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SPECIAL MAIL COURSE

IN SUGGESTION.

BY HERBERT A. PARKYN, M. D., C. M.

PART I.

PUBLISHED BY
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Special Mail Course in Suggestion.

By Herbert A. Parkyn, M. D., C. M.

INTRODUCTION.

It is not our intention in this correspondence course to give space to a history of hypnotism. This may be obtained from the writings of many well known authors, such as Moll, Bernheim and others; and any mention we make of Mesmer's or Braid's work is simply for the purpose of showing the growth and development of suggestive treatment, as well as to explain many points which hitherto have not been clearly understood.

The student of this course will find that our theories are entirely new, and much more comprehensible and practical than anything advocated elsewhere at the present time. For years we have worked hand in hand with the Nancy school teachings, but experience and observation have forced us to believe that the field of psycho-therapeutics is only beginning to open up. We believe the theories we are at present advocating are more logical and practical than those at present employed by any other school teaching suggestive therapeutics.

It is impossible, in a correspondence course, to express one's self as clearly on all points as if one were delivering a lecture in person; and the details of any points must necessarily be curtailed, else a course of a thousand pages would scarcely cover the ground. Again, it is not always possible to express one's self in writing so clearly that the same interpretation will be made by all. For this reason, it will be our pleasure to reply to questions which may be asked concerning any point not understood by the student.

This course is not intended to be exhaustive, and its object is to give those who find the distance to the school too great, or who are unable to afford the time to come here to study, an opportunity to learn the simple truths of Psycho Therapy. When these truths are clearly understood the ability to apply them will depend upon the amount of practice the student obtains.

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PART I.

While the terms employed in this course will be readily understood by the majority of our readers, still, at the outset, we shall give the definitions of some words which are likely to appear frequently in the pages which follow.

SUGGESTION—This term is continuously being given a broader meaning; briefly, a suggestion may be said to be an impression, consciously or unconsciously received through any of our senses. A few moments' reflection on this definition, reveals the fact that one's whole education is created by suggestions and that the effect of any suggestion is influenced entirely by those preceding it.

SOMNAMBULISM—The act of walking in one's sleep.

We shall not use this term to refer to the natural sleep walker. Since natural somnambulism is a wholly different condition from suggestive or hypnotic somnambulism, we shall use the term to denote the latter only. Some authorities speak of this state as induced somnambulism, and use the term to define a condition induced by suggestion. They believe this condition to be one of sleep, in which the patient will hear, say and do things of which he has no recollection when aroused.

We shall later on clearly demonstrate that this view of somnambulism is incorrect; that a patient in a condition of the deepest induced somnambulism is always fully conscious of his environment and everything occurring in it; that his memory of these occurrences is perfect at all times, that the statement of the patient—that he was asleep and remembers nothing, is made, not because there actually was loss of memory, or because he believes he was asleep, but because he is so highly suggestible that he acquiesces in the statement of the operator, or does and says exactly what he believes to be the wish of the operator. Although the foregoing conclusions are radically different from those of all well known authorities on Suggestive Treatment,

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still, for the present, we shall ask the student to accept them as facts; and we shall satisfactorily verify them latter on.

The term "Active" somnambulist we shall use to denote an individual who has so little voluntary attention, and whose ability to associate his old impressions with new ones is so limited, that, when in the suggestible or concentrated condition, a state of mental laziness is present; and the patient finds it easier to acquiesce in, rather than refute, any statement made by the operator. In this state he will willingly carry out every suggestion received from the operator. The limit of the extent to which a subject will accept suggestions is clearly defined when his rooted convictions are approached, for no process of reasoning is required to bring a conviction to the surface.

Briefly then, a somnambulist is a person who is so deeply influenced by suggestion that he appears to believe everything that is told him. Somnambulism denotes a high degree of suggestibility, and is a symptom rather than a state.

SOMNAMBULISTIC OR SOMNAMBULIC—(synonymous)—pertaining to, or characteristic of somnambulism or somnambulists.

A "Passive" somnambulist is an individual who will accept only suggestion when the eyes are closed, but who refuses to accept an absurd suggestion the instant the eyes are open. (The reason for this will be given in another section of the course.)

AUTO-SUGGESTION—a suggestion which arises entirely within one's own mind, from some thought or from some bodily sensation either real or imaginary.*

"VOLUNTARY AUTO-SUGGESTION"—a suggestion with which one voluntarily tries to impress oneself.

THERAPEUTIC SUGGESTION—a suggestion conveyed to a patient through some one of the senses and so directed that it will assist in overcoming disease.

Although man is receiving suggestions every moment of the hours not spent in sleep (and possibly during sleep,) still, there are times when the impressions received make a much deeper impression on his mind. The depth of the impression made by a given suggestion depends not only upon the nature of the sug-

*See "Hypnotism up to Date" page 78.

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gestion and the manner in which it is given, but also upon the mental condition of the recipient at the time he receives the suggestion.

Our present knowledge of psychology enables us to intelligently prepare a patient's mind so that any suggestion given him will produce a marked effect.

The "suggestive condition" will be known to us, hereafter, as a condition in which a suggestion has a concentrated or exaggerated effect upon the mind of a patient.

Suggestion has in all ages and in all lands been used at some time or other in its exaggarated forms, and whenever or wherever this has happened wonderful and mysterious phenomena have occurred. In almost every instance, however, the real force which produced these phenomena has, through ignorance, been attributed to other agencies. In fact, it is only within the last few years that researches in the realm of psychology, by giving to us some of the truths of the law of suggestion, have enabled us, in the majority of instances, to account for these varied phenomena.

No two of us have received exactly the same impressions through our senses, therefore no two educations are identical. This being the case, it will be easily understood that a given suggestion will call up as many different lines of association of thought as there are minds to receive it.

The effect of a suggestion is dependent on and limited by the previous education of the recipient. For instance, suppose I ask half a dozen individuals to rivet their minds on the word love, for the purpose of telling me the thoughts or sensations the word arouses in each. A variety of experiences would result. While in one, it might arouse a feeling of joy, in another it might produce sadness. The third might become mirthful and humorous at the mention of such a word. In the fourth it might produce no sensation at all, although it would certainly produce a chain of thought depending on love stories he had read, or on the experiences of some of his acquaintances. In this matter billions of different experiences could be obtained from the associations aroused by this little word.

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Children who are dominated by stern parents to such an extent that everything must be done according to rule, very soon lose independence of thought and action, and become automatons. Not being allowed to reason or act for themselves, the process of reasoning is undeveloped, and such individuals in later life are unable to take executive positions, and are very easily influenced by their environment or those with whom they come in contact. They become imitative and unable to control their inclinations or emotions. It is this class of individuals which constitutes our suggestive somnambulists.

After a careful study of the idiosyncrasies of a large number of somnambulists we are forced to conclude that individuals of this class are deficient in reason and will power. They seldom fill an executive position satisfactorily; and are generally found in dependent situations.

It is among the somnambulists that so many marvelous cures have been made, in all ages, and by all manner of treatments; and in consequence, the somnambulic condition has heretofore been considered a very desirable condition to produce in a patient. In fact, it has been a general belief that unless a patient went into the somnambulic condition he was not likely to obtain much benefit from suggestive treatment. A moment's reflection, however, will convince the student, that since the somnambulist is so susceptible to impressions, he is likely to have many imaginary or hysterical ailments; also that when a wonderful cure is made in a somnambulist, the disease of which he is relieved is generally an imaginary one.

In the light of the above facts concerning suggestive somnambulism, we are compelled to draw the following conclusions:

First: The more suggestible the patient, the more likely is his complaint to be either an imaginary one, or one induced by auto-suggestion.

Second: Such patients are more likely to relapse into their old conditions or assume new ones.

Statistics gleaned from the clinical records of this school, clearly demonstrate that the benefit derived from Suggestive

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Treatment by a patient who is suffering from a genuine trouble, is in inverse proportion to his degree of suggestibility; in other words, therapeutic suggestion is more effective with those who are not so amenable to positive suggestion, *when there is an actual trouble to be cured.* Just here, the student is advised to read the history of hypnotism and mesmerism, This may be found in any good work, but especially would we recommend the work of Albert Moll.

(After reading the history of hypnotism the student is advised to read the course over again, before proceeding.)

Shortly after the free clinic of this school was established, several of the Chicago papers, considering such an innovation of sufficient importance and interest, published a number of long descriptions of the school and the work done at its daily clinics.

Although there was nothing sensational in any of these articles, they sufficed to draw a large number of sufferers, who, according to their own statements, had previously tried almost every form of treatment without obtaining permanent relief.

Out of this number, those in whom hypnosis was not induced, could be counted on the fingers of one hand, and, although at first a very large percentage of the patients in attendance went into the somnambulistic condition, nevertheless, it is a significant fact that for some time past, that patients who go into this condition have become very scarce at this school—so scarce, indeed, that recently I have not always had one with which to demonstrate the simplicity of this condition.

In studying somnambulism there will be found much food for reflection and discussion, and we cannot afford to let pass unnoticed anything which may throw some light on a state of hypnosis so generally abused, misunderstood and misrepresented by amateur investigators and showmen. A condition to which only a small percentage of patients is susceptible, but which provokes at least ninety-nine per cent of the discussions that invariably arise when hypnotism is mentioned. A condition, the simplicity and unerring truths of which are so apparent and demonstrable to the unprejudiced and scientific investigator, that when brought face to face with the colossal and universal

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ignorance extant regarding it, he invariably tires of arguing against undemonstrable assertions and thereafter may possibly assume an air of "tolerant impatience," or, in the fullness of his heart, may extend, in silence, "pity without words."

When it is thoroughly threshed out I feel certain that somnambulism will be found to contain, perhaps, fewer scientific questions and points of interest to the physician than almost any other condition of hypnosis. It is in the conjectured possibilities of somnambulism that so many points apparently hinge.

After some years of careful study, investigation and observation of this state, I must say that I am disappointed with it in every way, having found it to be almost as useless an agent in obtaining desirable therapeutic effects as it has proved to be when employed as an assistant to crime, and I have yet to obtain first evidence to show that it has ever been used for criminal purposes.

A glance at the history of Mesmer's work shows that the novelty, fascination and impressive mystery, which surrounded his work, tended to draw to him, chiefly, credulous, impressionable, emotional and curious individuals.

When a patient of Mesmer's was "influenced," an apparent trance condition, generally spoken of as "the Mesmeric Sleep," was induced. Without doubt this "Mesmeric Sleep" was the condition which is now known to us as induced somnambulism, and was the only condition recognized by Mesmer. We have much evidence to show that he induced this "trance" condition in a large percentage of his patients—a far larger percentage than it is possible, under ordinary circumstances to get into the condition known to us as somnambulism. The cause of this becomes very apparent if a little attention is given to the personality of Mesmer's collection of patients.

Mesmer's patients were attracted to him through their suggestibility and credulity, from all over the country, so that he drew the cream of the class of individuals we now recognize as somnambulists.

If, then, my statements concerning this condition are true, we can readily pardon and symphathize with the committee of

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noted physicians, who after careful examination of Mesmer's theories and his patients, reported that it could find no evidence of the existence of an "animal fluid," and upon examination of the patients in whom Mesmer could induce a "trance" condition, it found them to be of an imaginative, hysterical and weak-minded type.

We must remember, also, that at the time those investigations of Mesmer's work were carried on, absolutely nothing was known of the effects of suggestion. Almost a century later we find that the renowned Charcot fairly corroborated the findings of these investigators by declaring that patients in whom hypnosis could be induced, possessed diseased nervous systems. Shortly before his death, however, Charcot became convinced that there was much to be learned from the investigations of the "Nancy School."

Being ignorant of this law of suggestion, public exhibitors of mesmeric phenomena, honestly believing in their absolute power to control the subject, have demonstrated all the weird possibilities of somnambulism with its apparent cause, the superiority of the operator's will and his personal magnetism. In this way mesmerism became a "terrible" and "dangerous" power, and although the name mesmerism was changed to hypnotism by Braid, the new name still carries with it all the old groundless prejudices associated with mesmerism.

Honor to whom honor is due, and if we desire to return thanks to the source of all the ignorance, mysticism, fallacies and prejudices which have retarded the progress of hypnotism, we have but to take off our hats to the simplest and most useless of all hypnotic conditions—somnambulism.

With the opening of this school came a repetition of the same conditions which attended Mesmer's work; the same conditions which have followed and always will follow heralded "divine healers," such as Schlatter, Schrader, Dowie, Newall, etc., *ad nauseam;* the same conditions which surround every relic and shrine credited with "healing virtue."

Is it any wonder, then, that the age of miracles has not forsaken us? Study for a moment the mental condition and

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suggestibility of individuals who receive an immediate cure, a miracle or "blessing," and you will discover that, with scarcely an exception, these individuals make excellent somnambulists and that the same force by which the "claim" was removed was the very means by which the said "claim" was induced, i. e.: auto-suggestion, or imagination.

How or why these claims were present is sometimes difficult to determine, but we have traced many of them to the improper diagnosis of a physician, to "patent medicine pamphlet symptoms," to imitation, and many of them to troubles which were once genuine, the cause of which, however, had long been removed, leaving only a "belief" or "habit."

In the early days of this clinic, we have taken as many as a dozen patients at a time and generally succeeded in inducing a deep degree of hypnosis at the first sitting, in the majority of them. These patients, not finding enough excitement or mysticism surrounding the work, as it is carried on here, failed to return for treatments after a few days, and thus it is that this very undesirable element has gradually dwindled away and the more intelligent classes have remained.

As the degree of the intelligence of the patients has increased, the degree of hypnosis has grown lighter and the results obtained much more satisfactory and permanent.

HYPNOTISM—It is with a great deal of reluctance that we make use of the word hypnotism in connection with this course. However, it is necessary that each student understand the meaning of the word and the condition which it has been employed to describe. This should suffice, however, for, speaking from dearly bought experience, we strongly advise the student of suggestion to avoid the use of the word hypnotism, in private or public. At the Chicago School of Psychology the term has been discarded and is never employed, save during lectures for the instruction of students. We have cured hundreds of patients private and in clinic, who would have given us a wide berth had they understood we used *hypnotism*. As the word love calls up a chain of associations, so the word hypnotism calls up in the mind of ninety-nine persons out of every hundred, everything

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that is uncanny, mysterious, base and devilish; and the majority give the *hypnotist* a wide berth. Do not allow any one to call you a *hypnotist*. Besides, the term is not applicable to any degree of the suggested condition. As stated before, Braid at first recognized only the mesmeric condition (somnambulism), and firmly believed the condition induced in patients of this type was sleep. He called the state "hypnosis;" the art of inducing this state "hypnotism," and the person inducing the condition in another, a "hypnotist." The term "hypnosis," is evidently a misnomer, for exhaustive and careful study of the phenomena of the suggestive condition, has proved beyond peradventure the fact that even the suggestive somnambulist *is never in a condition analagous to natural sleep.* (This point will be very clearly demonstrated in the lecture treating of the suggestive phenomena.)

Bernheim defines hypnosis, not as a condition of sleep, but one in which suggestion has an exaggerated effect. This is equivelent to our suggestive condition. In another lecture this condition will be clearly defined and full instructions will be given for inducing it in everyone. The student will also be taught the means to employ to test the degree of suggestibility likely to be induced in a given individual.

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PART II.

DEFINITIONS.

Inductive reasoning is an analytical process by which we arrive at general conclusions from particular cases. A stone cast from my hand falls to the ground; a book, an apple, any object thrown from my hand falls to the ground; hence everything thrown from my hand will fall to the ground.

Deductive reasoning is synthetic. By deduction we reason from general principles to particulars:—Since all ruminant animals chew the cud, the cow, which is a ruminant, chews the cud.

All reasoning is inferential. It is the process by which we discern related truths—the new by inference from the known. We reach conclusions true or false in proportion as we are able to perceive the true relations of cause and effect.

We shall not discuss telepathy or thought-transference in this course. In studying the mind and its functions we shall endeavor to give the student a simple, yet practical theory of its workings.

Many theories have been advanced by various authors to account for psychic phenomena. We shall not attempt to agree or disagree with any of them, for it is very likely that many flaws may be found in the theories we shall follow in this course. It shall be our endeavor, therefore, simply to give the student something by which he may be guided in his practice of suggestive therapeutics. There is much evidence to show that telepathy is an actual fact, and we would refer those who wish to investigate this phenomena to the "Law of Psychic Phenomena," an excellent work by Thomson Jay Hudson, LL. D. Dr. Hudson is probably the greatest living authority on this subject, and in speaking of the conditions which best favor the use of telepathy as a therapeutic agent, he says: "The best possible condition for the conveyance of therapeutic suggestions from the healer to the patient is attained when both are

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in a state of natural sleep;" and adds that such suggestions can be so communicated by an effort of will on the part of the healer, just before going to sleep. Granted that telepathy is an established fact, and that Dr. Hudson's statement is true, it is obvious that any physician or healer who has his patients' welfare at heart will naturally treat them telepathically while he is asleep. One's thoughts of the day are often his thoughts of the night, and a physician's mind is likely to be on his patients. This being the case, the student will readily understand that if there is such a force as telepathy, it is going to be exercised unconsciously anyway, and so will need no further mention here. Many psychologists of the present day have adopted what is called the dual theory of mind—that is to say, man has apparently two minds. We shall adopt this view, and proceed to show the reason for believing in this theory; and also the relations existing between the two minds. We shall designate these minds by the terms, voluntary and involuntary. In the sleeping condition man is controlled by his involuntary mind, and he is not conscious of its action in this condition, except through dreams. The involuntary mind controls every bodily function. It is the seat of the emotions and the guardian of memory. Our whole education is stored there. It is amenable to control by the voluntary mind.

Excluding the possibilities of telepathy, man receives all his impressions through his five physical senses. These impressions are stored away in sequences in his involuntary mind. Many impressions of which we are not conscious are received through the senses, and these are taken cognizance of by the involuntary mind. Impressions unconsciously received unquestionably have positive influence upon the actions of the involuntary mind. The involuntary mind, although capable of deductive reasoning, is incapable of inductive reasoning. An impression having reached the involuntary mind is never lost, and may be recalled under favorable conditions. The involuntary mind is at all times amenable to control by suggestion. Man's voluntary mind is at rest during sleep, but is aroused the instant he becomes conscious of the reception of impressions through the senses.

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In a waking condition man is in a position to reason properly upon conscious impressions. He reasons inductively as well as deductively. With the voluntary mind active he is in a position to cope with the necessities of the battles of life, and in a great measure control the involuntary mind. The more the reason is developed, the greater is the control of the voluntary mind over the involuntary. We find that some people accept almost everything told them without reasoning upon it. When this occurs, the involuntary mind is directly impressed and accepts the statement as true, whether it be true or false. Such an individual is known to be a highly suggestible person, and seems to be at all times influenced unconsciously by environment, and by those with whom he comes in contact. In suggestive therapeutic work it is the involuntary mind we seek to impress, since it controls the bodily functions. This being the case, we must study the best methods of inducing the suggestive condition in our patients. It is easy enough to reach the involuntary mind of those who are highly suggestible; but the success of the whole work depends upon the ability to reach the involuntary mind of those who are apt to reason on every suggestion received.

In the first place, it is never necessary to give a patient a suggestion that is not true. A patient who is naturally highly suggestible will accept a suggestion anyway, and if a reasoning patient questions a given suggestion, a logical line of argument will usually set his voluntary mind at rest, at once, and his involuntary mind is then in a condition to be influenced. The suggestive condition is one in which a suggestion has an exaggerated effect, and the most rapid means of inducing this condition is to remove all auto-suggestions, and then to get the patient's whole mind centered on the suggestion to be given. Since these are generally verbal, the whole attention should be concentrated on the sense of hearing. Should a patient be met with, however, who declines to believe in the suggestions you desire to give, the treatment will eventually have its effect after repeated suggestions are given daily for a time. Repeated suggestions, if true, will in time overcome in almost every case the most obstinate auto-suggestions; for in the concentrated

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condition a patient does not reason very much, and the involuntary mind finally becomes impressed with the suggestions and acts upon them. There is always this fact to favor the ultimate success of a suggestion given by an operator: When a patient comes for treatment, and is really in search of health, no matter how little he may appear to be in harmony with the suggestions given, his very search for health creates a sympathy for suggestions, since he would really like to believe and accept them.

The statement was made above that highly suggestible persons accept suggestions in the suggestive condition, whether they are true or false. We intend to modify this statement somewhat. These patients do not actually at heart believe false statements, but for the time being seem to acquiesce in our statements, and even (as seen in stage hypnotism) go so far as to carry out a part suggested to them. Now the persons from whom the truth of this condition, "somnambulism," is to be obtained, are not the stage subjects, but private patients—persons who come to pay for treatment, not to lie to please the operator.

From observation and questioning of over fifteen hundred somnambulists, we have arrived at the following conclusions:—the somnambulist does not reason as rapidly as other individuals, and has not the same degree of voluntary attention. His mechanism of reasoning works more slowly, and when a suggestion is given it seems to absorb his whole attention. This being the case, he finds it easier to acquiesce in a statement, rather than to refute it, no matter how absurd it may be. He finds it easier to act out a part, than to resist the suggestions of the operator. When left to himself to give an explanation for his actions, unless he has committed himself already, he will say he found it easier to follow the suggestions of the operator than to do otherwise, although he knew all the time that what he was doing was absurd; or he may say that he did it simply to please the operator.

In giving suggestions to such persons, one must be careful not to give too positive suggestions to the patient if he wishes to determine what benefit his patient is deriving from sug-

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gestive treatment, for even an encouraging affirmative tone of voice will make a patient declare in the presence of his physician or others that he is feeling better and is suffering no pain, whereas all the time *at heart* he may know that such is not the case. To illustrate:—A short time ago at the clinic of this school we had a somnambulic patient who was suffering from acute articular rheumatism. The trouble was very evident from the swelling and redness of the parts. The patient would declare under treatment and in the presence of the students that her pain left the instant she sat in the operating chair, and would go away affirming that she was all right, but would come next day saying that the pain came back when she reached the street. This patient knew as soon as she left here that what she had said was simply in accordance with our statements, and that it was not true, and in a few days did not return for treatment—fancying, I suppose, that we really thought from her statements that she was improving, although she knew *in her heart* that she was no better at the time she said she was. This is an instance of a somnambulist with a *genuine* trouble. They are difficult people to cure.

Another instance we take from that student of human nature, Charles Dickens, in the character of Mrs. Nickleby. Mrs. Nickleby called at a friend's house and while there received a severe tongue thrashing, to which she was unable to utter a word in self-defense. However, when she got away from the house and had time to get her "sluggish mental mechanism" to work, she then *had time* to think of the insults which had been heaped upon her, and remembered what she should have said in reply. Before she arrived home she had made up her mind that she had actually given these replies, and told Mr. Nickleby of the retorts she had made to the insinuations; whereupon, Mr. Nickleby thought Mrs. Nickleby a very clever woman. Mrs. Nickleby was, no doubt, a somnambulist.

Still another splendid example was given at the late Luetgert trial in this city. A thirteen-year-old girl, in giving evidence for the prosecution, stated that she had seen Luetgert and his wife go up a lane near the factory on the night of the murder. In cross-examination she said that her former state-

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ments were untrue, that she was at home all evening, and had been paid by the police to give false evidence. After the lawyer for the defense had taken his seat amid a flourish of trumpets, and the child had a chance to think over the admissions she had made under the bulldozing suggestions of the defense's lawyer, the judge turned *quietly* to her and asked if she actually had seen Mr. and Mrs. Luetgert on that eventful evening. Her reply was, "Yes, sir; I did." This child was unquestionably a somnambulist, also.

These somnambulists or highly suggestible individuals are automatons. It is necessary to direct them in everything. They seem to use their reason but little, and then very slowly, in fact; they make good servants, but never successful masters. They are to be found in all classes of society, but chiefly in the uneducated They do little inductive reasoning, and are easily led. We stated, also, that if a suggestion were constantly repeated, it would produce an effect upon the mind of a patient. One of the objects of suggestive treatment is to change a patient's thoughts, or to have him think as we wish him. In the first place, he is anxious to believe to be true any suggestion which is likely to benefit him; and a suggestion continually repeated becomes like a piece of music which we hear over and over again. We may not pay particular attention to the tune, but before long it becomes a "music thought," and we find ourselves humming or whistling it. We have all been bothered with Mark Twain's "punch, punch, punch with care, punch in the presence of the the passenger," after hearing it repeated a number of times. It was instilled into our minds, whether we wished it or not; whether we believed it would get there or not; and so it is with a suggestion when continnally repeated to a patient in the suggestive condition. Whether he believes it or not, it gets into his mind, and he is bound to think of it frequently. If he does so, we get the effect we desire, for, as we shall point out later, all thoughts tend to take form in action. In other words, attention is a motor force. This leads us up to the study of attention.

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PARTS III, IV, V.

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To understand the degree of suggestibility to be found in any patient, or to determine the line of suggestions to follow in a given case, it is important that the student should understand something about attention. The quality of the attention of a somnambulist is vastly different from that of a hard-headed reasoning individual. The difference between the mental conditions of a highly suggestible individual and one who can be reached only through his reason is that of attention. The somnambulist has *natural attention* and but little *voluntary attention*, whereas the reasoner has natural attention and well developed voluntary attention. Development of voluntary attention is the development of the will.

Attention is said to be the focusing of consciousness. It may be directed into two channels—inwardly upon mental objects, or outwardly upon external objects. Sometimes it requires no effort to keep the attention upon either a mental or external object, whereas, at other times, much effort is required to keep objects under attention. Thus we find two kinds of attention in man—the natural or inquisitive attention, which is focused without effort, and the voluntary or cultivated attention, to focus which an effort of the will is necessary.

All animals, including man, are born with the natural attention. To hold this attention for any length of time, an object or subject must be interesting, or the attention will soon drift elsewhere. A dog will follow a rag shaken in his face for a short time, but soon it ceases to interest him, and his attention is quickly given up *to the next impression which arouses his curiosity*. This new impression may be to run after another dog, ferret out the source of some odor, or to listen to some new noise. He is no longer interested in the whirling rag and will immediately follow his next inclination. In this latter respect a young child is much like the lower animals, for constant change is necessary to interest him. If given a rattle it

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will amuse him for a time only, and he will discard it at once upon seeing a new toy.

One of the most potential differences between man and the lower animals lies in the fact that man is capable of developing voluntary attention. With the development of this attention, man is enabled to overcome the dictates of his natural attention and inclinations. It is the development of this ability to control the attention or inclinations which constitutes will power; and in the same degree in which voluntary attention is developed do we find reason present.

While it is true that the modern system of education, beginning at the kindergarten and extending through the various grades, is an excellent developer of voluntary attention, still, the best place to cultivate this condition is unquestionably in the home. To do this properly, the child should be taught to obey, within the bounds of reason, and whenever it is necessary to curb his inclinations, he should be given a reason for overcoming them. The reason or will power of the parent has to act in lieu of the child's until such time as he is capable of reasoning properly for himself. First let him be given a reason for overcoming his inclinations, and then see that he obeys. He may not understand the reason at the time it is given, but since every impression a child receives is retained, the time will come when he will understand the process of the reasoning by which the parent decided it was necessary his inclinations should be checked. Parrot-like, we have all been taught recitations when children, and have delivered them in public, without understanding the ideas conveyed. In later years, however, these recitations have come into our conscious minds and we have understood them clearly.

"Spoiled children" are those who are given their own way in everything and are never taught to curb their inclinations. Such children, as a rule, are poor students and in later years seldom make a success in life. Many such children are found among the wealthier classes; and it is the lack of this voluntary attention which is invariably the cause of the early ruin, from excesses, of the children of wealthy parents.

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Children may get along very well in the lower school grades without much application to their studies. It is the boy who has been compelled to apply himself to his studies while in the lower grades, that makes the successful university student. Such subjects as history, arithmetic and geography may be learned by absorption, or may even arouse the interest of a boy in the lower grades, but unless he has formed the habit of application (development of voluntary attention) he usually makes a failure when it becomes necessary to study such things as Greek and Latin verbs, geometry, algebra, trigonometry, philosophy, etc. These subjects require application; and it is for this reason that so many boys find it more desirable to seek employment in offices, etc., than to try to apply themselves. Not having formed the habit of application in the lower grades, the majority of them are unable to rise to the requirements of advanced education.

It is much easier for one to drift into desirable or pleasant lines of thought, or to read interesting stories, rather than works which require an effort to grasp their meaning. But if we would concentrate our thoughts upon an undesirable line of study, in order to arrive at reasonable conclusions; or if we would apply ourselves to uninteresting subjects for the purpose of self advancement, we must force ourselves to keep the attention on the matter in hand. This effort requires application, i. e., voluntary attention or will power.

Some individuals go through life without developing much voluntary attention. Such individuals are generally found in dependent positions. They make good slaves, and but seldom good masters, since they are much better satisfied to be directed than to direct; following instructions is to them preferable to making an independent effort.

It is among this latter class of individuals that we find so many somnambulists or highly suggestible persons. Being mentally lazy, they are more apt to acquiesce in any suggestion given than to refute it. This condition is found in a higher degree in some people than in others.

The attention is not absorbed for any length of time by

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things which are uninteresting; and it is impossible to rivet the attention upon anything for more than a few seconds at a time—even with an effort of the will. The degree of voluntary attention, therefore, depends upon the ability to make a repetition of successive efforts to sustain a thought in the mind or to keep the attention upon a single object which is in itself uninteresting.

There are many things which will interfere with the voluntary attention, among which may be mentioned the sudden reception of a marked impression through any of the senses, such as a very loud noise, dazzling blaze, etc., and malnutrition, which causes an imperfect blood supply to the brain and thus interferes with the voluntary attention; for, when the normal circulation to the brain is lessened, the brain functions are lowered. We find that poorly nourished persons or those suffering from imperfect elimination, lose their ability to concentrate the attention properly and cannot reason as well as when in good health.

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PART IV.

The cerebral circulation and some of the phenomena dependent upon it are the next things to which the student's attention is drawn. Many mental conditions are the result of variations in the blood supply to the brain; while again certain states of mind affect the circulation of the brain.

When we remember that the brain is the dominant organ of the body, that the whole nervous system is under its control, and that so many important centers controlling the nervous mechanism are situated in the brain, it is evident that anything which affects the blood supply to the brain will also affect its functions.

Wherever there is an increase in the activity of a part of the body, there is also a corresponding increase in the circulation. In no part of the body do we find this more marked than in the brain. Again, when there is a marked increase in its circulation, the brain functions become more active. The converse of this is also true, for to the same degree in which the blood leaves the brain, do the brain functions become inactive.

There is a great difference between the mental conditions of a man who is asleep and one who is awake. There is also a great difference at these times in the amount of blood supplied to the brain.

In placing a patient in the suggestive condition, we aim among other things to make the voluntary mind as inactive as possible, and one method by which this may be accomplished is to reduce the circulation in the brain. During natural sleep there is a marked reduction of the blood supply to the brain.

In order that the student may understand these points very clearly, I shall proceed to give a number of illustrations, which will bring out the various points mentioned; and enable him to understand many things which are to be brought out in future lessons.

When the fingers are cold and the blood supply to them is

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diminished, it is impossible for them to perform the same work as when they are warm. However, if you exercise a cold hand for a few moments a reaction takes place—the fingers soon become warm (denoting an increase in the blood supply) and their suppleness rapidly increases. Should other means be taken to draw the blood to the hand, such as warming it, either near a fire, or by placing it in the warm hands of someone else, it will also be found that the technique of the hand and fingers has been restored.

Nature abhors extremes and if too little or too much blood should be supplied to a hand for any great length of time, serious consequences would follow. The member would first cease to perform its functions and then in either case, unless speedily relieved, destruction of the tissues would ensue, followed later by death of the part.

What takes place in the hand, under the conditions just named, is only an example of what occurs in every other part of the body, including the brain, under similar conditions. There is this difference, however, between the brain and the muscular system during rest, i. e., that the amount of blood in the brain is decreased, while that of the muscles is, if anything, increased. This is a wise provision of nature, as we shall understand shortly.

It is a demonstrable physiological fact that the brain of a sleeping man contains less blood than when he is awake (experiments demonstrating this are given in lesson on insomnia). This being the case, it will be interesting to compare the sleeping with the wide awake man and watch the phenomena of the transitional states. The brain of the sleeping man receives only sufficient blood to insure nutrition to the organ. The consequent reduction in the stimulation, which blood gives to the various centers in the brain while awake, is seen in the reduction in the number of respirations, the slowing of the heart's action, the lowered action of the stomach and bowels, the total inactivity of the voluntary mind and its failure to take cognizance of many impressions which are likely to reach the senses of a sleeping man.

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If a man going to sleep were to be watched, it would be discovered that, without knowing it, he does everything to favor a reduction of the blood supply to the brain. He cannot sleep so long as one of his senses remains active, so that he first seeks a comfortable, quiet and well-aired place, to rest,—this is to get the senses of touch, hearing, and smell inactive. As a rule he will not lie down hungry, thus insuring inactivity of the sense of taste. Next he closes his eyes and relaxes his muscles. Immediately the thousands of impressions which are constantly keeping the center for sight active are excluded; and the relaxed muscles favor the uninterrupted circulation of blood through them. This condition of inactivity of the senses, and the reduction of the circulation through relaxation soon produce inactivity of the voluntary mind and sleep ensues.

Our only conception of sleep is that of a condition in which we are unconscious, not only of the reception of impressions through the senses, but also of the operations of the voluntary and involuntary minds.

A healthy man awakens in one of three ways:—1, at an irregular hour, by strongly impressing upon that wonderful watch-dog of the body—the involuntary mind, the necessity for restoring consciousness at a certain hour. 2. By a habit of the circulation (also controlled by the involuntary mind) which has been formed by arising regularly at the same hour each morning. 3. By any impression which is strong enough to stimulate into conscious activity the center controlling the sense through which it is received. The consciousness may be brought about either by the impression producing enough vibration in the center to draw the blood mechanically, or by the impression calling up other impressions in the involuntary mind, which become vivid enough to induce consciousness. No doubt the associations which an impression of the latter type would arouse would be sufficient to produce marked changes in the whole circulation.

The instant one sense becomes consciously active, all are on the alert. The first thing one does on arousing is to open the eyes, since this permits the reception of thousands of im-

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pressions, thereby increasing the circulation in the brain. The return of the blood supply to the brain is also assisted by the stretching which invariably accompanies awakening. The contraction of the muscles drives the blood to the head. When the senses become active the voluntary mind is also in evidence, and reason and conscious control of the body return.

If the blood supply to the brain be lessened through sickness, we find that the brain functions are not carried on properly in the waking state; memory, concentration, the senses and the voluntary mind become feeble; the brain seems to lose control of the nervous system, and nervousness and other disorders rapidly appear. Impressions through the senses at this time are likely to be misinterpreted or greatly exaggerated.

When nutrition to the brain ls shut off for a few moments, fainting results, and, if it is not soon restored, death follows. On the other hand, when the supply of blood to the head is abnormally increased in the waking state, all the brain functions are at first stimulated. If the congestion is very marked, delirium follows, and in this condition the involuntary mind becomes very active and the senses at first hyper-acute. If the congestion continues very long, exhaustion follows from the excessive expenditure of energy; or if the congestion is very severe, all brain functions may be interrupted and death ensue.

The activity of the mind greatly influences the cerebral circulation. Prolonged worry or study will retain or increase the blood supply to the brain, and this condition is frequently productive of insomnia.

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By the SUGGESTIVE CONDITION we mean a state in which a suggestion has an exaggerated effect. It is really a condition of concentrated attention. Man has five channels through which he receives impressions, viz.: The five senses. He is possessed of a certain amount of attention, and in the same degree in which the attention is directed to one channel is it lessened in the others.

If one has a business proposition to make to a man he does not select a busy street corner in which to make his plans known, for in such a place one's attention is bound to be divided. He has to bow to one friend, perhaps shake hands with another, while he sees everything going on in the street, so that many things besides the business on hand claim a part of his attention. The proper place in which to discuss a business affair is the privacy of an office, away from all noises and changing scenes. In such a place the undivided attention may be given to any subject on hand. Thus the suggestions given under these conditions, as compared with those given in the busy street will produce an exaggerated effect. Under these favorable circumstances it is found that the oftener the suggestion is repeated, the more deeply rooted it becomes in the mind of the recipient.

Now this state of concentration of the attention is the precise condition we seek to induce in the minds of our patients before commencing to give them therapeutic suggestions. The great majority of therapeutic suggestion are given through the sense of hearing; so in nearly every instance we endeavor to shut out all impressions likely to be received through the other senses, and leave the patient with his whole attention concentrated on every syllable spoken by the operator. In some instances, however, the calling into activity of a second sense may augment the force of a suggestion: for instance, if the operator be trying to impress a patient with

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the truth of any statement he may make, the earnestness depicted in his facial expression may greatly inspire the patient with the confidence the operator has in the statement he is making. The operator must use his own judgment in the matter of having the patient's eyes open under such conditions. Sometimes the whole treatment may be given in this manner.

The only way in which a piece of poetry may be committed to memory is by repeating it over and over. The oftener it is repeated the more indelibly is it impressed on the mind. It is in this way that we have all committed to memory the multiplication table; and so it is with a theraupeutic suggestion—the oftener it is repeated, the more surely it fills a place in the daily mind of the patient, and the more likely is he to act on it, consciously or unconsciously.

The old idea of suggestive therapeutics was that a patient could be made to accept any suggestion given, whether true or false. I have heard physicians who professed to cure by means of hypnotism, tell patients who had red and swollen joints that they were perfectly well, and were suffering no pain; that after treatment they would be able to get up and walk as well as anyone. Now this mode of treatment might answer in the case of a somnambulist, for such patients will get up and limp around and, *following the suggestions of the operator*, will declare that they can walk all right, and that they experience no pain. To the onlooker who does not understand the reason for these statements of the somnambulists, the "cures" appear marvelous. However, if these same patients are seen after they are away from the influence of the suggestions, they will *then* declare that their pain is as bad as ever. Such a method of curing by suggestion is worse than the most wicked form of charlatanry. These patients were actual sufferers and had other troubles which produced the swollen joints. Their troubles were in the organs of nutrition and elimination, and it was to these organs the suggestive treatment should have been directed. It takes time to cure such cases and the pain is not generally relieved in a day. To tell a patient of this kind, who is not a somnambulist, that his pain is gone, and

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that he can walk, is to insult his intelligence, and he will "have none of it." It is work like this that has been such a detriment to the advancement of suggestive treatment.

In another part of this course I have stated that it is never necessary to give a patient who is not insane a suggestion which will arouse his opposition (auto-suggestion). Suggestion is a law, and the operation of this law can be explained so satisfactorily and simply to the most skeptical, that they will at once proceed to concentrate their attention and prepare to receive any suggestions the operator may desire to make.

When a man is receiving impressions through all his senses, from things around him, his voluntary mind is very active; and it is more difficult for him to concentrate his attention than if there is only one sense in a state of activity. To begin with then,—in inducing the suggestive condition we first seek to make the voluntary mind as inactive as possible. There are two methods which we combine to accomplish this. First—Endeavor to make all the senses inactive. Second—Try to reduce the blood supply to the brain.

Place the patient in the recumbent position and see that he is perfectly comfortable. Be sure that his clothing is not too tight, and that his boots are not pinching. Many of us frequently go around all day with something which is productive of discomfort withont having our attention drawn directly to the cause of it. Our attention may be absorbed by so many things during the day, that the unpleasant sensation scarcely rises to the threshold of consciousness. When trying to sleep however, we are very apt to discover the source of the annoyance. To guard against such probabilities, then, I repeat,—see that your patient is comfortable. This insures the inactivity of the sense of touch. If the patient is not eating anything, and the air in the room is fresh, he is not conscious of the reception of impressions through the senses of taste and smell. Next close the patient's eyes, and let him rest in silence for a few moments. In this condition his expectant attention is aroused and he wonders what is going to happen next. Then begin stroking gently over the body with both hands, commencing at the head

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and stroking down to the feet; use a very light touch—just enough to let the patient know you are there. The circulation follows the attention, and by touching him first on the head very lightly, then on the shoulders, and so on down the body, the tendency is for the circulation to be drawn from the head. Certain it is, that if this is kept up for a few moments the majority of patients experience a sensation of drowsiness. Of course the relaxation of the muscles also favors the reduction of the blood supply to the head. Having spent a few minutes gently stroking the patient, begin the verbal suggestion, and keep repeating the ideas you desire to impressupon his mind. Reiterate the same line of argument you used before relaxing him. The method is very simple, but is all that is necessary.

The highest degree of suggestibility which it is possible to produce in any individual is present the instant his attention is concentrated on the suggestions he is receiving.

After conducting a whole morning clinic in which I have used the above method, I am frequently asked by visitors to the clinic, who have read up on the old-fashioned hypnotic ideas, if I ever induce the hypnotic condition in my patients. In reply, I always tell them that each patient they saw treated was in as deep a degree of hypnosis as it is possible to induce by any other method or methods; that not one of the patients was asleep, although those who were somnambulists would have declared that they had been asleep if I had said they were.

If we will look at the practical methods of inducing hypnosis, which are used by any authority on hypnotism, or by the many stage hypnotists, it will be discovered that no matter what length of time may be spent, or what means be used to control the attention, (let it be a bright ball, the eyes of the operator, the tips of the fingers, etc.,) the final object of these methods is to get the eyes closed before the suggestions are tested.

Remember that somnambulism and the different degrees of suggestibility do not depend upon any particular method of procedure. The degree of suggestibility, as has been pointed

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out before, depends on the previous education of the patient. Heretofore our hypnotists have believed that the more nearly a patient goes to sleep, the more highly suggestible he becomes. They have drawn their conclusions from the somnambulists, who having been told to "go to sleep," have said that they were asleep. As a matter of fact, all that is necessary with a somnambulist is to get his attention controlled for a moment and he will then act upon every suggestion given, no matter how absurd some of them may be. For instance, without saying a word about sleep, if I touch one of them on the back of the hand. with my finger and repeat a few times, "My finger is burning your hand," and at the same time draw his attention to his hand, he will immediately draw it away, and declare that it burnt him. For the same reason that he said my finger burnt his hand, he will say that he is freezing, swimming, up in a balloon, *or that he was asleep*, i. e., because he is naturally highly suggestible, and acquiesces in my suggestions. However, if I have a suggestion which I wish to fix in the mind of a somnambulist, I proceed just as I do with persons who are not so absurdly suggestible. I repeat and repeat the suggestion until, like the multiplication table, it is riveted in his mind. Once it is in his mind my work is accomplished, for he is bound to think of it at times, and, consciously or unconsciously, it must affect his thoughts, actions, or functions. We have various means of continually bringing such a suggestion into a patient's conscious thought, but these will be given in another part of the course.

In any work on hypnotism whole chapters may be found devoted to descriptions of the various phenomena of hypnosis. Many operators attempt to make divisions of the hypnotic and suggestive state. Some make three divisions, some six, others nine, while others again give over thirty different stages. As a matter of fact, each patient would require a distinct division. No two educations are alike, and no suggestion is interpreted in the same way by two individuals. The absurdity is apparent when we attempt to place an intelligent United States senator in the same class with an ignorant drayman, simply because they both obey the suggestion that their eye-

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lids are fastened together. They may not receive in the same manner any other suggestion which may be given. In fact the fixation of the eyelids does not depend upon any induced state, but upon the control which each exercises over his automatic muscular mechanism; or whether or not each applies the suggestion given as an auto-suggestion. Such phenomena as amnesia (loss of memory), absurd post-hypnotic suggestions, inhibition of the senses of hearing, taste and smell, etc., are found only in the somnambulists, and the student understands fully by this time that the subject only acts as though these suggestions are real, not because he actually experiences them. Besides, for therapeutic purposes, such suggestions are unnecessary, and should never be employed even with a somnambulist. Given a somnambulist—he will carry out any suggestion unless it shocks his sense of propriety.

A question frequently asked is, "What is the difference between hypnotism and mesmerism?" In Part 1 of this course it was shown that the only patients "influenced" by Mesmer were the somnambulists. Consequently, there is no difference between mesmerism and hypnotic somnambulism.

The cataleptic condition does not depend on a high degree of suggestibility, as is generally supposed; for persons who are not somnambulists will become rigid under suggestions provided their automatic muscular mechanism is well under their control. The test which one witnesses on the stage, of placing great weights on a subject lying with his head on one chair and his feet on another, depends upon the physical strength of the patient—not on a high degree of suggestibility, for I have seen hundreds of somnambulists who could not perform this feat. One has to be physically adapted to it. The amount of weight which one in this position is conscious of, depends upon the degree in which his attention is diverted. Let the student hold a heavy book at arm's length and then direct his attention elsewhere for a few moments,—he becomes unconscious of the weight of the book. Then, direct the attention to the size and weight of the book, and immediately he becomes conscious of the effort necessary to keep it at arm's

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length. For the sake of experiment I have had persons who were not somnambulists or even fair hypnotic subjects, sustain enormous weights without being conscious of much effort, simply because their attention was diverted during the experiment. These individuals held up as great or even greater weights than the best stage subjects I have ever seen.

If any student is anxious to test these phenomena for himself, let him remember that by using the methods I have set forth, he will place his patient at once in as deep a degree of suggestibility as it is possible to obtain in him. Having done this, he may proceed to give the suggestions; remembering the force of quickly repeated suggestions.

Do not expect that every one will become a somnambulist; neither imagine that because you do not find a high degree of suggestibility when absurd suggestions are given, that the cause of the failure lies in you or your method,—it is in the individual. If he obeys the suggestion that his eyes are fastened tight, proceed to suggest that your hand is burning his, and if he pulls it away, commence giving suggestions with his eyes open; after a few repetitions of a suggestion he will generally begin to act on it, provided you have his attention. This condition is known as active somnambulism.

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SPECIAL MAIL COURSE

IN SUGGESTION.

BY HERBERT A. PARKYN, M. D., C. M.

PARTS VI, VII, VIII.

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PART VI.

In the last paper the student was taught how to induce the suggestive condition. This lesson will be devoted to the application and effect of suggestion.

Every impression (suggestion) a man receives through his senses is stored up in the minute cells of the brain. These cells are all in relation with one another, so that each impression is associated with those which have preceded it through the same sense. These brain cells are nourished by the blood, and are active or inactive according to the amount of blood supplied to them. In healthy man these stored-up impressions remain inactive till some suggestion arouses them into activity by the associations which it calls up. The more he dwells on an impression the more active the brain cells involved become; and the greater is the amount of blood supplied to them, owing to a law of nature which demands that where there is increased activity in the body there shall also be increased circulation.

The more any group of cells is kept active, the more likely are the impressions stored up in these cells to be in our conscious minds. These cells may be aroused to activity in at least three ways: 1st, by an impression from without; 2d. by the voluntary or involuntary thoughts of the individual himself; 3d, by abnormal congestion of the brain, such as is found in delirium, or after the administration of certain drugs. It is the continual stimulation of one group of cells which produces habits of thought; this accounts for the peculiarity of monomaniacs. Many of these cells are motor ones, which, when aroused, send out impulses to the various muscles or organs of the body. Sometimes the impulses are feeble, owing to poor circulation in the brain; sometimes they are incorrect, owing to their imperfect education, or to physical conditions which for a time have interfered with the transmission of the normal impulses.

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Again, the motor cells may remain dormant for a long time if a function, for mechanical reasons, or through ignorance of hygiene, has been allowed to lie idle and artificial means have been employed to take its place. Ordinary constipation is an example of this. If from some cause the bowels become sluggish and rectal injections are used to empty them, the impulses which would be required under normal conditions fall into disuse, and the cells supplying the impulses become inactive and tend to atrophy. By attending to certain hygienic necessities and then using suggestion to stimulate these sluggish motor cells, we are enabled to overcome the most obstinate cases of constipation.

Everyone, at some time or other, has had a musical air or a piece of poetry "running through his head" sometimes for days at a time. It stays with us till we get another group of cells stimulated into activity, or until the mind is completely absorbed in other things. Then the cells get a chance to rest. If a musical air is bothering us we can get rid of it by humming something else; and so it is in overcoming undesirable or unhealthy lines of thought in our patients. We place new thoughts in their minds by repeated suggestions, and when the treatment is kept up each day for a length of time, and the patient is constantly going over these suggestions himself, the new thoughts take the place of the old ones; the old ones become inactive, and the stimulation of the cells from which they spring diminishes.

A genius is a person who has special intellectual faculties developed in a phenomenal degree, and as a rule, he is unable to converse upon subjects which are not in his special line. He appears to have no ideas outside of his particular line of work, and, indeed, seems incapable of interesting himself in anything else. The reason for this is that only certain groups of his brain cells are ever thoroughly stimulated,—nothing interests him unless it affects these groups, and his mind being constantly on his hobby, the cells are kept active at the expense of other portions of the brain, which, in time, from disuse may refuse to respond to ordinary stimuli. Genius is said to be but

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one step removed from idiocy, and the explanation just given in a large measure will account for this.

It is impossible to blot anything out of a man's mind, but if it contains undesirable thoughts we can overcome their effects by placing new thoughts there. The new thoughts will replace the old ones, provided the suggestions are repeated very often.

We give suggestions for three purposes: 1st—To replace old thoughts with new ones. 2nd—To arouse dormant cells to the performance of their proper functions. 3rd—To place entirely new impressions in the mind of the patient.

To obtain the highest effect from a suggestion the operator should have the co-operation of his patient, so that as soon as each suggestion is given, the patient repeats it to himself (auto-suggestion). In insanity it is sometimes impossible to secure the attention of the patients at all, let alone their co-operation; but even in such cases, if a suggestion be repeated often enough in their presence, it sinks into their minds and sooner or later they will act upon it as though it were their own thought. For instance, I have had insane patients who positively refused to eat or drink anything, commence to eat and drink heartily when suggestions of "very hungry and very thirsty" were repeated frequently in their presence. They hear the suggestions as well as anyone else in the room, and in time the repetition produces its effect. In this same way I have seen insane patients molded mentally into any desired shape; the violent have become calm, the irritable good-natured, and the obstinate most tractable. Thought tends to take form in action. Get the thoughts you wish a patient to entertain drilled into his mind, keep them stimulated by repetition, and the desired action is almost certain to follow. Anything that suggests is a suggestion,—therefore be careful when in the presence of a patient or a child never to say anything yourself or allow anyone else to say anything that you do not wish to take form in action. How often the mother, ignorant of the effects of her suggestions, has said in the presence of a child, "Oh, he is so stupid!" or, "He is so bashful;" without realizing that the oftener the

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child hears these suggestions the worse his condition becomes. Again we all have heard physicians, ignorant of the law of suggestion, ask the nurse or the mother in the presence of the patient how he got on during his (the physician's) absence; and we have heard the sufferer's symptoms recounted before him. If we think of something which has annoyed us greatly, we find the teeth clenching and the muscles contracting into fighting trim; just so it is with a man who has to hear his symptoms rehearsed, for the time being he is going through them again in his mind, and many of them have a positive ill effect upon his body.

In giving suggestions use a good firm monotone of voice, and keep up a running fire of logic or repeated suggestions. The length of time the suggestions are kept up must be governed by the individual case; but as a rule, I devote at least ten to fifteen minutes to the suggestive treatment alone.

It is not always necessary to place the patient in a recumbent or relaxed condition to give therapeutic suggestions. We adopt that method at the school because our students are here to see the effects of suggestive treatment. Many of our students, as soon as they understand the effects of repeated suggestion, do not let their patients know what they are doing, but simply get the attention and reiterate the effects their medicines are going to have, and give the medicines in such a way that the patient has to take a dose every little while. Whenever the patient takes a dose of the medicine, he is bound to think of the conditions it is destined to bring about, and if the doctor has plied his suggestions properly the patient cannot help remembering every word he has said about the effects the medicine would produce. When a patient does *this* he gets the powerful effects of auto-suggestion.

Always arouse the expectant attention of a patient. In a future lesson methods for doing this will be given. So logical a line of argument can be made that each patient will have a reason for expecting certain conditions to be brought about. With the patient's attention constantly on the desired results, they generally come to pass. It is better not to give negative sug-

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gestions, such as, "You will not, or cannot do this, that or the other thing, etc." Pointing out what is not desirable does not suffice. In place of such suggestions, tell what you really wish your patient to do. For example, if a man should mount his bicycle incorrectly, he will profit nothing if we should merely tell him that the way he mounted was not the proper one. How much easier it would be for all concerned if the proper manner of mounting should be shown at once. Just so it is with therapeutic suggestions, keep suggesting the conditions of mind or body you wish to bring about.

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PART VII.

An AUTO-SUGGESTION (self-suggestion) is that which arises within one's own mind from some thought or bodily sensation, either real or imaginary. One's whole education is a great aggregation of auto-suggestions, and since we act only in accordance with what is in our minds, it behooves us to see that our auto-suggestions are of the right nature.

When treating by suggestion it is important that the patient's auto-suggestion does not conflict with the suggestions given. In nearly every instance this may be avoided by a little tact or logic, and the control of the auto-suggestion may be secured by the physician to aid him in his work.

The auto-suggestions of the insane may be overcome by repeated suggestion. After continued treatment they begin to make the suggestions given their auto-suggestions. In some people an auto-suggestion may be overcome by the repeated suggestion of an operator, especially if the auto-suggestion is not deeply rooted. When the intelligent co-operation of a patient is secured it is possible to overcome any adverse auto-suggestion he may have in his mind. Outside of the insane and extremely ignorant, it is possible to obtain the voluntary assistance of a patient's auto-suggestion, and I shall point out how the auto-suggestion of even the ignorant may be secured to assist in bringing about desired results.

For therapeutic purposes we employ either voluntary or involuntary auto-suggestion—sometimes both, depending entirely upon the individuality of the patient.

A VOLUNTARY AUTO-SUGGESTION is an assertion which one endeavors with his voluntary mind to impress upon his own involuntary mind. We have all heard or used the expression, "Says I to myself." Well, this is exactly what we do when we employ voluntary auto-suggestion. The force of a voluntary suggestion is apparent when we arise in the morning at an hour



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which we impressed on our voluntary mind before going to sleep. This same force may be employed for many other purposes, and when a patient understands what it is he will use it continually to assist himself. To give a very practical illustration of the force of voluntary auto-suggestion,—I frequently ask a new patient to stand erect with the eyes closed and to concentrate the attention for a few moments on the sensation of falling backwards. It is impossible for anyone to do this without immediately beginning to sway backwards. I then point out that the same force which contracted the muscles of the legs and back, unconsciously, will also assist in bringing about any bodily condition we desire, provided the suggestion is taken often enough.

An INVOLUNTARY AUTO-SUGGESTION is the result of a logical sequence of ideas that have arisen from some impulse from without, or from some sensation within the body. For example—tell a man that it is 1 P. M. when it is really only 11 A. M., and generally he will experience a sensation of hunger. We employ the involuntary auto-suggestion of persons who are too materialistic even to talk about the effects of the mind upon the body, without their being aware of the force we are utilizing. For instance, every time a patient takes a dose of medicine, he recalls every suggestion the doctor gave to him when he prescribed it.

Most patients drink too little fluid, and I generally lay down the law about this, and insist that the patient take what every healthy individual requires—not less than two quarts per day. Then I give them a reason for sipping their fluids *very often* during the day. In this way I compel each patient to use involuntary auto-suggestion, since he cannot sip the water without remembering the reason for so doing and the results expected. An intelligent co-operative patient will always make the sipping an opportunity for taking a self-treatment.

To involuntary auto-suggestion may be traced the marvelous cures made by alleged divine healers, shrines, magnetists, Christian Science, quacks, etc. In fact, millions of cures by the so-called regular schools of medicine have been made

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no doubt by this force, and the virtue credited to the medicines. It is only when a physician understands this force that he is in a position to determine whether it is involuntary auto-suggestion, suggestion, or medicine which cures in a given case.

Many of the complaints from which human beings suffer may be traced to involuntary auto-suggestion. It is, in fact, a marvelous force and should be one of the first things studied by anyone who intends to treat disease. The Christian Scientists use what they call affirmations. The patient is given a short sentence which he repeats over and over to himself. In this the student will now recognize a voluntary auto-suggestion. A man can tell a false story so often that he will begin to believe it thoroughly himself. This is exactly what happens when we employ voluntary auto-suggestion. When the voluntary mind has gone over and over a suggestion which at first seemed absurd, but which it is anxious to believe, the involuntary mind being unable to reason on the premises logically, accepts it as truth, and our thoughts, actions, or functions are influenced accordingly.

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PART VIII.

The term Suggestion is being used with a broader and broader meaning every day. Briefly, a suggestion may be said to be any impression which is consciously or unconsciously received through any of the senses.

A few moments' reflection on the above definition reveals the fact that one's whole education is created by suggestion, and that the effect of every suggestion is influenced entirely by those which have preceded it.

A therapeutic suggestion is a suggestion of such a nature, that when conveyed to an individual through one of his senses, it arouses in his mind a chain of thought which will assist him to overcome unhealthy mental or physical conditions.

What a curious science is medicine as practiced to-day. There are at least a dozen different schools of healing, with as many different methods of treatment, and many of these are diametrically opposed in theory and practice. However, all have their successes and merits or they could not exist. A patient who has been unable to find relief in one school, finds it in a second, while a second patient obtains relief for a similar complaint at the first, having failed to obtain it at the other. A third patient, suffering from the same trouble, having tried both schools, finds relief at another.

There are diseases, known as incurable diseases, which none of the schools seems to cure, while diseases, known as curable diseases, may and are being cured by all—cured by the direct or indirect effects of suggestion.

Surely, there is something wrong somewhere. There must be some explanation for this state of affairs; some force of Nature which is unknowingly aroused into activity by all the different schools. There is, and that force, undoubtedly, is suggestion, and the cures are due to the laws of suggestion.

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To the student of suggestion, the reason for the success or failure of any mode of treatment in a given case, becomes very plain, if he understands the individuality and suggestibility of the sufferer.

The force which enables a man to wal a mile is stored within himself, and the time expended in traveling that mile will depend on his mental condition. All the thrashing, abuse, drink and medicine in the world will not take him one step on his journey until his mind is in the right direction. Even then, the rate at which he would cover the distance would depend upon the nature of the suggestion which made him decide to move. For instance, if his mission should be an unpleasant one and the day hot, he would likely go slowly, the journey would seem long and he would tire. On the other hand, if his mission were pleasant and he had bright companionship, he would likely walk at a moderate speed, without consciousness of effort or time. If he should receive notice that a mile away some one very dear to him was injured and likely to die before he reached the spot, it is altogether likely he would run there at top speed. The rate, therefore, at which a man spends his strength and the manner in which he expends it, is dependent upon suggestion.

The healing of all the physical ailments to which man is heir, is accomplished through the blood. The circulation heals every wound, and the rapidity with which healing takes place depends upon the amount and quality of the blood supply to the affected part.

An ulcer may remain unhealed for years if the circulation in its vicinity is poor, or if the patient is suffering from general debility. Such troubles as constipation, dyspepsia, dysmenorrhea, headaches, kidney diseases, catarrh, congestions of all sorts, neuralgias, rheumatism, etc., ad nauseum, are produced by troubles of the circulation. The blood supply to an organ or part may be insufficient, impure, or obstructed, and these troubles of the circulation are brought about by the failure of some organ to peform its functions.

Blood is the healing medium and is within man. The organ

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which propels the blood, the heart, is within man. The force which keeps the heart in action is generated within man and is dependent upon the quality and quantity of his blood. The quantity and quality of the blood depend upon the air taken into the lungs and the food digested and assimilated by the stomach and bowels. The quantity and quality of the food supplied to the stomach depend upon the selection by the individual and his selection should be made from knowledge. Knowledge is a product of suggestion.

Anything which will interfere with a man's necessary supply of food, or with his digestion and assimilation of food, will prevent the production of vital force and interfere with his health, or if he be sick, will prevent or retard his recovery.

The brain is the dominant organ of the body. Every muscle, nerve and organ is directly influenced by it and the mind.

Up to the present time, our physicians have studied the anatomy and physiology of the brain, but they have sadly neglected the study of its functions. The chief and greatest function of the brain is to receive, associate and store away all impressions received through the senses and to reproduce these impressions when neccessary. The brain, in fact, is the guardian and at the same time the servant of the mind; for although thoughts are formed by associated suggestions, still they are dependent upon the brain for their retention and are unable to take form in expression without the assistance of the brain and nervous system.

Through the mind the function of every organ of the body may be assisted or retarded, and it is through unconscious action of the mind upon the body that so many diseases are produced and so many are cured. I am now speaking, not of troubles which are imaginary, or troubles, the symptoms of which are confined to mental phenomena; but I refer to diseases which every physician is daily called upon to treat, and for which he generally prescribes.

How often we have heard physicians remark, when told of the effects of Suggestion upon a certain complaint: "Oh, that is very well for the imaginary complaints of weak people. Christian Science or anything else of that sort would have produced

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the same results; but of what use would Suggestion be in a case of anæmia, for instance?"

Answer:—"Yes, my friend; mental treatment will cure the imaginary complaints of a patient (and there are thousands of them), provided he obtains the proper mental stimulus, i. e., provided the suggestions he receives change his line of undesirable thought. Doctor, if the trouble is solely in the mind, why do you treat such a patient through the stomach? Why do you treat such a patient for months with medicines before you hand him over to the mental healers to have *them* demonstrate to you that the trouble you treated for months was an imaginary one? A study of psychology and suggestion will enable you, when a patient first consults you, to ascertain the part imagination plays in his complaint. Imaginary or not, however, it is real to *him* and to have it removed he pays you money, which, by the way, is not imaginary.—(Even the Christian Scientist will reluctantly concede this point.) You know how to move the bowels of your patient, why shouldn't you know how to move or influence his thoughts?"

Doctor:—"That is very true, but how is Suggestion, alone, going to cure the anæmic patient? Will Suggestion put iron into a patient's blood or make new blood corpuscles?"

Answer:—"My dear friend, now take yourself for example. You are unquestionably in perfect health; evidently you have plenty of iron and red corpuscles in your blood."

Doctor:—"Certainly."

Answer:—"Well, I suppose that you are aware of the fact that you are constantly replenishing these necessary constituents of your own circulation, and that you obtain the necessary supply from the ordinary food you eat and digest? Since the blood depends upon the stomach and bowels, don't you think the quickest and best method to adopt to cure your anæmic patient would be one which would encourage digestion and assimilation of good food?"

Doctor:—"But, supposing the stomach will not retain food long enough to digest it, what then?"

Answer:—"Well, *then*, you have a splendid opportunity to

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use Suggestion; for it will work like magic upon that weak stomach and the food will be retained long enough to be digested. The appetite, also, may be stimulated and the amount of food gradually increased, when, if the patient's mind is not interfering with his digestion or his appetite, he will pick up rapidly in vital force, and with the improvement in the circulation, all the symptoms which generally accompany anæmia, as well as the trouble itself, will disappear. I mean such symptoms as dysmenorrhœa, for which, as a rule, you have seldom been able to do anything satisfactory; constipation, for which you generally give purgatives (thereby depleting the patient still more); headaches, which are neuralgic and due to the lack of blood supply to the head, for which you generally give sedatives or anodynes (thereby lessening the already lowered vitality of the patient). For weak eyes, which are simply another evidence of a generally weakened condition, you send your patient to an oculist, who makes another 'double window martyr.'"

Doctor:—"Granted that you have built up such a patient, what guarantee will she have that her old trouble won't return? You have cured her by faith and faith is a poor thing to depend on for health."

Answer:—Yes, faith is a very poor support, I must admit; and the weak point in the armor of every system of healing, which does not embrace a thorough knowledge of psychology and the effects of suggestion, lies in the fact that the permanency of the cures is dependent upon faith. Let us take your anæmic patient with the weak stomach, for example. Such a patient may be cured by any method of treatment which manages to quiet the stomach sufficiently to retain food. This quieting condition would result from any method of treatment which made a strong enough impression upon the mind to bring about the same mental condition that I mentioned could be brought about, in every instance, by simple suggestion when intelligently used. It makes no difference who settles the stomach, whether an allopath or homeopath with medicines; an osteopath, who finds a pressure on the pneumogastric nerve to be relieved; or a magnetist, who finds the vital forces off their equilibrium; or the

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Christian Scientist, with his one mind theory, etc., the fact still remains that the patient's expectant attention would be aroused, and that in every instance he would be verbally assured that the treatment or medicine would quiet the stomach. In fact, the force which all these systems of treatment would endeavor to bring into service, in such a case, would be suggestion, and the method which would bring it most forcibly to the mind of the patient would be the one to relieve him.

The method of treatment by which a patient is cured is generally the one to which he afterwards pins his faith. Therefore, when a cure is really made by suggestion and is credited to some other agency, the faith aroused is a false one. Far different is it with a patient cured by "Directed Suggestion." He understands exactly why and how he has been cured. He learns to observe a number of nature's important laws, the effect of the mind upon the body, the control of his thoughts, etc.; and it is a rare thing to find an intelligent patient seeking relief a second time, for a trouble of which he has once been cured by Suggestion.

As stated before, we receive all impressions or suggestions through the senses, and these impressions may unconsciously interfere with or assist bodily functions; for instance, the sight of a horrible accident or a disgusting scene will frequently retard digestion, or nausea may result. A disgusting sight or uninviting looking food may instantly remove a splendid appetite. Pleasant scenes and bright faces, the sight of good food, etc., will remove unpleasant thoughts, make one feel happy and stimulate appetite and digestion. The sight of a delicacy causes the saliva to flow. Through the sense of hearing, news may be received which may depress and produce shock, cause worry, grief, nervousness, etc. Any of these conditions *will remove an appetite and retard digestion* or produce vomiting and sometimes diarrhœa and polyuria. Good news, inspiring music, bright stories, cheerful voices, etc., will remove depression, assist digestion, and create an appetite. Some odors call up unpleasant memories which produce depressing lines of thought, while others again may be obnoxious enough to *nauseate or re-*

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move an appetite. On the other hand, the odors from some flowers make us happy and a savory odor from a kitchen will often stimulate an appetite habitually dull.

Through the senses of touch and taste, also, we receive many impressions which have opposite effects upon us, according to the various chains of emotions aroused in the mind.

These few illustrations demonstrate clearly that we continually receive many undesirable impressions, which, if retained in the active mind for a time, are likely *to interfere with the process of digestion, or by destroying the appetite*, interfere with the amount of food usually consumed. In either case, the amount of nourishment would be diminished, and unless the line of thought of an individual in such a mental condition be changed, he would likely become a nervous dyspeptic. Constipation would likely follow, elimination would become imperfect, and later, nervous prostration and insomnia inevitably result.

The mental states which most frequently interfere with nutrition are melancholia, worry, grief, anxiety, fear, unhappiness, love, habits of thought, etc.

Dr. Charles Gilbert Davis, of Chicago, in a valuable article read before the Psychic Congress at the World's Fair, states that he believes nine-tenths of the ills to which the human race is heir, are the direct or indirect results of an outraged conscience. With this thought in view, the operators at the Chicago School of Psychology have been enabled, by careful inquiry, to trace nearly every trouble treated there to misdirected thought and improper or limited education.

A knowledge of suggestion enables the physician to discern the influence a patient's mind has upon his health and in every case to secure its intelligent co-operation.

To obtain the best results from therapeutic suggestion, a thorough knowledge of anatomy, physiology, chemistry, pathology and diagnosis is necessary.

The force which heals a man is within himself, and, when understood, may be controlled by himself; and just as the activity of the propelling force within a man who walks a mile, is stimu-

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lated or depressed by the nature of his thoughts, so, also, will suggestion, when properly directed, arouse the healing force within man, and on the nature of the suggestions given will depend the extent to which it is aroused. Many a patient has lived for days after the "physician's alloted time" expired, sustained only by some stimulation of his vital force. For example, an intense desire to see some loved one, hastening to bid farewell. It is often this remnant of vital force, which, when intelligently directed by suggestion, suffices to arouse into activity some organ which for a long time has been hopelessly dormant, but which, when aroused, enables the patient's internal organism once more to resume its normal action, and draw him back from the very jaws of death.

A knowledge of suggestion enables physician and patient to stimulate and direct the vital force intelligently, while all other methods of treatment, either through ignorance of its existence, or neglect of the proper study of its application and potency, strive blindly and with widely varied successes to arouse it into activity. Different methods are required to arouse it in different classes of individuals. A treatment which arouses it in one patient may not have the slightest effect on another, although the force is ever present and accessible in all.

It is through ignorance of the vital healing force and the forces which control it, on the part of the various practitioners, as well as the widely different individualities and the varied degrees of suggestibility of their patients, which have unconsciously co-operated to create so many methods or schools of healing. The sooner our physicians study mental psychology, the sooner will they cure and hold their patients; the sooner will there be no necessity for such absurdities as Christian Science, advertising quacks and charlatanry in general; the sooner will medicine become an exact science, and the sooner will we have one grand school of medicine.

Some of the conclusions which may be drawn from the facts mentioned in the above article are:

That the vital force which heals a patient is within the patient himself.

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That the vital force is generated within the patient himself, by the digestion and assimilation of food.

That the amount of vital force generated depends on the quantity and quality of food introduced into the stomach.

That anything which will interfere with the necessary supply of properly selected food, or the digestion and assimilation of food, after it has been received by the stomach, will interfere with the generation of the vital healing power.

That the digestion may be retarded or completely stopped by certain mental states.

That the food supply should be regulated by a correct knowledge of the requirements of the body.

That knowledge is stored in the mind and that mind is created and influenced entirely by suggestion.

That the creation, expenditure and control of vital healing force are directly or indirectly dependent upon suggestion.

That if one would intelligently direct this healing force, he must have a thorough knowledge of the effects of suggestion. He must understand the simple means for ascertaining the individuality and suggestibility of his patient, so that he may determine in advance the mental and physical effect any given suggestion is likely to produce.

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SPECIAL MAIL COURSE

IN SUGGESTION.

BY HERBERT A. PARKYN, M. D., C. M.

PARTS IX, X, XI.

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PART IX.

A PHYSIOLOGICAL function is that mode of action or operation which is proper to any organ. In a human being are found a variety of functions which may be divided into three classes:

1. Functions of Nutrition, divisible into functions of absorption and metamorphosis, and comprising all those functions by which an organism is enabled to live, grow, and maintain its existence as an individual.

2. Functions of Reproduction, comprising all those functions whereby the perpetuation of the species is secured.

3. Functions of Relation or Correlation, comprising all those functions (such as sensation and bodily motion) whereby the outer world is brought into relation with the organism, and the organism, in turn, is enabled to act upon the outer world.

Since the very existence of a human being is dependent upon nutrition, it is obvious that the second and third classes just named are greatly dependent upon the first class. In fact, excepting traumatic causes, it is found that nearly every disordered function of these two last named classes is produced or aggravated, directly or indirectly, by disorders of the functions of organs controlling nutrition. The organs of nutrition, again, may be controlled by the third class through the influence of the mind.

It will be the object of this paper to show that thoughts, through the medium of the brain, affect the organs of nutrition; that, since the brain is unable to operate without nutrition, the thoughts of an individual depend somewhat upon nutrition; and that the thoughts of an individual may be so directed as to influence the organs of nutrition when the functions of these organs are not being properly carried on.

The cause of almost every human disease may be directly traced to troubles of the organs of nutrition. These troubles invariably commence in functional disorders, which, if not relieved, lead to organic changes in the affected organs—permanent injury to their functions resulting. No known treatment will restore an organ to its normal condition after structural changes have taken place; it is, therefore, important that the functional troubles in an organ should be recognized and corrected before structural changes develop.

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All normal functions should be performed unconsciously or carry pleasure with them as their psychical accompaniment. Therefore, should an individual become conscious of the operation of a function, which normally should be carried on unconsciously; or, should the action of a function which is normally associated with a sense of pleasure, become unpleasant, it is a warning that some functional derangement is present, and that measures should be taken at once to rectify the difficulty. Every function has its purpose, and when there is derangement of one function, it follows that other functions or organs become affected.

How many persons are there who can truthfully say they have no functional troubles? Thousands of individuals go for years complaining a little, now of one thing, again of another. They do not attach much importance to these little symptoms because they do not at once interfere with their duties. Sooner or later, however, serious troubles follow. The trouble may not develop for years, but it will sometime, and death before middle life generally results.

The organs of nutrition, the stomach, bowels, etc., are under the control of the sympathetic nervous system, and are connected by it, so that trouble in one of these organs is generally felt in the others.

The brain, through the spinal cord, has a great deal of control over the sympathetic nervous system, and we find that grief or worry interfere with digestion and assimilation. Should these conditions of grief and worry continue for an extended period, dyspepsia and constipation may result, and in this way nutrition may be greatly lowered.

Fright will sometimes almost instantaneously produce diarrhœa, or it may cause the face to blanch. Instances are not lacking where such a mental condition has caused death.

Nervousness, produced by a continual mental strain, may result in various forms of functional disorders, produce insomnia, loss of appetite, etc. Loss of appetite means ingestion of less food and, in consequence, interference with normal nutrition.

Functional disorders are also produced through improper eating and drinking, by neglect of hygiene, exposure to weather, etc.

I have had patients come to me with functional disorders,

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which they believed to be inherited, because their mothers or grandmothers had suffered similarly. The trouble complained of may have been dyspepsia, constipation, headache, painful menstruation, rheumatism, nervousness, insomnia, etc.—all functional troubles. Invariably I have had no trouble in removing them. The fact that these symptoms were removed proved that the trouble was not hereditary, and in every instance I have been able to trace the cause to habits of thought, or incorrect habits of living, and diet—sometimes both. Habits are sometimes handed down for generations, and the habits of eating and drinking may generally be traced to the mother's side, since she is the one who prepares the food. The members of families who are continually suffering from functional disorders generally die off before middle life. It is this fact which leads the members of such families to declare that they inherit an early death. They are invariably found to be suffering from malnutrition in some of its varied subtle forms. I notice that with the removal of the functional disorders all aches and pains leave them, and they grow strong and stout.

Every day operations are performed in our city for the removal of the whole or part of some of the internal organs of the body which have become diseased. What produced this condition of these organs? Does the operation remove the cause which produced the condition of disease in these organs? In every case the cause may be traced to the organs which generate and distribute nutrition; yet I have treated dozens of these sufferers after their operations, and invariably found that the prime cause —the functional disorders, had never been corrected. There are cases, however, where by good luck the patients pick up after their operations, and the reasons for this are given in an article in the August number of this magazine.

Painful menstruation, unless due to obstruction, is a functional trouble, and we find it is only a symptom of other functional troubles, which have to be removed before it will disappear. Unless the causes which produce it are removed, the patient will have more serious troubles later in life. I refer to such troubles as lacerations and a difficult time at an early menopause. Obstructed dysmenorrhea, due to displacements, is often pro-

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duced by lack of nutrition to the uterine supports. With improved nutrition I have seen even this symptom disappear.

The imperfect nutrition which follows disordered functions of the organs of nutrition affects the functions of the brain. The centres situated in the brain suffer. Memory, concentration, and reason are weakened, and in this state melancholia, delusions, manias, etc., frequently arise, and are not removed till proper nutrition is re-established.

A patient is not in perfect health while he has even a solitary functional disorder. Many patients say they never suffer from dyspepsia, but close questioning often reveals the fact that it is because they avoid certain articles of ordinary diet.

To correct a functional disorder one should possess a thorough knowledge of hygiene, physiology, and psychology. Every functional disorder may be relieved by purely natural means. I don't consider a patient well so long as he requires even a drop of medicine to regulate a function.

I pointed out that the organs can be controlled adversely by certain lines of thought. By understanding the suggestibility and personality of a patient, it is possible in every instance to produce by suggestion thoughts that will stimulate a disordered function, and with proper hygienic measures this mode of treatment is sufficient in every case.

From many years of constant experimenting with suggestive therapeutics, a system of suggestive treatment has been evolved, whereby any function of the body may with certainty be stimulated. This system of functional stimulation has been reduced to an exact science; there is no guess work. Having found a function of the body requiring stimulation, we are able to bring about the desired result. We have experimented with an organ at a time, until we are now enabled to obtain a ready response from all of them.

The rapidity with which any function returns to its normal activity depends not only upon the organ affected, but upon the amount of trouble there. From some organs we are able to get an immediate response and positive evidence that stimulation did commence at once; whereas, in others it may take a few

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days for the change to become evident. In every instance, however, a few days will suffice to prove that the suggestive treatment has had its effect.

Many functional troubles are being daily relieved by Christian Science. The Christian Scientists are curing cases which our physicians have been unable to relieve, and are performing these cures unconsciously and ignorantly by bringing about lines of thought which relieve the functional troubles. Some they are able to cure; others they are not able to cure. The reason for this is that a line of thought which will stimulate an organ in one person, may not in the least affect another, or because the trouble lies in the neglect of hygiene.

The suggestionist with a knowledge of physiology, on the other hand, understanding the cause of the trouble, is able to place the proper line of thought or knowledge in the mind of every patient, and thus produce the desired result in every case.

Constipation.

The majority of patients suffering from constipation will be found to be drinking too little fluid; others again may take too much. Sometimes it is produced by the patient having neglected to attend to the calls of nature. In the first case the lack of fluids stints all the secretions of the body, and the bile, which is the natural purgative, being also stinted, constipation results. In the second case, too much fluid causes an abnormal activity of the kidneys and the whole force of elimination seems to be drawn in that direction. In the third case, if the bowels are not emptied at the proper time, re-absorption of the fluid constituents of the fecal matter takes place and hardened stools are the result. If this condition is persisted in very long, obstinate constipation may result, followed by hemorrhoids, which the consequent straining at stool produces. Again, when nature's call is put off, the normal action of the sphincter-ani muscle is inhibited, and in place of relaxation, a voluntary contraction of this muscle takes place. Should this neglect become frequent, a chronic contraction of the sphincter muscle might ensue and insufficient relaxation at defecation follow, in

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which case the bowels would move but little, if at all, and then only under great difficulty.

To treat a case of constipation, place the patient in the reclining position; explain to him that it is necessary for a person in health to take from four to five pints of liquids in the twenty-four hours to keep up the secretions of the body; that you wish him to take this amount in small sips; that he should sip from fifty to one hundred times a day and at every sip he should think of what was said to him during his treatments and of the condition he desires to bring about. At every auto-suggestion the mind should be centered for a moment on the hour at which it is desirable the bowels should move, and the patient should keep the appointment at that hour, whether so inclined or not.

When these instructions are given, close the patient's eyes, use the long strokes and commence suggesting to him, over and over, exactly what he is to do and what you wish to bring about.

If there is a contracted sphincter muscle, get the patient to practice relaxing it by keeping the mind on it for a few moments at a time, and he should do this frequently. Sometimes it is a good plan for the patient to assist himself a little with his fingers. After commencing treatment, the patient should not take any drugs, for these only act by drawing fluids from the tissues of the body, while the proper treatment is to increase them. If the bowels do not move within two or three days, or if, for some reason, it is considered advisable to produce an immediate movement, use a glycerine suppository, or, that failing, an enema. If the patient is in the habit of taking a large enema, it should be stopped at once or cut in half each time until the bowel has regained its former tone. Use gentle manipulation over abdomen while giving suggestive treatment. The bowels usually move freely from the second day, although sometimes it is a week or more before marked results are obtained.

Diarrhœa.

The treatment of diarrhœa is exactly the same as that for

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constipation. This I know will seem funny to those who are accustomed to prescribing different drugs for the two complaints. However, a moment's reflection will show clearly that disease is an abnormal condition, and all any physician can do is to get his patient into a normal condition.

The average sufferer from chronic diarrhœa takes too little fluid, so that undigested food is found in the bowels, because the secretions which should digest it are stinted. The undigested food, acting as an irritant, produces diarrhœa. Sometimes it is best for the patient to eat moderately for a day or two after commencing treatment; and during this time as much rest as possible should be taken.

Dyspepsia.

Put the patient on the "sipping and thinking treatment," as in treatment for constipation. Then proceed during suggestive treatment to get rid of any worry, fears, or other unfavorable mental conditions. To do this, don't tell a patient that he won't worry, or that he has no fears, etc.; but suggest happy thoughts and the brightest side of everything. In fact, do everything to stimulate him mentally—lift him out of himself. This in itself will often cure dyspepsia, and when you get the constant thought action on the part of the patient himself, recovery is usually rapid. Sometimes it is necessary for the patient to eat lightly for a few days, to give the stomach a chance to recuperate; after that he may commence to increase the amount of food at each meal until he is eating heartily.

See that the patient does not eat too much of one sort of food; that his teeth are in good order, and that he masticates everything thoroughly. He may sip his fluids while eating.

Dysmenorrhœa. (Painful menstration.)

This trouble is universally a concomitant of constipation, and the treatment of one is the treatment of the other; the only variation being in the actual suggestions given. Dysmenorrhœa may be well called a constipation of the uterus. With an increase in the fluids and in the general nutrition of the patient, the trouble usually disappears in from one to two months and the patient should be under treatment for this

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length of time. The nutrition should be worked up. To do this, keep suggesting hunger, appetite, etc., and instruct the patient to eat whether hungry or not. Obstructive dysmenorrhœa is a much rarer condition than usually supposed, besides the improvement in nutrition will generally rectify a malposition as we shall learn later.

Amenorrhœa. (Delayed or absent menstruation.)

Get the patient's attention riveted on the day that menstruation is normally due, then increase nutrition by running up fluids and food, using suggestion constantly. These patients, as a rule, are bloodless, and the indications for treatment are very plain. Results are often rapid but sometimes it takes several months to get the patient built up.

In the treatment of all functional diseases I make a practice of lowering the head a little for at least five minutes, during which time I keep up the suggestion and massage the neck and head. This increases the circulation in the brain and all the centers there being stimulated, the brain impulses become stronger.

The student is advised to commence his suggestive treatment on simple complaints at first; I mean such troubles as constipation and dyspepsia. The success he will meet with in handling these troubles is certain to stimulate him to treat more complicated cases. The practice of medicine resolves itself into the treatment of functional troubles as we shall clearly discover in treating the different diseases.

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There are a number of diseases encountered by the physician which are generally considered incurable. Whenever a cure of one of these diseases is reported, there is always a suspicion that an incorrect diagnosis has been made and that the disease cured was not actually one of the incurables. We frequently hear of marvelous cures of these diseases being made by Christian Science, Divine Healing, electricity, etc., but frequently the diagnosis of the trouble has been made by an incapable physician, or by the healer, and oftener by the patient himself.

Occasionally a patient will present himself at the clinic, and, when asked of what he is complaining, will say that he knows he is afflicted with a certain disease, and is sure of it, because his symptoms are similar to those of some friend, or because he has read up his symptoms in some medical book, or patent medicine pamphlet.

Such a patient came to the clinic a short time ago and said that she had Bright's disease. On being asked her reasons for thinking so, she replied that her father had died of that disease, and she was satisfied that her symptoms were similar to his. The patient was unquestionably in poor health, but on examination of the urine, no indication of Bright's disease was found, and after a month's treatment this patient was dismissed in perfect health.

Another patient said that she had an ovarian tumor, and that two of the best doctors in her town of fifteen thousand inhabitants had suggested an operation. The tumor disappeared at once after her first treatment here, and the most rigid examination failed to locate it. This was undoubtedly a "phantom tumor," and the condition is considered a rare one, although I do not doubt that many of the tumors cured by healers are of this nature, and that it is not such a rare condition as is generally supposed.

Now these are two instances in which a diagnosis has been made of diseases which are supposed to be incurable. As a matter of fact, the patients were not suffering from these diseases at all. Had these patients consulted a mental healer, or any other charlatan who accepts the diagnosis his patients bring

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to him, they would probably have been cured, and the healer would have had the credit of "curing an incurable disease."

Without doubt, many apparently wonderful cures have resulted from an incorrect diagnosis, and in reporting the following case, which has several times been diagnosed as locomotor ataxia, I shall simply give the symptoms, treatment and results, and will leave the reader to draw his own conclusions This patient had all the symptoms of locomotor ataxia, but when his treatment was finished he appeared perfectly sound.

Locomotor ataxia is considered incurable by our best authorities, and although they mention the fact that cures of this disease have been made, yet they advise that the diagnosis of a case in which a cure is reported should be looked upon with suspicion.

A patient was brought here for treatment by his physician, who said that as the patient had undergone extended treatment with well-known specialists, both in New York and Chicago, he did not feel justified in taking him for further private treatment and so had recommended suggestion. After examining the patient, I also said that I should not feel justified in asking the patient to take further private treatment, but that we would do our best for him if he would attend the clinic. This was agreed to, and the following history is taken from the clinical reports:

U. E. A., broker, age 50, married, complained that eight years ago he had contracted a slight attack of syphilis which he believed had been cured by medicine. Four years later he had his collar bone broken in a street car accident, and it was set with plaster of paris bandages which were kept on for six weeks. When these were taken off, the skin was very sensitive, and the bones seemed sore. He then commenced to suffer from severe pains which shot down the lower limbs and were followed a little later by a binding feeling around the chest and upper part of lower limbs. At this time there were marked changes in sensation in the feet, and the skin over the whole body and especially the chest was very sensitive, so much so that he was unable to wear woolen underclothing, and

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was conscious of this sensation all the time, under any circumstances.

The next thing noticed by the patient was difficulty in coordinating the muscles of the lower limbs, great difficulty being experienced in walking, especially in going up or down stairs in the dark. After this the "knee jerk" entirely disappeared, the binding and pains became more severe, and vision was slightly affected. All this time the patient had been taking treatment, and had undergone among other things several months of "suspension treatment."

The patient had all these symptoms when he came here for treatment on December 28th, 1897, and was using cocaine injections to control the pain in the legs. We found the knee jerk and other reflexes of the lower limbs abolished; the patient was emaciated, anæmic, dyspeptic, constipated and suffered greatly from exhaustion and insomnia. The weight was 127 pounds, and the pulse was weak and compressible, registering sixty beats to the minute. There was also loss of memory and inability to concentrate the attention, and the patient had given up all business pursuits in his search for health.

The patient was a reasoning individual, and not at all amenable to positive suggestion, so we determined to use a line of argument with him which would build up his hope and thereby give us a chance to hold him for a length of time for suggestive treatment. We pointed out that the tendency of nature is to repair; that when the circulation was in good condition and he was thoroughly nourished, he would grow stronger and heavier; that as the tissues were built up in a severed nerve, so the tendency would be for nature to form healthy tissue to replace the diseased or destroyed parts of the spinal cord. He said he believed this, but that he was afraid that his disease would prevent the building-up process. He was told that if he would come regularly for treatment he would be certain to gain; and a promise was exacted that he should come regularly for a month.

Our whole attention was then directed to getting the stom-

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ach and bowels in good order and relieving by suggestion, as much as possible, the pains and binding.

From the first treatment the patient commenced to improve. On the third day the bowels moved without any assistance, and have continued in this way. The patient started in at once to sleep every night; digestion and assimilation became perfect, and in two months the weight had increased to 138 pounds—a gain of eleven pounds. The injections of cocaine were stopped at once, and have not been found necessary since; for the pains left within the first two weeks and the binding grew less and less till he would go for days without feeling it in the slightest. During treatment one morning of the third week, the patient volunteered the statement that he was able to run up and downstairs in the dark without any trouble. Co-ordination improved rapidly and one morning, in the sixth week of treatment, I wished to demonstrate to the students the absence of the knee jerk, when, much to my surprise and amazement, we found it had returned, and from that time it improved. The knee jerk had been absent for three years.

It is now five months since the first treatment was given, and the patient is in such splendid health that it has not been considered necessary to treat him for the past two months, and he has gone into business again. Not one drop of medicine was administered to this patient.

In locomotor ataxia, there are always present a number of functional troubles. The patient is invariably run down, frequently anæmic. The treatment resolves itself into the treatment of functional troubles, for with the relief of these in the organs of nutrition, the tendency is for repair to increase all over the body. This is all that can be done in any case. I have found the treatment of the average case of this trouble unsatisfactory, so far as great progress is concerned, although much may be accomplished in the way of making the patient more comfortable in mind and relieving many physical annoyances.

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PART XI.

TO treat any disease intelligently or to regulate any disordered function of the body, it is necessary that one should thoroughly understand the conditions and phenomena found in the healthy human being. Therefore, before attempting to diagnose or treat the "insomnia habit," it would be advisable to give a few moments' study to the phenomena of natural sleep.

Each part of the body which is the seat of active change requires a period of rest. The alternation of work and rest is a necessary condition of their maintenance and of the healthy performance of their functions. These periods of alternation differ much in duration in different cases. In the case of the heart, the periods of rest and work each occupy about half a second; the muscles of respiration require on an average four or five times that period of rest. Although during active exertion of the voluntary muscles, periods of rest are taken very frequently, still, the expenditure being far in excess of the repair, it is necessary that a number of hours should be spent in rest; although the perfect rhythm as to time is not an essential, as in the case of the muscles of circulation and respiration.

It is self-evident that short conditions of consciousness and unconsciousness would be impossible in the case of the brain, so that rest to the brain must occur at longer intervals, and should be proportionately long to the periods of activity. This condition of rest to the brain is known to us as sleep; and the phenomenon is a perfect example of what occurs at varying intervals in every working portion of our bodies.

Sleep then may be said to be a normal condition of the body, occurring periodically, in which there is a greater or lesser degree of unconsciousness, due to inactivity of the nervous system, and more especially of the brain and spinal cord. It may be regarded as the condition of rest of the nervous system, during which there is a renewal of the energy that has been

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expended in the hours of wakefulness. As a rule a man requires seven or eight hours' sleep, while a boy of fifteen should have nine or ten hours. A child five or six years old should spend half of the twenty-four hours of each day in sleeping. In order that the brain may not, at any time, be overworked, it is advisable to sleep at regular intervals.

It was the popular belief at one time that during natural sleep the brain was in a congested condition. Physiological research, however, has now clearly demonstrated that during natural sleep there is a marked diminution in the quantity of blood supplied to the brain.

This fact has been demonstrated in several ways,—one by exposing at a circumscribed spot the surface of the brain of living animals. Durham protected this exposed part by a watch crystal and was able to prove that the brain becomes visibly paler during sleep. It has also been shown that the optic disc becomes paler during sleep.

If the head of an infant be examined while he is awake, the brain may be seen to pulsate and the pulsation over the fontanels may be distinctly felt with the fingers, whereas if the same child be examined during sleep, the pulsations will scarcely be apparent to the eye and a marked reduction in the volume will be evident to the sense of touch.

The amount of blood supplied to any part of the healthy human body is regulated by the activity of that part. This is a wise provision of nature and in no organ of the body do we see this law exemplified better than in the brain. The more active the mind—the greater is the quantity of blood supplied to the brain. The converse is also true, for, in the same degree in which the blood leaves the brain is the activity of the mind decreased; so that during the interval preceding death from hemorrhage, one passes through a variety of mental conditions, commencing with slight dizziness or drowsiness and ending in coma. During natural sleep, therefore, blood is supplied to the brain for at least two distinct purposes.

1st. For the sake of nutrition to the organ itself.

2nd. To carry supplies of potential or active energy, which may be changed by the corpuscles of brain into manifestations of nerve force.

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During sleep blood is required by the brain for nutrition only, and any increase above the demands of nutrition would not only be useless, but positively a detriment, by keeping the brain cells in a state of activity when they should be at rest.

All animals, including man, become drowsy after eating a hearty meal, owing to the activity of the stomach during digestion, which necessitates an increase of the blood supply to that organ at the expense of other parts. Through the force of gravity, one of the first places drawn upon for blood is the head; the conscious mind becomes inactive, and there is a corresponding diminution in the quantity of blood supplied to the head.

There are many things which may interfere with natural sleep and which, if not promptly attended to, may result in insomnia. No one, unless he has suffered from this condition, can conceive its horrors. There are few of us who have not stayed awake for several hours at least one night in our lives; but fancy this condition lasting all night, night after night, even for weeks, interrupted only by mere snatches of sleep. The suffering from insomnia is horrible, and if not relieved, unfits the sufferer for all social and business duties, and usually results in nervous prostration,—or still worse,—insanity.

Insomnia is frequently a serious condition, and one which gives much trouble to the average physician. It may be that the patient feels no inclination to sleep; or that the desire for rest is actually experienced, and may even be urgent, but there is a dread of going to sleep; or slumber is very restless and much disturbed; perhaps only uneasy dozes of short duration being obtained, from which the patient wakes up in a state of agitation or terror. In times past, forcible prevention of sleep was resorted to as a means of torture. It is true that under certain circumstances many individuals can do with very little sleep for a considerable period. The law of compensation is inexorable and sooner or later these individuals have to make up for the loss of sleep or suffer the consequences.

The treatment of insomnia resolves itself into a search for the cause. It is the chief object of this article to point out that there is such a thing as the "insomnia habit," and to give a line of treatment which may successfully overcome this heretofore obstinate condition.

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Before a case can be diagnosed as one of "insomnia habit" it is necessary to be certain that no pain or cerebral lesion exists, that the functions of nutrition and elimination are in perfect order, and that every apparent cause is removed. Should pain be present, the sleeplessness will generally be found to disappear with the relief of that condition. Too much attention cannot be given to the search for functional troubles. The insomnia of the nervous prostrate and other poorly nourished individuals has been found to disappear as soon as nutrition was sufficiently established. · As a rule where there is poor nutrition there is poor elimination, and the waste products of the body, if retained, will often act as cerebral stimulants. Apparently healthy individuals often suffer from imperfect elimination, and many cases of insomnia have been relieved in this class of individuals the moment the waste products have found free exit.

Idleness during the day is a frequent cause for sleeplessness at night. Men on retiring from active business lives often suffer from sleeplessness. The law of compensation is no doubt accountable for this, for nature seems to demand so much work for so much sleep. Active employment for mind and body will generally relieve this form of insomnia.

Mental conditions, such as worry or grief, are frequently active causes of sleeplessness, for, by keeping the cells of the brain in action, too much blood is retained in the head to permit of sound sleep.

It has been said that we are all creatures of habit; but the only means by which a habit is formed is repetition. If day by day we go to bed or arise at certain hours, we soon begin to feel drowsy at the proper time every evening and will awake within a few minutes of the regular hour every morning, no alarm clock being necessary.

Habits of diet are formed in this way, and so, also, is the "insomnia habit." Careful inquiry of sufferers from the latter trouble will in almost every instance reveal the fact that at some previous period the patient was compelled to stay awake every night at a regular hour, until he firmly believed he could not sleep again, even after the exciting cause had been removed. The exciting cause in the first place may have been due to pain,

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environment, digestive disturbances, grief, worry or any other mental or physical disorder, which for a certain period, kept the mind active.

By taking into consideration the physiology of sleep the treatment of the "insomnia habit" is clearly indicated. Resort to any means which will draw the blood from the head regularly each night, and assist this by making the mind as inactive as possible. It is necessary to secure the intelligent co-operation of the patient, and to this end explain to him carefully the objects you wish to accomplish.

There are many ways by which the blood supply may be lessened. One of the simplest is to partake of a light supper just before going to bed. Tea, coffee and alcoholic stimulants had better be dispensed with entirely,—especially at or after the evening meal. Attention to the condition of the bedroom will often prove of much service. The apartment must be properly ventilated and the bed have a firm mattress and pillows, without too much bed covering.

Exercise is also an important agent, for the increased activity of the muscles necessitates freer circulation through them to remove the waste products formed there. Hot water applied to the lower extremities is valuable, but not nearly so effective as cold. In using this method the patient is instructed to prepare for bed, then, having rolled his night gown up under his arms, to sit in a bath of very cold water for not more than an instant, and then to spring into bed without drying. In a few moments the limbs begin to glow and sleep ensues. This method should be employed judiciously with weak patients or women, for with the latter it frequently starts menstruation before it is normally due.

Frequently a patient is instructed to put out his light, and then with closed eyes to stand beside his bed for five to twenty minutes; at the same time swaying his body and head around or swinging his arms slowly back and forth by his sides, until he feels that it would be a relief to lie down. The patient should sleep with his head high.

A number of cases have been successfully treated by inducing the patient to break all his regular habits; getting him to eat and sleep at irregular hours, keeping this up for a week or two.

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To control the mental activity it is invariably best to resort to suggestion. First get the patient to relax and to assume the suggestive condition. Then suggest very positively that he must sleep at a certain hour, and that, at that particular hour each night his mind will quiet down. Besides this, it is necessary to instruct the patient in the principles of self-control and particularly the control of the attention and means by which he may overcome worry, grief or any other conditions which may have produced the brain activity at night.

Get the patient to relax himself a number of times each day, especially after meals, and while in this condition to think seriously of the exact hour at which he intends to go to bed that evening, as well as the precise length of time he wishes to sleep. In this way the expectant attention is kept active. This is the same mental force which we all unconsciously employ to arouse ourselves, when necessary, at any desired hour.

The average length of time necessary to effect a cure under suggestive treatment is from one to three weeks, and the patient, besides receiving suggestive treatment daily, should be taught the use of auto-suggestion.

These few ideas may prove of some service to those who read them. The treatment should not be confined to any one method, for it is best to use the various ways mentioned in combination; with judgment in their selection While the methods of treatment outlined are intended to overcome the "insomnia habit" alone, nevertheless most of them will be found to assist in the treatment of insomnia, no matter what the cause.

Narcotics of various sorts are almost universally recommended in insomnia, and of course will almost all produce sleep if taken in sufficient doses. However, the damage they do is greater than the good. In times of mental distress the temptation to resort to them may be great, but their uses at such times is apt to lead to drug habits, with all their accompanying evils and dangers. Even the worst mental conditions can be overcome swiftly and surely by the use of directed suggestion; and the object of this paper is to point out the treatment of "insomnia habit" by natural methods.

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SPECIAL MAIL COURSE

IN SUGGESTION.

BY HERBERT A. PARKYN, M. D., C. M.

PARTS XII, XIII, XIV. XV, XVI, XVII.

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The symptoms of the various diseases will not be given in this course. These may be obtained from any work on practice of medicine. We have simply to deal with the suggestive treatment of disease. Medicines may be of great use in many instances, but since this is a course in the treatment of disease by natural methods, we shall confine ourselves to suggestion and give accounts of cases which have been treated by suggestion alone. The true physician, however, is the man who is not bound to any school or theory, but employs any agent which is likely to benefit his patients, no matter if it be Christian Science or Croton oil.

CHOREA (St. Vitus's Dance)—No treatment works so well in all stages of this disease as suggestion and we have obtained a great many satisfactory results in the treatment of this complaint.

In the first place, all authorities are unanimous in declaring that sufferers from this complaint invariably have a number of functional troubles and that the organs of nutrition are always out of order.

I have never seen a case of congenital chorea benefited in the least, but much may be done for other cases, especially for those which are due simply to a habit of motion which has been formed by imitation, or which has remained after the exciting cause has been removed.

Use suggestion in the first place to overcome any functional disorders in the organs of nutrition; then endeavor to quiet the patient once or twice a day, giving suggestions of relaxation. Teach him to control nervousness or excitement by using auto-suggestion. Sometimes good results in these cases are obtained very quickly, while again the treatment may have to be kept up for several months. However, the results to be had in the end will fully repay the physician for every moment spent on this treatment.

The patient should partake of an all-around diet and not limit

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himself to one class of foods. I sometimes fancy that when these patients have lived for a long time on a one-sided diet that improportionate development may take place between the brain and the skull. This would certainly account for the absence of pathological lesions and the fact that the least increase in the blood supply to the brain increases the activity of the groups of muscles affected. During sleep, when there is a reduction of the blood supply to the brain, and the pressure inside the skull is diminished, all symptoms of choreic movements are generally absent; but they return the instant the circulation returns to the brain and are increased under excitement, for anything exciting causes marked increase in the blood supply to the brain. Choreic habits of motion must be treated as habits. (See part devoted to habits.)

ASTHMA.—Provided there are no complications, suggestion will be found to work admirably in the treatment of this disease. In fact, the majority of such cases are cured by it. The attention must first be directed to overcoming the functional troubles which are always present, especially those of the stomach and bowels. As soon as the organs of nutrition commence to work, the patient begins to gain in every way and the nervousness, which in itself often induces the attack, will disappear. Suggestions should be directed to overcoming the usual attack and producing unbroken sleep. The lowering of the head during treatment will be found very beneficial. Even the paroxysm itself may be cut short if suggestions are properly applied.

No two cases of asthma are identical and the suggestive treatment should be varied to suit each case. I will give in detail the treatment of two cases, and from these the student will be able to form a general idea of the methods we adopt in treating this complaint.

I was called one evening to see a young woman, thirty-two years of age, who was suffering from a severe paroxysm of asthma. The patient had been a constant sufferer from the trouble for fifteen years. When first taken sick a diagnosis of consump-



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tion had been made, but in late years, the microscope having been brought into use to determine the presence or absence of this complaint, the diagnosis was changed to asthma. When I saw the patient she had just returned from a southern climate where she had spent a number of years without obtaining relief. I found her in a sitting posture, propped up in bed with pillows, gasping for breath. Her lips were blue and hands and feet cold. The paroxysm had been on for several hours and she had not taken any nutrition since early morning. It was impossible for the patient to speak to me above a whisper, and then only with great difficulty, for she was almost completely exhausted and very nervous.

I immediately sat down by the bed and took one of her hands in mine and said, "I have been brought here to relieve you of your present condition and I expect to have you breathing freely in a few minutes. I will not ask you any questions now; all I ask of you is to do your best to keep your mind for a few minutes on what I say to you. Close your eyes. In a few minutes you will feel a sensation of relaxation coming all over you and the breathing will grow long and deep. I will proceed to rub your chest all over and as I do this the breathing will grow freer and freer." Just here, suiting the action to the word, I commenced to rub vigorously the chest and back over the lungs, at the same time suggesting that the lungs were growing freer and freer and the breathing longer and deeper; that the nervousness, fear and apprehensions were all departing and that she was actually growing sleepy; that she required sleep and nourishment and in a few minutes would be breathing freely enough to take some broth, after which sleep would ensue.

After ten minutes' rubbing and suggestive treatment along the line just indicated, I had the pleasure of seeing the patient breathing much easier and the general circulation improved. I then suggested that when the breathing grew easier we would take the pillows away, one at a time, until she was lying flat on her back. The first pillow was taken away and the pa-

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tient was gradually forced backwards until she rested on the next one. The suggestions of "free breathing," "sleep," "hunger," etc., were kept up all the time, and when the patient was resting nicely on the second pillow some well seasoned hot beef broth was given her to drink. After waiting a few minutes I proceeded to get away the other pillows also, and inside of twenty minutes had the patient sound asleep, lying down. She slept for two hours, at the end of which time more nutrition was given and she dropped to sleep again. For the next twenty-four hours the patient was given nutrition every two hours.

I treated the patient twice a day for two weeks, directing the suggestions to the overcoming of constipation, dyspepsia, insomnia and loss of appetite. She commenced at once to pick up and after the first treatment no signs of the asthma returned. Every function in the body was righted and in two months the patient gained twenty pounds in weight. It is now three years since she has had an attack of asthma, and I attribute the perfect recovery to overcoming the functional troubles from which she had suffered all her life.

The other case is that of a young man aged twenty-three, who had suffered off and on since his fifteenth year from severe attacks of asthma. Preceding the attacks he was always bilious, constipated and suffered severely with dyspepsia. The patient never drank more than a pint and a half of fluids in the day, so that when I put him on the "sipping and thinking" treatment, his bowels and stomach commenced to perform their functions properly for the first time in years. Along with the suggestive treatment we used some manipulations which will be found beneficial to any case of asthma, no matter what the cause. The manipulations consist of lifting up the first four ribs with pressure from behind while the arms are extended above the head. This may also be accomplished by having the patient sit in a chair while the knee of the operator is placed in between the shoulder blades. Then the patient's arms should be pulled back gently and extended over the head.

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These manipulations tend to straighten up the patient, increase his chest expansion and relieve any possible pressure on the pneumogastric nerve. One month of such vigorous treatment accompanied by the relief of all functional troubles in the organs of nutrition was sufficient to work a complete cure in this young man's case.

EPILEPSY:—While I have seen a number of cases of so-called hystero-epilepsy perfectly cured by suggestion, still I have never known genuine epilepsy to be completely cured by suggestive treatment, or for that matter by any other treatment.

Much may be done, though, for these sufferers by extending the period between the attacks, making the attacks lighter and enabling the patient to place himself out of danger by increasing the length of time between the premonitory symptoms and the attack proper. There are always functional troubles to be rectified in these cases, particularly those of nutrition and elimination. When digestion, assimilation and elimination have been stimulated, the attacks will lessen in frequency and severity and the mental condition of the patient will improve correspondingly.

Most of the patients live in dread of the impending attack and this condition of mind is in itself sufficient to induce the attack occasionally.

Should an epileptic be found to be highly suggestible it is more than probable that the most of his attacks are of an hysterical type. In fact, all hystero-epileptics are highly suggestible; the majority of them being somnambulists.

The suggestions given to these patients must be varied to suit their individual requirements. The head should be lowered and thoroughly manipulated each day. Most of these patients take too little fluids.

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PART XIII.

HAVE you ever noticed, when spending a holiday at the sea-side or some summer resort, that the number of married women registered as guests is always absurdly in excess of the number of married men?

Perhaps, this fact has forced itself upon your consciousness before; but I don't believe that many have investigated, or even given more than a passing thought to the cause of this discrepancy. If you have not, and are unfavorably affected when your emotions are aroused, I advise you to avoid such investigation, for, from the beginning it will reveal some of the terrible tragedies which are unceasingly, though unconsciously, being enacted daily in every civilized town and city on the face of the globe.

Many of these tragedies are the result of circumstances of such a nature as would thoroughly arouse the sympathy and charity in the hardest hearts, could they be followed in their development.

In order to thoroughly appreciate these tragedies, it would be necessary to watch them in their actual development; for even the best representations on the dramatic stage convey no hint of the circumstances and situations, as they actually occur; neither has the pen been wielded which has made more than a faint attempt to describe them.

A search for the existence of this curious phenomenon will reveal the fact that it is always in evidence.

In attempting to investigate the cause of this phenomenon the following questions are among the first which present themselves.

How many of the women at these summer resorts are



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widows supported by the money obtained from the insurance on their husbands' lives—lives spent and ended in a constant struggle to provide luxuries for wife and children? How many of these widows are supported by money left to them by husbands whose early death can be traced to the strain and worry encountered while attending to the business from which the money was saved? Where are the absent husbands of the women who are not widows? Should not the husband take a vacation with his wife and children? What state of health is likely to be developed in men, who, year in, year out, are obliged to stick to business uninterruptedly, in the vain hope of reaching a position sometime, when they may take a holiday, with sufficient money on hand to make things enjoyable and interesting? How many of the men who confine themselves wholly to the business of making a fortune, live more than a few years to enjoy it? How many of these unattended women look forward longingly and impatiently each year to the time when their summer outing begins; so that during that period of the year, at least, they may receive and enjoy the many little attentions denied at home? Is such a woman married to a man who has become a mental and physical wreck through the absorption of his energies by business and whose mind is so deeply engrossed that the little attentions which he formerly lavished on his wife, are wholly neglected?

It is my firm belief that before many years have elapsed, thorough instruction in anatomy, physiology, psychology, hygiene, the laws of nature and their recognized requirements, will not only be made compulsory, but will become the most important branches in the education of every child. Crass ignorance of these studies in general, and of the requirements and the operation of the law of compensation in particular, produces ninety-nine out of every hundred ailments from which the human race suffers.

This being a fact, it is evident that an intelligent application of the knowledge of these subjects would almost annihilate disease, and bring about and maintain a condition of perfect health.

The general ignorance of a few simple and fundamental

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rules of health, which may be learned in a short time, is responsible for most of the diseases in existence.

It is the constant although unconscious violation of these simple rules of health which is making physical and mental wrecks of a large number of our young business men, before they attain the age of forty; and is hurrying many of them to their graves before they reach the age of fifty.

Every issue of our daily papers contains accounts of suicides of men, who, although surrounded by every material want, kill themselves rather than continue to live without health.

Many of these suicides are worth millions of dollars in money; but are bankrupts in physical health. During the years of excitement spent in the accumulating of gold, they have expended more energy each day than they have generated; hence the collapse. The law of compensation had been violated; and it is inexorable. Owing to the intense concentration of the attention, night and day, on business affairs, or to ignorance of the early symptoms of failing health, a victim of this kind is not conscions of the constant dwindling away of his vital forcc; the loss of which means the loss of life itself.

Women are great sufferers from nervous prostration, and as a rule there is little sympathy extended to them under these conditions. The majority of them are unjustly relegated to the class known as hypochondriacs. In women the symptoms of nervous prostration are identical with those found in men, although the causes which produce it may be different.

Anything which will produce this complaint in men will also develop it in women, but the latter fall victims to this disease from such causes as prolonged nursing, sedentary living, care of children, overwork, worry, grief, etc.

Every spring brings forth its harvest of nervous prostrates from the society women of our large cities. The whole winter having been spent in a whirl of pleasure, night and day, spring invariably finds their vital force exhausted.

So gradually may the reduction of the vital force be carried on that many years frequently pass before its loss is actually noticed. Frequently the loss remains unobserved until



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some special mental or physical effort is attempted; at which time the attempt may be a failure, or if successful, may afterwards result in the complete prostration of the individual.

Sometimes the loss of vital force is not recognized, or if recognized, is not properly checked until nervous prostration lays its iron hand on its victim, often for life—a punishment for the persistent violation of the law of compensation.

From the moment the expenditure of a man's vital force is in excess of the amount generated, he is open to the inroads of diseases of every description. Although, occasionally, such a patient, by good luck alone, reaches the advanced condition of genuine nervous prostration, without contracting any serious diseases, still, in the vast majority of these victims, some disease or other generally makes its appearance before the state of complete nervous prostration is reached.

If during the treatment of a disease in one of these patients the loss of vital force is checked, the disease will rapidly disappear and the patient may afterward enjoy better health than at any time previous to his sickness.

This marked improvement in health after disease may often be noticed in patients who have passed safely through an attact of typhoid fever. However, should the loss of vital force in a patient suffering from disease remain unchecked, the disease generally proves fatal, or should the patient not immediately succumb, he is left a victim to nervous prostration with all its attendant horrors,—horrors to escape from which men frequently take their own lives, notwithstanding the fact that it is the belief not only of their own religion but of almost every other religion on the face of the globe, that such an act has a detrimental influence in determining the relative status a man's soul shall merit in the future life.

While the sufferings of a patient with a severe attack of nervous prostration may sometimes be equaled by other troubles, still I doubt if they are ever excelled in severity

The early symptoms of this disease are the symptoms which accompany loss of vital force.

In an article * in the August number of this magazine, it

*Therapeutic Suggestion: What is it?

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was pointed out that the blood is the healing agent which conveys vital force to all parts of the body; that lack of blood means lack of vital force and that the amount of blood in the body depends upon the amount of food digested and assimilated.

The vital force in a man may be greatly lowered in several ways—for example: by direct loss of pure blood from hemorrhage; by any mental or physical condition which will interfere with the appetite or with the digestion and assimilation of food; by expending an amount of energy in excess of the amount generated; and by anything which prevents the free access of good air to the lungs.

Mental worry, emotion, excesses of all kinds, diseases, alcohol, tobacco, insomnia, fear, anxiety, etc., are all causes of loss of vital force.

If an opportunity were afforded us to watch the development and progress of nervous prostration in a patient, we might first discover that for some reason the patient was not eating as heartily as usual; or possibly that some slight stomach trouble existed. These symptoms might be preceded or immediately followed by an attack of constipation. Unless checked at this stage the disease progresses and the patient begins to feel tired all the time, and is inclined to shun all work requiring effort. Biliousness may show itself at this juncture and hemorrhoids also frequently develop unless the constipation is relieved.

In the female, menstruation is sometimes found to disappear completely about this stage, or, if present, it may be irregular or scanty and almost without exception is accompanied by pain.

The next change noticed would probably be marked dryness of the skin which grows loose from the loss of adipose tissue.

The pulse generally grows more rapid as the disease progresses although there are exceptions to this rule, for in some cases the number of the pulse beats is found greatly below normal, and in others, the heart may beat with normal regularity till severe prostration develops.

The colorless cheeks and chronically cold hands and feet of the patient should next attract attention. The presence of this symptom, accompanied by a marked reduction in the calibre of the blood vessels, indicates a reduction in the amount of blood in the body.

With the marked lessening of the amount of blood in the

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body some interesting facts may be gathered from the resulting symptoms. The force of gravity will be found to be an active agent in the progress of this disease throughout its whole course, and its influence becomes very apparent in a depleted patient.

Being the highest portion of the body, the head is the first extremity to feel the effects of any marked loss of blood.

In forcing blood to the head, the heart has always to overcome the resistance of gravity, hence, when there is loss of blood the symptoms first develop in the head.

No organ of the body can perform its functions properly when the amount of blood supplied to it is insufficient, and we find, when the blood supply to the brain is not up to the normal standard, that brain functions are interfered with to a degree corresponding to the reduction in the circulation.

Since the amount of blood normally supplied to the brain is lessened in nervous prostration, we find that the memory fails and the ability to concentrate the attention disappears. The reasoning power becomes weakened and the steadiest mind commences to vacillate. Fears and hallucinations of every description may fill the mind of a patient at this stage, and every impression he receives is likely to be greatly distorted or misconstrued. Melancholia with a constant fear of impending danger is often present. In fact, the brain seems to lose even the power to control its functions, and the mind becomes active day and night. If the patient does not obtain relief at this stage, insanity may soon follow unless death from exhaustion kindly intervenes.

The reduction of the nutrition to the brain lessens the activity of all the cerebral centers also, and digestion becomes markedly impaired, thereby weakening the organ itself upon which the supply of vital force depends.

From the general condition of malnutrition present in nervous prostration, the tissues of the whole body become weakened, and commonly the following symptoms are found: prolapsus uteri, neuralgia in various parts of the body, troubles with the senses of hearing and sight, rheumatism, constant desire to sleep or insomnia, intense headaches, etc.

The ordinary treatment of nervous prostration consists in ordering the patient to take perfect rest for not less than a year, at some quiet resort; observing certain diet restrictions. Besides, medicines may also be prescribed. There are fifty different drugs

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recommended for this trouble, the majority of which are used to control the symptoms instead of the cause of the symptoms.

It is rarely that a patient is cured by ordinary treatments, even if the means of carrying them out are at hand. Nervous prostration has always been considered one of the most difficult troubles the physician is called upon to treat, but the gratifying results obtained from a series of exhaustive experiments of directed suggestion have forced us to believe that at last we have discovered a swift and certain cure for this terrible complaint. By stimulating directly the circulation to the brain, and using directed suggestion to arouse the remnent of vital force, we soon get the stomach and bowels working perfectly, and once digestion and assimilation are established it is simply a matter of time until complete repair of mind and body takes place.

During suggestive treatment the patient is always at ease, and the hope which invariably arises after one or two treatments, becomes a powerful stimulant to promote health. By suggestion, every function of the body may be regulated without a drop of medicine; the patient soon begins to sleep soundly every night.

In the past eighteen months we have not seen a case of nervous prostration which has not been cured in a few weeks when suggestion was properly used. Appended is a report of sixteen consecutive cases successfully treated at the Chicago School of Psychology within a short time, and without a failure.

Name	Age	Time disease existed	Increase in wt. in pounds	Length of treatment	Result
K. D. W.	46	20 years	12 pounds	1 month	cured
L. M.	23	8 "	14 "	1 "	"
C. T.	30	2 "	9 "	3 weeks	"
F. B. T.	51	3 "	12 "	6 "	"
W. M.	47	5 "	6 "	1 month	"
Miss M. B.	34	2 "	12 "	1 "	"
" M. C.	23	3 "	8 "	1 "	"
" W. N.	33	4 "	8 "	1 "	"
" H.	30	1 year	14 "	2 months	"
Mrs. S.	24	2 years	7 "	1 month	"
" G.	43	3 "	10 "	2 months	"
" W.	43	6 "	18 "	1 month	"
" J. C. N.	57	2 "	7 "	1 "	"
D. R. G. *	37	4 "	23 "	1 "	"
C. S.	44	5 "	15 "	2 months	"
P. T. C.	55	18 "	8 "	1 month	"

*Gained 12 lbs. first week of treatment.

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PART XIV.

On a previous occasion I pointed out that mental conditions were a common cause for nervous prostration and anemia; and stated that suggestion was the best agent that could be employed to relieve this trouble when so produced. In this article I will give in detail the symptoms and treatment of a case of nervous prostration which was produced by other causes, but which was cured by mental treatment alone.

I was asked if I would undertake to treat a man who was said to be dying in one of the hospitals in this city (Chicago). He had been told by his own physician and the physicians at the hospital that they could do nothing more for him; that he was rapidly growing worse instead of better and that they would be glad to have him call in another physician or take any other form of treatment. Hearing of this, a friend of his who is a subscriber to this magazine, called on me to know if I thought suggestive treatment would aid the patient. After hearing the history and the symptoms of the trouble I decided to take the case. Since the patient had decided to leave the hospital to go to the house of a relative, I advised having him moved first to avoid unnecessary interruption after beginning the treatment.

I found the patient to be a policeman, aged 39, nearly six feet in height and weighing 190 pounds. There was a slight

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rise in the temperature, the skin was dry, and the pulse 120. There was an anxious look on his face, the voice was feeble, breathing short and rapid, and the slightest mental or physical effort produced palpitation of the heart. Knowing that his friend had told me something about his case, the first words the patient said to me when I entered, were, "Do you think you can give me any assistance, Doctor? I am in a very bad condition and don't know what to do. I have done everything that I can for myself. I have had the best advice money could procure but I am still helpless and seem to be getting worse all the time. I don't want to die, but what is a man to do? I have never been laid up in my life before and haven't missed a day on my beat in nine years. I don't know what your method of treatment is, but if you honestly think you can help me, I wish you would begin right away. Don't spare any expense, come as often as you think necessary, and I will place myself right in your hands and will do everything I can to assist you."

I had taken a chair beside the bed and held his hand in mine, and when he finished speaking I said to him, quietly and slowly, "Your friend has given me an outline of your trouble, and the treatment you have had. I came down here because I believed I could help you. I intend to look you over and find out all about your trouble, so I shall know how much patching you require, before we turn you out as good as new. I will take my time about doing this. I am not in the least hurry, and since it is evident that my arrival has made you anxious and nervous, I do not wish you to answer another question until you have rested a little. Close your eyes for a lit tle while. I will sit here and talk with you, quietly, asking you an occasional question. You are not in pain at present?" "No." "Very well then, quiet down, and relax all over. Your breathing will become longer, freer and easier. All your nervousness will leave you now that I am here. You will feel at rest, you are resting now and the tone of my voice will soothe you. Your pulse is growing slower and steadier and your breathing easier. This is a large airy room and the air in it is good.

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You are enjoying the air for you are breathing normally now, and it is such a relief.

"You are in a large, comfortable bed, everything beautifully clean, and you feel at home here with your relatives around you waiting to follow my orders and attend to your slightest wish. I am here to bring back health and strength to you and am determined to be successful. You are a young man and have always taken good care of yourself. You are simply a little under the weather at present and your treatment has not yet aroused your powers of recuperation. The tendency of nature, always, is to repair, especially in the young. This power of recuperation is still strong within you. It simply requires stirring up. I came here to stir it up and will succeed, since I know what it is, where it is and how to reach it. All I ask is that you resign yourself to my treatment, be patient and I will answer for the results. I see you are resting nicely now, and will leave you for a few minutes to ascertain some facts about the amount of sleep and nutrition you have had. It is not necessary to trouble you with questions which others can answer. Rest quietly, and I will return to you in a few minutes."

All this was spoken very slowly and positively. Personally, I believed what I said, and as I said it I knew that my patient believed it also; already he was following the suggestions, for his breathing had become normal and the pulse had dropped to 90.

I paused every minute or two when giving those suggestions and before proceeding again would suggest that nervousness had gone and he was feeling better. To a stranger, the treatment so far would have sounded like a slow, earnest prayer.

Having ascertained as much as possible from the patient's relatives concerning his present trouble, treatment to date, diet, habits of living, temperament, etc., I returned to my patient. I again took up his hand gently and said to him, "Why! You have rested splendidly and are not the least bit nervous. I have found out much about your condition from your relatives and will not have to tire you with questions.

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Talking to your relatives has convinced me that it will not be very long before you are well. There are a few questions that I wish to have you answer personally and if you will now open your eyes we will have a quiet chat."

From patient and friends I gathered the following facts. About six weeks before, he had complained of an inability to urinate without some effort. He consulted a physician who passed a sound into the bladder and gave him some medicine. After this he commenced to suffer from pain and tenesmus. Thinking there might be a stone in the bladder, a specialist in genito-urinary diseases was called in, and a thorough examination was made with the sound, but no stone was discovered. The patient remained on his beat as usual, but went regularly to his physician, who from time to time changed his medicines. He continued to grow worse and complained of feeling very dizzy when walking.

One very hot night, after four weeks of continued misery, the patient fell over while on his beat. He did not lose consciousness, however, and arose, intending to send word to the station to have himself relieved. After a second fall he reached a drug store, but had scarcely entered when he fainted and was then taken to the hospital, where several physicians spent over three hours in restoring consciousness.

He summoned his physician immediately and engaged a private room. Irrigation of the bladder was commenced at once, various medicines and a special diet were prescribed, but the patient continued to grow worse rapidly. The nervousness was so great that he was unable to obtain sleep unless given a powerful hypnotic, and he always aroused from such a sleep feeling exhausted and unable to retain the slightest article of diet without great distress. The heart became weak and irregular, the breathing very difficult. Purgatives were given repeatedly to overcome the constipation. Stimulants were administered at short intervals in an endeavor to keep up his strength, but to no purpose. It was at this time and after a consultation was held, that his physician told him he had exhausted his resources and could do nothing more for him.

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The patient then declared that if he were going to die he wished to die with his relatives around him, and he had made arrangements to be moved when I was consulted

In addition to the above facts I discovered that the dizziness had existed more or less for the past two years, and that constipation and dyspepsia had existed for four years. Hemorrhoids were present, and two years before his present trouble the patient had suffered slightly from asthma. Dating from the onset of constipation, his strength had gradually been growing less, and for some months past he had felt the necessity of prolonged rest. Memory and concentration had become so poor that anything requiring mental effort was carefully avoided. Irritability invariably resulted from an effort to concentrate the attention, when called upon to give an answer which required an exercise of the memory. The patient had always been a teetotaler, and a very light smoker, and had never suffered from venereal disease.

I examined his heart, but could find no evidence of organic lesion. The patient complained of feeling sore all over the chest. The soreness, he said, was the result of the "pounding" given him by the various physicians in consultation. I also found tenderness over the bladder, constant desire to micturate, burning and smarting along urethra during and after micturition, etc., in fact, there was present every symptom of an acute inflammation of the bladder.

I weighed the facts presented to me and decided that my patient had for some time been threatened with nervous prostration, and that the inflammation of the bladder which resulted from the careless use of the sound had precipitated the attack. I decided that the case was a prime one for suggestive treatment, and that suggestive treatment, used alone, could cure the trouble. "What!" I imagine I hear the reader say, "attempt to cure an inflammation of the bladder with suggestion alone? How absurd!" Perhaps it was absurd, dear reader, but, by the use of suggestion alone, the patient was well enough and strong enough, after receiving one treatment each day for ten days, to walk eight blocks and take a street car ride

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of several miles to receive treatment at my office in the School. After a month's daily treatment given at the School the patient was dismissed cured; feeling stronger than he had in years, and with every trouble, including the hemorrhoids, completely relieved.

I insisted that the patient be granted at least three months' leave of absence, to enjoy the mental and physical rest to which he was entitled after nine years of unbroken service.

My diagnosis and treatment resulted from the following soliloquy and the line of suggestion adopted may be deduced from it:

"Here is a patient, young and well developed, good family history,—no previous serious ailments or venereal troubles,—in well-to-do circumstances and without a care or worry excepting his health. The only organ in his body in which there is other than a functional trouble, so far as I am able to judge, is the bladder and the condition there is, to my mind, not sufficient to produce so complete a collapse. For four years he has been complaining of failing health. The presence of constipation and dyspepsia for four years indicates that during that time digestion and assimilation have not been carried on properly. Since a man's strength depends upon digestion and assimilation of food, it is obvious that the continual loss of strength in the patient can be accounted for by the failure of his stomach and bowels to perform their functions. The blood supply to the body is also dependent upon the stomach, bowels and lungs for its sustenance in quality and quantity, and the fact that any interference with the source of the blood supply will soon produce a diminution of the quantity of the blood in the body, will account for the rapid breathing, the quickened heart's action, the loss of memory and concentration, the dizziness, the general weakness and the failure of the bladder to heal rapidly under ordinary treatment.

"The force of gravity plays an important part in the circulation of the blood. The heart has always to overcome the force of gravity in sending the blood to the head and any reduction of the general supply is first noticed in the head; so

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that when the amount of blood in the body falls below normal, the functions of the brain are interfered with.

"This patient has at times taken medicine to assist digestion and to produce an action of the bowels, but such treatment is only palliative and does not remove the cause of the troubles, which are generally found to be worse when the medicines are discontinued. Wherever nature is supplanted by artifice, nature always yields the palm. When digestion is assisted by drugs the quantity of the drug generally requires to be increased as the stomach becomes less accustomed to doing its work. To be sure, strength is often built up by the aid of digestants, but it will be found that unless the prime cause of the trouble is first removed by design, or, as often happens, by accident, the patient will surely return to the condition for which the digestants were prescribed.

"I am satisfied that this patient has never given a thought to the source of his strength and knows nothing of the necessities for the preservation of health.

"Previous to joining the police force he has always led a regular, active life, and in the changes required in his regular habits of eating, drinking and sleeping, when he became a night patrolman, may be found the first cause of his loss of strength. Eating at irregular hours, neglecting one meal and overeating at another, curtailing the hours of sleep to enjoy the pleasures to be found in the daytime, etc., have all played their part in the reduction of his vital force and circulation. Although feeling poorly, his pride in the fact that he has not lost a day from duty, has stimulated him to keep to his post. At the first temporary inability to urinate he became badly frightened, and the passing of the sound and the inflammation followed. I find that for months he has been drinking about four quarts of water a day, and the excessive activity of the bladder is preventing the resolution of the trouble in that organ. I can imagine how the knowledge of the fact that he had bladder trouble caused him to worry day and night; and how this mental condition, coupled with the medicines taken, to say nothing of the constant pain and exceedingly hot weather,

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had removed all desire for food and produced insomnia. It required but a few such days on his beat to land him in the hospital, where he was told that he was dangerously ill. He was unable to retain food, and the constant anticipation of the pain and unpleasant symptoms incident to irrigation of the bladder had only aggravated his condition.

"I see nothing to prevent the complete recovery of this patient if he can gain a little strength, but to do this he must retain and digest food. The stomach is the organ which has to be stimulated to perform this function. Shall I use medicines? No. They have all been tried and found useless. His whole nervous system is disordered and he has lost control of it. Thought tends to take form in action, and this man's whole thoughts have been filled with his diseases and death. The controlling power of his nervous system and his thought lies in his brain under normal conditions, but the brain has lost its control and its inability to perform its functions is due to the lack of nutrition. Cannot I get nutrition to that brain by lowering the patient's head? Yes, but the act of doing so may make him more nervous than ever and probably he would not permit it.

"It is evident that this patient is too weak to reason properly, still he must think the thoughts that I wish him to think and let me do what I know is best for him. To accomplish this I shall, without his knowledge, place him in the suggestive condition, although even at present he is highly suggestible owing to lowered vitality and consequent inability to reason well. This suggestibility has undoubtedly been employed during his recent treatment, unconsciously, to aggravate his condition.

"Once in the suggestive condition I shall control his scattered thoughts and keep his mind filled with the thoughts I wish him to have. He will not question what I tell him for everything I suggest will be absolute truth, and every suggestion in this condition will have an exaggerated effect upon his mind and body. In this way I shall quiet his nervous system at once, and assure him that there will be no more washing out

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of the bladder. I will give him thoughts of health in place of disease. I will replace despair and discouragement with encouragement and hope. I will induce in him a desire to have me lower his head and with the lowering of the head will come a general stimilation of the brain and its centers, including those of respiration and digestion, and the patient will obtain more self-control.

"When I have succeeded in bringing this condition about, I know from experience that the stomach will retain food, administered at first in small quantities; that I can control the patient's sleep and regulate his bowels by suggestion alone; that with the relief of the constipation the irritable condition of the rectum, which is assisting in producing the shortness of breath, will be relieved and that with the improvement in general nutrition the bladder will likely heal in time."

At the end of the first treatment, which occupied about an hour, I left the patient asleep with some food digesting in his stomach. Nutrition was given at intervals during the night and next morning I found he had slept fairly well during the night and was feeling stronger and happier, and had not suffered much from the bladder trouble. From that time on, every day found the patient stronger with the result I stated at the commencement of this article.

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In every community of every country in the world, some individuals will be found who stammer or stutter. Physical pain sinks into insignificance when compared with the mental tortures most of these individuals undergo. There is nearly always a limit to physical pain; the sufferer at any time can be made comfortable by the use of anodynes; no such relief comes to the average stammerer, and with few exceptions his torture ends only in a welcomed grave. This does not apply to all who stammer, however, for some of them have very happy dispositions, although that is the exception rather than the rule; and we must remember that for every stammerer with whom we come in contact—there are dozens who are never heard, and but seldom seen—the majority of them preferring to remain in seclusion rather than to suffer the torture which they invariably undergo when they appear in public. Only those who treat stammering and have consequently come in contact with some of these recluses, can appreciate the sufferings of this portion of the human race; and no physician can take greater pleasure in snatching a patient from the jaws of death, than does the suggestionist in relieving one of these stammerers.

Stammering is a nervous disease, and should be treated by our physicians; but as a rule, our physicians are the last ones who attempt to treat this particular disease. There are several reasons for this: In the first place, the treatment of this complaint is not taught in any of our medical colleges, and very few of our physicians care to attempt to handle such cases, because they know nothing of the condition. The average physician, when asked for advice about the complaint has to rest content after saying that the condition is due to nervousness, and that the child *may* outgrow it. He may supplement this opinion by prescribing some nerve sedative, which in the end is very likely to increase the nervousness.

There are several schools for the cure of stammering in this country, but the number of permanent cures from these institutions is very small. Many of the students are dismissed cured, but some return to the old habit for the reason that they have been treated by a system which did not appeal to their understanding; and the confidence with which they were inspired came

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from the conditions found in the school environment; in place of being founded on solid psychic principles.

The study of psychology and suggestion on the part of teacher and pupil, and their intelligent application is the only method which promises a permanent cure of stammering. The confidence and cure of a stammerer should be based on the rock of knowledge. When a stammerer thoroughly understands the principles which underlie his cure, he is cured forever.

There are at least three causes which may make perfect speech impossible, viz., faltering, stammering and stuttering. These three conditions are likely to come to any of us occasionally, under certain mental conditions, but it is only when they occur habitually in an individual that treatment is necessary.

A man falters when he weakens or breaks more or less completely in utterance; the act is occasional, not habitual, and for reasons that are primarily moral, belong to the occasion, and may be various.

A stammerer has great difficulty in uttering anything; the act may be occasional or habitual. The result is broken and inarticulate sounds that seem to stick in the mouth. Sometimes there is complete suppression of the voice.

A stutterer makes sounds other than those he intends to make. The act is almost always habitual, especially in its worst forms. The immediate cause is often excitement, and the result is a quick repetition of some one sound that is initial in a word which the person desires to utter, as c-c-c-c-carpet. There is a spasmodic and uncontrollable reiteration of the same syllable.

The causes of habitual stammering and stuttering are varied and sometimes obscure. Self-consciousness is probably the chief cause in most cases; while in others, it may be due to imitation; improper breathing; St. Vitus dance of muscles of articulation; nervousness—the result of functional troubles; insufficient vocabulary in one who thinks very rapidly; too large a tongue; infectious diseases; injury to the head, etc. Stuttering is found more often in men than in women, and a German authority gives the following reason—"greater motility of all the voluntary muscles is found in women than in men, *the tongue included.*"

With the exception of one or two forms of stammering, I

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believe that all forms of stuttering and stammering may be cured under proper suggestive treatment. I have yet to see the first case of stuttering unrelieved by this form of treatment when properly given. In the treatment of these cases it should be remembered that in ninety-nine cases out of one hundred the patient is the victim of habits of thought, articulation, and respiration—sometimes of one, but generally of all of these. It is obvious, therefore, that a study of the treatment of these complaints resolves itself into a study of the formation and cure of habits.

In treating a case of stammering or stuttering we never tell the patient that we are going to break him of his habits, for, as a matter of fact, we do not break old habits, but enable him to form new ones, which in time supersede the old ones. If he has a habit of self-consciousness, we systematically build up a new habit of thought, which, when it is established, leaves the patient master of himself on all occasions. Habit is formed by repetition only. By continually having the patient think the right thoughts he comes into perfect harmony with himself and his environment. The suggestions which bring this result have to be given with a view to suit the individual requirements, as no two cases are ever alike. This habit is the most difficult to replace, and much patience and persistence is usually required, especially in those who are highly suggestible, since they do not use their reason so well in outgrowing unfavorable suggestions as those who are less suggestible, and in consequence are more apt to be controlled by their reason.

In the self-conscious condition the patient is always thinking of himself—of the impression he is making on those with whom he comes in contact, and he always suspects that those who look him directly in the eyes, do so simply to watch his embarrassment. One suffering under this condition will seldom look a person with whom he may be speaking straight in the eyes, and when enjoined to return the glance, he will invariably declare that he prefers not to do so; because he considers the person looked at would feel embarrassed himself, and would think an attempt was being made to stare him out of countenance, consequently he would not inflict the same torture upon others which

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he fancied they intentionally inflicted upon him. At other times the patient may be enjoying himself without a trace of self-consciousness, but if a question be directed to him, or a lull occur in the conversation, the patient's mind immediately reverts to himself, self-consciousness returns, and in an instant his hands and feet seem heavy, he feels awkward, blushes deeply, thinks that the eyes of every one in the room are upon him, and he is afraid to speak or move, much less to look around him. If this condition continues for a length of time, the victim usually becomes very retired, refusing to meet strangers or even intimate friends.

It is impossible for one who has never suffered from this trouble, or who has never come in contact with such cases, to form any idea of the mental torture experienced by the sufferer. As I said before, physical pain seems to sink into insignificance beside it; and when the demon of self-consciousness fastens upon an individual, I know of no torture to which it can be compared.

In the treatment of this condition, the first thing to be done is to completely change the environment of the patient, to get him away from his old haunts and associates—away from those whom he fancies are aware of his condition. A patient of this class should be treated as frequently as possible. He must have constant mental stimulation and encouragement. Such a patient is given certain commissions to execute, and these commissions are of such a nature that, if left to his own inclinations, the victim would never carry them out. For the time being, therefore, the sufferer places himself in the relation of employee to employer. I have never failed to secure the patient's co-operation in carrying out this plan of procedure. During his treatment in the suggestive condition, I lecture to him on timidity, pride, and self-esteem. I point out that he has no physical defects; that his education is much better than that of the average individual (which is generally true); that there is nothing in his personal appearance, from head to feet, that would tend to attract special attention towards himself; that he is very foolish to flatter himself that the average busy individual has time to examine critically his mental, physical, or tailor appearance. I impress upon him the idea that we are going to teach him a new method of making and receiving advances from those with whom he comes

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in contact, and how to place himself in harmony with his environment. I never refer to his condition, but keep holding before him mental pictures of the way in which he intends to act in the future, until, eventually, he unconsciously carries out the suggestion given. In time the patient's manhood, independence, confidence, and self-esteem assert themselves, and his old condition disappears from the horizon of his conscious thought, and is only recalled as one recalls a bad dream.

Besides the removal of self-consciousness, if present, respiration must be attended to, and various exercises given, with the view of making the control of the muscles of respiration a voluntary one, so that they will obey the slightest wish of the patient. Then the patient must be taught to articulate correctly, and to be careful that whenever he speaks in public every sound is made according to rule. Few stammerers speak in a substantial tone of voice. A good, firm tone of voice must be cultivated, and it is necessary to see that the mouth is always well opened in speaking, for most stammerers simply let the words slip out between the teeth, and there is no decision in words so formed. A stutterer should not utter a word after commencing treatment, unless it is spoken with the above rules in mind. In forming a new habit, it is best to avoid returning to an old one for even an instant.

Old stutterers seem unable to produce the vowel sounds properly and will hesitate on the consonant preceding a vowel sound for some time. The consonant is not really produced until the vowel sound commences; for instance, in saying butter, they will stick over the *b* until they get hold of the vowel, when the whole word is produced. The sound made is like this—b-b-b-b-butter. As a matter of fact the *b* is produced several times whereas it is the *utter* which they hesitate to attack. When this is the case, the patient must be taught the relative significance of vowel and consonant sounds; and to speak sentences with prolonged vowels and short consonants. Sometimes in these cases one or two lessons suffice to enable the patient to speak correctly,—especially if he is not highly suggestible.

In treating young children the best plan to pursue is to give the mother thorough instruction in the treatment of habits

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and stuttering. When this is done and the mother keeps up the constant treatment which is required to cure a child, splendid results are obtained, and another victim is relieved of a life of suffering.

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PART XVI.

ONE of the most common complaints from which the average American suffers is headache; and it will be the object of this article to point out the various forms of "reducible headaches" and lay down some common sense rules for their treatment. In doing this I shall avoid as far as possible the use of technical terms, for I realize that many will read this article who are not physicians.

It is not my object, however, to instruct laymen how to treat their own or their friends' headaches; for to do this properly a knowledge of physiology, anatomy and pathology is required.

Some forms of severe brain diseases commence exactly like a simple headache, and a physician is required to make the diagnosis. However, if there are any ideas in the following lines which may assist physicians, or enable a layman to assist himself or suffering humanity at large, I shall be satisfied.

The causes of headaches are very numerous. Some are produced by such troubles as injuries or organic diseases of the brain; disease of the cranial bones or of the structures forming the scalp, lung disease, fevers and acute inflammations, uterine disorders, defects in the special senses, etc. We shall not touch on any of these at present, but will confine ourselves to what I termed the reducible headaches. These may be divided into at least seven distinct classes, as follows:

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1. Anæmic. 2. Neuralgic. 3. Congestive. 4. Pain Habit. 5. Suggested. 6. Exhaustive. 7. Chronic Sick Headache (Migraine).

I shall take these up in order and give the causes, symptoms and treatment of each, laying special stress upon the commonest one—sick headache.

For purposes of accurate diagnosis and to enable us to classify any given headache the following inquiries should always be made: Was it brought on by any obvious cause; what was the mode of onset; is it constant or felt only at intervals; where situated; general or unilateral; frontal, back of head or on top? Does it seem deep or superficial, and is it localized to a particular spot? Is it heavy, aching, dull, darting, shooting, throbbing or oppressive? Is it accompanied by a sense of fullness as though the head were going to burst, or with a feeling of great heat? Is its intensity variable or not? What is the effect of change of posture, especially on moving or hanging down the head; of muscular exercise; of coughing; of firm pressure on the whole head or any part of it; of light or sound; of taking foods or stimulants; or of pressure on the large arteries leading to the head? Is it accompanied or followed with soreness and tenderness, either over the scalp generally or over any particular spot?

ANÆMIC HEADACHES often occur in men, but are more frequently met with in women. Sufferers from this complaint have but a small amount of blood in the body and as a rule appear poorly nourished. The general appearance of the patient is such as to make the diagnosis very simple. The pain may cover the whole head, but is most commonly situated in the forehead or top of the head. It is usually constant and of a dull gnawing character. This headache may be induced or aggravated by mental or muscular effort or after eating. It is generally constant, not intermittent, and no doubt many of the constant headaches met with are of this character. Anything which favors the flow of blood to the head usually relieves it; for instance, placing the patient in the recumbent position or lowering the head. Sometimes the pain is felt only for a part

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of each day, generally the latter part, for it is at this time that the patient is fatigued. Other symptoms are despondency, depressed spirits, timidity, groundless fears of impending danger, dizziness, singing in the ears and flashes of light before the eyes. The patient frequently suffers from insomnia, although he may even feel drowsy during the day. Constipation and digestive troubles are almost always present; the tongue is heavily coated, the breath offensive, the heart's action is rapid and the pulse feeble. There is usually intolerance of light and sound.

The treatment of this class of headaches must be directed to the generating of good healthy blood. This, however, cannot be accomplished until the functional troubles of the stomach and bowels have been relieved; for it is only by the digestion and assimilation of good food that the circulation is built up. Lowering of the head and manipulation of the head and neck will draw the blood to the brain and thus often afford temporary relief. Suggestion should be used to overcome the functional troubles. Anæmic headache, if properly treated before the patient becomes too weak, may be relieved, although it takes a little time for permanent recovery.

Great care should be taken not to allow a patient suffering from anæmic headaches to have alcoholic stimulants or drugs such as cocaine or opium; for these give temporary relief only without removing the cause; and the patient, preferring constant ease to the pain, is very likely to form a serious drug habit. In this case the patient in his weakened condition usually succumbs in a short time.

NEURALGIC HEADACHES are very common and unless they result from general anæmia may be rapidly relieved.

Neuralgia is said to be the cry of a nerve for nutrition. In anæmic individuals, therefore, we find much neuralgia in the head, since it is the first place to suffer when there is a limited blood supply. This is owing largely to the force of gravity.

Neuralgic headache, however, is found also in those who are apparently well nourished. In this case it is due to prolonged

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exposure of parts of the head to colds or draughts, or to anything which obstructs the normal circulation of blood in the tissues of the scalp, forehead or temples.

The parts affected in neuralgic headache are generally sensitive to the touch and the pain may be very severe; lasting until the proper circulation in the affected part is re-established. The quickest way to accomplish this is to apply heat to the head. Lower the head and begin a gentle massage of the tissues affected. Often the heat of the hands of a second person is sufficient to cut short a neuralgic headache. If the patient is anæmic, treat him as instructed under that class. This is one of the classes of headaches which has so frequently been relieved by the "laying on of hands." The reason for the cure is very plain to the reader, but many a man practicing magnetism today has received his first belief in his magnetic powers by curing such headaches without understanding the real cause of their disappearance. Suggestions through the sense of touch relieve this form of headache.

CONGESTIVE HEADACHE most commonly arises in middle-aged, full blooded men. Women and children rarely suffer from this complaint. It is generally the result of over-indulgence in food. It may commence after violent exercise, coughing, immoderate laughing, or in fact any condition which will cause an excessive flow of blood to the head. Many experience it after missing an accustomed meal. Exercise or prolonged mental efforts, excitement, worry, etc., are common causes of this type of headache.

The pain is throbbing and extends over the whole head. The veins are seen to be tortuous and filled with blood, while the arteries are hard and pulsating. Nausea is often present, and the least movement or attempt to lie down or stoop increases the pain.

The treatment indicated in these conditions is very plain, *i. e.*, do anything to reduce the amount of blood in the head. Make a careful search for functional troubles in the organs of nutrition and elimination, and if any are found employ directed suggestion at once to rectify the trouble. If overeating has

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been the cause of the headache, stimulate the organs of elimination. If a meal has been missed, insist that the patient eat at once. Control worry or insomnia by suggestion. Apply cold to the head, try pressure on the large blood vessels going to the head and manipulate the neck to free the circulation to the brain. Manipulation of the lower extremities will also prove serviceable, since this draws the blood to the manipulated parts. Place the patient in the suggestive condition. The immediate relaxation of the muscles and the quieting down of the senses will soon produce a marked reduction in the circulation to the brain and natural sleep will ensue. The patient will arouse without a vestige of headache. If the patient is very full blooded and apt to overeat, advise less food and more daily exercise.

SUGGESTED HEADACHES—as the name indicates, are produced by suggestion alone, and are the result of a vivid recall to consciousness of past experiences which are associated with a severe headache.

This class of headaches is not nearly so rare as one would at first suppose, but it is almost exclusively confined to highly suggestible or imaginative individuals.

The more self-control a man possesses, the less likely is he to be troubled with suggested headaches, for he is able to dismiss at once a thought, which if retained for awhile, would produce unpleasant results. The highly suggestible have less control of attention, and are likely to dwell on an undesirable thought until it has produced its effects upon the body.

I know a young man who, while on a sea voyage in his fifth year, became seasick immediately after eating a plum tart. For years afterward the sight of a tart was sufficient to produce actual vomiting and headache. After being taught the use of self-control, he overcame his dislike so completely that today he never misses an opportunity to indulge in plum tarts. He assures me, however, that if he were to concentrate his attention for a few minutes on his first experience with them, he would become deathly sick.

I am familiar also with an elderly lady who is nauseated

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instantly by the odor of tobacco smoke. When but three years of age, she picked up a lighted pipe and took several puffs from it, the last one being drawn into the lungs, nearly strangling her. She became very sick, suffering from nausea and headache. From that day to this, a whiff of tobacco smoke will produce a condition identical with sick-headache; all the functions become similarly deranged and there is the same condition of the stomach.

In other matters this woman exercises the greatest self-control; but she has never attempted to overcome her antipathy to tobacco, and for this reason she is at times a very unsatisfactory companion.

This individual dislikes tobacco, not alone for the effect it produces in her, but also for economic and religious reasons as well; and it is impossible to persuade her to admit for one moment that she doesn't mind it. She hates it, and her conscience would prick her if she should attempt to reconcile herself to its existence.

Suggestion is the only treatment which will prevent the recurrence of suggested headaches.

PAIN HABIT is the imaginary pain which is sometimes left after the real cause which first suggested it has disappeared.

Before a diagnosis of pain habit can be made it is necessary to be certain that there is not a single functional trouble existing, and that there is no physical reason for the presence of a headache. Pain habits may exist in any part of the body, and are found in all classes of persons; though most frequently in those who are highly suggestible. The pain may be constant or may return at regular intervals, according to the nature of the original cause. I have seen patients suffer the exact pain for which diseased organs had been removed, and have known the headache of migraine to return at regular intervals, though every other symptom had disappeared.

Suggestion is the only reliable treatment for pain habit and it is an excellent means of diagnosing this trouble; for the pain of pain habit will always disappear under proper suggestive treatment.

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It is sometimes necessary to keep up the treatment for several weeks in order to thoroughly remove the old belief.

EXHAUSTIVE HEADACHES are generally found in poorly nourished, over-worked persons, chiefly women. If they recur frequently they are the signs of approaching physical bankruptcy—another name for which is nervous prostration.

Whenever the expenditure of energy has been greatly in excess of the amount generated, an exhaustive headache may develop. It is felt in the back of the head and neck and is of a dull but persistent nature. The muscles at the back of the neck and over the spine as a rule become quite sore.

The strongest may suffer from an exhaustive headache after an unusual mental or physical effort, but those who seek treatment for this class of headaches are invariably either sufferers from functional troubles or persons who have no idea of the means by which energy is generated and conserved.

The treatment for these headaches is self-evident. Rest is all that is required for the headache of the strong; but in the poorly nourished, or those suffering from functional troubles, prompt treatment is necessary. Lowering the head, manipulation and suggestion will relieve the acute symptoms and refresh the patient for the time by increasing the circulation to the brain; but nutrition from plenty of food is the prime factor in the relief of these headaches, and nothing known at the present time will stimulate the desire for food and promote digestion and assimilation like "directed suggestion." The patient should have absolute rest, and be satisfied each night that he has generated more energy than he expended during the day.

PART XVII.

SICK HEADACHE is probably the most severe of the various classes of headaches we have under discussion. The affection, I am sorry to say, is a common one and is frequently called Migraine or Hemicrania (half the head). It may attack individuals who in other respects appear to the casual observer to be in perfect health. It has heretofore been regarded as a very troublesome and inconvenient derangement, although in itself it is not dangerous. It affects people in any station and at every period of

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life. It is generally supposed to disappear as the sufferer grows older. However, it has been my experience that it is found at all ages, although it seems to grow less severe as the patient advances in years.

This disease does not appear to be dependent on any pathological changes, and in fact, from the success after success I have had in treating this malady, I am led to conclude that it depends upon functional derangements alone. It is evidently due to some temporary—but widely extending derangement, influencing a number of different organs, through the sympathetic nervous system.

I shall endeavor to point out some of the phenomena attendant upon this malady, and endeavor to show in what respects there is a departure from the normal and healthy action of the organs involved.

An attack of sick headache does not partake of the characteristics of a neuralgia, but its symptoms are those which we would expect to find if the organs of nutrition and elimination had temporarily ceased to perform their functions. Attacks may occur in which there is no pain in the head.

Sick headache seems to be closely allied to epilepsy; for they have many symptoms in common, and I firmly believe that severe cases of this malady frequently merge into epilepsy.

The attacks occur in irregular paroxsyms, the intervals between them being free from pain or nervous disturbances. They may recur within a few days, or may not appear again for several months, although the average is from two to four weeks. The frequency of the recurrence depends entirely upon the patient's physical condition.

As in epilepsy, close inquiry will generally reveal the fact that for a day or two previous to an attack, the patient experiences a feeling of fatigue without apparent cause, heaviness over the eyes and some irregularities of stomach and bowels.

The malady itself is usually ushered in by shivering, nausea, often vomiting, general muscular soreness, intolerance of light, noises in the ears and inability to do any mental work. There is also pain of a sharp, shooting character, very intense,

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and located in the forehead, temple and back of the head, or of the left side. In fact, the whole left side of the head usually feels sore to the touch. Sometimes, however, the pain is confined to the right side, or it may change from one side to the other during an attack. Sometimes the nausea and digestive troubles may not become marked until after the pain appears.

If the patient be closely watched, it will be observed that the stomach, liver, bowels, kidneys and skin have almost suspended their functions, and that the attack lasts until one of the organs of elimination begins to act, in which case the attack usually subsides.

It appears probable to me that waste matters,—not being properly eliminated each day, gradually accumulate in the circulation and by their deleterious action on the nerve cells of the brain give rise to the headache; and by interfering with the brain functions modify their actions, and almost inhibit the functions of a number of the organs of the body. The interference with the brain functions accounts for the loss of memory and concentration attending this condition, as well as the unpleasant effect of impressions through the senses.

The elimination of waste products may be prevented in at least three ways:—1. By mental conditions. 2. By overtaxing the organs of nutrition and elimination by eating too much food. 3. By taking insufficient fluids to supply the various secretions of the body, in their work of nutrition and elimination. The course of a sick headache directly proves these facts, for any food introduced into the stomach remains undigested or is at once rejected. In fact a sick-headache patient generally starves himself for a day or two, but during that time *he drinks* and when sufficient fluid has been taken to enable some one of the organs of elimination to perform its functions the whole trouble disappears. This may take a day or two and usually the kidneys are then the first to respond—although sometimes it is the skin or the bowels.

The treatment of sick headache is not one of a day or a week. The patient should be given suggestive treatments daily for at least a month or six weeks, or until every bodily function

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is in perfect working order. The best time to treat a patient is after he has had an attack, so that he may be put in proper physical condition before another can occur.

Since the treatment during an attack is obviously different from that following the attack, I shall set forth the methods I have found most advantageous under both conditions.

The treatment during an attack should be directed to put the patient at ease as quickly as possible; and the best way to accomplish this is to start the organs of elimination working. Sometimes it is difficult, especially in a nervous patient, to get the attention for suggestive treatment, so I invariably commence by giving the patient a hot cup of tea and repeat it at short intervals. He should have at least three or four cups the first hour. Of course hot water will do as well, but I find that patients will take a cup of hot tea when they would look with repugnance on hot water, and milk is not likely to digest. Sick-headache patients should be allowed to follow their own inclinations about food. It is useless to attempt to force the patient to eat and I have found that starving is the best plan to follow until elimination has commenced; after which the patient's appetite soon returns. If the patient shows signs of exhaustion, hot beef broth may be taken in place of tea, but I have found the latter the most serviceable. I was led to the use of tea by the results which many old sufferers from this complaint assured me they always received. They usually drink the tea made fresh each time and not allowed to draw for more than three minutes. It seems to keep them up, mitigate the severity of the headache, and control nausea from the first.

I know that tea is condemned in the most emphatic manner by many of the medical profession, but I cannot help thinking that the public forms a more correct estimate of the value of this beverage. I doubt whether it would be possible to persuade old women or old men, or even young men, as a class, to give it up. The majority of people do not believe that tea does half the harm attributed to it, and with this opinion I heartily agree. If, however, one were ailing and were to consult many of the best known members of the medical pro-

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fession about his condition, he would almost certainly be advised to give up tea drinking. Some practitioners express this opinion with amazing confidence and absolutism. They suggest taking milk, water, beer, wine, etc., as substitutes—substitutes for tea! The physician fairly argues that something or other must be wrong, and infers that one takes something he ought not to take, that this something must be at the root of the evil, and then concludes,—but not with good reason, I think—that the particular obnoxious something is nothing less than tea. As a matter of fact the trouble in tea drinking is that one is apt to take too little in place of too much. The human system requires a large amount of fluids each day to carry on the bodily functions properly. The average dyspeptic does not take enough fluids and this is very often the cause of his trouble,—not the drinking of tea. Now, when a physician tells a man to cease drinking tea, he usually drinks less of other fluids, for nothing seems to take the place of his tea, and his second state is worse than the first; whereas, if he had increased the amount of tea he was drinking, his functions might have worked perfectly. I know it is almost hopeless to attempt to alter the views of those whose minds are made up upon such matters as this, and, as regards the deleterious effects of tea, not a few medical minds will be found in this happy state. No one is to be allowed to say a good word for tea. Tea is held to be the almost universal cause of dyspepsia, and there is an end of the matter. But in spite of its condemnation, tea at this time is more largely drunk than ever. Very nearly one hundred million pounds of tea per annum are consumed in the United States alone, and if its influence is so bad as some assert it to be, it is wonderful how few people discover its deleterious qualities. Seldom, I think, does tea do the harm attributed to it. Anyway I shall continue to advocate its use in sick headache until I obtain something better to take its place. Two quarts a day are not too much.

If the patient does not care for tea, any other beverage may be substituted, provided the patient will take it often enough



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and in proper quantities. I prefer to have the patient sip at short intervals rather than drink too much at one time.

It is better to keep the patient quiet and in a darkened room until elimination has commenced. As soon as the patient has taken some fluid I quiet him into the suggestive condition, and then without any effort on his part, employ directed suggestion to control the pain and stimulate the dilatory organs; after which, the patient usually drops into a sound, natural sleep. This sleep may last from thirty minutes to several hours; and the patient on arousing, invariably declares that he feels as well as ever and is hungry.

Sometimes it is necessary for the patient to attend to his daily duties although he may be suffering intensely. In this case I instruct him to fast, but to take tea or any other fluid whenever opportunity offers, and I always endeavor to give him a short suggestive treatment, leaving out the sleep if his time is limited. Too much stress cannot be laid on the control which directed suggestion, if employed, will exercise in rectifying the functions.

When touching on suggested headache, I pointed out that the functions of the organs of nutrition and elimination could be almost instantaneously deranged by a simple suggestion. It is this same force which I intelligently employ to restore the deranged functions in sick headache. If the patient is anæmic, warmth, to the head, hands and feet often proves grateful; or the head may be lowered and gently manipulated. I would not advise this, however, with patients who are inclined to be hysterical or fussy.

As soon as an attack has subsided, the physician has an opportunity to make hay in the sunshine; and if the physical condition of the patient is good, he can assure him that regular daily treatment for a few weeks will positively free him from another attack. When the patient is badly run down the chances for immediate relief are not so good, but if the headache does recur while he is taking treatment, it will be markedly lessened each time, disappearing entirely as improvement in general health advances.

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The treatment of this complaint resolves itself into the treatment of functional troubles, for they are always in evidence just before and during the attack; and nine times out of ten are chronic complaints of the patient.

My plan of treatment is to instruct the patient (whether plethoric or anæmic), in the requirements of health, and the natural laws which should be obeyed. These include the attitude of the mind, the requisites for perfect nutrition, the effects of over-eating, the necessity of eliminating the waste products as rapidly as they are formed, and how to accomplish this. In fact the patient receives a lesson in psychology and physiology, and is able to tell at once if any function is not working properly, and the steps to take to remove thetrouble. Besides this, I stimulate the various deranged functions each day by suggestive treatment until every organ is in perfect order.

The usual treatment for sick headache during the attack is to administer drugs to control the pain and cause the bowels, kidneys and skin to act. I have found, however, when this is done that the removal of waste matter is not so complete as when the natural stimulation of the organs takes place; that the patient is likely to have another attack within a short time; that instead of feeling quite well as soon as elimination begins he usually complains for several days. Drug treatments may remove the immediate distressing symptoms, but they will not remove the cause. Many physicians aim to control the headaches by restricting the patient to a few articles of diet. Now, while this mode of treatment may lessen the formation of waste products, it does not remove the cause of the non-elimination. It is evident that this mode of treatment begins at the wrong end, for it is natural to have waste products to eliminate; and if the system does not obtain the food from which these waste products should be formed, there is going to be trouble. Get the functions working by natural means and a man can eat any article of ordinary diet without subsequent trouble. I do not consider a man in perfect health until he is able to eat every

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class of food. I caution him, though, about the quantity and quality, and insist that meals be taken at regular hours.

To lay down a strict dietary is, however, useless—nay, it might be mischievous and do more harm than good. Many physicians make themselves conspicuous and their patients miserable by the absurd importance they attach to severe restrictions in diet.

The sufferer from sick headache will not profit anything by eating as if he were in a penitentiary, and exercising as though he were appointed to a permanent place on a perpetual treadmill; or by spending several months of the year at a summer resort. His beer, tea, wine and all things containing sugar may be denied him. He may be allowed only skimmed milk and lime water to drink; and so many slices of well baked toast without butter at breakfast. He may revel in the luxury of a biscuit for lunch, stimulated by the thought that at dinner he may actually have a small chop with bread pudding, made without sugar. He may obey instructions and walk so many measured miles each day, rise at a certain hour and go to bed at a time which most people consider the choicest for a little quiet reading or other harmless enjoyment. He may do all these things—and still be no better off. In fact, he is likely to be much worse mentally and physically. Experience has demonstrated beyond a shadow of a doubt, that patients who are hearty eaters between the attacks, actually suffer less and have fewer attacks than those who are constantly experimenting with a limited diet. The fault lies, not in the food, but in the organs which have to deal with it. Man requires a mixed diet, and simply living on a one-sided diet will not restore to health, an organ which has refused to handle the other side. Many physicians make the mistake of catering to symptoms in place of ferreting out their cause, and in this way they develop dietary fiends among their patients. So prevalent is this evil that it has almost become a universal fad; and today we find banquets and dinners of restricted diets becoming fashionable. Our physicians, I am sorry to say have undoubtedly brought this state of affairs

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about by giving minute dietary directions, which are as unpractical as they are meaningless and useless. So frequently a physician is apt to lay down a set of absolute rules for a patient's guidance, many of which rest upon no principle whatever, and are simply needless arbitrary enactments. If called upon to give scientific reasons for their arbitrary rules, many physicians would find themselves in serious difficulty. Some of the precise directions I have known to be given to patients n various conditions of health are really very ridiculous. Even if a patient is uneducated or a little queer, it is not right to treat him as though he were utterly devoid of sense. No one can object to reasonable and necessary directions for diet, if they are based on a careful study of the requirements of healthy man; but it is nonsense to give minute directions in writing concerning the exact thickness of each slice of bread, and the weight in drachms of the butter to be spread thereon; or to specify that toast shall be eaten while hot, and that the butter is not to be spread until the patient is ready to eat. Such absurd fussiness is certain to be condemned by all sensible patients, and if a patient allows himself to be particular about following to the letter such unnecessary technicalities, he is apt to become a fidgety detail crank and finally he will almost loathe his food. He is apt to lose in weight because in his fussiness he does not get food enough to sustain him. Such persons from having their minds constantly on themselves and their condition, frequently get into a low hypochondrical state; and in this condition they are open to the inroads of all forms of disease.

Suggestive treatment, in place of teaching a man the symptoms of his disease and how to cater to them, instills into him thoughts of health,—the truths of health,—the necessities of health; yea, even health itself.

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SPECIAL MAIL COURSE

IN SUGGESTION.

BY HERBERT A. PARKYN, M. D., C. M.

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PART XVIII.

[Read before the Odontographic Society of Chicago.]

WHILE the object of my paper this evening is to advance a few practical hints for the use of suggestion in dentistry, still I am going to pay a passing tribute to hypnotism.

The word suggestion is every day being given a broader meaning, and we now speak of any impression which may be received through one of the senses, as a suggestion. This being the case, it is very clear that our whole education and reason depends upon suggestion, for every thought we possess is the result of an impression, or the association of impressions which have been received through the senses.

Hypnotism, or what has generally been known as hypnotism, is simply nothing more nor less than suggestion. I could not very well prepare a paper on "hypnotism in dentistry," for, as a matter of fact, theoretical and practical psychology, as well as my experience with suggestive therapeutics, has shown me that there is no such condition as hypnosis, and therefore there can be no such science as hypnotism. The term is a misnomer; it conveys a false impression when we use it to describe the condition we have heretofore called the hypnotic condition. We have many puritanical ideas in our present systems of medicine and religion, which are gradually being recognized and rooted out. It is not so very long a time since it was considered wrong to do anything which might afford us amusement. It was almost a crime to smile upon the Sabbath day, to say nothing of whistling, and unless a medicine prescribed for a patient was very obnoxious, it was considered of little value.

A good old Puritanical doctor, attending a convalescent patient, was generally heard to say such things as this: "Well, now, you have pulled through very nicely and you are in a position to digest perfectly any article of diet you may choose. Now, tell me what you would like best in the world to eat? Simply name it and

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your wish will be gratified." The patient, having named the longed for article, is surprised to find the effect his reply has made upon the good old family physician, for in an instant the old physician's manner is entirely changed, and he replies, "Nonsense, man; are you crazy? Why didn't you name anything in the world but that?" And so the old fellow would go along until several other articles of diet had been named and, finally, when, with a great deal of reluctance, one had been agreed upon, the patient was allowed to have it, only under certain restrictions.

It is in the same way that the absurdities and fallacies of Mesmerism and Braidism are present to-day in suggestive therapeutics, or, as it is more generally, though incorrectly called, hypnotism; and it will be my pleasure in passing to point out a few of these popular fallacies, although I must say they are held as truths by a great many who are giving much attention to the work.

Hypnotism is generally interpreted as the art or science of inducing sleep. The latest scientific definition for it is, that it is the condition in which a suggestion has an exaggerated effect.

Mesmer, over a hundred years ago, induced a certain trance condition in some of his patients, and to all appearances they slept. Braid, who also found nothing but this same trance condition, not understanding suggestion, fancied his patients actually slept.

Knowing nothing about the lighter stages of suggestion, Braid and Mesmer believed that if their patients were to be benefitted by this unknown force it was necessary that this sleep condition should be induced, and at the present day we find the large majority of those who use suggestive therapeutics endeavor to get their patients as nearly to sleep as possible, when, as a matter of fact, the so-called hypnotic condition is not one of sleep, nor is the deepest hypnotic somnambulist ever in a condition of sleep unless he passes into natural sleep, and in natural sleep it is impossible to get any evidence that a subject is obeying a single suggestion, for as long as he is obeying suggestions he is not asleep.

The depth of apparent sleep, in place of being as essential as generally supposed, is only a symptom of suggestibility. To

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ascertain the depth of this suggestibility, the suggestions may as well be directed toward accomplishing any other results in the individual.

When an individual is actually asleep it is impossible to get him to give any sign, at the time the suggestions are being given, that he is receiving them, for should he obey a suggestion which would require the action of a voluntary muscle he would be awake. During sleep one is not conscious of any impressions received by the senses, and just as soon as one does become conscious of the impressions received through any one of the senses, all the senses become active and the patient is awake or in a reasoning condition. It is therefore impossible for one to sleep and still receive impressions through the senses and remember those impressions in their minutest details, as the hypnotic somnambulist is supposed to do. Consequently the hypnotic somnambulist is never asleep when he is obeying suggestions, of which he is afterward conscious, or which may be recalled to his consciousness when it is suggested that he can remember them.

These somnambulic individuals will say that they have been asleep or that they remember nothing that has occurred ; but they will remember everything, when it is convenient for them to do so, or when it is suggested that they shall do so. They will also say that they were in Mars, or in the moon, and they do this, simply because the operator said they had visited these places. It is for the same reason that they say they are asleep or any other absurd thing—because the operator said so, and not because they were or believed they were asleep, or in Mars, or in the moon.

If what I have been telling you about hypnotism is true, the sooner we avoid the word entirely, the better. It is meaningless and absurd, and is like a dog with a bad name. There is much difference to the mind of the average individual between "anaesthesia induced by suggestion," and "hypnotic anaesthesia ;" for, while the first is almost meaningless to him and arouses no antagonism, the second calls forth visions of all that is horrible, criminal and uncanny.

To obtain the desired therapeutic effects, I like to use suggestion with those who are at the start least suggestible, for when

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a patient is found to be very suggestible, he generally makes a good somnambulist; and, while it is with somnambulists that nearly all great miracles are performed, still when the degree of suggestion of these somnambulists is understood, these miracles lose all their lustre. Remember, that it is on account of the very suggestibility of this class of patients, that the trouble, which was so miraculously removed, was present. It has been my experience that when a somnambulist has a genuine ailment, it is more difficult to accomplish results in him, than with one less suggestible.

The induction of anaesthesia does not depend upon the degree of suggestibility of the patient, but upon his preconceived idea of pain and his interpretation of sensations. It is impossible to induce anaesthesia in the deepest somnambulist if he is a physical coward, whereas, with a patient who is not a physical coward, anaesthesia may be very readily induced, although the patient may not be at all suggestible.

The only condition, into which it is desirable to get your patient, is a condition in which every suggestion you give him has extra weight, and this is most readily done by shutting out all the senses but the sense of hearing. To do this, make your patient comfortable, thereby quieting the sense of touch. Have no odor in the room, and do not allow the patient to keep anything in his mouth. Then ask him to close the eyes; and the only sense left active is the sense of hearing, and every suggestion given in this condition receives his closest attention. If your patient is a somnambulist, you will discover that if you suggest his hand is burning, you will obtain a practical result instantaneously, without mentioning the word sleep.

It is surprising how many people will go into an anaesthetic condition induced by suggestion. I would not care to offer an estimate of the percentage of all comers in whom this condition can be induced; suffice it to say, that it is large enough to warrant the attempt in every case in which it is desirable to induce anaesthesia for dental operations. Suggestion may be successfully used with every patient who enters the dentist's chair. The only way to tell whether it is possible to induce anaesthesia, or

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not, in any patient, is to test for it, and this may be very easily accomplished.

I am going to read you a telegram I clipped from a newspaper a few days ago, and it is one of the strongest arguments which could be advanced in behalf of suggestive anaesthesia. The telegram was headed: "Died at the dentist's. A Kingston woman dies under chloroform administered by her physician. Kingston, Ont. Mrs. Sullivan, aged fifty-nine, a resident of Wellington street, went to a dentist's this morning and had her medical attendant administer chloroform. Before the dentist could operate, the woman died. She was the mother of Mrs. Georgeghan and Mrs. Captain Fleming."

Although the number of deaths occurring under chloroform anaesthesia in dental operations is a small one, still, if the use of suggestion as an anaesthetic will decrease this number in the slightest, it should always be the first thing employed, for whether it succeeds or not, it is never dangerous and it is never followed by after effects.

I consider it the duty of every physician, surgeon and dentist to urge its use in every major or minor operation. Of course not every surgeon or dentist is acquainted with its use, nor will every patient permit its use if he knows what is going to be attempted. Indeed, only to-day a successful young dentist told me he had lost several patients through advocating suggestion. However, if a surgeon, or a dentist who is about to perform an operation on a patient has a knowledge of suggestion, and his patient is willing to have the anæsthesia for the operation induced by suggestion, it would be nothing short of criminal for him to administer any other anæsthetic until that had failed. Especially would I advocate its use in the aged and those suffering from heart, lung or kidney troubles, and patients possessed of certain idiosyncrasies.

Speaking also, from what I know from experience to be true, of the practical uses and possibilities of suggestive therapeutics, I consider that it should be a duty of any government to demand that every physician, surgeon and dentist under its jurisdiction, have a thorough knowledge of this science. I consider also that its practice for therapeutic purposes should be confined to these

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professions, for while any one may learn "how to hypnotize," still, when hypnosis is employed by those who are ignorant of the importance and indications of different symptoms of disease, it becomes a very dangerous plaything, and not one whit better than "Christian Science."

"Suggestive therapy" has its limits and these limits can be defined by a physician only. Suggestion is but one important factor in the practice of medicine, but the ignorant enthusiast makes it "the whole thing" and treats everything alike regardless of cause or symptoms. In this way, no doubt, many a patient while undergoing "suggestive" treatment at the hand of an "all mind quack" suffers along indefinitely, all the while hoping for relief from a condition which suggestion alone could not cure in a century. Frequently this loss of time enables a disease to obtain such a firm hold on the patient, that when proper treatment is employed, the assistance comes too late.

It takes, as a rule, from five to twenty minutes to get a patient sufficiently anæsthetized for an operation. I generally use vigorous suggestions, sometimes urging the patient to hurry his respirations, until his head is swimming; or I simply allow him to sink quietly into a numb condition.

If it is possible to begin an operation, it is safe to go right through with it, unless the patient himself says to cease, and I have never heard this after an operation has commenced. If he is going to say it at all he will say it at the beginning. True it is, I have seen patients give every evidence of pain—writhing, clenching the hands, teeth, etc., and it is here that so many operators lose heart and resort to another anæsthetic, pronouncing the trial a failure.

Patients, unless very deeply drugged, will writhe under any anæsthetic, and will arouse without any recollection of having suffered pain. And so it is under "suggested anæsthesia," for if a patient is left alone for ten or fifteen minutes after the operation, and suggestions of "no pain," "did not suffer," "no recollection of pain," etc., are given at intervals, it will be found that the patient will assert that while he knew and felt what was going on, still he experienced no pain.

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In testing for anæsthesia never say to a patient, "You don't feel anything;" "You can't feel that," for his conscience seem-to say to him, "I do feel that;" but suggest to your patient, "You will feel this distinctly, but it won't hurt you;" "it won't hurt you." "Your left hand will be the indicator, and if is hurts you in the slightest you will lift it, but I tell you it will not be necessary, for this won't hurt you, although you will feel it," etc. Then *apparently* pinch one of his hands very hard and say, "See now, that didn't hurt you although you felt it." Then touch him with the head of the pin and give the same suggest tions, aud lastly touch him with the point, and pinching up the skin, pass it clear through. If it hurts him he will lift up the left hand and arouse, whereas, although he may apparently have suffered, you will be surprised, when he arouses, to hear him declare that he felt it but it didn't hurt, showing there was a good condition of anæsthesia present.

The use of suggestion in dentistry is not by any means limited to the induction of anæsthesia. It is well to remember that the average individual has five senses and that he reasons from the impressions received through those senses. A slight impression may gain or lose a patient—I mean such impressions as personal appearance, cleanliness of office and instruments, tobacco in any form, etc. How often one hears it said: "I know Dr. so-and-so is a good dentist, but then he takes his instrument out of a bunch and after using it on me throws it back again, I suppose to be used on some one else, without being washed, and then he comes directly from the patient preceding me and puts his fingers in my mouth without washing his hands. I don't think I can stand him any longer."

How much better it would be if such a dentist, after seating his patient in the chair would take pains to let his patient *hear* him wash and scrub his hands thoroughly or to let him *see* a clean set of instruments brought out, to *smell* that the dentist's breath is pure, and to *feel* very little of what is going on inside his mouth. This last result can be brought about rather readily by a little study of the senses.

I have so frequently had patients of mine ask me if I could

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not give them suggestions before they went to the dentist's, and I have often done this. I have given them some simple things to do which will divert the attention, and many of them have reported marvelous results.

This very afternoon a bright, yet hypersensitive patient of mine, asked me to give her some suggestions before she went to her dentist, as she always had such a terrible time there.

She said that the last time she was at the dentist's, he had a rubber dam in her mouth and was working so long over a gold filling that for the time she was insane. She was conscious of nothing in the world but herself and her tooth; she felt that she would go wild unless something happened, and finally said to the dentist, "Doctor, talk to me or I shall go mad." The dentist at once became very indignant and said he was not a talking machine, but a dentist, and had all he could do to attend to his work, and that any infant could stand what he was doing to her.

She afterward asked him if he would not hypnotize her. He once more became indignant and said that if she wanted any such tom-foolery, she had better look elsewhere for it.

As a matter of fact, this woman is hypersensitive, is terribly afraid of a pin prick, is a physical coward and admits it.

Now, there are thousands of such individuals, and these unfortunates require to have their teeth extracted and filled, as well as those who are fortunate enough not to be physical cowards. The dentist who knows how to make things easy for these individuals is the one who is going to receive their patronage.

Let us look for a moment at the condition of this patient. When she was in the dentist's chair, she was *hearing* nothing—I hope *smelling* nothing; she had her eyes closed, as nearly all patients do, and so was *seeing* nothing; in fact, she was practically in the same condition as a hypnotic subject. That is, she had but one sense active, and as in the hypnotic subject, the whole attention was given up to the sense of hearing, so this hypersensitive patient's whole attention was riveted upon every impression received through the sense of touch. Is it any wonder she became almost crazy?

We should remember that there is a law of nature called the law of compensation.

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This law gives man a certain degree of attention which may be given wholly to one sense, by shutting out impressions received through the others, or it may be distributed to several or all of them, and to the degree in which it is developed in one it is lessened in another.

An infant may be suffering intense pain, but by clapping the hands in front of the little sufferer's eyes, so much of his attention is given to what he sees and hears, that as long as these impressions occupy his attention he recognizes so little of what he is receiving through the sense of touch, that he will laugh.

This sounds rather reasonable, I think, but I assure you, you will be much better satisfied of its practicability when you have gone deliberately to work to ease a patient's suffering by making use of his senses.

It is necessary to keep them all employed, and it is necessary that there should be constant change. The child soon tires of the clapping, and unless presented with a rattle or something else, which will occupy his attention, he soon begins to cry again.

Theoretically, a musical box or a brass band, a phonographic panorama, or a vitascope, a fountain of changing perfumes and a cheerfnl conversationalist should be necessary adjuncts to a dentist's office.

Gentlemen, I am suggesting these few suggestions as suggestions of suggestions for suggestion.

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PART XIX.

DISCUSSION.

At the conclusion of Dr. Parkyn's paper, the discussion was opened by Dr. E. L. Clifford. He said: I regret the absence of the member selected to open this discussion. For a long time I have thought a good deal about hypnosis, but according to the doctor's paper I have thought erroneously. Many questions have bothered me in thinking about true hypnosis, but now I am sure they will be clearer to me in the future. I thought that hypnosis meant sleep. This, of course, shows my ignorance. I thought that the dentist must be able to destroy the consciousness of his patients. A great many patients have the idea that hypnosis takes away their consciousness. They believe that they are not cognizant of anything that is going on around them. If the public can be educated, as well as dentists, to the fact that hypnosis is not a state of unconsciousness, not a state of sleep, and that they are responsible for their acts, I believe that we will open a field that has been almost useless to us in the past. It is hardly necessary before this society to take the time to say anything regarding the value of suggestion to our patients. We know that every dentist has a certain amount of control over his patients. There is a magnetic influence between every two persons. All of us exercise an influence for good or evil on every person with whom we come in contact. We often know when a patient gets into our operating chair, before we do anything to him or her, as the case may be, whether we are going to have a pleasant or unpleasant sitting. We are not able to satisfy some patients, no matter what we do for them. On the other hand, we know when we are going to have an easy time. I try to gain the confidence of my patients, and having done this they begin to believe that I understand my business. We may speak of it as two similars acting pleasantly together. At any rate, the potentiality between the two parties is as it should be. As dentists, we now and then encounter patients upon whom we dread to work. We do not feel this dread because the operation itself is so difficult, for we have performed much more difficult operations for other patients with greater satisfaction to them and ourselves. But, as I say, in the case of some of our patients we cannot get the correct stat-

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us between the patient and ourselves. It strikes me, according to the paper, it is a matter of education in this point. In the first place, the dentist or operator must be educated. Suggestion or hypnosis is a dangerous thing to use unless we know what we are using. The same thing applies to the use of chloroform, ether, or any other anæsthetic agent, and in the use of them a little learning is a dangerous thing. It seems to me, it would not be just the thing to admit that we operate upon our ignorant patients by means of suggestion, and in this regard we have a duty to perform with our patients, to educate them in the matter of hypnosis or suggestion, so that we can get the best results out of the agent we are using. There is not one of us who would attempt to use any one of the agents in our materia medica, without first thoroughly understanding the pathological lesion or condition to which we apply that agent and then the agent itself. I do not believe that suggestion is a thing that anybody should use at random. I have used suggestive therapeutics unconsciously aud ignorantly in the past, and I feel I would like to know more about the subject.

Dr. C. E. Bentley: I do not know very much about this subject, and I know less about it than when I came in, for the doctor's paper has confused me. However, the paper was an excellent one, particularly that part that applies to us as dentists. I had hoped that he would say something on the philosophy of so called therapeutic suggestion. According to the doctor's method of inducing hypnosis and those with whom I come in contact who claim to know something about this matter, there is a wide difference. It has been my privilege recently to attend several clinics given by a psychological school for therapeutic suggestion in this city, and the modus operandi of inducing hypnosis, so called, is entirely different from that described by the essayist. However, the technique advanced by the essayist seems to be a rational one, and his paper certainly gives me a greater insight into the subject than I had before. I must confess I have been skeptical as to the effects claimed to have been produced by the technique I have been fortunate enough to witness. Not many months ago I took a course of lectures on this subject for the pur-

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pose of aiding me in my practice, to alleviate pain which I am compelled to inflict upon my patients in performing certain dental operations; and the technique that was taught me there is different from that advanced in the paper. I do not consciously use hypnotic suggestion, therapeutic suggestion or psycho suggestion very much any more. I have never used it very extensively. As the previous speaker has said, we all use suggestion, more or less unconsciously, a great deal more than we are aware of, and I am on record as having made the assertion at one time, that in proportion as a man successfully uses suggestion unconsciously, just in proportion is he a successful professional dentist I said that I do not use it much any more, and the warning note was sounded by the essayist who related the experience of a dentist, who was practicing suggestion upon some of his patients. I will tell you what I think about this matter. It is well enough to use every means for the alleviation or amelioration of pain that we know anything about, but as indicated in the beginning of my remarks, the hypnotists, psycho-therapists, or the suggestionists seem to be at war with themselves, and I do not consider it wise that we should use so powerful a force until the psychologists are agreed upon some standard of administration, and more is known of this force from a scientific standpoint. Whether we will get out of the psychological laboratories that are at work all over the world to-day, a definite something that can be proven, I am not prepared to say. Suffice it to say that I do not care to use suggestion. I do not care to use suggestion ignorantly, for I think, as the essayist has indicated, it is a dangerous thing in the hands of ignorant men. I do not care to use it for the reason that it militates against my practice. I have several instances in mind that bear strongly on this point. I had a lady, an intelligent woman, for a patient. Soon after taking my course in suggestive therapeutics, hypnosis was uppermost in my mind, and when this patient came to me I commenced fixation of the attention. I tried to fix her attention as best I could on a string that hangs pendant to one of the curtains in my office by excluding all other sensations. I did it in a very circuitous way. And she said to me, "Doctor, that is hypnotism." I said to her, "You may call it

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what you please Miss A., but that is what I want you to do in order to alleviate the pain incident to the operation." She then said, "I have been looking into the subject myself." I replied, "Have you? then you can aid me all the more." She was a ripe subject and looked at the matter intelligently from a psychological standpoint. She fixed her attention to the best of her ability. She has been my patient for five years, and I never operated on her with less pain than at that time. She sent two other lady patients to me last summer without mentioning anything about the successful sitting she had had, and these ladies expressed themselves as pleased with my service, saying that they had not suffered as much as usual during dental operations. She said to them, "Did he use hypnotism on you? Why, can he do that? Well, if I had thought he could do that I should never have gone to him." Miss A. came and told me about this matter. We must look out for these things in looking at the financial aspect of our practice. There are certain people who will not permit themselves to surrender what they conceive to be their consciousness, if it is known, and I do not know whether hypnotism is yet a safe thing for us to take up other than along the line indicated by the essayist in the latter part of his paper. The suggestiveness that comes to the patient and the confidence that comes to both patient and operator by our personal bearing, cleanliness, lack of odor of cigars, odor from the body, general demeanor toward patients, are the essentials to any man who has got the dignity to practice dentistry. The induction of a hypnotic condition, or the induction of an influence peculiar to occultism, is something I am afraid of individually, and I do not know whether it is best for the dental profession at large to take up the idea of therapeutic suggestion along these lines.

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Dr. J. H. Woolley: I think the subject under discussion is an exceedingly interesting one. We know little about it, but it seems to me that a great many of us are using hypnotic suggestion in our practice unconsciously. I speak of suggestion of many kinds which is possibly akin to hypnosis or hypnotic suggestion. For instance, the president of this society, Dr. Perry, has many followers, who like to put their hand in his and shake it. He seems to have something about him that is suggestive of human sympathy. A great many people exert an unconscious influence over others to a certain degree. Let us take a few people that have gathered together. At first, there seems to be an antagonism, yet in a little while an agreeable feeling manifests itself, and they become intimate with one another. As has been clearly shown by the author of this paper, it is not so much impressing the idea on the patient that he is going to be hypnotized, but it is the new condition that is being brought about that is going to change the current of thought from the idea of pain, by the passing of the thought to another subject. I would like to give a little experience that will make clearer to you, what seems to me was an unconscious suggestive power that I had, that helped me in my practice. In the first few years of my practice, in my operating room, I was nervous. I did not have confidence in myself. I feared to inflict pain. I feared that I could not handle an instrument as successfully as I should. I disciplined myself to perfect composure, to repose. I tried to have everything around me in my operating room in an orderly manner and everything clean, and the idea was to have it, as it were, the holy of holies, and then when I approached my patient, not to say that this operation is going to be very painful, but I gave the patient the impression that the operation could be lessened, as far as pain was concerned, by the handling of the instruments; that the instrument itself by rough usage on the part of

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the operator could cause pain I tried to explain the manner of using the instrument to the patient, and that while the instrument might cause more or less pain, possibly there was no pain in the tooth itself. By degrees there was an influence exerted over patients that put them in a condition of mind so that they had absolute confidence in me; and by operating carefully and getting their attention off the operation at the time, they seemed to pass into a quiet, restful state, and after the operation was over many of them exclaimed, "Why, that operation was not so severe as I had supposed." It seems to me, therefore, that we are all using, unknowingly to ourselves, suggestion.

I recollect an incident which set me thinking. It was an actual occurrence in my office, and I could not understand it. It was marvelous to me. I was operating on a lady who was of a highly sensitive organization, and she seemed to be suffering intense pain when I was prepariag the cavity, previous to filling it. I stopped for a moment and gave her to understand that she should rest, and let the operation pass out of her thoughts. When I got behind the chair to fill the tooth, although I was not ready to proceed, I had a feeling in my heart, and I said to myself with great energy, I wish there was something to relieve that without anæsthesia. She did not discover my feeling, but when I expressed that wish she ceased the motion of her feet, and I operated on her eventually without any pain. I could not account for the philosophy of suggestion in that case. I do not know anything about it, but it set me thinking. I think we can use suggestion toward our patients in many ways that they are unconscious of, and I have no doubt that there are many practitioners who do that.

In some way, dentists divert the thoughts of their patients, and the patients have no idea that we are going to place them under the influence of suggestion or in a somnambulistic state. There is a way of approaching a patient without his knowing what we are doing, and I hope Dr. Parkyn, if he has time, will elaborate this phase of the subject in his closing remarks. If I tell my patients that suggestion is a boon to humanity and a boon to them, I am afraid of driving them away. If my patients want to be relieved of pain, I am going to relieve them the best way I can.

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Dr. E. MacWhinney: I am like Dr. Bentley; I do not know anything about hypnotism. I have tried somewhat to look into it, and, with Dr. Clifford, I am quite at sea. There are a few things that I do know regarding suggestion. These I know from experience. I may say, in the first place, that after the patient has once been taught the art of inducing the hypnotic condition he or she is easy to work upon. I recall a patient that has been coming to me for eight years, and within the last two years she has been under the treatment of Dr. Parkyn, who has treated her by means of suggestive therapeutics. She suffered so that she was a difficult patient to work upon, and all these years I have dreaded the time when it became necessary for her to come and see me. Her teeth were unusually sensitive. She suffered intensely at each sitting, so that it was absolutely impossible for me to do perfect work. I have spent hours in thinking what I could do for her to help her out of her trying ordeal. I have exhausted myself in working on her teeth, and she would be so completely exhausted at the end of a sitting that she would have to remain in bed two or three days thereafter. When she came to me, after being under Dr. Parkyn's care, she said, "The next time I come to you to have dental work done you must hypnotize me" I said, "All right." I had been studying hypnotism a little, but hardly knew how to go about it.

She came into my office, although she had not seen Dr. Parkyn for two or three months prior to this time, and believe me, gentlemen, she sat in my operating chair, fixed her eyes on the electric reflector above and immediately subdued herself, so that she was absolutely quiet and peaceful. Her whole nervous system was at rest. I worked for her without her manifesting the least sign of pain, and yet she would talk to me and I to her. After I got through I said, "This time you will not have to go to bed; there will be no after effects, and you will feel as though you had a restful time instead of a period of high nervous tension." So from that time I have not had any trouble with this lady. I believe she would go into an active somnambulistic state without any assistance from any one.

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I have had the pleasure of seeing my fellow practitioners operate with the use of suggestion, and some of them go about it in a way that does not seem to me to do much good. About six months ago I was in a brother practitioner's office and my attention was called to what he was doing and the manner in which he was making suggestions to the patient. They were anvthing but suggestions. The perspiration was running off his nose and chin and he was shaking all over. He was determined to force suggestions into the patient. For years I believe I have aided my patients in the following ways: In the first place I have no display of anything in my office. My instruments are all covered up. I take the instrument I want to use, and after I am through with it my assistant takes it away. I have but two or three instruments in sight at a time. I also try to have as little machinery and noise as possible.

Another thing I have noticed is this, that when a patient goes to have a tooth extracted, some of my fellow practitioners say to him, "It will hurt a little, just nerve yourself up to it. It will only be for a minute." The patient then takes hold of the arms of the chair, stiffens himself up in the most rigid way, and the process of extraction hurts him terribly. I do not extract teeth in that way. Whenever a patient sits in my operating chair, plants his heels down and holds himself in a rigid way, I tell him, or her, as the case may be, to wait a minute until he gets over his nervous excitement. I tell my patients that there is nothing to be very nervous about. I tell them that when the nervous system is put in such a state of tension the nerves act like telegraph wires; they concentrate on everything I am doing, and the whole nerve force is directed in that direction, telegraphing the sense of touch and the sense of pain to the brain. I urge my patients to relax their muscles as much as possible and feel at ease, and when they do this they do not scream with pain. I think those of you, who, perhaps, have gotten some of my old patients, have been told that they do not suffer much in my hands. I have never told a patient that I was going to hypnotize him, for I cannot, but I can suggest these things, and personally I find it of great advantage to myself. Since I have been a dentist

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I have always had one dentist to look after my mouth. I have a great deal of confidence in his ability.

When I first went to him I suffered a good deal; I used to perspire freely during a dental operation. At his suggestion, I began to practice suggestion on myself. This I have done, and I am now able to sit in a chair with my muscular system perfectly relaxed and suffer very little pain. He talks to me. I try to fix my mind on something different from what he is doing. Perhaps I fix my mind on a book I have just read. I do not suffer the tenth part of the pain that I did a few years ago when the same dentist worked for me. You may call it suggestion or hypnotism, but I call it the power to control and relax one's self.

Dr. Don M. Gallie: If I understood Dr. Parkyn correctly, he spoke of hypnotism and Christian Science as being entirely different. I would like to ask him if there is not some relation between suggestive therapeutics and Christian Science. And in this connection I wish to speak of an intelligent lady patient of mine. Six years ago she was extremely nervous and sensitive, so much so that it was almost impossible to do good dental work for her. Since then she has become a convert to Christian Science and she is a firm, honest and sincerce believer in it. She comes to me about once in six months to have work done. At her last visit to my office I had a bad cavity to fill, the decay having encroached upon the pulp. I worked around in that cavity very freely and she did not seem to suffer a particle.

After I had completed the filling she told me that she was a believer in Christian Science. I asked her why she did not make any demonstration of suffering during the operation, and she replied that she was determined to remain quiet while in the operating chair, and her belief was sufficiently strong to apply it to a dental operation, and she declared that she did not suffer a particle of pain. She claims that she treats all the ills that human flesh is heir to and is raising her children according to the laws laid down by Christian Science.

Dr. C. E. Bentley: Is it true that pain is not a condition *per se*, but the mental perception of an injury? I would like Dr. Parkyn to answer this question in his final remarks.

Dr. H. H. Wilson: I understand from the doctor's paper

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that he never puts a person in a hypnotic state or offers hypnotic suggestion without his consent. If that is true, I want to know if we are practicing hypnotic therapeutics when we are simply telling our patients that an operation is not going to hurt them, and that they must be calm. Again, is it proper to induce this condition without first obtaining the consent of the patient?

Dr. A. H. Murdow: I am not a hypnotist or suggestionist, but I want to thank Dr. Parkyn for his able paper. I have thought a great deal upon this subject. I cannot agree with some of the remarks that have been made. I agree more with the essayist. I do not believe there is anybody but who can receive or is susceptible to suggestion. I do not believe there is any one but who can suggest. I would like to see a person incapable of receiving suggestion, or a person who cannot suggest. We know that there are men in business every day who make their fortunes by suggestions. Suggestion is abroad in the land, and there is no patient whom we cannot influence to a degree. This is an indisputable fact.

Dr. George B. Perry: I want to express appreciation in behalf of the Odontographic Society to Dr. Parkyn for giving us such an interesting paper. Speaking as a dental practitioner, it seems to me the influence one has over his patients is well worthy of consideration. The condition of relaxation, both to the operator and patient, is very essential. While the operator keeps himself in that condition, apparently, he may still have a firm hold on himself, but a quiet manner of controlling his patient. It is as necessary, in my opinion, in many cases for the dentist to hypnotize himself as it is to hypnotize the patient. If an operator has had an unusually hard day in working upon nervous patients, his condition is clearly shown in his personality, and if he has not his personality under control, the patient is sensitive to and affected by it.

One of the most important factors in auto- or psycho-suggestion, or suggestive therapeutics, is that of temperament. Temperament seems to be the fundamental principle in the success of the dentist's practice. The more nervous a person is the more readily he takes suggestion; and while we may feel that we have a patient under our care, upon whom we cannot operate, yet by

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quiet, firm suggestion, we may get him under control more readily than it would otherwise seem possible.

When in the Auditorium building, I had a patient who was known as a Christ Scientist. The distinction between a Christ Scientist and a Christian Scientist, according to her explanation, being, that a Christian Scientist does not believe that pain exists; that it is a negative condition. On the other hand, a Christ Scientist admits the possibility of pain, but he can control it by effort on his part. This patient came to my office accompanied by her husband, who is a lecturer on this subject. She is a teacher of this doctrine. He was also the editor of a paper, the name of which I have forgotten. She had a left lower second molar which was elongated from pericementitis and very painful. Being on the same floor with them, I was familiar with her name and occupation, and I thought it an excellent opportunity for me to test how far her faith would go in connection with the work I was to do for her. I used a pair of ordinary pliers on the tooth, pressing down fairly hard and immediately she winced. She said she felt a little uncomfortable. Her husband, standing in front of the chair, suggested that the tooth did not feel uncomfortable, and there was no sensation there. She opened her mouth and I repeated it with the same result. Her husband said to her, "What are you moving about for? There is no sensation there, why do you move?" But she said she felt uncomfortable, although there was no pain. I said, "What other name do you call it?" I then asked her what she wanted done. She said she came to have me look at her tooth and to treat it, as she had been so busy with hopeless cases, given up by physicians, she had not had time to attend to herself. I then said, "There is a possibility of pathological conditions getting beyond your control." "Oh, no; not at all," she replied. "How about this case? What do you expect me to do?" She said, "You might give me a little relief." I replied, "If I do it will not be according to your ideas. The tooth needs treatment at once if you do not expect to lose it." During the conversation I elicited from her the statement that she filled her own teeth. This was a new idea with me. I said, "Will you kindly tell me how you perform this operation and by what means?" She replied, "I simply will

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that the tooth be filled." I said, "With food?" She answered, "Not at all." I said to her, "Let me ask you a practical question. Did you will the tooth to be filled with the same constructive material with which the tooth was composed? If so, will you kindly point out a tooth filled in this manner?" She put her finger on a left upper second molar. The tooth was filled as far as it could be, on account of occlusion with calculus. I said, "It may be rather strange to you, but you will pardon me if I say that it is in a filthy, abnormal condition, and decidedly unnatural, and the only treatment for that tooth is to remove the deposit." I took a mouth mirror and showed her how it could be broken away from the tooth structure and the clear natural lines of the tooth shown. Her husband went so far in speaking of the reconstructive tissue in the body as to say there was as much of it in the body now as at any time. I asked him whether he realized what was meant by that statement, and said to him, "Do you reason on the basis that if a man lost his leg, the reconstructive tissue of the body would grow another one just the same?" I advised him not to waste much time over this, as he would not be successful.

Dr. Parkyn, in speaking of the tests of the condition of suggestive therapeutics, referred to the use of a pin. He did not speak of disinfection. I remember one man who would hypnotize himself, then run a needle through his tongue. He did it several times. He would take a knitting needle and let any one in the audience handle it. It is a dangerous thing to use a needle in such a manner as that. A steel pin is best used in such demonstrations, but whatever is used should be thoroughly disinfected.

People speak of the condition of hypnosis as varying from a light sleep to catalepsy. I have assisted during surgical operations that have been performed under what is called hypnotism, with little or no sensation of pain to the patient.

I agree with the other speakers, that Dr. Parkyn has very much simplified our understanding of suggestion. He has given it to us in a clearer and more tangible manner than I have heard before, and it appeals to me as practical, if one feels like using it in his practice.

I want to express the necessity for dentists being *en rapport*

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with their patients. If this is done, I am sure suggestions would be followed by beneficial results.

A member: I would like to know how the case of the Christ Scientist eventually turned out.

Dr. Perry: She came in four times to have the tooth treated. The last time she came in with her husband, the inflammation of the tooth had subsided considerably, and it had gotten back into position so that it occluded quite naturally. Just as she was getting out of the chair, she looked up at me in an energetic sort of a way and said, "I do not think I will come to you again. I can handle the tooth now myself." I bade her good morning, but collected my fee.

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PART XX.

Dr. Parkyn, in closing the discussion, said: I desire to thank the members of the society for the kind way in which they have received my paper this evening, and I shall endeavor to reply to the questions that have been asked.

To obtain a thorough knowledge of suggestion one should first study theoretical and practical psychology.

When this has been accomplished the explanations of vexing questions and perplexing phenomena, and the application of suggestion will be found very simple and satisfactory.

Suggestion is built on common sense principles from the bottom to the top. There is nothing mysterious or uncanny about it. There is nothing about it that cannot be satisfactorily explained; in fact, we might go so far as to call it an exact science.

You will find that the "suggestive state" is the result of certain conditions which are easily brought into activity in every one when the operator understands the physiology as well as the psychology of the condition.

One gentleman described the difficulty experienced in handling a patient who insisted on contracting his muscles when in the chair, and the marked difference produced when he persuaded the patient to relax.

The explanation for the change is simple. With the general contraction of the muscles comes a great increase in the amount of blood in the head. In this state sensation in the head is increased, as well as any pain resulting from inflammation. Add to these conditions a patient's concentrated attention and fear of pain, and the hypersensitive condition is accounted for.

In such a condition a patient is "*en rapport*" with his sensation and is not amenable to suggestions of anæsthesia until complete muscular relaxation is procured.

There are two methods of inducing anæsthesia. First, by producing a condition of concentration. Secondly, by diverting the attention to impressions received through the other senses. The first method is best adapted to those who are not physical cowards "at heart." The second may be used in every case, but it is most happy in its effects upon hypersensitives, for when properly used it greatly reduces their suffering and nervousness.

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Anæsthesia does not depend upon deep suggestibility, but upon a certain preconceived interpretation of pain, coupled either with an ability to concentrate the attention or with great lack of voluntary attention on the part of the patient.

One is in a state of suggestibility, or receptivity, the instant the eyes are closed, and suggestions have exaggerated effects, the exaggeration being limited by the auto-suggestion of the subject.

I may stand one man on his feet with his eyes closed and tell him I am drawing him backward, and he falls backward, although the very tone of the positive suggestions I gave would arouse the antagonism of another. Such a man is generally accustomed to obey, not to command; his head work is generally done by another and he has little determination or originality.

Again, take the greatest skeptic you can find, all the better if he is domineering and full of argument; give him a few simple, practical examples of the effect of the mind upon the functions, such as the mention or sight of a delicacy upon the saliva, and the effect of a bad odor or sight upon digestion, etc. When you have pointed the facts out, you have started him to thinking seriously. Ask him to stand with his eyes closed and to concentrate his attention upon the sensation of falling backward, and if he is honest he will surely bend or stumble backward. You thus employ his auto-suggestion to accomplish the result and this is really the most intelligent and powerful way of giving suggestions.

Your suggestion was exaggerated by his concentrated thought, producing unconscious action in the muscles of his back and legs. He was therefore actually in what is generally called the "hypnotic state," or "hypnosis."

To get the patient into a condition of receptivity or subjectivity it is necessary to get the senses inactive, and the most rapid means by which to accomplish this is to obtain concentrated thought, to reduce the blood supply to the brain, and to inhibit the senses.

It is a well known and demonstrable fact that the more active the mind the greater is the quantity of blood supplied to the brain. The converse is also true, for to the same degree in which the blood leaves the brain is the activity of the mind decreased.

In delirium the brain is badly congested, the head is hot and

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the blood vessels are engorged. In this condition the senses become for a time extremely acute and the activity of the subjective mind is also seen in the ravings of the patient, frequently bringing forth from the recesses of memory some long forgotten, trivial incidents of childhood, or even whole passages in a foreign language, not understood by the patient, but which he must have heard at least once.

An old treatment for such a patient was bleeding. If you could watch such a patient bleeding to death you would see him pass through a variety of mental conditions; beginning with a return to his normal state of mind, dizziness, fainting and coma would soon follow.

During natural sleep the conscious mind becomes inactive, and there is a corresponding diminution in the quantity of blood supplied to the brain.

When the mental and physical conditions of the receptive patient are understood, the induction of the suggestive condition becomes a simple operation, and the methods usually employed to induce the condition, such as gazing into the patient's eyes, the use of bright objects, etc., etc., are seen to be unscientific and absurd. They are the last evidences of the practical work of Braid and Mesmer clinging to our present modus operandi, although the same mental conditions are induced at the present time.

Mesmer and Braid recognized only the somnambulic condition, and, not understanding the psychology of the condition or that it was induced by suggestion, thought the patient actually slept.

A committee of physicians appointed to investigate Mesmer's claims reported that the patients in whom he could induce the "trance" were imaginative and hysterical. Charcot, who also recognized only this "somnambulic state," made the same statement, and my own experience has satisfied me that somnambulists are all of the same type. They make the most unsatisfactory patients in the long run, although it is among this class that miracles by faith healing, etc., are performed. The conditions of which such a patient is relieved are really only present because he is so suggestible. Children, before they reason properly, make

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good somnambulists; but as education and reason increase, they become less suggestible.

Show me a somnambulist and I will show you a man who cannot reason properly, and who is as a rule uneducated; or if educated, one who is unable to apply his knowledge practically. A condition of deep suggestibility is a symptom and is neither necessary nor desirable, where actual troubles are to be relieved.

I am in sympathy with the doctor who said he would not care to have the word hypnotism mentioned in his office. The word is meaningless, has a lot of mud clinging to it—in fact, is like a dog with a bad name, and I should advise that it be dropped entirely.

Suggestions can be used without the knowledge of the patient or the use of the word hypnotism.

The best results from suggestion are obtained from the educated and reasoning classes, by teaching the patient the value and means of employing auto-suggestion.

I would point out, in reply to Dr. Wilson's questions, that hypnotism is nothing but suggestion; and one may suggest to a patient who has his eyes either open or shut; but the strength of the suggestion will depend upon the degree of concentrated thought given to it and the auto-suggestion of the patient.

On account of the ignorance and prejudice extant, regarding "hypnotism," it would not be advisable to suggest such a thing to your patient, nor to use any methods which might thereafter be questioned. However, all this can be avoided by adopting the methods I described, for they can be used without the patient knowing that the power of suggestion is assisting himself and his dentist, and that this force is being intentionally and intelligently directed.

In reply to Dr. Gallie's question, I must say that it is unquestionably this same force, suggestion, which works the cures by Christian Science, or mental healing of any kind. In fact, some of the most brilliant cures made by our so-called regular schools of medicine have been due to this same force, although the credit has been placed elsewhere.

I have studied Christian Science thoroughly and find it teeming over with suggestions from beginning to end.

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Replying to Dr. Bentley, I will say that I am of the opinion that pain is due to the perception of an injury.

Pain is a degree of sensation, but its degree of severity depends greatly on individual interpretation. There is no scale by which we can measure pain, for no two in a dozen would interpret a given sensation in the same way.

Normally, one is not cognizant of the chemical actions continually taking place in the tissues of the body because he is accustomed to these sensations from birth, and they feel as natural as the clothes on his back, but when from injury the natural course of events is interrupted he becomes conscious of the interruption, and the ensuing sensation may be interpreted as pain.

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IN SUGGESTION.

BY HERBERT A. PARKYN, M. D., C. M.

PARTS XXI, XXII, XXIII.

PUBLISHED BY
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PART XXI.

That condition of the mind or body which is manifested in the tendency to unconscious repetition of acts or states is known as a habit. For example, we say that one has a habit of walking slowly; of another that he has a habit of talking of his ailments. Habitual acts or states may at one time have been wholly or at least partly under control of the will. The action of the heart, for instance, now wholly automatic in man and the higher animals, may possibly have been, in preceding forms of life, under voluntary control.

Habits are formed by repetition, and not only does every animate thing in nature seem to form habits, but the effects of repetition may also be found in the habits of inanimate things. Every time a piece of paper is folded in a certain way it is easier to fold it in the same shape the next time. Every musician knows the advantage of having string, reed and brass instruments "broken in" by an artist. The value of the violin of a master does not lie simply in the fact that it was his personal property, but is owing to the habits of vibration which have been formed in the fibres of the wood in the violin. These old violins have fine, rich tones, due to the fact that the various notes have been produced on them so often and so correctly. It is only after kneeling a number of times that a man's trousers form the habit of "bagging" at the knees. Let a man do a certain thing once, in a certain way, and it is easier for him to do it that way a second time. Let a nerve carry a certain kind of impression inward once, and it is easier for a similar impression to follow the same path over that nerve than to travel along a new nerve route. Similarly, if the impulse of a thought be carried outward along certain nerves and expresses itself in the action of certain organs or muscles, these same nerves, organs and muscles will more easily respond to similar thought impulses a second time than will other nerves, muscles and organs.

Watch the workings of a river in forming its channel and it will be seen that it invariably takes the course which offers the least resistance, if left to itself. If checked and directed, however, it may be made to enter channels where, if unrestrained,

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it would not run. Similarly, in man, thought impulses, if uninterrupted, will form paths in the brain and nerves and become habitual in expression in outward actions. If controlled and directed by the will, however, such thought impulses may be made to open up new channels in the nerves, or to change those already formed and to find outward expression in different forms of action.

At least four great classes of habits are found in man and these we shall study under the heads of

(1) Habits of Motion
(2) Habits of Thought
(3) Habits of Sensation
(4) Habits of Life.

HABITS OF MOTION.

This form of habit is confined exclusively to the muscular system and is formed, as are all other habits, by repetition. The habit may be developed in any muscle or group of muscles in the body, consciously or unconsciously. Habits of motion are observed in such things as walking, biting the nails, scratching the head, facial expression, winking the eyes, smiling, the technique of piano playing, sewing, knitting, violin playing, writing, etc. Some of these habits are formed by the repetition of a conscious effort while others are formed unconsciously by imitation or accident.

It is very interesting to trace the formation of some of these habits. I once treated a young man for persistent scratching of the head. So constantly had he kept up this habit that when he came for treatment he was almost bald from the damage wrought to the scalp. The history of the formation of this habit is of interest. The patient is a college graduate and had been a great football player in his time. When indulging in his favorite game each day, he generally managed to get a great deal of sand in his hair and a shower bath and washing failed to remove it entirely. While studying in the evening he would run his fingers through his hair and feeling the particles of sand scratch them out. This clearing out process went on unconsciously each evening until the habit of scratching his head whenever he read was

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formed. He had the habit as badly as ever when he came for treatment, although he had not played football for six years.

Another patient had a peculiar walk which was the result of much time spent in walking in sand and climbing hills. Another had a habit of lifting one eyelid and lowering the other whenever answering a question. This habit had existed for nearly twenty years and was the result of imitation, the patient in his school days having associated with a boy who did the same trick. Still another patient had a habit of winking very markedly at intervals. When a boy of fifteen he had some difficulty with his vision and found that winking relieved it somewhat. This winking was kept up for several years until he had glasses fitted, after which the eyes were better, but he had formed the habit of winking and it did not leave when the prime cause was removed. In fact, when he came for treatment the habit had existed for nearly twenty years.

Sometimes it is necessary or desirable to form certain muscular habits, such as smiling, piano technique, walking, writing, etc. These may all be cultivated by the constant repetition of the desired act.

To remove an undesirable habit of motion another habit must be formed to take its place. If it is an unsightly twitching, the habit of controlling the affected muscles must be formed in the patient. If an incorrect technique or an unsightly facial expression is to be changed, a new technique or new expression must be continually practised *without a return to the old habit.* In regard to this important point Prof. James says, "Never suffer an exception to occur till the new habit is securely rooted in your life. Each lapse is like the letting fall of a ball of string which one is carefully winding up; a single slip undoes more than a great many turns will wind again. Continuity of training is the great means of making the nervous system act infallibly right." Prof. Bain says, "The peculiarity of the moral habits, contra-distinguishing them from the intellectual acquisitions, is the presence of two hostile powers, one to be gradually raised into the ascendant over the other. It is necessary above all things, in such a situation, never to lose a battle. Every gain on the wrong side undoes the effect of many conquests on the right.

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The essential precaution, therefore, is so to regulate the two opposing powers that we may have a series of uninterrupted successes, until repetition has fortified it to such a degree as to enable us to cope with the opposition under any circumstances. This is the theoretically best career of mental progress."

To illustrate the methods to adopt in curing a habit of motion, I will give in detail the history and treatment of a case successfully handled:

J. D., a young man aged 25, had been attacked with St. Vitus' dance in his thirteenth year. The muscular twitchings, which extended almost to every group of muscles in the body, were very persistent for three years, at the end of which time they almost completely disappeared, leaving only an unsightly, periodical twitching of the facial muscles. The facial expression which this twitching occasionally produced was very ludicrous and, as may be imagined, was a great source of chagrin to the victim, who, in every other way, was a highly talented young man. The twitching had been present for twelve years in all when he first presented himself for treatment. He had become almost a recluse on account of his affliction. After examining him thoroughly I came to the conclusion that he was suffering from a habit of motion remaining after the actual cause of the St. Vitus' Dance disappeared. Just why the habit should have formed in these particular muscles can only be a matter for conjecture. Possibly the fact that he was more sensitive about his facial expression than that of other parts of the body had much to do with fastening the facial trouble upon him. The results obtained in this case confirmed the diagnosis of habit of motion.

No functional troubles existing in the organs of nutrition and elimination, and the young man being in perfect health, I directed my whole attention and suggestions to the muscular habit. At first he would go through the muscular movements unconsciously. My suggestions were directed to increasing his consciousness of the habit and to forming a habit of control of all the facial muscles. I explained to him how habits were formed, why his trouble existed, how we should overcome it, and instructed him in the use of Auto-Suggestion. Then, placing him in the suggestive condition, I adopted something like the following line of suggestion.

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"I have explained to you at length what has to be done to make you perfectly well. You understand the philosophy of the treatment we are adopting and believe that if properly carried out by yourself a perfect and permanent cure will result. You will carry out your part to the letter. You will become more and more conscious of the twitchings when they occur and the instant you become conscious of them you will control the face, assume the expression you wish to cultivate and tell yourself that next time you will control the contractions sooner. Every time you think of your treatment or your condition, you will assume the desired facial expression and suggest to yourself that you have absolute control of the muscles of the face and will feel any inclination of the muscles to twitch. Shortly you will have complete control of the facial muscles and your old trouble will disappear. The more you keep these muscles quiet the less likely are they to contract. The motor cells of the brain which send the undesired impulses will atrophy from disuse and will finally cease to operate. Every spare moment will be given up to holding the facial muscles under conscious control."

The expression I wished him to assume was one of facial repose. Inside of ten days he was conscious of controlling the face a great part of the day. The twitchings had become few and far between and at the end of two weeks he declared he could feel the inclination of the muscles to twitch but was able to check them every time. Gradually the habit of facial repose was cultivated and inside of a month the twitchings had entirely disappeared.

In treating stammerers or stutterers a similar plan may be followed. Make them conscious of their breathing until they have formed the correct habit of abdominal breathing. Make them speak in a very exact way until the habit of exact and correct speech is formed. They should be taught, also, to control facial contortions if any be present, and practice before a mirror will be found very serviceable in correcting such defects.

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HABITS OF THOUGHT.

Every human being has certain habits of thought. Some of these are commendable, while others are undesirable. It is the latter class we shall deal with, chiefly, in this course.

A study of the formation of a habit of thought will make the indications for the treatment of this complaint very evident.

It was pointed out elsewhere in this course that every impression a man receives through his senses is stored up in the minute cells of his brain. These cells are all in relation to one another, so that each impression is associated with those which have preceded it through the same avenue of sense. These brain cells are nourished by the blood and are active or inactive according to the amount of blood supplied to them. The more active any group of cells is kept, the more likely are the impressions stored up in these cells to be in one's unconscious mind. It is the continual stimulation of one group of cells which produces habits of thought.

Every one, at some time or other, has had a musical air or a piece of poetry "running through his head"—sometimes for days at a time. It stays with us till another group of cells is stimulated into activity, or until the mind is completely absorbed in other things. Then the cells get a chance to rest. If a musical air is bothering us we can rid ourselves of it by humming something else; and so it is in overcoming undesirable or unhealthy lines of thought in a patient. We place new thoughts in his mind by repeated suggestions, and when the treatment is kept up each day for a length of time, and the patient is constantly going over these suggestions himself, the new thoughts take the place of the old ones; the old ones become inactive, and the stimulation of the cells, from which they spring, diminishes. It is impossible to blot anything out of a man's mind, but if it contain undesirable thoughts, we can overcome their effects by placing new ones there. The new thoughts will replace the old ones, provided the suggestions are repeated very often.

In some patients the habit of thought only appears when they are in an abstract mood, while in others they seem to fill the mind during every minute of consciousness. The degree to

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which the thought absorbs the attention depends upon several things, i. e., the physical condition of the patient, his individuality and occupation, as well as upon the nature of the thought itself. The object of the treatment is to reduce the length of time each day given over to the habit.

Most patients suffering from thought habits have many functional disorders. These should be removed first. In fact, I have seen many of these thought habits disappear with a return to good physical health; the reason for this being that as the nutrition to the brain improved the patient's reason also improved, thus enabling him to assist in downing the thought at will until it was finally overcome.

I will give the history and treatment of a case of pure thought habit which I have successfully treated, recently.

Mrs. B., aged 37, was in a very sad mental condition when first brought for treatment. One year before, while preparing for a pleasure trip with some friends, she noticed that her child of three years seemed peevish and fretful. Thinking it was simply a slight indisposition, she started on her trip, leaving the child in care of an inexperienced nurse. The nurse paid but little attention to the child's restlessness, until he became so sick that it was necessary to call in a physician, who made a diagnosis of diphtheria. The mother was telegraphed for, but it required three days' travel before she could reach home. When she arrived the child was dangerously ill, and some friends of hers advised calling in a young physician who had a reputation for being up to date in the treatment of this malady. She was thoroughly satisfied though to allow her old family physician to continue to attend the child, but when in the course of a few days it was seen that the child was likely to succumb, the young doctor was called in. The child died and the young doctor, who required a course in suggestion as well as ethics, informed the parents that he could have saved the child's life had he been engaged sooner.

The mother at once commenced to upbraid herself for neglecting the child and refusing to call in the other physician when advised. She went over and over in her mind the scenes and incidents of the whole affair, always looking for some avenue of

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escape—for something to turn up which would change things, but always ended in the same mental condition. She went over this line of thought so often that it finally filled her whole mind and she could give her attention to nothing else.

This condition of mind had been present for nearly a year when she came to me for treatment, although change of scene had been tried several times.

I found her physical health to be very fair and so commenced at once to treat the habit of thought. I explained to her what a thought habit is, how it is formed, and outlined the treatment. She said she would do every thing in her power to assist me, but that she did not believe anything could help her. I made her promise me that the moment she became conscious of the fact that she was in her old line of thought she would commence to think of what I said to her during treatment, and that she would dwell upon the suggestions given, at the same time trying to think of their meaning.

The suggestions I gave her in the suggestive condition were something like the following :

"You are resting quietly now. Your whole attention is riveted upon what I am saying. Every word I utter will be indelibly imprinted upon your mind. You will dwell upon the thoughts I express to you and they will become your own thoughts. You will accept every suggestion I make to you because you wish it to come true. You will believe everything I say to you. Everything I will say to you is the absolute truth and you must accept it as such. You have much to live for in this world. You will devote yourself to making your husband and children happy. They have been longing for your care and affection and you will reciprocate their devotion. You will force yourself to do what you can to please them and the pleasure they show will induce in yourself a sensation of happiness and pleasure. You will become bright, happy, cheerful and ambitious again. Do you hear? Bright, happy and ambitious again. You had ambitions. They have simply been dormant, but are arousing again. You are bright, happy, cheerful and ambitious. You will try to interest yourself in everything, and everything will find an interest for you. You have many blessings and you will count them each

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day, many times. The moment you feel the old thought returning you will think of what I have said and will interest yourself in something at once. This requires a little effort of the will on your part, but you will exert it every time because you have promised you would. You will be bright, happy, cheerful and ambitious all the time. Your old energies will return to you, and you will become the admirable housewife and mother you always intended to be. You will see the bright and happy side of everything. Every time you sip your fluids you will think over what I have said and what you desire to have happen. Your thoughts will take form in action," etc.

The student will notice that I avoided touching on the death of the child. It was not necessary; all I wished was that she should think the thoughts I suggested. Why should we care what becomes of the darkness when the sunlight enters a room? I wished her to think sunny thoughts, knowing if I could get them into her mind they would soon replace the old ones. She had but a certain number of hours each day which could be given to the old thoughts and every moment given to the new ones lessened the old. Besides, we planned a time-table for her each day, thus forcing her attention on other things.

The treatment worked admirably. From the first her mental condition improved. She acted upon all the suggestions and at the end of a month was as happy as anyone could wish. At the end of that time she was able to refer quite unconcernedly to her "old habit of thought," for it seemed to her then "simply like a bad dream."

HABITS OF SENSATION.

Under this head come drug habits, including alcohol, morphine, cocaine, tobacco, etc.

The treatment for pain habit is really that for hypochondria, and will be covered in another part of this course.

It is not the first smoke or the first dose of a drug which creates an appetite in the individual. The word appetite is not correctly used in speaking of drug habits; for it is not the taste of any of these drugs which makes them so enticing. It is the

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bodily sensation and mental stimulation which make them so alluring. It is a well known fact that unpleasant bodily sensations produce unpleasant mental conditions, such as are known as the blues, which accompany an attack of biliousness. In this same way, these drugs, when taken into the system, produce a pleasant bodily sensation, and the victim's mental condition is raised to the seventh heaven. In this state he is above the "petty" mental and physical annoyances of daily life. I am speaking now more particularly of the effects of morphine, cocaine, and alcohol, than of tobacco; for while the latter does produce slight stimulation, still, I think that the chief attraction about smoking or chewing lies in the fact that it gives the habitue something to do and something to have in his mouth. It is the restlessness for lack of something to do which affects a man in giving up smoking. If he be occupied, he does not feel the necessity for it. It is different with the habitues of other drugs. They lack the physical and mental stimulation of their drugs if they are long without them; and when the effects have worn off a little, they are miserable until they fill up again, no matter in what pursuit they may be engaged. Many a business man does not smoke from morning till night and has no desire to do so, because his attention is on business. Given a holiday, and he becomes restless unless he has a cigar in his mouth. He requires something to do. On the contrary, the drug fiend can get along with less of his drug if less effort is required of him.

When a man is continually under the influence of a stimulant he loses track of his normal condition and feels abnormal if he is required to do without his drug. The effects of the first dose of a drug are recognized as abnormal, but, if the use of the drug is persisted in, the stimulated condition becomes the normal one. The chief trouble then in curing a drug habitue is in getting him accustomed to the sensation of doing without his stimulant. The natural inference drawn from this fact is that the sooner a drug is taken away from a man and kept away—the sooner he will be well. This is true in the case of tobacco, alcohol, and cocaine, but it has been demonstrated over and over again that the gradual withdrawal system is the best for the morphine or opium habitue. Serious consequences frequently follow

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the sudden withdrawal of large doses of morphine. An eminent authority claims that this is due to the formation of an alkaloid in the system, which neutralizes the effect of the morphine, and that when the morphine is suddenly withdrawn, this alkaloid acts as a powerful poison. The best plan is to cut the amount of the drug in half each day for the first few days; after that lessen it about one-third each day until completely withdrawn. Substitution treatment is generally given in these cases and it should always be given in the hands of a physician. The drug treatment of this habit must be found elsewhere. We have to deal simply with the suggestive treatment. Suggestion should be used to overcome the restlessness of drug patients for the first few days after withdrawal, and, in the case of morphinism, while the drug is being withdrawn. The nausea, restlessness and insomnia may be controlled during withdrawal. After withdrawal, suggestion should be used to stimulate the various functions to do proper work and to build up the manhood and will power of the victim.

Individuals who possess great will power seldom return to a drug once given up, unless their health runs down, so that a training in hygiene and suggestion is an excellent thing for an ex-drug fiend.

Voluntary attention or will power must be built up in these individuals. They must be taught to overcome inclinations of every sort, and to do things requiring an effort of the will each day. The tendency to go the way of the least resistance is very great in them. Prof. James, in speaking of the necessities for building and sustaining will power, says: "Keep the faculty of effort alive in you by a little gratuitous exercise every day. That is, be systematically ascetic or heroic in little unnecessary points, do every day or two something for no other reason than that you would rather not do it, so that when the hour of dire need draws nigh it may find you not unnerved and untrained to stand the test. Asceticism of this sort is like the insurance which a man pays on his house and goods. The tax does him no go good at the time, and possibly may never bring him a return. But if the fire *does* come, his having paid for it will be his salvation from ruin. So with the man who has daily inured himself to habits

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of concentrated attention, energetic volition, and self denial in unnecessary things. He will stand like a tower when everything rocks around him, and when his softer fellow mortals are winnowed like chaff in the blast."

HABITS OF LIFE.

Under this heading come all the functions of the body and such habits as eating, drinking and sleeping. To understand the treatment of abnormal habits of life, one must have a thorough knowledge of the normal ones. To obtain a thorough knowledge of the habits of life of a healthy man, the student must make a thorough study of Physiology.

The mind has control of the various organs of the body, and, when properly directed by suggestion, abnormal habits of the various organs may be corrected—provided the demands of nature are being satisfied. How absurd it would be for one to direct his thoughts to overcoming an obstinate constipation, if he were not drinking more than a pint of fluids in the twenty-four hours. I had a physician ask me to tell him how to reduce his heart's action by auto-suggestion. He said that he had tried for some time to do so himself, but had failed. Enquiry showed that he had suffered from constipation and dyspepsia for several years, and that he had neglected his fluids. In this case I advised the "sipping and thinking treatment" until the stomach and bowels were working; after which, I had no doubt the auto-suggestion would control the heart's action.

I have had patients say to me, when advised to change their habits of drinking, "Well, Doctor I don't understand why I should force myself to drink more. I believe in leaving things to Dame Nature and she will tell me when to drink." I have replied, "Yes, that is very true, but possibly you do not remember the time when you neglected nature's calls, until she has ceased for years to call you." The child's nourishment for his first year consists chiefly of fluids. Little by little solid foods are substituted, but do not entirely take the place of the fluids; and a child if left to himself will eat a little then drink a little; in other words, he finds it natural to drink with his

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meals. Many a parent has forced his child to eat a meal without drinking a drop, simply because the family physician ordered the dyspeptic parent to avoid fluids at meal times. In this way the restraint placed upon the child has defeated the demands of nature, and a desire for fluids has been overcome. Again, children in school are forced to go for hours without a drink of water. Indeed, some of them have orders to drink nothing but the boiled water at home. In this way, no doubt, the desire for fluids is overcome so frequently that it is no longer recognized. I have pointed out elsewhere that habitual constipation is frequently produced by neglecting nature's calls.

Menstruation is another habit of life which can be regulated by suggestion properly used. This function has shown itself to be subject to the control of expectant attention. Many women know to the hour of the day on which menstruation is likely to commence, be it a day or two later or sooner than normal time.

A conviction of pregnancy has been known to retard menstruation for several months. Experiences in the Chicago School of Psychology have demonstrated the fact that in cases of delayed menstruation and metrorrhagia, the influence of the mind is sufficient in itself to rectify these irregularities. At one time two such cases were under treatment at the same time. Outside of the menstrual trouble, each appeared to be in good health. The suggestions given to both at each treatment were almost identical; being to the effect that each should keep in mind the exact date that menstruation should occur normally. It was pointed out that just as the sipping and thinking could produce an action of the bowels at a certain hour each morning, so it could bring around menstruation every four weeks. Each one was directed to keep a calendar in her room and to study the situation every morning, striking off each day as it passed. The result obtained in each of these cases was perfect, although I must say that such success is not always to be expected the first month of treatment. Usually it takes two or three months to get this function perfectly regulated, and when the patient is but poorly nourished to commence with, it is apt to require even a longer period. Not more than one month's suggestive treatment by an operator is

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required for these cases, for they are then able to carry out the treatment themselves, if they have been properly instructed.

I have known persons to be in poor health all their lives on account of incorrect habits of breathing. A man may live for three weeks without touching a particle of food, but when we remember that he cannot live for more than a few minutes without air, it becomes very apparent that much attention should be given to the quality of the air we breathe, and the best manner in which to receive it. An incorrect habit of breathing should be treated as a habit of motion.

Proper mastication of food is another desirable habit of life to cultivate.

Irregular menstruation is not the only improper habit of the circulation. The Insomnia Habit may frequently be traced to acquired habits of the circulation, and I have touched on this point fully in the part devoted to insomnia. Sick headaches and Epilepsy are said by some to be influenced or actually produced by habits of the circulation; and in treating these troubles this point should be kept in view and an effort should be made to control them by Suggestion.

Abnormal desires for certain unwholesome food or fixed dislikes for other wholesome, nutritious foods should be corrected by directed suggestion as soon as discovered, since their existence is likely, sooner or later, to interfere with the health of the individual.

There are many other incorrect habits of life besides these I have mentioned—for instance, those of the functions of reproduction and micturition, including such troubles as impotence, polyuria and bed-wetting. Besides using suggestion daily to overcome the latter trouble, I adopt a plan which was conceived by the fertile brain of the well-known medical writer and lecturer, Dr. W. F. Waugh of Chicago. This consists in sewing a marble or large glass allie in a strip of cloth which is then tied around the child's waist in such a manner that the marble is over the spine. If the marble be large, the child will soon learn to sleep on his sides, for the pressure of the marble is always sufficient to arouse him the instant he lies on his back. It has been said that a child wets the bed only while lying on his back. If this be an

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established fact, the practical value of this suggestion is obvious. A suggestion it is, for does not the marble say to the child, "You must form the desirable habit of lying on your side and every time you attempt to return to the old habit I will say to you, "It is proper to lie on your side while sleeping, so lie on your side again, at once."

I do not consider it necessary to give any more illustrations of the control and formation of habits of life, for I feel certain that by this time the student will have accurately formed an idea of the modus operandi which I would likely advise in any habit of body not touched on here.

The treatment by suggestion of all incorrect habits of life may be summed up thus:—Compare the patient's life habits with those of a normal healthy man and determine his shortcomings; next inform him how a healthy man should live and explain the use of auto-suggestion; then, when he is in the suggestive condition, *imagine you are addressing the healthy man*, and keep telling each day what *he does* to maintain his health. The patient in front of you will act upon every suggestion you make, and in a short time your patient will actually be transformed into the healthy man.

Remember that the body is controlled by the involuntary mind, and that the involuntary mind may be controlled by suggestion. Suggest and think, then, only as you would control. In this article I have quoted several passages from a chapter on Habit, in a work by Prof. James, of Harvard. If I were privileged, I would like to incorporate the whole chapter. However, since this is not possible, I hope the student will avail himself of the first opportunity to read it.

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PART XXII.

One of the most stubborn and saddening diseases a physician is called upon to treat is dipsomania.

Few cases of true dipsomania are ever cured by the ordinary methods, and I am certain that if we should inquire carefully into the treatment of a case which has been cured we should discover that suggestion was the most important agent employed. Suggestion, in fact, is the only agent which does hold out any hope of a permanent cure. A dipsomaniac is generally known as a periodical drunkard, and dipsomania must not be confounded with habitual drunkenness.

Hughes in referring to dipsomania says: "It is the inher-"ited mental condition which craves the drinking of intoxi-"cating liquors. This is a true mental disease. It manifests "itself in periodical attacks of excessive indulgence in alco-"holic drink, or this symptom of this sad disease may be "replaced by other irresistible desires of an impulsive kind, "such as lead to the commission and repetition of various "crimes, the gratification of our depraved appetites, rob-"bery, or even homicide. The paroxysms at first occur at "long intervals, but gradually the intervals become shorter "and shorter until the individual entirely surrenders himself "to alcoholic and other excesses."

I am inclined to the belief that a dipsomaniac does not actually inherit the mental tendency to drink, but that he is born into this world with certain physical tendencies to ill health, which are the direct result of unhealthy parentage. These tendencies may never appear, but should environment

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or circumstances favor their development in an individual, he is likely to become a victim to alcohol or any other drug which may be thrown in his way.

These tendencies invariably develop when a patient is suffering from malnutrition. At this time he becomes nervous, depressed, melancholic, constipated, bad tempered, his appetite disappears and he may suffer from pains in the head or from insomnia. If at this stage a stimulant is prescribed, or should the patient by accident indulge in one, he generally becomes thereafter a drug fiend, and as alcohol is the most accessible stimulant, it is the one most commonly taken. After a debauch lasting from a few days to several weeks the patient becomes prostrated, and from this condition he is nursed back to health. With the return of health the desire for a stimulant departs, the patient is ashamed of himself and hates the very name of alcohol. However, unless his habits of living are entirely changed he commences to run down again till once more the "tendencies" show themselves and the debauch is repeated. It generally takes such a patient a certain regular length of time to run down and it is this regularity of decline in health which appears to make the desire for liquor return at regular intervals. Between the intervals the patient loses all desire for stimulants and may consider himself forever cured. A case of dipsomania should never be considered cured until several "periods" have been passed without a return of the craving, and even then a relapse is not uncommon. The only way to insure against the return of a relapse is for the patient to understand the maintaining of his standard of good health. These patients are not necessarily weak willed, for persons in all stations of life may be victims of this disease. Crothers says: "Some of them are active professional men and temperance lecturers who are doing very important work in the free interval and who suffer keenly on the return of the malady, but are unable to resist, so give up to the impulse, only seeking to control it and shorten its duration."

We frequently see reported cures of dipsomania by sug-

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gestion after the patients had been under suggestive treatment but a few weeks. I am inclined to believe, however, that the cases thus reported were really cases of habitual drunkenness. It is a mistake to confound the "habitual" with the "periodical" drinker, for the former trouble is a habit while the latter is a mania and while the "drink-storm" lasts it fills the patient's whole mind to the exclusion of every other thought; in fact, reason completely disappears for the time. In religious revivals or temperance movements, drunkards often reform and may be held up as examples of permanent cures. The number who backslide are generally lost sight of, while those who remain firm are held up as shining examples of cure by faith. The dipsomaniac is the one who backslides, while the habitual drunkard, if he has will power enough, generally remains cured because he may abstain long enough to form a new habit—that of doing without it. Unless great pathological changes have taken place in the system of the habitual drunkard he will be found to yield very readily to suggestion; and I shall refer to the treatment of this class of cases as well as to the morphine, cocaine and other habits in another article and for the present shall give only an outline of the treatment with which we have had unequaled success in treating dipsomania.

The most desirable time to undertake the treatment of this disease is while the patient is still in good spirits and health, although it is rarely that such an opportunity presents itself, for, as I said before, when the patient is in good health he firmly believes treatment is unnecessary as he has not the slightest idea or inclination of ever returning to his stimulant again. Almost invariably the patient is brought for treatment when he is in the midst of his trouble, and at that time he is in such a condition of mono-ideism that it is difficult to get his attention at all. The best plan then is to use all the suggestion possible and sober him up rapidly. If the patient is in a suitable place for treatment the alcohol can be withdrawn at once, although this is a matter in which much discretion must be used. Hot beef tea well seasoned with red pepper is given for

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a substitute when the patient craves for liquor and whether he asks for it or not this is administered in large quantities every few hours, for nutrition is the first thing to be attended to. The patient's condition demands that he should be stimulated and there is no better stimulant to be had than that obtained from good nourishing food. As the normal stimulation increases the craving for alcohol decreases and the patient begins to rest. Suggestion should be used to control insomnia or vomiting and to work up the appetite. Regular suggestive treatment should be instituted as soon as it becomes possible to get the patient's attention. While sedatives and drug substitutes are nearly always used at this time to control the nervousness and any other symptoms which may be present, still I have found it possible with the aid of suggestion to dispense almost entirely with these. There is always the danger in using substitutes that a new drug habit may be formed, or that having experienced the effects from another drug the patient might resort to it in preference to the alcohol. The drug which is used most frequently by authorities is strychnia, and at times it proves very useful.

In giving suggestions to these patients it must be remembered that as a rule they are not weak willed, for if they were they would soon have become habitual drunkards. This being the case, then, something more is required than positive suggestion, for these patients are very reasonable, and if the line of suggestive treatment to be adopted and the reasons for adopting it are explained to them, they will take great interest in assisting the operator and will use auto-suggestion faithfully. Explain to such a patient the ideas I have advanced above. Point out to him that he has not inherited this trouble, and that if he will only give his own case proper attention he can keep the attacks away. If feasible, the patient should be kept from his usual work as long as possible after an attack, in order to give his system every opportunity to build up before he taxes it again. Rest is a great essential in these cases and all worry and cares should be avoided. Dr. Waugh goes so far as to recommend a year's abstinence and rest. But few patients, however, have the time or means to follow this out, so the next best thing is to make a careful study of the patient, his habits, environment, etc. Try to discover the causes of his previous decline in health; whether due to bad hygiene, improper or insufficient nourishment, business or family troubles, etc., and, having discovered the cause, take every precaution to have it removed. Excessive smoking is one of the commonest causes,

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and tobacco in any form should be prohibited, for anything which will tend to weaken the heart's action will in time bring on an attack, and with the weakened condition the victim soon feels a craving for stimulation.

The patient's friends should also be posted on the premonitory symptoms, and as soon as they appear he should be put under treatment. While the patient is being built up he should have plenty of fresh air and exercise, a cold bath or sponging with lukewarm water and sometimes a hot bath at bedtime. His diet, until he is well built up, should consist of readily digested foods; meats should be avoided as much as possible and a vegetable and farinaceous diet encouraged. The patient must never be allowed to tax his strength, and must be certain that he is getting more strength each day from his food than he is expending. One of the greatest difficulties encountered is to get the patient to take a deep interest in his own case, for he has generally had it drilled into his head that his disease is incurable, that he is bound to go in the same way as some relative went, that he has been cured a number of times but cannot stay cured, etc. When a patient gets into this mental groove he becomes careless and reckless of consequences, and it is in overcoming these obstacles that suggestion plays its most important part, for, until these ideas are overcome, a patient has no desire to submit to steady treatment. Before dismissing a case of dipsomania it is my custom to give him a "standard card," and the patient is instructed to examine this card and himself regularly every week. On this card is written his weight when in perfect health as well as a few questions such as: "Is your appetite as good as usual?" "Are you worrying over anything?" "Are you sleeping well?" "Are your stomach and bowels in proper working order?" "Have you an ache or a pain in the body?" "Do you feel restless or nervous?" "Have you the slightest sign of craving?" etc. By going over this from time to time it acts as a self examination, and the patient is instructed that if there is any reduction in his weight or if he cannot give a favorable answer to the questions, he must at once put himself under proper treatment. His course in suggestive treatment, however, should be so thorough and he should be taught to know himself and his condition so well that he can at once rectify any trouble which may appear, and if he only forms the habit of referring to his standard regularly, he should have no further attacks of dipsomania.

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PART XXIII.

Every student of this course knows the meaning of "hypochondria."

It is a simple thing for a physician to call every case which bothers or baffles him either "hypochondria" or "hysteria," but a knowledge of psychology and the theory and practice of suggestion enables one to make a correct diagnosis in most of these cases. When this is done the number of true hypochondriacs is found to be a much smaller one than is generally supposed. In fact, "true hypochondria" is a rare condition, and one which is very difficult indeed to cure. Hypochondriacs are to be found in all stations of life and education, and are generally the victims of environment or improper diagnosis.

The diagnoses are frequently made by physicians, but generally the patient makes his own diagnosis from what he has gleaned from medical literature or patent medicine pamphlets.

In taking the history of clinical patients at the Chicago School of Psychology we always have a space reserved for what we have termed "auto-diagnosis," and many interesting and important facts are constantly found in this column. Frequently the "auto-diagnosis" becomes the key to the successful treatment of a patient.

Before a case is diagnosed "hypochondria," we should satisfy ourselves that every function is working, and has been working for several weeks. The processes of digestion, assimilation and elimination should be carried on and be satisfied without the use of a single drug. These functions can all be regulated in from one day to two weeks by suggestion alone in absolutely every patient, regardless of his belief or personality, except in cases where obstructive organic causes exist. We make this statement because our statistics show that we have demonstrated this fact without a single failure in hundreds of cases.

If a patient requires an atom of laxative or purgative medicine, if there are evidences of imperfect nutrition, dyspepsia, diarrhœa, abnormal pulse, scanty urine, persistently cold hands and feet, nasal catarrh or discernible troubles of the senses of taste,

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smell, sight or hearing, it would be incorrect to diagnose "hypochondria," and it is possible to ascertain by observation if any of these symptoms actually exist.

The troubles just mentioned are all symptoms of causes which it is possible to determine, and the existence of any one of the causes is sufficient to produce in the patient a chain of symptoms which are generally thought to be imaginary since there is no apparent link between the symptoms complained of and the trouble which is actually in evidence.

Probably the most common of all complaints is constipation, which is generally supposed to be produced by imperfect digestion, improper secretion of bile, or a contracted sphincter muscle; yet suggestion will positively cure this condition in any stage of its existence, no matter what the cause, and even the exceptions before mentioned have been overcome quite frequently. Only recently we have cured constipation and dyspepsia in a patient who had a stricture for fifteen years, during which period she had been operated upon three times. The patient is perfectly well now, although not one drop of medicine was prescribed in her case.

Suggestion will relax, regardless of the cause, even the most chronic constriction of the sphincter ani.

The simple fact that constipation is present in a patient should make us pay much attention to every symptom described by him, and it should prevent us from unjnstly relegating such a sufferer to a place in our list of hypochondriacs.

Constipation is always a symptom, and any or all of the symptoms of which a hypochondriac complains may be scientifically traced to the causes which produced the constipation.

Experience shows the one successful way to treat a hypochondriac. This is, to agree with him, to find causes for his symptoms, and to proceed with great earnestness to remove them.

Auto-suggestion is a very powerful force, and one could not advance logic enough to convince a reasoning hypochondriac that his troubles exist only in his imagination; for though it might be evident to the physician that they were imaginary ailments, it would be impossible to convince the patient of this, and he would simply put his case into other hands. Study such a patient, ap-

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pear to be very honest with him; be strict, and at the same time use suggestion constantly to hasten the final outcome.

I say that these cases have seldom been cured by "regular" medication, but the patients who have been incorrectly called hypochondriacs over and over again, get the necessary suggestions from Christian Science, or some other form of mental treatment, by which means the cause of their trouble is frequently overcome and Christian Science deservedly claims the cure of another chronic sufferer, a sufferer whose case dozens of medical practitioners had carelessly diagnosed.

True hypochondria is one of the most difficult mental diseases encountered, and is but seldom cured; and although suggestion offers the only theoretical and practical remedy, yet, even by this method, much patience is required with the majority of "hypos," no matter how suggestible they may be.

It is very difficult to overcome a settled conviction in a patient, no matter how willing he may be to have it removed. Logic may overcome it in one who reasons, but in one who does not it is impossible to shake the conviction, unless it is practically demonstrated by effects produced that he is wrong. It is almost impossible to remove a rooted conviction from a suggestive somnambulist. He may for the moment under suggestion admit his error, but when left to himself again he will invariably return to his own habits of thought.

Patients who return complaining of some symptoms of which they were dismissed cured, are generally found to be somnambulists.

The sympathetic nervous system has always been the ever-present, invisible and most powerful foe the physician has had to combat, but our recent discoveries in the field of psycho-therapy have given us a vital grasp on this monster, and we are now turning him into a valuable, reliable ally.

The control which suggestion offers of the sympathetic nervous system enables us to employ it not only in curing disease, but also as a constant and necessary assistant in diagnosing.

To treat a patient honestly, scientifically, swiftly and accurately a correct diagnosis should be made at once, and any physician who has studied psycho-therapy properly and used it prac-

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tically, cannot fail to appreciate the fact that without a knowledge of medical psychology a physician is not in a position to treat his patient so successfully or intelligently as one who does understand it, for what may mystify and baffle one is simple to the other. Through ignorance of suggestion a physician is liable to do a patient much injury, and many fatalities are occurring daily all over the country, which the student of psycho-therapy can trace to the attending physician's ignorance of suggestion.

As the children of Israel looked to Moses for their deliverance from bondage, so must the medical profession look to Suggestion if it would free itself from the vampires who have heretofore lived and flourished on the unconscious and ignorant use of a force which is really the very essence of the practice of medicine.

The myriads of charlatans of every description, faith healers, divine healers, pseudo scientists, magnetists, vitapaths, mesmerists, etc., exist to-day as an evidence of the suicidal conservatism of the medical profession of the world. The reason for the existence of so many schools of medicine; the cause of the cures made by prosperous charlatans; the cause of many of the most brilliant successes of the regular schools of medicine, can be traced to cures made by the law of suggestion, although in nearly every case they have been ignorantly attributed to some other agency.

Our physicians have studied the anatomy and physiology of the brain, but neglected its functions. The effect of the mind upon the body and the effect of suggestion upon the mind should be the first study of every physician, for the followers of charlatanism, with which we are surrounded, are increasing so rapidly that unless checked very soon the foundations of legalized medicine may crumble, and the protection of scientific medicine become a thing of the past.

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SPECIAL MAIL COURSE

IN SUGGESTION.

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PARTS XXIV, XXV.

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PART XXIV.

MENTAL TROUBLES AND THEIR TREATMENT.

In a previous part of this course, I pointed out the fact that when the nutrition to the brain was interfered with, many curious mental symptoms would be found. Fears, nervousness, delusions, melancholia, etc. are seldom found in well nourished individuals; when they are present, the individual is generally in a position to throw them off readily, provided he does not permit himself to run down physically. Everyone is likely at some time or other to have a worry or grief, but these seldom become fixed unless nutrition is neglected. Reason is a brain function, and is lessened as the nutrition to the brain diminishes. So long as one has good reasoning faculties, he is in a position to overcome the involuntary thoughts of mental troubles; especially, if he be assisted by some well directed suggestions, delivered by a competent suggestionist. If a man permits himself to run down under a worry thought, or is already in poor health when the worry commences, he is likely to find himself later in a deplorable mental and physical condition.

Occasionally, patients who are in perfect physical health, seek treatment for some long-standing, fixed idea, the origin of which can invariably be traced to an impression received at a period of the patient's life when he was in very poor health.

In the part devoted to nervous prostration I stated that every impression received by the nervous prostrate was generally exaggerated or distorted.

Outside of mental troubles, due to injuries to the brain, pressure, congenital degeneracy, and actual organic destruction, I believe all mental troubles may be cured by proper suggestive treatment, provided it is persisted in. There may be much in

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the influence of heredity; but, personally, I do not think heredity plays much part in mental troubles, which develop after the patient has arrived at an age when he can reason properly for himself. Habits of living are frequently handed down for generations, generally on the mother's side. A daughter, as a rule, eats, drinks, works, and lives like her mother. Her children, again, *have* to follow in her footsteps. Now, if her habits of life be good, she and her children may be healthy all their lives, and may live to good, ripe old ages; bnt if her habits of life be incorrect, she may develop undesirable mental conditions at any period of her life, and her children are likely, in their turn, to follow in her footsteps. Such people are never in very good health. They are continually worrying and habits of thought, nervousness, fears, hallucinations, etc., are likely to develop at any time. It is this class of individuals in whom so many troubles are incorrectly traced to heredity. Some of them are said to inherit headaches, dyspepsia, dysmenorrhœa and constipation: others, consumption, dypsomania, insanity, etc; but I feel certain when the student threshes out the sheaf of evidence for himself, he will discover that the theory I have just advanced is correct.

In overcoming insanity and all mental tronbles, the nutrition to the brain must be the first thing attended to. With improved nutrition, the reason increases and becomes a powerful factor in the final overthrow of the trouble. Get rid of all troubles in the functions of elimination and nutrition. Work up the appetite; increase the amount of food consumed daily. Lower the head slightly, once or twice each day, for three or four minutes at a time, and manipulate the muscles of the neck with the head in this position. In my office I use a surgical chair, which enables me to place the patient in this position very easily. At the bedside I have the patient lie across the bed, with the head hanging over the side, resting on a pillow on my lap. It is necessary for the operator to sit on a low chair when adopting this plan at the bedside.

While in the long run the treatment of all "mental cases"

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is somewhat the same, still, the suggestions will have to be varied to suit the individual case. The suggestions given to one patient might be completely discarded with another. The suggestionist has to study the idiosyncrasies, attention, and individuality of each patient, and adapt his suggestions to suit the case. It is in the ability to do this that the success of a suggestionist lies with these cases, and nothing counts, just here, like experience.

In order to give the student a general idea of the suggestive treatment to follow in these cases, I shall give a short description of some of the commonest encountered, and the detailed treatment of a few.

NERVOUSNESS.

Anyone is likely to become more or less nervous for a short time under severe emotional excitement; but this usually passes away as quickly as it came. If we understood self-control thoroughly, even this sort of nervousness might never be permitted to arise.

However, in this course, we have to deal more with chronic nervousness; and this is the one symptom above all others of which patients complain. Nervousness is the first symptom of lowered vitality, and should be recognized early, else various other troubles are sure to follow.

I have before me the work of an eminent authority on nervous troubles. After giving in detail the treatment with medicines of these cases, he concludes, "The patient who has suffered for long should be advised to visit friends, or take a holiday abroad. You should urge him to leave for a time his ordinary avocations, and very likely in a few weeks he will recover from his nervousness, and his digestive organs and liver will act better." Ye Gods! When will people cease putting the cart before the horse? Here is an authority who says if his nervousness goes, his organs of nutrition may improve.

I think the student of this course already understands enough to know that change of scene and thoughts often stimulate the

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appetite, thereby increasing nutrition. But Christian Science often does the same thing. It is nutrition which works the cure, and all the foreign trips, or Christian Science in the world will prove unavailing, unless they stimulate the organs of nutrition. Of course, when possible, a rest is desirable, till the energy is worked up; but the student of suggestion is able to increase the nutrition without depending on holidays abroad, or Christian Science.

There can be no doubt that the mind is in some degree temporarily affected in Chronic Nervousness. There may be undue emotional excitement. The least thing may arouse fear or dread, but instead of the nervous, excited state impelling the patient to be more active in his work, he finds it almost impossible to discharge his ordinary duties. A large proportion of the population seems never to have experienced anything approaching nervousness, but some people suffer from it in a terrible degree. I have been told by patients, that for some time they had been conscious of an indescribable anxiety, for which they could not account, and from which by no reasoning with themselves could they get relief. They know and acknowledge that there is no reason for anxiety; but nevertheless a sort of ill-defined dread seems to hang over them. They fear that something or other is about to happen, and this most powerful state of mental disturbance sometimes lasts for a considerable time, causing the patient great suffering. With this state is frequently associated considerable depression of spirits. The subject of it feels as if every thing were going wrong with him. He may be getting on just as well and making quite as much, or even more money than usual, but, nevertheless, he feels discontented and depressed, as if something terrible had happened. Such patients often make themselves needlessly wretched by fancying they have received slights at the hands of friends. A quite unintentional oversight is magnified by them until it appears to be a studied insult.

People who suffer in this way sometimes tell you that they are certainly going to the poorhouse, and all this sort of thing, although they know themselves to be prospering. If a patient in

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this state of health should happen to lose a few dollars, he will feel quite convinced that everything is going to the dogs, and nothing will persuade him to give up the despairing views of life, which have taken possession of his mind.

Some who suffer from nervousness, and experience a restless, unsettled state of mind, occasionally do very curious things. A man may wake up suddenly in the middle of the night with the conviction that he smells fire, or hears burglars in the house. He jumps out of bed, strikes a light, goes over and over the house, finds nothing the matter and goes to bed again. In another hour or two, perhaps, he wakes up a second time, and goes through the same proceedings as before. Many persons whose nervous systems are a little overwrought wake up at night, jump up, and perhaps light the gas before they are quite aware of what they are doing. A further development of the same tendency may lead to sleep walking, of which condition there are many different degrees. Children suffering from nervousness are likely to develop chorea unless the functional troubles in organs of nutrition and elimination are at once relieved.

All these and many more severe functional disturbances of the nervous system depend upon a highly sensitive or excitable state of certain parts of the central nerve organs, not due to structural changes, but caused by an insufficient blood supply to the nerve centers; or to a blood supply loaded with waste products which should have been eliminated by the kidneys, skin, lungs, or bowels. The liver is generally found to be sluggish. The circulation becoming slow in the vessels of the gland, many of the impurities which ought to have been separated from the blood remain and cause disturbed action of the brain.

Upon careful enquiry you will find that many who suffer in this way have been long in the habit of taking too little sleep. There is hardly anything in which individuals more widely differ from one another than in the time required for sleep. Some can do with six or seven hours, but it is quite certain that many require nine hours. Nervous people, as a rule, are benefited by a long night's rest now and then, and ordinarily should have eight or nine hours' sleep.

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Of late years much has been written on the subject of nervousness, and attempts have been made to show that we are much more nervous than our fathers were. It seems to me that the evidence adduced in favor of the statement is, to say the least, very far fetched. The so-called brain workers are supposed to be great sufferers. It is said that people are more sensitive to heat and cold, and require to live in rooms more highly heated than was necessary even a few years ago.

All this seems very absurd when we remember that nervousness depends upon nutrition, and is not a disease of which we know not whence it cometh nor whither it goeth.

A far greater number of the existing population are able to have the advantages of warm rooms in cold weather than formerly, and in consequence the majority enjoy better health and live to be older. That large incomes engender a good deal of fussiness, and little aches and pains are made too much of is, I dare say, true, and if this is "nervousness," an increase no doubt exists, and such "nervousness" will increase as prosperity increases. I cannot help thinking that if our fathers had been as prosperous as we are, as large a percentage would have suffered from "nervousness." However this may be, it is quite certain that if our modern habits and systems are productive of increased nervousness, they are at the same time upon the whole conducive to health and longevity, for the simple reason that ample nourishment is within the reach of nearly all, and that nearly all reach well. There is no doubt whatever that the general health of the population has improved and is improving, that the average duration of life is on the increase, and, if the sum of happiness is not much greater every succeeeding decade, it ought to be so. I have said that happiness and hunger go hand in hand, and hunger with plenty of nutrition insures a healthy individual. If this is not so in every case, it should be, and the fault lies in the circumstance that individual evil inclinations are capable of counteracting the natural influence of highly advantageous external conditions.

Upon the whole, I doubt very much whether there is any-

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thing to justify many of the statements made about the increase of nervous disorders. Whenever money is made rapidly, luxury and folly will increase, thereby frequently exhausting the vital forces; but the silly rich constitute but a very small and after all a comparatively unimportant part of the population, so that in the life of a country like the United States their existence is hardly noted, except by themselves and the few whose interest leads them to minister to their requirements and to pander to their caprices.

The treatment of nervousness by suggestion is sure and swift. The nutritive functions may be rapidly liberated by the treatment advised in the part on functional disorders and the immediate distressing symptoms calmed by the judicious and soothing monotonic suggestions of the operator. These suggestions should be cheerful and hopeful in tone, and self control should be taught. The immediate relief which most of these patients experience after commencing treatment is generally stimulus enough to enable the physician to hold them for treatment long enough to rectify the nutritive irregularities. This sometimes requires at least a month's treatment in bad cases.

MELANCHOLIA.

The literal meaning of melancholia is "black bile." When a person, therefore, is suffering from melancholia he may be said to be suffering from biliousness. Now, biliousness is a symptom of imperfect elimination, so that one of the chief indications in the treatment of this complaint becomes apparent to the student at once.

We shall study this complaint under two headings, *i. e.*, profound and slight melancholia:

SLIGHT MELANCHOLIA.

The common term used to designate this condition is "blues." In this condition the patient does not suffer from a habit of thought, but everything presents its worst side to him and he seems incapable of happy thought. It resembles greatly the

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condition found in chronic nervousness, the difference lying in the fact that while chronic nervousness is persistent, slight melancholia seems to be periodical. It is this periodical attack of the "blnes" which drives so many to drink. In fact, it is similar to the condition which precedes an attack of dypsomania, and is is also like this disease from the fact that it disappears when nutrition is increased and elimination is freely established.

An uncomfortable bodily sensation at night usually produces unpleasant dreams, and an uncomfortable bodily sensation during the day will provoke unpleasant thoughts. The elimination in these cases is not insufficient to produce an actual pain in any part of the body, but there is a general sensation of uneasiness which reflects itself in the patient's mental condition. He may not seem conscious of his condition when his mind is engrossed in work or business, but as sure as he is left alone with his involuntary thoughts, the most unpleasant of them present themselves to his conscious mind. The relief of this condition by suggestion is marvelous. Trouble may always be found in the stomach, kidneys or bowels, and with the relief of these troublesand the use of a few stimulating thoughts, the last of the blues will be found to disappear.

PROFOUND MELANCHOLIA.

This is a fairly common condition, and is one of the most difficult troubles we are called upon to treat. The patient is generally so greatly debilitated, and so little of his attention can be controlled, that prolonged treatment is sometimes necessary to improve his health. The patient is often very obstinate, refusing food and fluids, and so little reason is present that argument means a waste of time. Sometimes nothing but persistent, positive suggestions will persuade him to do what you wish ; but this, in the long run, will generally accomplish your purpose, although it may take weeks before the patient gets started on the right track.

In this condition the patient's whole mind is absorbed by one thought. Nothing else interests him. He persists in saying that nothing can relieve him ; that treatment is absurd, since it

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is a mental trouble which nothing can change, and that all he wishes for is death. Many of these patients have suicidal inclination, and for this reason they should be carefully watched. Dementia occasionally accompanies this condition.

The treatment consists first in increasing the nutrition, which, as I said before, is sometimes a herculean task; but it must be done, or the patient will not improve one iota. Then the habit of thought must be treated by the methods given under that heading. The patient will be found to improve from the moment the nutrition increases, and as reason gradually returns, he will do much to assist himself. One patient I treated thought every friend he had in the world was false to him. This thought had persisted for three years when I first saw him. Another, a woman, thought she had said something which injured a relative's welfare and couldn't forgive herself for it. She insisted that treatment couldn't assist her, since the deed had actually been committed, and she said that even if it were possible to make her happy the injury could never be undone, and besides, she didn't deserve to be happy. Another patient, a Lutheran, attended services at Easter and prayed very earnestly for all his sins to be forgiven, but there was one for which he didn't believe he could be forgiven. This doubt, in the face of the fact that his religion told him all sins could be forgiven, made him believe that he doubted God's power to forgive; that this was the same as calling God a liar, and hence was an unpardonable sin. He was quite rational on all other points, though melancholic all the time. The thought of the unpardonable sin and the future torments from hell fire filled his mind so much of the time that he couldn't work, and his family suffered from the want of the actual necessities of life. In fact, after profound melancholia has existed awhile, the patient gives up all active work and cannot be persuaded to interest himself in anything. He seems contented to sit and brood over the habit of thought and pray for death. He loses all affection for relatives and friends. It is a pitiable condition. A lady aged 46 was brought to me about a year ago suffering from profound melancholia. She came di-

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rectly from a well known Sanitarium where she had spent seven months without obtaining relief. In fact, she left there in worse mental and physical condition than when she entered, having taken only what food pleased her. To be sure she was given walks, baths, and massage, but these things will not take the place of suggestion and nutrition in such cases. She was a married woman with a family of three childrea, and lived with every luxury around her that money could procure. Her domestic life up to the time of her trouble had always been happy, and she was naturally of a happy disposition. Three years before I treated her she had a severe sickness, and while recovering from that the idea came to her that when she joined her church, a number of years before, she had left something unsaid which she should have said. She considered this a sin against the Holy Ghost and consequently an unpardonable one. From thinking this over and over, a habit of thought was soon formed, and she refused to see friends or take sufficient nourishment. Between this and the time she came to me for treatment her health had not improved. She lost all affection for everyone, neglected her family and longed for death. She could converse on nothing else but her trouble, and this of course only fastened it more firmly in her mind. She told me that I could do nothing for her; that she could never be happy again with the future "hell fire" staring her in the face; that her friends had argued the case with her and quoted all sorts of passages from the Scriptures to her; and that she had taken several months' treatment from a leading Christian Scientist without receiving the least assistance. I elicited the facts that up to the time of her marriage she had always suffered from painful menstruation; was constipated, and always had been; that she suffered more or less all the time from dyspepsia; that she never drank more than a pint and half of fluids in the day, and voided not more than a pint of highly colored urine in the twenty-four hours. She also suffered from insomnia and nervousness.

During her whole treatment I never referred to her trouble and never permitted her to tell it to me; I received my informa-



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tion from her friends. Dozens of times she commenced to tell it to me, but as often I checked her or changed the subject. I instructed her friends to keep drawing her attention to different objects and the things going on around her; to encourage her to assist in the household duties, and to talk with her on every subject but her habit. My suggestions were directed to producing sleep, allaying nervousness and telling her that she would become happy, hungry, and interested in everything around her. I harped continually on the sleeping, eating, thinking and movement of the bowels. Besides this I lowered the head and manipulated every day. From the first treatment she commenced to sleep and the restlessness diminished. I stopped all sedatives at once, and in a few days she commenced to eat without much urging, and said she was thirsty all the time. By the fourth day the bowels were moving nicely and continued to do so.

This steady improvement kept up and she became more interested in things around her, and gradually resumed her household duties. I had given her five weeks' treatment when I was called away two weeks from practice. One day, at the end of that time, my patient bounced in on me as happy as a lark and laughed at her old foolishness, as she called it. I had placed the suggestions in her mind and like a seed they grew during my absence.

This is rather a rapid result for such a case; the majority of them requiring from two to six months' persistent treatment.

ACUTE INSANITY.

In this complaint it is almost absolutely necessary to resort to drug treatment for the relief of insomnia and violence; especially if the patient is treated at home. Suggestion will do wonders in some of these cases by stimulating the appetite, producing sleep and causing thirst. As a rule, it is impossible to get the patient's attention for a moment; so that the suggestion must be persistently repeated in the patient's presence, without endeavoring to get his attention; for any effort of this sort usually

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excites the patient. If the suggestions are repeated in his presence he will hear them and in all probability will shortly act on them. Once, for an experiment, I repeated a short rhyme a number of times in the presence of one of these patients, and in a day or two I found him reciting it quite correctly. Now, if thoughts of hunger, etc., are placed in the mind, the patient will act on them, similarly.

Some of these patients refuse absolutely, at times, to take food. The nutrition being the prime factor in the final cure of these cases, I do not waste any time playing to their caprices, but resort to the soft rubber nasal tube, by which means the patient can be forced to take even more food and medicine than he would willingly. It is almost always necessary to give purgatives in these cases.

One patient, after six weeks' treatment, became quite rational one morning; asked where she was; how she had come to be in a strange place, and in the next breath asked for a glass of water, saying, "I must sip my water continually, for that makes me hungry and causes my bowels to move." This shows that the suggestions had forced themselves into the patient's mind, even in her wanderings.

HALLUCINATIONS AND MANIAS.

Many persons suffer from hallucinations or manias. These individuals will tell you that they know their trouble is absurd, or should be controlled, but that they seem to be unable to throw off the idea or desire. Many of these patients will be found in good health physically, but I have never come across a case of this sort in which there was not a history of the trouble having commenced when the patient was in such poor health that he was unable to reason on the impression properly.

The student will remember that the suggestive condition is one in which the voluntary or reasoning mind is in a quiescent state. Now, this is the very condition we find in one who is badly run down. At that time every impression is exaggerated, always for the worse, and everything which is allowed to dwell in



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the thoughts, or which makes a vivid impression upon the involuntary mind is likely to become a fixed idea, which nothing but good physical health, reason and suggestion can remove.

I will give a few examples of these troubles, detailing the history and causation of each, and from what the student has already learned, the suggestive treatment will indicate itself.

CASE 1—Lady, aged 28; suffering from dyspepsia and constipation, had fears of contamination from a blot of ink. The sight of a blot of ink was enough to cause her to scream and run out of the room. She would go to her room and discard for good or actually destroy the dress she chanced to be wearing. In every other way this patient was sane; attended to her society duties, etc., but was always in dread of seeing some dark spot. This fear later extended to spots of all sorts. One physician, who treated her, chanced to have a few pimples on his face and she could not be persuaded to return to him for treatment. She had suffered nearly all her life from dysmenorrhœa. The fear had lasted over two years when I first heard of the case. I never saw the patient, but obtained a history of the case from friends of hers who are anxious to have her treated by Suggestion.

Three years ago, while lying in bed after a difficult confinement, she saw a bottle of ink tipped over and spilt on a white fur wrapper, a present from a friend, which she valued very highly. The wrapper, of course, was irreparably damaged, and the impression received in her weakened condition resulted in the hallucination mentioned. She gained a little in health after this, but the fear has grown steadily worse and unless it is corrected very soon I am afraid it will result in something worse. One night lately some friends called on her and in the course of conversation she asked what the night was like. On being informed that it was as black as ink outside, she screamed, rushed up stairs, tore off her handsome dress and destroyed it.

Two other female patients had fears of contamination from dogs. One was in good health, while the other was a nervous prostrate, twenty-five pounds under weight. The first one had a three-months' sickness, world's fair year. The first afternoon she was

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allowed to be out of bed, she heard a commotion in front of her house and went to the window in time to see two policemen kill a dog. She fainted at the sight, but the impression had been made on her weakened brain, and there it remained persistently, until I succeeded in removing it by four weeks' suggestive treatment, three years after she received it. Her trouble was simply a fear of dogs. She was afraid they would contaminate her, although her reason told her this was absurd. Owing to the return of good physical health, her fears were confined to dogs alone. Not so with the other case, however, for her health growing worse after she received her impression, the fear extended to shadows, strangers, and animals of all sorts. She became exceedingly nervous, and an unexpected touch on the shoulder was sufficient to make her tremble for an hour. The following is the history of her trouble: She had been in poor health for a number of years; was suffering from nervous prostration when a neighbor called one afternoon to tell her that another neighbor's dog had gone mad and bitten someone. Her son chanced to be over where the mad dog scare had taken place, and she knew it, and of course supposed it was her son who had been bitten. The fear became so great, before she learned that it was not her son who was hurt that a fear of contamination from dogs fixed itself in her mind. She became a recluse and could not be coaxed from the house, although she knew her fears were foolish. Her health became poorer still, and as I said before, her fears extended to other things. On the way here for treatment, some dogs went near her satchel at a railway station and she insisted on having it destroyed and a new one procured before proceeding. Even while under treatment, if she saw a spot on the towel on my chair, she would refuse to get into the chair until I had assured her that it was not caused by dogs' slobber. When she came, I found her suffering from obstinate constipation, dyspepsia and insomnia. Three days' treatment sufficed to get the bowels and stomach in order, and in a month she had gained ten pounds. All sedatives were dropped at her first treatment, and the patient slept soundly every night. I had her un-

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der treatment for two months, when she went home in much better mental and physical condition; but the fear of dog contamination had not greatly lessened. I should have had this patient under the same roof with myself. The first month, in which she improved so much, she was in a boarding house with a physician, one of my students, and his wife. They were much interested in her case, and followed up my treatment when they were with her, which was nearly all the time. They took her out walking and kept piling in proper suggestions. When they went away at the end of a month, she was left to the tender mercies of a boarding house keeper, who was very kind to her, but could not give her the attention she had become accustomed to. The second month she gained but two pounds, owing, I fancy, to the failure te eat so much as she did when the Doctor and his wife were there to encourage her. Besides this, being a farmer's wife and having always lived at home, she became homesick after the Doctor left, and I had this also to contend with the second month. In the future I shall not undertake such a case unless it is understood that the patient is to remain for six months, if necessary, and is able to have friends or a nurse trained in suggestion to attend to her when she is away from me.

While I say this patient was not quite well mentally when she went home, still she had improved so much that at her last treatment she sat in the room and watched a trick dog I possess go through about fifty tricks. This was a decided gain, for formerly she could not bear the sight of one; but she would not let the dog go near her, nor would she shake hands with me when she left, fearing lest I might convey contamination to her. Another month's treatment, with proper outside attention, would, I feel certain, have cured this patient completely. As it is, I believe she will improve much at home, for she had certain thoughts and principles drilled into her while here, and these in themselves will in all probability work a complete cure in time. This patient was fifty-two years old, while the age of the other "dog woman" was but twenty-six.

The origin of the various manias, also, may be traced to a

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period of ill health. I know this is a new theory for the causation of these troubles; but I have ample proof at hand to substantiate my claims. Drug manias, dipsomania, kleptomania, pyromania, nymphomania, manias for certain articles of diet, etc., may all be traced to desires created in a weakened condition or at an age when reason was not properly developed. Take for example this which we have all experienced at some time in our lives—a craving for certain articles of diet. Every physician can tell of patients, who, while convalescing, have craved for a certain article of diet for weeks before being allowed to have it. We have all experienced this desire, and sometimes the most curious tastes are developed. Invariably, the dish we have craved is relished for the rest of our natural lives. Knowing the susceptibility of convalescing patients to impressions of this sort, I always make best use of the time at this stage to talk about wholesome dishes and palatable food, and it is surprising how quickly an enormous appetite may be developed.

I knew a man, who for some time had served in the British army. During service he was stricken with typhoid fever, and while convalescing, he developed a craving for raw oysters. He was denied them for a week or two, and at the end of that time was permitted to eat only one at a time. He used to beg and pray for the surgeon to give him "just one more," and when he was allowed to sit up and write, he wrote a waltz which has been quite widely published, entitled "Just One More."

I had the pleasure of being present at a little stag party given by this individual a few nights before his marriage, which took place twenty years after his typhoid attack, and the chief attraction in the supper room was a large table piled from sides to center with oysters in the shell. His "Just One More" mania had developed and persisted.

I was enabled to trace a case of pyromania in a young man thirty years old to an impression made during an attack of measles in his eighth year. The disease was at its hight on the fourth of July, and knowing there was to be a big bonfire that evening, he begged to be allowed to witness it. Failing in this, he asked

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to be taken to a part of the house from which he could watch the reflection. This being impossible also, he simply had to lie in bed with the desire to see the fire in his mind. So marked an impression did this desire to see fire make upon him that ever after he had an uncontrollable desire to watch things blaze, and it was only after he had set several vacant houses on fire and narrowly missed the penitentiary that he was brought to me for treatment. Under daily treatment for two months, the desire left him completely and has not since returned, although it is now two years since he came under my care.

The treatment consisted in placing him in a condition similar to the one in which the undesirable impression was made, (the suggestive condition) and then pounding in suggestions which created a horror of fire, a desire to see things remain as they are and a respect for other people's property.

Drug manias, again, are seldom formed in the strong and healthy. It is when a drug is steadily administered to one in poor health that the desire is formed.

STAGE FRIGHT.

This condition is not necessarily one of self-consciousness as many suppose. In fact, it is more often a condition in which the victim becomes conscious of everything occurring around him.

A true artist of any type "loses himself" when indulging in his chosen work, and in the same degree in which he is able to do this is he successful.

Ask any great singer to tell you of what he thought when singing a solo which was enthusiastically encored, and invariably he will inform you that he cannot remember, or that he was "wrapped up in his solo."

When an individual suffers from stage fright, his attention wanders to things going on around him, and it is only by a supreme voluntary effort that he is able to perform his part.

Now, a true artist should not be conscious of effort in his part. Having practiced the technique of his part until it becomes automatic, he is in a position to keep his mind on the idea he is

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attempting to convey. Should his attention be attracted in the least from his work, by something occurring around him, the impression received (if strong enough to call to consciousness a chain of associations) will either spoil the effect of his work or produce actual stage fright.

We have all experienced this condition dozens of times without recognizing it as stage fright; for instance, we have often lost the thread of a story when relating it to a number of friends, on account of some simple remark or interruption. The interruption having caused a diversion of the attention, it has been difficult for us sometimes to pick up the thread of the story where it was broken.

Auto-suggestion, also, plays an important part in producing the condition of stage fright, especially where it has once occurred in an individual. A man may be on the stage for thirty years without experiencing it, and at the end of that time have something divert his attention from his work, causing him to break down. Let it occur but once, and it is likely to occur again, from the fear which the recollection of the first breakdown produces. Stammerers, while reading aloud, frequently see a word, in a line below the one they may be reading, over which they are certain they will hesitate. As a rule, they do hesitate on the word selected. In the same way, the auto-suggestion of an actor or singer, that he will break down at a certain place in his work, is likely to produce a failure at the very place or time anticipated.

Pianists are great sufferers from this condition. If, instead of losing themselves in the ideas of the composer, they commence to think of a certain place in the selection where the technique is difficult, they are almost certain to collapse at the place thought of. An expert pianist knows the difficulty of attempting to execute a fine solo in a room where everyone is talking, and in polite society it is considered a breach of etiquette to speak so long as a guest is singing or playing. I once saw a great pianist cease playing, in the middle of the last solo on his program, because some ill-bred persons in the theatre commenced to move out in

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order to catch an early car. Amid great applause, he simply sat and stared at the people who were making the commotion, until they took their seats, chagrined by his rebuke. When silence once more reigned, he commenced his selection again and played to the end, undisturbed. Great precaution should be taken by an artist or actor to study his part thoroughly before appearing in public, for sometimes insufficient rehearsing will cause a breakdown, which may in the future be productive of stage fright.

The light of many a born orator has gone out early in his career, because at some time he has endeavored to make a speech or respond to a toast, without having had time to prepare himself.

I hope I have made this condition clear to the student, but in order to make it still clearer, I shall give the history of one or two cases and the lines of treatment adopted.

I was consulted by a young lady pianist, who was unable to perform in public on account of stage fright. While playing she would begin to wonder what the audience thought of her work and the criticisms she would receive. Then, suddenly remembering a difficult passage, a fear that she would not get through it successfully caused her to cease playing at once. It was a great trial to her, for much money had been spent on her tuition.

I explained the cause of the trouble and told her that when she was playing her mind should be on nothing but the ideas of the composer; that having practiced the technique thoroughly it would be reproduced automatically if she kept her mind on the effects the composer intended.

During treatment I gave her suggestions of confidence and calmness and asked her to run over in her mind her different selections, to make sure that her ideas of each were complete. After her first treatment, I stood beside her at the piano and had the satisfaction of hearing her play a selection from beginning to end without the slightest hesitation. She was also instructed to relax herself several times each day, and while in that condition to review her different solos mentally.

The result was truly remarkable, for in less than a month she was able to play in public without the least effort. In fact, she grew to enjoy it, confidence having supplanted fear.

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A merchant of middle age had three hundred agents in his employ and it was necessary for him, occasionally, to address them in a body. For over two years he had simply read his address from manuscript. He felt that this method was unsatisfactory to all concerned, but was afraid to speak to them extemporaneously. When still a young man this gentleman had been called upon for a speech while attending a dinner party. He sprang to his feet, but not being prepared and having no ideas on the subject under discussion, he stumbled through a few sententces and then sank into his chair, chagrined at his failure. From that time till he consulted me about treatment, the recollection of his "maiden" failure had kept him from attempting to speak in public. I explained to him that anyone would have made the same failure under similar circumstances; that it is impossible for anyone to speak on a subject unless he has some ideas to advance; that when a man is familiar with what he wishes to say, he generally experiences but little trouble in expressing himself.

Besides treating him with stimulating suggestions of confidence, aggressiveness and coolness, I asked him to make out a list of the subjects he intended to place before his employees at their next meeting, and then to go over them mentally several times. Having done this, he was instructed to place some empty chairs in front of him and address them as though he were talking to his employees. His wife was next called in and he made the same address to her. By this time he had gone over what he wished to say so often that he experienced no difficulty in finding words with which to express himself. The following day he invited one of his agents to dine with him, and after dinner he explained his views to him as though they had just arisen in his mind. The next day three more were invited and again the work was gone over. When the evening for the crucial test arrived, he went to the platform without any misgivings and talked simply, yet forcibly, just as he had to the three at dinner. He made such a success of this speech that his confidence in himself became unbounded; and in the future he experienced no trouble in making an address, al-



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though he says that he never attempts to speak even now, without first understanding clearly what he intends to say.

Should self-consciousness play any part in a case of stage fright, it should be treated by the methods given in the chapter devoted to stammering.

PART XXV.

SUGGESTIONS IN THE EDUCATION OF CHILDREN.

Suggestion in its application to the education of children has a wide and far-reaching significance. The feelings, desires and volitions of childhood predict the character of the adult. In this sense the seldom understood quotation from Wordsworth,

"The child is father to the man,"

has its fullest meaning.

Only by direct experience does the child grow in knowledge of himself and his surroundings. The importance of proper environment that shall help and not injure becomes apparent, for the matter-world around is explored before the mind world within. The "how" of things must be learned before the "why" can be appreciated. Thus daily the structure of the individuality is built up from the material within the reach of the young builder.

By Suggestion the natural endowments and capabilities are developed and the feeble native energies strengthened and awakened into activity and usefulness. The functions of attention, memory, volition, result in fixed habits which are the measure and standard of character and personal individuality.

In early childhood conscious personality is not developed. The actions are instinctive rather than conscious. Baldwin places instinctive impulses below the realm of consciousness, classing them as organic and not mental energies. These impulses are also classed by some biologists as hereditary tendencies. An infant a few weeks old has been known to sustain itself suspended

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from a bar for a period of seventeen seconds; the impulse to save itself from falling could not belong to mental energy.

Lack of personal consciousness is one of the most alluring charms of childhood. Some years ago, in England, a little girl of three was taken to church for the first time. She did not understand much of what was going on; but during the singing she stood up with the others, and with instinctive cameraderie, sang as loudly as she could, her own little song of "Robin Redbreast," her clear childish treble piercing the anthem like bird-notes. When the anthem was ended, she had not finished her song, but she continued to the end, no one disturbing her, the pastor graciously waiting till the close, touched by the sweet innocence of the little songstress.

There is no more interesting study than the development of human consciousness, and the gradual domination of the marvelous mechanism of the body by its master—the mind. What a willing servant it becomes! yet, not a slave; for harmonious coordination must be maintained by mind and body, or both suffer collapse. It is when conscious personality awakes that the training of the child begins. The dawn of this awakening is towards the end of the first year. In the average child it is complete in the fourth year. The meaning of me, you, mine, etc., is then fully grasped. Habits are quickly formed, tend to become automatic, thus leaving greater freedom for new conquests. This fact demonstrates the beautiful economy of the laws of automatic, reflex and instinctive action, for nine-tenths of our actions belong to these three. "One becomes a mental millionaire by early and always rooting all right and useful actions into habits." Habits are formed by repetition. If correct, much pain and waste of energy in inhibiting wrong tendencies are saved.

Emerson remarks that Nature gets up such fine sunsets because she has done it so often. Goethe affirms that genius is a capacity for hard work. One of the most prompt and methodical (and therefore successful) of business men, says that he owes his success to his mother, who cured him of careless and slovenly habits when a boy, financial losses not permitting the keeping of

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a servant at the time. The mother dumped the contents of his bureau drawers, bookshelves, etc., on the floor as often as she found them in a chaotic condition—pretty often, at first, and required him to put them in order himself. The boy realized that he should bear his own share of the burden laid on his mother, and went to work to reform his habits. It was slow and often discouraging, but by dint of perseverance new habits were formed, and order took the place of disorder. This gentleman adds that nothing in life since has been quite so hard as the overcoming of his carelessness.

The education of the senses by practical means is the beginning of child culture; but hand in hand with the practical training may go the æsthetic training also. In this way a reverence for beauty, truth and goodness is cultivated through the observation of the commonest objects. Take a simple flower for illustration—a clover-blossom. Teach the child its usefulness—furnishing honey through the agency of the bee, food for cattle, etc.; also its mission to minister to our sense of beauty. Put a petal under a microscope—what marvelous color and form, before undreamed of! Let the child smell it, and sense the delicious fragrance; handle it, and receive the sensation of touch. Now let him play bee, and chase around till he finds the blossom, and sips its honey. Let him play cow, and eat it. In this way sensations are multiplied, and memory and introspection are cultivated. A clover blossom will ever have delightful associations for him and he will never share the fate of poor Peter Bell, to whom,

> "A primrose by the river's brim,
> A yellow primrose was to him,
> And it was nothing more."

This education through the harmonious cultivation of all the senses, was the foundation upon which Froebel, Pestalozzi and other educators reared their systems. The use of objects begins in the home and kindergarten and extends through college and university. Laboratories and museums furnish the advanced student with material which he can see and handle, as well as study in the abstract.

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There is no lack of material. The trouble lies in the ability to use it for the benefit of the child.

A lady going down town shopping one day left her boy of six with a friend till her return. With some misgivings, she remarked that she hoped he would not be troublesome, knowing there were no boys in the house of her friend, and naturally inferring that means of amusement would be somewhat meagre.

"What are you going to do, Harold, when you are a man?" said the lady. "Oh, I shall be store-keeper and sell things," said the boy. This was a sufficient hint for the lady, who credited herself with understanding the ways of children. An empty dry goods box was hastily transformed into a store. A box of old buttons of all sizes did for money. A pencil and tablet, a few dry beans, empty pill boxes and a tiny pair of scales completed the outfit. The boy spent a busy and happy afternoon, giving no trouble and thoroughly enjoying himself with his imaginary customers. His limited material left him plenty of scope for the exercise of his imagination, and therein lay the secret of his enjoyment. "O, mamma, I had the goodest time," exclaimed the boy, and he began to enumerate the sales he had made, and begged to come again another day. .

A speck of dust, or a grain of common salt, a snowflake, or tiny insect becomes a thing of beauty and interest in the hands of the intelligent mother or teacher. Indeed, it is pitiful, that with such superabundance of objects, the lives of so many children are empty and their best interests neglected.

Attention is the indispensable condition of growth in knowledge. It may be defined as the power to concentrate the mind on a certain object or thought. Attention may be subdivided into three kinds—voluntary, involuntary and expectant. Voluntary attention is under the immediate direction of the *will*, which holds the faculties to the consideration of some thought or thing. This may also be designated as cultivated attention, for only after mental cultivation has begun do we find it exercised. Young children display involuntary attention alone. It is a condition of awareness, without any special end in view. The law



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of *effort* is lacking, hence the educational value of involuntary attention is comparatively small. It perceives without defined clearness. Voluntary attention leads to clear sense-perceptions; examines things minutely; observes critically, and tends to correct knowledge. Involuntary attention is not analytic nor synthetic; it is merely aware without mental effort. Expectant attention is that condition of mind which anticipates certain results, either dreaded or desired. It enters largely into the happiness or misery of human lives, according to its character and intensity. It is that which "counts the chickens before they are hatched," and "crosses the bridge before we come to it."

The development of voluntary attention is syonymous with mental development. It is a gradual process and education is the promotion of its growth. "Education of attention is the development of the power to purposely focalize effort."

In dealing with children the individual personality must be in a measure considered, in order to gain the best results. We hear people speak of the "simple child," as if it were a blank tablet upon which we may write anything we like. A child is not simple; it is full of strange contradictions and surprises. It is more than a match for any philosopher, and the question of its training is perplexing to the wisest. There is no worse solecism than the prevalent opinion that it is an easy matter to bring up a child. The worst failures no doubt are due to lack of knowledge and sympathy on the part of the elders. Improper suggestions and example are to blame for the unlovely traits in children. Most people look upon children as irresponsible little creatures, who are to be everlastingly told "Don't do this, don't do that," whereas, the truth is, they will always be happy and comfortable if furnished with the means of employing their energies in a legitimate way. A child needs constant and varied employment as the price of happiness and growth, just as much—nay more, than an adult.

Instinctive impulses are present in childhood, which, later, are replaced by conscious actions. In the transition from instinct to reason lies the opportunity of the mother and teacher to train

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the child in correct habits. Good manners are just as easily inculcated as bad ones; here, as elsewhere, the price of victory is watchfulness. Table manners may be acquired by the youngest child that can sit at a table, if there is no departure allowed from the rules, and proper suggestions are made at the proper time and place.

A leading minister in Chicago tells a joke at his own expense. His little daughter had to be reminded pretty often to say "thank you" at table. It was considered safe to allow her at table one day while the bishop was dining with the family. "Katie, will you have some tomatoes?" asked her father. "No," said Katie, in a decided manner. "No what, my dear?" "No tomatoes," said the little delinquent, to the consternation of her father.

I wish the word "*don't*" could be eliminated from the vocabulary, and "*do*" used instead, in directing children. It is always better to say, "do a thing this way," instead of "don't do so and so." There is always a suspicion of reproof in the latter, and reproof invariably raises antagonism and renders the situation more difficult. This may seem a trifling point, but it is an important factor in the harmony of the home.

Repetition is necessary in giving suggestions to children. Memory is weak and needs cultivation. This fact, often ignored, leads to much injustice in dealing with young offenders. No mental faculty is strong until duly exercised. Neither is the moral nature strong in childhood. It must be cultivated by attention, choice and action.

In the perpetual activity of childhood lies the opportunity for carefully directed suggestion. Character is developed through decision and choice. Teach the child to obey the dictates of his own conscience as the highest judge of his actions. Throw him on his own responsibility, thus exercising his will, instead of directing him by your own.

The tendencies of human nature in the aggregate are good; on this stupendous fact is built the faith of the sociologist. The will is strengthened by the exercise and practice of right decisions. Many a child is rendered unfit to face the battle of life,

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simply because he has been kept in leading strings and not permitted to evolve the inner self, which, therefore, became an automaton, dependent upon the direction of others.

Obedience is a necessary attitude of the child and student towards parents and teachers. The wisest of these do not hesitate to give reasons to the young inquirer regarding certain modes of action. Habits of obedience do not cause dependence upon the will of others, but rather tend to the recognition of rightful laws which lie outside of the personality of teacher or parent. Crushing the individuality by domineering methods is quite another thing. Growth, growth—physical, mental and spiritual—is what must be aimed at by the wise educator.

The emotions must be cultivated. Psychologists nearly all agree that children possess sympathy, but that pity is the result of cultivation. There is a nice distinction here ; pity is to a large extent from introspection and comparison, while sympathy is instinctive and spontaneous.

Feelings are sensations or emotions. Sensations are strictly physical, while emotions are occasioned by ideas. Feelings are largely dependent on Suggestion, whether sensations or emotions. Sensation passes into emotion in almost imperceptible lines. Love, gratitude, joy, courage, cheerfulness, hope, etc., each with its counterpart is easily understood by children. It must be impressed upon them that to govern self, so as to eliminate as far as possible such feelings as hate, anger, malice, cruelty, etc., is a sacred duty, and that these feelings will naturally become weak through non-use. A rightly trained child will soon become thoroughly ashamed of anger and cruelty, and the exercise of self-control towards the suppression of these feelings will be a most valuable possession. Educate the heart with the intellect, or we may be surprised to find a nature cold, unsympathetic, unethical, and unresponsive to the most beautiful impulses of human nature. It is the birthright of every child to a world of loveliness, beauty and duty. There is no more pitiful object in life than a developed intellect with a starveling soul. The cleverest criminals belong to this class. The profound responsi-

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bility to lead the young in the ways of industry, truthfulness and justice, is felt more and more by those in charge of the training of children. Education of the emotions is subjugating them to the control of reason. Desirable feelings are thus strengthened and hurtful impulses weakened by suppression.

Sympathy with the young on the part of their elders is a necessary condition of true development. Children instinctively know who enters into their little joys and sorrows sincerely ; and there is no question of deceiving them. An amusing incident, related by a friend, will illustrate this point. A little girl of three years had been the especial pet of her maternal grandmother, who lived in the same town. Grandma never had spoken crossly, or denied small blisses to the child, so that the quality of grandmas was a foregone conclusion. The other grandma, whom the child had never seen, came on a visit. She was a very excellent woman, but unsympathetic in her feelings with children. When Lilly was introduced the new grandmother showed no disposition to pet or fondle her. She remarked that she preferred boys to girls (she had no girls of her own) and criticised the little one's manners in giving the left hand instead of the right. Here was a new specimen of a grandma. Lilly surveyed her from head to foot ; she saw a finely proportioned lady, large and handsome, with a magnificent head of white hair, exquisitely dressed. Her other grandma was a little body, with dark eyes and hair, and an incapacity for saying harsh things. The child quickly associated the size of her new grandma with the disagreeable impression she had received, and announced she could not love her because she was too big. She insisted on calling her new grandmother, "the one with the blue hair." Her mother put her to bed in the evening, and Lilly as usual said "God bless" all her friends, including the cat, but when she came to "grandma," she exclaimed very decidedly, "But mind you, it's not the one with the blue hair." This merely emphasizes once more that the need of humanity, great and small, is love. Children will invariably give you the measure you mete to them, if not always openly, then worse—in their hearts.

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One smiles at the somewhat priggish rules of conduct George Washington wrote out for his own use; but they are powerful auto-suggestions of right conduct, and no doubt bore fruit in the sterling qualities of the man.

Self-control with an educated conscience is the goal to which the race must be set. The Chief Justice of England says, "Temperance, self-control as to the drink habit, would close three-fourths of all the prisons in the world." Happiness is summed up as obedience to law, moral and physical.

Just a parting word, which I would gravely emphasize. Children should always be treated with respect, as this will foster their self-respect, as well as their respect for others. The laws of hygiene should early be taught; these have been so simplified that an intelligent child can understand their importance.

It is wonderful how much children influence the grown people, and how careful the latter have to be in setting a proper example. In giving discipline to the children, we also discipline ourselves more, in order to live up to their ideals of us. Truly, "A little child shall lead them."

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SPECIAL MAIL COURSE

IN SUGGESTION.

BY HERBERT A. PARKYN, M. D., C. M.

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PART XXVI.

RHEUMATISM AND ITS TREATMENT.

Before commencing a detailed description of the symptoms and treatment of rheumatism, I wish to call the student's attention to a point I have touched on very often in this course; i. e., that the secret of the practice of medicine lies in overcoming functional troubles in the organs of nutrition and elimination. When an individual is perfectly nourished, every organ of his body performs its function properly. This being the case, it is obvious that the organs of nutrition and the requirements for perfect nutrition should receive the whole attention.

Since it is a fact that rheumatism is caused by imperfect elimination, its proper treatment, as will be seen by what follows, becomes very apparent and is really found in that part of this course devoted to functional troubles, for, to a greater or less degree, these will be found, on careful enquiry, to accompany every attack of rheumatism.

The pain of rheumatism which affects various tissues and occurs in many different parts of the body, is, perhaps, not so severe as bad forms of neuralgia, but it nevertheless occasions much suffering, and in some cases is so severe and so constant as to prevent the patient from following his work. The character of the pain differs somewhat in different cases, sometimes being sharp evanescent twinges, which either flit about, as it were, from place to place, or seem to be fixed in certain joints, the severity of the suffering altering only in degree. A good many old men and old women living in cold, damp country places will tell you they have been martyrs to rheumatism for more than half their lives.

When the blood is in a state favorable to the development

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of those changes which result in rheumatic pains, you may be exposed to cold, damp air for a short time towards sundown and conscious of a slight chilly feeling; in two hours you feel very decided aching of the muscles of the forearm, or upper arm, or of the leg, back, or other part of the body. Perhaps some of the tendinous structures about the wrists or ankles are the seat of fixed continuous pain, which becomes worse on exertion, and makes it a matter of great difficulty to lift anything or to perform any ordinary movements. Very commonly the muscles at the back of the neck, from their insertion in the occipital bone downwards, are so painful that you cannot turn or bend the head. Partly from the pain and discomfort experienced, partly from the effect of the altered blood on the sensitive nerves of the body generally, you feel quite ill and must lie down. Now you soon find that external warmth gives great relief. Sit before a good fire, wrap yourself up in a rug, take a warm bath, a hot air bath or a Turkish bath, and the pains will soon disappear. If you go to bed and perspire freely, you will feel better within an hour. But, perhaps, after a few hours more you have evidence that the pain temporarily allayed has not really gone, and that the changes which caused the pain are dependent on phenomena which determine a more lasting departure from the normal state.

Rheumatic pains are generally preceded by or are associated with flatulence, heartburn, constipation or other symptoms of functional troubles in the organs of nutrition and elimination. Some suppose that the peccant matter which causes the pain is actually secreted by the stomach, while others consider that it results from the occurrence of unusual chemical changes taking place in the recently absorbed constituents of food. In favor of this latter view may be adduced the fact that the subjects of rheumatism are almost invariably made worse by alcoholic drinks, while rheumatics who can be persuaded to give up these popular beverages, almost invariably improve, provided plenty of other fluids are substituted.

Rheumatic pains differ from neuralgic pains, inasmuch as they commonly arise in muscles and in fibrous tissues, while

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neuralgic pains are generally seated in a nerve trunk or its ramifications. The dental nerve and its branches, or the superior maxillary or frontal, or certain cutaneous branches in different parts of the body, are more frequently affected than other nerves. Rheumatic pains, on the other hand, seem to be situated deeper, and are more widely dispersed apparently in the substance of tissues, as if emanating from many ultimate ramifications of nerves distributed in the substance, tendons, or fasciæ, or in the muscles themselves. Of course the fact that some people suffer from imaginary rheumatic pains must not be overlooked. This condition, however, is generally found in highly suggestible persons, and a test for the degree of suggestibility of a rheumatic patient will assist in determining whether this condition is likely to be present or not. When this condition is found in a patient who is not highly suggestible it should be treated as hypochondria.

Lumbago is a form, and a very unpleasant one, of muscular or fibro-muscular rheumatism. Sometimes it is very obstinate and very difficult to cure. The patient is obliged to rest in bed, and it may be two weeks or more before he is able to bend his back without great suffering. Great care must be taken not to mistake pain in the back arising from other and more serious conditions for rheumatic muscular pain or lumbago.

Rheumatic pain seems in many cases to arise very near the insertion of a muscle where there is much white fibrous tissue in connection with the periosteum. The point of attachment of the deltoid to the humerus is a favorite spot for the development of rheumatic pain, which may be so severe as to interfere with the raising of the arm, and to render the putting on of a coat without assistance a most difficult proceeding. Sometimes the pain persists in this situation for several weeks.

The intercostal muscles are not infrequently the seat of very severe rheumatic pain which is sometimes mistaken for pleurisy. The muscles of the sides and of the hip are also frequently affected. Rheumatic pain in some of the fibres of the diaphragm and of the abdominal muscles has unfortunately led the physician to express the opinion that a patient was suffering from perito-

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nitis and some days will have elapsed before this terrible and erroneous diagnosis has been controverted.

The nerve fibres distributed to the muscular fibre cells (organic muscle) may be the seat of rheumatic pains as well as those distributed to voluntary muscle. It is to be remarked with reference to the latter, that those parts of the muscle situated nearest to the tendon are most frequently the seat of pain. Here, of course, the circulation through the vessels is slowest, and there would be the greater chance of any exudation poured out from the blood producing a deleterious influence upon the finer branches of any nerve-fibres with which they come into contact.

In various forms of rheumatism then, we infer that it is certain of the fibrous tissues that are the seat of pathological change. Exudation is probably poured out from the blood as the circulating fluid slowly traverses the sparsely scattered capillaries of the tissues. The nerve fibres close to the capillaries are those which are affected. The exudation poured out probably coagulates, and part of it is at length converted into fibrous tissues, so that the affected textures become thickened and the movements of the joints and of the tendons and muscles in their neighborhood seriously impaired. In many old cases of chronic rheumatism the patient is seriously crippled, and the movements of some of his joints are greatly impeded or altogether stopped. It would almost seem in bad cases of rheumatism as if the fibrous tissues were the seat of a sort of low form of inflammation; and that the exudation poured out in the interstices of the bundles of fibrous tissue gradually increased in amount as the disease advanced, and that the resulting fibrous tissue underwent condensation and contraction, greatly interfering with the action of the tissues in question. The movements of the large joints at last cease altogether; this change being partly due to the pathological phenomena I have described, and in part to the circumstance that the pain accompanying every effort to move has gradually discouraged the patient from making any attempts. The limbs become quite stiff, and the unfortunate victim is entirely dependent upon others, even for every mouthful of food he swallows. We



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often see extreme cases of the kind in poorhouses or homes for the incurable. If you visit some of these institutions, you will almost certainly discover several persons who, for many years, have been complete cripples from rheumatism, and are bedridden and incapable of moving any one joint in the body.

The inquiry as to the actual state of things at the seat of pain during the early stages of the disease in ordinary rheumatic affections is an interesting one, but I am sorry to say I cannot tell you what are the essential differences between a slightly rheumatic and a perfectly healthy tissue. The facts of the case justify the conclusion that certain materials, probably soluble, are formed in undue quantity in the blood — that the solution transudes through the walls of the capillaries in situations where the vessels are few and the circulation is slow; that the contact of the fluid with the fine ramifications of the nerves close to the capillaries causes pain, that in consequence of the formation of more fluid of the same character in the blood, that which has already been poured out cannot at once be absorbed. The accumulation thus brought about accounts for the persistent character of the pain. Whether the pain is caused by the direct influence of the effused fluid on the fine nerve fibres, or upon bioplasm or living matter connected with them, is a question open to discussion. There can be no doubt that the stretching of the terminal ramifications of nerve fibres or pressure upon them will give rise to pain, and it is not unreasonable to infer that fluid differing in its composition from that which bathes them in health would also cause pain as well as disturbances of nerve action. The mere stretching and pressure to which the nerves are subjected are not, it may be objected, an adequate explanation in many cases, as, for instance, in those where there is persistent rheumatic pain, not associated with any tension or swelling of the tissues. The views above suggested, however, receive support from the fact that in many cases after free secretion has gone on for some time from skin, kidneys, and bowels, the re-absorption of any exuded fluid does take place and the rheumatic pain ceases.

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With regard to the muscles there is almost invariably imperfect action, and some muscles during an attack pass into a state of complete inaction. The muscular tissue, which has been many times affected by the rheumatic state, gradually wastes, and the muscle itself after becoming very weak soon exhibits structural degeneration. Near the tendon the contractile tissue undergoes condensation and slowly degenerates into fibrous tissue, while in the adjacent fleshy parts fatty degeneration often occurs. Shrinking, wasting, thickening, and contraction proceed until fibre after fibre has deteriorated, when the limbs fail to execute their ordinary movements. I need hardly say more about the very serious results consequent upon the long continuance or frequent recurrence of the rheumatic state. Everyone must see the importance of doing all he can to check the pathological changes, or failing in this, to cause them to take place as slowly as possible, and to retard the development of that dreadful state of helplessness and incapacity which is too often the consequence of frequent attacks of rheumatism or the very chronic form of the malady.

While treating rheumatic patients they should be made to understand that by acting and drinking properly they may greatly diminish the tendency to rheumatism if they cannot completely check it; while by neglecting their fluids and acting in a different manner they may greatly encourage and expedite the progress of the morbid change. All rheumatics should be instructed concerning the great importance of promoting the free action of the secreting organs generally. The physician should particularly direct the patient's attention to the great importance of frequent and free action of the skin, kidneys and bowels, in order that the materials which tend to accumulate in the blood and which are concerned in the causation of the rheumatic state shall be removed as fast as they are formed, and as soon as possible expelled from the system, so that there may be no danger of their accumulation. It is remarkable how inveterate is the tendency in many to the formation and accumulation in the system of compounds of the class in question, and if the

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patient is to remain free from their deleterious effects, he must compass their removal day by day.

In our climate a tendency to slight rheumatism is so common that I should say that at least half the population suffer more or less. It is noticed, too, at every period of life. The so called nervous, neuralgic and muscular pains are very often of a rheumatic nature. These may get well of themselves or be relieved or removed by making a marked increase in the amount of fluids taken, accompanied by gentle manipulation and warm baths, or, in the case of the young, by active exercise followed by free perspiration, the diet and fluids, of course, being carefully regulated at the same time. A somewhat more decidedly developed rheumatic condition often brings patients to us for advice, and here and there, I am sorry to say, we find this to be but a state precursory to a severe attack unless immediately and properly looked after. In the great majority of cases, however, the morbid condition yields in a few days or a week or two, to remedial measures based on the principles already referred to.

Warm baths and exposure of the affected parts to intense heat are held in great repute for their curative properties; but I cannot help thinking that these alone can never cure a bad case of rheumatism, for while they may increase the circulation in an affected part, for the time being, still, unless the cause which first produced the deposit of the deleterious matters in the tissues is removed, the morbid condition is likely to return. However, these agents will be found very useful after nutrition and elimination have been attended to. Turkish baths or hot air applications produce free perspiration, and this removes from the blood a large quantity of water, holding various substances in solution. Then thirst is excited and the patient drinks freely of water. In this way noxious materials which would otherwise accumulate in the tissues are gradually removed from the system, and the patient may thus escape much suffering.

Some mineral springs are noted for the remarkable cures wrought in those drinking the waters from them. The virtue, I believe, lies, not so much in the quality, as in the quantity of

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water taken. Persons who scarcely drink any water in their own homes will go to one of these springs, drink a gallon or more a day and be cured of rheumatism. Many of these patients return to their homes only to drop into their old habits of eating and drinking, and it is not a great while before it is necessary for them to pay another visit to their favorite mineral spring, if they would be free from pain.

Since commencing this part of the course, I received a communication from one of the mail course students, asking if it would be advisable to command a patient suffering from rheumatism, to get up and walk, after treatment. My reply was as follows:

"Great discretion should be employed in selecting the patients to whom such a command is given. It would be permissible if a diagnosis of 'rheumatic pain habit' has been made, or if the functional troubles of the patient have disappeared for some time and there is no evidence of swelling or redness in the affected part. Sometimes such a suggestion is followed by very rapid recovery, especially if there be an element of pain habit in the trouble.

"Should there be ocular evidence of trouble in an affected part, or if the organs of elimination have not been thoroughly stimulated for some time, a positive suggestion that the patient will be able to get up and walk without pain, may have a disastrous result. For instance, if the patient were not highly suggestible and the attempt to walk produced great pain, he would be likely to think that the operator did not understand his condition, and any faith which he might have had in the treatment would be greatly shaken.

"A somnambulist, even with large, red, swollen joints, is likely, under positive suggestions, to commence to walk around; and although it may be evident that he is suffering acute pain, still, if the operator has stated positively that no pain would be felt, the victim is very likely to declare that he did not suffer in the least. However, let some friend ask him about it when he is away from the operator's suggestions, and in all probability

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he will say that it hurt him greatly and that he does not believe the treatment will benefit him. One can hardly blame such a patient for failing to return for treatment after two or three snch seances."

To an onlooker, who does not understand the truth of suggestive somnambulism, the results apparently obtained in such a case seem marvelous. Many of the remarkable cures (?) made by street corner fakirs are of this type; the onlookers take for granted that an actual cure is made because the sufferer, under the suggestions of the fakir, declares that he feels perfectly well.

Some time ago, a student from another institution told me of a wonderful result he had seen at the clinic he was attending. He said that a patient, suffering from acute articular rheumatism, was put into *a deep hypnotic sleep* and told that she would arise and walk around the room upon awakening, without experiencing the least discomfort, and leave declaring that she suffered no pain. He said that after being told to arouse she carried out the suggestions to the letter, although there was ocular evidence of an acute trouble. A number of physicians present thought the cure (?) remarkable. I said to this physician, "Don't become too enthusiastic over that cure, as you call it. The fact that the patient went into a condition which you have been taught is sleep, shows me clearly that she is a suggestive somnambulist. This class of patients will declare that they are better for the same reason they say they are asleep, i. e., because the operator said so, not because they are actually asleep or because they suffer no pain. I am certain this patient actually suffered acute pain, and simply obeyed the operator's suggestions when she said she felt well. You say there was evidence of acute trouble; now simply telling such a patient that his trouble has disappeared will not reduce an inflammation. That has to be accomplished by an improvement in the circulation; and the operator wasted his time, unless the suggestions were directed to increasing elimination and nutrition. I venture to say that this patient will return next day, and if allowed to state her own case, without leading sug-

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gestions being given to her, she will declare that her pain is as great as ever. Should she receive the same treatment, a few times, as the one you witnessed, I venture to say she will not return for further treatment. I wish you would let me know how the case progresses. Say nothing to your instructor, but watch the results."

About two weeks after the above interview, I met this physician again, and he informed me that the case had turned out exactly as I had predicted, although, even after the last treatment she had said she was better and improving. A month later this same patient came to the clinic of the Chicago School of Psychology for treatment, and after six weeks' attendance, during which time I never once told her she was asleep, or that she could walk without pain, I had the pleasure of dismissing her cured. The suggestions given were directed to overcoming the functional troubles which were present in abundance, and from the first the swelling commenced to subside. At each treatment the patient *volunteered* the statement that she was improving, and finally one day declared that all her pain had disappeared. That this was true was evidenced in her ability to walk perfectly, even when away from the school.

Before concluding this course, I wish to warn the student against neglecting his study of the healthy man and the requirements for health, in his search for pathological conditions. It is a deplorable state of affairs, but nevertheless true, that since bacteriology and pathology have been added to the curriculum of our medical colleges, the study of the healthy living man has been sadly neglected. In our medical colleges we examine dead bodies—bodies in which the one thing upon which all the phenomena of life depend is absent, i. e., the mind.

A man in perfect health is not open to the inroads of disease or the bacteria from which many ailments are said to arise. Hence it is obvious that the study of health and the requirements

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of the healthy man should have precedence over everything connected with the study of the art of healing.

By paying attention to the signs and symptoms of functional derangements which may be correctly termed slight, and relieving them as soon as possible, we may succeed in preventing the occurrence of grave pathological changes. Some preparatory changes are necessary to render the organism fitted either for the reception of morbid poisons, or for the initiation of the majority of morbid changes which commence from within in tissues and organs. Even in the case of many purely local lesions it is probable that, for some considerable time before any actual structural change has occurred, there have been congestion and disturbed action, and but for the persistence of these, the local disease would not have manifested itself. How important it is, therefore, that we should search for evidence of slight preliminary change, in order that by altering the conditions of life for a time, by relieving local congestions, by promoting excretion, or by establishing some increased local action in another situation, we may succeed in bringing about a return to physiological health before any of those grave morbid conditions, which have occupied so much of our time in this course, can be established.

Although, undoubtedly there are a few living poisons which are so virulent in their properties, and have such extraordinary power of vitality that almost everyone exposed to their influence is attacked with the disease they engender, this is so decidedly exceptional that one may fairly venture to advance the conclusion that it is at least conceivable that individual human or animal organisms may exist, upon which the great majority of contagious poisons might beat in vain. And, as time goes on, I think we shall become convinced that the prospect of our being successful in discovering the means of enabling the individual organism to resist the assaults of contagion is far brighter than that of our discovering how to exterminate contagion itself, or to prevent new forms of contagious living matter from springing into life.

The poison instrumental in carrying opthalmia undoubtedly

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spares some exposed to its influence, and, amongst those attacked, varying degrees of severity of the disease will be observed. Even ringworm and many other diseases invariably associated with the growth and multiplication of a special organism, will not indiscriminately invade every individual, and those who have been long under bad influence, as regards bodily health, are sure to be the first attacked, and to suffer most severely for the longest time from the disease. Of a number of persons swallowing the poison of typhoid fever, or exposed for the same period of time to its baneful influence,—some will escape altogether, some will be violently assaulted by the poison, but will escape without the specific disease being developed, and in consequence of a sharp attack of diarrhœa, some will pass through a mild form of the disease, and a small number will be severely attacked, of which a small percentage will succumb to the fever or its consequences.

So, too, with regard to acute inflammations and various diseases of a non-contagious character, what seems to be a sudden illness is probably but the climax of a series of changes which have been going on for a considerable time, although the patient may not have been aware that anything was wrong. An attack of acute rheumatism is always referred to exposure to wet or cold, or to sleeping in a damp bed, or to a long drive or walk in the rain, or to some single unfortunate circumstance or want of caution on the part of the patient. But how many of us are exposed, over and over again, to adverse conditions of precisely the same kind with perfect impunity. The peculiar state of the blood which precedes the attack of illness, and which alone renders the attack possible, has perhaps resulted after a prolonged course of pathological change. But if this special state of blood exists not, instead of the person exposed to adverse influences being attacked by acute rheumatism or pneumonia, or pleurisy, or some other acute inflammation, he experiences, perhaps, a sharp rigor, accompanied possibly by local pain and general discomfort, succeeded in two or three hours by profuse sweating, perhaps diarrhœa, and most likely the secretion of urine rich in urates, uric acid and other substances. In the course of a day or two,



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except that he may feel a little weak, the patient regains his normal state of health. Perhaps, indeed, for some time afterward, he may even feel exceptionally well and vigorous. He has, in fact, been relieved by the removal of various substances which had been for some time accumulating in his blood, to his detriment, and which, at any moment, might have been instrumental in the development of local disease in some important organ. These considerations, supported by many to which I might advert, suggest the general conclusion, that the maintenance of each individual organism in a good state of health, the careful attention on the part of the physician to slight functional derangements, and the recognition by him of any symptoms that may indicate slight derangement of function or action, are of far greater importance than hunting after and exterminating various species of hypothetical pathological organisms, even though it might be actually possible to catch and exterminate legions.

I believe that if the organism be in a proper state, almost all disease germs coming into contact with it, or entering it, will certainly die, instead of growing and multiplying and deranging or destroying important constituents of the blood and tissues. Many of the living particles in question are round about us, in the food we eat, in the water we drink. The foot of a fly will carry poison germs enough to infect a whole household. It must, therefore, be vain to be always seeking to annihilate contagion, which can only be destroyed to a very limited and therefore uesless extent. On the other hand, it seems reasonable, and especially on the part of nurses and ourselves, who must be continually exposed to the assaults of diseased germs, to do all that is possible to promote and improve the resisting power of the body.

We always notice that, of those exposed to the same adverse conditions, but a very small percentage will be seriously ill. A moderate number only after exposure will catch cold or experience some slight derangement. The majority will entirely escape. No doubt such facts may, in part, be explained on the supposition of the existence of difference in constitution in the different individuals. Allowing amply for this, however, there

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is good ground for concluding that it is possible to preserve the body in such a state of health as would enable it to resist attacks of multitudes of living contagious poisons, to any one of which, in a different state, it would certainly succumb. In other words, there is good reason for the conclusion that it is possible to resist the onslaught of contagious germs, and therefore that it is possible to still further improve the health of the community. By detecting and treating slight functional derangements, it is highly probable that we may establish a state of system rendering the supervention of serious disease impossible.



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PART XXVII.

Since commencing this course, so many letters have been received from students asking for information about Personal Magnetism and Magnetic Healing, that I have deciced to devote one part of this course to each of these subjects.

PERSONAL MAGNETISM.

At the present time we hear a great deal about personal magnetism and almost every popular magazine contains advertisements of people who profess to teach personal magnetism. To the uninitiated, these advertisements are very alluring for they fancy that it is possible to develop some hidden power within themselves which will bring everyone with whom they come in contact to their feet. Should any of the literature of these fakirs fall into the hands of a student of suggestion, he will at once recognize the fact that the whole system is nothing but our old friend suggestion. Some of the instructions given in these lessons in personal magnetism are very amusing. For instance, the victim is supposed to avoid all meats, in fact he has to turn vegetarian to be successful. The absurdities of the whole system are obvious to the student of this course.

Every individual with whom we come in contact receives certain impressions from us and from these impressions he draws his conclusions of our personalities. The conclusions drawn by one individual may be entirely different from those of another. The reason for this is obvious when we remember that the impressions are received through the senses and that every impression received is limited and qualified by preceding ones.

A handsome, well dressed, graceful man might appear very magnetic to some persons with good eyesight and a taste for the

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beautiful, whereas he might not be pleasing, in the least, to a blind man; perhaps owing to something peculiar in the quality of his voice. A man possessing a face scarred with extensive burns might be positively repulsive to a man with good eyesight, while to a blind man he might be the most magnetic person in the world on account of possessing a soothing quality of voice or because he is thoughtful for others.

The man who possesses the greatest amount of personal magnetism, then, is the one who is best able to please the senses and satisfy the caprices of those with whom he comes in contact. To do this properly, one should be a student of human nature and suggestion.

In satisfying or pleasing the senses of those we wish to impress, a number of things should be considered. First, in regard to the personal appearance. One should avoid wearing clothes which are likely to attract special attention. The clothing should be simple, neat and well kept. Handsome features, while often a great assistance are not an essential, provided a pleasant facial expression is cultivated and a good standard of health maintained. "Handsome is as handsome does" is an old saying and a true one, for a handsome face without some sterling qualities of character to back it will have attractions for but very few, while a plain man with a pleasant facial expression, good health and affable manners, is often considered powerfully magnetic.

The sense of smell of those we would impress should never be offended. For this reason personal hygiene should be carefully attended to and all perfumery should be dispensed with. for while some might like a certain perfume, it might be very obnoxious to others. The best thing, therefore, is to have no odors around the person, thus preventing any criticism. The sense of hearing must be catered to also; and to do this one should modulate his voice to suit other people. When two persons quarrel, they raise their voices till a discord is produced. A high pitched voice, for instance, is unbearable to some and this should be avoided. The best plan is to pitch the voice to the tone used by those with whom we may be conversing.

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A good circulation insures nice warm hands and this condition accompanied by a hearty grip when shaking hands means that the sense of touch will be pleased.

Somnambulists are generally known as very pleasant persons. Why? Because they appear to be good listeners and generally agree with any views which are expressed to them. Now, while it is not always necessary to agree with everything said to us, still to appear magnetic one should use great tact in disagreeing with another and strenuously avoid heated arguments. The temper should be subjugated and a firm yet kindly manner cultivated. One must learn to adapt himself to different individualities, but this only comes with practice. Have a cheerful word for everyone. Flattery and generous attention judiciously exercised are powerful agents for ingratiating oneself into the high esteem of another.

Thoughts take form in action. The converse of this is true, also, for our actions take form in the thoughts of others. Let a man entertain a dislike for an associate, and, no matter how strenuously he may endeavor to avoid showing this antipathy, sooner or later he will let the cat out of the bag in an unguarded moment, by some slight action. This action is certain to be interpreted by the associate and unfriendliness results. From this it is evident that we should avoid entertaining thoughts which we would not have others know. Think the right thoughts and desirable actions will follow.

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PART XXVIII.

MAGNETIC HEALING.

It is impossible to prove a negative, and I should be very foolish to say that magnetism plays no part in the healing process; for in a few years we might have positive evidence that such a thing actually exists. I shall rest contented for the present, therefore, by saying that all the phenomena of so called magnetism or magnetic healing, which it has been my privilege to encounter, can be accounted for by the law of Suggestion. For logical reasons, we are bound to accept a simple explanation in place of a more difficult one; and, until we find some phenomena of magnetic healing whieh cannot be explained by the law of Suggestion, we are bound to conclude that Suggestion is the fundamental principle by which all the cures of the magnetic healers are made.

The student of this course will readily recognize the fact that the power of Suggestion is at work from the moment a patient decides to go to a magnetic healer, and that although the magnetist may not utter one word while treating his patient, still the auto-suggestion of the patient is sufficient to work a cure in certain cases. I could not imagine a magnetic healer who would not give such suggestions to his patient as "Of course, I can cure you. You will find such and such a trouble disappear by my treatment. You may actually feel the magnetism pass from my hands into your diseased parts. I have cured hundreds of cases like yours, etc." Even tho the magnetist

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might not understand anything about suggestion, or might declare that his cures were not made by suggestion, still, the student will perceive that the magnetist could not avoid using suggestion, even if he tried to do so. His very appearance, facial expression, tone of voice, every word he utters, the handling of a diseased part, confidence in his ability, the patients in his operating room whom he has benefited, and, most important of all, the fact that the patient knows he has come for the express purpose of being healed, are all powerful suggestions.

If, coupled with his magnetic treatment, the magnetist gives the patient instruction in personal hygiene and dieting, his successes are likely to be more numerous.

One of the greatest advertising magnetists in this conntry gives his patients instructions to lie down several times a day, relax all over and rivet their attention upon any part of the body which is in trouble, claiming that by so doing the circulation flows freely to that part and heals it. What is this but a very sensible and potent suggestion?

During the treatment itself, the magnetist makes long passes over the body and rubs the diseased parts; holds the patient's head between his hands at intervals, etc. But, mark you, the patient knows that every pass or rub is intended to relieve his trouble, and in this way powerful auto-suggestion is brought into play. If the magnetist rubs over the bowels to relieve a constipation, is not the patient saying to himself, "That is to relieve my constipation?" If he has headaches, dyspepsia or neuralgia, and the affected parts are rubbed, is not his auto-suggestion, "This is to relieve my headache, etc.?" I am certain all this must be very clear to the student, but if he will remember the instructions given in former parts of this course, these things will become even more evident. For instance, the healing force lies within the patient, but may be aroused into action by outside impressions or nutrition. Now, we have but five known avenues through which impressions may be received. These avenues are the five senses; and since every impression received through the senses is a suggestion,

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it is evident that anything which stimulates the vital force into action must be either nutrition or suggestion.

Some patients declare they feel the magnetism from the operator's hands. Now, the only way they feel it is through the sense of touch, for the operator passes his hands over the body. No two of us are likely to interpret our sensations alike, for the interpretation depends upon our auto-suggestions.

While making the ordinary head to feet passes during suggestive treatment, I have had one patient say "Doctor, I felt the magnetism from your hands," another has said "Those passes felt like a breeze all over me," a third has declared the passes produced a sensation of drowsiness, a fourth that they made him shiver, a fifth that they were positively obnoxious and irritated him, a sixth that he simply felt my hands passing over his clothing. Thus you see in cases where I said nothing about the value of the passes, the patient was left to make his own interpretation and I received different answers.

If I had positively stated, though, that they would feel the magnetism from my hands, it is possible that the suggestion might have influenced their interpretation and all might have said they felt the magnetism,—more especially if they all chanced to be highly suggestible.

A short time ago I received a letter from a recent graduate of the Chicago School of Psychology, a regular physician, who, for reasons of his own, has styled himself a magnetic healer.

The letter speaks for itself.

DEAR DOCTOR:—

Well, as you will see by the card I enclose, I have located here in M—— as a full fledged Magnetic Healer. I hate the title as badly as you do but believe in giving the people what they seem to want, for reasons of self defense if nothing else. I talk so much Vital Magnetism that I almost commence to believe in it myself (suggestion). I have met some of Prof. ———'s graduates here and they all believe firmly in magnetism. Of course I do not say anything but leave them by themselves to enthuse over their "error." It always makes me feel glad, however, that you taught me diffierent.

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The success I am having you will be able to judge by some testimonials of which I am enclosing copies. I procured these before I had been here one week; and I have also received several more this week. Among these latter is a case of constipation. The patient's bowels had not moved, normally, once in ten years. They moved second day after first treatment and every day since.

I must tell you again of my appreciation of the course of instruction I received from you, for it gives me the upper hand of those fellows who do not understand the force they are using.

Yours Gratefully,

E—— F—— J ——, M. D.

DISTANT TREATMENT.

It is said that many patients are healed at a distance by mental telepathy. In regard to this agent, I shall simply reiterate what I said of it in Part II of this Course, to wit; There is much evidence to show that telepathy is an actual fact, and we would refer those who wish to investigate this phenomenon to the "Law of Psychic Phenomena," an excellent work by Thomson Jay Hudson, L. L. D. Dr. Hudson is probably the greatest living authority on this subject, and in speaking of the conditions which best favor the use of telepathy as a therapeutic agent he says: "The best possible condition for the conveyance of therapeutic suggestions from the healer to the patient is attained when both are in a state of natural sleep;" and adds that such suggestions can be so communicated by an effort of will on the part of the healer just before going to sleep." Granted that telepathy is an established fact and that Dr. Hudson's statement is true, it is evident that any physician or healer who has his patients' welfare at heart will naturally treat them telepathically while they are asleep. One's thoughts of the day are often his thoughts of the night, and a physician's mind is likely to be on his patients. This being the case, the student will readily understand that if there is such a force as telepathy, it will be exercised unconsciously anyway, and so will need no further mention here.

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The class of distant treatment which we shall consider, chiefly, in this Course is that administered by Magnetic Healers, Hypnotists, Mental Healers, Suggestionists, Etc.

One physician, a graduate of this school, now at the head of a School of Suggestive Therapeutics, advertises very widely his ability to cure diseases at a distance. That he accomplishes many cures I do not doubt, but, taking into consideration the letter of instructions he sends to each patient, I question his sincerity when he states that these cures are worked by telepathy. Some of the instructions which are printed in his stock letter are the following in effect:

Increase the amount of fluids you drink each day and eat heartily.

Think often during each day of the benefits you wish to obtain.

Lie down for twenty minutes after each meal, close the eyes and think of your treatment.

At eight o'clock every evening go to a quiet room, lie down, relax every muscle of the body, close your eyes and endeavor to concentrate your attention upon me. I will, also, be in a subjective state, a condition in which it is possible for me to transmit health impressions to your mind provided you follow the instructions to the letter and are not disturbed. The treatment will last fifteen minutes.

Now the fact that this letter is a "stock letter" and has the hour 8 P. M. printed on it, will show how absurd it would be for a patient in San Francisco to lie down for treatment at 8 o'clock if the letter were originally intended for patients in New York. Why, by the time the patient in San Francisco was taking his treatment, the worthy doctor might be enjoying the climax of "Charlie's Aunt" at a theatre, for there are several hours difference in time between New York and San Francisco. Just how great a part telepathy plays in this farce I will leave the student to decide for himself.

Another circular issued by a well-advertised magnetic healer contains much of the matter in the letter above mentioned

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coupled with instructions to lie down a number of times each day, and, during the period of relaxation, to fix the attention on the afflicted part or organ in order to increase the blood supply to the part that it may be healed.

As I said before I have not the least doubt that many cures are effected by this form of distant healing, but I do object to the claim that these cures are wrought by a subtle force which passes between the physician and his patient, when it is evident on the face of the whole thing that simple suggestion is the actual remedial agent. Such work as this will never educate the people to the potency and simplicity of this God given power which is within the reach of all.

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PART XXIX.

INSTANTANEOUS HYPNOTISM.

What a fascination the title to this part contains for those who are interested in Hypnotism and Suggestive Therapeutics.

Many cheap advertising hypnotists have made a snug little sum by advertising a method for inducing instantaneous hypnotism. The price for this bit of information has ranged from $15.00 to $50.00. One man who advertises largely held this out as a bait, and when an individual sent for particulars, he was informed that he would have to take a course in personal magnetism first, to prepare himself for the knowledge. The course in personal magnetism was quoted at $150.00, and after taking this, the instantaneous method of hypnotism was to be taught under promise of secrecy for $15.00. Many have "bitten."

When the instructions given by this man on instantaneous hypnotism were obtained, it was found that the subject had first to be hypnotised in the old fashioned way and while in this condition the suggestion was to be given to him that hereafter he should drop to sleep the moment the operator looked him squarely in the eyes or clapped his hands or showed him a card with the word "sleep" written thereon. This was the whole course in instantaneous hypnotism. However, these fakirs taught "wiser than they knew," for as a matter of fact a person is in the suggestive or hypnotic condition the moment you have his whole attention. This was fully explained in Part V.

These fakirs, not understanding the truth about somnambulism, thought it was necessary to hypnotise the subject to make him suggestible. Now, given a person who is highly suggestible, and the moment you have his whole attention he is

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in a condition in which, if you make a few positive suggestions to him, he will commence to carry out any absurd suggestions given. Of course the somnambulists, only, will act in this way, and it was only in this class of subjects that these fakirs thought instantaneous hypnosis could be induced. The student must remember, however, that hypnosis is simply a condition in which a suggestion has an exaggerated effect, and that the moment you have an individual's whole attention the suggestive or hypnotic condition is induced. The extent, though, to which positive suggestions will be accepted depends upon the individuality or auto-suggestions of the subject.

I do not think it necessary to go further into this subject, but I feel I have done my duty in warning the student against being taken in by such alluring and misleading advertisements.

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PART XXX.

PSYCHOLOGY AND MEDICINE.

The following is the text of a pamphlet issued by the Chicago School of Psychology. The students of this course are permitted to reprint it if they desire :—

"The purpose of this little pamphlet is to explain as simply as possible the meaning of the word 'Psychology,' and to point out the scientific application of the knowledge we have gained from the study of the science to all kinds and classes of disease.

" Psychology means briefly the science of mind; a knowledge of the power within; and the application of this science to the physical ills of the body is known as suggestive therapeutics.

"The value of psychology to the world at large lies in its power to ameliorate conditions of disease. It is well to recognize that there are powers in the mind of man which will make the healthy man more healthy, but the point which will appeal most forcibly to a sufferer and an invalid is, that by the use of psychology we bring into play an active, positive force which will make the sick body well, by restoring the normal or natural conditions.

"Now, the natural condition of man is health, and without touching here upon the vexed question of heredity and hereditary influences, it may be broadly stated that the old saying: 'As a man thinketh in his heart, so is he!' is being constantly proven true. If a man believes himself to be sick, he will, by his own thought, produce in himself physical changes corresponding to the nature of the disease he believes himself to be suffering from.

"The treatment of disease by psychological processes may be summarized thus:

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"Thoughts are things; change the thought and benefit will ensue.

"Let us begin at the beginning and show what scientific warrant we have for our declaration that the mind of man is powerful enough, when properly directed, to control certain forms of disease. We can follow out our argument without diverging from the question as it applies to the healing art.

"It is now many years since the first pilgrim in search of health made his journey to Lourdes, France, in the hope that by the healing grace of the saint he worshipped he might be healed of his bodily infirmity. Wonderful indeed, to witness or to read of, is the now yearly pilgrimage to that shrine of the halt, the blind and the sick, and still more wonderful, to those who are ignorant of the principles at work, are the remarkable cures which result from that journey. It has been estimated that ten per cent of the so-called incurable cases have yielded to the healing power of the shrine. Is this, then, an evidence of a miracle? By no means.

"Among all nations and peoples there are certain localities, or certain persons, credited with the possession of this healing power of supernatural origin.

"At the shrine of Ste. Anne de Beaupre, near Quebec, Canada, miraculous cures have been in order since the year 1661, when Louis Guimont, a farmer of Petit-Cap, being afflicted with a most painful rheumatism, went, through devotion, to place three stones in the foundation of the new church, the construction of which was just commencing. The record adds, 'He found himself, by the blessing of Heaven, suddenly cured.'

"Through the efforts of Monseigneur de Laval, in the year 1670, a precious relic was obtained from Carcassone, a town in France, nothing less, in fact, than a notable fragment of a finger bone of Saint Anne herself. This relic was conveyed to the church and has not ceased to be the object of fervent devotion. The letters attesting its authenticity can be seen—hanging in frames—upon the walls of the sacristy. Within the past twenty-five years a marvelous efficacy in the curing of disease has been

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found to exist in the waters of a spring which rises a few steps to the right behind the old chapel of Beaupre.

"It matters very little whether the particular 'charm' which works the cure is in the form of a piece of wood, a block of stone, a finger bone of a saint, a glass of consecrated water, or a living being, the point to note is, that a very large percentage of the so-called miracles are actually wrought, and that, apparently, through personal contact with the 'charm.'

"But we find that when a piece of ordinary wood was substituted, without the knowledge of the supplicants, for a supposed fragment of the true cross in the Geneva Monastery, there was no abatement of the cures or miracles. When a piece of iron was inclosed in a small case, and held aloft to be gazed at by the stricken wretches in search of ease from suffering, the results obtained were precisely the same as when that case did indeed contain a bone from a foot of one of the saints.

"So that from these, and from a dozen other known facts of similar import, we gather this scientific truth :

"The healing virtue does not rest in the relic, but in the attitude of mind of the sufferer. In other words, those who were healed were healed by the power of their own minds, suddenly roused into activity.

"It may be taken for granted that among those unfortunates who made, and still make, their pilgrimage, and who return as sick as when they started, a large proportion could be benefited, and perhaps restored to health, by the judicious employment of specific medicines. Faith worketh marvels truly, but faith alone is not sufficient for all things in this materialistic age.

"In face of the fact that some are healed by faith, and some are not, theory falls to the ground, and we must deal with the facts as we find them.

"In these cures by faith there is no evidence of the transmission of divine power from the relic or agent to the sufferer. There is no evidence of a miracle. A miracle is something supernatural, something beyond the pale of natural law. Do we know of any example in which the laws of nature were arbitra-

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rily thrust aside? Are not the miracles which Christ performed being repeated daily before our eyes? Nay, most convincing of all, did not the great Healer himself demand that in those he healed, the conditions of faith, or expectancy of relief should be present? How often do we find that quality 'faith' the condition, the essential condition, upon which the wonder depended! Thus we read, to quote a few examples, 'Thy faith hath saved thee.' 'According to thy faith be it unto thee.' 'O thou of little faith.' 'I have not found so great faith.' 'Greater works than these shall ye do.' 'And he did not many miracles there because of their unbelief.'

"It would seem then that the condition of mind of the sufferer is a very potent factor in establishing or removing a disease. In carefully diagnosing the cases treated by miracle workers, metaphysicians and mental healers of all kinds, we come upon two important facts. Firstly, they can and do cure similar ailments in different people by entirely different modes of treatment, and in using the word 'ailments' we do not mean thereby merely hysterical diseases. Secondly, they do not perform a cure until the mind of the patient is brought by prayer, communion, thought, or reading, into a condition of hope and expectancy. There are no benefits derived until a feeling of hope, merging into the conviction of faith, has been established.

"We know that certain cases which have baffled the skill of the duly qualified physician yield to the mental treatment of the metaphysician.

"The line of thought has been changed, and Thoughts are Things. We know, also, that many of these cases which derive no benefit from the metaphysical line of treatment are quickly and permanently cured by the medicines of a practising physician. Is there a reason for this too? Is the virtue in the drug? Sometimes, yes; or here, again, as in the case of the worshiper at the shrine, the virtue may be in the patient. He cured himself by the agency of drugs, because drugs were, in his case the strongest suggestion that his mind could grasp of benefit to follow. It must be remembered that medicine will often prop up

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a wavering faith, and support a weak belief through a trying ordeal, and it is in this sense that it is spoken of as 'a strong suggestion.'"

But there are certain medicines which are a help to the sick, and in their physiological action upon all temperaments are uniform and salutary. The effect of their application is known beforehand, and can be gauged with absolute certainty. To refuse to employ medicine of any kind is the height of folly, and is the weak spot in the armor of the mental healer. To refuse to acknowledge the power of the mind when properly directed, by scientific methods, is the weakness of the duly qualified practitioner, and not all his knowledge of medicine, anatomy, surgery and physiology, can compensate for his ignorance of psychology. Although the medical profession discountenance the simple remedies in the main, it must not be supposed that they do not in some instances make use of the power of suggestion. Let us take a case in point:

In treating one who has been a victim to the morphine habit, the physician is sometimes implored by his patient for just enough morphine to make him sleep. "For God's sake," he cries, "just one injection to send me to sleep!" What course does the physician pursue here? To argue would be useless; to tell this tortured creature that his mind was all powerful, and could control the suffering of his body, would seem like a jest, a mockery. The physician assents, and gives his patient a hypodermic injection into his arm, an injection of pure water, which the patient believes to be morphine. Now observe the force of suggestion. With his mind and body racked and tortured by pain, the patient, on receiving the injection of water, is convinced that his suffering will cease, and that he will be compelled to sleep. And when this conviction is present, the result will generally follow. His mind then, fortified by suggestion, asserts its power over the body. It is his mind that calms his nerves and soothes his brain; it is his mind that sends him to sleep.

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Thus far, then we have proceeded in our argument. We have proved that in certain cases of abnormal conditions of the body, which is disease, the mind is supreme in effecting a cure.

Now, without detracting or seeking to detract from the credit which is due to all schools of healing, by whatever name they may be called, for the great work they are doing toward the relief of suffering, let us bear in mind that their successes are all due to one fundamental principle in human nature; i. e. the power of the mind to help itself, and so to help the body. These different schools do not create the power, it is there already; it is in the mind; a part of it; a part of the divine nature which is every man's birthright; which is his own to use when he sees fit, and when his condition demands it. It does not depend, this power, upon a profession of Christianity, or any other faith. It is as perfect in the atheist as in the religious fanatic; in the agnostic as in the devotee; in the woman as in the man. It demands merely an understanding of the laws which govern it, that it may be developed, directed and brought into play. It is chiefly a latent force; it must be made an active one.

And as the successes of these schools of healing are traceable to one cause, so their failures also can be accounted for. Either the patient's mind is not properly attuned to the treatment he is undergoing; either he has no confidence in the remedies employed, and therefore he receives no benefit; or his disease demanded the use of material medicines. Is there no remedy for this state of affairs? Yes, there is a remedy, and it is found in the study of Suggestive Therapeutics. Even at the present time there is no school of healing which is not based upon the truths of psychology: not one which psychology does not embrace and envelop.

It is the Aaron's rod of medical science; and, coupled with the judicious employment of medicines, is more effective in the treatment of disease than any other method known to man.

Psychology deals directly with the mind. There is no muscle or nerve in the human body which cannot be brought under the absolute control of the mind. Physicians have given their

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attention to the body, and have neglected to cultivate the natural force of recuperation and resistance which is inherent in every man. Metaphysicians have gone to the other extreme, and have despised the weakness of the body, refusing to sanction the use of necessary medicines. The wise man is he who bends all things to his service in the evolution of good.

At the Chicago School of Psychology the patient is taught the true meaning of the power of his mind. To most men it is a meaningless phrase; but to the sufferer who has been healed through its agency it seems a miraculous gift. Yet it is common to every man, and needs only to be developed to be of service. In this school the patient is taught, practically and swiftly, how to heal himself. He is shown, and it is not necessary for him to study in order to get the benefit of the lesson, how he must let nature do the work of healing. The normal condition of man, as stated above, is one of health. In a vast majority of cases it is only necessary to put the patient into the right way of regaining his health, and nature will perfect the recovery. But the power of the mind is not relied on for all cases which come for treatment. Where drugs are a necessary method, drugs are used. If a man's hand were dirty, all the faith in the world would not cleanse it. He must wash it with a material medicine, water. There are few cases so hopeless that benefit cannot be derived from a treatment which combines all methods of healing at once.

"The human system might aptly be likened to an electric railway. The brain is the dynamo; the organs of the body are the street cars. These sometimes stop running, and no amount of attention given to the car itself will be of benefit when the trouble is really in the dynamo."

In this case psychological treatment alone will be of benefit.

"On the other hand, an accident may happen to the car itself, and local repairs are necessary to remove the obstruction."

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Here is vindicated the necessity for making use of those specific remedies whose effects are certain in their operation.

"An experienced electrician can find the cause of the disturbance in both cases and remove it. Similarly, the man who attempts to regulate the human system must have acquired a portion of his knowledge in the laboratory and the dissecting room."

In other words he brings practical training, and knowledge of disease in its common forms to his assistance in diagnosing cases, and does not rely upon the idealistic theories of the metaphysician or mental healer. Psychology and medicine together are well nigh invincible, and the one acts as a support and a stay to the other.

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