

The Psychic Solution
of the
Problem of Cure

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MAGNUM BONUM COMPANY
4665 LAKE AVENUE
CHICAGO

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THE
MAGNUM BONUS
YEARLY

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Published August, 1908

DANIELS COMPANY PRESS, CHICAGO

PREFACE

THE greater part of what follows was presented in the form of lectures to physicians, at Auditorium Recital Hall, Chicago, during the past winter; and, in this printed presentation of the subject of Psychic Cure, the form of these has not been changed. An introduction to each lecture and an appendix have been added that seeming obscurities may be illumined and the instruction be brought to the reader in a more perspicuous form.

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LESSON I

THE SUBCONSCIOUSNESS

Conscious mind bears the same relation to the field of unconscious action in the body as the head of an institution sustains to his subordinates.

INTRODUCTION TO LESSON I.

As a basis for an interpretation of the phenomena associated with the practice of psychotherapeutics it has seemed wise to assume the existence of two distinct phases of mind, to which have been given different designations by different teachers.

CONSCIOUSNESS is known as the **OBJECTIVE MIND** or **SUPRALIMINAL SELF**,—the “**ME.**”

SUBCONSCIOUSNESS has been called the **SUBJECTIVE MIND**, the **UNCONSCIOUS**, the **SUBLIMINAL** or **TRANSLIMINAL SELF**,—the “**I.**”

The general characteristics of mind, viz: **WILL, INTELLECT AND EMOTION**, are active in both phases. Other subcharacteristics are also seen to be shared by each phase.

There appears also to be a consciousness, so to speak, of the subconsciousness; and indeed, there may be many phases of consciousness, as appears to be demonstrated in the phenomena of multiple personality.

Acceptance of this precise hypothesis, certain aspects of which are peculiar to the author, is not essential to a successful application of the art of Psycho-therapeutics as distinguished from its science.

THE PSYCHIC SOLUTION OF THE PROBLEM OF CURE.

SUBCONSCIOUSNESS.

Mind and Consciousness.

Professor William James defines Psychology as "The description and explanation of states of consciousness as such."

Were we to take this definition in a literal sense it would rule out of consideration what has been termed "subconsciousness," an effect which would be most disastrous to some of our pet theories."

Elsewhere James tells us that he is perfectly convinced that there are strata, planes or zones of consciousness almost without number.

Physical phenomena plainly indicate that there is a consciousness of the subconscious realm which is ours only at brief intervals and under special conditions.¹

"I suggest that the stream of conscious-

ness in which we habitually live," says Professor Myers, "is not the only conscious-

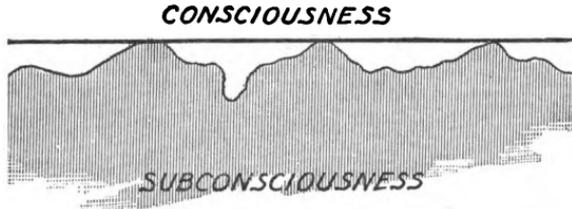


FIG. 1—Indicating how the subconsciousness touches consciousness at points and intervals.

ness which exists in connection with our organism. I hold it is perfectly possible that other thoughts, feelings, memories may now

"ORDINARY" CONSCIOUSNESS

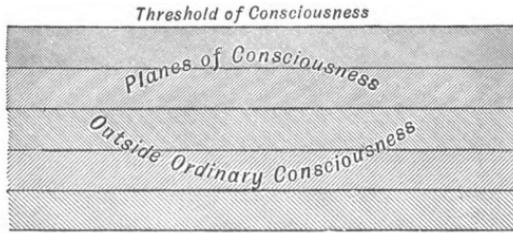


FIG. 2—Indicating planes of consciousness below the threshold of ordinary consciousness.

be actively conscious as we say 'within me' in some kind of co-ordination with my or-

ganism and forming some part of my total individuality.”²

Let us understand, then, that consciousness, as we commonly know it, does not embrace all there is of mind. We must include in mind, not consciousness alone, but all subconscious nerve and cellular action.

What is termed the “threshold of con-

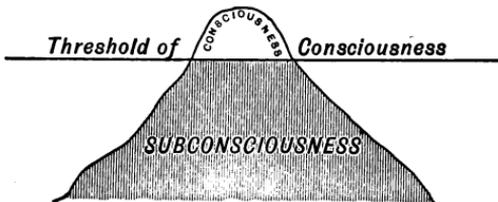


FIG. 3—Indicating relative proportions of consciousness and subconsciousness.

sciousness” may be compared to the surface of the sea, and subconsciousness to the depths beneath it. I have sometimes likened consciousness to the action of the searchlight, which, as it is swept over the face of the waters, illumines a spot here and there, while the vast body of the sea lies unrevealed. “That only a few spots in the great

chart of our minds are illuminated," says Kant, "may well fill us with amazement in contemplating this nature of ours."

The Self.

Herbert Spencer defines our ego as the permanent nexus, which is never itself in a state of consciousness, but which holds states of consciousness together. "What we call 'ourselves,'" says Professor Barrett, "is a something which lies in the background of our consciousness, enabling us to combine the series of impressions made upon us, or the states of feeling within us, into a continuous personal identity."

This self of ours is a marvelous entity which we cannot hope to understand save in a fragmentary way. Even will itself, which we have commonly supposed to appertain wholly to the conscious mind, is also subconscious. Says Hartmann, "The conscious and subconscious are essentially distinguished by this, that the idea which forms the object of will is conscious in the one case and unconscious in the other."

Subconscious Thought.

Unconscious thinking was regarded as an objectionable doctrine until within a generation or two.

I want to make the actuality of a subconsciousness as clear as may be, since there are still many doubters, and with this end in view I quote from that eminent authority on psychical questions,—Wundt,—the following:

“The traditional opinion that consciousness is the entire field of the internal life cannot be accepted. In consciousness, psychic acts are very distinct from one another . . . and observation itself necessarily conducts to unity in psychology. But the agent of this unity is outside of consciousness, which knows only the result of the work done in the unknown laboratory beneath it. Suddenly a new thought springs into being. Ultimate analysis of psychic processes shows that the unconscious is the theatre of the most important mental phe-

nomena. The conscious is always conditional upon the unconscious."

At a risk of logging in unnecessary testimony on this particular phase of the subject I shall quote again from Hartmann:

"What Schopenhauer calls 'unconscious rumination' regularly happens to me when I have read a work which presents new points of view essentially opposed to my previous opinions. . . . After days, weeks, or months we find, to our great astonishment, that the old opinions we had held up to that moment have been entirely rearranged, and that new ones have already become lodged there. This unconscious mental process of digestion and assimilation I have several times experienced in my own case."

Conscious Mind and Physical Function.

Conscious mind bears the same relation to the field of unconscious action in the body as the head of an institution sustains to his subordinates. The executive part of the work is carried on by them, and he is called upon to interfere only when there is some

particular demand for his direction or aid. And, too, just as the head of an institution is able to hand over work to those in his employ when it is to follow a customary routine, so the conscious mind is able to stand aloof and take no active part in action which follows a customary and approved course.

Initiatives.

Now, I want you to note that the subconsciousness receives its initiatory impulses mainly from heredity and from consciousness. The influence of the former I shall not now consider. Having once given an impulse in an emphatic way, the conscious mind can slowly withdraw and confidently trust the working out of the action to the efficient and faithful subconscious forces. It is in such a manner as this that we arrive at our highest degrees of skill and facility. The young woman toils indefatigably at the piano in order to become a good performer. At first her fingers are all thumbs for awkwardness, and the rules of technic are applied most imperfectly. But, as she practices

on, she comes to putting forth less and less conscious effort, and, after a time, the more completely she can abandon herself to the subconscious action the easier and better her execution. And then, at last, even in taking up new music, nearly the whole work is done by the subconscious mind. Let me quote the following from Professor Barrett: "Whenever self-consciousness is subdued, when the known and claimant 'me' retires to the background, then an opportunity is afforded for the emergence of the 'other me,' of that large and unrecognized part of our personality which lies below the threshold of our consciousness."

An eminent jurist of our city, a man of unusual force and calibre, recently told a friend of mine that he makes it a practice, after informing himself respecting a question, to deliberately commit its solution to his subconsciousness until such time as action or decision is required, when lo, he finds the answer ready and his wise course plain.

Education of Subconsciousness.

Beginners, who have learned that the subconsciousness is believed to be an indigitation of the Universal Mind, are sometimes confounded by our suggestion of the need of educating this large and all-wise side of individual man. If truly the Universal Mind finds expression in us, how does it happen that there should be a call for education of it in order to secure harmony and health?

In reply to this we have but to point out to them the mental and physical modifications which have been established in individuals by heredity and a long experience in an environment full of unwholesomeness. As individuals we are permitted to use the forces placed at our disposal, much as we might use the electrical and thermal forces about us, for good or ill. The energy works as strongly in one direction as another. We are learning more of its laws and are becoming more facile in applying them. It is not, it may be, so much an education of the

subconsciousness as it is a training of our conscious forces to give proper direction to the energies which we represent.

Will.

The human mind discloses three marked characteristics consisting of will, intellect and emotion.

Will appears to be the primitive attribute of life, and is itself made up of the two essentials, desire and faith. Wherever we see life we find distinct evidence of both these elements. Desire is at the root of attraction, and is essential to organic and biological action. It holds all nature in its various forms of expression, and draws together the elements essential to reproduction in both plant and animal life. Uniting with faith and expressing itself in will, see what ponderous energy it is capable of developing! It is to be seen in chemical combination and in developmental action everywhere.

Intellect.

Intellect and emotion are consecutively

evolved. By means of the former animal life comes to be distinguished from plant life, though a subconscious intelligence appears in cellular action even below the animal plane. There doubtless is subconscious volition, intelligence and emotion in every form of life, but in this world of expression we discern them clearly only when they reach conscious modality.

Emotion.

Then comes that wealth of emotion which constitutes the motive power in human volitional action. What could we do without it? The successful literary character writes till his ink is dry and then with his tears he moistens it again. The successful speculator cries himself hoarse in lauding his wares. The winning politician sets himself and all the world moving along a predetermined way by the very force of his enthusiasm. Most men grapple with the hard problems of life and struggle unceasingly because of the love they bear someone. Strong, energetic life could not be lived

were we not spurred thereto by our insistent emotions. The wise and resolute turn even those experiences which would defeat the weak and irresolute into energy calculated to propel them over obstacles and through opposition of the most disheartening kind. It required the emotional spirit of a Napoleon to say, "There shall be no Alps."

Effect of Loss of Balance Between Will, Intellect and Emotion.

Chronic ailments have their tap root in a loss of balance between those three elements, will, intellect and emotion. I will not stop here to elucidate my full meaning, but I can give you an inkling of it. Disorders of different types are developed according as one or another of these elements is allowed to predominate to the exclusion or profound restriction of the others. When emotion is represented to an undue degree, and yet will and intellect ignorantly or negligently fail to exercise their strong powers over organic action, no matter how conspicuous they be in other avenues of expression,

tension of nerve and muscle ensues with resulting sthenic disorders. To be sure, the ultimate effect is loss of power, since nerve cannot always remain under tension without destructive reaction. The hysterias are largely of this type. On the other hand, when emotion is given sway, as in neurasthenia, the will is sapped of its power, and the intellect seems unable to evoke sane action, no matter how well persuaded the sufferer may be of the delusional nature of his emotions.

Subconscious Effect on the Physical.

Subconscious influence on the body is pronounced. "The connection of mind and body are such," says Maudsley, "that a given state of mind tends to echo itself at once in the body."

If a psychosis is produced by a neurosis, as pain by a pin prick, just as surely can a neurosis be produced by a psychosis. "Mental antecedents," says Carpenter in his *Psychology of Mind*, "call forth physical consequents just as certainly as physical

antecedents call forth mental consequents.”

Now let me call your attention to two of the most marked characteristics of the subconscious mind in which we, as students of psycho-therapy, find ourselves interested. I allude to (1) disposition to reason in only a deductive way, i. e., from premise to conclusion, and (2) suggestibility. The first is an attitude assumed by the subconsciousness,—a differentiated aspect, perhaps,—voluntarily taken for specific purposes, among the considerations prompting to which is probably the development of man along self-chosen and continually varying lines. It is a factor of the greatest value in suggestive therapeutics, since it allows the consciousness to supply the premise upon which the curative syllogism is built.

The second characteristic of subconscious mind, namely, suggestibility, makes it amenable to direction, and assures its acquiescence to the insistent and confident conscious volition.

But, as we proceed, we shall learn that

the deeper Self is conservative, and will not answer to mere whims. It will accept only that which the conscious Self really and truly means. This is why we have to iterate and reiterate our curative suggestions in order to get the desired effects.

This power of the mind, and especially the immediate power of the hidden aspects of mind over physical states, is what I shall seek in these lectures to make clear. It is witnessed every day in our clinical experience, and a belief not only in the subconscious aspect of mind, but in the possibility of physical control by means of it, is essential to an intelligent practice of psychotherapeutics.

It remains for me to show as clearly as I can that consciousness is but a reflection, a modified expression or a replication of the subconsciousness, for particular purposes.

Both evidently have the cardinal characteristics of mind, namely, will, intellect and emotion. As an evidence of will power,

witness the tremendous energies aroused when some physical emergency calls all hands to the rescue. Such action, I know, is commonly looked upon as reflex, but from the point of view of one who is not a materialist the action must be regarded as something not to be wholly explained on the basis of such an hypothesis. There is set in motion a ponderous volition which throws the forces at its command into a strife hot enough to raise the temperature of the body several degrees, and to set the circulation into a canter.

Intellect as an attribute of subconsciousness is shown in the thoughtful way in which it carries on its ordinary processes in the organism, but more especially by the skillful way in which it adapts means to ends for the repair of injuries. In both ordinary individual and concerted cellular action, such as that seen in the hourly performance of organic processes, evidence is to be found to establish our assumption of a guiding intelligence. There is here possible room, I

admit, to predicate a reflex movement as an adequate explanation of the amazing phenomena; but when we study the marvelous processes of physical repair carried on by those same subconscious forces, such a cause is clearly enough improbable. I am well aware that the reflex theories have been worked out to the satisfaction of many rational scientific minds, and yet I would have you recall how often men much wiser in many respects than you and I have ultimately been convicted of error by less pretentious and even less capable minds than their own. When I recall with what precision and discretion the physical forces are marshalled and utilized by an authority within us of which we have no conscious knowledge, and which our conscious self, with all its boasted wisdom and knowledge, could not begin to equal; when I recognize how all the physical resources are called upon and are required to respond with generosity and alacrity to maintenance of the common welfare; when I witness the deft

adaptation of facilities to requirements; when I discover that channels have been grooved and gaps have been filled to meet physical needs with a skill far exceeding that of the most capable conscious faculties, I can no longer deny to the Subconscious Self an intellectual ability that puts to shame our conscious powers. Moreover, when I find the deeper self working out for us with precision, physical, business and moral problems, and giving us the precise results of mentation, I am constrained to give to it the palm for true intellectual ability.

As for emotion, did you never find yourself in moods the origin of which was quite inexplicable? Did you never have a happy frame of mind without knowing why? Did you never have a depressed one which could not be explained? "Yes," you say, "but such mental states are to be accounted for on a physical basis. They are built upon organic disturbances." Well, let us suppose they are. Even then it is the subconscious-

ness which has caught the impression and bears it to the threshold of our objective life.

Doubtless these three characteristics of mind find in subconsciousness their full and complete expression.

To some of my auditors who are accustomed to the orthodox interpretation of the various phenomena built on materialism, doubtless my construction of theories will appear unsubstantial and far-fetched; but when they realize how vastly different are the premises from which their reasoning and mine begin, I am sure they will be as considerate of my conclusions as I have ever been of theirs. It is only results which can determine who is nearer the truth, and to such an arbitrament I am very willing to submit.

What is Mind?

I cannot well leave this phase of my general subject without giving you an intimation of my conception of what constitutes the essence of the human mind and what

are the latter's relations to the Universe. In doing this I am well aware that I am treading the uncertain paths of speculative philosophy, but let me plead in extenuation of my humble and halting attempt the demand made upon thinking people, by the necessities of the case, for some rational framework into which can be fitted the phenomena we are studying. As a wise teacher has said, "It is dangerous to go through life without either a philosophy or a religion. . . . Religion or philosophy, it matters little which flag one marches under, provided that it be held bravely on high."

Without parley, then, let me say that my conception of subjective or subconscious mind is that it constitutes our original heritage or constitution from the Great Primal Essence; in other words, as Emerson in substance puts it, it is an indigitation of the Universal Mind. The conscious mind is but an adaptation of the Universal, thus individualized for the present form of expression. This makes the consciousness we

now know, as I have said earlier in this paper, but one out of doubtless many other zones of consciousness upon which we may, or shall at times and for varying periods, be awake.

With such a view of man, human personality appears to be modified, differentiated, elaborated and evolved individuality. And so let us regard it. Will, being the earliest and most important attribute, works out in human beings the varieties of expression or character we find. I am tempted to go farther in elucidation, but must not now. I have gone far enough, I am sure, to give you a more exalted conception of man than you have hitherto had, and one which, I am also confident, will have a tendency to make you give respectful attention to what I shall aim to present for your consideration in subsequent lectures.

Summary.

To summarize, let me say that I have attempted here in a brief manner to show

That there really is a dual phase to mind

which we as physicians do well to recognize.

This is shown

By evidences of subconscious thinking, as found in the uprush of ready-formed concepts and conclusions not consciously thought out and in the phenomena of nutrition, organic action, co-ordination and repair.

By the testimony of experienced psychologists to the probable existence of other planes of consciousness than that which enables us to maintain our present identity.

That consciousness is the executive head, nearly all the detail work being done by the subconscious forces. That after issuing its orders and giving the initial impulse, the more the consciousness keeps in the background the more reliable is subconscious action.

That, through heredity and by means of picked-up suggestions, the subconscious energies are often turned into painful and disordered action, which can be corrected

only through their re-education by conscious pedagogy.

That the three cardinal characteristics of mind are will, intellect and emotion. That chronic ailments have their tap root in a loss of balance or co-ordination between these three attributes of mind.

That the subconscious bias is very sure to reflect itself in disturbed physical action.

That the two most conspicuous characteristics of subconscious mind are (1) limitation of its reasoning processes to deduction, and (2) suggestibility.

That the subconsciousness is conservative; it will not respond to the unstable desires of a day.

That the conscious mind is a modified expression of the larger subconsciousness, for particular purposes.

That the human mind is an inlet of the Universal.

That the subconsciousness was our original heritage or endowment, and that consciousness is a differentiation or modifica-

tion of it worked out, under will, for specific purposes.

“So nigh is grandeur to our dust,
So near is God to man,
When Duty whispers low, ‘Thou must,’
The heart replies, ‘I can.’”

—Ralph Waldo Emerson.

LESSON II

THE RELATION OF MIND TO DISEASE

No close student of psycho-physical phenomena has failed to recognize evidences of the remarkable power of the mind, and particularly the subconscious mind, over the body.

INTRODUCTION TO LESSON II.

The etiology of disease has been the study of mankind from the beginning of time. In the early days, when man's idea of the Great First Principle of the Universe was as rude as his own mind and mode of life, constructing a God, as man has ever done, after his own human order, he believed disease due to an expression of God's varying emotions towards his creatures. It was He who sent the pestilence and He who raised up and cast down at will.

As man got away from the theistic idea of disease origin he was believed to be the helpless butt of the elementary forces in his environment and the numerous germs which infest his body, as well as his food, his drink and all his surroundings.

It appears to have been overlooked that man has in himself the essentials of government and well nigh omnipotent powers of resistance and command awaiting his successful utilization. In him there is a background of divinity which determines by its action the degree of susceptibility to unfriendly forces. It is a realization of this that I here seek to bring to those who pose as healers of physical and mental disorders among the people. Man at last is coming into his rightful heritage.

THE RELATION OF MIND TO DISEASE.

The Nature and Cause of Disease.

Having given our hypothesis of a subconscious mind by which the bulk of human thinking is done and in which mental processes are worked out, our next step, in a study of psycho-therapeutics, will be to learn what we can, in the light of such a theory, concerning the nature and cause of disease.

It will be plain to all that I do not occupy common ground with Christian Scientists and other transcendentalists in assuming, as do they, that disease is a mere abstraction. I assume that it is what it purports to be,—dis-ease,—a disturbance of mental and physical rest and comfort. There is no advantage to be derived from denial of a patent disorder. The wise thing to do is to recognize it and then take proper steps to get it corrected.

Nor do I harmonize with modern medical conceptions of either the nature or cause of disease. While I do not deny the structural changes found by a study of pathological states, morbid tissue and fluid specimens, I am compelled, because of my non-materialistic opinions, to look upon these as the result of causes which reach back into mental bias and disturbing mental attitudes and processes. I am inclined to reckon bacteria, exposure to unwholesome environment and such like things, as the occasion rather than the cause of physical disturbance. There is a pathology of mind which lies behind disease, constituting nebulae out of which spring the concrete and recognizable states to which medical nomenclature has affixed its several tags.

If my theories are entitled to standing I must be able to give a clear idea of the way in which such results are worked out, and that is my purpose in the present lecture.

The unconscious mind, whatever be its nature and whatever its relations to con-

sciousness and the physical brain, has been shown by the phenomena of hypotism, and allied processes, to exercise marvellous control over the nervous, vaso-motor, circulatory and other systems. A patient comes to me with great distress of mind and body. He complains of severe pain in a part, from which he has vainly sought relief. I quiet his conscious mind and give him strong suggestions of relief, with pronounced effect. He becomes calm in mind and comfortable in body. Another patient complains of pain and swelling on the back of the neck. On examination I find every appearance of a carbuncle, as evinced in heat, swelling, redness and severe pain. The patient has not rested for a period of thirty-six hours. I hypnotize him, though he does not lose consciousness, and suggest prompt, sure relief. I touch the spot, manipulate it and demonstrate its painlessness. It seems like a simple thing to do, but it is effective. All the symptoms quickly subside. I am called to a lady with severe nervous headache which

has put her in bed, with buccal and axillary temperature which sends the mercury to the 112° mark on my thermometer. I try remedies without avail for a period of hours, and then, by suggestion under hypnotism, I bring the temperature below 100° in thirty minutes' time. These are all cases from actual experience, and many more, equally astonishing, could be adduced. To me they show the marvellous power of mind, and probably the subconscious mind, over physical and mental states. Says Braid, "A belief of something about to happen is quite sufficient to change the physical action of any part."

No close student of psycho-physical phenomena has failed to recognize evidences of this remarkable power of the mind, and particularly of the subconscious mind, over the body. I bring it forward here so conspicuously that it may serve to introduce us to a more detailed study of the forces at work in the development of disorder in the body.

Heredity.

I know of no better way to elucidate the mental origin of all disease than to take a typical case and trace its evolution into the form which secures to it a place in disease nomenclature.

We shall have to begin by recalling the influence of hereditary constitutions and

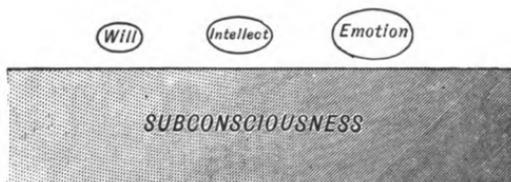


FIG. 4.—Showing hereditary tendencies and large emotional nature.

Movement is in direction of Emotion in expression.

tendencies, since these are deeply impressed on every human being who comes into the world. They vary widely, as we know, not only in families, but in the various members of a family. There is an impression not only of general traits, but of particular ones, some of which mark the individual with peculiar proneness to certain physical disorders as well as mental tendencies. Too

little attention has been given by medical and physical scientists to this important feature of study. It is usually plain enough that physical conditions are but echoes of mental traits. Behind a weak body is a weak or perverted will, with relative dominance of intellect or emotion. Back of every feeble and vitiated physical organism lies a want of balance between the main factors or attributes of mind, expressed either consciously or subconsciously.

With inborn vicious tendencies of mind and body we need not be surprised to find a fertile soil for mental and physical disorder. Upon such a parent stem there is easily grafted pathological states of great variety. These are the potent factors to be considered in our study of disease etiology, and unless they are recognized and considered in the adaptation of curative ministrations we shall obtain but a small degree of success.

Suggestive Physical Modifications.

Though these considerations are of vast

importance they do not constitute all that lies behind organic disturbance, for we cannot forget that we are continually establishing modifications,—stamping subconsciousness with fresh impressions which in their turn create an influence on physical expression for good or ill. This work is perpetually going on in response to environment, habits of thought and character of action, and all usually without conscious knowledge of one's power to give it wholesome direction.

In view of heredity and the lack of volitional guidance to mental and physical expression, is it any wonder that humanity becomes an easy prey to disease?

Processes of Disease Development.

Upon a mental and physical background like that just given, disorder frames its fantastic figures. Let us see how the work is done. One may have been able to avoid serious disturbance up to a certain period, and then disorder is precipitated by a particular occurrence,—it may be accident, un-

hygienic environment, contagion, great mental strain, or something else,—occasions of disturbance among all being without number. But between the predisposing heredity or acquired bias and the real outbreak of disease there is a period of incubation, during which the only modification giving evidence of a pathological tendency is in the

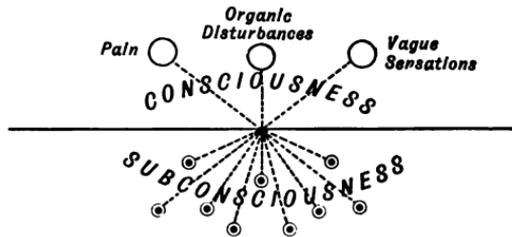


FIG. 5—Showing a variety of subconscious causes which ultimate in the conscious disorders named.

mental and nervous centers and probably for the time entirely hidden. In acute disorders this prodromal stage may last only a few hours, or, at most, a few days, while in chronic disorders it may extend over a period of weeks, months or even years. But what I want you to observe is that there is always a stage during which the disorder is

of a functional nature, and that, too, of a moderate type.

I have spoken of the period of mental and nerve disorder as the prodromal or functional stage; but it is important for our present purpose to divide this stage into two, the

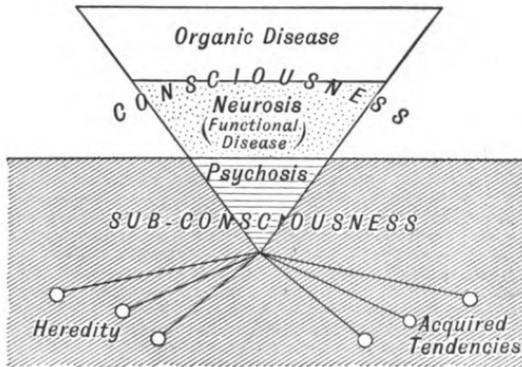


FIG. 6.—Illustrating stages of development of organic disease.

first being that of mere mental modification, wherein the disorder is a true psychosis, the second being the succeeding one of mental and nervous disorder constituting a simple psycho-neurosis.

It will be understood that the original psychosis marking the beginning of the dis-

order which may ultimately become a complicating and menacing organic disease, manifests in the subconscious rather than in the conscious mind. That we do not know the true character of the bias, or what constitutes the ensemble of its mental symptoms, is no proof of its non-existence. Nor can it be subjected to scientific investiga-

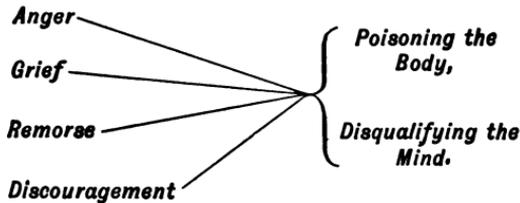


FIG. 7—Showing some of the exciting mental causes (or occasions) of disease.

tion, as can the grosser pathology of the organism.

In the etiology of much disease there is not only the psychic background of heredity and acquired susceptibility, but also an immediate or exciting cause, elsewhere called "occasion" of disease, of an objective or cognizable nature, in the form of injurious emotion. Professor Elmer Gates has studied the

effect of emotions upon the organism, and from his work entitled, "Mind and Brain," I quote as follows:

"In 1879 I published a report of experiments showing that, when the breath of a patient was passed through a tube cooled with ice so as to condense the volatile qualities of the respiration, the iodide of rhodopsin, mingled with these condensed products, produced no observable precipitate. But, within five minutes after the patient became angry, there appeared a brownish precipitate, which indicates the presence of a chemical compound produced by the emotion. This compound, extracted and administered to men and animals, caused stimulation and excitement. Extreme sorrow, such as mourning for the loss of a child recently deceased, produced a grey precipitate; remorse a pink precipitate, etc. My experiments show that irascible, malevolent, and depressing emotions generate in the system injurious compounds, some of which are extremely poisonous; that agreeable, happy

emotions generate chemical compounds of nutritious value, which stimulate the cells to manufacture energy."

The evil effect of unpleasant emotions has been observed by every physician, and medicine has long sought to proscribe such baneful influences. Many a child has been made ill by nursing the breast of a mother who has been under the spell of a depressing or highly exciting emotion.

It must be understood that the effect of emotion,—unregulated, riotous, highly disturbing in character,—is not limited to the immediate action on the organ, but it also reduces the system to that vulnerable state where serious functional and organic diseases can the more easily make one their prey. That dread disease,—cancer,—in its various forms, as we are well aware, rises out of its nidus when the subject is under the spell of a mental depression, far more frequently than when he is in the resistant state ministered to by emotions of a different type. People under the power of men-

tal depression seem peculiarly liable to fatal attacks of pneumonia.

The emotions in question are largely those of the conscious mind, but their effects are obtained by the influence exerted on the

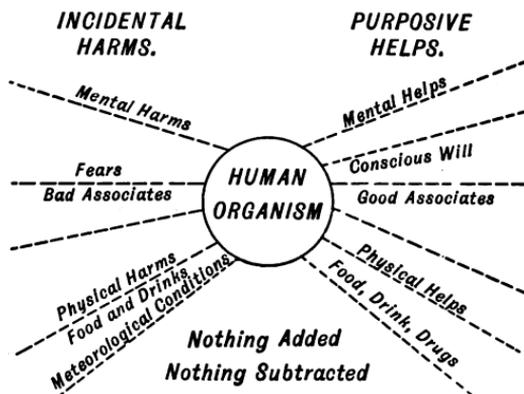


FIG. 8—Illustrating the influences at work upon the human organism, and the sources of help. In effecting a cure nothing is either added or subtracted.

subconsciousness; which has general and special charge of the administrative affairs of the body.

In the first lecture I called attention to the chief characteristics of mind as embraced in Will, Intellect and Emotion, and took oc-

casation to imply that an even, or relatively even, balance between these several attributes, or qualities, is our only guaranty of health. Balance in the mental realm means balance in the physical realm.

Mental Effects of Physical States.

There is one feature of the subject to which I have not thus far adverted, and one, too, which amateur psychologists are very apt to overlook. I allude to the effect of physical disturbance on the mind in both its conscious and subconscious phases. The best balanced mind is liable to become temporarily upset and thrown into inco-ordination by adverse influences proceeding from physical experiences of an unwholesome nature. Severe accident is enough to unsettle the mind for a time, no matter how well fortified it be. Even Jesus reached a point in his experience where he cried out in agony, "My God! My God! Why hast thou forsaken me?" There is no mind so strong that physical suffering cannot reduce it to a dangerous negativity, at least for a time.

All Disease Has A Mental Cause.

I have said, in effect, that the prime cause of disease of all kinds is to be found in mind, and very largely in the subconsciousness. Now let us examine this claim a little closer, for it is new and startling to the average medical man. He is willing to admit that certain diseases of a nervous type find there their source, but is very quick to deny such an origin to other ailments. The claim is contrary to all medical teaching, and yet, my friends, I believe it to be literally true.¹ I have shown how all organic disturbance is consecutive upon a psychosis or a psycho-neurosis. Even contagious disease has its period of incubation during which the disorder is really in the mental and mental-nervous stage. It is only when disease has progressed beyond this point that we find its indications exact and convincing. But why do not all fall under the power of disorder when the exposure is uniform? Because the resisting powers of some are able

to neutralize infection. But, upon what does this resistance depend for its existence? I reply, it depends upon a tone communicated by the mind in both its conscious and sub-conscious phases. The springs of weakness and susceptibility are thus found in the relative loss of strength and balance of the three attributes of mind to which I have repeatedly adverted, namely, will, intellect and emotion.

While I have not worked out to my satisfaction the character of all physical disorders arising through the relative dominance of these several attributes, I am able to give you some of them. For example, with Will and Emotion both plus, we are able, sooner or later, to find evidence of delusional insanity, hysteria, or such-like disorder. In the former the delusion may not go to an extent necessitating the usual restraints thrown about the insane, but merely to the development of psychical conditions whose existence and persistency depend on the strong suggestion found in the nature of the

delusions. In many forms of chronic disease we find more or less evidence of such a trait, but the condition becomes most marked when engrafted upon a psychotic or neurotic basis. Hysteria, in its protean forms, shows a similar action. In such cases emotions,—i. e., feelings,—are given precedence in authority by the dominating will, and are allowed to carry the subject into remarkable manifestations of psychopathic disorder. Intellect may be keen, but its dictates are given little weight when set against emotion.

In hysteria we usually bump up against a will of good volume, but a will set in the wrong direction. Such patients are stubborn to the last degree, and are as immovable as rocks when an attempt is made to bring them into subjection through coercion or even through argument. Our only hope of success in such instances is in playing one emotion against another until such time as the set order becomes broken. Having thus gained a foothold we can lead these stub-

born patients out of the snares set by their emotions, through appeals to reason. They can be persuaded far easier than driven and that is where suggestion is able to do good service.

I say we must set one emotion against another, much as hunters use trained animals and decoy fowls to capture their game. But these emotions must be of noble and inspiring nature to get the best results. The tendency will be to let the new emotions run away with good judgment, and therefore there must be consentaneous training of the intellectual and rational faculties.

As an illustration of what I mean by the kind of treatment mentioned, I instance the effect of wholesome fear on hysterical outbreaks. Patients can often be protected from hysterical convulsions by the threat of dire punishment, as the use of a hot iron. Falling in love with a noble and worthy man whose influence is strengthening and sustaining has saved many such cases from the pitiable states which hysteria engenders.

The same is true of the religious sentiment, so closely allied to the love sentiment as manifested between the sexes.²

In neurasthenia we have an example of will minus, intellect normal in quality, but somewhat minus in expression, and emotion, as in hysteria, plus. The neurasthenic is ruled by his emotions, but, unlike the

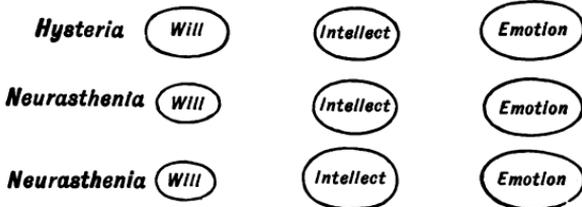


FIG. 9—Illustrating disproportions between will, intellect and emotion in the two common nerve disorders.

hysteric, his will is not normal in volume, and therefore he does not sink into ruts from which he refuses to be dislodged. The reason is more easily convinced, and he responds better to rational suggestion because intellect is not depressed below the standard. He is carried away and held in captivity by his fears. The more profoundly he has sunk in subjection to his emotions the more riot-

ous do they become, until he reaches a state of veritable slavery to his ill-defined phobias. I have had cases who were so obsessed by fear as to be in continual terror, even in their own homes.

Owing to gradually growing subserviency to fear and other emotions, even those of fatigue, there is a continually augmenting tendency to move in lines of least resistance, which reduces them by degrees into a state of abject and impotent weakness.

In such cases, will being the relatively weak and diminishing attribute, relief can be had only through strict attention to its cultivation. Just how this is to be done must be told in a subsequent lecture; but as long as we are in the dark respecting the mental pathology there is little hope of gaining the desired results. It is useless to seek relief in drugs. Sometimes an ocean voyage or a radical change of residence or occupation restores temporary tranquility by waking strong and diverting emotions; but the lack of mental balance and the existing

wrong conception of protective principles are very certain again to bring the patient into the original state.

Neurasthenia is sometimes induced by a mental state in which will is normal but intellect and emotion being plus make it relatively weak, while the plus intellect serves, when associated with plus emotion, to maintain a state of unrest quite unbearable.

Such a state of unbalance occasioned by normal will and plus intellect and emotion is usually associated with a weak physique, and often with a tendency to tuberculosis. I could go on and show how such functional disturbances, springing from a lack of balance between Will, Intellect and Emotion, are apt, at last, to give rise to serious organic disturbance. The two psycho-neuroses chosen as examples, to wit, hysteria and neurasthenia, in their varying degrees of manifestation and inter-relation, are the two basic disorders from which, I believe, organic disease most frequently springs.

I need not go any farther with this form

of illustration to convince you of the fact that a true relationship of cause and effect exists between the mind and body when interpreted in terms of pathology. The materialist will pronounce such a view of disease etiology irrational and impossible. He could not consistently do otherwise, and therefore I shall not blame him. But I am not a materialist and accordingly can rationally accept a theory of the mental origin of all disease, which I do not only with satisfaction, but, as my experience has led me to see, with advantage. With no clear conception of an etiology going behind organic and tissue modifications in its scope, it is not surprising that medical treatment in the past has been deficient in clearness, precision, uniformity and effect.

Much of what I have given you represents nothing beyond my own conclusions drawn from a study of disease in the light of my psychological knowledge. It is largely theory, to be sure, but our actions cannot be given intelligent di-

rection without an accepted theory upon which to base them. And yet I would not have you suppose that success in the use of psycho-therapeutics is dependent on acceptance of the principles herein given. Truth is generous and considerate in its bestowal of results. The essentials of success are but few and easily mastered, while the theories concerning the nature and causes of disease and its cure are numerous. Many astonishing psychic cures are made by physicians and healers who ascribe their successes to widely varying therapeutic action, and yet I would not have you infer that a rational theory is a matter of small consequence. Those who give attention to the cure of disease are not equally successful. It is but a reasonable inference that those who make the largest proportion of cures are those who apprehend most clearly the nature and cause of disease, and are thus enabled to give most effective direction to their efforts.

Health Guaranty.

It is clear from what I have said that the surest guaranty of physical health is an even balance between the three attributes of mind, viz: will, intellect and emotion, as they are allowed to find expression in mental attitudes and physical action. Not a thought engages intellect, not a vibration sweeps through emotion, not a question is settled by will but it finds an echo in physical modification.

The concrete Self as it exists in mind is continually being stamped on the physical organism, so that what we really are in our essential ego is to be read in the body.

LESSON III

THEORIES OF CURE

*I believe that physical cure is wrought through
action of the will in bringing about a correction of
disorder.*

INTRODUCTION TO LESSON III.

Cures have undoubtedly been made in all branches of medicine and by use of an endless variety of means. But what is it that really has healed the patient? By what precise psychological or physiological process has the cure been made?

The less one knows in any branch of knowledge the more dogmatic are one's claims. We are inclined to forget that probably two-thirds of the sick recover of their own accord, and that one-half the remaining third either become incurable or die without troubling themselves about our treatment. How we can really improve or cure the remaining sixth is the important question to answer. "When a secret activity invariably takes place," says Forel, "apparently in response to absolutely varying causes, which contradict one another and act, irrespective of any law, in the same regular way, with the same substance or with the same organism, human logic is justified in assuming that some of the apparent causes are either not really causes or are only indirect ones, which set the actual cause,—i. e., the real mechanism of the constant occurrence—into action in an obscure way. It then becomes necessary to discover the latter."

In seeking a rational explanation of curative phenomena manifested in psychical methods of cure, I feel that I am arriving at a broadly rational solution of the general curative problem.

I am not aware that anyone has studied this subject from the same angle as that herein taken.

The explanations usually made by practitioners of psychic methods do not rationally explain. Whether those herein given do so or not must be determined by the thoughtful student. They at least furnish a good working hypothesis. Absolute solution may be impossible. Though it serves no other purpose, this hypothesis presents a solution of the problem not out of accord with human reason. It does not lug into the process a bewildering mysticism, which so encumbers the common hypotheses as to make them unacceptable to rational minds.

THEORIES OF CURE.

Now that we have arrived, in our study, at an ample idea of the framework of mind and its relations to the cause of disease as we see it in protean manifestation, let us turn our attention to the theories upon which the mental cure of disease is based.

Mental Theories.

And first I shall have to tell you that there is not perfect accord with respect to these. We find much dogmatism, and as stubborn, as we do in matters of theology, to which, in truth, psycho-therapeutics is closely allied.¹ "It is dangerous to go through life," says a great teacher of psychic methods of cure, "without either religion or philosophy. I am tempted without casting any reflections on believers, to say, more simply, 'without philosophy,' for religion itself can be efficacious only so far as it succeeds in bestowing upon the individual who believes, a philosophy of life. Religion

or philosophy, it matters little which flag one marches under, provided that it is held bravely on high."

At the same time it is easy enough to trace a similarity of belief in all psychic methods, even when the theory upon which the various practices are based is not stated in exact terms.

Now, recalling what I have told you respecting the two phases of mind,—the conscious and subconscious,—and the fact that it is the subconsciousness which has charge of the organic processes of the body, conducting its work through the media of the two great systems of nerves, the cerebro-spinal and the great sympathetic, it will not be difficult for me to make myself understood.

Most Theories Overweighted by Theology.

Before proceeding, however, I want to tell you, with no invidious intention, that most of the theories commonly held by Christian Scientists and the other pseudo-scientific cults, are mainly of a direct the-

ological type, the belief being that the curative action is that of an immanent and beneficent divinity. Some of these theorists, including Bishop Fallows and others of his type, resort to prayer, and appear to believe in a special interposition of Divinity in our behalf. Those who do not resort to prayer as such, enter what is termed "the silence" and there get into special touch, as they believe, with infinite power and thus secure the desired result. A large number of New Thought followers believe in the Unity of all things and in their right to health through it, for which they exercise saving faith. But none of them, even though claiming to be scientists, are at all scientific in their theories or methods, but highly theistic and mystical.² They do obtain some good results, as far as mere physical health is concerned, but in healing their patients' bodies they sometimes place their patients' minds in subjection to weakening beliefs. Any system of cure is pernicious in its final effects which harbors false beliefs and a

trust in adventitious forces. True healing of mind and body should raise a man to the commanding dignity of Selfhood, releasing him from a sense of servitude and establishing his own self-mastery. Said the great Paracelsus, "Whether the object of your faith be real or false, you will nevertheless obtain the same effects. Thus, if I believe in St. Peter's statue as I would have believed in St. Peter himself, I will obtain the same effects that I would have obtained from St. Peter; but that is superstition. Faith, however, produces miracles, and whether it be a true or a false faith, it will always produce the same wonders."³

It is evident that a theory is not always established by the results of its application.

Accordingly it will be understood that, in detailing the succeeding theory of cure, I am closely following the teachings of no one, but am blazing a way of my own, the rationality of which will be cheerfully left to the consideration and decision of those who hear or read these pages.

By such a process of underbrushing have I cleared an opening to the way which I shall proceed to point out to you.

Conscious Will in Authority.

We start, then, with the idea of a dual phase of mind, the conscious and the subconscious, and of a division of labor, the consciousness being the director and the subconsciousness the executive whose business it is to carry out the wishes of the consciousness. The latter is the legislative branch of the physical government and the former the executive. I have shown how, in the absence of another strong directive force, heredity and suggestive sensibility become controlling factors in the body. I want you to distinctly understand that a strong will makes a strong personality, when that will is rightly exercised, and that a strong personality has a commanding influence over the body. From this you will gather that I believe that psychic cure is wrought through action of the will in bringing about a correction of disorder. And, since it is the

subconsciousness which has charge of organic action, the demand is made on that phase of mind, and relief is secured through its responsive action.⁴

It is easy to win battles on paper, or with tin soldiers; but it is not so easy with real soldiers against a stubborn and wily foe. In times of peace, confidence in our puissance and prowess reaches the highest level. We become inflated with conceit, and fancy ourselves easy victors. But once a tug of war is really upon us, everything wears a more serious aspect. When favorably situated, when there is "none to molest or make us afraid," and the living wheels run smoothly, it is an easy thing to avoid worry; but when the grind of annoyance sets in and troubles of divers sorts assail us, it is quite another thing. And yet, even under the heaviest stress of life, the soul that is fully resolved to preserve its poise can do so. The greatest trouble arises from lack of an unwavering purpose. The man who is under the domination of a foolish and harm-

ful habit, such as that of smoking or drinking, often weakly declares his inability to become his own master. Why is this? How can a mere "way of doing things" become an element of so great power? How can the mind become a slave to its own mode of action? We do not have to search far to learn the cause. The weakness lies in lack of full, unflinching resolution. We commonly say that the volition of such a one is so weakened that he cannot sufficiently assert himself, and this is quite true; but the difficulty lies not so much in volitional weakness itself as in the feeble way in which the volitional powers are attempted to be exercised. They have been weakened through nonuse. The subject aims merely to try, rather than solemnly to do and to succeed. He makes a tentative effort to see how he may feel under the new order of things and casts backward many a longing glance that weakens his purpose and is certain ultimately to work his defeat. I venture to assert that there is enough mental and moral strength

left in every man, no matter how addicted he may be to evil habits, nor how weakened by submission, quickly to subjugate every adverse tendency if he will but use it.

This presupposes a strong suggestibility of the subconscious mind. You will recall what I said in my first lecture with regard to the characteristics of this phase of mind. They were there said to be suggestibility and a limitation of mental processes to deductive reasoning. It is with these in mind that we will now pursue our study of the theory of cure.

All Cures are Self-Cures.

It has already become evident to you that I assume all cure to be self cure. Most minds are at first startled by this claim. You may be, but when you come to reflect you will find that it must be so. And it is true not only of psychic cure but of every cure, no matter how wrought. Let us assume that you administer a remedy in hope that it will work a cure. You will confess that the remedy itself carries

to the patient nothing not already within his possession or within his reach, but you expect that remedy to set up a more rational action in the system. If it does so, in what manner does it accomplish the work? Is it not by setting the mental and physical forces themselves, in some way, into more harmonious and energetic motion? Even though in anemia you administer iron, you expect the ultimate good to come, not through absorption of that metal into the blood, where it will remain but a short time unless continually renewed. You very well know that the organism of the patient has all the iron offered it every day, in the ingested food, that it can utilize, and more too, but the trouble is that, for some unknown reason, it refuses to accept it. Flooding the blood with iron may give temporary aid, but you are not foolish enough to trust to that action alone for the final good effects. No, you expect merely by this drug to set things moving again in a normal maner. Just how it is to be done you

do not know. Your real appeal is to the *vis medicatrix naturae*. It is so in every instance.

Accordingly, we are not departing from true medical principles in assuming that curative action is to be found through action of the patient's own forces.

Then, sifting out all but the residue, which is truth, we find that our aim in treatment of every sort should be to obtain the ear of the subconsciousness and command its obedience to our conscious behests. Whether this can best be secured through drugging, beating, blistering, vibrating, poisoning and otherwise abusing the body, or through direct and indirect action of the conscious mental forces as practiced through mental suggestion, remains to be seen. In any event the effect sought can be obtained through no other medium than the subconsciousness.

I have told you something of the true etiology of disease, how it always results from some mental bias, and the part that

the three mental attributes, will, intellect and emotion, play in its production. I have taken especial pains to point out the grand role of will in the maintenance of health through the character and tone which it communicates to the body, and I have sought with equal care to show you the pernicious physical effects of ungoverned emotion. To a superficial view these two attributes of both conscious and subconscious mind are irreconcilable enemies; but they are not. At the same time it is all important that emotion be kept strictly under the control of will. The latter derives its energy and effectiveness from emotion, and without a good supply of it it would be much like a steam-craft without enough steam to work the machinery.

The Specific Problem of Cure.

It follows that in disease there is a preceding and consentaneous loss of suitable balance, especially between these two mental attributes, and the problem of cure is one of recovery of equilibrium. How is this

to be done? The old method consists in subduing the predominance of the emotional nature by the use of sedatives and remedies calculated to obtund sensibility. If there be discomfort in a part, give it rest. If it feel tired, cease to use it. If there be complaint in any way attributable to action, suspend it. In other words, the plan has been to humor the suffering part and otherwise begin to move more pronouncedly in lines of least resistance. But the method is irrational, and, in the end, it proves disastrous. Anything which tends ultimately to reduce the force of volition, even though it bring temporary relief, is sure at last to prove detrimental.

Under the new theory an opposite course is pursued. If a part rebels without good cause, it is not favored, but, on the contrary, is disciplined. Even after minor accidents, instead of giving an injured member entire rest it is usually better to keep it in service. A few weeks ago my daughter sprained her ankle. The injury was ex-

ceedingly painful, causing fainting. She was brought home and the foot was well soaked in hot water and was massaged. A good deal of passive exercise was given it. The ankle was swollen and painful, keeping her awake a large part of the first night. I enjoined use of it, massaged it often and instilled assurance. On the third evening, though the ankle was still slightly swollen, she attended a party, with my permission, and took part in six dances with perfect comfort. The ankle has not troubled her since, except for a few days in the early history of the case, when given too much rest, and then but slightly. A physician now in the room who came to me for help was advised to defy certain pains in the legs and give those members more than usual exercise whenever it recurred. He did so with relief. I practice what I preach. Whenever a pain comes into any quarter of my body, instead of giving the part rest and nursing it on fear-thought I work it up and keep it more active than usual, always with an

accompanying thought of command. I am satisfied that the Christian Scientists have taught us a lesson concerning women after parturition. We keep them in bed too long. They would do better to be up and down as they please, in most cases, from the second day onwards. The truth is, an upright position in the days immediately succeeding delivery, insures better drainage, greater activity of circulation and less liability to septic troubles.

Healing a Process of Will-Training.

This new method of treatment is beneficial in the main because it involves volitional exercise. It is a process of will training. It hurts to get about on a sprained ankle, and therefore we plead our inability. We feel languid and weak when disturbed, and it requires an effort of will to move. I encourage my patients to keep about and to become engaged in some useful work, unless there is considerable elevation of temperature or extreme danger of syncope. Did you ever notice that, in instances of crip-

pled heart, the patient rarely dies under the stimulus of effort, but usually when sitting or lying in quietude? Those who die from exercise are those whose nervous systems have become weakened and in whom self-command is deficient.

The human will! Do you know, I am coming to respect it more and more? It is



FIG. 10—Showing will as a basis of health and happiness; a strong and normally-exercised will meaning self-control.

our greatest reliance in all emergencies. In the practice of psycho-therapeutics there is nothing to compare with it. And yet, my hearers, our New Thought and Christian Science friends are ready to call me inane because I so highly exalt it. Like the Orthodox Christian, they are too disposed to enjoin trust in outside, or at any rate ex-

trinsic, aid, on humanity. Here is the wide and distinct line of separation between me and them. I believe in an immanent Divinity, as do they. I believe that all power is inherent in the All, as do they. I believe that we are guided and sustained by that Power, as do they. But here our faith likeness appears to end. They advise us not to assert ourselves, but to fall back upon the Absolute and to trust ourselves wholly to Him. My attitude is one of Self-assertion. If we are a part of the Infinite Perfection, why need we be so afraid to stand up in our nobility of relationship and assert our power over ourselves and our environment? I believe in the divinity of man. No exceptions have been made among us; all have the same essential essence, though in many the Godlikeness is still slumbering. We are in authority over ourselves, but, of course, within limitations, for all power has its bounds. The human mind cannot conceive authority absolute and unlimited, though we often speak of it.

But what is will? The best definition that I am capable of giving is, attention with expectation of consequent action. In matters physical you merely turn your thought toward definite action with assurance, and behold! the thing is done. The action can be made more energetic by convergence of more thought rays. Sometimes so much energy is put into the mental effort that the body joins in an expression of its intensity, the brows contracting, the masseter muscles coming into exercise, and various other muscles of the body joining in the expression of mental action.

It is attention with expectation, and therefore there is involved that attitude of mind called faith. When I say, "Without faith you can do nothing," it is equivalent to saying, "without will you can do nothing." This leads me to add that an analysis of Will discloses two distinct elements entering into its structure, namely, Desire and Faith. I have elsewhere, and particularly in my work on psycho-therapeutics, "AS

YE WILL," dwelt at some length on these features, and I cannot do better than quote therefrom as follows: "My idea is that the potential elements, Desire and Faith, become dynamic or active, in Will. For ex-

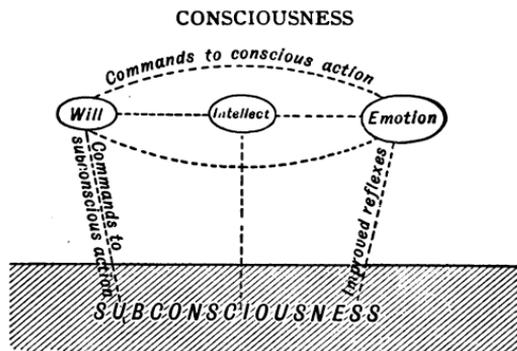


FIG. 11—Showing relatively large emotion and normal will and Intellect. Such a condition prevails in hysteria. Cure comes from will taking possession and dominating emotion. Its commands take effect through both conscious and sub-conscious action. Dotted lines show the course taken.

ample, we earnestly desire health, and as earnestly believe that we shall have it; or, better still, we believe that it is essentially ours. Having gone so far, the energies of Desire and Faith unite to express themselves in Will, which reaches forth and

takes the object sought. We can desire a thing and believe that we shall have it, to the end of time. The object of our desire and faith recedes before us as does the horizon before the traveler. It is only when the energies of Will are evoked that the whole process comes to a climax."

One Cannot Cure Himself Without Aid.

I have thus far given you the process as it is worked out in the individual in response to a personal application of the principles of action to which reference has been made. I have assured you that all cures are self-cures, but I am obliged to add that the power to effect them has to be stirred and directed by another. One cannot often cure himself. The process is a biogenic one. Cure comes from fertile contact between two souls, just as surely as new life comes from fertile contact between two bodies. There is no such thing as spontaneous generation.

Sacred fire is essential, and the only feasible way to get it is to receive it from an-

other. The ready flint and steel with which to originate psychic fire, and the skill to catch the spark, are rarely ours when we are ill. One torch has to light another. Thus the energy is spread and thus it shall be to the end of time.

As units we are interrelated. The vitality of one unit vivifies others until a community of dependence becomes established.

At root we are all one, and it appears to be a part of a general plan to group us for diversified expression.

The thoughts of my mind reverberate through the corridors of your sentient being, though you may know it not; and the question of effect is determined by your vibratory harmony—or lack of it.

The power to be and to do is within us; but it remains latent until aroused into action by the fire of another soul.

There is much within us that we wot not of. Man is a miniature universe.

A thimbleful of water represents sufficient energy to split in twain the solid mountain;

but it requires that the elements of the water and those of certain agents come into contact, and that certain precedent conditions be established in order that a rapid and enthusiastic union take place and energy thus be liberated. Just so must one soul quicken another into action or its powers slumber on. Knowing how to do a thing does not communicate the faculty for doing it nor the zeal needed to carry it to a climax of completion. The child may understand that close application to study will develop his mental powers, but the knowledge commonly avails little unless he also knows that requisite effort has to be set in motion and continually sustained by a competent teacher. Few succeed in educating themselves to a good degree of proficiency.

One should remember that his very ailment evinces a lack of the chemism upon which the efficiency of self-help depends.

He needs the command of a strong soul to his inert self, "Rise and walk."

There are so many unfriendly conditions

to divert, to discourage, to frighten, that the strongest soul, if struggling alone, is apt to fall into a negative state and become powerless under the smarts and bruises of mental and physical life. Is it any wonder, then, that he who has a heritage of mental and physical weakness, even though he knows the ins and outs of modern hygienic thought, finds himself unable to maintain the posture of a master? Many a noble soul have I found vainly struggling with inimical conditions, who, upon being given the warm hand of helpful sympathy, the suitable direction to energy and the word of strength and courage, has been able to stand erect in the divine image and to walk like a god among men.

We cannot continue well and happy unless in harmonious touch with another soul capable of inspiring us by the wealth of his or her nature to strong self-helpfulness.

Many come to me in need of aid who are greatly distressed over their inability to

help themselves. That they cannot readily do so is often the cause of doubt and discouragement. I have now under treatment several able physicians who have struggled in vain to lift themselves by their boot straps.

The locomotive that has left the track is as powerless to do the work for which it was intended as is a fish to swim in the atmosphere. It may puff and whistle, but the more energy shown the deeper in the sand do its wheels become embedded. What it needs is a hoist and swing from the resources of the wreck car. When its wheels have been once more squarely set upon the tracks it is just as ready for a great stunt as ever.

So long as we do not pose as Supreme Beings it is no humiliation to confess an occasional need of help. We are co-workers, each having his own distinctive duties and responsibilities. We are more or less dependent on our fellows. The hand cannot say to the foot, "I have no need of thee," as

it readily learns when its duties lie at a distance from its present whereabouts. Both the hand and foot derive their power and skill from the same source, but the power is differentiated in each.

My own conviction is that true physicians, like true poets and musicians, are born, not made. The poetic and musical spirit manifests in varying degrees in all, but it is conspicuous in only the genius. In every vocation there is always room at the top. Among healers the Man of Galilee has ever ranked first. The truth of His cures has been more or less obscured by the high coloring given the narrations by astonished, superstitious and ignorant followers; but that His efficiency outstripped that of others there is no room for doubt. And yet He Himself said that His successors should do "greater works." That they have not done so is probably due to the paralysis of superstition and doubt.

Let those of like faith with ours who are vainly striving alone to overcome their men-

tal and physical weaknesses think not, because of their failures, that psychic power has waned. There is abundant help for all when rightly sought. He who makes a business of curing others and who himself has been repeatedly thrown, need not be shorn of one whit of his power, even over himself, save for the moment.

The physician, by virtue of his healing ministry, is not certified as an omnipotent dispenser of psychic power any more than a teacher of music, by virtue of the fact that he is able to teach the most advanced pupils, is necessarily an unsurpassed singer or player. One may be a superior teacher or healer of others without being able to exemplify in his own life the principles which others are better able to put into practice under his direction. At the same time he who excels in both theory and practice is always to be preferred.

In the curative process, as well as the educational one, the work consists merely of an elaboration and judicious use of one's own

energy. It is the development of resident power through suitable use. On hearing this many patients illogically jump to the conclusion that immediately on learning the general principles of cure they ought to be able to carry on the curative process in themselves without the aid of a competent director.

But such reasoning is harmfully irrational. It would be as reasonable for one to set out to train his own voice or to learn the intricacies of electrical technique without a teacher. These things can be done, but only by geniuses.

We are not quick to discern our own weaknesses nor to discover the causes of our own failures. We need the advice and encouragement of one competent to discern and strong to uplift. We never do as well as we know, even under the eye of a preceptor; but the presence of one who recognizes and authoritatively rebukes our failures and applauds our successes is a great advantage.

In the healing art there is room for all the tact and skill of a genius. One must be severe and gentle; one must scold and praise, alarm and soothe, startle and quiet, drive and lead, whip and caress, blame and compliment, interdict and urge as occasion may require. But in the midst of it all he must acquire and hold the confidence and esteem of his patients. To do all this successfully and thereby to work his cures is to prove one's right to the title of true physician.

LESSON IV

**RATIONAL RANGE
OF EFFICACY OF
PSYCHIC METHODS**

I say again, as I have said many times before, that drugs, and surgery, and massage, and electricity, and water, and serums doubtless have their place. At the same time I am enough of an enthusiast to affirm that mental measures are superior to any one of them,—I had almost said, to all of them.

INTRODUCTION TO LESSON IV.

The topic of this lesson is a most important one. We desire to avoid, on one hand, an inane fanaticism which would lead us to believe that the kind of psychic aid we are capable of giving is therapeutically omnipotent, and on the other hand a skepticism which will deprive us of results that an unwavering confidence can best bring. There is such a thing as disappointing overconfidence, and there is likewise such a thing as damaging doubt. Our true course lies between these extremes.

I am satisfied that we have not arrived at a rational opinion of psychic possibilities. We are apt to underestimate them, and it is far better to err, if err we must, on the side of confidence. What science has declared impossible in the domain of psychics has been made practical more than once within our recollection; and the earnest and enthusiastic experimenter in metaphysics should therefore take courage to push onwards the lines of supposed limitations.

The author has made no rash claims in this lesson, but has kept well within demonstrable bounds. Let the skeptic rail at any of the claims herein made if he must, but he will cease to do so as soon as he himself shall make an unprejudiced study of the facts which it is quite possible to adduce. A better understanding of disease etiology brings the cure of organic ailments by psychic

means quite within the range of possibility. It is our fragmentary and one-sided views of a complex chain of events which leads us into pernicious bias and paralyzing dogmatism.

THE RATIONAL RANGE OF PSYCHOTHERAPEUTICS.

Having studied the phases of mind in which we are especially interested, the nature of disease and the theories of cure, we are prepared to take a survey which shall determine the range of action and extent of the field rationally belonging to psycho-therapeutics.

In doing so we shall lay aside all prejudice and divest our minds as far as we can of false notions respecting not only the new methods, but likewise the old. We cannot afford to be dogmatic and biased, for there is too much suffering in the world calling for relief to justify us in idle contention. Were modern orthodox practices conspicuously efficacious there would be good occasion for a stout and searching criticism of the newer ones for which a few of us stand. If the latter are no more efficacious than the former they are entitled to as good

standing. There are some who take occasion to sling ridicule at psycho-therapy because it sometimes fails. Its advocates do not claim for it uniform success. He who used it in the most adept manner, and stands as the Master Physician of all time, even he did not always succeed, his failures having been due to lack of faith on the part of the sufferers and their friends.¹ Let those who say, "Aha! Aha!" at failures of psycho-therapeutics take heed to their own failures.

It Has Power Over Organic Disease.

I am not here to defend psychic methods of cure in their application to functional disorders, for the day of delivery from that attitude long since arrived; but I am here to carry these methods into fields where they have not yet a good standing.

Orthodox medicine is now willing to concede the power of psycho-therapy over functional and nervous disease, but denies that it has any power over organic lesions. I am going to take the affirmative side of this controversy, but before proceeding with my

arguments I want to inquire upon what ground the advocates of old methods vaunt themselves. Who among them are able to cure organic disease? And what organic lesions can be named as amenable to drug methods?² It will be understood that all collateral measures, such as the regulation of habits, the elimination of harmful food, drink and environment, the benefits of surgery, mechano-therapy and other such means, together with the substitution of general hygienic practices and modes of life belong as much to psycho-therapy as to any other means of cure. I am not asking for a sweeping substitution of new methods for old, but merely for an admission of psychic measures upon equal terms with the old. I abhor exclusive methods as much as anybody. I say again, as I have said many times before, that drugs, and surgery, and massage, and electricity, and water, and serums doubtless have their place. At the same time I am enough of an enthusiast to affirm that mental measures are superior to any one of those mentioned.

The present chief bone of contention is that which I am now about to present, namely, the possibility of cure of organic disease by psychic means.

How Organic Disease Develops.

You will recall what I said in my second lecture about the genesis of organic lesions. I there said that there is a prodromal stage in all disease, during which there is nothing more than a mental (subconscious) modification of the organism, wherein the disorder is a true psychosis, and that there is a second stage of mental and nervous disorder constituting a simple psycho-neurosis. Says Dubois, "There is an ultimate limit where the simple functional diseases pass into organic affections. On the other hand, we see incurable diseases, such as Parkinson's disease, and very serious maladies, such as Basedow's disease, occurring under the influence of an emotion, which, at the beginning, could only alter the function."

Up to the moment when a functional disorder becomes organic, that is to say, while

the disease is still in the psychotic or psycho-neurotic stage, the possibility of cure by psychic means is usually conceded.

Observe, now, the further course of the disorder as we find it slowly merging into a true organic lesion. Subconsciousness (commonly called Nature), is working under difficulties, and sometimes in a dispirited and half-hearted way, to maintain a suitable balance. It sometimes does this by making short cuts and resorting to makeshifts of various kinds, with astonishing intelligence. At last, when these expedients have to be maintained for an indefinite period, what was at first but a functional accommodation develops into a formal, and usually permanent, change of structure in some part of the organism.

During all this time the original cause of the disturbance maintains its influence and the resulting psycho-neurosis in merging into organic disease preserves its true relationship in the chain of pathologic events. This stage having been reached

the orthodox pronounce the disease irremediable by mental measures.

Let us glance for a moment at the true situation and the rational indications in the matter of treatment.

Here is an organic disease owing its origin to some influence the disturbance occasioned by which began in the subconscious realm. Only when it blossomed out into an organic affection did we become aware of its true nature. But here it now is in a form clearly disclosed to our objective sense.

Rationale of Treatment.

Concerning the question of treatment let my listeners act as jurors to determine which is the more rational of the two methods soon to be proposed.

Before proceeding further let us come to an understanding of what shall constitute cure in the sense in which the term is here used. DIS-ease may be rightly said to have been cured when EASE has been established. One is essentially well when he has no dis-

comfort or disability of a mental or physical nature. To restore one to such a state is what has usually been termed a "symptomatic cure." Organic changes established by disease are always in a large or small degree permanent. Structures once invaded by proliferative or disorganizing processes never return to their primitive state, and yet they often remain under arrest without in any way creating disturbance. If entire restoration be insisted upon as a condition of cure, it may be said that organic disease is never cured.

Are we not then driven to regard removal of dis-ease (discomfort) from both mental and physical planes as a substantial cure? Any other cure is impracticable.³

We shall now do well to glance at the modus by which such a cure can be wrought. Let us suppose, for illustrative purposes, that we are dealing with a case of pulmonary tuberculosis.⁴ It will not be supposed, I hope, that I claim that every case of pulmonary tuberculosis can be made

to respond to psychic treatment. Far from it. At the same time I do not hesitate to affirm that most cases of the kind which have not advanced beyond a point where the life forces cannot be rallied in time to avert a fatal issue, and in all cases, as well, wherein the right conditions of mind and management can be secured, can be cured. When you understand what I mean by this claim it will not look so absurd. You ask, what are the right conditions? I confess we do not know them all. We know some of them and are learning others. It is sure that they will never be found in thinking, reasoning man so long as search is made wholly in the direction of physical things. It is equally true that they will never be found by those who are looking altogether for mental aid. It is essential to combine the two directions of search. "But," says some one, "what about spiritual conditions?" I reply, there may be a third plane of living rising superior to the physical and the mental, but I am unable to dif-

ferentiate between mental and spiritual things. I believe what is commonly called "spirituality" is an association of intellect and emotion, with emotion predominating, will, in such instances, exercising but a small influence over the combination.

"Right Conditions" for Cure.

What, then, constitutes right conditions for cure as at present understood? They are:

(1) Conviction in the mind of both patient and physician that a cure can be wrought.

(2) Faith on the part of both in the measures employed.

(3) Power in both to exercise volition in an unwavering manner in the right direction.

(4) Sufficient means to provide treatment which shall involve daily visits to or from the physician without anxiety concerning expense, and provision for such accessories in the form of nursing and help-

ful attendance as may be deemed serviceable.

I believe there are certain drugs which, in this disorder, may prove of service, and these I should not hesitate to use. There are many other adjuvants of an approved nature which are not to be omitted. In short, I should not hesitate to use any means offering encouragement, just as would the orthodox practitioner, and in addition I should employ with great confidence mental suggestion in its various forms, not only to arouse the energies of the patient to independent movement in a right direction, but also to make more effective the other means employed.

I have not yet had an opportunity to use psycho-therapy in this disorder, under such favorable conditions; but, my experience with the disease under adverse circumstance leads me to have great confidence in an ideal treatment such as I have outlined. A Sanatorium providing facilities for the application of such measures, conducted

by people who have confidence in them, is a desideratum.⁵

But I ought to give some detailed consideration to certain of these "right conditions." Let us look at them a little closer.

(1) A conviction in the mind of patient and physician that a cure can be wrought.

There is no possibility of cure of disease of even a functional nature unless a conviction of the possibility of cure can be awakened in the patient's mind. Every means has to be used to arouse faith. There are some patients who have no faith because they have no desire. To work with such a patient is like lifting a limp body; it is a dead weight. There is no use attempting a cure of one seriously ill unless some response to stimulation is received. I have especial reference now to adults whose conscious minds are always offering opposition.

Then, respecting the physician himself, it should be said that it is no wonder that mere experimenters with psycho-therapy so

commonly fail. They are unable to vitalize the mental seed sown. Being inert, it cannot be else than unfruitful.

Psychological experiments are more elaborately conditioned by unstable and transitory factors than are physical, and due allowance should be made for this. We are here dealing with subtle forces. "What a powerful worker of miracles is the human imagination!" says Bernheim. Sir B. W. Richardson says he never met a case of intermittent pulse that was not due to some mental cause. During the rush of consumptives to Berlin for inoculation by Dr. Koch's tuberculin, a special set of symptoms was observed to follow the injection, and these symptoms were taken as being diagnostic of the existence of tuberculosis; amongst others was the symptom of a rise of temperature after a certain number of hours. These phenomena were eagerly looked for by patients, and occurred accurately in several who were injected with nothing but pure water.

Let me inquire, is it any wonder that the conditions of scientific investigation are essentially modified in an organized being like man, who is the product of the unconscious memory of an organism and whose physical and mental functions are so responsive to suggestion of sundry kinds?

Carpenter, the well-known writer on physiological and psychological subjects, says, "That the confident expectation of a cure is the most potent means of bringing it about, doing that which no medical treatment can accomplish, may be affirmed as the generalized result of experiences of the most varied kind extending through a long series of ages." A physician's primary aim should be to establish in the patient's mind a conviction that a cure is about to be made. Curative power is in man, and the main problem is to learn how to bring it into effective action. But enough has been learned to give us profound confidence in the methods which I am pointing out, de-

spite the incredulity and sneers of the ignorant and inexperienced.

(2) Then, too, there must be faith on the part of both in the means employed. Many sick people are cured by Christian Science, but they are only those who can believe in the tenets of that cult. Those who revolt against them remain uncured. The same is true of all methods. Blind faith is often exercised by the ignorant and superstitious, and may then be effective; but faith which has a basis in reason is far more active.

(3) The third "right condition" is power in both patient and physician to exercise volition in an unwavering manner. This involves will training. Not every physician can use psycho-therapy with satisfaction. Certain qualities are required, not possessed by all. The only thing that will assure the future of the patient is a rational moralizing psycho-therapy which will change the morbid mentality which has determined the symptoms. That all are not

capable of applying such a remedy, I admit. To get the best results the physician's personality has to be impressive. He must get at the keynote of individual natures and strike it in good, round, full tones. The endeavor should be to raise our patients, to give them confidence in themselves, to dissipate their fears, to quicken their faith, to arouse their will. To do this one requires strong qualities in himself. He must be a master of self. A stream cannot rise higher than its source.

"How can one qualify?" do you ask? I reply that will is susceptible of development. One can lay aside his fears and overcome his weaknesses by a persistent following after stalwart ideals.

When the physician possesses such powers he can successfully awaken them in his patients, and not till then. I am daily filled with astonishment at the evidences of unwisdom shown in the choice of physicians by the people. As long as they are satisfied with the medical aid offered by those

totally deficient in strength of character; as long as they hitch their faith to men who have not backbone enough to meet the rational needs of life, or sense enough to know truth when they see it, they will continue on in full servitude to their mental and physical ailments.

(4) The last "right condition" to be considered is that of financial ability in the patient and willingness to subordinate expense to rational effort.

There are many suffering from tuberculosis and other serious ailments who, though well able to provide for themselves every aid and comfort, are too narrow minded to do so. For such no self-respecting physician can do his best. But a larger number are unable to afford what is most essential for their cure. The physician always has a goodly number of such patients for whom he is doing much, and his time, limited by working hours, will not allow him to go to the limit of possible aid. The conditions of life are often hard, and a

rational survey of them establishes the strong probability of a perpetuation of existence in some form to lengths which will ultimately equalize human benefits, and give to all an equal chance to attain.

Recurring, now, to the question of cure for organic diseases by psychic measures, let us trace the rationale of an assumption that the disease, when treated under right conditions, is curable.

We will assume, then, that a disorder which was originally a psycho-neurosis has reached a stage where organic changes have become established and mechanical, and chemical and other physical conditions have begun to do their disorganizing work. For the sake of consistency we will let it be a case of pulmonary tuberculosis, as we at first proposed. Now, how can we rationally expect to do anything toward radical relief of such a case through use of psychic means? In order to make myself clear I shall resort to diagram-making.

The contributing causes of disease are

found in conditions and experiences which are embraced in (Aa) hereditary tendencies, (Ab) auto-suggestion, (Ac) hetero-suggestion. Under the latter head may be

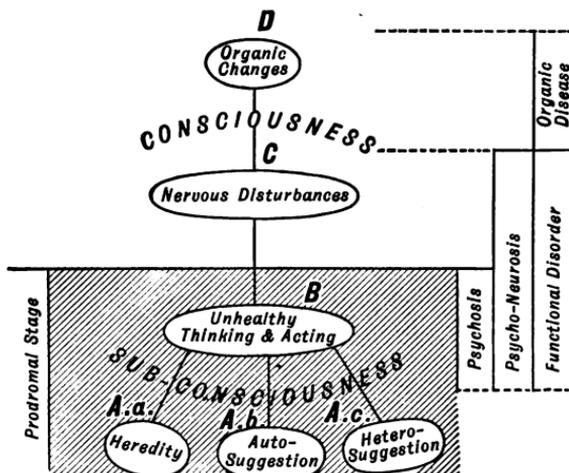


FIG. 12—Showing the genesis of disease in the subconscious and indicating some of the causes. Organic disease *D* is the result of the links *A*, *B* and *C* in the chain.

included the many occasions of disease consisting of meteorological changes, unwholesome environment, contagion, direct word and action from associates, unhealthy thought atmospheres, and numerous other

contributions. Treatment instituted against these primary causes of disturbance would be of a preventive or prophylactic kind, and necessarily of a psychic type.

As a result of all this, a psychosis, or condition of mental modification of a pernicious nature, is set up (B), expressed mainly in subconscious thought and action. This all occurs in what I have termed the prodromal or incubation stage, and is relievable only by psychic measures.

We have traced disease genesis in this way as far as the limits of subconsciousness, and now we find that physical disturbance begins (C), through effect on the nervous system. Nervous control expressing itself in normal conditions of the circulatory system is modified, and metabolic action soon becomes unbalanced. There is evidence of depleted strength and loss of general tone; and soon there is unusual susceptibility to atmospheric and other changes, and so on.

Up to this time the disturbance is in the functional stage of the conscious phase,

and can still be cured, but not by other than psychic measures. Efforts to bolster up the physical while still leaving the original causes uncorrected are utterly useless. Treatment has hitherto taken small cognizance of the latter, though they are always not only to be reckoned with, but to be given the position of greatest importance.

Orthodox medicine admits that psychotherapy is, possibly, thus far effectual, though still implying what is not true, that the old methods are more reliable. I affirm that, without the aid of psychic means, old methods are never effectual. They may temporarily gloss over disorders, but they can never cure them.

Then follows the stage of organic change (D). The case becomes one of undoubted tuberculosis of the lungs, and the question asked early in this lecture—Can organic disease be cured by psycho-therapy?—becomes pertinent.

And now I want to ask, Which course

offers encouragement,—(1) that which takes cognizance almost wholly of the organic conditions as expressed in the diagram at D? or (2) that which recognizes the true causes of the trouble as expressed in A, B and C, and devotes the best part of its energies to their removal, leaving unused no helpful measures calculated to correct the organic disorder? There can be but one answer. The truth must be apparent to every one of you, that in Psycho-Therapeutics, when used with other rational measures, we have the best solution of the vexed problem of cure.

This much for the typical case of organic disease, which we have been discussing. There are many other organic diseases and far simpler ones. In how large a percentage of cases right conditions can be established so that suitable psychic treatment can be employed, remains to be seen.

Concerning the range of usefulness of psychic means of cure I quote the following apt and emphatic remarks from Du-

bois: "There are almost no diseased conditions," he says, "in which the morale remain unaffected, and in which the physician cannot be of some help by his clear, unwavering assurances." The truth is that we here have not only a most powerful adjuvant, but a sensible and scientific method of cure. Old methods have led us to seek the removal of organic disease by merely suppressing or lopping off its expressions without finding and remedying its true causes. I cannot but feel that orthodox practitioners

Stand like the rustic on the river brink
To see the stream run out.
But on it flows and still shall flow
With current never ceasing.

What egregious fools we mortals are!
How can we reasonably expect to cleanse
a stream by turning its turbid waters, already far down on their course, over pebbly beds of gravel and along a sunlit way, knowing all the while that it drains a great cesspool? How much better to attack the

foul thing at its source by cleansing and purifying the waters ere they carry their pestilence into nearby villages and happy homes! We learn wisdom but slowly.

Does Not Claim to Make Uniform Cures.

I do not claim, as I have already assured you, that psycho-therapeutics is capable of bringing uniform relief, but I have here attempted to show that there is a good framework of theory on which to predicate a reasonable expectation of cure. The principles of psycho-therapy are well established. I do not need to say that, as in a measure demonstrating the theories herein advanced, I could adduce numerous clinical cases from my own practice as well as that of others. My conversion to psychic measures has been brought about through clinical experience. I have no doubt that my confidence has lately enabled me to make some cures which would not have crowned the efforts of a mere experimenter; but this is only another proof of the reliability of psychic laws. Go thou and do likewise.

The world needs men—large-hearted, manly men,
Men who will stand for truth though the heavens
fall,

Unheeding the derision of the ignorant.
The age wants heroes—heroes who shall dare
Enough for those who suffer needlessly
To cheerfully despise opinion and
Courageously bring in a better day.

LESSON V

THE ROLE OF HYPNOTISM

The patient who comes to you believing in your power to hypnotize him will readily go under control. The skeptic will not. And yet faith must meet faith. It is only when you yourself are absolutely confident, that you can succeed. Your doubt is paralyzing. The patient is not controlled by your strength of will, as will is commonly understood, but by your faith, your confidence your assurance.

INTRODUCTION TO LESSON V.

It is astonishing how unfriendly is the general spirit of medicine toward anything immaterial! Only a few years ago there went out from various medical societies a positive denial of the possibility of hypnosis, branding all who stood for it as either pretenders or idiots. When ultimately the genuineness of the alleged phenomena could no longer be questioned, it was asserted that the effects could not fail to be pernicious. In 1902, a special Commission of the Berlin-Brandenburg Medical Council made an adverse report on hypnotism; but it was subsequently shown that the report was based on prejudice instead of investigation and observation. What we who practice hypnotism in a consistent way are now seeking to establish is its innocuousness in the hands of those who in its use are actuated by commendable motives. There is no power at our command which does not offer possibilities of harm in the use of evil-minded or ignorant men and women; but is its careful and conscientious use to be condemned because of such possibilities? Assuredly not.

In hypnotism we certainly have an engine of power. It is a demonstrable therapeutic resource of a most potent type. Let those who doubt, come and see. Even the most skeptical are beginning to recognize in mental suggestion the underlying principle of all human action. We act because we are acted upon. Every movement of the body,

every state of the organism and every thought of the mind is a product of suggestion. Disease is both engendered and cured by it. It is a fundamental in every form of therapia.

There is no doubt that we receive many of our most effective suggestions during natural sleep, and hypnosis, like natural sleep, is a desirable therapeutic state only because it furnishes a condition favorable to pronounced conscious and subconscious mental impression. It is itself but an evidence of suggestive energy.

There is a place in medicine for hypnotism. For the present it will probably be as a specialty, or in connection with other forms of treatment for nervous disorders. But the time is coming when the general practitioner will daily avail himself of the potent power of hypnotic suggestion. There is a wide field for its use in the management of acute ailments, and especially in children's diseases. It should be remembered that experience has shown that nearly every second child can be put into deep hypnosis. The ingenious physician will be able to find many conditions wherein hypnosis can be made to render a most useful service.

In the hands of conscientious practitioners it will prove to be an inestimable blessing to mankind.

While it is true that every doctor is not suited to such work, the old notion that one requires what is commonly recognized as occult powers in order to be successful, is an error. Anyone can learn how to exercise hypnotic control. It is practice that gives confidence and facility.

THE ROLE OF HYPNOTISM.

I approach this topic with both caution and confidence. With caution because I realize that there is great prejudice in both professional and lay circles against hypnotism; with confidence because I know that those who hear these words will go away with a more rational opinion of it.¹

Popular Errors Concerning Hypnotism.

As there have thus far risen few practitioners of the methods, possessed of mental and moral qualities sufficiently pronounced to commend them to the people, what is popularly known of hypnotism has been learned chiefly from the entertainment platform and books written by men incapable of appreciating the theory in its true breadth and relations, and of using it in a commendable way. Certain extravagances have been associated with the popular understanding of it, which must be stripped

away, and then we shall have a method of disease cure well worth while.²

It has been said that the subject upon whom it is practiced has to yield his personality and independence to the operator and may thus become weak-willed and inane. But this is not true. Does one who resolutely puts himself into a passive state for purposes of rest, as we all do every night, does he, by thus relinquishing his consciousness, lose any of his power? No! We are told that he gains by so doing. The strong man does so in a most thorough way, and it is the weak and disordered who make so poor use of sleeping hours.

But, you say, in yielding to sleep we give ourselves up to no one. Very true, and you thus become a prey to many influences not felt by one in hypnosis. We often get much harm, as well as help, during ordinary sleep.³ In hypnosis, induced by a sensible and reliable operator, the subject's mind is filled only with wholesome ideas and his powers are aroused by strong

and noble suggestions. Instead of being a twentieth century psychological crime it can thus easily be made a great psychological blessing. About a great truth there is always a considerable fringe of danger upon which the designing and weak lay hold and use to their selfish advantage. Let us in this consideration of hypnotism as an occasional aid in the application of psycho-therapeutics take care to winnow the grains of truth from the mass of misconception and misuse in which they have long been buried. I stand for a wise, serious, helpful use of hypnotism in selected cases. Beyond this I myself do not go, nor over this conservative line would I encourage you to pass.⁴

Not Essential to Psycho-Therapeutics.

Hypnotism is a collective phenomenon of mental suggestion. It is not at all essential to the practice of psycho-therapeutics. There are many in medical ranks who suppose that, in order to adopt suggestive therapeutics into their practice would necessitate

their becoming hypnotists,—a title from which they shrink. It is true that nearly all successful practitioners of psycho-therapy do employ hypnotism to a certain extent, but many use it little, and some not at all.

As far back as 1846 Braid, the practitioner who did more than anyone else to elucidate the phenomenon of the state we term hypnosis and to give it its present name, mentions in his work entitled "The Power of the Mind Over the Body" the fact that mental suggestion is clothed with power independently of the hypnotic state. This feature of the subject attracted little attention until Bernheim made his 1883 report to the Congress for the Advancement of Science, held at Rouen. Dr. Paul Dubois, professor of Neuropathology at the University of Berne, Switzerland, is the most conspicuous advocate of the application of mental therapeutics in the wakeful state. "The psycho-therapy which I call rational," he says, "has no need of this sort of preparatory narcosis of hypnosis, or of this hypersuggestibility

that is itself suggested." It is psycho-therapeutics of this kind which is most commonly followed in my own practice. In using it, no attempt is made to put the patient asleep. No definite effort is made, as a rule, to induce any particular attitude of mind in the patient save one of readiness to reason, the object being to convince him of the desirability and practicability of the self-mastery to which we aim to see him rise. Most frequently I merely ask the patient to relax, and assume, as far as possible, a receptive attitude. I repeat that it is only exceptionally that I employ hypnosis.

Such treatments are what Dubois aptly calls them, "therapeutic conversations." They are in no pronounced sense hypnotic exhibitions. There is a popular opinion to the effect that all response to direct appeal, whether it be made by the political "spell-binder" or by the confidence man, is an example of hypnotic effect. Hypnosis means sleep, and any state of the organism fall-

ing short of it is not, in a strict sense, an example of hypnosis, though it is commonly regarded as such.⁵

Patient Rarely Entirely Asleep.

In truth the so-called hypnotic state is rarely one of real sleep. The patient is in a state of semi-wakefulness, having a fairly good idea of the general situation, hearing the voice of the operator, and, to a limited extent, reasoning on the suggestions offered. This is why it is so hard for him to realize that he has been influenced. He hears the operator say, "You are fast asleep," but there is upon him a lethargy which makes opposition to the thought next to impossible, though he may turn over the suggestion in his mind with quasi humor. But that it is not impossible to oppose a suggestion is shown by the fact that the spell is broken under the stress of obnoxious insistence. The power of memory for the ordinary ideas presented and acts performed may be lost; but for anything which is unusual or outrageous the

memory is often active and unequivocal. Further consideration of the phenomena will presently be taken up.

In our study of psycho-therapeutics we have especial interest in hypnotism in its relation to disease cure, and do not need to enter into a detailed study of phenomena in their various aspects and relations. The questions for us to consider are:

(1) The utility of hypnosis in medical practice, and

(2) The class of cases to which it is best adapted.

But before taking up these questions at length we shall do well to glance at the possible dangers of hypnotism.

It is only by a careful study of phenomena that we shall be able to arrive at a just opinion concerning them, since the knowledge of the nature of a thing must precede one's estimate of its possibilities. The practice of hypnotism has been paraded as a great psychological crime by those who have little practical knowledge of it; but

such denunciation of it, I am well convinced, has sprung only from an inexact acquaintance with its nature, and represents the action of an uncontrolled and frenzied emotion.

Subjective Phenomena.

In studying the subject let us examine, (1) subjective phenomena, and (2) objective phenomena, i. e., (1) what the subject experiences, and (2) what the observer witnesses.

In the vast majority of cases consciousness is not lost, but there is a variable degree of influence felt. Moreover, within limits, the patient feels what the operator suggests. Such limitations are set not so much by mental and physical peculiarities as by the patient's own thinking and willing. When we submit ourselves to hypnosis we should do so in the spirit of one engaging a guide to conduct him through an unknown region. For the time being individual judgment and volition are to be

laid aside and we are to become willing subjects.

Resistance to hypnotic influence is always effectual, unless offered in doubt and fear. I have taken persons whom I thought might be good subjects and assured them



FIG. 13—Showing a hypnotized subject.

of my ability to do the simpler things, such as to make an arm powerless or to seal the eyelids, and found, on test, that there was positively no response to my suggestions, for the reason, as I soon learned, that the subjects had offered decided resistance to my attempts. On assuring them of the positive

harmlessness of the proposed phenomena, I have been able to produce in them the very conditions which they at first declined.

Let us suppose that a willing subject occupies the chair. As soon as the operator begins to make his suggestions of sleep there comes over the subject an increasing drowsiness to which he yields. He may not go into such sleep as he usually has at night, and yet he does not feel quite awake. The operator says, "You are fast asleep!" He knows he is not, and yet he has no disposition to question the assertion. He is told that he cannot open his eyes. He does not dispute the affirmation, and yet he believes his eyes would open if only he cared to open them. But he does not care to. His will is that of the operator. His own will has been surrendered for the time being, and he does not care to assert it. As long as the operator keeps within bounds the subject lets him proceed. Should he make unreasonable or offensive demands, awaking strong emotions, like those of bad

dreams, the sleep is broken and he is at once wide awake. As for conscious memory, it is much like that of dreams, hazy and inexact. There are lapses, though he may feel sure that he has an unbroken chain of memories. Patients who take anesthetics are sometimes hard to convince that they have been unconscious, though they have no memory of the operation. The evidence of the clock is often the only thing capable of convincing us that we have been asleep at certain hours of the night. Those who declare that they heard the clock strike every hour all night by this testimony furnish no evidence that they have been awake all night. In my sleeping-room I have a night-clock which has been the means of giving me many proofs of unrecognized sleep. No one, thus far in the world's history, has ever awakened and caught himself asleep.⁶

I have told you that the hypnotized subject accepts the operator's affirmations concerning his condition and situation with

willingness, and I want to add that he as cheerfully accepts his assurances of waking in response to a signal, so that when the signal is given he can no longer continue in lethargy. There is often a sleepy feeling for a few moments after waking, just as there is following natural sleep.

These facts constitute the chief phenomena of hypnotism from the patient's point of view. Many subjects go into a deeper state, from which they are aroused in a similar way.

There is a prevalent notion that it is sometimes difficult or impossible to awaken a patient from hypnotic sleep. I have never had such an experience. Bernheim and Liebeault, who have hypnotized many thousands, report no such cases. A hysterical patient may occasionally have a nervous paroxysm during which she might drop out of hypnotic relation to the operator, and thus give some trouble to one who does not know how to give prompt relief; but

the state forms no organic part of the hypnosis.

Objective Phenomena.

Now let us look at these phenomena from the side of the operator.

I put a patient into the chair, tell him to relax, and then, after closing his eyes and giving them a few strokes of the fingers, tell him in assuring tones that he cannot open his eyes, at the same time giving him liberty to do so. Success in opening his eyes is proof of his conscious or subconscious resistance to the suggestion. He was consciously or subconsciously saying to himself, "He can't influence me. I have no faith in such things." I then explain the difficulty to him and ask him to offer no conscious objection, but to be passive until I give him leave to open his eyes. Then I most frequently succeed, and often to the patient's surprise. This test is made, if made at all, to convince the patient of the power there is in mental suggestion. It really is a positive ad-

vantage, for, if one finds that his body can be made to respond to another by means of an appeal to one's own conscious and subconscious forces, it furnishes a guarantee of aid and comfort against the various besetments of life. I should be glad to find one capable of setting my forces into such helpful action, since it would be to me a guaranty of aid in possible emergencies, when perhaps my own condition might be so negative as to need help. Such situations are liable to come to all.

Having made a test, like this or not, and having succeeded or not, I proceed to put the patient into a receptive attitude of mind. I sometimes have him look at the point of my finger held a few inches from his eyes and somewhat above their level, and bid him think only of sleep. Then I begin to assure him that the eyes are getting tired and sleepy, repeating the assurances in a monotonous way; that he is feeling heavy all over; that he is really going to sleep. Soon the eyes close and he is under the sug-

gestive spell. How do I know this to be true? I can test him, if I will, after giving the assurance of anesthesia, by touching the conjunctiva or by pricking him. But there

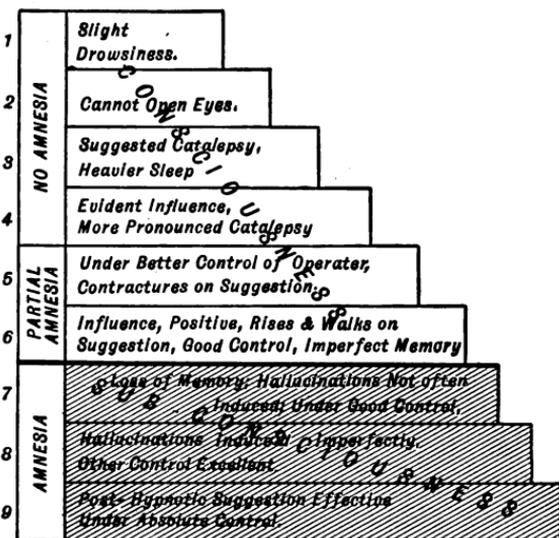


FIG. 14—Showing the degrees of hypnosis according to Bernheim.

are many, really hypnotized, who cannot be made to respond to the suggestion of anesthesia. Is the patient in natural sleep insensible to such tests? Verily not; and they

would immediately awaken him. The same manner of reasoning applies to hypnosis, for hypnotic sleep is much like natural sleep. Then how can we really know in all cases whether the patient is in true hypnosis or not? We cannot; but, for all practical purposes it does not matter. He is surely in a receptive state, and suggestion will do its

Consciousness	1	<i>SOMNOLENCE</i>	No Amnesia (No Loss of Memory)
	2	<i>LIGHT SLEEP; "CHARME"</i>	
Sub-consciousness	3	<i>DEEP SLEEP; "SOMNAMBULISM"</i>	Amnesia (Loss of Memory)

FIG. 15—Showing the degrees of hypnosis according to Forel.

curative work. I have a patient now in this room on whom I never appear to produce any hypnotic effect, but who assures me that she always feels the immediate good effects of the treatment. I go through the usual formula, as she prefers to have me do so, and I am bringing her into health and happiness.⁷

While in this state I give nothing but helpful suggestions. Among other things I assure the patient of increasing self-command. I build up his will power, and soon have the pleasure of seeing him come into stronger and better living.

Hypnotism Always Helpful in Right Hands.

I am out of all patience with the carping idiots who denounce hypnotism itself because it has often been used by designing and unscrupulous men to turn their subjects, for the time being, into clowns for the delectation of an audience. Hypnotism has been denounced in unmeasured terms by those who know nothing of its sane and helpful use. With as great justice might electrical energy be declared a public curse because its ignorant use has resulted in many fatalities. They say it weakens the will to surrender it even for a moment. Does it weaken the body to relax? Does it weaken the will to yield to the fantastic dreams of natural sleep, against the effect of which one has no protection? No more

does it weaken the will to go into hypnotic sleep, the fancies of which are kept under wise control by one who seeks to give aid.

Show me one single harmful effect of hypnosis in patients under my direction and I will promise either to insure its correction or renounce the practice of hypnotism forever. No! No! In the hands of a wise operator it never does harm. If people only knew the good capable of being done through its means, and the uplift of mind and body to which it opens the way, they would all be seeking to come under its helpful influence.

Causes of Failure.

All are not equally successful in inducing the phenomena. The effect is wholly dependent on the patient's faith, and faith in turn answers only to right stimulation. The patient who comes to you believing in your power to hypnotize him will readily go under control. The skeptic will not. And yet faith must meet faith. It is only when you yourself are absolutely confident, that

you can succeed. Your doubt is paralyzing. Remember that. The patient is not controlled by your strength of will, as will is commonly understood, but by your faith, your confidence, your assurance.

The Utility of Hypnotism in Medical Practice.

Let us now return to the question of the utility of hypnotism in medical practice. In showing what it is capable of doing and in disclosing its utter harmlessness, under wise use, I have sufficiently answered this question, and we will consider it settled.

As to the class of cases to which it is best suited I can only refer you to what I have already said concerning the range of applicability of psychic methods in general. And yet I use hypnotism in only a small proportion of cases. Why? Because (1) there is ignorant prejudice against it, and (2) it supplies no superior advantages in cases as they ordinarily present.

It has been supposed that, in hypnosis, our appeal is mainly to the subconsciousness in a direct way. This I regard as not

wholly true. If it were I should prefer not to use it in other than irrational and peculiarly obstinate cases. I did formerly accept that theory and that is why I used it so infrequently. I can now see my error. In any case we should hope permanently to establish wholesome conditions in a patient only through education of the reason—by appeals to his moral nature, his real principles of action. I believe that this can be done in most instances without the use of hypnotism. It can doubtless be somewhat hastened by means of hypnotism. If this is true, can I not sanely insist, in view of the innocuousness of the method, that it should be as freely used as the physician may deem wise?

In conclusion let me mention some of the ailments in which it has been found curative. How much larger the list may yet become in the practice of greater physicians, remains to be seen. In addition to the diseases named it should not be forgotten that it can give great comfort even when it can-

not cure; so that we are unable justly to limit its field of helpfulness in human pathology.

In addition to hysterical diseases, neuropathic affections, neuroses, dynamic pareses and paralyzes, gastro-intestinal affections, rheumatism, neuralgia, menstrual troubles, and so on, all of which have an unquestioned psychotic basis, various organic diseases have been cured, among them being hemiplegia, traumatic epilepsy, exophthalmic goitre, traumatic paresis, inflammations of various parts and the results thereof, and when used in connection with other measures, even tubercular and cancerous affections. Hypnotism has shown good results in so large a number and variety of organic as well as functional disorders that its position as a means of cure must be regarded as in the front rank. That it is necessary to employ it in preference to non-hypnotic suggestion, in most cases, I am not willing to admit, though my opinion of its virtues is daily enlarging.⁸

LESSON VI

**PSYCHO-THERAPY IN
ORDINARY PRACTICE**

To be sure, the largest curative field of psychotherapy is found in nervous ailments, but chiefly because psycho-neuroses constitute the vast bulk of disease from which humanity is suffering.

INTRODUCTION TO LESSON VI.

It is easy enough to obtain a theoretical conception of a method. General principles are quickly learned. One can be a good academician without being a successful practitioner. The important connection is the link which unites theory to practice, and that is what each must supply for himself. But in this instance I can point out the way in general terms. To be sure there is great clamor for precise and explicit directions; but those who lay great store by them are the unsuccessful among us. There is no grand, royal way to success, for each is the necessary arbiter and architect of his own fortune.

At the same time I may say that in many instances the general practitioner is wise in bringing to bear his suggestive aid in a covert way, since to proceed differently would be likely to awaken prejudice and arouse opposition. In other instances his most effective course is the open one.

In the adaptation of psychic measures, no less than in other action, it is essential for the physician to be "as wise as a serpent and as harmless as a dove." He can safely lay his hand on the forehead and eyes of one confined to the bed, and, with gentle strokes and soothing words, offer most effective suggestion or even enjoin sleep. He can arouse by strong encouragement, or, if necessary, by positive, but kind, command, thereby setting into fresh action strong mental and physical energies.

He can be the very embodiment of courage and hope when everything about looks most forbidding. He can rally fortitude when it falters and support courage when it wanes. He can encourage one who must go down to the dark shores of death to walk with an unfaltering step and a cheerful smile.

This is what the physician should always aim consistently to do, and in the doing he will exhibit the best kind of psycho-therapy.

But don't expect me to tell you just how to do all of this. If you are so wanting in tact and intuition that you can do nothing without it, your place is not in medical practice, for therein is demanded a liberal supply of both these qualities.

With a knowledge of the principles of psycho-therapy given in these lessons he is a poor physician indeed who cannot bring to his patient's help a wealth of immaterial aid which will characterize his practice by peculiar success.

ADAPTATION OF PSYCHO-THERAPY TO PRACTICE.

The physician who has built up a clientele upon a basis of drug practice, or the surgeon who has devoted himself to his specialty with an assurance that he is of service to humanity, cannot easily be induced to make radical changes in his methods. He must become convinced that the proposed innovations are sound in principle and effective in practice before he will consider even a serious trial of pronounced innovations in his routine work. He is willing to make a tentative use of new drugs or a new surgical method; but anything at all revolutionary in its effects he turns aside without consideration until it comes to him with the hall-mark of popular or professional approval. Nor do I blame him. It is for this reason that a few of us who have come out squarely for psycho-therapy and the mental origin of disease are seeking to cre-

ate a situation that shall work the desired result.

In the preceding lectures I have given you a sufficiently comprehensive statement of the principles upon which a rational psycho-therapy is built, and the general range of efficiency of the various methods proposed. I have also furnished you with a description of the particular forms of treatment which, in my practice, are pursued. Besides, I have demonstrated them on the platform in order that you might see how they work out in practice.¹ At the same time I realize that since my practice is given over largely to a use of these methods, and also, since the bulk of my work is on chronic ailments, there is a special need of more explicit adaptation of the principles of cure herein proposed to the requirements of the physician in routine practice. I am often asked if psycho-therapy is applicable to acute as well as chronic diseases. It surely is, and my present purpose is to give you an intimation of how it may be applied

in your daily rounds. The early part of my drug practice was in families, and I well know the needs of that form of medical service.

A few will doubtless be attracted, as was I, to a line of work in which psycho-therapy shall constitute the chief means of cure. There is a place for a limited number of such physicians in every community; but the average doctor will err in assuming such a role. There is a well-founded prejudice in the profession against exclusive practice, and this itself will deter most practitioners from following it. Besides, it requires a particular order of talent to fit one to do good work in psycho-therapeutics as a specialty. Relatively few would find success in following it.

What is more, the time has not yet come for an abrogation of drug and mechanical practice. There is a large body of humanity which will always demand objective measures of cure. Kindergarten methods will ever be the broadly successful ones among

such. They want remedies having an offensive taste, and measures which hurt, or else their faith remains unevoked.

Value of Mental Suggestion in Mixed Practice.

However, even among the most ignorant there is a place of service for psycho-therapy. The measures commonly used, and which at their best are not very satisfactory in their action, can be given point and efficiency by well-directed suggestion. Before giving a remedy the physician ought to follow the successful practice of the great Dr. Rush, dilating on its qualities and marking out the effects likely to be obtained from its use. When expectation is thus awakened psychic influences are set into conjoint action with the drug and then the designed effects are far more likely to be had. In the use of electricity, vibration, surgery, etc., the good effect of treatment can be greatly enhanced by suitable suggestion. It is the fortune of the general practitioner to run across many cases of nervous disorder of

various kinds, which, under old methods of treatment, are not only intractable, but cannot long be held to a regime which soon demonstrates its inability to cure. Just in proportion to the amount of psychological aid brought into the management will be the satisfaction of the patient as well as the good effect of it.²

Turning now from these general considerations let us study in a more detailed and explicit way the uses to which psychotherapy can be effectively put in general practice.

Value in Obstetrics.

In obstetrics it is invaluable. I am a firm believer in the activity of prenatal influences and do not hesitate to advocate a careful supervision of the pregnant woman with special reference not only to her protection against unwholesome influences, but also to the inculcation of practices of thinking and acting calculated to maintain in her a quiet and hopeful frame of mind. She should be taught the general principles of psychic

health, and encouraged to put them into active practice.

Most women believe in the salutary effect of such treatment and readily submit to it. It is a great advantage to pregnant women to be under favorable psychic influences, such as the wise physician can throw about them during gestation.

It is common for women, especially after one or two experiences, to approach confinement with fear. The inexperienced are more courageous. Much can be done to instill assurance. No doubt concerning the outcome should be allowed.³

But it is during labor that a peculiar value of psychic measures becomes more apparent. It is astonishing with what clearness of perception a parturient woman reads the mental state of the medical attendant from his words and demeanor. The obstetrician, like the surgeon, requires to be calm and self-possessed, and his success in this branch of practice depends in large measure on the quiet and invigorating atmosphere

with which he is able to fill the lying-in chamber. In a large consultation practice I have seen this demonstrated again and again.

And then, when emergencies do arise, that one is successful in carrying his patient to a successful issue whose calmness of mind and quietness of demeanor are strongly in evidence. It is something more than stoicism. It is rather the self-reliance and trust of a great soul. Serious consequences usually follow hard on the heels of agitation and mistrust. In every case we should have in mind the wise handling of a possible contingency, and then when a contingency is met we are well prepared to manage it in an orderly manner. Prevision does not mean fear, but wisdom. It signifies a brave spirit, for it is the coward who cannot bear to provide against possible dangers because of a fear that he will thus invite them.⁴ Emergencies are not to be feared, but to be guarded against.

Having forearmed ourselves against con-

tingent evils, we should proceed with our work as though it were impossible for such evils to find their way in.

Should it become necessary to do any unusual thing in the interest of the patient or offspring, one should proceed about it as though it were an expected and incidental affair possessing no great significance in the hands of one who knows.

These are principles of action applicable not only to obstetric practice but to all the experiences of a doctor's life, and should be well pondered. The doctor's actions and tones, as well as his utterances, when an emergency arises, should say to the patient and friends, "We are at a turn in the way at which I thought we might come, and against which I have provided. Be calm! Possess your souls in patience and courage. I am equal to the occasion. There is no call for alarm. The situation was not to be chosen, but it has no implacable features."

In how great contrast does this stand with the following from the lips of another, "It's

too bad, but what I feared has occurred. I don't know what the result will be. I would far rather meet the devil than this thing. But we must be brave. Keep good heart and it may be we shall yet come safely through. If I had only known such an event were in store for us I would have prepared against it; but if the worst come I may be able to get help. I hope Dr. —— is get-at-able. Be brave! I confess we are in a bad fix, but it will not aid us to cry." And then, on the side, "Have you some brandy or whiskey at hand? I feel a little unsteady. There is a hard task before me." Is it any wonder that defeat follows the banner of so many practitioners?

Psycho-therapy! Mental medicine! It is more needed in medical and surgical practice than most physicians are willing to admit.

Value in Pediatrics.

A rational mental method is of superior importance in the treatment of children. There is no branch of practice which to me is so

satisfying as pediatrics. I was asked during this course of lectures whether children can be successfully treated by means of psychic methods, the questioner supposing, as do many, that the subconsciousness has to be approached wholly by the conscious route. The truth is that the consciousness of the child is far more acute than we would infer from appearances. But when we rule out of consideration the child's reason, there is still ample evidence of the accessibility of subconsciousness. To be sure it is preferable to bring about control of subconscious activities through the reasoning faculties; and in very young children we cannot hope to do this in a satisfactory way, though doubtless our ultimate purposes can still be accomplished. We must not forget that the subconsciousness possesses the mental attributes of will, intellect and emotion; that its understanding is higher and subtler than that of consciousness, and that it can take its orders directly from the physician. Nor need this be thought incredible by the skep-

tic; it cannot be in view of the phenomena presented by hypnotism, ordinary sleep and drug anesthesia.

Let us suppose that the physician has been called to a child in whom he finds elevated temperature, restlessness, sleeplessness or drowsiness, rapid pulse, nervous breathing and indications of epigastric pain. His purpose is to give as speedy and perfect relief as possible. In ordinary practice the custom is to exhibit a remedy calculated to reduce the temperature and to soothe the pain. A laxative is also given. He then trusts the case to the action of the natural forces, and usually this is quite sufficient. The astonishing part, to many, is, that, even when no remedies are given, such a case ordinarily does as well, or better. Why should it not when the physician casts about the child the calming and toning influence of his own strong mentality? He may, for intensification of effect, lay his hands on the child's head and stomach for a few minutes, at the same time asserting prompt relief. Children

react quickly under favorable psychic conditions, the subconsciousness coming promptly to their rescue.

Its Sedative and Anodyne Action in Acute Ailments.

Should it be necessary to administer a sedative in any case, drug action can be quickened and given peculiar efficiency, and the size of the dose be reduced to a minimum, as I have already intimated, by a concurrent use of strong mental suggestion. You will readily see that there is a suitable place for psycho-therapy in the management of the various ailments to which children are subject. A child who has reached the age of two or three years can be reasoned with, and the consciousness can be made to comprehend whatever psychic action it may be the physician's aim to set up. Children are peculiarly susceptible to hypnotic effect. An infant is readily brought under its spell. It is through such action that the mother or nurse is able so easily to quiet a crying baby. Monotonous tones, rhythmical movements

and peculiar noises, catch and hold the infant's attention so that the consciousness of distress is overcome. If even the stupid hen can be thrown into hypnosis, then surely the child can be, and, when thus stilled, disease loses its power over the little subject.

One of the most obstinate and annoying troubles of early infancy is constipation, and it is perfectly amenable to psychic treatment. Let the earnest, unskeptical mother try it for this trouble and she will no longer question its power. Lay the hand on the abdomen and then speak words of command to the intestinal energies. The act must be done in faith. The will must say, "I can do this thing. Activity is being awakened. Energy is being set in motion." This seems like a simple treatment, but there is a good deal more sense in it, and far more efficiency, than in many of the orthodox practices. The child, like the adult, is a sentient being.

Constitutional Effects.

Then there are the chronic ailments of children, the mental and moral weaknesses

and perversions over which the rational psycho-therapy herein advocated has marvellous control. Effects can be produced with or without hypnosis.

Furthermore, by accustoming a child to the sound of the voice, natural sleep can be made to serve the purpose of hypnotic sleep. As soon as it is found possible to speak to a child in emphatic tones without waking him, suggestions can be made as in hypnosis. Mothers can thus be made to act as efficient assistants to the attending physician.⁵ The natural and efficient remedy for enuresis is hypnotic or natural sleep suggestion. You know what an obstinate ailment it often proves to be.

I should love to linger in this part of my discussion, but I must hasten on. A word to the wise is sufficient.

Even the dog knows his natural enemies and is quick to recognize friends. This is equally true of children. Love them if you want to treat their ailments successfully.

Its Value as an Anodyne.

Then there is that long list of painful maladies in older people, wherein distress is largely in definite relation to mental discipline or lack of it, in the subject. It is quite true that some people suffer far more from the same causes than do others. Some are sensitive and some are not; but the sensibility of one is due in great measure to a state of inexperience growing out of indulgence, and the hardness of the other is largely attributable to toughening experiences repeatedly borne. Pain has a psychic basis, and the overcoming of pain lies in the direction of strong endurance. Here again inheritance plays a prominent role; but all human beings can become enduring if they will bear their incidental sufferings with resolution and be ready voluntarily to undertake enterprises which call for use of the strong forces of their being.

The physician in ordinary practice here has rightly a fine field of usefulness. He can

make over his patients, transforming them from weakness to strength, from feeble and complaining sufferers into strong and un-murmuring ones.

Beyond all this, which is a most ideal background for human experience, the physician can use psychic measures successfully to combat suffering. Direct suggestion is of great service. Destroy the dignity given to the pain by the patient's thought, through ridicule or rallying pleasantry. Making light of suffering is in some patients peculiarly serviceable. To be sure the physician must know his subject. In other cases it is far better to resort to simple expedients wherein the main benefit is to be derived from other forms of direct or indirect mental suggestion.

I believe it wise to lead patients to understand that there is value in the touch. Many a sufferer is almost instantly relieved by the laying on of hands. I have thus subdued pain which was giving rise to screams. We

can sometimes make of mental means the best possible sedatives and narcotics.

But I would not advise you in every case of irrational or excessive pain to resort to plain psychic measures. There are so many people who need props and supports,—some objective thing upon which to rest their faith,—that the physician is fully justified in resorting to adjuvants which per se have no curative or even ameliorative virtues. A well-administered placebo is often justifiable and lends much effect. If it have a vile taste, so much the better for some patients. A clergyman of world-wide reputation who was subject to recurring pain from arthritis, thought he had found relief for acute attacks in electricity. He had been provided with a small battery which was used from time to time as it was needed. The preacher's physician told me, that, on one occasion, he was asked to call in the night and bring his larger battery, as the smaller one had failed to give relief. Now, it so happened that the large battery was out of order and would not

pay out a current; but it was used in regular form and with good effect, drawing from the dominie a commendation of "the superior virtues of a large battery." It is a shame that humanity so mistrusts its powers that those who offer aid are driven to subterfuge to supply the means of relief.

There is an obligation upon the medical profession to lay aside its commercial spirit and bring men to a knowledge of their own inherent powers. As rapidly as possible there should be developed a spirit of independence which shall declare for an exhibition of truth in its nakedness. Subterfuge will ultimately be laid aside by all save the charlatan, and the principles of psychic medicine will be proclaimed and practiced in an honest and open way. In my own work I now rarely resort to other than direct psychic measures. I despise deceit. At the same time the conditions are such that the average doctor cannot yet do as he would without suffering great loss of practice and orthodox standing in the profession. But

the time is not distant when all this will be changed, and then the memories of pioneers who are now suffering denunciation will be justly celebrated. Such has ever been the history of great reforms.

In the hands of practitioners of independence and force, hypnotism can be made to give remarkable aid in all the acute diseases. It has not yet been determined to what lengths the influence of hypnotic suggestion can be carried in the direct cure of a long list of common ailments, such as pleurisy, pneumonia, acute rheumatic and rheumatoid affections, and inflammatory lesions in general, but it is well known that the power of mind over circulation and innervation is nearly absolute, and we are learning that this psychic energy is under the pronounced control of suggestion. It remains for the general practitioner to determine what can be done in these directions.

Value in Nervous Disorders.

To be sure, the largest curative field of psycho-therapy is found in nervous ailments,

but chiefly because psycho-neuroses constitute the vast bulk of disease from which humanity is suffering. The people need education and training in psychic things. The cure of nervous disorder lies mainly in this direction. I consider that my work consists mainly in developing within my patients latent powers. It is a process of unfoldment. Here is a new patient this very morning who has spent at least two-thirds of her time in bed for many years. She has been a marked neurasthenic for twenty years. She is a curse to herself and family. I say curse, for it is not a necessary affliction. Can she get well? Yes, but not through the use of drugs and other makeshifts. She has to be educated out of bed. I shall have to play the pedagogue, teaching, encouraging, disciplining, until I successfully induct her into the great arcanum of rational living and thinking. That I can do so I do not doubt.

It is unwise to mince matters with patients. Be frank and uncovered in your expressed opinions and in your practice. Re-

nounce deceit. And yet, in it all, be kind and wise. Tact is never to be tabooed. We sometimes forget that, though built upon misconception of the due relations of things, nervous disorders are true diseases—as true as variola or typhoid, both of which can be avoided by the practice of wise prophylaxis.

Treat these nervous patients considerately, but strongly, and gradually lead them to more salubrious altitudes and attitudes. You can do so and the obligation is upon you to do so.

Arrest of disease in its early stages should be the aim of the general practitioner,—the family physician. The people need instruction, and that instruction can be given in the form of therapeutic conversations or consultations. As soon as the value of such things is better known there will be a large demand for them.

Precise Methods.

A few words concerning precise methods, and I have done. I am not a stickler for them. I do not follow unvarying forms. The chief

purpose is to impress. Study how this can best be done in particular cases. Individualize. Do not try to make your patients conform to a definite type. Sometimes you will do no more than give didactic instruction. Sometimes you will be able to provide object lessons. The use of charts and quota-

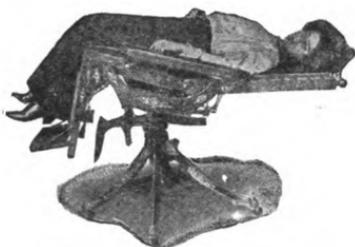


FIG. 16—Showing a lowering of the head in certain anemic and other subjects for suggestive purposes.

tions is to be commended. Make the course as plain as possible. Show what it is to use the will and how to make its use consistent. Teach the value of self-reliance and seek by every possible means to bring them into self-mastery. Declare that the body as well as mind is susceptible to control. Give them formulas for auto-suggestion, if you will.⁶

Enjoin upon them quiet moments for self-exercise in strong thinking and willing. Show them the damning effect of fear and distrust. In short, seek by every reasonable means, not forgetting hypnosis, to bring pa-



FIG. 17—Treatment giving.

tients into light and liberty. Psychic measures can and will prevail.

To do all of this the physician himself needs much replenishing.⁷ If he is to give out freely of good things he must keep himself full of them. An empty head and heart

can give but little aid. Life, and life more abundant, must be his. A true richness of spirit and greatness of soul must be behind all who would become eminently successful. With all your getting get these and you will become a fountain of refreshment to many people, a well-spring of joy to many souls, and a source of healing to many bodies.

APPENDIX

APPENDIX

LESSON I.

(1) There is no doubt that much better execution results from abandonment of one's self to subconscious action. In literary composition it is only when this has been done that the fountains of mind appear to open up. So long as one is under the restraint of conscious adherence to rhetorical and grammatical construction, excellence on the side of strong popular impression is always wanting. It is equally true in the practice of medicine. Much better results are obtained when we trust to subconscious promptings, no matter what the disorder, than when we feel bound by ordinary rules of action. All such work is inspirational.

(2) Witness the phobias of neurasthenia with the consequent weaknesses. The patient says. "I know these fears are irrational just as well as you; but I am overcome by the flood of feeling in which I am immersed."

LESSON II.

(1) This is a fundamental theorem. If disease really springs from the causes commonly stated, we ought to get better results from material remedies. But, since the true causes reach back into mental states, mental remedies constitute our chiefest hope of cure.

(2) I recently cured a bad case of hysteria by means of a good scolding followed by most considerate and kind treatment. The scolding was accompanied by exercise of authority, and, while it excited great anger for a few minutes, it cleared the mental horizon and opened a way to success.

LESSON III.

(1) To some it seems a pity that advanced thinkers are not in closer accord; but to me it is cause for rejoicing, since by getting a view of truth from different points we can form a better conception of its composite whole. No two can see a thing from the same angle, and yet the object stands there in its simple nakedness.

(2) There are many who draw nice distinctions between mental and spiritual things; but I confess my inability to recognize any differences. A good friend of mine, a well-known physician, told me the other day that he didn't believe in going far into a study of psychology, for he believed that true healing was "spiritual" rather than "mental."

(3) Paracelsus is here in error. It DOES make a difference what is the object of one's faith. The character of a result bears a distinct relation to the character and strength of the stimulus. This is true throughout nature.

(4) Certain skeptics account it ridiculous for concrete man to appeal to particular phases of his own mind. To me it is not an incongruous act in view of his composite nature. Conscious man

can consistently make direct appeals to any part of his mental, as well as physical organism.

LESSON IV.

(1) When Jesus on one occasion returned to "his home country," it is said of him. "He did not many mighty works there because of their unbelief."

(2) The laity have not yet come in large numbers to know the discouraging state of drug therapy. It is only the novitiate in the profession who has the temerity to claim that drugs can cure organic disease. The experienced know that they cannot.

(3) It is hoped that the student will get a clear conception of what is meant by this. Deviation from the common and ordinary in form and structure is in itself not conclusive evidence of disease.

(4) I choose phthisis pulmonaris in order to bring out all the essential features of cure. I have not yet cured such a case, but I have reason to believe it has been cured by psychic means as applied by others.

(5) Let no doubting Thomas say, "He has taken as an illustrative example of cure of organic disease a lesion which he now admits he has not been able to treat successfully, and therefore his argument falls to the ground." The planet Uranus was theoretically found before Herschel's telescope was able to locate it. I have chosen pulmonary tuberculosis as an extreme type of organic disease, since, if its cure can be rationally provided for, all other organic disease would quickly fall

into the curative category. There are many simpler organic lesions concerning the cure of which there is no question.

LESSON V.

(1) Prejudice against hypnotism has probably arisen through the innate aversion of orthodoxy in general to radical changes. It is a natural reluctance, and is therefore to be patiently borne. The consensus of opinion, like mass action everywhere, is always conservative and it is fortunate that it is so, even though prevailing standards be glaringly defective. We witness the same conservatism in our physical and mental standards of action, and this explains the slowness of curative movement in cases of long standing.

(2) It is with such a purpose that I have taken up the practice. I may suffer obloquy and be reckoned a quack; but this I can cheerfully bear that I may gain, for those who suffer, the ultimate recognition of an efficient means of cure.

(3) We do not yet know much of the ill-effects of sleep, though they doubtless exist. I could point out many.

(4) While this is literally true, I confess to a growing appreciation of the advantages afforded by hypotism. I am using it far more frequently than I did even a year ago.

(5) And yet I would not deny that it is a control, a spell, a charm thrown over the patient which enables the physician successfully to practice his methods of cure. In large measure it is an example of the personal equation.

(6) I have frequently demonstrated the efficiency of suggestion in patients in the deep degree of hypnosis. When "sleeping like a log" in response to suggestion, and even when breathing heavily like one in profound natural sleep, they have been keen to accept suggestion and act upon it.

(7) Even though the patient carry out a suggestion through a spirit of willing compliance, good results will ensue, since such compliance better enables the curative suggestions to take effect.

(8) At my clinic I am able to demonstrate, to those who want to know, what the various psychic measures are capable of doing.

(9) How to overcome the difficulties often met in practicing hypnotism is a question of importance to the novice.

Methods and operators doubtless constitute variable factors in hypnotic work as shown by statistics. Wetterstand succeeds with 3051 out of 3148; Van Renterghem and Van Eeden 1031 out of 1089; Velander 980 out of 1000; von Schrenck 211 out of 240; Tuckey 220 out of 250.

Failures are usually due (1) to inexperience or want of confidence in the operator, or (2) to agitation or positive resistance in the subject. Those who are exceedingly anxious to be hypnotized, as well as those who are filled with fear of the state despite their seeming willingness, are hard to affect. On failing with a subject the cause should be sought out, and, if possible, removed.

Success is more likely if a patient can be taken by some degree of surprise. Long explanations and elaborate preparations are unfavorable. Methods will have to be varied to suit particular conditions.

Fixing the eyes on your own or on a small object held near them for only a minute or two, is sometimes an aid.

The operator's evident confidence and enthusiasm are of greater value than anything else. Be bold and resolute if you would succeed. In any way to express doubt is fatal.

LESSON VI.

(1) The author demonstrated on the platform not only the phenomena of hypnotism, but also his non-hypnotic methods.

After putting a patient into the hypnotic state, as can be done by a variety of methods, some of which have already been given, it is the author's practice to enter at some length, and in an emphatic way, upon a rational and assuring discussion of the patient's particular case. In doing this much emphasis is placed upon assurance of speedy and complete recovery; but recovery which avails itself of rational means. Leading the patient to expect a steady and natural development of his powers, a physiological action of the most natural sort is set up, and, under continued treatment, goes on to completion.

A similar course is pursued in non-hypnotic treatment. The patient is put upon a couch or in an office chair in a semi-recumbent posture. The hand is then laid over the forehead and eyes, so as to command attention and produce an impression, and an optimistic discussion of the case entered

upon. By repeating such treatments time and again the designed effect is produced.

(2) A considerable percentage of a physician's practice is made up of office work. Office treatments which involve embarrassment and pain prove irksome and distasteful to most patients, and disappointing to the physician. For a good part of this work psycho-therapy can be substituted with curative effect, and for it most patients form a liking.

(3) Here is a department of practice which the physician will do well to cultivate. The value of it to both mother and child is not properly appreciated. In such treatments an attempt should be made to cast about the woman an atmosphere of assurance which will dispel all fear concerning both herself and offspring so common in gestation. Those who are thus treated come to labor with a wholesome confidence in both physician and the outcome, and this is well calculated to minimize pain and danger and to insure a good getting up.

(4) Among psycho-theraputists I have found a prevalent disposition to run away from trouble. They refrain from mentioning it for fear that it might thus be made more tenacious. But the courageous way is always better. When we look our troubles squarely in the eyes and give them our defiance we achieve the most.

(5) A little practice will soon yield satisfactory results. It is better to talk the child asleep, now and then. This amounts to an induction of hypnosis. Smooth its forehead and hair and say sleep-producing things. Sleep will soon ensue and then the purposed suggestions can be made. The too

deep sleep of most children who are troubled with bed-wetting can thus be overcome and the sensibilities be made to give sufficient warning to occasion waking.

(6) Instruct the patient to go by himself every day and give himself the following, or similar, suggestions:

I AM GOING TO GET WELL!

HEALING POWER IS WITHIN ME, AND I NOW EVOKE IT!

I AM GETTING BETTER!

TRANQUILLITY OF MIND AND HEALTH OF BODY ARE COMING INTO MY LIFE!

I HAVE MY UPS AND DOWNS, BUT, THROUGH ALL, I AM COMING TO ABUNDANT LIFE, AND HEALTH, AND PEACE!

(7) The physician should be well furnished with literature of an inspiring and convincing kind. One can maintain an interest in only those things to which he gives much thought and study.

The author has prepared a list of books of special value to the practitioner of psychic methods which will be furnished, without expense, to those who send for it. Address the publishers of these lessons.

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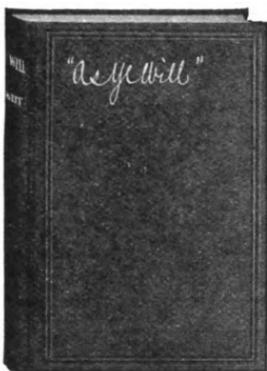
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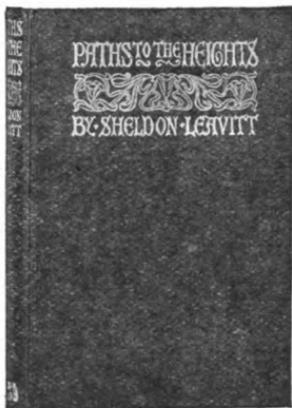
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