pythagoras, in ancient times, pursuing with his well-known zeal and persistence the idea with which he was entirely absorbed—that of reducing all human knowledge to a mathematical basis—subjected the phenomena of sonorous bodies to a strict calculation. He calculated the number and relative vibrations, and established the absolute correctness of the intervals contained within the limits of an octave, which led Leibnitz to say later: "Music is a calculation which the soul makes in secret."

Acting directly upon the nerves, and in perfect harmony with the solids and liquids that pertain to the whole animal economy, every nerve and muscle seem to vibrate to the music. Groups of muscles and single muscles of the limbs, trunk and arms, and sometimes the muscles of the neck and face, rise and fall, quickening or easing their action to the tempo of the air. The same may be said as to the beating of the pulse.

The phenomena produced by music on the physical condition of man while in the suggestive state are certainly very extraordinary, but the effect on his moral nature and intellectual faculties is much more marvelous. The emotions increase in proportion to the force or grandeur of the composition. In some will be produced the feeling of furious movement; a wild ride. Some music evokes only calm and lofty ideas of repose and power. If a waltz is played the patient will feel that he is enjoying himself. If a march is played he will feel inspired. The importance of discrimination, as regards the class of music and the key in which it is played, is thus readily seen.

Slow, monotonous music, provided that it is not too sluggish,

has a calming influence over the individual, because it is then in accord and harmony with the nerve habit of the person who listens. If this essential is wanting it may do more harm than good by causing irritation.

In order to bring the brain under the control of the music it is essential to arrest the attention. This may be done by its power or sweetness; then to gradually conduct the organism into harmony with itself the key should accord with that in which the cerebrum is at that moment working.

As to the key, Gentry in his essays on music has laid down a series of rules on this subject which are useful as a hint to us.

"The key of C minor is pathetic. The key of D major is brilliant, and that of D minor is melancholy. The key of E flat is grand and also pathetic; it is a semitone higher than that of D major, and still does not in the least resemble it. By ascending again a semitone, we reach the key of E major, which is as sparkling as the preceding one is grand and melancholy. The key of E minor is rather sad, although it is the first minor scale in nature; that of F major is mixed; that of F minor is the most pathetic of all; the key of F sharp major is hard and sharp; the same key in minor still preserves a little of the same hardness; the key of G major is warlike and not as grand as C major; the key of G minor is the most pathetic, save that of F minor; the key of A major is a very brilliant one; that of A minor is the simplest, least brilliant of all; the key of B flat is grand, but less so than C major, and more pathetic than that of B minor, which is adapted to express sincerity and artlessness."

In general all the minor keys are tinged with melancholy; they are most used for expressing sentiments, such as grief, etc.

A key should be chosen analogous in character to that of the person, as to temperament, age, etc.

In the treatment of melancholy plaintive sound is required in a key that will blend in harmony with the brain state of the person; the attention having been arrested, the time may be gradually changed and modulated.

The violin and piano are probably the best instruments to be

used, but for those who are not able to obtain proper musicians, the graphophone may be used to great advantage.

SUGGESTION IN DEMENTIA.

By C. O. Sahler, M. D., Kingston, N. Y.

The case which I report this month, for the benefit of the readers of this magazine, is the most important case that I have reported thus far, and to me one of greater interest than any I have heretofore treated, for the following reasons:

1. On account of the relationship.
2. The hopeless condition of the patient.
3. The method of treatment.
4. The marvelous cure wrought.

Four years ago last March I received a letter from the husband of this patient, giving full particulars of her case, asking me what had better be done. Before I could reply a telegram arrived, stating her critical condition and that something must be done immediately. I answered by telegram, "Bring her to me as soon as you receive this message." As I previously stated, she was a near relative and one in whom I had the greatest interest. She was then living about 1,700 miles distant. Three days later her husband arrived with her at my home. She was so changed in every respect since I had last seen her that she was hardly to be recognized. She had been married but few years, had children very fast, and soon after the last one was born, owing to household duties and a large family, she began to lose strength, worried a great deal, lost her appetite, and finally could not sleep. For nearly four months previous to her coming to me she had scarcely slept at all. Under the best anodynes, etc., given by her physicians, she would only get two or three hours' sleep during the night, and many nights none at all. Upon their arrival at the depot I met them, found her emaciated, extremely nervous, in a shake and tremble from head to foot, constantly moaning, and scarcely recognizing myself or members of the family when she

arrived at the house. She was constantly walking, crying, wringing her hands, and as though under a great cloud. Even when sitting in a chair she could not be still. When taking food she would gulp it down with rapidity, as though she wanted to get it out of the way as quickly as possible, not masticating it sufficiently, and would immediately jump up and begin walking. Finally her mind would dwell upon one thought, and she would talk that night and day for a week or more. From this state she became very feeble, so that she was obliged to lie in bed nearly all the time, a human wreck, quiet, but would not talk at all, and for nearly three years she was in this condition, hovering between life and death, not uttering a word, not even attending to the wants of nature any more than the youngest babe, creating a great deal of work and care. This condition would be termed general paresis, dementia, or, as some would call it, softening of the brain, and the physicians who saw her or knew of the case considered it a hopeless one, and that she was gradually sinking into oblivion and death. During the greater portion of this time it was difficult feeding her to keep up life. In the meantime I had been thinking and planning as to the best method of doing something for this poor sufferer, but how and what was the question. I had been treating for the past two years many cases of a milder form of insanity by suggestion, with wonderful success, but to reach this hopeless case was the question. I took up her case during the earlier part of February. One week after the beginning of treatment, to the great surprise of all, she came down from the third floor of my house to the basement floor or kitchen, walked about the room in a weak, staggering way, without uttering a word, and went back to her room of her own accord. This was repeated two or three times within the next couple of weeks. I began to see intelligence dawning in her mind. I observed that she seemed to be taking notice of conversation and noises about the house, which she had not done heretofore. Still, during this time she had not spoken a word. With determination and perseverance from this slight ray of hope, I still pushed treatment from February until the earlier part of April, when one day my wife heard some one knock on the floor. She went up to her room, not having the

slightest idea of what would take place. Up to this time no one in the house or family knew that I was treating her. When Mrs. Sahler entered the room the patient looked up with a bright expression coming over her countenance that indicated her old self. Mrs. Sahler said, "Did you knock for me?" and she spoke then for the first time, saying, "Yes."

Mrs. Sahler asked her how she knew that she would come in answer to the knock. She answered my wife by saying, "I thought I would risk it, as I heard you down in the room sewing on the machine." In about an hour's time I came into the house. Mrs. Sahler sent for me to come up to the room, and it was really a surprise to see the change which had come over the patient. She said that for about two months she had become conscious of her condition and surroundings and proved it by many things which had been going on about the house, of which she was fully conscious. She then asked me how long she had been with me. When I told her over four years she could hardly believe it. She then said that for more than three years she had no recollection of anything. It seemed to be a blank spot in her life. We brought two of the youngest children into the room; she knew they were her children, but she said they seemed so strange, they were so much larger. Her mind still seemed to be in some respects overshadowed, but in a few days more she was mentally sound, her memory perfect, remembering everything from childhood up to her coming to me, as well as any individual. She only had a slight recollection of coming to my house and then all seemed to be oblivion. Since April she has been making a gradual and thorough recovery. Instead of being stooped and deformed as she was previous to this, her figure now is becoming erect, she has a natural appearance, and takes an interest in her family and matters pertaining to the house; in fact, no physician meeting her now would have the slightest intimation of what she had passed through in the four years. Now she looks young for one of her age, countenance clear, with the Soul life shining forth with joy for her mental and physical recovery. It will thus be seen the change began with the first week I took up special treatment in her case. Then for the first time, for nearly four years, there began to come into

that body intelligence which went on rapidly increasing until thoroughly re-established. From the beginning up to the present time the patient does not know anything about the method of treatment, etc., connected with her case. She simply is fully aware of the fact that she has been brought back, as it were, from the grave, for she was dead to the world, and, as stated at the outset of the article, there was no attempt at oral suggestion, for it would have been of no avail, so I began the first of February treating her by mental suggestion, continuing the treatment right along until she fully recovered her mental faculties. I have treated a number of cases of insanity by oral suggestion when they did not seem aware of what I was doing for them, but this is the first case which I treated from first to last by mental suggestion exclusively. The above history bears out the result of treatment.

THE MORPHINE HABIT CURED.

By the Editor.

Morphine, cocaine and opium takers may be exactly divided into two classes; the first class being composed of those who wish to be free from the drug; the second of those who do not wish to be free.

Cures are made in the first class by the following means or agents: Suggestion, strychnine, atropine, avena sativa, baths, hyoscyamus, electricity and some ten or eleven much advertised nerve stimulants in the form of compound drug preparations.

Cases belonging to the second class are never cured.

By suggestion alone I have cured four cases of morphinism, and have failed in nine cases. In an exceptional case the will-power has been so little affected by the drug that with the additional assistance of suggestion the patient is enabled to crush down his suffering and come through triumphant. The four cases I cured belonged to this type. They cured themselves. Suggestion helps a man to cure himself. It stimulates will-power.

But suggestion will not reach the average morphine taker. It is not strong enough to hold him. I know whereof I speak.

A man may be cured of the morphine habit by a dream which makes a strong impression upon his mind. Or he may throw his syringe upon the ground, set his heel upon it, and resolve henceforth not to touch the drug. If he have good stuff in him, he may keep his word. Such a man could be helped by suggestion, and his cure made easier for him.

But he is not an average case. He is an exception.

The average morphine taker groans under his bondage. He wishes to be free, but his physical suffering drives him back to the drug if he attempts to break off. He cannot endure the agony. He looks upon an institute where the morphine habit is said to be cured with aversion because he knows that it means suffering for him. He cannot face the prospect of this suffering, but he would give the world, if he had it, to be cured, and to know that he was cured. Possibly he takes the Keeley Cure. The Keeley Cure is chiefly strychnine and suggestion, suggestion and strychnine. Sometimes it cures; oftener it fails.

Recently a case of morphinism was sent to me, which was said to be the worst, or one of the worst, on record. I took him for a week, cut him down from sixty grains daily to nothing; and at the end of that time took my choice of losing him or turning him over to some one else, and sent him to Dr. Waterbury, whose reported cures had made an impression upon me.

Briefly, I put the case this way to the doctor: "Here's one of the worst cases I ever heard of. If you can cure him without his suffering at all, you can do a wonderful thing, and I'll push your treatment in my journal. If you don't cure him, I pay you nothing, and say nothing about your treatment."

Dr. Waterbury took about two minutes to decide that the offer was worth taking up, and here the patient may be allowed to tell his own story. I have only to add to it the bald statement that this patient was relieved of all craving for morphine in forty-eight hours, without pain or suffering to himself, and is a well man; also that I have watched the working of Dr. Waterbury's treatment upon all sorts and conditions of people, and find it does

what he says it will do; i. e., cures quickly and without suffering. If there is anything like it in America it is news to me.

CASE OF JAMES MC D.—REPORTED BY HIMSELF.

My acquaintance with opium began in the last year of my college life, when I was about 21 years of age. I had read and re-read De Quincey's famous "Confession of an English Opium-Eater," and the beauty and forcefulness of his style and the glamour and seductiveness of his sentences made a strong impression upon me. For a time this book was my Bible. I, too, wished to try the effects of this strange oriental drug, to make a voyage of my own aboard the "dream-ship," to taste for myself the strange rapture and ecstasy which, according to the author of the book just mentioned, this drug has the power to produce. This was the cause of my taking opium; the occasion was slight gastric pain, but I was all the time looking for an excuse to take it. I took it, and—was lost! Its effects were delightful beyond expression, and from that time until one month ago I was a constant devotee at the shrine of the god "Madjoon." I cannot say that I was ignorant of the consequences of such indulgence, but like all infatuated beginners at opium-taking, I flattered myself that I could keep the upper hand of the insinuating drug, and had no thought of becoming a confirmed opium fiend. But it was the same old story; before I knew it I was a slave, bound hard and fast, hand and foot!

Like De Quincey, I began with the tincture of opium, commonly known as laudanum. From the very first I increased the dose rapidly, until I was taking immense quantities of the poison; but after a while the proof spirit which laudanum contains in large quantities began to affect me disagreeably, and I changed off to gum opium; that is, opium in its crude state. Of this I increased the dose until I was taking from forty to fifty grains per diem, then for two years I remained nearly stationary, rarely exceeding the above quantity. My first attempt to free myself from the bondage of the drug was made when I first awoke to the fact that I was becoming a slave, and when I was taking from four to five fluid drachms of laudanum each twenty-four hours. This attempt was abortive. The indescribable agony and distress produced by abstinence from the drug was so great that in a

fright I very soon gave up or rather postponed the ordeal. The only result of this attempt was an increase in my daily quantum of poison. My next strike for liberty was made about a year later. I summoned all my will-power (and the opium-user is not particularly strong in this commodity), and prepared to make a break for freedom. For two days I did quit, but during those two days I was in hell! Had I prolonged the attempt much longer it seems to me that I should have either died or gone mad. It is impossible to describe the intense feeling of distress, the wild, insane restlessness and the gnawing pains which accompany every attempt to leave off or even to reduce the accustomed dose of the drug. Suffice it to say that this second attempt went no farther. I simply could not endure the torture. By this time I had come to the conclusion that without help—that is, without proper medication—I could never hope to rid myself of this habit, or, rather, disease. At this time I knew little about medicine, and still less about the pathology and treatment of the opium disease. I began to inquire into the subject and to seek help. First I tried several so-called "home treatments," one after the other, which I had heard of or had seen advertised, among them the Keeley, but all without permanent benefit. I think it is the experience of all who have ever taken these widely advertised home treatments for the morphine habit, that, although by means of them it is possible and perhaps easy to reduce the daily dose of drug down to a certain point, yet beyond that point they simply cannot go. And besides, when the would-be "remedy" is dropped, back comes the morphine crave seven times stronger than before. The fact is, nearly all of those treatments contain, in addition to strychnia, atropia, etc., opium itself, in some form. And opium cannot drive out opium, any more than Satan can drive out Satan!

One and all these "remedies," so called, are a delusion and a snare. Then, finding that I could not cure myself, I decided to place myself in some sanitarium devoted to the treatment of such cases as mine. I did this, going to an institution in Cleveland, Ohio, in which the "Gold" remedies were used. Here I spent seven long weeks, and they were weeks of "linked agony long drawn out." Looking back upon that time, I don't see how I

stood it at all. And O! the quantity of "gold" that (supposedly) was shot into me! As I left for home at the end of the seven weeks (and just before starting I got a parting shot and a bottle of remedy to take home), one of my fellow-graduates remarked that I had better be on my guard or some one might try to kill me for the gold with which I was stuffed.

In this instance the remedy was worse than the disease. I left this place weak, nervous, anemic, sleepless. To be sure, as long as I was taking the remedy which was given to me on leaving I could get along pretty comfortably and could sleep, but when it gave out I was as bad as ever. I sent for two additional bottles; when these gave out, I resorted to chloral hydrate and other drugs, and finally, in a short time not being able to stand it any longer, I drifted back to opium. During all this time the morphine crave was ever present, latent, perhaps, but present for all that. Still I did not give up hope. I went to another institution, where the gradual reduction system was practiced. This proved a veritable "house of torture," and the morphine crave still remained. Then I tried another place. To make a long story short, I have almost lived in these institutions (for a part of the year at least) for the last three years. From most of these places I went home completely worn out with suffering, with nerves lacerated (so to speak), my system poisoned and run down by the "remedies" used, and the old disease only dormant.

One place I left with all the symptoms of brominism, from the excessive quantities of bromides administered.

It was then that I became desperate. Where next should I look for help? These glowing promises of help had not been fulfilled, my condition at this time was really worse than my condition at first. My morphine appetite seemed literally to have grown stronger. I had been disappointed, disillusioned, again and again; I had asked for bread and had been given—a stone! Thus I was forced to fall back on my own resources until something better should offer itself. I now tried to cure myself. I had by this time acquired a slight knowledge of medicine, and had deeply studied the opium disease and its treatments. It is needless here to give a detailed account of my numerous attempts at self-cure.

I experimented upon myself with drug after drug, I literally inoculated myself with various poisons which I hoped might antidote the morphine, or at least sustain the system during the trying time when the opiate is being dropped. For example, I tried strychnia, atropia, hyoscine, Cannabis Indica, cocaine, etc. But every such attempt ended only in complete failure. Meantime I had been reading about the treatment of disease by hypnotic suggestion, and so at last I went to Chicago to see if such treatment would benefit my case. Six months before coming to this city I had begun to take morphine, sometimes by mouth, sometimes, especially latterly, hypodermically, and had also largely increased my daily quantum, taking over a drachm per diem.

Besides, I had at this time begun to take cocaine now and then, and had been taking Cannabis Indica or Indian hemp for more than a year. The addition of these drugs greatly accelerated my down-progress. When I came to Chicago some weeks ago, my condition was superlatively miserable. I was taking nearly two drachms of morphia sulphate each twenty-four hours, besides the cocaine and Indian hemp. My system was completely run down. In this condition I applied to Dr. Sydney Flower, editor of the magazine called "Suggestive Therapeutics." He took me for treatment. For more than a week I went to his office once or twice a day, receiving his various suggestions. Under his care and skillful treatment my health improved appreciably. Then we rapidly reduced the dose of morphine. But when the drug came to be dropped entirely, so run down was my condition, and so fearful a hold had the drug acquired, that when all drugs were withdrawn, I was in such a condition of pain and insane restlessness that I was unable to put myself in a passive condition, and therefore was not in a position to be benefited by suggestion. Considering my case a grave one (and I had been considered incurable), and cognizant of my extreme debility, Dr. Flower took me to the Garfield Park Sanitarium and placed me in the care of Dr. Waterbury. I was told that this doctor was curing the morphine habit in forty-eight hours, and sometimes quicker than that. Oh, how I scoffed at the idea! Cure the morphine habit in forty-eight hours! Impossible, preposterous!

When I was brought to Dr. Waterbury I had been without morphia for some time, and was feeling extremely miserable and uncomfortable. I got a shot or two of the doctor's remedy, and in fifteen minutes I was perfectly comfortable. The morphine and all my drugs were taken away at once, yet from first to last I suffered no inconvenience whatever. During the treatment I slept a good part of the time, and that without a particle of any opiate. In a little over forty-eight hours I was all over it, not an ache nor a pain, no subsultus tendinum; I was simply and naturally a little weak, but I began to eat at once and immediately began to regain my strength. And O! how good it felt to be able to lie quiet without resorting to opiates. How good to be able once more, as in childhood, to sleep an "honest" sleep, without drugs of any sort. But the best part of it is to come yet. After undergoing the treatment, for the first time in ten years (that is the length of time I have been taking the drug) I was able to say honestly, "I don't want any more morphine!" I don't need it, I have no possible excuse for taking it. After I was through with it, I would lie quiet in my room, and simply wonder how such a thing could be—cured, absolutely cured of the crave, and in forty-eight hours. It is now over three weeks since I have taken any morphine, and I am feeling better than I have felt for years. I have not the least desire or craving for the drug. And now, just a word as to Dr. Waterbury's method of treatment. It is a sure thing; it simply cannot fail. It is absolutely painless. This is a bold thing to say, but it is strictly true, nevertheless. Dr. Waterbury administers a remedy which keys up the system above the morphine key, and keeps it there until the drug is expelled. This remedy for the time being takes the place of the morphine, so that the patient simply cannot suffer.

To sum up briefly. I have set down a faithful history of my case, which, as Dr. Flower said, was one of the worst on record. The plain facts are that I was cured in less than three days, and without suffering. Dr. Waterbury has done for me what he said he could do. I did not believe it possible, but he has done it. It is an astounding thing to me that after all my seeking and reaching for cures of every description, after investigating

reports and examining the mode of procedure in favor in the best institutions of this country, I should have been cured at last in this wonderful manner by a process which was absolutely new to me. I thought I knew the detail of every form of treatment for drug habits, but this I did not know. If my experience at the Garfield Park Sanitarium under Dr. Waterbury will help others to understand that there is at last established a painless cure for the morphine habit, these few lines will have done a gracious work.

HABITUAL CONSTIPATION AND ITS CURE BY SUGGESTIVE THERAPEUTICS.

By Albert H. Burr, M. D., Reliance Building, 100 State St., Chicago.

Chronic constipation is one of the most common of every day ailments, and its maltreatment by the laity and profession is almost as common as the perverted function itself. This arises very largely from a misconception (1) of the physiological process of defecation, (2) of the chief causal factor of the constipated habit, and (3) of the essential therapeutic element in its treatment. Let us study these three factors in the order mentioned.

I. Physiology of Defecation.—The control of rhythmic forces is, for the most part, outside of and beyond our conscious mental appreciation. They act with automatic precision whether we wake or sleep, little influenced by our wills, our desires or our reasoning faculties. They are said to be controlled by the great sympathetic nervous system which connects the various organs of the body in their functions, with ganglionic and cerebro-spinal centers. This is not true in a literal sense, for this wonderful system is itself only a mechanism; an intricate co-ordination of communicating lines, sensitized for the transmission of impressions to and orders from a central governing intelligence. Whether we accept the theory of a dual mind or not, we are forced to the conclusion that this marvelous labyrinth of communicating sympathetic nerves and the organs to which they are distributed, and hence the

functions of these organs themselves, are dominated by a never sleeping, ever acting intelligent entity.

Since we know these functioning organs and their special nervous systems act for the most part independently of our objective consciousness and volition, we are impelled to the belief that they are controlled by a sub-conscious, instinctive faculty of the mind which regulates all the automatic movements of the non-striated muscles, which presides over the functions of every organ of our bodies, and is capable of being reached and directed itself by psychic influences from within and without.

Peristalsis and Defecation.—The essential physical element in the act of defecation is peristalsis. A clear understanding of this function is of vital importance in this discussion. Peristalsis may be defined as a peculiar rhythmic contraction of successive muscular fibers of the intestine. This undulating movement extends through the length of the canal and is called the peristaltic wave. It is less active in the large than in the small intestine. Its function in the upper bowel is (1) to assist in mixing the food from the stomach with bile and the digestive ferments of the pancreas and intestinal glands; (2) to bring nutrient matter in contact with large absorbing surfaces, and (3) to impel waste material toward the lower bowel. In the large intestine and rectum its function is chiefly that of evacuating their contents. The rectum receives its innervation through the rectal plexus of the sympathetic system. Its communication with the cord and spinal ganglia lies through the sacral plexus. Its communication with cerebral centers lies through the hypogastric and the solar plexus, and reaches the brain through the pneumogastric nerve. Thus the muscular structure of the intestines is connected by two routes with the central nervous system, from which all primal impulses emanate.

The act of defecation is accomplished by the increased peristalsis of the descending colon, sigmoid flexure and rectum upon their fecal contents, assisted by the voluntary fixation of the diaphragm and contraction of the abdominal muscles. We have said the essential physical element in the evacuation of the bowel is peristalsis. Let us bear in mind that normally it is a rhythmic, physical force; that the mechanism, nervous and muscular, by

which the phenomena of peristalsis and defecation are accomplished are necessarily dominated by an intelligent, regulating mentality, which sends out these impulses to rhythmic action.

Peristaltic Stimuli.—Any agent which promotes peristalsis will favor evacuation of the bowels. This stimulus may be: 1. Mechanic acting on the peripheral termini of the sympathetic nerves, which convey their impressions to the central intelligence, which in turn sends out its motor peristaltic impulses. Such a stimulus is normally excited by the presence of gases and feces in the lower bowel, by foreign substances like seeds, bran of wheat, oats or corn, by ptomaines from bacterial life, by protozoa, by massage and physical exercise and by plain or medicated enema. 2. Thermic, as seen in excessive peristalsis of diarrhea from extremes of atmospheric temperature. Brief applications of hot or cold compress or warm or cool enema will arouse peristalsis. 3. Electric; the Faradic current. 4. Chemical, by the physiologic action of drugs, the details of which would be out of place here. We may dismiss them all as temporizing expedients, whose effects are fleeting while the habit remains uncured. It is safe to say the bulk of the drug trade centers about aperients, laxatives, cathartics and purgatives, exploited by the commercial enterprise of proprietary medicine men, self-prescribed by the laity or directed by the apothecary or profession, all for the relief of chronic constipation. And so the drugging goes on as it has for ages, while the specific drug is yet undiscovered that will cure the constipated habit. Why? For the simple reason that it is a habit. Habits are psychic affairs and not amenable to the physiologic action of drugs. This leads us to the most important agent of all. 5. Psychologic. Everyday experience teaches us that the intestinal canal is often profoundly acted upon by mental states. Many nervous people have peristaltic unrest. The excitement of certain emotions, anxiety, fear, anger and the like are soon followed by an action of the bowels, which may even become a diarrhea. Many actors, singers and public speakers are greatly annoyed in this manner as a result of "stage fright." Emotional people sometimes have what is termed "hysteria diarrhea." When a person is in a proper state of susceptibility it is possible to cause defecation by the suggestion

that at a given time the feeling or desire (peristalsis) for stool will occur. All these are purely mental influences and show conclusively that the mind in its manifold properties has a faculty which presides over the function of peristalsis and that it is susceptible to both internal and external psychic influences.

II. Etiology of Habitual Constipation.—(a) "Torpidity of the bowels" (Osler) is usually given as a cause of constipation. This is an explanation which does not explain. It is like the logic used before the laws of gravity were understood, when water was said to flow down hill because of its aquosity. Torpidity simply means sluggish or absent peristalsis. The why it is so is the real cause. This lies beyond the nerves and muscles of the intestinal canal, which are merely the mechanical appliance of a controlling force in the brain. (b) "Sedentary habits, particularly in those persons who eat too much and neglect the calls of nature." (Osler). One habit may induce another, but sedentary habits are not the primary cause of constipated habits. Over-eating, on the contrary, should stimulate peristalsis by reason of more bulky stools. In the neglect of the call of nature, however, lies the essential cause of functional or habitual constipation. Contributing factors there may be many, but without this neglect, which has its origin in the mental processes of the individual, and hence is psychic, there would be no habit constipation. What is this "call of nature?" We take it to be the periodic, rhythmic peristaltic impulse which has been directed by that subconscious faculty of the mind which controls the sympathetic system, and is incited to action by various reflex stimuli for the physiologic purpose of defecation. The voluntary co-operation of the individual with these "calls of nature" must be reasonably prompt or the rhythm becomes disturbed, the "calls" less imperative, less regular and in the end functional constipation is the penalty. The patient must now resort to many artificial expedients to coax the "feeling" back again. The truth of my proposition that habitual constipation is psychic and not physical in its causation is half way acknowledged (though unconsciously) in the conventional instructions given patients to observe faithfully a regular time for going to stool, and whether the desire is present or not, to persist

in going through the motions, with the hope that the "feeling" will eventually return with regularity. Did it ever occur to these practitioners that such a method is very effective mental suggestion?

A careful inquiry into the habits of constipated people will elicit the fact that they have been negligent in heeding nature's call. Especially is this true of women patients, who are the greater sufferers from constipation. For psychologic reasons they sin grievously against themselves in neglecting a function which can be normal only when its rhythm is heeded. A woman, for trivial considerations, easily defers this call "to a more convenient season." By environment and disposition she is less systematic than a man. A neighborly gossip, a household affair, a feeling of repugnance or downright indolence will often interfere with this important duty. Front door vanity and cosmetic effects are often more important, to her way of thinking, than back-door sanitation and rules of health. She is quite apt to look upon defecation as a disagreeable nuisance, to be avoided when possible, to be hurried through with or incompleting when necessity arises. No wonder a function which normally should be a real pleasure, and productive of a sense of comfort and well-being, becomes an irregular, straining, pile-producing effort. And so with the established ills of induced constipation the victim resorts to cathartic teas, syrups, powders and pills for a relief which can only be temporary at best.

III. The Essential Element in the Treatment of Habitual Constipation.—Dietetic and hygienic measures, physical exercise and massage, electricity and drugs may be contributing aids, but the essential factor in setting up once more the disturbed rhythmic impulses must necessarily be the re-establishing of psychic control. This fact is entirely overlooked in our textbooks in the treatment of this ailment.

We wish to give emphasis to the fact that habit is a very large word. That all habits, whatever their tendencies, are of psychic origin. That in habitual constipation, with or without other therapeutic aids, suggestion or psychic influence in some form

is the only efficient agent that can re-establish a rhythmic peristaltic habit.

We have shown how peristalsis may be accomplished artificially by the temporizing stimuli of drugs, etc., and they have their proper uses as well as their abuses, but there can be no cure of habit constipation until the initial psychic impulses become once more automatic. The drug has not been found, and from the nature of the case, never can be found, that will re-establish an intuitive mental impulse. Of necessity drugging will go on as a make-shift in perpetuity, until the profession recognizes the psychology of habits and their only possible cure by psychic means.

To illustrate the method of treatment carried out at the clinics of the Illinois College of Psychology and Suggestive Therapeutics, we will suppose a lady has presented herself for relief from chronic constipation and resulting ailments. She is placed in a reclining chair, and the sleeping state is induced by the usual suggestions, when the following predictions and instructions are given: "You are going to be entirely relieved of this distressing trouble of constipation. From this time on you will acquire a daily habit of going to stool at a certain time, which you will always faithfully heed." By previous conversation a time has been selected when the patient would be least likely to be interfered with. The most favorable time to select is after the chief meal of the day, whenever that may be, as the kneading action of the stomach upon a full meal awakens, by sympathetic reflexes, the peristaltic waves in the intestines. In this case we will suppose the after-morning meal to be the most favorable time. Continuing our suggestions: "To-morrow morning, just so sure as you have eaten your breakfast, there will come a feeling that your bowels must move. You will never postpone this call of nature. You will attend to its demands promptly and your bowels will certainly move 'comfortably' every morning." These suggestions are re-enforced by a rotary pressure of the palm of the hand over the abdomen from right to left. "Every night before retiring you will massage the bowels, kneading the abdomen with both hands, always moving in a circle from right to

left. You will repeat this a few minutes every morning before dressing. This will increase the circulation, strengthen the muscles and stimulate the nerves of your bowels, and the habit will surely come back of regular daily movements of your bowels." In some cases these suggestions are supplemented by a tablet of aloine strych. and belladonna at bed time for a few nights, then alternate nights, a week longer and dropped. The suggestions are repeated every other day till they begin to take effect. This depends upon the susceptibility of the patient to suggestible conditions. With some the effect is apparent after the first treatment. Others respond more slowly. Usually the most obstinate yield in a few weeks, and associate ills respond *pari passu*. Each case is to be treated individually. No hard and fast rule will apply to all.

Many measures will suggest themselves to the practitioner of resources which will help enforce and give success to the therapeutic suggestions in re-establishing automatic, rhythmic, mental control of this most important function of defecation.

A UNIQUE CASE.

By J. F. Ritter, M. D., 779 Polk Street, Chicago.

The case was a young lady, 26 years of age, a decided blonde. Five or six years ago she was thrown from a horse, the injury received producing hernia. For this the injection treatment was resorted to, but at least one injection was made too deeply, exciting what ultimately was proved to have been plastic peritonitis.

Her trouble gradually increased, and many physicians were consulted, but none succeeded in affording her more than temporary relief, and she gradually became bedfast, having constant pain, extreme gastric symptoms, obstinate constipation, followed by as persistent diarrhea for several days to two or three weeks. The minimum amount of nourishment was borne and she became wasted and was compelled to resort to the constant use of opiates

to keep the pain under moderate control. Pain was generally referred to the right iliac region, but when the acute attack occurred, which was frequently once or twice weekly, the entire body would be racked with suffering. It was not uncommon for her to be kept under the influence of chloroform for a whole night, which would generally be followed by several days of uncontrollable vomiting, as it seemed to disagree. This, with almost every conceivable variation, continued for several months until an operation was at last decided upon in January, 1897. She complained especially of three tender points in right iliac region.

Laparotomy was performed by competent physicians. Adhesions between the intestines and abdominal wall were found and severed and the right ovary removed. The patient improved slowly for a time, but within a few weeks the symptoms were nearly as troublesome as before, though there were now but two tender points. A second operation was done in May, 1897, more adhesions found and severed and the appendix removed. Improvement was now, for a time, very rapid, but within two months recurrence of symptoms again took place, but only one tender point remaining, seldom being free from pain.

In April, 1898, a third laparotomy was performed, by a prominent surgeon of Chicago, in which the bladder was found to be united by a remarkably firm adhesion to the old hernial sac, and also to the great omentum, this also being adherent to the abdominal wall. The adhesions were severed and the lower portion of the greater omentum amputated, special care being taken not to miss any pathologic condition, the entire length of large and small intestine and the pelvic viscera being thoroughly examined.

Improvement was slow, and about June 13 she was able to sit up and a few days later to leave the bed. During this time she was using quite a variety of food with impunity. Up to June 13 she had several light and one quite severe attack of pain, simulating the old exacerbations; always referred to the right iliac region, for which it was difficult to account. It appeared extremely improbable that any grave lesion remained, but the suffering caused great annoyance and broke the spirit of the patient.

One of the most important factors in the causation of the con-

tinuance of the pain is that during her entire illness she has been almost continually antagonized. She has been under the care of no less than twenty-five physicians, and with two or three exceptions has been plainly informed, either directly or indirectly, that her disease was imaginary and that there was no cause for the persistence of the pain. This, being continually flaunted before her, not only by her physicians, but also by the members of her family, has inflamed her subjective antagonism as thoroughly as the red cloth infuriates the maddened bull. The long continuance of the pain and the constant denial by others of its presence has wrought up her auto-suggestion, which now refutes every intimation of its being of an imaginary nature. Her auto-suggestion is invariably supported by the actual presence of pain, and the hopelessness of its removal is so deeply rooted in her subjective consciousness that a "pain-habit," as persistent and overwhelming as a drug habit, has become established. It might be termed an operative neurosis, but I believe the cause to be more deeply seated.

She is bright and intelligent and listens to reason, but she has had so many doctors none of whom she feels have told her the truth that she involuntarily disbelieves everything they say and unconsciously antagonizes any salutary suggestions which may fall upon her consciousness.

In 1897 her attending physician had been using suggestion for some time, but failed to relieve the pain and other annoying symptoms. In July, 1897, she was in my care for about three weeks, and for several days I was able to largely control the pain by suggestion, but after a time she would refuse to accept the suggestions, against pain, declaring it would return. Now and then I would succeed in having her accept the suggestion, but if I failed in arousing her quickly she would go back to it, refute the suggestion and insist on the return and even its presence at that moment. A most amusing incident occurred one day. I had compelled her to accept anti-pain suggestions and on telling her to wake she flatly refused to do so, and it was some moments before I succeeded in rousing her, and when she did wake the pain was still present. Occasionally I would succeed in having her accept

the suggestion and on waking she would say the pain had disappeared, but if I did not immediately divert her attention she would go spontaneously into the subjective state, reject the suggestion, and awake with the pain greater than before. When she did accept a suggestion against pain it was always under verbal protest, and on spontaneously entering the subjective state she would give her reasons (often surprisingly logical) for the presence of the pain and why it would return. A peculiar incident which repeatedly occurred showing her strong auto-suggestive antagonism was that when the suggestions were made in such a way as to carry the idea of compulsory acceptance it was next to impossible to make her accept. She would formulate the most piteous appeals and insist that it was impossible, and if the suggestions were insisted upon she would become obstinately silent or forcibly declare her determination not to accept the suggestion or make the demand to be awakened. She would often say, "Wake me up," or, "I want to wake up." By appealing to her reason, by saying it was not compulsory, that she wished to be rid of the suffering and that I would assist her to overcome the pain, etc., she would immediately turn away from her obstinacy and with a good grace accept the suggestions, but frequently specifying that the pain would return after a certain time, beyond which I at that time could think of no way of extending the suggestion, and when the time had expired the symptoms would invariably return.

She was greatly troubled with insomnia, and one evening I gave her suggestions for sleep, which gave her some rest, but not as I thought sufficient, so the following evening I asked her in the subjective state if she desired to take a boat ride. She eagerly said she would and named those she desired to accompany the party, when I asked her who was going along. The boat ride was taken on the Mississippi in the evening, the object being to tire her out and make her feel sleepy on her return. She picked water lilies, smelling them and enjoying their fragrance and holding them to the noses of her companions for them to smell—this all spontaneously, the only suggestion given being that she was among the lilies in the stream. She enjoyed herself hugely, and on returning I suggested it was late and she was tired and sleepy,

which she readily assented to. I then awoke her and had a few moments' conversation with her. Within a few moments she fell asleep according to the suggestions, and I was about to leave the room after watching her for a time, when she began speaking. I at first thought she was awake and answered her, whereupon she began to go into details regarding her own private affairs. I saw she was not awake as I at first thought, and not wishing to obtain knowledge she might otherwise withhold I told her to be quiet and sleep till morning. She replied, "No, I want to talk." So I told her to go on. She then went over many of her experiences, her hopes, fears and disappointments in a surprisingly logical manner, taking up the greater part of an hour. After listening a few moments my former good resolutions were dispelled and I gave way to my curiosity and the novelty of the situation. She touched upon many things, some of great moment to herself and bearing an important relation to her disease and disappointments. On some of these a question would sometimes be made as to certain details I considered it important to know about, and she would answer apparently in full. After a time I gave suggestions for quiet repose during the night and left her. The following morning she did not wake until after 6 o'clock and had not been awake during the night. That forenoon I spoke about our conversation of the night before, and she remembered nothing of it, and to convince her I told her several of her "secrets," as she laughingly called them, and she was wonder-struck. "Well," she said, "I had been intending to tell you about those things, but I had not come to it yet," which allayed my "qualms of conscience" of the preceding evening. She began to speak spontaneously, and I made no leading suggestions, simply asking about minor details which I considered to bear on the case. Otherwise her narration of events was spontaneous.

Afterward, during other seances, I asked her what occurred a certain date, events with which I was conversant, and she would give a complete and accurate account of what transpired on that date. Also asking her what occurred certain other stated times, she would relate certain incidents as fully, which would be verified on inquiry.

While she was convalescing after the third operation I was in Chicago and mentioned the case to Dr. Flower, and he saw the case with me. He succeeded in absolutely relieving the pain for twenty-four hours. The following day he was probably half an hour later than the preceding day, and the pain had returned. On being asked how long since, she said not over half an hour. Suggestions were made for relief for forty-eight hours, and she was free from pain till the following day. At this time she spoke of vesical pain, which she said had been annoying her more or less for a couple of weeks. I induced the subjective state in order to relieve this, and, as an argument to assist in its removal, said, "There is no reason why I cannot accomplish as much as Dr. Flower; he removed the pain you complained of yesterday, and I shall relieve this the same way." "But that pain will come back," she said. I assured her it would not—that his suggestions would remain in force, and while she did not contradict the statement, neither did she apparently accept the suggestion. After waking a short time the pain in the bladder had disappeared, but she complained of a partial return of the former pain in the right iliac region. A third treatment given by him relieved her absolutely for twelve hours or more, but the pain returned before the twenty-four hours had expired. It is to be regretted that after this she returned home and we were unable to follow the case further with suggestive treatment. * * * During the time I was treating her for the pain in the bladder, which was greatly lessened permanently, though a slight irritation occurred at urination, she seemed to reject the suggestions made by Dr. Flower, which she had accepted at the time and which had remained in force up to that time. I considered this analogous to her rejection of my suggestions in July, 1897.

A very unfortunate state of mind, due largely to the long persistence of the pain, is present. She seemed to think there was an imperative necessity for the presence of the pain, even after apparently all the gross pathological conditions had been removed. This was shown by involuntarily placing the hand over the right iliac region, while apparently feeling perfectly well and comfortable and conversing on entirely foreign subjects. Several times I

asked what was the matter. "Nothing." "Have you pain?" "No." "Why place your hand there then?" "I don't know, it seems there ought to be pain there." Several times subsequently during the time the anti-pain suggestions were presumably in force, on noticing this I would jocularly remark, "Oh, you can't find it, it is not there." She would laugh heartily and answer, "No, but I don't see why." She involuntarily searched for the pain with an energetic persistence which was truly pathetic.

Now it stands to reason that a pain which can be relieved by suggestion for twelve, twenty-four, thirty-six hours, can, by systematic and persistent treatment, be permanently controlled until nature has had time to repair the remaining pathologic condition.



SUGGESTIVE THERAPEUTICS.

PUBLISHED MONTHLY BY
THE PSYCHIC PUBLISHING COMPANY,
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THE MORPHINE CURE.

Readers of this journal are interested in pathology. Whether physicians or laymen, they are interested in the manifestations of disease and the cure of habits, drug habits in particular.

I have a proposition to make to you.

I believe in Dr. Waterbury's cure, reported in this number. I know that it will do the work. I know that it will cure the craving, and cure it without suffering. I know that it is not a strychnine cure, not an atropine cure, not a cure by suggestion. It is a downright, positive, specific cure for the morphine, opium and cocaine habits. It will cure the chronic drunkard, but it will not cure the dipsomaniac, because his drinking is a periodical insanity.

However, here's the point. There are in every city of the United States dozens of morphine and opium takers. Send me the names and addresses of as many of these persons as you know of, or can hear of, and I will send to each a reprint of the case of Mr. M——, published in this number. If by this means they are induced to come to Dr. Waterbury for treatment I shall receive a commission of 25 per cent. upon their payment for treatment. Half of this commission I will give to the person sending in the name and address of the patient. Is that all clear?

This cure is genuine. It will do the work. I have hunted a long while for something of the kind, and here it is. I take the responsibility for any statement made here.

Now send in as many names as you can. Find out from druggists who the morphine takers are in your neighborhood. Push your inquiries. Do a little work for a good cause, and for your own profit.

It will do the work.

And remember that I hereby affirm that this cure is indeed a cure.

THE TOBACCO HABIT.

When a man tells me that he cannot stop using tobacco I know that he means he will not. Of all habits this is the easiest to break, and calls for the least exercise of will power. The physical sensations following a withdrawal of the weed are trifling, and at no time does the craving for a smoke approach to a fractional degree the desire of the drunkard for his dram.

It seems to me, therefore, that when a hypnotist takes credit to himself, or to the power of suggestion, for having in one week or less broken the tobacco habit in a patient he is congratulating himself without cause. There is nothing to break. The tobacco habit is not worthy to be called a drug habit.

A man smokes because it is pleasant, and he is unwilling to let a pleasure go by, having none too many. Moreover, tobacco-using gives to the sedentary, inactive man the sense of being employed, of doing something, of existing for some purpose, even if it be only to blow rings of smoke into the air.

I express no opinion here upon the ethics of smoking—that is no affair of mine, since each man must be a law unto himself upon the point. But upon the effect of discontinuing the use of tobacco I may claim to know something, having used tobacco for smoking purposes in pipes, cigars and cigarettes for the past eighteen years. I was what is called "a heavy smoker," preferring

strong tobacco and rank old pipes. For the past two years, however, cigarettes have been my choice, and the average consumption has been about thirty a day.

Obviously, if there were such a thing as "The Cigarette Habit" I must have contracted it, but I am convinced the whole thing is a myth, and that any one who makes up his mind that he does not wish to use tobacco any more can cut free at once and without difficulty or suffering.

About three weeks ago I laid down a half-finished cigarette with the remark that I would stop smoking if a certain person present would agree to stop drinking. The bargain was struck, and no more was said.

Then I found out the reason why they who stop smoking for a time, relapse. There was nothing to live for. There was no physical craving for the taste of tobacco, but there was a blankness, an incompleteness about life that was very marked.

The tobacco-consumer does not eat because he is hungry; he eats because he can enjoy a smoke after eating. So when I gave up tobacco I found that although my appetite immediately returned, there was nothing to look forward to after a meal, and the day seemed wasted and unfinished.

This means that the man who gives up tobacco must reorganize his life. It is easy to sit still and smoke; he must learn to sit still without smoking. It is easy to be happy and smoke; he must learn to be happy without smoking.

The temptation to return to tobacco is simply the laudable desire to employ the idle moments to the fullest advantage. A man may enjoy idleness, but he cannot be contentedly idle unless he is doing something.

This sense of incompleteness in living without tobacco wears off in less than a week, and in its place comes greater physical and mental activity, keener appetite, a zest, an enjoyment in being alive, and a pernicious habit of waking early in the morning.

I am not altogether clear that the advantage lies decidedly one way or the other, but am free to confess that the use of cigarettes is a bar to aspiration, and the realization of ideals. It is, on the other hand, a spur toward the expression of a dry humor

which is to the parched spirit as lemonade to the picnic-goer.

But as to the danger of the tobacco habit fastening its clutches upon the young man, to drag him to an early and a dishonored grave, I cannot see, friends, how this contention can be sustained, seeing that the habit is as easily broken as a suit of clothes is easily changed.

There is neither nervousness, nor pain, nor strivings, to be apprehended, merely a slight restlessness, which is scarcely important enough to demand attention.

How many mothers blame tobacco for the downfall of their sons! The blame should fall not upon the weed, but upon the indecision of temperament, in the shaping of which the home training in years before tobacco had become habitual was the predisposing cause.

NEW JOURNALS.

Last month two new monthly journals dealing with the subject of Suggestion sprang into existence, one called "The Suggester and Thinker," edited by Robert Sheerin, M. D., Superior street, Cleveland, Ohio; the other, "Suggestions," edited by Herbert A. Parkyn, M. D., and M. J. Murphy, 4020 Drexel boulevard, Chicago.

The field is a wide one, and there is room for half a dozen good journals dealing with this subject of scientific mental medication. Our readers are cordially advised to procure sample copies, if possible, of these publications and digest well their contents.

The special merit which distinguishes both these journals is the desire to present the cause and effect of suggestive therapeutics from a reasonable standpoint; to cut away mystery and advance knowledge.

PRIZE ESSAYS.

Essays as a rule are a nuisance and wearisome, but I hope readers of this journal will take part in one or other of the following:

\$10 for the best article, limited to 1,000 words, upon "Why Suggestive Therapeutics Should Not Be Taught to the Laity."

\$10 for the best article, limited to 1,000 words, upon "Why Suggestive Therapeutics Should Be Taught to the Laity."

Every subscriber, male or female, is eligible.

Suitable prizes will be given for second and third best essays in each class.

Manuscripts must be typewritten, upon one side of the paper only, inclosing postage for return if desired.

Manuscripts must be received by the 31st of September at this office.

The names and addresses of contestants must be clearly written, and the right to publish as many of these articles as seem worthy is reserved.

The articles of the first two successful competitors will be published simultaneously in the November number.

Competitors are especially advised to be discreet in the use of invective, and not to yield themselves to sarcasm at the cost of point. A nice balance in these matters is difficult of attainment, but is always the mark of culture and good sense. It is well to lull your adversary into fancied security by honeyed words before you proceed to strangle him, but let the task be done quickly.

Personally I am of the opinion that suggestive therapeutics should be taught in every school and home in the land in order that the influence of mind upon body might be better understood. But the subject will bear much discussion from both points of view, and your opinions are solicited.

SPECIAL OFFER.

Your attention is called to the special discounts offered on books or in cash to those who will take the trouble to interest their

acquaintances and friends in this journal. The offer is a good one, and will enable many of our readers to get together a valuable library at the cost of a little trouble. See the advertising pages for full particulars.

BACK NUMBERS.

We have calls for the numbers comprising Vol. I. of the Hypnotic Magazine, with and without August, 1896. We cannot supply them. Any of our readers having such numbers for sale may communicate with us, and we may be able to find them purchasers.

We are very short of last month's number (August), and should be much obliged if those of you who do not intend to get your volumes bound would return August copies to us, and we will redeem them with "Hypnotism Up to Date," or a "Study in Hypnotism," or the September number, as desired. Postage is only 1 cent on each copy sent from any part of the United States or Canada.

THE EASY HYPNOTIZER.

The Easy Hypnotizer is designed simply to assist the patient to concentrate his attention. Directions on how to use it were given in the August number, but may be repeated here for the benefit of those who are unable to procure a copy of August. Seat your patient in a chair with his back to the light. Hold the instrument so that the light shines upon it, and is reflected into the patient's eye. As the instrument is highly nickered it makes a strong reflector. Hold it below the patient's nose a few inches, so that his eyes converge slightly as he looks at the center. After a few minutes bid him count the holes punched near the center. As soon as he becomes tired of this his eyes will close naturally,

and he will feel drowsy. Now close his eyes with your fingers, make suggestions directed to his case, and leave him for fifteen minutes to sleep or to stay awake, whichever he pleases. If he is not worried, or questioned, he will sleep after one or two sittings.

The Easy Hypnotizer is only given with this journal to encourage subscribers to renew or to encourage readers to subscribe. It is not sold separately, and under no circumstances will it be sold separately.

In every instance, if a subscriber is dissatisfied with the journal and instrument, he is at liberty to return the same to us, and his money will be refunded.

MISPRINTS.

Last month, in an editorial note headed "Sympathomania," reference was made to Coleridge's "Ancient Mariner" as "Ancient Warrior." Perhaps the ghost of a smile might wreath the lips of the august dead at such an error, if humor prevails across the Styx.

SOMNAMBULISM AND HYSTERIA.

The unique case reported this month by Dr. Ritter is almost without a parallel in the history of this work. The tenacity with which this patient clings to her pain amounts almost to a mania, and there seems to be only one sure way of curing the case. If this patient ever comes into our hands again, and is willing to be cured, I would suggest the advisability of a two or even three weeks' sleep, giving her her meals while in a condition of somnambulism, ordering exercise, etc., in the same state. There can be no auto-suggestion strong enough to reproduce a pain which has been absolutely stopped for three weeks, and if there is an irritated condition of the nervous system which finds its ex-

pression at the old point of painful memory, the long sleep will give the system an opportunity to regain equilibrium.

These cases are very rare, and very remarkable, but Charcot made the singular mistake of basing his whole system of Hypnotism upon such hysterical cases as this. Hence the errors of the School of the Salpetriere are based upon the fact that the phenomena of Hypnotism in hysterical patients are evidence of neurosis. Undoubtedly this is true, but it is only half the story. It remained for Liebeault to point out that where there is no Hysteria, hypnosis is not a neurosis. Yet neither Liebeault nor Bernheim has done Charcot the justice to say that as far as he went he was undoubtedly correct.

I have known but four first-class somnambulists, and in each hysteria was more active than latent. Second-class somnambulists are very numerous, and from this grade come mediums and the subjects of stage hypnotists.

To return for a moment to the Charcot controversy.

Charcot experimented with such cases as this of Dr. Ritter's.

He then declared Hypnotism to be a fact, and an evidence of neurosis.

But the neurosis was there in the first place; the hysteria itself was a neurosis, and hypnotism does not create a condition; it merely assists nature to manifest and develop.

You can well understand, therefore, that the conflicting theories of the two French schools can be made to harmonize if we bear in mind that Charcot blamed hypnotism for being a nervous disorder in itself, whereas it is simply a means of bringing a nervous disorder to light.

Hypnotism creates nothing. It is simply a means, an agent, a medium.

KEEPING AT IT.

By means of auto-suggestion we strengthen our minds; by means of food and drink we strengthen our bodies; by means of

an obedience to the laws of hygiene we preserve the health that has been restored; but let none suppose that with restoration to health the work of auto-suggestion is ended.

It is necessary to continually watch the working of the machinery; to minimize friction, to promote smooth working, and under no circumstances will the machine continue untended or unwatched to perform its work to the best advantage. Therefore in pain be ready to use auto-suggestion; in mental depression distract the attention from self, and use auto-suggestion to bring about a more healthy frame of mind. In disorders of digestion, constipation, etc., use a little common sense in the choice of foods, and balance nitrogenous matter with fruits in plenty.

But keep going with auto-suggestion; don't leave yourself unwatched altogether, expecting that you have earned a rest. The time required is very small; but it must be given every day, regularly and ungrudgingly.

It means continued health, just as a garden which is kept in good order by daily attention requires but a few minutes each day of the gardener's time to preserve its beauty, while the monthly clean-up of the neighbor's neglected plot is a serious and severe undertaking.

THE ALSBAU CASE.

Notice is given to those of our readers who intend to take a course in Dermatology with Mrs. M. J. Alsbau that her next class opens September 15th. See advertisement at back for further particulars.

DISTANT HEALING.

This is a subject of ever-verdant interest, and Dr. Pitzer's article this month makes necessary an aggressive flank movement.

I have put before readers of this journal the point that although

telepathy, or the power of mind to communicate with mind, is occasionally proven true, we cannot count upon its use in suggestive therapeutics because we cannot with certainty know that telepathic connection has been established with the patient.

On the other hand, we do know that we can reach that patient's understanding by word of mouth, by simple suggestion, and whether we cure or not, we have done our part of the work in making our suggestions as forcible as possible. We have not trusted to a possible transmission of the suggestion by telepathic communication. We have made the suggestion directly by word of mouth, and we know that it has been made.

On looking back to Dr. Pitzer's interesting report published in last month's journal I find that he considers it necessary to stir his patients into a condition of partial wakefulness from a natural sleep in order to make his suggestions stick, and the doctor lays special stress upon the point that this is but a repetition of the process followed in making cures by the usual method of giving suggestions; that is to say, that a preparation of the patient's mind is necessary before a cure can be looked for. Accepting the doctor's proposition as correct, it is not very difficult to see how absolutely it conflicts with and contradicts the proposition of Thomson Jay Hudson that the sleeping mind is most amenable to telepathic impressions or suggestions.

If the doctor can reach his patients at a distance, assuredly he can reach persons close at hand. If he can heal those distant ones, or, putting aside the question of healing, if he can transmit thought to those distant ones, assuredly he can transmit thought to those close at hand who are in a natural sleep, but whom he finds it necessary to partially rouse from sleep and speak to before a cure is made.

No, no, gentlemen, telepathy is very well, but it is not Suggestive Therapeutics. It is meet and right that we investigate telepathy, accept telepathy, believe in telepathy; but we cannot make use of telepathy in Suggestive Therapeutics.

Dr. Pitzer's article on Healing at a Distance, published in this issue, lets further light upon the doctor's methods. In point of fact he is not necessarily transmitting thought at all. He is simply

making use of the "expectant attention" of his patients, and this expectant attention is a very powerful agent in restoring harmony to a diseased system. Dr. Pitzer prepares the minds of his patients for a certain result. This result follows because of the patient's attention. It must be perfectly plain to every one that this is not at all a question of telepathic healing. Distant healing of this kind is illegitimate in Suggestive Therapeutics, because it derives its force from the belief of the patient. It is effective because the patient believes that something is happening (a transmission of thought) which is not happening.

Every operator must settle to his own satisfaction the question whether it will be better for him to keep his patients in darkness or tell them the truth. From a pecuniary point of view it is better that he keep them in darkness. But, if he tell them the truth, he will have the satisfaction of knowing that he is cleaving to the doctrine and practice of his master, Liebeault of Nancy, and the dissatisfaction of knowing that he must give up distant healing as a part of his business.

