

**DUBOIS, DR. PAUL (1908): PSYCHIC TREATMENT OF NERVOUS DISORDERS**

CHAPTER I

Often a more progressive person attempts some brilliant synthesis, but his theoretic views are still based on facts that are accepted as established.

A little later the genius of Pasteur led us in a new direction. Our eyes were unsealed, and we were enabled to catch a glimpse of the important role that microbes play in the etiology of a great number of diseases. Practical results were not expected ; under the stimulus of Lister, surgeons began the work of attacking the enemy before they had even learned its nature, and out of this movement arose the greatest practical discovery of the century, antiseptis.

The tendency to-day is to give the place of honor to asepsis, but the principle is the same. The object is to protect the injured tissues from the micro-organisms which would hinder the natural work of healing and expose the patient to the danger of general infection.

Thus, encouraged by the certain therapeutic action of some serums, such as that of diphtheria in particular, we have come to a conclusion too quickly, and have sought a panacea in serotherapy. It would not matter if science alone were compromised by these hasty generalizations, for it is by passing through error that the truth is reached. But the sick have suffered by them; they have the right to reproach us for our lack of consideration, and often even for our mercantile spirit.

Really what astonishes me most, as I make this enumeration of our new means of treatment, is that there are any sick people left.

For a long time the interest was centered first upon diseases with organic lesions. Only the study of this class of diseases seemed capable of satisfying the thirst for precision which tormented the younger generation. Functional troubles and neuroses were forgotten, the psychic side of the human being was neglected; and I might almost say that for a very long time the difference between the veterinarian's art and that of the physician was only one of clientele! This is still true to-day.

However, this very natural infatuation did not overwhelm all minds, and some distinguished physicians continued, especially in France, to devote their wisdom and persevering labor to the study of nervous and mental disorders.

Briquet, in 1859, had undertaken, in a didactic work, the classification of the symptoms, and sketched a complete nosographical picture of hysteria; but it was reserved for Charcot to focus interest on this difficult question.

Curiously enough, however, there was some trouble in getting the Germans especially to take these didactic descriptions seriously. The German clinicians smiled, and insinuated that it was necessary to go to Paris to observe major hysteria.

According to them the robust wives of Germany did not show their nervousness in such extravagant fashion. A matter of race, of temperament, they said; the Latin race is in its decadence!

They have had to retreat from this position and to learn to observe. Diseases which appear rare become frequent as soon as one has learned how to diagnose them, and to-day the classical symptoms of hysteria are described in all countries in almost identical terms.

But if the clinical picture traced by the hand of Charcot excels in the clearness of its drawing, this is due in part to the didactic methods of the master. His forte was to sketch the chief symptoms like the master artist who, with a few strokes of his pencil, throws upon paper the whole physical and moral personality of his model.

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At the same time, endowed with the spirit of authority, he handled his subjects as he would; and without, perhaps, taking them sufficiently into account, he suggested to them their attitudes and their gestures. Example is contagious in the domain of neurology, and in the great hospitals of Paris, at La Salpêtrière, all cases resemble each other. At the command of the chief of the staff, or of the internes, they begin to act like marionettes, or like circus horses accustomed to repeat the same evolutions. Actually one can still find at La Salpêtrière some of these old horses doing their turn. The dream or suggested fancy of these poor patients has been respected, and the exhibition, given to physicians who are strangers, always follows the same program. The regularity of the phenomena observed is due to the suggestion which the physician, either voluntarily or involuntarily, exercises.

Under Charcot this pseudoexperimental study impelled the observer, as it were, to create hysteria and to give to it the complete reality of a morbid entity; to-day at La Salpêtrière, as elsewhere, they imagine that they can cure at the same time that they are studying the symptoms,

The influence of suggestion upon the development of symptoms has been brought to light particularly by the work done by the school of Nancy on suggestions made in the hypnotic sleep or the waking state. These experiences, repeated everyday in all countries, have shown that man in his normal state is much more credulous than he supposes himself to be—in fact, that he is suggestible in the highest degree.

The doctrines of the observers at Nancy have spread in spite of the definite opposition of Charcot and his pupils. At La Salpêtrière, in short, to be hypnotizable was to be hysterical, sick. It was in the subjects attacked by major hysteria that Charcot succeeded in provoking by different means catalepsy, anesthesia, and somnambulism.

When Liébault and Bernheim succeeded in producing sleep in a large number of non-hysterical patients, when they were able to reproduce in healthy persons the curious experiences brought about by somnambulism, they were just a little bit embarrassed at Paris. It was still worse when Bernheim declared that the hypnotic sleep was nothing but the result of suggestion, that he could obtain it in ninety per cent of the patients in the hospitals without the aid of magnetic passes, without staring at any brilliant object, merely by verbal suggestion.

It was plainly necessary to give up the idea that suggestibility was a symptom of disease and to be considered as an indication of a true hysterical condition; it had to be frankly recognized that a healthy man is suggestible enough to accept in broad daylight, in a few seconds, the suggestion of sleep, and that in the resulting hypnotic state he can often be, at pleasure, rendered insensible to pin pricks, plunged into catalepsy, and, finally, made to accept suggestions of complete forgetfulness on waking.

It was easy also to see that suggestibility is more pronounced in the sane. The autosuggestions of the hysterical and the fixed ideas of the insane often make these patients refractory to outside suggestions.

It is enough, to be convinced of these facts, to pass a few hours at Nancy. But here one comes across the susceptibility of the medical fraternity, the rivalries of the schools—I was going to say of the cliques, according to the jargon of the disrespectful. At Paris they pretend to ignore Nancy. Can any good come out of Nazareth? And while physicians all over Europe were following with interest, believing in these experiences that were conclusive by their very simplicity, at Paris they were talking of the “minor hypnotism” of Nancy!

Since the works of G. Beard, a new nervous disease has been imported from America, and seems to be propagated like an epidemic. The name of neurasthenia is on everybody's lips; it is the fashionable disease. But I am mistaken, the disease is not new; it is the name by which it is known that is changed. It used to be described under the name of hypochondria, or melancholia; often it was confused with hysteria.

For the public it was nervous troubles, moods, or excess of nervous excitement. In fact, physicians had often attempted to make of this nervous condition, which is now called neurasthenia, a separate disease, and had given it successively such names as nervous weakness, irritable weakness, general neuralgia, spinal irritation, cerebrocardiac neuropathy, nervousness, and neurosis.

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It is possible that this affection may have become more frequent under the influence of modern life, but it must not be forgotten that we now designate by this name a combination of symptoms known through all time, and which are for the first time grouped together as a whole. A morbid entity had thus been created, and nothing is more quickly adopted in medicine than a new name. It is a label that permits us to classify symptoms without making it necessary to study them very carefully.

You see with what facility we have learned to use the word influenza. It saves us a great deal of mental labor, and allows us to make a diagnosis without racking our brains to use the word influenza. It saves us a great deal of mental labor, and allows us to make a diagnosis without racking our brains.

But this easy method of classifying disease has its inconvenient side, and we sometimes find ourselves facing our patients in a very difficult position, when the so-called influenza becomes tuberculosis, meningitis, or typhoid fever, and we are reduced to the unpleasant expedient of making lame excuses.

Life has to-day become much more complex ; it exacts more of us, more of our cerebral activity ; it lays bare our weaknesses.

On the other hand we have become more tender and more interested in our ills, and modern medicine regards the well being of each one of us with much more solicitude than ever before.

## CHAPTER II

But, as Axenfeld says, "the entire class of neuroses has been based on a negative conception; it was born on that day when pathological anatomy, having undertaken to explain disease by changes in the organs, found itself brought face to face with a certain number of morbid states for which no reason could be found."

The number of neuroses ought, therefore, to diminish with the progress of pathological anatomy; for just as soon as a lesion is discovered that satisfactorily explains the symptoms observed during the lifetime of the patient, the disease should be stricken from the list of neuroses, and in such cases an anatomico-pathological name is apt to take the place of the clinical one.

I have said that we must successively erase from the list of neuroses all the affections of which the anatomist is able to discover the cause. One might thus come to the conclusion that the word neuroses is useful only as a temporary classification, and that it is destined to disappear from medical terminology.

In short, when pathological anatomy discovers a lesion, a focus of inflammation, a hemorrhage, a thrombosis, and when chemical analysis discloses a condition of intoxication, we no longer speak of neuroses, even though the symptoms might have been essentially "nervous." We thus recognize the first cause of the clinical syndrome in the various somatic affections, syphilis, tuberculosis, arteriosclerosis, alcoholic intoxication, uremia, etc.

Having eliminated the neuroses which are probably somatic in origin, I only keep in this group of psychoneuroses the affections in which the psychic influence predominates, those which are more or less amenable to psychotherapy; they are: neurasthenia, hysteria, hysterical neurasthenia, the lighter forms of hypochondria and melancholia, and finally one may include certain conditions of very serious disequilibrium bordering on insanity.

If, for the convenience of speech, I use the common term nervousness, I by no means intend to suppress the clinical names consecrated by usage. They are titles which always serve to distinguish the form which the nervous troubles take.

But I insist at the start on the impossibility of tracing the exact boundary line between neurasthenia, hysteria, and the hypochondriacal, and melancholic states.

It is to these psychoneuroses, to this nervousness, that the treatment by psychotherapy is particularly applicable. It is in this domain that we witness a slow but continual transformation of our medical ideas full of import to practical medicine.

Nervousness is a disease preeminently psychic, and a psychic disease needs psychic treatment.

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This is the conception that a physician should have in mind if he wishes to undertake the treatment of nervous diseases with success. These psychoneuroses are frequent, they are often very serious, and, much more than organic troubles, they can destroy the happiness of individuals and of families. The physician who interests himself in the mental life of his patients, who pines, as it were, for the secrets of their souls, is moved by the suffering which he sees; he sincerely pities these unfortunate beings and sympathizes with them. Bodily illness, however painful it may be, seems to him less cruel than these psychoneuroses which attack the personality, the very ego.

I have had under my eyes, through the medium of my patients, a great many prescriptions proceeding from the best known men of the medical profession, specialists in neurology and psychiatry, and I have been astonished at the poverty of their psychotherapy. After having read on the one hand the descriptions of the disease in which the author very carefully insists on modifications of the mental condition, I find on the other hand only the most foolish therapeutic indications, baths, douches, rubbings, injections of strychnine, and the inevitable bromide.

There is, nevertheless, some progress, and during the last few years I have noticed several prescriptions where, at the end of the page, after cold water, or hot water, after the bromide or the trional, was written: moral treatment.

At last, I said to myself, here it is; and I questioned my patients upon the oral interpretation which had been given to these words. "But nothing was said to me about it, nothing at all; the only thing that was said was that moral treatment was necessary, and after that I was allowed to go away." This is the reply that I have received from these patients who have literally run all over Europe to find a cure.

It is, as I have hinted, because our medical education impels us to look for the lesion to prove any organic changes. The brain interests us only when there is hyperemia or anemia, hemorrhage or thrombosis, meningitis or tumors. When the brain is only affected in its functions we abandon the ground to the alienist.

Often, too, the alienists submit too passively to the influence of the medical clinic. Certainly they are in the right path, when, armed with the microtome and the microscope, they investigate the changes in the nerve centers; they are right when they study the chemistry of the organism, and apply the exact clinical methods of modern medicine to the study of mental diseases. They can not go too far along these lines, but under the condition that they do not forget psychology and the undeniable influence of the mental over the physical.

I know well enough that the inmates of asylums are often too disturbed in mind to obey any outside suggestion, and I do not ask that the alienist should attempt to argue away by convincing syllogisms the fixed ideas of a paranoiac or the delirium of a maniac.

But one sometimes sees psychiatrists using narcotic medications and remedies to soothe their patients, and hydrotherapeutic methods in cases of simple neurasthenia or hysteria with hypomelancholic symptoms. A heart-to-heart talk with these patients would be worth considerably more to them than the baths, the douches, or the chloral.

It has now become absolutely necessary to extend the course of instruction in psychiatry and to allow students to enter the insane asylums. In short, there ought to be more place given in medical studies to psychology and philosophy.

Do not be carried away, young people! Do not abandon scientific ground, do not believe in the bankruptcy of science; continue to study man with all the precision of modern biology, but do not forget that the brain is the organ of thought, and that there is a world of ideas.

There is in this very generation a strange mixture of thoughtless materialism, and a spiritualism that is still more unthinking.

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On leaving the hospital the young physician throws himself into his career with perfect confidence; he believes himself armed from head to foot. He quickly perceives, alas! that he is not very often asked to perform a brilliant operation or an exquisitely careful dressing, that he can satisfy only a limited number of his patients with his prescriptions, He finds himself disarmed before the nervous patients who soon encumber his office.

But what can be done? He follows the regular order. After having listened with a distracted ear to the troubles of his patients, he examines them, and proves with very little difficulty that their organs are sound. Then he draws out his note-book and prescribes: Bromide of potassium. At the next consultation this will be bromide of sodium, or, perhaps, the syrup will be changed. At last he has recourse—oh, admirable idea!—to the combination of the three bromides!

Not being cured, the discouraged patient turns to some

other confrère who, delighted by the preference just shown him, listens a little longer, examines him with a little more patience ; he reflects, passing his hand over his anxious brow. Ten to one he will end by prescribing a bromide, or at least cacodylate of soda! There are many who have practised these deceptions in their own clientèle. They ought to have said as I do: Is there really nothing better to be done?

### CHAPTER III

THERE is something further and better to do, but, to be efficacious, the treatment of psychoneuroses must be—and I can not repeat it too often—psychic before anything else.

The object of treatment ought to be to make the patient master of himself; the means to this end is the education of the will, or, more exactly, of the reason.

But, it will be said, this declaration is frankly spiritualistic in its nature. Thus to give the first place to the moral influence over the physical is to return to the dual spiritualism of philosophy, it is to fall back to the nosographical point of view, in the narrow conception of neuroses considered as diseases without physical foundation, morbi sine materia.

I repudiate both these reproaches.

Without doubt there is, between conscious acts and the physical state of the brain, an abyss which appears to us impassable. We can not in any wise conceive how the physical work of the brain cells can engender a sensation or give birth to an idea. We can say, with Du Bois-Reymond, “ ignorabimus” (we shall not know), or, rather, so as not to speak for the future, “ ignoramus” (we do not know).

Renewing the idea of the Greek sage, Parmenides, the Irish philosopher, Berkeley, has held that only our sensations and our mental representations exist, that that is all that we can know, and that it is not permitted for us to conclude that there is a material reality of things.

These premises are obviously impregnable. In short, we live only by sensations, and it is impossible to prove that they correspond to a reality.

But these seem to me mere witticisms. There is no reason why we should consider ourselves as subject to hallucination; we distinguish carefully between the mistakes of delirious people and the evidently psychic statements of the healthy individual. Altho to see a stick and to feel pain may be pure sensations, we have no doubt whatsoever of the material qualities of the stick, nor the existence of the rascal who strikes us.

If by a species of mental gymnastics we can raise ourselves to these heights, the majority of thinkers prefer to remain on more solid ground. They will find it more rational to establish the relation in the inverse sense—first of all to admit the existence of ourselves and of the exterior world; then they will consider thought as the product of cerebral activity.

But let us leave to metaphysicians the task of following out this analysis and of taking up the problem of transcendental philosophy. It is not very probable that they will reach conclusions that will be acceptable to all minds.

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An induction always remains debatable, because it ventures beyond the limits of pure and simple proof. To discover a law we place ourselves in favorable experimental conditions, we simplify the problem. When the law is established on a certain number of definite facts we extend it by induction to more complex phenomena, we generalize it. There is in such a mental proceeding occasion for error and a possibility of hasty conclusions.

One can not affirm a contrary idea simply by showing that a truth has not yet been scientifically established.

Why should one, in lessons devoted to therapeutics, approach these difficult problems which it is impossible to solve? Be content with curing your patients as best you can, and leave the mists of metaphysics to philosophers! That is what our confrères will be apt to think.

I am not of their opinion.

In the exercise of the art of healing the moral influence plays a very important role.

believe in the virtues of all the drugs in the pharmacopoeia, nevertheless practises psychotherapy every day. There are some practitioners who do it quite as unconsciously as M. Jourdain used to make prose. There are fewer, alas! Who resolutely do it, and always exercise a moral control over their patients. Would it not be useful to analyze this moral action, to learn thoroughly the nature of the tool that one uses; and could one make such a study, and neglect the problems which we have just touched upon?

If, by reason of the special circumstances of his position or from personal choice, the physician finds himself in frequent contact with patients suffering from nervous diseases, it is impossible for him to avoid these subjects; he must, cost what it may, come to some conclusion upon the matter.

It is in vain that you resolve to be a physician for the body only. Willy-nilly you are forced, if not to reply, at least to think.

I can not, however, quite bring myself to make a simple exposition of my method; for I ought first to state upon what philosophic basis I rest, and to point out the red thread, the trace of which one can follow through the whole tissue of my therapeutic endeavors.

I have said, and I repeat, that I have no intention of monopolizing the truth for myself, and that I can conceive that one might start from another point of view. I am content to think with the head that Nature put upon my shoulders; it works in its own way.

In practical conclusions I am often met by minds absolutely different from mine, such as believers in the orthodox faith; we have nothing in common but the same kindly interest in the patients, the same desire to bring them health by the methods of psychotherapy. We have met each other at a certain height, like two captive balloons that have drifted together and are pursuing the same course. Follow their cables, and you will see that they are attached at points that are diametrically opposed.

The physician who reflects at all will continually find in his path the problems of liberty, of will, and of responsibility. If the care of making visit after visit and of prescribing medicines is sufficient to fill his life, the doctor can avoid these troublesome reflections.

There exists between neurotic patients of every stamp and delinquents and criminals more connection than one would think. The neurotics, like the delinquents, are antisocial.

Plato excluded the hypochondriacs from his republic.

One might, it is true, say that all sick people are antisocial.

All are prevented from accomplishing their work, and they hinder the activity of others. But the sick people who die, those who are cured, even those who remain incurable, are the dead, the wounded, and the invalided in the battle of life.

We bury the former, we nurse the others, and respect and honor them,

## CHAPTER IV

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THERE are some conclusions which we easily arrive at by using the most elementary logic, and which we dare not express. They seem to be in such flagrant contradiction to public opinion that we fear we should be stoned, morally speaking, and we prudently keep our light under a bushel. The problem of liberty is one of those noli me tangere questions.

If you submit it to a single individual in a theoretical discussion, in the absence of all elementary passion, he will have no difficulty in following your syllogisms; he will himself furnish you with arguments in favor of determinism. But address yourself to the masses, or to the individual when he is under the sway of emotion caused by a revolting crime, and you will call forth clamors of indignation,—you will be put under the ban of public opinion.

My convictions on this subject have been of such help to me in the practise of psychotherapy that I can not pass this question by in silence. When there is established between the body and the mind a connection of causality, or when the ultraprudent biologist confines himself to stating the constant parallelism between psychic phenomena and brain-work, one is forced to accept determinism.

Professor Flournoy. This is what he says on the subject of liberty:

“It seems to me a desperate undertaking to attempt to preserve liberty in the face of a principle that is as definite as that of concomitance, and that is what it amounts to if experimental psychology is the expression of the truth in itself.

“For here we have something still more evasive. It is of no use to speculate upon the nexus that unites the soul and the body ; whatever may be the nature of this bond, from the moment that there is a regular concomitance, the succession of conscious states from the cradle to the tomb is necessarily also regulated, and as inevitable in each of its terms as the corresponding series of mechanical events.

“ Besides, if liberty were saved from this predicament nothing would be gained, for it is not only the psychophysical parallelism which makes the obstacle, it is in a much more general way the spirit of all our sciences. What, in short, does it mean to know an event and to make it a subject of science if not to associate it with its causes—that is, to assign to it, as such, the series and general collection of previous events which have produced it, and which have made it necessary? To explain a fact is always to place it among others where it implicitly belongs, and in virtue of which it could neither not exist nor be otherwise. The fundamental axiom of all science is that of absolute determinism. Science ends where liberty begins.”

But in philosophy, which has preserved, under the influence of its environment, the impress of religious spiritualism, Dr. Flournoy states with sorrow the apparent divorce of science and morality. He thinks he is in a blind alley. “ Science,” he continues, “ excludes free will, as it also excludes the denial of it; responsibility calls it back as an absolute condition. Must one choose between these, and sacrifice the truth of the first to the reality of the second? This would be a hard extremity, for it would be as difficult to give up one as the other.”

I do not see that it is necessary to get into this troublesome dilemma.

Whoever loves Truth must remain her faithful friend.

When reason, which is our most precise instrument of work, leads us not only by experience but by induction to clear ideas we can go ahead without fear.

It may be that at first we find ourselves drawn toward conclusions which seem false ; we may fear to arrive at revolutionary ideas that would be dangerous to the body social.

I think this is not an illusion. There is at the bottom of each one of us a timid conservatism which accepts progress reluctantly, and which fears the consequences of new ideas before knowing just what they are.

Believers of all religions still voluntarily avoid this rock of dangerous repute, so that nobody may be lost upon it. They consider human reason to be a fallacious instrument, and they take care not to plunge their mass of dogmas into the dissolvent of free inquiry. Their position seems to me irrational, but it at least has the advantage of being impregnable. There are no arguments with which to attack any one who says: “ I do not reason, I believe.”

M. Naville

This fallacious argument, which consists in excluding from the group of volitions the acts of choosing, resisting, and yielding, is the only argument that the eminent Christian philosopher brings up against the deterministic idea. Immediately afterward he abandons the domain of reason and scientific analysis, in order to exploit his fears on the subject of danger to morality.

"In order to appreciate the gravity of the question that is brought up, it is enough to understand that without an element of liberty there is no responsibility, and that absolutely to deny responsibility is to undermine the foundations of all our moral and social ideas; it means that we should be willing to strike out of the dictionary the words, duty, good and bad morals, or at least give these words, if they should be retained, a wholly different meaning from that which mankind has always given them."

We fear the argument of determinism which states that these impulses produce our actions in an obligatory and fatalistic manner, and it is the fatalism against which we rebel. We look upon evil impulses as the appetite of the human animal, and turn away from determinism as tho it implied a revolting slavery and a suppression of morality. We forget that we may also be slaves to goodness, to beauty, to moral laws, that we also yield to higher impulses of sensibility, and that the motifs of intelligence become powerful motor impulses in consequence of the attraction or repulsion that goes with them, and that they are those which often determine our volition.

Whatever we do we are always obeying some sentiment or idea. Analyze any particular action, either the devotion of a martyr or the most shocking crime, and you will always find an imperious motor impulse which has determined the action. In one case it is native nobility of feeling, due to heredity and strengthened by education ; such are the moral or religious convictions that have been carefully cherished in the family or social circle in which the individual has lived. In the other they are the overwhelming impulses of brutal selfishness and low passions ; these are deep-rooted perennial plants in the fertile soil of society. And always we yield to the impulsion which by reason of our previous mentality has held us in the power of its fascination.

But one ought to calm one's emotion and stop to reflect.

This does not mean that we are to sink back into indifference, but, with a better knowledge of the mental mechanism of the will, we can get back to a state of calmness. We see the threads which pull the human puppets, and we can consider the only possible plan of useful action—that of cutting off the possibility of any renewal of wrong deeds, and of sheltering those who might suffer from them, and making the future more certain by the uplifting of the wrong-doer.

## CHAPTER V

THE words " liberty " and " will " may be retained in everyday speech with the restricted meaning which has always been given them. When we can obey the impulses of our sensibility and the dictates of reason, we call ourselves free, because, as we do not regard our own motor impulses as anything foreign to ourselves, we have the sensation of choosing and deciding. It is useless to cast out these terms which express so well what we mean.

But if we analyze things a little more deeply, reason shows us the utter bondage in which we are placed in relation to our motor impulses. We necessarily get to the point where we deny free will, and the will, like freedom, disappears.

It seems to me that no thinkers need try to avoid these syllogisms, which contain nothing specious or artificial. Instead of reasoning, they become alarmed, and cry: 'But what becomes of morality in the hypothesis of determinism? It can no longer exist!' This is the constant objection that is brought against biologic determinism, this is the obstacle before which they shrink back frightened, this is the divorce between science and morality which the spiritual and Christian philosophers so eloquently point out. In short, they say, to deny free will is to do away with responsibility, for that is the basis of morality.

This must be understood. True responsibility, that which will one day bring us face to face with a Supreme Being, the all-powerful judge of our deeds, is of theologic origin. In order to admit it one must have an anthropomorphic conception of the Divinity, an act of faith; and the fact is that science is not leading us in this direction.

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But had I succeeded even in getting these ideas into my head, I should find it revolting to see men make themselves judges of their fellow men. In this world our relation is of brother to brother, and we are nowhere authorized to set ourselves up as the instruments of Divine justice. We would have to voluntarily shut our eyes to what goes on in the world, even in our tribunals, in order to dare attribute to this human justice the infallibility which it should certainly possess if it were to take the place of the all-seeing justice of Providence. If we have a Father infinitely just and good, let Him search our hearts and distribute according to His pleasure either recompense or punishment; but, with such frailties as we possess, let us not have the audacity to judge the wrong-doing of others.

Responsible in the narrow, absolute sense of the word we can never be, for the moment that we leave the right path we have only acted in obedience to our present impulses and we are slaves. Our conduct always betrays our actual mentality, and this mentality is but the product of our natural temperament and our education. Our relatives and friends, and society as a whole, have largely contributed to create the condition of mind in which we find ourselves, and if fault there be we are all responsible.

Do we mean to say that there is no such thing as right or wrong, or good and evil? Should we stand and look on in passive fatalism at the blooming of all these flowers of evil which, since the beginning of the world, have been spreading with the fertility of tares? By no means!

There is a social responsibility which authorizes society to repress vice, or, what is more to the purpose, to prevent it and to hinder its recurrence. Society responds to the necessity of personal defense, and the solidarity which unites us enjoins us to contribute on our part to the maintenance of the moral order.

There is a moral responsibility which leads us not only to respect these laws and to avoid conflict with society, but which forces us to bow before the ideal of a moral law as far as we can recognize it. Religious morality itself draws only those whose natural mentality and education have led to submission.

In the moral domain we can obey only those laws to which we give our assent.

Morality exists independent and free from all theologic ties. Its code is summed up in a collection of altruistic sentiments and ideas which are common to civilized people. Whether it be sentimental or rational in the beginning, this morality little by little becomes instinctive and automatic. It constitutes what we call "moral conscience." Without doubt, religions have contributed many stones to the edifice; they have aided, in a very great degree, in the establishment of this moral foundation, but it would be unjust to ascribe to them all the honor. Morality is the work of thinkers of all times, who have had an intuition of the True, the Beautiful, and the Good, and who have sought to base on reason the moral code which ought to serve us as a guide.

For almost two thousand years the experiment has been going on, and the result is not encouraging. Without doubt, the morality of Christ remains the highest and purest. If one separates it from dogma it constitutes the ideal of independent morality, but it has only had the success to win esteem in the world. The Church, far from aiding to spread it, has succeeded only in maintaining a pathological mentality which is dominated by the natural tendency to superstition and fanaticism.

One needs a very strong gift of optimism to expect of these religions alone that moral influence that ought to deliver us from our weakness in well-doing and establish the reign of justice. Religious morality itself, I repeat, only makes its beneficent influence felt when its teachings are understood, when they agree with our inner feelings, with our natural aspirations, and when they obtain the assent of our reason. It is always in the light of independent, sentimental, and rational morality that we judge the moral dictates of religion.

The devotee often accepts without thinking, in a passive obedience to authority, certain ritual practises and dogmas which he does not discuss; but at least only by consenting to forfeit completely his intellectual perceptions can he admit moral conceptions opposed to his natural sentiments of good and to his ideas of reason.

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Morality is, before everything else, social, and may be summed up in the precept: "Do not unto others what you would not have them do to you," and its corollary: "Do unto others whatever you would have them do unto you." It finds its expression in what, at first sight, is a less comprehensible sentiment: 'Love thy neighbor as thyself.'

Whoever can not grasp this moral law is in a state of intellectual inferiority. It is accessible to all without the need of the intervention of Divine sanction. It is more noble, it seems to me, to obey a sentiment of goodness and beauty, and to yield to the motives of clear-sighted intelligence, than to let one's conduct be influenced by the hope of reward or the fear of punishment.

Without doubt, morality is not absolute. It could not be so except on the hypothesis of a Divine revelation of a dictated moral code. Within certain limits, morality is always relative and variable, following the medium course of humanity. But progress goes slowly and surely; it tends to the unification of moral ideas, and this growth toward perfection seems still more intense to-day, altho the masses more than ever avoid the yoke of the Church.

Reason, so victorious in the domain of exact sciences, encounters many enemies when she advances upon the vague domain of philosophy. She falls into the snares spread for her by selfishness, the passions, the senses, which are so often the opposites to the incentives of Reason. She has to struggle with determination, with preconceived and unreasonable opinions, born in minds under the suggestion of education.

Alas! the unfortunates who have no other interest than the pursuit of sensual pleasures accomplish no more for philosophy than those who prostrate themselves in temples. They belong to the same class as those whose prudent and selfish calculations lead them to regulate their lives in conformity to a moral law. Such is the materialism of modern customs as seen in our streets, despite the constant efforts of religion and the parallel action of independent morality,

Determinist doctrines, when badly interpreted, easily find adherents among those who are only looking for the material well-being and who are glad to give a certain appearance of justification to their conduct. It would be as unjust to impute this result to positivist doctrines as to blame the Church when a bandit goes up the sacred stairway at Rome on his knees in order to commit a crime a few minutes later.

Tartuffe ought to have cast discredit on the false devotees only.

Every doctrine is exposed to these false adherents. Does not one see sincere, devoted Christians, imbued with the purest morality, and social idealists mingled, against their will, in the tanks of malevolent revolutionists, who deny all social and moral order?

The obstacle to the development of high ideas does not lie in the doctrines born of the study of the natural sciences and of reflections that are beyond the reach of the masses; it lies in the enormous dead weight which constitutes the non thinkers, the indifferent. These are the true enemies of all morality—religious or lay.

Analyzing the antagonism which seems to exist between science and religion, De Candolle describes clearly the insurmountable opposition which there is between the maxims of authority and free scientific investigation,' but he adds: "Neither scientists nor religious men sacrifice their opinions to material interests, to politics, or to pleasure. When that occurs they go out of their class, and lose the esteem of the public. Both are interested in intellectual things, and have to, if they want to succeed, lead a regular, hard-working, and even severe life when they come of a poor family. They have, in short, this much in common: the precious sentiment of working in a purely disinterested way for the good of humanity."

In spite of their different points of view, there is a communion of soul between intellectual rationalists and truly religious people. They defend the banner of the ideal against the unconscious attacks of crowds that are more indifferent than hostile. Believers and sincere freethinkers can practise the same religion—that which consists in wanting to be to-day better than they were yesterday.

## Dubois - Psychic treatment

A clear idea of biological determinism imposes on those who understand it a special way of looking at life, and of judging their own conduct and that of their fellows. Far from weakening morality, it is the most solid base of moral orthopedia that we can apply to ourselves or to others.

Now, whoever will reflect and search his own life will soon recognize that our happiness depends less upon the circumstances in which we live than upon our inner state of mind—that is to say, upon our morality. Undoubtedly we may be exposed to misfortune for which we are not responsible, we may be the victims of natural catastrophe, succumb to inevitable disease, or lose our dearest friends, but the intensity of these sufferings depends before all upon the spirit in which we accept them. The greatest misfortunes come to us through our innumeral faults and our abnormal mentality.

We are most often the authors of our own troubles, and when we ourselves are not at fault we must bear the yoke of heredity, we pay for our ancestors ; we suffer thus for the immorality of others. The earth would soon be like Eden if we were all good and just, and if the moral law were strictly observed.

It is futile to revolt and indulge in recriminations against a situation that is a fact. It is our imperative duty to correct vicious tendencies by education, to waken moral feelings, to train the Reason so that she can learn to discriminate at a glance the motives which determine conduct. Authority, and even punishment, may be used at certain times to modify the mentality, but every one will recognize that persuasive influence is infinitely preferable, that it only can create a lasting vital morality, capable of outlasting the transient education which the parent can give.

It is the same with men as with plants: the budding branch has its faults from the beginning; direct its growth, train it along the wall, and perhaps you will have a tree that will bear good fruit. It would be pleasant to delude one's self and believe in the constant efficacy of such culture. Alas! there are many unskilled gardeners, and many a slip whose natural deformity is too great at the start.

The deterministic conception is particularly valuable in our relations with our fellow men. When we are quite persuaded that people are only what they can be by virtue of the mentality with which they were endowed and the education which they have received, we pardon them their mistakes and faults. Pity takes possession of us, and it is with a feeling akin to love that we try to lead them back to the right way. But the work is much more difficult than in the education of a child. The sapling has grown, its branches are not so flexible, and the gardener's work is often impossible. We are not always in a favorable position to practise moral orthopedia on our fellows, The vicious escape from our influence, and often we are obliged to throw the helve after the ax.

We do not respond only to official education, such as that of our parents, of the school, and of the priest. Without even being able to perceive it, we are constantly brought under the sway of the contagion of example ; at every moment some striking event, a sight which we should not have seen, or a word let slip from some of those around us, opens new horizons to us. The seeds of evil are scattered broadcast in the air, and it needs only the right moment of receptivity for the germ to develop, Alas! often nothing can stop the growth of the poisonous plant; it attains a luxurious vegetation.

Persons imbued with absolute ideas of liberty and responsibility have a heavy hand in moral orthopedia. They are often cold and severe, and even when, after taxing their ingenuity to bring about some artificial good, they give their advice, the culprit feels in it all the harshness of a reproach.

In order to change the state of mind of any one who has fallen, it is not sufficient to grant him extenuating circumstances and to show him pity ; one must love him as a brother, and stand shoulder to shoulder with him with a profound sense of our common weakness.

## CHAPTER VI

## Dubois - Psychic treatment

The lawmakers who prepare our penal code, ought they to suspend their proceedings until peace is made, until the world may be converted to determinism or brought under the yoke of the Church? No, this is not possible. We have need of laws, of political and social institutions, and they are always established on the foundation of compromise and reciprocal concessions. Tho we may be adversaries on the ground of theory, we can, however, clasp hands in practise.

Without feeling the burden of moral responsibility, which is an affair of the individual conscience, or of transcendental responsibility, which is a question of metaphysics, Justice has only one right which is at the same time a duty. She ought to do everything to oppose wrong acts, to stop their performance if there is still time ; she ought to hinder their repetition and to work to repair the harm that has been done.

Society ought always more clearly to recognize that the one and only end of justice is to prevent evil, and that it must practise a conscientious and expeditious moral orthopedia.

## CHAPTER VII

Physiology must undertake the work of pursuing the study of these reactions of the organism, whether they have to do with nutrition and the ordinary reproduction of all living beings, or with the simple psychic facts that are observed in animals, or the marvelous mechanism of the human mind in its highest manifestations.

Properly speaking, psychology is, then, only a chapter of physiology, of biology, and we are guilty of a pleonasm when we speak to-day of physiological psychology.

The study of psychology is physiology in its essence. Thus, without being the exclusive property of physiologists alone, it requires of those who wish to devote themselves to it a combination of anatomical and physiological knowledge—in a word, biological culture.

The physiologists have made some mistakes in trying to fortify themselves by researches in vivisection and the psychics of physiology. They become too much wrought up over the unfortunate frog and the pain that is suffered in our laboratories.

Whether he wants to or not, the physician ought to be a psychologist, and in practise he will see that his knowledge of the human heart is more useful than his ability in questions of normal or pathological physiology. That is why, tho always considering the mental states as cerebral, and insisting on the principle of concomitance, I hold to the terms moral and physical, psychic and somatic, psychological and physiological.

In these scientific classifications new distinctions have been created. Some spiritualists find themselves constrained to recognize that certain chapters of psychology are open to experimentation and calculation, but they assign narrow limits to physiological psychology. They admit that there is beyond it a higher psychology, a study of the life of the soul, where one must proceed by introspection, and they seem tempted to snatch this branch from the biologist and hand it over to the theologian.

It seems to me that this is a mistake, Biology is a study of life in all its manifestations, and as such it has the right to approach psychological problems, not only by the path of precision, which is often false in experimentation, but by that of induction and introspection.

These ideas ought to be kept in mind in studying the reciprocal influence which the physical and the moral are constantly exerting, one upon the other.

In ordinary speech this word "moral" has a too restricted meaning. One understands by it hardly anything else except the mental characteristics, such as a lively or sad disposition.

One tries to brighten the moral tone of an invalid or a person in sorrow. One forgets that a state of bodily ill-health not only modifies our mental condition in the pessimistic or optimistic sense, but that it can alter all our cerebral functions and disturb our intellectual and moral life.

## CHAPTER VIII

There are diseases in which what we call the soul is in the most complete bondage to the body ; that is to say, the cerebral deterioration is so profound that it can not be corrected by psychic influence or by the curative action of ideas.

## Dubois - Psychic treatment

Before Pinel's day physical treatment was looked upon as the only thing of value, It is his glory to have first introduced psychotherapy in the treatment of mental diseases. "It is necessary," said he, "to isolate the patient from his family and friends, to take him away from all those whose imprudent affection may keep him in a state of perpetual agitation, or even aggravate the danger; in other words, it is necessary to change the moral atmosphere in which the insane person is to live. But, above all, the physician ought to be interested in the inner life of the patient, to trace out the origin, often psychic, of his condition, to await the favorable moment to intervene, and to find out with care what tract in his mental life remains intact, and to remember it in order to gain control of it, and to point out to the patient himself, sometimes by a very simple reasoning, sometimes by concrete facts, the chimerical nature of the ideas which possess him; in some places one can employ a ruse or resort to a clever subterfuge to gain his confidence, enter a little into his illusion, in order to cure him of it by degrees. Sometimes it is necessary to break down the resistance that he offers, and to have recourse to physical force; but even then one should avoid useless pain. The physician and guardians ought to appear to the insane person as persons endowed not only with a material, but, above all, with a moral superiority. It is by these means that they will succeed in arousing in him the further effort of reflection."

Nevertheless, with all deference to modern hypnotizers and suggestors, it is Pinel who is right. Without doubt, the influence which we have over our fellows is not always rational; we often overwhelm them by the prestige which they recognize in us, and they yield the more easily to our injunctions according as they are more mentally weak. We have the right and the duty sometimes to profit by this situation if it is to cure, or to comfort, or to relieve them; but our influence is much more powerful and durable if the patient has partially preserved his good sense and can work toward his own cure along the lines of logical reflection.

To make a patient obey and, for this end, to take advantage of his psychological misery in order to dominate him, is by no means to cure him. To attain this cure there is need of time, hygienic measures, and a devoted and unremitting psychotherapy which utilizes for the uplifting of the patient every ray of reason that remains to him.

This situation is less rare than people imagine. Many of the insane are more or less monomaniacs, and preserve their logic and a great deal of good sense which ought to be intelligently utilized. The end to be obtained is not to make the patient stupidly suggestible ; it is, on the contrary, to raise him up and to reestablish him as master of himself.

## CHAPTER IX

What symptoms, then, of nervousness, to use the most general term, are psychic in their nature, and justify my oft repeated statements that psychic treatment is necessary for psychic ills?

Thus understood, the word " suggestibility " indicates that faculty of mind which permits any one to be persuaded, by no matter what process, of the existence of a fact, of the justice of an idea, or of the excellence of a determination. But there is interest in differentiating and even contrasting the terms "persuasion" and "suggestion." Bechterew has cleverly noted the difference in saying that suggestion enters into the understanding by the back stairs, while logical persuasion knocks at the front door,

As soon as we leave the firm ground of mathematical reasoning we experience an incredible difficulty in resisting suggestion. When we formulate an opinion, or when we allow ourselves to be persuaded, it is very rare that logic is the only cause. Affection, esteem, the fear which those who are talking to us inspire in us surreptitiously prepare the paths of our understanding, and our reason is often taken in a trap. Our sensibility intervenes, our feelings and our secret desires mingle with the cold conception of reason, and, without being conscious of it, we are led into error. We let ourselves be captivated by a superficial eloquence, by the charm of language, and we yield at the first beck of attraction. In all domains of thought, even when we believe that we are enjoying the most complete independence of mind, we are submitting to the yoke of ancient ideas which we have repudiated in our logical moments, but which have left their ineffaceable stamp upon our mind.

## Dubois - Psychic treatment

In politics and in philosophy we are almost incapable of effacing the influence of education. Even when there is established between certain men a community of aspiration and ideas, one may still find in each one of them a mentality that is Catholic, Protestant, Jewish, etc., and it would be well if that which thus binds us to the family, to the country, or to the race, were always a healthy sympathy of which reason could approve. But how often do we find lack of judgment at the base of this dogmatism! How often do we feel that we are obeying in a spirit of contradiction and prejudice when we ought to follow reason!

Fatigue, sickness, and age render more difficult the mental processes constituting reflection, and we give ourselves up, as captives bound hand and foot, to suggestive influences which, at another time, we should have rejected.

Thus, mental states are contagious in the narrow circle of the family, in a social class, and in a people. Just as in the middle ages there arose epidemics of hysteria, we also have proof of collective mental troubles in different countries. It seems sometimes that a country, in part or as a whole, has lost its judgment; that a wind of folly has blown over the land. During a certain time it is this country or that race which seems to show symptoms of pathological suggestibility; to-morrow the strong, who were yesterday proclaiming with a disdainful smile the lack of balance in their neighbor, will in their turn lose their heads, thus illustrating the weakness of the human mind.

A man pretends to be an intelligent being, and fears nothing so much as a reproach of folly. Nevertheless, if he wants frankly to examine his conscience he will find that it is difficult always to see clearly, and that daily he is the victim of unreasonable suggestions. Our judgment is subject to continual eclipses.

The wine which we pour out of a dusky bottle bearing the label of a celebrated vineyard always seems better than it really is; a connoisseur among smokers will let his judgment be influenced if he recognizes the make of the cigar that he is smoking. Certain people experience a sensation of touching oil and the smell of petroleum in taking up a lamp which has never held any. The majority of people feel various sensations in touching the pole of an electric apparatus when it furnishes neither currents nor discharges.

In the scientific domain we always try to make experiments under careful control. We have recourse to the testimony of the different senses, we submit the facts to the control of several people, we repeat the experiment, and, even in hypotheses, we try to be logical. Thus, people whose scientific intellect is developed are less naturally suggestible.

But even in this domain it is impossible to avoid error. I am not speaking now of those scholars who, tho often illustrious, are sometimes slightly unbalanced, who can show superior logic in mathematical work, and yet who let themselves be caught in the net of the gross superstitions of spiritualism and telepathy.

Even those who escape these weaknesses are subject to error, and often confound their desire with realities and their suggestions for facts, There is no human brain capable of completely resisting illusions and of allowing reason supreme control.

Ignorance renders us more suggestible, but, whatever our culture may be, we do not escape this failing, for our intelligence is always fragmentary, we are always ignorant of something.

Human suggestibility is incommensurable. It enters into every act of life, colors all our sensations with the most varied tints, leads our judgment astray, and creates those continual illusions against which we have so much trouble to defend ourselves, even when we exert all the strength of our reason.

The power of an idea is such that, not only does it distort a preexisting sensation or an idea, but it can create the sensation in its entirety. There is no difference for the individual who feels it between a pain provoked by a peripheral sensation and that which results from a simple mental representation—between the real pain and the imaginary pain. More often the patient does not possess any criterion by which to decide the question, and the physician himself is frequently puzzled over its settlement.

## Dubois - Psychic treatment

The labors of hypnotizing physicians show unmistakably the incredible suggestibility of the human being. In the hypnotic state we can turn a person into a veritable automaton, make him accept suggestions of changed identity, double his personality at will, suggest to him that he is king, make him shrink back in fright before an imaginary lion. It is not even necessary to resort to hypnosis in order to obtain this passive obedience; a verbal suggestion is enough in the waking state. Hypnosis is nothing in itself; it is itself suggested in the waking state, and more frequently than not there is no use in making the patient pass into this state of semisleep or artificial somnambulism.

### CHAPTER XI

The cell does not act, it reacts. Sensibility, in its most general sense, is thus the first condition of all physiological activity. It is necessary to have a stimulus to start up the latent energies accumulated by the deposit of calories or economized by rest. These stimuli are always external to the cell, the organ, or organism that reacts, but it is customary to distinguish those which start in the periphery or the external tegument, as organs of sense, from those which arise in the depths of the organism, in the splanchnic organs or in the cell-bodies themselves.

### CHAPTER XII

It only now remains for me to speak of exaggerated emotionalism—this last stigma of psychoneuroses. Here again the subject of our study is sensibility, a sensibility altogether moral.

Everything that takes place in the field of ideas is of psychic origin. At the root of every emotion there are mental representations and feelings which determine remote reactions and the functioning of various physiological organs. The emotion is psychological and not physiological; it is intellectual and not somatic.

I know very well that in laying down these premises I am not at all modern. I do not ignore the fact that Lange, W. James, Sergi, and others, make emotions physiological processes. According to them, the peripheral stimulus brings into activity the medullary centers, and determines muscular, vasomotor, and visceral reactions; and the mind, the sensitive ego, only experiences the emotion after the shock has occurred, confining itself, as it were, to the mere recognition of the physiological disorder.

According to Lange, all emotional movement is nothing but a vasomotor reaction directly provoked by the stimulus.

W. James is less simplistic in his philosophy, and assumes a whole series of troubles in the motor, vasomotor, and glandular apparatus. The emotion felt is, in short, only the consciousness of these organic changes; it is merely an epiphenomenon.

These authors have fearlessly set forth their views in the baldest manner. They say: "Here is a mother who is mourning for her son. General opinion assumes three steps in the production of the phenomenon: 1. A perception or an idea. 2. An emotion. 3. The expression of this emotion.

This order is wrong; the two latter terms should be reversed, and the argument proceed as follows:

"1. This woman has just heard of the death of her son.

2. She is prostrated (physiologically). 3. She is sad. Now what does her sadness consist in? Simply the more or less vague consciousness of vascular phenomena, which are taking place in her body, and of all their consequences."

W. James is quite as explicit, and says: "We lose our fortune: we are afflicted, and we weep; we meet a bear: we are afraid, and we run away; a rival insults us: we get into a rage, and we fight—this is what common sense says. The hypothesis that we are here going to defend implies that this order of succession is inexact; that one mental state is not directly brought about by another; that bodily manifestations must first be interposed between them; and that the most rational assertion is that we are afflicted because we weep, angry because we fight, and frightened because we tremble."

Such strange statements as these must find contradictors, and Nahlowsky, Wundt, Worcester, Irons, Lehmann, and others, have brought the intellectual theory in opposition to the physiological theory.

## Dubois - Psychic treatment

The news of the death has been transmitted to the mother by words or by writing; it is in this way that the initial centripetal transfer has taken place which awakens the mental representation of death. But here we are already in the presence of an irreducible psychological phenomenon. If we try to explain it physiologically we have to attack the problem of the mind, and to show how a cortical cellular vibration, provoked by the sensory stimulus, can be transformed into a thought, into the mental image of death. Such an attempt seems to me premature, at least.

The partisans of the physiological theory refuse to the "ego" the faculty of perceiving an emotion that is wholly psychic ; they want the emotion to be made up of a combination of organic sensations.

I do not see how that could simplify the problem. How can our vague recognition of the fact that we have tears in our eyes, of palpitations and faintness, be transformed into a sensation, quite *sui generis*, which is called sorrow? Why do we not experience it, at least in a slight degree, when a dense smoke makes our tears flow and hinders our respirations? Why have we no feeling of shame when the inhalation of nitrite of amyl makes us blush scarlet? Emotion is, first of all, a psychic condition.

The initial mental representation, called forth by the peripheral stimuli, awakens associations which always vary according to the actual mentality, whether native or acquired, of the subject. This is why the reaction varies from one individual to another, and in the same person, according to the feelings of the moment.

Patients have only too ready a physiological conception of emotion, and are tempted to consider it as a somatic reaction of their nerves. They forget that a perception only produces an emotion when it awakens the association of disturbing ideas. The impressionability of the subject is mental; it may be diminished by education.

Nervous patients show to an extreme degree this exaggerated emotional tendency, which renders them incapable of bearing what life brings to them. The slightest happenings are catastrophes for them, the smallest failure discourages them. They are not content with magnifying the obstacles which rise before them, and drawing back at the sight of these; they create emotions, in themselves very real, alas! but excited by the imagination. They are overcome by a telegram without having learned its contents; they read between the lines of a letter, and ascribe to any occurrence whatever the least probable and the most terrible causes.

I am struck, in the case of my own patients, with this inability to see things clearly, to classify, according to the order of probability, the suppositions that they can make. An expected letter has not come. Very well; they do not stop to think that the time that has elapsed is too short to permit of a reply, or that there could have been some fortuitous delay of no importance. No; the mind jumps, without any hesitation, to the most alarming and the least possible hypothesis. I have no reply, therefore the person is sick; others do not hesitate to say, dead, and the emotional storm is let loose.

Many persons allow themselves to be impressed by all the sensations that they experience. Some functional disorder which would leave a well-balanced person wholly indifferent strikes them with fear. If they have a palpitation of the heart, they immediately dread imminent syncope; a sensation of vertigo makes them fear for their head. They are afraid of all diseases; they are often even afraid of fear. This is so frequent that physicians have invented the term phobophobia.

It is the subject himself who thus calls forth the specters which terrify him; and we recognize in it that human suggestibility, that credulity, which reinforces, even creates, our sensations, and causes, by simple conviction, whether accompanied by emotion or not, functional troubles, and reactions that may be sensory, motor, vasomotor, glandular, or trophic.

I have said that this suggestibility, which magnifies fatigue, increases our sensations tenfold, and forms the constant basis of our emotions, is exaggerated in patients suffering from the psychoneuroses. This is true if one compares the reaction of a sick person with that of a healthy man undergoing the same effort, or sensation, and the same emotion; and not a day passes but what the physician can and should show his patient how much these reactions overstep the normal limit.

## Dubois - Psychic treatment

But in looking at the question of suggestibility in a more general way, I have a feeling of very kindly indulgence for nervous people, and I find them more excusable than the well man, Just think! The majority of men are so suggestible and so credulous and—let us say it right out—such ninnies as to succumb, in a few seconds, in broad daylight, to the suggestion of sleep, and this at a time when they have not the slightest need of rest. We see them under the influence of the suggester turning into regular puppets: they become cataleptic; their skin, and even their viscera, become insensible; a doubling of their personality may be produced; they are made delirious. Think of the superstition which still reigns in all social strata, and the difficulty which the majority of people experience in overcoming their fears by calm good Sense.

Is there any reason to be astonished if nervous patients believe in the reality of their sensations; that is to say, if they experience no doubt concerning the relations of cause and effect, which they have established often after a series of prolonged experiments, between two successive phenomena?

It is always irrationalism, or the absence of a critical spirit, which encourages us in error. That malicious hobgoblin, autosuggestion, becomes a part of our life and works mischief with our days.

There are no moments of our life when we may be sure of escaping from this slavery to our mental representations, Bernheim has very well said: " Not everything is suggestion in this world, as I have been told, but there is suggestion in everything."

If one has really grasped the power of the idea, it will be seen that of the four mental stigmata which I have attributed to the psychoneuroses, suggestibility forms the most marked defect. This it is which exaggerates the tendency to fatigue, the sensibility, and the emotions. It is this credulity, this facility in receiving impressions, of believing that it has happened, that characterizes nervous people.

The nervous patient is, in fact, in a vicious circle. His mental condition makes him subject to magnified and multiplied impressions. The result is a greater fatigue, which proceeds to exaggerate still further his mental impressionability.

Do not let us forget that fatigue acts on the mental disposition; that it creates pessimistic states of mind; and that, no matter what its source may be.

Fatigue may be due to three causes. It may result from physical exercise. As a rule, this fatigue is not dangerous, and it has to be pushed to such an extreme as to result in exhaustion before it gives rise to those psychopathic states which are indicated by Tissié and Féré. It is healthy, this genuine physical fatigue; it makes the heart beat more energetically ; it accelerates respiration, oxygenation of the blood, and transpiration. It favors organic depuration. And, in short, with all these advantages, it is not to be feared, because, laziness being natural, we stop working a long time before it could possibly be hurtful. Athletics are also to be recommended, altho their value may have been.

Fatigue caused by intellectual work is less hygienic. Intellectual work demands a sedentary life and a sitting posture; it chills the extremities by bringing the blood to the head. This mental activity is necessary and useful for our intellectual and moral development. We ought to be men and not athletes, and our superiority should be mental in its nature. Here; again, what saves us is our pure laziness; it hinders us more often from being dangerously overdriven, and, for my part, I have not yet seen any nervous patients who can attribute their condition to simple intellectual overwork. In short, as Madame Schwetchine has well said, work is the thing that fatigues us the least.

Nevertheless, as Déjerine remarks, intellectual work plays havoc with us when it is accompanied by worry. Then there is an emotional and passionate element connected with it, and it is in this emotion that we must recognize the most serious cause of nervous fatigue. Such fatigue has no advantages ; it is never useful. It is harmful in the highest degree, and it is that from which we most often suffer.

## Dubois - Psychic treatment

Naturally it is impossible for us completely and persistently to avoid this emotional fatigue. We must undergo in life certain misfortunes and very keen annoyances, which we can only meet with imperturbable stoicism. But catastrophies do not happen every day; however unfortunate one may be, there are some moments of respite which allow the organism to recover its strength.

But imagine what happens when the subject is endowed by nature and education with a sickly impressionability, when he is morally so thin skinned that he feels pain from the slightest graze, In this state of moral hyperesthesia he is swept by his emotions every day; he is loaded by misfortunes which, altho they be imaginary, have, none the less, the unpleasant consequences of emotional outbreaks.

An emotion tires the organism, and particularly the nervous system, more than the most intense physical or intellectual work.

It seems to me that, under the influence of the absurd Cartesian dualism, the body and the soul have been placed altogether too much in opposition. We must get back to a more complete monism. There are no somatic phenomena, however slight they may be, that have no influence on our mentality ; and, above all, there is no movement of the mind without its echo on the organism.

## CHAPTER XIII

I HAVE shown that in nervous patients there are found certain mental peculiarities which, by reason of their constancy, may be called stigmata. This mental state is not secondary and dependent upon various functional disturbances of the organs of vegetative life, as has been too often believed. The mental defect is, on the contrary, primary, and it is by means of mental representations and autosuggestions, giving rise to emotional outbreaks, that the subject creates numerous functional disorders, and nurses them along, or aggravates them. These stigmata are the index of weakness, and, as I have said, the psychoneuroses should by right be placed on the list of the psychopathies.

The patients often make this analysis of themselves with more rapidity than the physician. In all cases, the majority follow with the greatest ease this dissection of their mental make-up, and conclude, with uneasiness: " Then I am suffering most of all from weakness of mind."

Do not be afraid to say yes; but do not make this acknowledgment without further qualifications, for fear it should both hurt and discourage the patient. He should know that all of us are, On some point or another, mentally weak, that nobody can flatter himself that he possesses complete mental equilibrium. We all have a fragmentary intelligence, and, however brilliant may be the qualities of our mind, we shall always find in some corner of our soul a weakness, a rebellious defect, against which our reason is often powerless.

Between the conditions which we call normal and that of confirmed insanity there is no definite line of demarcation, It is impossible to make of pathological states of the mind morbid entities; to classify them, according to their symptology, in distinct compartments, separated one from another.

On the contrary, there is a blending of tints, as in a damaged photograph, which shades from clear white to the deepest black. No one can aspire to take his place in this pure white zone which represents inaccessible, ideal health; we are all in the grayish white or the light gray,

I wish to especially emphasize this point: that the mental stigmata which I have enumerated are common to all the psychoneuroses; but there are in this class some distinct clinical forms which admit of a slightly different prognosis; and while we continue to recognize the common characteristics, we ought to consider separately newrasthenia, hysteria, hystero-neurasthenia, the class of degenerates or unbalanced persons, and, lastly, the most severe forms of hypochondria and of melancholia, which undoubtedly encroach upon the domain of psychiatry, properly so called.

## Dubois - Psychic treatment

One finds in neurasthenic people the whole combination of mental stigmata, but the chief defect seems to me to be the tendency to tire, to become easily exhausted. Even the word neurasthenia indicates it, and the term irritable weakness, which we formerly used, characterizes perfectly the habitual condition of these patients. There are some who show, in all the departments of their activity, the insufficiency of their capital of energy. Even when they are of normal weight, enjoying normal good health, when they are young and well developed, muscular, and free from anemia, they complain chiefly of their weakness and their asthenia.

But the asthenia is not limited to this apparently physical muscular weakness. The patient is intellectually in the same condition as he is in regard to muscular exercise. He can not read for any length of time; he can not fix his attention. The slightest effort brings on headache, neuralgia, or insomnia. This fatigue disturbs the digestion, causes palpitation, gives rise to the strangest sensations, and renders the behavior irritable and gloomy. And we find the same asthenia in the moral domain. The insufficiency of potentiality shows itself in the functioning of the entire being; the powerlessness is physical, intellectual, and moral.

And always, in spite of the distinctly psychical character of many of the disorders, it is the abdomen that gets all the blame; this it is which brews all these humores peccantes (the shade of Sganarelle just passed before my eyes), which changes the cerebral functioning. And then we have complacently described to us genital, gastric, hepatic, arteriosclerotic, gouty, and arthritic neurasthenias; the arterial tension is measured, and the neuroses are classified as hypotonic and hypertonic. The list of these adjectives will become interminable if we continue to take exciting agents and concomitant affections for first causes, and if we will persist in seeing in the psychoneuroses somatic diseases, in the narrower sense of the word.

But it is certain that as yet we have not the slightest idea of the structural or chemical changes which modify our thinking and feeling ego. It is a childish conception to look for their origin in a simple functional disturbance of our splanchnic organs and to attribute everything to the chemical phenomena of delayed nutrition, to anemia, plethora, and insufficiency of the hepatic functions. These are the illusions of laboratory workers, who, having discovered a little chemical truth, take as corner-stones the grains of sand which they have brought to the building. One forgets the chasm which separates even modern physiology from the clinic, and the ever-precarious theory from practise.

There are neurasthenic persons who at the consultation let themselves go all to pieces and flop upon the sofa. To see them one would believe that one was looking at a patient in a dead faint or exsanguinated. However, the pulse is strong, regular, and of normal frequency; the respiration is normal, or a little hurried, by reason of anxiety; the skin is normal in color, the muscles are well developed, and there is no trace of paralysis. The helplessness of the man is in striking contrast with his perfection as an animal.

Neurasthenia affects chiefly the moral element in us, and appears most distinctly as psychasthenia, or mental depression and debility.

The neurasthenic patient is easily discouraged; he has no confidence in himself. His mental state is unstable; it undergoes continual variations, sometimes under the influence of secret causes, which it is impossible to analyze, sometimes under the influence of fatigue, or of various real or imaginary emotions,

What strikes us most of all is the inadequacy of the motives. Tragic events and great catastrophes do not, as a rule, determine the acute crises. Often nervous patients show a remarkable indifference under such circumstances, perhaps, because they have their interest too closely fixed upon themselves. It is the little pin-pricks that they can not bear—these numerous trifling vexations and the daily annoyances with which life is bestrewn.

Some are undecided and incapable of responsibility, and the necessity of taking part in some unimportant question plunges them into a state of melancholy anxiety. Often trivial events bring on an attack of depression, and immediately a tinge plunges them into a state of melancholy anxiety. Often trivial events bring on an attack of depression, and immediately a tinge of sadness extends involuntarily, not only over the actual affair, but over the whole aspect of life. A failure in some little piece of work is sufficient to bring about this sudden change of mental disposition, and, @ propos of nothing at all, the patient asks himself whether life is worth the trouble of living.

## Dubois - Psychic treatment

Certain neurasthenic persons are susceptible to the last degree; there is in some of them an element of "moral insanity," and the most kindly rebuke is a discouragement and disperses the good resolutions which they seemed to make. Often they harshly accuse their relatives, a wife, or a friend, of having destroyed their enthusiasm; they put a wrong interpretation upon the advice of their superiors; they read reproaches between the lines of a friendly letter; they believe themselves misunderstood and persecuted.

The world is full of these unstable, sensitive, and emotional neurasthenics, who are thrown off their balance by the slightest annoyance. Their weak reason has not the strength to oppose these real or imaginary troubles with a mild stoicism. Many find their only comfort in alcoholic drinks, morphine, cocaine, and chloral.

The nervous patients who intoxicate themselves are by no means people confirmed in bad habits; they are psychopaths, who physically and morally are subject to unpleasant feelings, and can not recover the sense of well-being, excepting under the influence of an intoxicant.

Suicide may even be the terminal event in the life of certain neurasthenics in whom weariness of life has been a dominating influence. This is not the act of a melancholic who is affected by a more or less sudden impulse; it is suicide by reason of discouragement, under the influence of a momentary moral suffering; suicide, where the patient quickly is brought to repentance if his attempt proves abortive.

It often occurs from the most trivial causes. This schoolboy hangs himself because he has failed in an examination or because he fears a paternal scolding. Another, a physician, kills himself by a dozen stabs of his penknife in his heart because he can not bear an absurd slander which has been spread abroad concerning him, even when, after the lawsuit, his honor has been vindicated, and he has been upheld by the esteem of his relatives and friends.

In short, the most characteristic thing about the neurasthenic is his mentality. The functional disorders which he experiences have nothing very special about them, and are often found in normal people. But, by virtue of his hypochondriacal mentality, the neurasthenic magnifies things and alarms himself. He is autosuggestible, sensitive, and emotional; but the dominant thing about him is his fatigability.

Whoever wishes to treat neuropaths must first of all be a good clinician, in order to recognize the numerous organic troubles and to assign them their place; but he must also be a psychologist and moralist, in order to completely modify the mentality of his patient.

## CHAPTER XIV

Undoubtedly one finds in hysteria the same mental peculiarities as in the other neuroses. The hysterical subjects are nearly all eminently fatigable, sensitive, and emotional; we might say that they are all neurasthenic, but the symptomology of hysteria is strange and peculiar.

We recognize at first in these patients something more than normal reactions simply exaggerated. There is something demoniacal in the clinical picture of this psychoneurosis. The organic functioning seems sometimes so astray that hysteria has been called the body's madness. The expression is not correct, for there is no insanity of the body, but it describes with a certain picturesqueness the peculiarity of the symptoms.

In neurasthenia I have pointed out as the principal stigma, fatigability, insisting upon the role that the mind plays in such fatigue. In the hysterical patient suggestibility is the dominant quality, or, more exactly, autosuggestibility.

The normal man is eminently suggestible, and when one realizes the effects of suggestion in the waking state, and reflects on the enormity of the suggestions which one can make healthy men accept, one wonders how one can still speak of the exaggerated suggestibility of the neuroses.

## Dubois - Psychic treatment

But in general the normal man does not show this credulity unless he is in those psychological conditions which render the suggestions that are made to him more or less plausible. The weak-minded neurasthenic allows himself to be impressed by the numerous functional troubles, which he feels, as we all do, but which he magnifies on account of the hypochondriacal state that he is in. He also accepts easily favorable suggestions and encouragement. The hysterical person is more rebellious to heterosuggestion, while her autosuggestions are tenacious and bizarre. She—I say “she” because the woman is more subject to these symptoms—lives in a world of dreams, and in the graver cases that come within the province of the alienist the mental trouble amounts to hysterical.

These patients are experts in the art of putting the stamp of reality, not only on their sensations, as in the neurasthenic, but on the phantoms created by their most vagrant imagination. While in the neurasthenics one can follow quite easily the genesis of the idea and the development of the phobias and establish a certain logic in the deductions, it is often impossible to trace the main thread in the phantasmagoria of hysterics. It seems as tho the autosuggestions were provoked by strange sensations, arising out of the depths of the organism, by a special pathological coenesthesia.

The autosuggestive nature of the majority of symptoms is very well shown by the frequency of hysterical contagion. We have only to recall the epidemics of rhythmic chorea in the middle ages. They have not wholly ceased, and not long ago we were able to observe, at Bale and at Berne, epidemics of hysterical chorea in boarding-schools of young girls. At Berne thirty little girls were taken with articular pains and rhythmic movements of the arms. It was necessary to separate the patients in order to stop these attacks, which were purely imitative.

These young girls found themselves in certain conditions of companionship and intimacy which created a psychological condition favorable to contagion, and they succumbed to it by reason of a weakness of judgment which is very natural at that age. Suggestibility has no limits in the normal child because of the insufficient development of the reason.

Here we have the eternal vicious circle, in which the neuroses travel. Their real ills give birth to their fears, and their phobias, and, on the other hand, their mental representations of a pessimistic nature, create new disorders.

I admit that there are in hysteria very real functional troubles—ailments depending on physical causes, and painful sensations born of physical, intellectual, and emotional fatigue. But it is just as plain also that these sensations sometimes disappear with such rapidity that one is simply obliged to attribute a psychic origin to them, altho it may not always be possible to trace the association of ideas which has led to the final autosuggestion.

Thus we can hardly dare say: “We call those symptoms hysterical which arise through the medium of mental representations.” I would not go so far; and, while accepting this definition in the main, I would limit it by saying that divers somatic symptoms can have an organic origin, and yet only be produced after the awakening of diseased autosuggestions,

I will remark, furthermore, that to obey these mental representations is not the exclusive peculiarity of an hysterical person. The neurasthenic, the hypochondriac, and the melancholiac fall into the same fault. We have already seen that, in the normal man, suggestibility is incommensurable.

Some authors have said that neurasthenia is male hysteria. It is false, if it is meant by that that hysteria does not exist in men. But there is some truth in this assertion. Nervousness in the adult man takes the form of neurasthenia by the very virtue of his masculine mentality.

The logical faculties are more developed in man, perhaps from the very fact of his physiological organization, perhaps thanks to the education which he has received. He does not accept absurd suggestions so easily, he is less demonstrative in the expression of his discomforts.

On the contrary, he has not the habit of resigned suffering as strongly as the woman has; he is more easily discouraged, as is shown in the greater frequency of suicide among men. It is sadness, discouragement, unsatisfied longings, and lack of power which rule him, and these are the characteristics of the neurasthenic.

## Dubois - Psychic treatment

The woman, on the other hand, has a more infantile mentality. She more often shows bravery in the face of physical and moral pain.

And yet she feels keenly; she has more imagination, and submits more easily to the yoke of mental representations.

Charcot has said: "We must take hysteria for what it is—that is to say, for a psychic disease par excellence."

### CHAPTER XV

Tue alienists sometimes shrug their shoulders when the neurologist uses the terms "melancholia" and "hypochondria." Their manner would seem to say: "This is our do main; hands off!"

I am always ready to give up to them the serious cases which require confinement in asylums, and I have no wish to question their ability in making a diagnosis and pointing out the prognosis. Moreover, I attribute great therapeutic value to a sojourn in the asylums; the patients recover their calmness there, and they are subjected to firm, gentle discipline which is eminently helpful in their cure.

Among the morbid entities which we find therein described, the most distinct, and the most clearly outlined, is that of melancholia, which, in its classic forms, is easily recognizable.

What strikes us, first of all, in these patients is the tenacity of these fixed ideas, when there is nothing to confirm the statements of the patients; and, also, the perfect preservation of the intellectual faculties, which permits them to reason logically on all other subjects.

Another patient claims that he is losing flesh and fading away, that he is nothing but skin and bones, when he is in a state of normal nutrition, or even fat. The results of successive weighings, which indicate an increase of weight, do not succeed in convincing him; and with an outburst of indignation, or commiserating pity for our blindness, he states no one has any sympathy with him.

But the terrible thing for the patient and his family and his physician is that the danger of suicide is in no wise in proportion to the apparent intensity of the delusional idea. One patient who groans and walks up and down his room, a prey to unspeakable agony, will have not the remotest idea of suicide, while another, who with apparent calm tells you of his annoyances, or who complains only of gastric symptoms, will kill himself as he goes out of your office.

It seems to me that the close relation which unites hypochondria to melancholia has not been sufficiently indicated. Melancholia seems to me to be a psychosis in which mental depression and sadness are dominant, and where there arise ideas of ruin or failure, and fixed ideas without any real ground, which finally find expression in delirium, or become otherwise more or less markedly exaggerated. I would call "hypochondria" the condition of the patient whose naturally melancholy preoccupations are centered chiefly upon his health, and upon the workings of his organs. In both cases the patient is tormented by gloomy preoccupations, but they bear upon different subjects.

Without doubt, scarlet fever and measles are morbid entities, just as much as those infectious diseases whose micro-organism we know and we cultivate. And it is the same with regard to the greater number of organic affections, even when we are still in the most complete ignorance of their pathogeny. But the moment we approach psychic territory this respect for classification is no longer possible. Without suppressing those names that usage has endorsed, without giving up analysis, without being afraid to establish still further subclasses as the result of a more precise study of the symptoms, we are compelled to work synthetically, and to abolish arbitrary distinctions. It is not that we must see less, it is that we must look at things from a higher plane.

But it is not the names which matter; the diagnosis does not make the disease. What is essential, in fact, is the prognosis, and it is here that serious difficulties occur, because on the judgment of the physicians depend the measures that are to be taken. As for the patient, any use of a word derived from the Greek is a matter of indifference to him, our nosographic discussions can scarcely be expected to interest him.

There is a much more urgent problem to solve, and that is, what is to be done in the matter? This is the point on which synthetic views are more useful than a short-sighted analysis.

## Dubois - Psychic treatment

The position of the physician in these varied cases of melancholia is difficult. In a case which seems mild, suicide may take place all at once, and the practitioner ought never to forget the words of Gudden, who perished with the king of Bavaria because he himself transgressed this rule: "Never trust a melancholiac."

The Italians have a word to describe these people who are always disturbed over their health. They call them *salutista*, from *salute*, which means health. The word indicates something less than hypochondria, and I have been glad to know it in order to say to my patients: "The best way to disturb your health is just to worry about it—to be, in a word, *salutista*."

### CHAPTER XVI

Hitherto, among those whom we call neurasthenic or hysterical, we have demonstrated the existence of permanent physical, intellectual, and moral malformations—a fact which sometimes leads us to say: "These people are degenerates."

We come across similar blemishes in their brothers and sisters, and in their ancestors, or in their descendants. They are outcasts who deserve our compassion, and whom the un pitying world often treats harshly. In noting these facts I want first of all to point out the thread that binds together all of these psychoneuroses, and to emphasize the importance of heredity.

But we have limited the term "degenerates" particularly to those patients in whom the mental disequilibrium is more profound, and we have tried to put them in a separate class. The psychirrcic idea of degeneracy is due to a French alienist, Morel, who in 1857 published his *Traité des dégénére scences de Vespéce humaine*.

Morel, who was an observer of the first order, well knew how to distinguish in these facts the biological law of heredity, but completely imbued with theological ideas, he admitted, according to Genesis, the existence of a perfect human type, and looked for degeneracy in the degradations of this primitive being endowed with all perfections. The idea of a fall and of original sin is mingled with his vague conceptions of determinism, resulting from the same idea of heredity.

Some have gone still further in this extension of the idea of degeneracy, and Max Nordau has not hesitated to place in the class of degenerates the artists, musicians, novelists, and poets, of whose tendencies he does not approve. From this the class of degenerates the artists, musicians, novelists, and poets, of whose tendencies he does not approve. From this point of view one is always somebody's degenerate.

It is not that this picture of human miseries has been overdrawn: on the contrary, one could trace it still more dramatically, but the wrong is to apply to all these conditions the term of degeneracy without insisting on the possibility of regeneration.

I can not accept at all the idea of degeneracy from the type of the superior Adam. Whatever may be the hypothesis which one adopts concerning the origin of the human species, it appears very certain to me that our first ancestors were savages. They may have been able, in their life in the open air, to have developed great physical powers and to have escaped from the pathogenic influences which result from living in great agglomerate masses, but we surpass them, without doubt, from the mental point of view.

Humanity is continually progressing, and it seems to me ridiculous to speak of its degeneracy. One must even admit that regeneration gets the better of degeneracy. If it were not so, the human race would already have reached the last degree of idiocy, or it would have been wiped out by sterility.

In short, what we experience every day with sick people are the human imperfections, the physical, intellectual, and moral malformations of the race. They are not growing degradations, but stops and backslidings on the ascending path of perfection. Sometimes, under the double influence of the laws of heredity and education, we find that the deformity becomes aggravated, in an individual, a family, a caste, a people, or a race, and it is here that it is permissible to speak of degeneracy. It may end in the extinction of the family, but it can, during the process, have its times of arrest and of improvement.

## Dubois - Psychic treatment

We are, it is true, wholly helpless in the presence of physical defects, but we can do a great deal against mental, intellectual, or moral disorders.

One hardly dares to say it, but to-day they still try to cure these patients by physical measures. I can not understand such therapeutic aberration.

Not all these patients are curable; but when cure is possible it is brought about by education. The prognosis depends, above everything else, upon the good sense that one finds in the patient, on the spark of moral life which is hidden under his unbalanced acts. Often in looking at him closely one finds him really less degenerate than he appeared.

As theorists, let us work on the nosographical analysis, let us classify according to symptoms, according to etiological factors, let us seek to make the symptomology exact, to fix the boundaries of the syndromes, let us establish classes and sub-classes; but, when we become practitioners, let us try to forget these classifications which at best are artificial and variable. In therapeutics one must know how to be synthetic without neglecting analysis.

And, above all, do not let us forget the end in view (the improvement of the patient), which we too often abandon to the charlatan, who is more patient as well as more headstrong in his ignorance of pathology.

## CHAPTER XVII

In the presence of the various affections which I have defined as psychoneuroses, and which, as much for the convenience of language as to include non-classified troubles, I group together under the intentionally vague name of "nervousness," the physician finds himself confronted by two obligations:

- (1). To dispel as quickly as possible the existing trouble.
- (2). To prevent the recurrence of the disorder in the future.

It is to the second obligation that I attach the most importance,

Undoubtedly one can not separate the two ends to be pursued, and the thing of first importance is to try to deliver the patient from his present trouble. But physicians are too often contented with attacking each symptom separately, without striving to effect a favorable result as a whole, by bringing about a profound change in the mentality of the patient.

This psychotherapeutic action controls the therapeutics of psychoneuroses to such a degree that one may make this sweeping statement:

The nervous patient is on the path to recovery as soon as he has the conviction that he is going to be cured; he is cured on the day when he believes himself to be cured.

This is the idea that the physician ought to get into his head if he wants to cure his patient. But it is not enough for him to accept this idea in a skeptical fashion and use it like a charlatan; it is necessary that he should be convinced himself and should know how to hand on his conviction by the contagion which sincerity engenders.

When such a state of mind exists in the healer, it is of slight importance what means he uses; any of them will succeed, provided it is able to implant in the mind of the patient the fixed idea of speedy cure. Among these means I count: religious faith, the suggestions of charlatanism, suggestion by the use of medicines or of physical means, scientific suggestion, and psychotherapy, properly so called, by the education of the reason.

Religious faith would be the best preventative against the maladies of the soul and the most powerful means of curing them if it had sufficient life to create true Christian stoicism in its followers.

In this state of mind, which is, alas! so rare in the thinking world, man becomes invulnerable, Feeling himself upheld by his God, he fears neither sickness nor death. He may succumb under the attacks of physical disease, but morally he remains unshaken in the midst of his sufferings, and is inaccessible to the cowardly emotions of nervous people.

I have seen Protestant Christians accept the hardest life and the most distressing sicknesses, and contemplate with serenity the certainty of their approaching death, without seeking even to escape from their inevitable destiny by demanding the aid of medicine; they knew how to suffer joyfully.

## Dubois - Psychic treatment

I have experienced a deep sympathy for a poor Catholic missionary whom I advised not to return to the deadly climate of Africa, and who replied to me, with an angelic smile: "I will go back, doctor; it is my duty, it is my life!"

It was such Christianity as this that made the saints and martyrs.

Among the Protestants they cure by the laying on of hands and by their almost sacrilegious prayer, which consists in asking God to grant their desires. In Catholicism the touching of certain relics is enough, and Lourdes has become the place of the most frequent pilgrimages.

Persuaded that faith in the cure, awakened by religious sentiments, can cure not only nervous troubles, but even organic affections, I fancied that I would find in the special literature not miraculous deliverances, but at least extraordinary cures. The reading of the large volumes published on this subject, that of the Annals of Lourdes, and a short sojourn at the very place of the miracle have disillusioned me.

The cures there are in fact rare; many concern neuropaths who could have been cured as quickly and as well by any other suggestive influence. Other patients, attacked by bodily lesions, only call themselves cured when they have lost at Lourdes the nervous troubles which have accompanied their organic troubles, or when they have seen an improvement in their painful symptoms, which, we must not forget, are generally psychic in their origin.

But, above all, I have detected in the physicians of the bureau of statistics, in spite of their evident good faith, a mentality of such a nature that their observations lose all value in my eyes. I have not been able to refrain from remarking that, from the point of view of latitude, Lourdes is not very far from Tarascon.

I left the sanctuary of Bernadette with the distressing and depressed feeling that superstition was still living at the dawn of the twentieth century as it was in the middle ages.

I consoled myself by thinking that one must never be discouraged when one sees how slowly civilization progresses.

Truth is always advancing.

Among the charlatans there are some, I suppose, who are sincere. The latter have many and true successes. They profit, like the places of pilgrimage, by all the mistakes of physicians; for we are often deceived, and our best masters are not free from their weaknesses.

We often make erroneous diagnoses; we too easily declare that the disease is incurable when it may be cured; we have not a sufficiently clear idea of the influence which the mind exercises on the functioning of our organs. It is thus that we give a fine opportunity to wonder-workers of all kinds.

The shameless charlatans and cynics who wittingly deceive the public have similar successes, altho they may be more ephemeral; they also cure patients which we have abandoned. Like the physicians of Lourdes, the charlatans seem to disdain nervous affections and the easy successes of suggestion that are within reach of everybody. They want decided cures of organic diseases, of cancer, tuberculosis, and fractures. I know one of them who calls himself a specialist for meningitis, such scope do the mistakes of some of our greatest practitioners give to the healers!

A certain mental bond exists between these irregular practitioners of medicine and the practitioners who prescribe medicines or physical means with a suggestive intention. There are among physicians all shades of mentality, from that which says, crudely, "The common people want to be deceived ; therefore, let them be deceived " (*Vulgus vult decipi, ergo decipiatur*), to that which has resort to a prescription, saying, "Let something be done, or, at least, seem to be done" (*Ut aliquid fiat, aut factum esse videatur*).

I know very well that there are occasions where the most veracious physician may have recourse to these means and give a medicine to satisfy the patient, but the physician who often resorts to this deception is certainly not conscientious. He is negligent ; he takes refuge in his laziness instead of reflecting and thinking out a rational plan of treatment. He is, moreover, an impatient fellow who does not know what can be obtained by persevering persuasion.

## Dubois - Psychic treatment

Do not let us forget the orthodox in the profession, who, like the sincere charlatans, obtain marvelous results. To the innocent let us be generous! I share on this point the opinion of my excellent friend, M. Professor Sahli, who said to me one day: "If I were very ill, I would rather be treated by a homeopath who would give me nothing than by an allopath imbued with a sense of his therapeutic power."

With Mesmer and his magnetic wand we find the conception of a mysterious force acting upon the organism.

Listen to an extract from his aphorisms:

"The perfect harmony of all our organs and of their functions constitutes health. Sickness is only the aberration of this harmony. The cure consists, then, in reestablishing the disturbed harmony. The general remedy is the application of magnetism."

It is impossible to have a therapeutic principle that is clearer and more concise!

But since then Deslon, the successor of Mesmer, has discerned the fact that the imagination alone produces all these effects. He recognizes this without any circumlocution when he says: "But since the medicine of imagination cures, why do we not use it?" We shall find this sophism in our modern hypnotizers. In spite of these clear statements of Deslon they could not see it; the magnetizers continued their passes, and the public waxed enthusiastic over this mysterious agent.

Under its scientific appearance this theory takes us into the past, and, for a long time, we have seen less clearly than Deslon in the eighteenth century. The hypnotic states have been studied as diseased manifestations. Charcot himself has not seen clearly enough the unique influence of the imagination, and his studies have helped to thrust the hypnotizable subjects into the class of hysterics.

The light comes to us only with the works of Liébault, and, above all, of Bernheim. While the first, by his experimental success and the simplicity of his measures, demonstrates the reality of the facts and the ease with which one can obtain hypnosis, Bernheim found the key to the phenomena, and showed that, in this domain, suggestion is everything.

Others have at the same time those qualities of "suggester" which make great healers, and a scientific spirit which makes them analyze this action, but they are "in durance vile." Physiological psychology has no more secrets for them, since they have mastered cerebral histology, and they see the centripetal irritations gain entrance to the nervous centers, carom from cell to cell, and rebound in the centrifugal direction. They can not see that, if "suggestion" and "persuasion" are identical in their action, when one means by that that both inculcate ideas, they are at two ends of the same chain, as the one is addressed to blind faith, while the other appeals to clear, logical reason. One tendency, above all, persists in a great many observers; that is, the tendency to see in hypnosis, and even in suggestion, abnormal phenomena taking place by way of the nerves, or even by mental representations, without participating in the superior psychism, the ego,

I can not share the views of Grasset on this point. The suggestible condition is normal, One can boldly say that everybody is hypnotizable and suggestible. The subjects who prove refractory are those who are temporarily in an unfavorable psychological situation: under the sway of skepticism, fear, or distraction. The exact knowledge of the facts of suggestion render the individual less suggestible, and that is why physicians more often escape this influence; but this immunity is acquired by reflection,

Contrary to Grasset, I would then say: "Every man is suggestible, even hypnotizable, just as long as he does not oppose this influence by another of rebellious mentality. The best precaution against this psychic slavery would be imperturbable confidence in his independence, and a calm reason which detects the secret of this weakening influence.

It is probable that many of these facts have nothing to do with hypnosis. But, whatever they may be, one here falls into the error of Descartes, who only allowed a soul to man and made the animal a machine. The majority of cases of powerlessness and cataleptiform conditions, which they have succeeded in producing in animals, seem to result from sentiments of fear and intimidation—that is to say, in the sum of mental representations which have their seat in the superior psychism, in the thinking and feeling ego.

## Dubois - Psychic treatment

One detects in all these patients the irrationalism which creates this slavery in the presence of others. This weakness can, it is true, coexist with a certain intelligence in other domains. But an educated and intelligent man, who is made conversant with these ideas, will no longer allow himself to be hypnotized or made to act on suggestion; he will accept nothing but the councils of reason.

I can not too strongly insist on this idea that all "nervousness" denotes in the subject who is afflicted with it a mental defect or a characteristic lack of logic. Sometimes this defect seems to exist only in a limited degree, and constitutes nothing more than a "mono-superstition." More often a later psychological examination, in conversation touching on the most varied subjects, will reveal other disorders in the mental mechanism. At a glance the physician then sees that he has a mind to care for, and that he must modify and help this weakness of intellect by education.

## CHAPTER XVIII

The psychotherapy which I call rational has no need of this sort of preparatory narcosis of hypnosis, or of this hyper-suggestibility that is itself suggested. It is not addressed to an impressionable polygon, but simply to the mind and the reason of the subject. This psychic therapy is indicated in all the affections in which one recognizes the influence of mental representations or ideas, and they are legion.

It is a great mistake to believe that psychic therapy is applicable only to psychoneuroses, that it is an aid for the specialist in neurology and the alienist alone, and that the practitioner can pass it by. Moral influence nearly always comes in, and ever since medicine has existed patients and physicians have been able to prove it.

It is not unusual to see the patient's condition improve immediately after the visit of the physician, either as a consequence of the favorable assurances that he has expressed, or from the sympathy which he shows to his patient. This psychotherapy has existed through all time. To know how to apply it has always been the highest quality of those practitioners who are also physicians of the soul, and who have known how to acquire and keep a confiding and appreciative clientèle.

They are, perhaps, more numerous in the country and small towns than in great centers, where competition develops mercantilism and tends to make the physician forget his humanitarian calling.

By his patience, his gentle firmness, and the precision of his advice the surgeon exerts a real fascination over his clients. There are some surgeons whom you would let cut your head off; there are others whom you would not trust with your finger nails.

In organic diseases therapeutic intervention may act materially either on the lesion or on the symptoms. But man does not suffer as an animal. He does not feel only the crude, painful sensations; he exasperates them by his fears and his pessimistic reflections. Often what he calls his soul is more diseased than his body, and sometimes this moral suffering which succeeds physical illness persists, even when a real improvement has already taken place.

There are no diseases in which the psychological physician can not find an opportunity for moral treatment, whether through dissipating prejudices, or toning up his patient by an encouraging, serious, or pleasant word. To bring a smile to the face of the patient is often the best way to dissipate these sorrowful states of mind that are grafted on to the bodily ills. The true physician does more good by his words than by his prescriptions.

The charlatan does not hesitate in his statements; not he! He presents himself as a healer, and failure does not baffle him. The believers who cure by religious influence can always beat a safe retreat by saying: "You did not have faith." Many hypnotizers come to take a like attitude, and the feeling of holding a panacea in their hands often makes them negligent upon the matter of diagnosis. We will try, they say, to dissipate these troubles by suggestion, and then we shall see if the disease is a nervous one.

The physician who does not want to have recourse to any but rational means does not resort to these measures. His prognosis can be based only on an examination made according to all the rules of the clinician. He ought, from the start, to make the differential diagnosis between organic affections and the psychoneuroses which simulate them so well,

## Dubois - Psychic treatment

Some of my confrères have objected that this means of giving to the patient the conviction of cure is nothing but suggestion pure and simple. Yes, if by suggestion one understands all proceedings which consist in putting an idea into the head; no, if one takes into account the rational character of the means employed. There is faith in all conviction, but there is blind faith and reasoning faith. There is a great difference of mentality between the man who is content with a statement, who allows himself to be under the influence of the personality of the healer, and the man who acquires confidence by the clear exposition of the reasons to believe.

I hold that the physician who wants to be right in serious nervous cases ought very carefully to preserve this fundamental idea: that there are no symptoms without importance, and that the slightest improvement ought to lend encouragement to his confidence. He is like a sailor who foresees a favorable change in the weather on noticing a slight brightening which the passengers do not see, or to which they would not think of attaching any importance.

## CHAPTER XIX

It is more than twenty years since I adopted Weir Mitchell's treatment, and at the start I practised it in the spirit of the author—that is to say, by attributing the chief importance to physical measures. I then held to absolute rest in bed and complete isolation, without letters and without visits; I sought to obtain as rapidly as possible, by overfeeding, great increases in bodily weight. Like the American and the English physicians, I attached some importance to massage, and at last, conversant with questions of medical electricity, I conscientiously practised general faradization.

Little by little this treatment has been modified in my hands, I very quickly abandoned the electricity. I found the monotonous occupation of running an electrode over a patient's body was very much of a bore; sometimes I stopped a little while in this work to converse with him, and soon I perceived that a kindly word and a little philosophic counsel was more precious than half an hour's faradization.

At last, and above all, I attributed more and more value to moral influence.

I retained for serious cases physical measures of treatment, but my treatment had other ends in view. It was no longer a "rest cure," as the Americans and the English call it. It was no longer a "Mastkur," a fattening process according to the Germans, who seem to me to attach too much importance to embonpoint. In France, in spite of all the efforts of Professor Déjerine at La Salpêtrière, they apply these methods so little that they speak of it as the "isolation cure."

The treatment, such as I conceive it, after having practised it for a long time, is a treatment of psychotherapy, made under the favorable conditions of rest, isolation, and overfeeding. I have said that these measures are not always necessary, but that they are invaluable aids in serious cases.

If the majority of patients accept without any great difficulty these two measures of rest and overfeeding, which lead to the same end—that is, strengthening the patient—they protest, however, most emphatically against isolation. Yet this isolation is very often necessary. It is often imposed by the very conditions of the treatment on patients from other places who are taken care of in the sanitarium; they can not be in the midst of the family, But if they could it would not be wise to allow it.

The nervous patient ought in general to leave the family circle where he is subjected to hurtful influences. Serious lack of sympathy between the husband and wife, or between parents and their children, often plays an etiological role in the development of psychoneuroses; there are incompatibilities of temper, and the patients themselves recognize the necessity for a separation. Even suppose the relations with the relatives and friends to be agreeable, they are none the less harmful to these impressionable people. The letters which they receive awaken homesickness and bring tears to their eyes, and these emotional conditions are enough to bring on headaches, insomnia, and anorexia.

What the patients fear most in such isolation is to be left alone with themselves, the prey of their own sad thoughts, and from the first interview we find ourselves obliged to preach to our patient a high grade of stoicism by recommending optimism to him.

## Dubois - Psychic treatment

It is necessary from the start that he should know how to make a choice among this crowd of thoughts which besiege his mind in these hours of solitude, and that he should repulse all feelings of discouragement.

Judging from an experience which has already been long, I do not hesitate to make the statement that it is generally easy to bring patients to accept with good grace these three measures of rest, overfeeding, and isolation.

For many years I have abandoned hydrotherapy and electricity. They seem to me absolutely useless. I have confined myself, in short, to these three measures—rest, overfeeding, and isolation. They may suffice in themselves in certain cases by their material action and by the suggestion to which they give rise. Success may be obtained by these simple measures, and there are establishments where they confine themselves exclusively to them.

I have already said that in my eyes they are simple auxiliaries, and that I place the accent on moral treatment, which is so easy to practise under these conditions. In the daily personal conversations the physician ought not to choose in advance the text of what might be called his sermon. He should sit down beside his patient, and listen to his complaints with the greatest patience.

Let your patient talk; do not interrupt him, even when he becomes prolix and diffuse. It is to your interest as well as to his to study his psychology and to lay bare his mental defects. Help him, however, to get on the right road, and to give correct expression to his thoughts.

Catch his confessions on the wing, as it were, to point out to him his errors and prepossessions, in order to make him put his finger on his mental peculiarities, and to make him understand the role that they have played in the genesis or the development of his trouble. Question him about his childhood, and he will tell you episodes which show his natural impressionability and his exaggerated emotions. Start the patient upon the scent which you have picked up, and make him admit that he was "a nervous subject" long before the actual attack.

One may also even make use of religious sentiments to bring the patients back to a moral standard. It may seem strange to see a freethinker practising with believers, using religious convictions and recommending them to certain of his patients. Well, no; there is no contradiction in that. I have often been able to feel myself in a spirit of communion with Christians, Protestant pastors, abbés, and the cloistered clergy.

Undoubtedly we are at the antipodes from the point of view of our conceptions on questions of dogma. We are even implacable adversaries, for there is war to the death between the principle of authority and of free inquiry. But the moment that one leaves dogmatic ground and reaches the moral ground the accord is so complete that we can go hand in hand to the end of the way.

The sincere believers (and would that there were more of them!) walk through life fixing their eyes on one star which is their faith; the freethinker bends his gaze upon three stars, situated at the same point of the firmament, the True, the Beautiful, and the Good. What wonder, then, that they should journey together?

I have always had a horror of wicked, railing free thought, which, falling into the same error as its adversaries, pretends to solve the problems of the Unknowable.

Science progresses, she discovers little by little the laws which rule the universe, but she knows nothing of their first causes, or of the force which directs everything. She studies nothing but the microcosm in which we live, and she has no right to express herself in cutting statements concerning what lies beyond the field of her little lens. Tolerance is the natural fruit of well understood deterministic conception.

## CHAPTER XXII

## Dubois - Psychic treatment

In an authoritative work on the functions of the digestive glands Pavlow, of St. Petersburg, has shown that in the dog the secretion of gastric juice is not stimulated, as had hitherto been believed, by the mechanical and chemical irritation of the gastric membrane, but that it is caused, first of all, by desire, or by mental representation. The psychic appetite is the most powerful stimulus to the digestive functions. A dog who is made to hope for the treat of a piece of meat by showing him the plate secretes the same quantity of gastric juice as another to whom three or four ounces of meat was given to chew.

The ignorance of this psychic influence has led the physiologist into erroneous conclusions. Tickling, through a fistula, the mucous membrane of the stomach with the end of a feather or a glass rod, they have been able to make the gastric juice well forth, and have thus thought to prove that mechanical irritation was enough. This reaction would not have been produced if the operator had washed his hands, so that there were no odors of food on them capable of exciting the desire of the animal.

Pavlow has also shown that the secretions of the stomach and the upper part of the intestine vary in their chemical composition according to the nature of the food introduced into the mouth, even when one avoids, by section of the esophagus, the entrance of food into the stomach.

By a nervous path the digestive glands are warned of the arrival of food, and prepare in advance the suitable digestants for the albumenoids and fats.

These statements confirm the clinical facts which I have hitherto observed. The best diet is a varied one; that which suits healthy people as well. A one-sided diet, whatever it may be, has its drawbacks in drying up the secretions through lack of use; and if the quantity of the prescribed food becomes too great, it exhausts the secretions which are useful.

## CHAPTER XXVI

Among the symptoms of the psychoneuroses there is one of great importance by reason of its frequency and the aggravation that it causes in the patient's condition. This is insomnia. The majority of patients suffering from nervousness sleep badly, but their insomnia appears under very different forms.

There are patients who get to sleep with difficulty. They go to bed tired, but when they are in bed sleep does not come. Some recognize the fact that they are kept awake by obsessions which they try in vain to get rid of. Others state that their thoughts are not fixed on any disturbing subject, but that they can not fall asleep. Certain patients fall asleep easily, but they wake up at the end of a few hours and can not get to sleep again; many fall asleep toward morning, at the hour when they ought to get up.

## CHAPTER XXVII

The phenomena which one recognizes as nervous crises are characteristic of hysteria. They appear under the most varied forms. Sometimes it is a simple functional trouble or a distressing sensation arising suddenly which is described under this name. Sometimes it is an involuntary movement, since isolated muscular shocks or palsies, and even convulsive attacks, can simulate epilepsy. In short, in these states the mentality is nearly always disordered, sometimes so slightly that the patients describe their sensations apparently without any uneasiness. Often, on the other hand, the psychic element is dominant, and one witnesses attacks that are almost delirious, which prove that there is no very great gap separating the psychoneuroses from the insanities.

For the control of these troubles the greatest variety of antispasmodics have been recommended, among which bromides and valerian have been held in regard by physicians. These troubles have been treated with certain success in hydrotherapeutic institutions and in the offices of electrical specialists. And, lastly, have we not in ovarian compression a good way of putting a check upon certain of these convulsive manifestations?

I have not suddenly become skeptical concerning the value of these various measures. From the beginning of my life as a hospital interne I have been under the impression that psychic influence was alone the cause, and since then I have had recourse to psychotherapy.

### Dubois - Psychic treatment

Since we are on the subject of nervous attacks, let us give a few lines to the traumatic neuroses. I have already said that there is no room to create a special morbid entity under this title. Traumatism, by the moral shock which it produces, is the provoking cause of a psychic trouble, which, following the predispositions of the subject, creates diverse conditions of psychoneuroses.

Hysteroneurasthenia is the most frequent form, and it is not rare to observe in men the convulsive forms that are peculiar to hysteria. But the prognosis seems to me particularly severe by the very reason of the psychological condition in which the subjects find themselves.

These patients, workmen for the most part, have a right to demand indemnity from the industrial societies who employ them. The very situation puts them into a psychological state of mind that is very unfavorable to cure. I am not speaking now 'only of simulators, or those who exaggerate their troubles in order to demand the sums of money which they have put by for a time of need. I am thinking of the conscientious workmen, or persons of all classes, who are victims, for example, of a railway accident.

These patients know beforehand that the responsible company will seek to reduce their pretensions and will cheapen the sum of the indemnity. They therefore have a very natural interest in paying careful attention to all the troubles that they feel, to give them the stamp of reality. They can hardly wish for cure with the same fervor, for the slightest improvement may lead to the reduction of the indemnity.

The unfavorable prognosis of these traumatic psychoneuroses may perhaps also be due to the fact that they are born under the influence of a violent emotion in people who were formerly normal. The provoking agent acts with sufficient power, as there may be no reason to admit a very marked predisposition or a latent condition of hysteria. The moral "fracture" is made abruptly, and it is with all sincerity that the patient believes that he recognizes in the accident—that is to say, in an influence which seems purely physical—the sole cause of his diseased condition.

### CHAPTER XXVIII

THE etiological role played by ideas seems at first glance less easy to recognize in the various motor troubles which are indicated under the name of spasms, tics, and myoclonias, and we are far from being in a state of accord concerning the place which these affections ought to occupy in the nosological list. I do not include here the convulsive phenomena which are due to organic affections of the brain, spinal cord, or peripheral nerves, nor the "spasms," properly so called, which, according to the definition of Brissaud, constitute "a motor reaction resulting from the irritation of some point in the spinal or bulbo-spinal reflex arc." I have only in mind those involuntary movements in which the mentality of the subject is involved.

Before wondering if there may be anything psychic in the trouble, one must have excluded the existence of any organic affection, and one must have proved the absence of any material irritation determining the convulsive movement, whether by the nervous or physiological path. One has then a right to suppose the existence of a psychic influence, and, when one analyzes these disorders, which seem to start from the periphery, one easily discovers in the patients symptoms of generalized nervousness.