Worry and Nervousness

or

The Science of Self-Mastery

By

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Illustrated

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FIG. 1.
THE SYMPATHETIC NERVOUS SYSTEM
(The Mischief-Making Mechanism)
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TO
ALL MY "NERVE"
PATIENTS: TO THOSE SUFFERERS FROM
FUNCTIONAL NERVOUS DISTURBANCES, WHO HAVE BEEN HELPED BY
THE ADVICE HEREIN CONTAINED—AND WHO HAVE THUS
INSPIRED ME TO PUT FORTH RENEWED EF-
FORTS TO HELP OTHERS—THIS BOOK
IS AFFECTIONATELY
DEDICATED
PREFACE

SINCE the appearance of The Physiology of Faith and Fear a few years ago, I have been importuned on many occasions to undertake the preparation of a work devoted more fully to concise and systematic directions regarding the treatment and management of the various "nervous states;" and this present volume represents my efforts to comply with this demand, which has been so insistent on the part of both the laity and the profession.

Having dealt quite fully with the Physiological and Psychological phases of functional nervous disorders in the former work, this book will be almost exclusively devoted to an amplification of the therapeutics—the details of treatment and the practical management of the various neuroses, including a large group of "borderland" ailments such as alcoholism, migraine, chorea, etc.

The methods herein described are those practiced in the daily management of these various "nervous disorders," whether met in the clinic, the hospital, or in the private consulting room; and in this connection the author desires to reiterate a statement made in the preface of his former work, viz., that he makes no pretensions of being a professional psychotherapist—that his time and energies are largely devoted to other professional duties.

It was the experience of seeing so many "nervous" patients who had been neglected, operated upon, and otherwise mistreated, without being in the least helped; and the further experience of seeing a large number of these unfortunate sufferers more or less permanently cured at the hands of the numerous psychic cults and mind cure "isms," that led to the further study and examination of the science of psychotherapy, all of which
culminated in the writing of The Physiology of Faith and Fear, and in the preparation of this volume.

It has been my experience that Neurasthenics get little help from simply reading a book through a single time; they should read and re-read — study — this book systematically, say one hour every day, until its teachings become a real part of their mental life.

While I am greatly indebted to the psychotherapeutic literature of the day — from which I have freely drawn material for this volume — nevertheless, I desire, in a special manner, to acknowledge the help and inspiration which have come from the work and works of such original and pioneer workers as Janet, Forel, Prince, Breuer, and Dubois — men who have done so much to lead the way out from the older empiric and hypnotic notions of mind cure into the vast and verdant pastures of modern suggestional and educational psychotherapeutics.

I am especially indebted to Dr. W. A. Evans for his reading of the manuscript and valuable suggestions, especially the one which led to the writing of Chapter xxvii on “Decision Development.” I am also indebted to Dr. Julius Grinker for his criticism and suggestions with reference to Chapter xxviii “The Relief of Repressed Emotions.”

It is the Author’s sincere hope that this work, whether falling accidentally into the hands of the laity — especially nervous sufferers — or whether put there by the physician, will contribute something definite to the emancipation of such sufferers from the tyranny of “nerves,” the slavery of “worry,” and the thraldom of “fear.”

WILLIAM S. SADLER.

32 N. State Street, Chicago,
October 1, 1914.
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PART I

A STUDY OF THE NERVOUS STATES
PART I
A STUDY OF THE NERVOUS STATES

CHAPTER I
SEVEN SORTS OF NERVOUSNESS

In undertaking a classification of nervous disorders for purposes of discussion in this work, it should be remembered that we are here dealing with only the so-called functional nervous disorders or neuroses, no attention whatever being paid to that vast group of nervous diseases which are accompanied by some manifest organic change in the bodily structure, neither will we treat of the more serious functional disturbances or psychoses when they assume the grave aspects of insanity or near-insanity.

We are exclusively concerned at this time with the consideration of those functional nervous disorders which are so largely amenable to proper treatment; those nervous states to the successful management of which it is possible for the patients themselves to so largely contribute. While this classification of "nerves" may differ slightly from that to be found in the works of the "neurologist," it will be found, we think, on closer examination, to be clinically sound, and to afford a clearer basis for discussion and comprehension from the standpoint of the laymen.

CLASSIFICATION OF THE NEURASTHENIC STATES

It should be borne in mind that the names applied to these various groups of "nervous symptoms" do not indicate that
WORRY AND NERVOUSNESS

these "symptom complexes" are to be regarded as "disease entities;" for functional nervous disorders are not "diseases" in the sense commonly understood by the laity. These nervous disturbances are not a morbid or pathological entity—they are simply a "clinical picture"—a group of sensations and feelings of a more or less disordered character, to which we find it convenient to attach certain names, in order to facilitate our discussions of their origin, character, and proper remedial treatment.

From the viewpoint of the laymen, it seems to me that we must divide these functional neuroses into the following seven groups or classes:

1. Chronic Fear, or Common Worry.
2. Neurasthenoidia, or Near-Neurasthenia.
3. Neurasthenia, or Nervous Exhaustion.
4. Psychasthenia, or True Brain Fag.
7. Simple Melancholia.

Subsequent discoveries and increased knowledge may force us to modify this classification, but from the practical basis of planning their conquest, it represents the best I can do at the present writing; and it will now be necessary explicitly to define the exact meaning which we attach to each term employed in this classification, in order that the reader may fully understand the scope and significance of each word as it will be used throughout this work.

DEFINITION OF NEURASTHENIC TERMS

It should further be borne in mind by the reader that these seven groups of nervous disorders in which we purpose to include all cases of strictly functional nervous disturbances, may each be divided into still other sub-divisions, which will be subsequently considered; such as the various fright neuroses, the sexual neuroses, insomnia, habitual headache, nervous dyspepsia, imperative acts and thoughts (motor and mental obsessions), as well as the commonly observed muscular spasms such as twitching, epileptoid and choreoid jerkings, etc.
1. **Chronic fear — worry.** A purely psychic condition characterized by inability to relax the attention when it has once fastened itself on a given idea — usually a persistently entertained fear of some sort. The condition, when it becomes chronic, is characterized by diffidence, disordered nutrition, more or less rise in blood pressure, and must be regarded, outside of certain hereditary predisposition, as constituting the first step toward neurasthenia. It is, in reality, the earliest pre-neurasthenic state.

2. **Neurasthenoidia — near neurasthenia.** This is the *petite neurasthenie* of the French, or common everyday ennui. It is the condition which I have heretofore diagnosed as near-neurasthenia. I have chosen this term to embrace that large class of nervous sufferers whose mental and physical conditions have progressed down the neurasthenic scale far enough to have passed out of the simple class of chronic worriers, but who have not yet developed the classic ear-marks of a fairly typical neurasthenia. In the differential diagnosis of neurasthenoidia and neurasthenia — in the last analysis — I depend to some degree upon the blood-pressure findings.

In chronic fear — all things equal — I expect to find more or less elevation of the blood-pressure. In typical neurasthenia, there is almost invariably a lowering of the blood pressure, while *neurasthenoidia* represents that great transition class between the high pressure of chronic worry and the low pressure of well developed neurasthenia — a class in which the blood-pressure is practically normal. Therefore, in a given case, if it appears to be a mild acquired neurasthenia presenting many of the physical symptoms of nervous exhaustion, and at the same time exhibiting a normal blood-pressure — or a pressure slightly elevated, (providing, of course, there exists no other explanation of the blood-pressure behavior) then I prefer in such a case to make a diagnosis of "neurasthenoidia."

3. **Neurasthenia — nervous exhaustion.** Neurasthenia may vary in degree from a slight "neurataxia" which permits the patient to go about his business, to a profound nervous prostration which renders him bed-fast. This condition is characterized by combined mental depression and physical fatigue, all of which is apparently due to "nerve exhaustion."
Neurasthenia is in reality nothing more than a medical name for a large group of symptoms which are found presenting themselves as a result of some functional disorder of the nervous system, or as a result of some other form of vital depression. It is a condition founded, as a rule, on heredity, and is usually preceded by some severe mental or physical strain—or both. Neurasthenia is accompanied by characteristic pains, insomnia, loss of memory, loss of appetite, depression of blood-pressure, etc.

Neurasthenia may be sub-classified as follows:

a. Cerebral Neurasthenia.
b. Spinal Neurasthenia.
c. Gastric Neurasthenia.
d. Sexual Neurasthenia.
e. Traumatic Neurasthenia.

4. Psychasthenia—true brain fag. Under this term I group what might be called the "hereditary form of the neurasthenic states," in contradistinction to the common or acquired forms. In psychasthenia the symptoms which the patient complains of are very largely—if not exclusively—purely psychic in nature. The blood-pressure may be more or less depressed (not so unvaryingly as in acquired neurasthenia) and the minor physical symptoms of nervous exhaustion may be present in varying degrees; nevertheless, the characteristic "symptom complex" in these cases is largely referable to the mind. It is essentially a picture of psychic exhaustion in contrast with the nerve or physical exhaustion of neurasthenia. In practically every case of well marked psychasthenia there will almost invariably be found abundant evidence of a neurotic ancestry.

5. Hysteria—the master imitator. Under this term we include a vast group of highly suggestible patients who are more or less hereditarily tainted with psychasthenia and environmentally affected with neurasthenia. Any idea, sensation, or emotion may gain such an over-powering mastery of the mind and nervous mechanism (especially the sympathetic nervous system) as completely to demoralize the patient's nerve control, resulting in the adept imitation of a vast group of mental and physical disorders.
In general, hysteria is further characterized by hyperesthesias, pain and tenderness (especially over the ovaries, head, spine, etc.), choking sensations, disturbance of sight and hearing, spasms, convulsions, paralyses, retention of urine, fever, hallucinations, and even catalepsy. In hysteria the blood-pressure findings are variable and uncertain, owing to the nature and severity of the attack, running fairly normal between attacks, although usually slightly depressed when not accompanied by chronic worry.

6. Hypochondria— the chronic blues. Here we have a constant morbid anxiety about personal health and welfare, often associated with some simulated diseases, and usually accompanied by more or less melancholia. These patients have become the personification of their long entertained fears, while chronic worry has become second nature to them. If no other physical conditions are present to interfere, the blood-pressure is almost always considerably elevated in all these cases of hypochondriasis.

7. Simple melancholia. This constitutes the "borderland" group of cases which separate the relatively harmless and curable classes of functional nervous diseases (neuroses) from that serious and even dangerous group of organic or functionally incurable* nervous diseases (psychoses), which begins here and extends on up through the varied forms of insanity.

In practically all cases of melancholia there will be found elevation of blood-pressure accompanied by constant depression of spirits and the ever present gloomy forebodings of the future. (It is not our intention in this work to treat of the melancholia of the insane variety; that belongs to the alienist. We desire only to treat of the slighter forms— the pre-insane varieties.)

Each of these seven sorts of nervousness will be amply and fully treated in later chapters. They have here simply been classified and defined in order that the reader may acquire the

*That is, incurable as compared to the neuroses— and from the standpoint of self-treatment. Not always incurable from the viewpoint of the expert alienist.
author's meaning and viewpoint, and thus, early in the study of this book, we hope to prevent those serious misunderstandings as to the exact meaning of words — misunderstandings which result in "nervous readers" sometimes being led into harmful notions that they are suffering from some ailment far more serious than the facts warrant. I have learned from sad experience that we must be very careful and explicit in all our efforts to emancipate these "nervous sufferers" — lest we unintentionally plunge them into a worse bondage of fear and apprehension.

It will be noticed that the author is sometimes disposed to classify certain of his "nerve" cases — when otherwise in doubt as to their exact nature — by the results of continued blood-pressure observations. I have found the blood-pressure findings of great value, not only in the diagnosis, but also in the prognosis — not to mention its great service as an encouragement to the patient in his fight for self-mastery and health. And so, from the standpoint of the blood-pressure, the various neurasthenic states may be grouped as follows:

1. Chronic Fear — Worry — As a general rule — Blood-pressure raised.
2. Neurasthenoidia — As a general rule — blood-pressure normal.
3. Neurasthenia — As a general rule — blood-pressure lowered.
4. Psychasthenia — As a general rule — blood-pressure lowered.
5. Hysteria — As a general rule — blood-pressure variable.
6. Hypochondria — As a general rule — blood-pressure lowered.
7. Melancholia — As a general rule — blood-pressure raised.

DEFINITIONS OF NEUROLOGICAL TERMS

1. Alienist: An expert or specialist in the treatment and management of insanity.
3. Lesion: A physical hurt, a wound, a local degeneration of bodily structures. If a lesion is present, actual bodily changes can be discerned, at least with the aid of the microscope.
4. Neurosis: A functional (and presumably curable) disease or disorder of the nervous system. In the neuroses there are no known or discoverable lesions to be found in the body.
5. Neurotic: Pertaining to nervousness; hereditary taint predisposing to the neurasthenic states, a manifest tendency toward some of the so-called neurasthenic states.
6. *Psychosis:* A real disease of the mind; a true insanity or disorder approaching thereto. Psychoses require additional and different treatment than that outlined in this work.

7. *Psychotherapy:* The treatment or cure of any disease by direct or indirect influence upon the mind. Mental therapeutics — scientific mind cure — embraces such methods as suggestion, educational therapeutics, persuasion, will-training, faith cure, psychanalysis, emotional elimination, recreation, relaxation, study, work, rest, social service, prayer, religion, also hypnotism, etc., etc.

8. *Psychokinesia:* An explosive cerebral action, due to defective inhibition.

9. *Psychoneurosis:* A nervous disorder affecting the mind and body which is regarded as being largely, if not wholly, of mental origin.

10. *Psychosensory:* Pertaining to the conscious perception of sensory impulses to the mind and to sensation.

11. *Psychanalysis:* The method of Freud (Jung) of eliciting from nervous patients, against or without the active or conscious co-operation of their wills, ideas and facts regarding their past emotional experiences, their dreams, etc.

12. *Psychataxia:* A disordered mental state characterized by inability to fix or concentrate the attention.


15. *Psychalgia:* Pain attending or resulting from a purely mental operation. Mind pain or soul pain.

**SUMMARY OF THE CLASSIFICATION OF THE NERVOUS STATES**

**THE PSYCHO-NEUROSES**

1. **Chronic fear — worry.**
   a. Prolonged grief and sorrow.
   b. Premonitions and disappointments.
   c. Crystallized fears.
   d. Definite dreads.
   e. Obsessions — mental and motor.
   f. Nervous high tension.
   g. Unsatisfied happiness hunger.

2. **Neurasthenoidia — near neurasthenia.**
   a. Hereditary.
   b. Acquired.
   c. Accidental.

3. **Neurasthenia — nervous exhaustion.**
   a. Cerebral.
   b. Spinal.
   c. Gastric.
   d. Sexual.
   e. Traumatic.
   a. Mental incapacity.
   b. Disorders of memory.
   c. Brain storms.

5. Hysteria — the master imitator.
   a. Exaggerated psychic contagion.
   b. Demoralized sympathetic control.
   c. Combined brain and nerve storm.

6. Hypochondria — the chronic blues.
   a. Periodical depression.
   b. Chronic auto-intoxication.
   c. Combined physical and psychic states.

7. Melancholia.
   a. Simple melancholia.
   b. True melancholia.
   c. Circular insanity.

BORDERLAND NERVOUS DISORDERS

1. Chorea — St. Vitus' dance.
2. The Tics — twitchings.
3. Stuttering and stammering.
4. Ataxias — walking, writing, etc.
5. Tremors and tremblings.
6. Dreams and hallucinations.
7. Alcoholism and dipsomania.
8. Drug habits.
10. Migraine — nervous sick headache.
11. Epilepsy and pseudo-epilepsy.
12. Defectives and degenerates.
   a. Idiocy.
   b. Feeble-mindedness.
   c. Pauperism.
   d. Prostitution.
   e. Criminality.
CHAPTER II

HEREDITY AND ENVIRONMENT AS NEURASTHENIC FACTORS

WHEN a careful search is made into the family histories of the sufferers from various nervous disorders there will be discovered in all cases of psychasthenia and in a vast majority of neurasthenia, an unmistakable neurotic ancestry, exhibiting an hereditary taint embracing neurasthenia, psychasthenia, hysteria, migraine, hypochondria, melancholia, chorea, alcoholism, epilepsy, etc.

ANCESTRAL NEUROTIC TAINT

It does not follow that the child is doomed to suffer in lifelong bondage to neurasthenia or psychasthenia because of the fact that he springs from a neurotic ancestry, because not all of the offspring of a neurotic stock are thus afflicted. But it does follow that in practically all cases of psychasthenia we are able to detect the neurotic strain if we go back far enough into the family history and with sufficient care; and that in the vast majority of cases of well marked neurasthenia, we are also able to elicit a "nervous" family history.

Of these neurologically disinherited souls, Dubois has well written:

From effects of heredity and atavism, often from the fault of the parents or from unfavorable hygienic conditions, many children find disease in their cradles and will never enjoy that precious blessing of physical health. More ill-favored still are those to whom nature has given a gloomy disposition, those "sorrowful souls," as W. James calls them, who can only react the wrong way, in the sense of sadness.

These martyrs to heredity and perverted education are innumerable. The world does not understand them; it ill-treats them. There
is no hospital with neat white beds, no gracious nurses' faces, no doctor, kind though gruff, for these unfortunates who are suffering in mind and who need both to be consoled and stimulated. We do not know where to put them; the lunatic asylum, which seems really indicated, would be a prison to them; their homes, which ought to be their refuge, are the very places where the evil was created, not only through the unavoidable influence of psychopathic heredity, but also by education, by mental contagion. Most frequently the parents do not recognize the mental likeness, and though quite as abnormal in mind as their offspring, blame them for their misfortune.

**NEURASTHENIC ENVIRONMENT**

We cannot deny that the fact that a large number of cases of neurasthenia are appearing nowadays in persons whose families—on both sides of the house—have heretofore been entirely or quite free from neurotic taint. Nervous breakdowns are appearing in increasing numbers in families whose histories seem to be neurologically sound. I am forced to recognize that many of these newly appearing neurasthenias are not based upon any discoverable hereditary taint. They are due largely to a vicious environment. They represent premature breakdowns on the part of a nervous mechanism which has persistently been forced to exert itself far beyond the measure of human endurance.

Many of our modern breakdowns also represent the coming to the surface of a strain of nervous weakness which has in the past been increasing from generation to generation, but which has not heretofore been sufficiently marked or well developed to assume neurasthenic proportions; but which, under the modern high tension of the incessant battle for riches and fame, readily assumes the gravity of neurasthenia or near-neurasthenia; thus laying the ancestral foundations for a new and future line of neurasthens and psychasthens.

Many of our present day new and non-hereditary neurasthenics owe their origin to that increasing craving for self-gratification and unwholesome pleasures—that sort of pleasure-madness which has so largely permeated all classes of society from the highest to the lowest, and which ever seeks to dis-
cover still more exciting, thrilling, and pernicious forms of stimulation and entertainment.

COMPLEXITY OF MODERN CIVILIZATION

And so, while heredity, pernicious personal practices, and an unhygienic environment, may all be concerned in the greatly increased production of neurasthenics; notwithstanding all these established and accepted factors, there is in the mind of the author still another powerful factor which is exceedingly influential just now as an influence in the increased production of neurasthenia. I refer to the fact that the complexities and complications of modern industrial business and social life are increasing and multiplying with such rapidity, that the average human brain and nervous system is unable to adapt and adjust itself with sufficient alacrity to keep pace with the rapid progress and gigantic evolutions now taking place in the world about us. Neurasthenia is a part of the price which the human race is paying for the rapid advancement and the wonderful achievements attendant upon the business, the art, and the science of the twentieth century.

At least this new stress and strain of modern life, becomes a factor accounting for the great increase of nervous disorders among those classes of society who are forced to labor for a livelihood. And it is a well recognized fact that the number of weaklings, neurotics, and defectives is increasing in alarming proportions. The possession of will-power is deplorably on the decrease, while the lower or baser passions seem to be gaining more and more control over certain classes of society with each succeeding generation.

DIFFICULTIES IN DIFFERENTIATION

And so it appears that, after having made every and due allowance for all environmental influences which might tend to increase the nervous states in this day and generation, the fundamental fact persists that heredity is after all the chief factor in the production of that nervous state which leads up to neurasthenia and its neurotic cousins. We all enter this world equipped with a nervous system which is endowed with a cer-
tain degree of nervous strength. (Fig. 1.) This inheritance constitutes our neurological capital and during our lifetime we are compelled to live thereon; our interest yield therefrom being wholly determined by the wisdom or lack of wisdom with which we react to our surroundings from day to day. Careless living may effectually dissipate a vast inheritance of vital force and nervous energy; while on the other hand, careful living and a judicious administration of even a scanty inheritance of nervous vitality may enable one to reap a rich reward of good health in this life and at the same time add something to the prospects of stronger nerves in the children of future generations.

Forel, speaking of the difficulties of recognizing the differences between heredity and acquired nervous disturbances, says:

It is practically impossible in every case of this sort to separate what is purely hereditary from what is acquired in the course of development; both groups of factors usually work together to engender a product as unfortunate for the individual himself as for society. What is abnormal here is the original disposition. Through training and the relations of life this bad disposition can be strengthened, i.e., made worse, or, if it is not too powerful and one-sided, it can be more or less successfully combated and dammed back.

Desequilibres (unbalanced) is a term used by the French to indicate those pathological natures who lack balance in this or that or in many respects, and whose thought and feeling and will are generally unsteady and without proper measure. The modern term psychasthenia, or mental irritable weakness, can also be used in the description of such cases.

Where does the inherited tendency come from? Why do people come into the world with a strong tendency to mental and nervous diseases? The answer, “Because their parents or ancestors were mentally diseased,” is not satisfactory, for where did these get their disease or tendency to it? The sickly tendency must be introduced somewhere, and so the question comes back to the following: What causes produce or maintain in a given race or a given generation the tendency to engender mental and nervous disturbances in their descendants? Since only that can be inherited which affects or injures the germ plasm itself, purely acquired local diseases of the nervous system as such can produce no pathological tendency in the germ. Moreover, since under normal conditions of life, inherited pathological tendencies gradually tend to disappear in the course of
a few generations through what is called regeneration, a progressive
degeneration must have causes which are progressive or at least con-
tinually renewed, and cannot rest altogether on old inherited tend-
encies.

THE GERM PLASM

The ova and spermatozoa represent parts of the human
machine which are quite unable to look after their own hygiene.
We say jokingly that one cannot be too careful in the choice
of a parent; but, the truth is, we cannot choose. And so,
because of the fact that our posterity cannot have the slightest
voice in selecting their nervous systems, it becomes a sacred
duty for parents to look out for the health of their offspring.
It is all very well to say that we must not assume the role of
fate, that we must leave the selection of the human race to
chance and nature. While it is a fact that the animal kingdom
does thus apparently blindly risk its destiny, it should be re-
membered that animals do not practice medicine; they do not
take care of the sick and disabled, they do not protect the weak
and prolong the life of the unfit, so that with them death pro-
vides for the selection. But with man it is different; we take
care of the sick and afflicted, we kill off the sound and healthy
by war, and as one authority has well said:

We make natural alliances more difficult by cultivating prostitu-
tion and venereal diseases, by constant military service, and by de-
stroying normal sexual selection in marriages for the sake of wealth
and position; we cultivate drink and other bad habits, and, in short,
constantly play the part of a malign fate that provides for the de-
terioration of the race. To be sure there is a certain justification
for bringing against our requirements the non-success of the Spar-
tan lawgiver, Lycurgus. But, as might be expected from his times
and ignorance of science, he carried out a selection for bodily
strength only, and totally neglected mental vigor; and moreover
he committed the great blunder of allowing the slavery of the Helots
to continue. Thus he helped to breed a people who were physically
strong, to be sure, but stupid and lazy. He had forgotten the main
thing, the cultivation of work; and history teaches that at last the
slaves by their work got ahead of their masters, so that slavery
destroyed the latter and not the former. It is also argued that arti-
Officially bred varieties of animals and plants are unable to preserve themselves in nature. But here it is forgotten that these races are not selected for their own strength and ability to fight their way in life, but only for the sake of certain qualities which we desire for our own purpose, and that in making such a selection we directly destroyed their fitness for the struggle for existence.

**OBSCURE NERVOUS TAINT**

We must not forget the fact that we are not born artists, musicians, or scientists; we do not come into the world predestinated to be great men or small men, good men or bad men; we are merely thrust into this world possessing a brain and nervous system more or less well organized,* and in general our character is destined to become largely what we make it by virtue of the manner in which we allow or compel ourselves to react to our environment. And so while it is will-power that so largely determines the manner in which we will respond to the various stimuli of our surroundings, nevertheless, the strength or weakness of the inherited nervous system, experience proves, goes a long way toward determining the outcome and final destiny of the individual's struggle with his own environment.

In the case of many a nervous breakdown following some prolonged mental stress or severe physical strain, we are entirely too prone to take the patient's word for it that there is no neurotic taint in the family history. And so we are quick to make a diagnosis of accidental or acquired neurasthenia and charge it all up to a severe attack of influenza, overwork, business difficulties, family trouble, etc.; whereas a painstaking search back into the patient's heredity would have in almost every case disclosed a smoldering neurotic fire, which only required the occasion of environmental stress or accidental strain to fan it into an immediate and full fledged neurasthenic conflagration;

*It should be borne in mind that the brain and nervous system of the new-born child are practically all there at birth—that is, while the individual cells of all the other tissues of the body multiply and greatly increase in number, those of the nervous system only develop and grow—there occurs little or no increase in the number of cells.*
and so the possibilities of the whole nervous smashup were all
the while concealed within the very cells and fibers of the
brain and nervous system which constituted his hereditary legacy
handed down through the ancestors of preceding generations.
It not infrequently develops that a case of "nerves" which so
perplexes us in a certain individual is quite easily understood
when we have an opportunity to peep into the home of this
patient's family and thus observe in brother or sister the di-
verse outcropping of this same neurotic taint.

**PSYCHOPATHIC FAMILIES**

It is the author's experience, that in nine cases out of ten
the true neurasthenic belongs to a psychopathic family, in
which there is an unfailing history of neurotic manifestations
as one goes back in the ancestral archives, there discovering an
increasing panorama of neurotic disturbances ranging all the way
from common nervous sick-headache up to epilepsy and insanity.

When the inherited nervous tendencies of an individual are
once finally determined by the union of the parental germ cells,
there then comes the embryological period during the preg-
nancy of the mother. The hygiene of pregnancy is really a
question of good, healthy nourishment. Here also as well as
during the time the child is nourished through the mother's
milk, all poisonings, especially alcoholic poisoning, are extremely
injurious. Von Bunge has even shown that alcoholism in
the ancestors seriously cripples even the woman's ability to
nurse her offspring. It is a reprehensible and ruinous practice
to give pregnant women and nursing mothers alcohol to drink,
for it injures the embryo and the child tremendously. Diseases,
emotional excitements, nutritional disturbances, and everything
also that injures the bodily health and especially the nervous
life of the mother, naturally have more or less of an indirect
effect upon the life of the embryo, in just the same manner and
for the same reason that the nervous and physical condition of
the nursing mother will directly affect the health and behavior
of the infant that feeds at her breasts. Such instances have
nought to do with heredity—it is a matter of chemistry and
contagion.
PRE-NATAL INFLUENCE AND BIRTH MARKS

Incidentally, in this connection, it should be stated that the hereditary influences which work to shape the nervous system of the child are all in operation at the time the germ cells (sex cells) are originated within the organisms of the parents. The determiners for the child’s nervous system are all formed and completed in the germ cells at the time conception takes place. The child’s brain and nervous system is only developed by growth during the nine months of pregnancy. The fact that the mother may read her Bible incessantly during the period of pregnancy will not contribute to producing either a studious or pious offspring. Such tendencies were determined long before in accordance with a law of hereditary determiners, present in the male and female germ cells at the time the new life was inaugurated.

It should be further stated in this connection that the supposed productions of malformations, birthmarks, etc., as a result of alarming experiences on the part of a pregnant woman have long since been proven to be wholly fallacious. It is entirely within the bounds of scientific conservatism to state that the entire doctrine of “birthmarks” has been proven fictitious, and that the mental frights and other emotional experiences of the pregnant woman can have no more direct influence in the production of “birthmarks,” or in injuring the nervous system of the foetus, than could the fact of a setting hen becoming suddenly frightened, in any way result in changing the course of predetermined development taking place in any one of the eggs on which she might be setting.

HEREDITY, ENVIRONMENT, AND EDUCATION

We are compelled to accept the fact that heredity is the base of the neurasthenic triangle. The two sides are represented by environment and education. (Fig. 2.) And we must further recognize the possibility of largely overcoming the results of even the combined influence of both heredity and environment by the persistent training of the mind and nervous system to obey the mandates of an enlightened and energized will. Self-training and self-mastery, as will be shown later,
Fig. 2. The Neurasthenic Triangle
are able to exert a marvelous power, enabling us even to escape the direful consequences of what would otherwise prove to have been a pernicious heredity and a fatal environment.

Parents not only owe their children a biologic duty to endow them with a normal nervous mechanism at or before birth, but also do they owe their children a sociologic debt which can only be paid by the proper conservation and training of that nervous system; and this includes the protection of the child from morbid fears, injurious emotional excitement, and other excesses and abuses of the nervous system, including the sexual functions, which would tend to break down or weaken the nervous vitality, predispose to neurasthenia, thus jeopardizing the child's future health and happiness.

In this day of high nervous tension and constantly increasing neurasthenia, the duty devolves upon parents, as never before, to keep close to their children, maintaining a perfect understanding between parent and child, thus contributing to that natural and even development of the nervous system which is so essential to strong vitality and vigorous will-power later in life.

HEREDITY FEAR

Many unfortunate nervous sufferers live in constant fear of numerous supposedly hereditary diseases. They fear they are destined to die of cancer, tuberculosis, or some other dreadful and malignant disease. Such imaginary sufferers should come to know that practically no known disease is hereditary—as such; that while certain local and general defects present in the ancestral strain are inherited, acquired characteristics and definite diseases are not inherited. This has been aptly put by some one who said, "wooden heads may be inherited, but wooden legs are not."

The average neurasthenic who may possibly have inherited some tendency in a general way towards his nervousness, should thoroughly understand that he has not inherited and cannot inherit any one of the many serious disorders which he imagines afflict him and which he further imagines descended down upon him from his otherwise honored and respected ancestors.
SUMMARY OF THE CHAPTER

1. A neurotic history will be found in the ancestral strains of practically all psychasthenes and the majority of neurasthenes; but not all the offspring of neurotic parents are thus affected.

2. Many so-called "sorrowful souls" inherit their melancholy disposition. They are born martyrs to heredity.

3. Vicious environment, persistent overwork, and a greedy ambition, coupled with a latent hereditary neurotic tendency, are responsible for many nervous breakdowns.

4. Pleasure-madness—self-gratification—lies at the bottom of many a case of "nerves."

5. The complexities of modern business and the complications of present-day society both work together for the production of nervous exhaustion in certain predisposed individuals.

6. Neurasthenia is a part of the price the race is paying for the rapid progress and development of our twentieth century civilization.

7. Weaklings, neurotics, and defectives are apparently on the increase, while will-power and self-mastery—control of the emotions and the passions—seem to be decreasing.

8. Every human being enters this world with an inheritance of strong nerves or weak nerves; and their method of reacting to their environment constitutes the determining factor of nervous vitality.

9. It is often difficult to differentiate between hereditary and acquired nervousness. Inherited nervous taint tends to disappear, if neurotic factors are not added in each succeeding generation.

10. The "germ plasm" (sex cells) contain the secrets of heredity. Their conservation is the sacred duty of the race. They transmit the in-bred traits of the stock, but not the recently acquired characteristics.

11. "Natural selection" may obtain in the animal kingdom; but modern civilization renders necessary the "selection of science" in order to strengthen and upbuild the race.

12. Will-power largely determines the manner of our response to nervous stimuli; its strength or weakness being regulated by inherited tendencies; thus is determined the result of the individual's battle with environment.

13. The neurasthenic's legacy of nerve cells and fibres contain the potential possibilities of the neurotic conflagration which was ignited by environmental stress or accidental strain.

14. Ninety per cent of neurasthenics belong to psychopathic families, whose ancestral archives contain a rich assortment of neurotic taints.

15. The use of alcohol by the mother greatly influences the
nervous system of both the unborn child and the nursing infant.

16. At the time of conception the "sex cells" contain those hereditary determiners which so powerfully regulate future behavior. Growth only is affected by the period of pregnancy.

17. Conventional teachings regarding pre-natal influence are largely without foundation. The doctrine of "birth-marks" has been proven fictitious.

18. Heredity is the base of the neurasthenic triangle. Environment and education represent the other two sides.

19. Will training and self-mastery go a long way toward delivering neurotic sufferers from the terrible results of both heredity and environment.

20. Parents owe their children a biologic duty, first to impart and then subsequently to train their nervous systems in such a manner as to safeguard them from neurotic tendencies.

21. The neurasthenic's fear of inherited diseases is a delusion. As the term is used by science, definite diseases are not directly hereditary.
CHAPTER III

INFLUENCE OF THE PHYSICAL HEALTH ON THE MIND

While we recognize that the mind holds the balance of power and control over many of the complicated physical processes which are concerned in health and disease, nevertheless, we are forced to give almost equal recognition to the powerful and dominating—sometimes tyrannical—control of the mind by a diseased and disordered body.

SUNSHINE AND CHEERFULNESS

There can be little doubt that lack of sunlight is often responsible for a lack of mental cheerfulness. There is more than an accidental relationship between the sunshine of the body and the sunshine of the soul. Indoor living predisposes to mental despondency; and a sedentary life, in many cases, leads directly to moral depression. There is a direct relation between the physical darkness of the slum tenement and the spiritual darkness and moral depravity of those who dwell therein.

Sunshine is the fountain of physical energy and the well-spring of mental cheer, and it even contributes indirectly to strengthening the moral courage. Sunshine in the home favors sunshine in the soul. Sunny homes help to make sunny people—happy and healthy people.

Even the cloudy day, but a passing incident in our lives, markedly influences the temper and disposition of many persons. It is doubtful if the best of people are as generous and philanthropic on a nasty, rainy day, as they are on a sunshiny afternoon of a beautiful summer’s day.

FRESH AIR AND THE MENTAL STATE

The mental powers of the children of the slums are retarded by lack of fresh air and sunshine. When the brain is stuffy
INFLUENCE OF THE PHYSICAL HEALTH

the mental action is slow, and the memory sluggish; the mind cannot be ventilated unless the lungs be ventilated; and the lungs cannot be ventilated unless the living or working rooms also be ventilated. The proper lighting and ventilation of the schoolroom is directly concerned in the mental development and the intellectual training of the children in attendance. Many persons suffer all day from mental dullness, and gain the reputation of possessing a mean disposition, as the result of breathing all night the foul and polluted atmosphere of an unventilated sleeping room.

The breathing of impure air directly and powerfully influences the mind. It will be recalled how many a lecture or sermon, good in itself, was utterly spoiled because the hearers were breathing the foul air of an unventilated audience room. Scientific ventilation, especially during the winter, would add much to the success, happiness, and religious enjoyment of many persons who are morose, depressed, and even melancholic, as the result of their voluntary imprisonment in their miserably ventilated living rooms.

Oxygen feeds the vital fires which effectually burn up the poisons of the living machine. These poisons when not properly burned up (oxidized) prove equally powerful in the work of depressing both mind and body. The vast majority of the toxins of disordered metabolism and deranged nutrition prove to be mind poisons as well as body poisons. Insanity as well as paralysis frequently follows in the wake of raging fevers and prolonged infections.

Considered from every possible standpoint, mental vigor and moral health are greatly lessened by the indoor living of modern civilization; while the outdoor life, in every way, supplies conditions which favor the highest degree of mental strength and moral efficiency.

DEEP BREATHING AND BRAIN ACTION

The normal action of the lungs has much to do with the healthy action of the mind. Deep breathing favors deep thinking, while the shallow breathers are condemned to inevitable shallow thinking. Healthy brain action is dependent upon the
normal supply of good, red blood. Deep breathing purifies the blood and favors its circulation through the brain. If the brain is not properly nourished with pure blood, the mind is directly influenced and greatly crippled in its operation.

All victims of despondency, all downcast and crestfallen people are shallow breathers. Deep breathing purifies the blood and sends it tingling through the blood vessels of the brain, where it washes away the poisonous excretions and nourishes the nerve cells with its life-giving qualities. A ventilated and nourished brain cell is absolutely essential to normal and satisfactory mental action.

There can be little doubt that bad breathing and worry go together. Getting rid of one usually helps in overcoming the other. Shallow breathing beclouds the mind by favoring a retention of blood poisons, thereby placing heavy and unnecessary burdens upon the moral nature.

**PHYSICAL EXERCISE AND MENTAL ACTION**

More or less body work is indispensable to first-class brain work. Physical exercise increases the circulation, favors digestion, promotes elimination, in fact facilitates all those bodily processes, the proper performance of which are so essential to a healthy brain and a vigorous mind. Body work favors deep breathing and deep breathing promotes mental action.

Physical exercise greatly aids in the burning up of bodily poisons and thus relieves the mind from the depression which so surely results from the accumulation of these toxic substances in the bloodstream. Systematic exercise will do much to help in the acquisition of a pleasant disposition and an agreeable temperament. Regular exercise—a daily sweat—will contribute much to mental peace and the enjoyment even of one’s religion.

Overworking the body produces mental weariness, as well as physical fatigue. The industrial slave, toiling in the sweat shop, exhibits equal evidence of mental deterioration and physical disease. The abuse of the physical powers inevitably reacts in the lessening of the mental vigor. Muscle, mind, and morals are all inter related.
THE MIND AS INFLUENCED BY THE DIGESTION

The stomach probably exerts a greater influence over the mind than any other physical organ, except the brain. At certain times, when the mind is almost dethroned by a distracting pain in the cranium, the sufferer could truly be said to have a "stomach ache" in the head. The stomach, as the portal of entry for all nourishment of the body, is able to contribute much either for or against the mental health and the moral happiness of the individual. The nerve which so abundantly supplies the stomach, liver, lungs, and heart—the pneumogastric nerve—also sends branches to the meninges, the covering membrane of the brain.

Many persons who are regarded as cross and crabbed, who are looked upon as possessing an unbearable disposition, whose minds are commonly regarded as altogether ignoble and cruel—are merely suffering from a chronic, dyspeptic grouch; and it will be a hard matter for orthodox religion or any of its twentieth century counterfeits, or any other genuine or fraudulent system of mental healing, to relieve such persons of their mental disorders until the stomach, liver, and bowels are set in order.

A sour stomach usually means a sour disposition. Intestinal fermentation commonly ends in intellectual fermentation. In order to sweeten up the mental process, we must sweeten up the digestive process.

Many failures in business, college, family life, and religion, if the facts were known, could be rightfully charged up to disordered nutrition—dyspepsia and constipation. It is altogether impossible to have peace in the head and war in the stomach. Coarse eating and fine thinking are incompatible.

BILIousNESS AND BRAIN BEHAVIOR

Biliousness is a disease by no means limited to the body. When one is bilious, the brain is bilious, the mind is forced to operate through a bilious brain and over a bilious nervous system, and that is exactly why one looks bilious, acts bilious, and talks bilious—the brain is jaundiced as well as the skin.

The liver is the body's poison-destroyer—the metabolic garbage crematory—and when it fails properly to do its work,
when it is overworked, lazy, or torpid, the blood is literally flooded with toxins and poisons, and soon the brain becomes torpid, the mind lazy and the thoughts sordid.

Even the powers of memory are directly influenced by indigestion, biliousness, and acidity of the blood. Many persons suffering from dyspepsia and indigestion, supposing their memory to be failing from old age, have found their mental energies restored and their thinking powers renewed, after the successful treatment of their distressing stomach difficulties and liver disorders.

THE INFLUENCE OF EATING ON THINKING

While we acknowledge as true the proverb, "As a man thinketh, so is he," we are compelled also to recognize the truthfulness of that old German saying, "As a man eateth, so is he."

Maximum mental efficiency demands that intelligent attention be given to the diet. Balanced thinking goes hand in hand with balanced eating. Pure food is a direct aid to pure thoughts.

Overeating, hasty eating, and the eating of indigestible foods, all detract from brain power and mental efficiency. The animal world — a cow for instance — can spend all its nervous energy and vital strength in the work of digesting food. Animals are able to keep the stomach working all day long. They seldom suffer from indigestion or dyspepsia. The animal has only a physical life to lead; but man is a mental being, a moral creature, an intelligent animal, with a social career to carve out and industrial battles to fight; and, therefore, the human animal must plan to conserve its nervous energy and physical powers so as properly to support its intellectual activities in the arena of mind and morals — to enable the man successfully to perform in the theater of society and commerce.

Fiery foods — foods which are hot when they are cold — not only irritate and inflame the stomach, but when carried to the brain in the blood stream, favor the production of fiery thoughts.

THE BLOOD STREAM AND THE MIND

It is self-evident that brain action is dependent upon heart action. The mind is bound to be affected by circulatory dis-
INFLUENCE OF THE PHYSICAL HEALTH

Influence of the physical health on the mind. Diseases of the blood, such as anemia, produce anemia of the brain and emaciation of the mind.

Elevation of the blood-pressure is often associated with depression of the thoughts. An unusually low blood-pressure is usually associated with the mental states characterizing neurasthenia and brain fog. The various drugs, such as tobacco and cocaine, which raise the blood-pressure, as well as the alcohol and morphine group, which lower the pressure, are all powerful in their deteriorating effect upon the mind. In fact, all states of systemic poisoning or auto-intoxication, result in more or less derangement of the mental action.

The myriads of microbes which inhabit the large intestine of man are often responsible for much of the mental sluggishness and moral depression from which many persons suffer. When these germs are too long retained in the bowel — when their number is greatly increased by gormandizing, constipation, or a too high protein diet — there is increased production and absorption of toxins which are responsible for many disturbances of the mind and body, including sleeplessness, bad breath, brownish tint of the skin, headache, mental inaction, loss of memory, and moral despondency.

METABOLISM AND MIND

Many strong minds, vigorous intellects, are held down and handicapped by the crippled assimilative powers of the physical body. Any practice which favors food assimilation — thorough mastication of the food and all other dietetic helps — in the end will prove of great value in strengthening the mind and increasing the health-seeker's self-control.

In chronic indigestion and stomach trouble, with their resultant starvation and anemia, we have brain starvation — mental emaciation. Many a giant intellect has been effectually starved out and prematurely killed by the combined terrors of dyspepsia and the poisons absorbed as a result of chronic constipation.

Both physicians and criminologists are coming more and more
to believe that there is a direct relation between decomposing food in the digestive apparatus and mental perversity; the results are variously exhibited and extend all the way from violent outbursts of temper down to criminal depredations and brutal tendencies.

**ELIMINATION AND BRAIN ACTION**

Healthy, vigorous brain action is dependent upon normal elimination of body wastes; and normal elimination of wastes is dependent largely upon systematic water-drinking and regular bathing. Bathing is an antidote for the wearing of clothes and the sedentary life of modern civilized nations.

The proper action of the kidneys in the elimination of poisons, and the liver in their destruction, is essential to the healthy and normal action of the mind. A cloudy, dingy skin usually means cloudy thinking.

There is a direct relation between skin action and brain action. When the skin is pale and anaemic, the brain, as a rule, is congested and sluggish. The red glow of the skin is usually associated with mental vigor, while the pale skin is not infrequently accompanied by puny thinking.

**REST AND RECREATION IN RELATION TO THE MIND**

The accumulation of energy granules in the neuron, the recuperation of the depleted vitality of the nervous system, the restoration of the brain's power to respond to the dictates of the mental powers, are all dependent upon regular rest and refreshing sleep. Loss of sleep quickly shows its reaction upon the mind, dulling the intellect, dimming the mental vision, and destroying even the moral concepts.

Regular recreation and an annual vacation are indispensable to first-class brain work. A regular rest day, once a week, and even a half holiday in the middle of the week, are both of great value in producing strong and healthy mind control.

**BODY DISEASE AND BRAIN DISORDERS**

Attention should also be called to the fact that all definite physical diseases result in more or less derangement of the mind.
In all acute fevers and infectious diseases the mental powers are enfeebled, the mind is more or less distorted, the symptoms ranging from mild derangement up to raving delirium. The majority of poisonous disease toxins are alike disturbing to the mind and body.

Typhoid fever and many other serious infections predispose to mental disturbances, and are occasionally followed by insanity. Pellagra has a terminal stage which closely borders on the insane state. Malaria not only racks the body, but also markedly affects the mental activities.

The social diseases constituting the great black plague, of which syphilis is chief, not only affect the body, but also react upon the mind, even to the point of producing tumors and softening of the brain.

Heart and lung diseases always affect the mind, the former producing unusual fear and depression, while the latter is characterized by a fatal optimism. The mental activity is also in measure influenced by most of the chronic diseases, such as rheumatism and gout, not only because of the pain associated with these afflictions, but also because of the toxins and poisons circulating in the blood which are probably primarily responsible for these disorders.

That the mind is influenced by the body is shown by both extremes of bodily weight. There can be little question that obese, abnormally fat persons, as well as the thin, emaciated and cadaverous, have their peace of mind and intellectual activity more or less interfered with, as the result of their bodily state.

**PHYSICAL CONDITIONS AFFECTING THE CHILD’S HEALTH**

When a child has rickets of the bones, his physical condition unfavorably affects the mental development. In other words, the child with rickets is rickety in mind as well as in body.

Recent investigations afford positive proof that adenoids in the child interfere with the development of the brain, and thus more or less permanently cripple the mentality of the child. Various other minor afflictions of childhood may similarly affect the mental development, such as chronic tonsilitis, chronic earache, and many other maladies.
No one will seriously question the fact that pain invariably exerts a deleterious influence upon the mind. Intellectual activity and mental usefulness are restricted or well-nigh destroyed by severe or long continued pain in any part of the body, resulting from any cause whatsoever.

Minor disturbances or bony growths in the nose may result in persistent chronic headaches, which greatly interfere with peace of mind and mental usefulness. We have known of persons suffering from headache for years, who were immediately relieved by the removal of a bony growth from the nose, or by the straightening of a crooked nasal septum.

OLD AGE AND THE DUCTLESS GLANDS

There can be no more marked illustration of the effect of the body upon the mind than in the case of arteriosclerosis, or hardening of the arteries. This harbinger of old age not only results in producing those familiar manifestations of physical decay which characterize senility, but they also result in producing a state of comparative brain starvation. The mind is under-nourished, all the mental powers are enfeebled, the memory is weakened and we are brought face to face with that pathetic picture of increasing mental weakness commonly denominated “second childhood.”

There can be little doubt that the various internal secreting glands such as the pituitary body, thymus gland, thyroid gland, suprarenal gland, the sexual glands, etc., are all concerned in powerfully influencing the mind, temperament, and disposition. Witness the mental inaction, the idiotic expression of the cretin — the child whose thyroid gland is not functioning normally. Observe the marked mental and temperamental changes which result from the disease or removal of the sexual glands, by depriving the brain of the influence of their internal secretions.

The effect of the various nervous diseases upon the mind is self-evident. Paralysis, various spinal diseases, neuritis and neuralgias all very directly and markedly affect the mind. Victims of paraesthesia — those who feel various pricking, burning or itching sensations in different parts of the body — are often driven almost to distraction by these abnormal manifestations.
Mental action is even interfered with by eye strain and many other common disorders affecting some part of the nervous system.

In fact, every physical practice of the individual and the entire life conduct, react either favorably or unfavorably upon the mind. The young man may pass on gayly and heedlessly sowing his wild oats in the seedtime of youth, but in the harvest time of after life not only must the body pay a physical penalty for the follies of ignorance and sin, but the mind also is forced to share in the painful and sorrowful harvest.

Even worry is often caused by the bodily state, there being a whole group of worry causes which may properly be termed physical causes. These will be more fully considered in the chapters devoted to worry.

SUMMARY OF THE CHAPTER

1. The mind is recognized as holding the balance of control over numerous physical processes; nevertheless, almost equal recognition must be accorded the power of the bodily state in its influence over the mental operations.

2. While sunshine and good weather elevate the emotions, fogs and cloudy weather universally depress the physical functions and decrease the mental operations.

3. Fresh air, ventilation, and breathing are all concerned in the development and operation of the intellectual powers. Oxygen is indispensable to the operation of mind and body.

4. Shallow breathers are nearly always despondent and easily discouraged. Deep breathing is conducive to deep thinking.

5. Regular body work is essential to first-class brain work. Physical idleness leads to mental indolence. Physical development—within physiological limits—favors mental development; on the other hand, overwork of the body leads to mental fatigue as well as physical weariness.

6. The stomach, digestion, and dyspepsia all exert a profound influence on the mental state. Sour stomach usually culminates in a sour disposition. It is impossible to have peace in the head and war in the stomach.

7. Biliousness invariably deteriorates brain action; the brain is jaundiced as well as the body. When the liver is torpid the mind soon follows suit.

8. Thinking is directly related to eating. Gluttony and intemperance react disastrously to the weakening of the mental powers. Table habits powerfully influence thinking habits.
9. The blood is the life— the life of mind as well as body. Mental action is immediately influenced by fluctuations in blood pressure or alterations of blood quality. Bodily anaemia is usually accompanied by intellectual anaemia.

10. Self-poisoning or auto-intoxication is not infrequently mistaken for moral perversity and mental insubordination. Contamination of the circulating fluids of the body results in perverting the mental powers.

11. Many a giant intellect has been starved out or killed by the combined terrors of dyspepsia and constipation. There is a direct relation between putrefying footstuff in the digestive canal, and perversity of mental action in the brain.

12. Bathing is an antidote for clothes and sedentary living. Elimination is essential to healthy thinking. There is a direct relation between skin action and brain action.

13. All acute diseases and all chronic disorders operate to weaken, pervert, derange, or disease the mental action. There is not a single physical disease that does not react unfavorably upon the mind. There can be no disorder of body function without more or less derangement of mind action.
CHAPTER IV

POWER OF THE MIND OVER THE BODY*

IT HAS long been recognized that the mental process carried on in the brain exerted more or less of an influence upon the physical functions carried on by the body; and full recognition has been given to the ability of the brain to direct the voluntary muscles in the performance of mechanical work, and to control numerous other voluntary and commonly performed actions; but not until recently was it fully understood just how far the mental attitude was responsible for or could directly influence the numerous complicated and delicate functions of the body which are involved in the maintenance of health and the prevention of disease. A French philosopher, Guyau, has well said: "He who does not act as he thinks, thinks badly."

Can the mind in and of itself actually bring disease upon the body? Do we really have imaginary diseases? Can the mind actually cure disease? Could the mind really remove a physical disorder?

Likewise, questions on the other side of the issue: Can a physical disorder produce a mental disease? Can a sick body produce a sick mind? These, and many similar questions have engaged the attention of philosophers, physicians, and physiologists of the past, and will, undoubtedly, continue to engage their attention in the future.

ANCIENT TEACHINGS

Past teaching respecting the influence of the mind upon the body, has been clouded and distorted by the errors of supersti-

*For a more complete discussion of the influence of the emotions on the physical organism, the reader is referred to the Author's work, The Physiology of Faith and Fear, chapters xi—xxiii.
tion, the inaccuracies of ignorance, and the exaggerations of fanatical extremists, whose prejudiced observations and reports were more or less colored by commercial motives or sectarian enthusiasm. And so it was little wonder that teaching respecting mental healing grew into a mass of religious contradictions, unreliable observations, and groundless assertions. It has required much painstaking labor on the part of modern physiologists and psychologists to clear away this accumulation of rubbish and ignorance, and lay a scientific foundation for a rational system of mental hygiene based upon the known laws of mind and matter.

Not in all cases do the mind and body react upon one another as might be thought, an observation well stated by Dubois, who wrote:

First of all, that between the physical condition and the mental condition, there is no direct and necessary bond, entailing a constant parallelism between the physical health and that of the mind. On the one hand we see weak, feeble, emaciated diseases, presenting no symptom of neurasthenia or psychasthenia; these are healthy minds in sick bodies; conversely one sees the various disorders of the psychopathies succeeding each other in men of herculean frame, enjoying excellent physical health, and who have not been subjected to any marked debilitating influence. It is therefore false immediately to conclude the mental integrity from the physical health, and always to seek in the body the cause of the psychic disequilibrium.

HOW THE MIND INFLUENCES THE BODY

The scientific revelations of the last century have taught us that in the study of health and disease we must come to look upon man as a whole — as a unit — as an organized community of living cells. Each little fellow is a distinct and separate being, with a life of its own to live, and with its special individual work to carry on as long as it lives. We are coming more and more to understand that the health and happiness or the disease and distress of any cell or group of cells, is in a measure shared by all the other cells composing the body's commonwealth. That is, disorder in any cell or organ of the body, be it brain, liver, or lung, must in some measure unfavorably affect
every other cell of the body. If one member suffers, all must suffer more or less.

This intimate association, this close interrelationship of all the cells of the human body, is effected through two separate and distinct channels: the circulatory system and the nervous system.

1. The circulatory system—chemical messages. Every cell of the physical economy is constantly giving out from its own tiny body certain secretions and excretions formed within itself, which are gathered up by the lymph, and after being admixed with the blood stream, in a diluted form, are in time carried to every other cell of the body. This constant interchange of cellular products creates a channel by which any cell or group of cells is able to send chemical messages to any other cell or group of cells in the body; and in the aggregate it turns the circulating fluids of the body into a great chemical messenger carrying the messages from any cell to every and all other cells of the body.

Many important bodily functions, we now know, are carried on in cooperation and coordination by means of these chemical messages which are carried from one part of the body to another by the body's circulating fluids. We now know that the pancreatic juice is secreted in obedience to just such a chemical message, which is sent out from the stomach and bowel.

This "secretin" (as a class these substances are called hormones) has been collected and when it is experimentally injected into the blood stream of an animal, it never fails to produce an immediate secretion and flow of both bile and pancreatic juice.

It must be evident then, that by means of numerous chemical messengers various portions of the body are able profoundly to influence other parts of the body—that is, one organ of the body may directly exert an inhibiting or a stimulating influence upon another organ. In this way, disease in any one organ of the body results in producing more or less of a diseased state in some or all of the organs of the body; and so it is literally true, that disease in any part of the body does result in more or less derangement of the health of the entire organism.

Many cases of mental depression owe their existence, primar-
ily, to the circulation in the blood of certain poisons which have a tendency to raise the blood-pressure and at the same time lower the mental and moral courage of the individual. But powerful as are these means of chemical communication between the cells of the body, we have a still more important and intimate means of intercommunication between the various cells and organs of the body.

2. The nervous system — mental messages. Nearly all neurons or nerve cells possess two or more branches. One of these branches carries impulses from the nerve cell to other nerve cells or to special structures such as the muscles, while the other branch carries impressions to the nerve cell from the skin and other organs of sensation as well as from other nerve cells.

It is estimated that there are over two billions of living nerve cells in the human brain and spinal cord, not to mention the untold millions of cells which are found in the sympathetic nervous system with its large central brain in the abdomen — the solar plexus.

It must be very clear that by means of these living wires — these relays of cables which run to and from the brain, and which branch and re-branch until practically every active cell in the human body is supplied with its tiny little nerve — through this channel of the nervous system, any one part of the body can almost instantaneously influence any or every other part of the body for weal or woe.

Let a person when quite hungry either smell or taste savory food. These pleasant impressions of taste and smell are quickly carried to the nervous headquarters — the brain — from whence orders are immediately despatched to the stomach to secrete the necessary gastric juice to digest the meal about to be eaten, and in obedience to this mental message which the mind sends down from the brain, there begins to be poured out into the stomach in about four and a half minutes, an abundance of strong gastric juice, which, in both quantity and quality, is just adapted to the appetite and the digestion of the food which was instrumental in provoking its secretion.

Uncontrolled emotion may be compared to a river which has overrun its banks, spreading itself everywhere over the physical
devastating torrents, carrying trouble to every vital sensory mechanism of the body. This deluge of emotion creates functional nervous trouble by the intensity of representations which it produces, but it engenders, among the nerve centers, real sensations, disagreeable or pleasurable sensations, furnishing new grounds for disturbing the mind of and thus effectually giving rise to new fears and reverberating auto-suggestions.

An imagination possesses almost life and death power, as illustrated by the following authentic newspaper clipping:

**IMAGINATION NEARLY COSTS MAN'S LIFE**

J., Oct. 18. Imagination nearly killed Rex L. He approached a druggist for a vial of poison and his actions aroused the suspicion that he intended to take his life. The druggist gave him a farewell note to his wife and drank the liquid. Interestingly, he was suffering all the agonies of poisoning. He was rushed to the county hospital, where it was said today it would be a miracle for him to recover from the shock. Hospital physicians believe that he was suffering from the effects of poisoning and brought the man to the brink of death.

**ER OF THE EMOTIONS OVER THE CIRCULATION**

The influence of faith and its associated optimistic state greatly strengthens the heartbeat is strong, normal, and usual mental buoyancy may even increase the heart's strength. The heart action increases hand in hand with the development of courage and the acquisition of confidence. On the other hand, fear and other phases of the mental state also exert considerable influence upon the cardiac rhythms, even to the point of producing palpitation. The cardiac rhythm is greatly influenced by the state, even to the point of producing palpitation.
heart's strength by determining the length of the pause between
the heartbeats. Faith exerts a favorable influence upon the
heart rate and rhythm by encouraging a natural and adequate
rest between beats, thus enabling the heart to keep up its normal
energy, and, in case of the weak heart, actually to gain in
strength. In this way faith actually increases the endurance of
the heart under stress and strain. Determination and courage
are even able to postpone heart failure when the patient is at the
very point of death.

When the mind is moving in a natural and normal channel,
the small capillaries of the skin and internal organs execute a
rhythmic, milking movement, which sends the blood bounding
along through its channels. This action of the capillaries is of
great aid to the heart, in fact it is known in medical science as
the “peripheral heart.” Next to hydrotherapy and massage, the
mental state of the patient probably has more to do with con-
trolling the circulation of the blood than any other single in-
fluence which can be brought to bear upon the human body.

Careful observations and experiments go to show that by con-
tinuously concentrating the mind on one arm, the surface tem-
perature of that member can actually be raised considerably above
that of the other arm. This rise in temperature signifies the in-
creased accumulation of blood in the part—local congestion.

Colonel Townsend was an Englishman who possessed the
power of voluntarily causing a cessation of his heart beat. He
was able to remain in a state of apparent death for a period of
half an hour. Dr. Cheyne and Dr. Baynard, who were witnesses
of such an act, state that they were unable to perceive any pulse
or heart beat nor any respiratory movement, and that a clean
mirror held to Townsend's mouth did not become dimmed. The
physicians feared Townsend was dead, but after half an hour
the heartbeat slowly returned, respiration set in, and the body
began to move.

INFLUENCE OF THE MIND ON VITAL RESISTANCE

There can now be little question of the fact that a vigorous,
happy mental state, by its influence on both the nervous and
circulatory systems, tends to increase the defensive activity of
a. He likes chocolate. Between 1 and 2 the subject tasted a piece of chocolate. The lower curve shows the steady increase in the arm circulation.

b. He abominates quinine. He tasted quinine between 1 and 2. The volume of blood in arm shrank, while the pulse beats became rapid.

c. The result of shock. At b a revolver was fired behind the unsuspecting subject. Tremor caused the pencil describing the curves to run off the paper, beginning to draw again at c.

d. How brain work hampers hand work. The vertical lines represent the lifting height of a single finger. From 1 to t the subject had to multiply 657 by 34. Note how the muscular power is lessened.

e. Do you hold your breath to “do a sum”? The person did in this case. He worked on his problem from x to x. During this time his breathing, shown by upper line, became shallow.

f. Why “multiplication means vexation.” Work on the problem was accompanied by a notable rise of the brain-volume, and an increase in the height of the individual pulse beats.

Fig. 3. How the Body Betrays the Mind
(After Lehmann)
the white blood cells. By favoring the healthy circulation of the blood, the white cells are protected from many influences which otherwise would depress and decrease their germ-destroying and life-saving activities. It is well known that any influence which causes a vigorous movement of the blood stream enhances their action in the work of destroying the microbes of disease. Fear depresses the circulation and favors the accumulation of metabolic acid poisons in the body, which condition not only decreases the activities of the white blood cells in their work of destroying germs, but actually tends to increase their pernicious activities in the direct destruction of the body cells.*

Many a pale-faced woman would find speedy relief from her pallor, anaemia, and sluggish circulation by overcoming her downcast and despondent disposition — by simply "cheering up."

Faith by its stimulating action upon the circulatory and eliminative processes, greatly lessens the danger of the body from the results of the accumulation of these pernicious body poisons; while the depressing influence of fear not only favors their production and action, but, according to recent experiments, fear, worry, and anger are in themselves directly responsible for the production of certain special, subtle "fear toxins," which are exceedingly harmful to the human organism.

Faith and fear seem to be able to influence the elaboration of the various antitoxins which the body produces to neutralize and combat the toxins of the various microbic maladies. Circulatory disturbances and nervous derangements of psychic origin indirectly react to retard the formation of anti-bodies and delay the production of these antitoxins.

Faith, no doubt, is a material aid in resisting most infectious diseases. Fear has long been recognized as a very powerful factor in diseases of this sort, predisposing its victims to infection and to contraction of the various contagious and infectious maladies. Those who fear a disease most are most likely to catch it. Those who fear it least are less likely to contract it. Fear unfailingly interferes with the normal working of those processes essential to resisting disease.

* See The Science of Living, chapter xvi.
SECRETION IN GENERAL

Precise experimental inquiry and careful clinical observations have demonstrated beyond the shadow of a doubt that the physiology of secretion throughout the body is more or less influenced by the physic state; while certain special instances, such as the stomach secretions, are almost wholly and completely under mental control and nervous direction. The secretion of the saliva, the gastric juice, as well as that of the liver, and even the kidneys, is markedly influenced by the temperamental state of one's mind.

Many a mother engaged in nursing her infant has had her milk dried up and has been compelled to wean the child as a result of chronic fear — worry. Fear can not only diminish or stop the secretion of milk, but it is a well known fact that anger and fretting, grief and despondency, are able actually to change the character of the secretions of the mammary gland, so that the milk may become highly injurious or positively poisonous to the sucking child.

INFLUENCE OF THE MIND ON DIGESTION

Faith — expectant hunger — produces an abundant flow of gastric juice from the secreting glands located in the walls of the stomach; while fear, grief, worry, and fretting invariably decrease the secretion and lessen the flow of the gastric juice. Chronic worriers and despondent patients usually suffer from deficient gastric juice and slow digestion.

The pleasant emotions all favor the secretion of an increased quantity of gastric juice by their salutary influence upon a man's appetite and general good humor; while the depressing and surly frame of mind unfailingly contributes to decreasing the amount of the stomach's secretions.

In his remarkable experiments upon dogs, Pawlow, the Russian physiologist, demonstrated that the secretion of the gastric juice during the first half of digestion is quite entirely regulated by the sense of taste and the keenness of the appetite. The presence of food in the stomach, with the exception of milk and certain meat and vegetable juices, produces no secretion of gastric juice whatever; whereas the thought of eating or the desire
to eat, or even the agreeable smell of food, produces an abundant flow of strong gastric juice in about four and a half minutes. This initial juice—the only juice to be found in the stomach during the first half of digestion—has therefore aptly been called “appetite juice” or “psychic juice.”

Recent experiments go to show that the “hunger contractions” of the stomach are quite largely under mental control. By the exercise of will power, or by diverting the mind, it is possible greatly to lessen and otherwise to control the behavior of the empty stomach when it is executing these peculiar movements known as “hunger contractions.”

Jacoby cites an interesting case in this connection:

**Psychic Vomiting**

A drastic example of this nature (psychic vomiting) is furnished by the case of a man of middle age, with no heredity taint and who never had been sick, who arranged for a trip to Europe to obtain a much-needed vacation, and who about a week before the time set for sailing, was taken with nausea and vomiting. His malady increased from day to day and could not be controlled by treatment. The most careful physical examination failed to reveal any cause for the trouble. Finally, when no food of any kind could be retained, the trip had to be given up as the patient was too ill to leave home.

The distressing state persisted until the steamer had left without him, and then all symptoms of illness disappeared at once. The abrupt change, together with other facts, led me to believe the patient was suffering from a species of psychic seasickness. Feeling well, the patient scoffed at that idea of the mental origin of his trouble. The episode had been forgotten, when, six years later, a trip abroad again was planned and cabins secured. A week before the time set for that sailing, the same symptoms of nausea and vomiting recurred. This time the tickets were given up after two days of illness, and again with the same result, cessation of the symptoms. Since that time, as a result of many interviews and much explanation through which the patient was made to realize the cause and to understand the development of his attacks, he has been abroad without more than the actual *mal de mer* which a stormy voyage entitled him to have.

There can no longer be any doubt that many cases of slow digestion and sluggish stomach work are in some measure, at
least, due to the unfortunate mental and nervous states of the sufferer. If the mind can be awakened and the spirits revived, such patients will immediately begin to show improvement, and many will pass on to full recovery.

Fear exercises an influence of general depression over the entire process of digestion, including stomach and bowels. Fear and fright are able, temporarily, to paralyze the secretory functions and muscular activities of both stomach and intestines.

MENTAL INFLUENCE ON METABOLISM

If the mind is indeed able to influence the nutrition of the cell, it must be evident that it is able to influence and more or less control the entire nutrition and metabolism of the whole body. One of the first steps in the great process of metabolism is digestion; and since the mind is able most markedly to control the digestion, it becomes very evident that the mental factor in metabolism must be large and powerful. Assimilation is the next important act in the conversion of the food into the living tissues. Fear is able, temporarily, almost to paralyze the process of assimilation, and even oxidation; while chronic worry more or less permanently deranges the absorptive powers of the whole digestive system.

The appetite controls and determines the strength of the digestive juices of the stomach; the appetite dictates the quantity and quality of the food eaten; and it is a well-known fact that the appetite is in a very large measure under psychic control. Who has not seen the invalid, void of appetite, brighten up and actually begin to eat and relish food on a daintily served tray? On the other hand, but in contrast with this salutary effect of faith upon the appetite, note the disastrous effect upon the patient's appetite when the food is improperly prepared or unacceptably served.

EFFECT OF THE MIND ON THE MUSCULAR SYSTEM

Faith unfailingly increases the energy and endurance of the muscles. The courageous man can actually perform more work in a given time than can he whose mind is filled with doubts and despondency. Fear decreases the power of the muscular system
to perform physical work; it diminishes muscular energy and lessens muscular endurance. Even mental work detracts from muscular power. (Fig. 2, d.)

The effect of mind on muscle is nowhere better shown than in the bodily carriage. The man of faith walks with a bold carriage and a confident step. The gait is elastic; the physical poise is energized; and the bodily movement indicates courage and self-confidence. This is the picture presented by a healthy person walking along the street, whose mind is in a natural and normal state—filled with faith and hope. In contrast with such a moving picture of muscular force and energy, let the reader recall the figure of some discouraged and disheartened man walking down the avenue. The carriage is weak and slovenly, the gait shuffling, and the step inelastic; the body is being fairly dragged along, every muscle weak and relaxed. The stamp of mental defeat has been transferred to the material body. The physical man reflects the picture of mental weakness, doubt, and defeat.

Fear, like certain poisonous toxins, is able to produce spasmodic contractions of the muscles; especially is the fear state of mind able to provoke spasm of the involuntary muscles of the blood vessels and the digestive system. These abnormal tendencies to involuntary muscular contraction are directly responsible for numerous cases of pale skins, cold feet, and other disagreeable functional disturbances.

All forms of fear and unhealthy emotion have a great influence on the muscles, especially of the face and hands. Expression, indeed, depends on contractions and relaxations of the facial muscles. Cheerfulness favorably excites all the muscular system, and in its higher manifestations provokes laughter, dancing, jumping, and leaping; when more moderate, it causes the mouth and the eyes to become highly expressive of pleasure, the upper lip is elevated and the teeth are displayed. Joy brightens the eyes, expands the nostrils, raises the angles of the mouth, elevates the eyebrows, and energizes the vocal muscles, imparting a peculiar and characteristic expression to the voice—in fact, inspires the whole body to an expression of happiness and satisfaction.

The power of suggestion to influence the muscles is indicated
by the following clipping relative to a death from pseudo-hydrophobia.

**DIES FROM HYDROPHOBIA ALTHOUGH NOT WOUNDED**

Strain of Nursing Husband, Who Was Bitten by Dog, Causes Fatal Illness of Milwaukee Woman

Milwaukee, Wis., Dec. 1.— After suffering for weeks from shock caused by her experience of nursing her husband until he died from hydrophobia, Mrs. N— of Kenosha, 28 years old, died in a Milwaukee hospital today.

A year ago her husband was bitten by a pet dog, and a few months later developed rabies. He grew steadily worse and the wife insisted on remaining at his bedside when even the physician was afraid of his savage attacks.

When he died she left the bedside a nervous wreck, and soon after developed symptoms similar to those of her husband's malady. Although it is claimed she was under a delusion, she imagined that her husband had bitten her, and she died in the agonies which this would bring about.

**EFFECTS ON SKIN AND HEAT REGULATION**

The skin is one of the most important eliminative organs of the body. The psychic state, by its influence through the nerves and upon the circulation, is able very markedly to interfere with the normal process of elimination through the glands of the skin. Faith undoubtedly assists in skin elimination, while fear unquestionably hinders and hampers the process.

Thousands of pale-skinned and anaemic persons suffering from indigestion, headache, and habitually cold hands and feet, would be wonderfully and immediately helped if they could but discover the secret of happiness and the source of mental peace if they would only "cheer up."

Hirsch cites a drastic example illustrating the mental influence on heat regulation, mentioned by his former teacher, the physiologist Preyer, as proof of the possibility of an intentional auto-suggestion. Preyer recounted that he never allowed his study to be heated, but utilized his will power — that is, his capability of auto-suggestion — to eliminate the sensation of cold. By means of the auto-suggested sensation of warmth, it became
possible for him to work in comfort in a cold room and to bathe in ice-cold water.

The sensations of heat and cold are entirely based on the reports furnished by the temperature nerves resident in the skin. When faith dominates the mind, the temperature sense of the skin carries on its work after the natural, normal fashion. Fear never fails to derange this important part of the heat-regulating mechanism. Fear and fright are able to produce actual goose-flesh appearance of the skin. Mental disturbances have been shown to be able wholly or partially to abolish the sensations of heat and cold. The appearance of goose-flesh from psychic stimuli constitutes ample proof of the direct power of the mind over involuntary or unstriped muscle.

RESPIRATION AND THE MENTAL STATE

Faith and courage induce deep breathing. The respiration of the optimist is usually regular, slow, and deep. The victims of fear and fright are nearly always shallow breathers, the respiratory action being quick and irregular. Nearly all sufferers from the "blues" are observed to be superficial breathers, while the man who has a pleasant and hopeful disposition is almost invariably found to be a deep breather.

Good cheer and optimism help in the development of the chest. Men of courage and women of faith, as a rule, possess strong, robust, and well developed chests. Their lung capacity is usually above the average. The unfortunate and melancholic victims of fear, grief, and worry almost invariably suffer from a depression of the chest as well as depression of spirits.

Faith and fear indirectly influence both the strength and capacity of the lungs, by their power to modify the depth of breathing, and consequently to control the development of the chest. The cringing and fearful devotees of grief and worry unfailingly exhibit an unnatural and abnormal mode of breathing. These fearful ones are prone to employ chest or thoracic breathing to the neglect or exclusion of the abdominal or diaphragmatic element of natural respiration. Even mental application markedly affects the breathing. (Fig. 3, e and f.)

It is a well-known fact that the mind can immediately and
strongly influence those modified and special respiratory manifestations known as coughing and sneezing. A very large percentage of common, chronic, hawking coughs are largely perpetuated by the mental state, coupled with the force of habit. Fear-attention is certainly able to generate and maintain a formidable cough.

The mental state is equal to or greater than fatigue in its power to produce yawning. The tendency to yawn is greatly increased by suggestion; but hiccupping is not so easily produced or cured by suggestion. It is a common experiment for one to yawn repeatedly and audibly, especially during the course of the evening when in the presence of a small company of people, and in five minutes from one-half to three-fourths of the entire number will have begun to yawn.

An interesting case, reported by Moll, is that of an opera singer without organic heart or lung disease, who maintained that whenever she was in a closed room she suffered from shortness of breath and an attack of suffocation, which disappeared at once when a window was opened and fresh air came into the room. Medical treatment had failed to relieve her of this evidently functional trouble. One evening after a performance she came home ill and went to bed at once. After a few hours she awoke with all manifestations of severe respiratory oppression. The only means of relief, she thought, would be the opening of a window, but she felt too weak to get up. In her fear the oppression would increase, she took up a candlestick standing near her bedside and threw it, as she believed, at the window. The noise of broken glass falling to the floor indicated the accomplishment of her purpose. At once she felt very much relieved by the “inflow” of fresh air and quickly went to sleep.

The next morning awaking well and refreshed, she saw to her great surprise that it was not the window which had been broken, but a looking glass hanging beside it; that, therefore, there had been no inrush of fresh air, and that the relief from her oppression, as well as its origin, had been due entirely to her imagination. From that time she really was cured and these attacks of oppression no longer occurred.

The mind is able greatly to influence both asthma and hay-
fever, yet it should not for one moment be supposed that these diseases are purely mind disorders; they usually represent a real physical disturbance or nervous derangement, nevertheless, numerous cases are on record where both of them have been entirely cured or greatly relieved by suggestion. On the other hand, numerous attacks of asthma and hay-fever have undoubtedly been precipitated by false fears.

INFLUENCE OF THE EMOTIONS ON BRAIN AND NERVOUS SYSTEM

Faith promotes those physical conditions of the brain which lend themselves to clear and decisive mental action, while fear reacts on both brain and mind, to the disorder of one and the confusion of the other. Worry invariably beclouds the mental activities and renders the brain action more or less sluggish. The mental activities of the modern civilized races have become increasingly intense. Today men and women whose brains act promptly and decisively are at a premium. The care-free and the joyous are able to do a vast amount of taxing brain work, experiencing but little mental fatigue; whereas the victims of grief and worry find themselves on the verge of brain fag after engaging in the most ordinary mental activities. Even such a serious nervous disorder as paralysis agitans is thought to be caused largely by chronic worry.

The emotions produce literal changes in the brain. Crile, in reporting his experiments and observations in this matter says:

A long series of laboratory experiments on animals subjected, some to emotional excitation, and others to physical trauma under anesthesia, showed that identical brain-cell changes were caused in each case. That is, both physical and psychic stimulation exhaust the physical substance of the brain cells. Emotional stimulation not only cause brain-cell deteriorations, but produce also an increase of the internal activating secretions — epinephrin, thyroid secretion, glycogen — a vital point in cases of hypertension.

In every way faith permits and favors sound and refreshing sleep, while fear and worry are responsible for that type of unnatural and disturbed rest which is almost invariably associated with mental depression. Grief and anxiety are able so greatly
to disturb the circulation and other physical conditions in the brain as temporarily to drive away the ability to sleep.

The action of the nerve centers is dependent on the quantity and quality of the energy granules which are found in the cell bodies of the neurons. Fear undoubtedly possesses the power of prematurely discharging and extravagantly using up the energy reposed in these so-called energy granules. It has been conclusively shown that the victims of fear are invariably visited with premature nervous exhaustion and untimely mental fatigue.

FEAR IN RELATION TO NEURASTHENIA

Faith increases the power of the mind to control the nervous system evenly and continuously. Self-possession steadies the nerves. Fear weakens the mind's control of the nervous system, unsteadies the nerves and in some cases produces actual tremors. Many cases of so-called neurasthenia are entirely due to an unsettled and abnormal state of the intellect. If such patients could only focus their minds on something outside of themselves and busy their hands with some useful and agreeable work, they would almost immediately find themselves relieved of their distressing nervous affliction.

Sincere faith and optimistic trustfulness appear actually to strengthen the nerves. The mind probably exerts this favorable influence over the nerve centers by conserving the nervous energy and economizing the expenditure of the energy granules found in the neuron, as well as by lessening useless nerve impulses and decreasing unnecessary muscular movements. On the other hand, fear decreases the nervous strength. Anxiety and worry are among the leading causes of neurasthenia.

Faith facilitates nervous recuperation and in a general way increases the nutrition of the nerves and nerve centers. When the mind is peaceful the nerve units are able to carry on their work with an expenditure of a minimum amount of energy. Fear is responsible for useless and wasteful nervous action; it squanders the nerve energy. Worry produces a sort of nerve starvation in consequence of the premature and extravagant expenditure of the energy granules contained in the body of the nerve cell.
Faith energizes and invigorates the nervous functions. Fear diminishes, retards, even paralyzes the nervous activities. Faith and determination have cured many a case of supposed genuine paralysis. Thousands of people are suffering from pseudo-paralysis; they were paralyzed at one time, but have gotten well and never discovered the fact.

MENTAL INFLUENCE OVER THE SPECIAL SENSES

Faith and courage, confidence and calmness, never fail to increase one’s hunger and sharpen the appetite. Good cheer creates a demand for food as well as satisfaction in partaking of the same. Fear, together with other morbid and sordid mental states, lessens the appetite, blunts the taste, depresses hunger, and sometimes completely abolishes the desire for food. (Note how taste influences the pulse as shown in Fig. 3, a and b.) A pleasant frame of mind undoubtedly enhances the sense of smell, while fear may so paralyze this special sense as greatly to decrease or entirely prevent one’s ability to detect common odors. Not only does fear possess the power of crippling or inhibiting the sense of smell, but it is also actually able to create false odors; that is, to cause one to smell fictitious and imaginary odors.

Self-confidence and moral peace never fail to render the hearing more acute. In fact, faith has cured many a case of hysterical deafness. It is a well-known fact that nervous people, whose minds are constantly in a state of agitation, are not able to appreciate good music as are those with a quiet and composed mental state.

Fear is also able to produce the well-known condition of hysterical blindness, while faith and determination are able to cure and entirely remove this troublesome ailment. Fear and its allied states are sometimes able to lead up to that point where delusions are developed. The sufferer sees things which have no real existence. He imagines strange people are dogging his steps, imaginary enemies constantly on his trail, and even thinks people on the street are making faces at him.

THE CONCLUSION OF THE WHOLE MATTER

We have now carefully traced the influence of faith and fear upon the heart, the blood vessels, circulation, respiration, secre-
tions, digestion, muscles, skin, nervous system, brain, and the special senses. The entire matter can be briefly summarized as follows:

1. All faith tendencies are toward mental happiness and physical health. All people, good or bad, get the physical rewards of faith, regardless of whether the objects of their faith and belief are true or false. Faith reacts favorably upon the body independent of the trueness of the object or the correctness of the thing believed. Faith is the natural, normal, and healthy state of mind for man. Faith is the state of mind that ever tends to make a man better, stronger, happier, and healthier.

2. Fear and all its tendencies are toward mental despair and physical disease. All people, good or bad, reap the physical rewards of fear even though its basis may be entirely false. There is a reaction of despair and disease following all fear, doubt, and worry. The thing feared may be a hobgoblin or a phantom, but the effects of fear upon the body are, nevertheless, unfailingly deteriorating and disease-producing. Fear and worry are incompatible with mental peace and physical health. Deliverance from the thraldom of fear is essential to the mental, moral, and physical emancipation of the human race.
CHAPTER V

CHRONIC FEAR OR COMMON WORRY

In every age, the human race has suffered tremendously from the disastrous consequences of chronic fear or common worry, but it has fallen to the lot of our present-day civilization, with its intensity and complexity, to suffer in an unusual degree from the direful consequences of mental strain, social anxiety, and commercial stress.

WHAT IS WORRY?

It is exceedingly difficult to frame an acceptable definition for worry. A patient once described her mental state to me by saying that her "mind just took tight hold of an idea, and simply would not let go." It would seem that worry might truthfully be called a "spasm of the attention," a sort of continued fit of mental concentration. Worry is a diseased self-consciousness—an undue and exaggerated solicitude on any subject. Concentration of the mental energies is highly essential to the performance of first-class brain work, and so it would seem that the danger of worry is ever associated with a high degree of mental concentration.

It is very necessary that the mind should take fast hold upon an idea or a group of ideas in order to perform efficient mental work; on the other hand, if this intellectual concentration is too long continued; if the mind fails to release its grasp; if the psychic focus becomes continuous, then we have reached the borderland of anxiety, the realms of fear—actual worry. Worry is a simple functional disorder of the mind—a chronic process of "making mountains out of mole hills."

FORETHOUGHT VERSUS FEARThOUGHT

And so we find that worry turns out to be a sort of a "one-sided mental action." Worry may be defined as "fearthought"
in contradistinction to "forethought." Forethought is highly necessary to the smooth running of our daily affairs, while fear-thought is wholly unnecessary and even highly injurious. Worry is nothing more or less than "chronic fear." It is a well known fact that any single fear or group of fears, when long entertained in the mind, tend to crystallize themselves into definite worry, which immediately begins its corroding process of incessantly harassing the mind, torturing the soul, while it so effectively dissipates the mental energies and weakens the nervous forces. Worry is nothing more nor less than a sort of mental indigestion — psychic dyspepsia.

Forethought is a wise general of the intellectual forces, making an intelligent comparison between the experiences of the past and the present while discriminatingly planning for the future. Forethought is never unmindful of our present difficulties, neither is it blind to those which may be encountered in the future. Fearthought is nothing more or less than a process of borrowing trouble from the future for the purpose of augmenting our present sorrows. Edward Everett Hale once said: "Some people have three kinds of trouble — all they ever had, all they now have, and all they ever expect to have." Worry, while ever posing as solicitous for our welfare, is a false friend, a dangerous traitor to the natural laws governing the realm of mind and morals.

THE PSYCHOLOGY OF WORRY

Man is truly the only animal that makes himself ridiculous by worry. The biologists teach us that intelligence (the liability to worry) exists only in those animals high enough up in the biological scale to possess associative memories. Man possesses a high degree of memory association. As Shakespeare has said, man is made “with such a large discourse, looking before and after.” Numerous experiments made upon lower animals serve to prove that much of their apparently intelligent action is purely instinctive — hereditary. They do not reason intelligently. The lower forms of life seem utterly unable to profit by experience — they have little or no associative memory, and, of course, they are not addicted to the human vice of worry. In ascending
CHRONIC FEAR OR COMMON WORRY

the scale of animal life, interesting problems are encountered when we reach the ant tribes; and it seems highly probable that wasps do actually possess certain powers of associative memory.

Man, in short, suffers quite differently from the animals and he suffers more than they. He does not content himself, so to speak, with brute suffering which is adequate for the physical disorders; he increases them by imagination, aggravates them by fear, keeps them up by his pessimistic reflections.

And so the higher we ascend in the scale of animal life, the greater the tendency to worry — to look with fear and misgiving upon that which the future holds in store, or to be unduly apprehensive concerning the difficulties and problems of the present. Worry is simply some sort of abnormally insistent thought — some idea you can't get away from — a notion that grips you with a power you are unable to break. It should be remembered that while our imaginary worries are unreal, nevertheless, a worried imagination is one of the most real things in the world.

THE GENERAL CAUSES OF WORRY

The uncertainties and vicissitudes of life upon our planet are such as to render more or less worry inevitable. A certain degree of mild worry, a certain amount of anxiety, it would seem, is ever attached to the living state. Life is the one great source of worry. Death alone affords perfect and permanent relief from the liability of fear and the tendency to worry.

The fact that man is the only animal that worries is but a demonstration of the superiority of the human mind over that of the lower animals. Animals are not given to looking backward, and, as a rule, they do not look very far into the future; on the other hand, the mind of man sweeps back over past ages, and, from the page of history, as well as from the perplexing incidents of the present, forms those conclusions which cause him to look with fear and trembling into the future.

The causes of human worry are indeed varied, but in the last analysis they are usually found to consist in some form of nerve irritation, mental anxiety, or moral fear. It not infrequently develops that numerous habits of life as well as certain physical practices are contributory to the development of the worry habit.
WORRY AND NERVOUSNESS

The use of alcohol, and many other forms of both psychic and physical transgression, are often discovered to be the hand maidens of worry and ancestors of sorrow.

Lack of self-control is another great cause of worry. A strong will would cure nine-tenths of this unnecessary and hurtful grief. Even the proverbial "wet hen" could undoubtedly overcome her anger if she would but become reconciled to the presence of a little moisture or else become a trifle indifferent to the matter of always keeping dry. We stand other people's troubles very well, and, by vigorously making up our minds, we ought to be able to learn how to stand our own without making so much fuss about it.

THE EVER PRESENT HAPPINESS HUNGER

Whatever the immediate cause of worry, a solicitude for our own general welfare, material prosperity, and mental happiness, or that of our loved ones, must be recognized as the real cause of all our worries. We worry lest we may lose or fail to obtain those material blessings which will make us and our friends happy.

The desire for happiness, then, is found to be the real, fundamental cause of worry; but it should ever be borne in mind that under no circumstances can worry ever contribute to our happiness; on the other hand, it should be remembered that worry and anxiety never fail directly to detract from the enjoyment of life— to destroy our mental peace, and not infrequently they store up for the future that which will everlastingly destroy the very happiness for the love of which we are wont to worry.

Concerning happiness hunger— human desire— Dubois says:

But however complicated music may be, it nevertheless reduces itself to the combination of seven notes and their octaves. For the sentiments, in spite of their number and complexity, the simplification is still easier. There are not seven sentiments, the combination of which would constitute the sentimental life; there are two only— desire and fear. The former urges man forward and incites him to seek that which he desires; the latter holds him back and makes him recoil from that which he fears. In short, these are sentiments only of pleasure and of displeasure. I go further, and say that man has
never had but a single motive of action—desire, whether it be a positive desire that something happen, or a negative desire that something do not happen. Examine from this point of view all your actions and those of your fellow men and you will always find this single spring setting in motion all your energies—desire.

Many good people entertain the false notion that possession of material riches can bestow happiness upon the soul. They are fully possessed of the idea that riches are essential to the joy of living. Accordingly, they toil in anxiety and endure hardships and experience much mental torture, in their efforts to provide themselves with these supposed essentials to life and happiness. But all this is a mistake. True happiness is rather derived from the blessings of sound, physical health, mental peace, and spiritual satisfaction.

TEMPERAMENTAL PECULIARITIES

Some good people constantly worry because they are "criticised" either justly or unjustly. Some folks are veritable human sensitive plants: they are always being "neglected" or "slighted," even by their very best friends. Other good people are depressed and dejected because they are sure that their great worth is not fully appreciated by their associates or employers. Still others fret and fume and worry because they feel it is their duty to resent some supposed or real injury or injustice which has been done to them.

This temperamental sort of worry frequently gives rise to violent outbursts of temper and extraordinary manifestations of anger, all of which are exceedingly injurious to the health of the nervous, digestive, and circulatory systems; while they are highly destructive to every form of mental happiness and spiritual peace.

Other people worry because they are inordinately timid—bashful or backward. Many earnest souls constantly fear imaginary difficulties, fear they will make some awful blunder, or that they will utterly fail to "make good" with the task they have in hand. Some persons always feel that after they have done their best they will still be unable to meet the demands
which their position makes upon them. This abnormal timidity necessarily results in producing an unnatural state of discouragement, brooding, and even despondency.

Still others worry over their great responsibilities; and, as a rule, these over-anxious individuals are found to be altogether too much concerned about certain minute details and other trifling matters for which they are not at all personally responsible, and over which they exercise little or no control. And yet they constantly fret and worry over these things to the point where they lose both appetite and sleep.

USELESS WEATHER WORRY

Every time you meet some folks you find that they are worrying over the weather; they are not satisfied with what nature provides; the sun shines too much, or else it rains too much. They are something like the grumbling farmer whose fault-finding and complaining were proverbial for miles around. In the midst of one ideal summer (so far as weather conditions and crops were concerned) a delegation of neighbors called on him one afternoon and expressed the thought that he must for once be satisfied with the fine weather and the excellent crops. The old farmer knitted his brow, scratched his head for a moment and then replied: "Yes, neighbors, the crops are good and the weather is fine, but I want to tell you that such crops are mighty hard on the land."

Some men and women are literally human barometers. As the result of their rheumatic tendencies coupled with constant thought of the weather, they are able to detect a storm long before the weather bureau is aware that it has appeared on the far distant horizon. Such unfortunates are able to keep themselves on the border of nervous prostration by their constant worry over the weather and from fear that all their plans will be upset by rain, storm, or drouth.

Another class of mental sufferers might be classified as "science worriers." They are more or less bothered over the great problems of the universe. Some are afraid the sun will sometime burn out, and that our old world will gradually freeze up. Others live in constant fear lest our planet will collide with
some stray comet. Several frightened people committed suicide during the recent visit of Halley's comet to the neighborhood of our world. Still others are possessed with the constant fear of being struck by lightning; they are always terrorstricken by loud thunder.

**THE MAGNIFICATION OF TRIFLES**

It is something terrible the way intelligent human beings will make a mountain out of a molehill, how they persist in magnifying trifles beyond all measure and reason. A discouraged and downcast fellow, struggling with obstacles and fighting with failures, will often deliberately attribute all his misfortune and difficulties to some trifling mistake in his youth, or to some insignificant blunder or minor transgression of later life.

There recently came to our clinic a young man whose life was a perfect failure; he had contemplated suicide, but a friend urged him to come and see us. This patient had made a certain mistake in his youth, which he later greatly magnified and so led himself to believe that he could not succeed in life, that he was doomed to certain failure. For seven years he had lived in this slough of despond, and now he seriously thought of taking his life. He had been looking through the spy glass of life at the wrong end, and it was only necessary to reverse his telescope, as it were, to give him an entirely new viewpoint of life. After an hour's talk he was ready to go to work and he has continued to make rapid progress and satisfactory improvement.

We are all subject to the little ills of life. Other people are not free from these vexing trifles; why should we expect to be? In times of trouble and harassment, let us swell out our chests, breathe deeply, and face these trifling difficulties like men. Let obstacles breed the spirit of conquest, the determination to conquer, instead of causing us to wilt and surrender.

**THE CHRONIC "KICKING" HABIT**

Another great cause of worry and kindred mental dissatisfaction is to be found in the disposition of some grouchy dyspeptics to find fault with everything and everybody. They have literally acquired the "kicking" habit. Such unfortunate creat-
ures seem utterly unable to see good in anybody or to be satisfied with anything. They manifest constant resistance to their environment.

It should be remembered that worry grows by what it feeds on. When we nurse and nourish this spirit of dissatisfaction, it acts and reacts upon ourselves until the very soul is filled with discontent, and the mind is wholly permeated with chronic complaining. However small and trifling the matter over which we begin to worry, this insignificant cause of our mental dissatisfaction will be found entirely sufficient to feed and nourish the spirit of uneasiness to the point where it completely gains possession of the mind, threatens to wreck our career, and constantly harasses the soul to the point where life is almost unbearable. Worry travels and operates in a sort of "vicious circle"—and all its terrible results unfailingly operate as the generators of new forms of fretting—new causes for worry.

But after all that can be said of the causes of worry, we cannot overlook the fact that some people have come to the place where they enjoy poor health. They would not be happy if they could not complain of backache, headache, stomach-ache, or something of the kind; their complaints have become chronic; they enjoy enlisting the sympathy of their fellows, having great and evident delight in describing their sufferings and explaining their miseries; they are constantly consulting the almanac and patent medicine advertisements to find some new cause for physical complaint, and they usually find what they are looking for.

An habitual worrier—an aged woman—said to her physician, "My head feels dull like, and I've kinder lost the power to worry over things." A great many people would be much troubled were they to lose the power to worry over things. They think it their duty to worry. They would not feel that they were conscientious or faithful if they were not always anxious over what they were doing. They would not think they were showing the proper interest.

THE HANDICAPS OF WORRY

In cataloging the handicaps of worry, Marden says:
We Americans pity ignorant savages who live in terror of their cruel Gods, their demons which keep them in abject slavery, but we ourselves are the slaves of a demon which blasts our hopes, blights our happiness, casts its hideous shadow across all our pleasures, destroys our sleep, mars our health, and keeps us in misery most of our lives.

The monster dogs us from the cradle to the grave. There is no occasion so sacred but it is there. Unbidden it comes to the wedding and the funeral alike. It is at every reception, every banquet, it occupies a seat at every table.

No human intellect can estimate the unutterable havoc and ruin wrought by worry. It has forced genius to do the work of mediocrity; it has caused more failures, more broken hearts, more blasted hopes than any other one cause since the dawn of the world. What have not men done under the pressure of worry! They have plunged into all sorts of vice, have become drunkards, drug fiends; have sold their very souls in their efforts to escape this monster.

Think of the homes which it has broken up; the ambitions it has ruined; the hopes and prospects it has blighted! Think of the suicide victims of this demon!

Many a strong man is tied down, like Gulliver, by Lilliputians—bound hand and foot by the little worries and vexations he has never learned to conquer.

We borrow trouble; endure all our lives the woe of crossing and recrossing bridges weeks and years before we come to them; anticipate our drudgery and consequently suffer from the apprehension of terrible things that never happen.

I know women who never open a telegram without trembling, for they feel sure it will announce the death of a friend or some terrible disaster. If their children have gone for a sail or a picnic, they are never easy a moment during their absence; they work themselves into a fever of anxiety for fear that something will happen to them.

Many a mother fritters away more energy and useless frets and fears for her children, a nervous strain over this or that, than she uses for her daily routine of domestic work. She wonders why she is so exhausted at the close-of the day, and never dreams that she has thrown away the greater part of her force. Look at the women who are shrunken and shrunken and aged at thirty, not because of the hard work they have done, or the real troubles they have had, but because of habitual fretting, which has helped nobody, but has brought discord and unhappiness to their homes.

Worry not only saps vitality and wastes energy, but it also seri-
Worry and nervousness

Ousely affects the quality of one's work. It cuts down ability. A man cannot get the same quality of efficiency into his work when his mind is troubled. The mental faculties must have perfect freedom before they will give out their best.

It is the little pin-pricks, the petty annoyances of our every day life, that mar our comfort and happiness and rob us of more strength than the great troubles which we nerve ourselves to meet. It is the perpetual scolding and fault-finding of an irritable man or woman which ruins the entire peace and happiness of many a home.

The Waste of Worry

Worry is always a waste, always a disease. Physically, it is traceable in drawn features, short breathing, tense bearing, irregular quick movements. Mentally, it is distinguishable as a vicious circle of the intellect and the emotions, thought and feeling futilely rotating about some single object set out of focus. Sometimes a trifling difficulty or risk swells to a mountain, some little business loss, some slight personal affront or passing ailment is bloated out by apprehension until it occupies the mind, becomes a fixed idea, even an obsession.

When there is no irritant at hand, worry finds or invents its object, setting the imagination to fabricate troubles and grievances out of any casual material of life. Such anxiety or apprehension as relates to matters of real weight for which we have true responsibility cannot be regarded as worry; this sort of emotion rightly measured and directed, is a prophylactic evolved for the preservation of the individual and the race. Worry is essentially irrational, and it is literally true that nothing kills so sure as care. We must come to recognize that even self-pity is only a refined form of sensitiveness or selfishness.

Outside of the contagious and infectious diseases and certain organic degenerations, it is highly probable that at least nine-tenths of all human suffering originates in the mind. These trifling causes grow in the mind and expand in the physical realms until their victims are suffering from well-defined neurasthenia, dyspepsia, loss of weight, anaemia, sluggish circulation, high blood-pressure, hypochondria, headache, arteriosclerosis, pale skins, constipation, apoplexy, heart failure, paralysis, hysteria, and premature old age.
The results of chronic worry are equally destructive on character development. It paralyzes the creative powers of the intellect. It generates a pessimistic outlook on the battlefield of life, it smokes our social field glass, and blurs over views of relationship to our fellows. From both the psychic and physical standpoints worry constitutes a vital leakage—an insidious seeping of one's vital energies—demonstrating in the end that "fretting" is a far worse foe to human health and happiness than "fatigue."

**SUMMARY OF THE CHAPTER**

1. Worry may be defined as "chronic fear," "spasm of the attention," or over-concentration. Worry is fear-thought in contradistinction to forethought. It is a process of borrowing trouble from the future to augment our present sorrows.

2. The tendency to worry exists only in those animals high enough up in the biologic scale to possess associative memories. Man possesses a high degree of memory association, and, therefore, of all animals, makes himself most ridiculous by worry.

3. Man is not content to suffer as a mere brute, physically, but to this material distress he adds imaginary suffering.

4. The one great cause of worry is the universal desire for happiness, and the quest for those things and conditions which are generally supposed to confer happiness on their possessor.

5. Worry results from some form of nervous irritation—coupled with anxiety, fear, and a marked lack of self-control.

6. Worry springs from one or the other of those all embracing human sentiments—desire and fear.

7. Many good people constantly worry because of their temperamental peculiarities. They feel that they are always being "neglected," "slighted," or "criticised." Others are inordinately timid, backward, and bashful.

8. Some people are literally human barometers. They constantly worry over the weather—also sun spots, comets, etc.

9. "Making mountains out of mole hills" has come to be the regular business of some folks. They magnify the smallest trifles beyond all measure and reason.

10. Many lives are almost completely wrecked by inordinate worry over some youthful blunder, some early indiscretion. They need to reverse the spy glass of life.

11. Some people have acquired the chronic "kicking habit." They see no good in anybody and are dissatisfied with everything that happens. They are in a state of constant environmental resistance.
12. Certain chronic worriers come to that sorry pass where they actually enjoy poor health, taking evident delight in reciting their complaints and sufferings.

13. Worry is a legacy of fear handed down from the savages of old, and yet modern civilization permits this barbaric mental attitude to play havoc with and almost overturn the peace and happiness of modern society.

14. Many a nervous woman expends more energy in foolish worry over the minor trifles of the daily life than she devotes to the solution of the real and major problems of family and social life.

15. Worry is a tremendous social, moral, physical, and economic waste. It is literally true that nothing kills so sure as care.

16. Worry is responsible for nine-tenths of human suffering and disease—if we exempt those afflictions caused by microbes and the natural degenerations accompanying old age.

17. Chronic worry exacts a physical toll embracing disturbances of circulation, digestion, and the nerves; including headache, high blood-pressure, constipation, apoplexy, neurasthenia, hysteria, and hypochondria.

18. Self-pity is a refined form of sensitiveness or selfishness.
CHAPTER VI

COMMON CAUSES OF WORRY AND NERVOUSNESS

It is now in order to consider some of the common causes of chronic worry and nervousness, with a view to discovering how to suppress the operation of these same causes — and thus to prevent this worry and nervousness. The ideal method of treatment for these psychic and neurological disorders is to discover how effectively to "nip the trouble in the bud."

On this score certain writers, both lay and medical, attempt to dispose categorically of what is, in reality, a complex problem, by holding the general strenuousness of modern American life alone to blame for all cases of disordered nerves. Properly defined, the strenuous life is merely one of strong effort and exertion. And strong effort, rightly controlled and directed, never occasions undue wear and tear upon the nervous system.

As a matter of fact, cases of nervous breakdown in which neither acquired nor hereditary predisposition is discoverable are very rare indeed. So that, for the most part, causes which are held to be direct — notably exhausting illness of all kinds, surgical operations upon the appendix or upon the reproductive organs, and severe and protracted childbirth — do little more than to precipitate the disaster.

EARLY NEUROTIC INFLUENCES

Not infrequently, the foundation for a life-long career of nervousness is laid in early childhood by the thoughtless and ignorant methods of child culture, which so largely prevail. Regarding this matter, Dubois has written:

In many cases the seeds of nervous breakdown are sown in very early life. Through the ignorance of nursemasiswa, parents or guardians, vivid impressions of a terrifying or otherwise obnoxious nature are constantly made upon the child mind, which sadly interfere with
the firm upbuilding of character so essential to the stability and functional harmony of the nervous system.

But many parents, failing to take the cue from Nature, insist on thwarting her beneficent efforts by requiring their reluctant offspring to not only devote more time to their studies than is necessary, but also to spend several nerve-racking hours daily in practice upon some musical instrument.

Some very young children are still given such rank nerve poisons as tea, coffee, and alcohol, by ignorant parents of the poorer classes, but popular medical instruction has done much to lessen this evil.

From the age of puberty up to the time a youth or maiden reaches maturity, overstudy is the predisposing, as well as the direct, cause of disordered nerves in a certain number of cases. But it is a cause of minor importance in every way as compared with certain experiences that may be undergone at the time when the sexual instinct begins to intrude itself forcibly upon consciousness.

Through the ignorance, indifference or mawkish sentimentality of parents, many a youth comes into the possession of procreative powers, the physical, mental and moral significance of which he understands nothing. If he is of vigorous bodily habit and, at the same time, clean-minded, he may for a long time resist Nature's promptings. But Nature is imperious, while instinctive morality is at most only rudimentary and puts but a feeble check upon an organic longing. Under such conditions the habit of self-pollution is easily established. Once established, it may be continued for years; and indeed, without perceptible detriment to mind or body. In the generality of cases, however, there comes, sooner or later, a rude awakening. Through the talk of ignorant lay acquaintances, or far worse still, through the unspeakable pernicious literature which is scattered broadcast by the most ruthless of all human vultures, the “Lost Manhood” quacks, the victim of the habit becomes obsessed with the idea that he has ruined himself mentally and physically. Even in cases where no such habit is formed, and the youth experiences nothing worse than nocturnal pollutions of varying frequency, it is instilled into his mind by these same fiends that this perfectly natural phenomenon leads inevitably to equally terrible results. In consequence of this disingenuous enlightenment real evils, such as worry, anxiety, introspection and self-analysis, spring rapidly into existence and make easy the descent into the hell of disordered nerves.

In the case of a girl, the situation is different. If she is not properly prepared for its advent, the first menstrual epoch may bring
with it an emotional crisis which may recur with each successive epoch.

Life between the ages of puberty and maturity is fraught with still further menaces to nervous stability, and among the more common are the tea, coffee, tobacco and alcohol habits, in all of which the balance between nervous waste and repair is constantly disturbed. This balance is likewise disturbed by either work or pleasure-seeking, whenever the one or the other constantly interferes with sound nightly sleep of nine or ten solid hours.

For the girl who is popular there is the eternal round of dances, theaters and house parties and other forms of social activity, which make such severe demands upon her physically and emotionally that, by the time she "comes out," her fund of nerve force is often at a low ebb.

**THE WORRY CIRCLE**

When the attention is directly concentrated upon any part of the body, there is a definite tendency to magnify the sensations arising in that part. Special, peculiar, or unusual physical sensations always have a tendency to engender more or less fear; and it is a well known and generally recognized fact of psychology, that fear unfailingly both increases and focalizes the attention.

Sensation, fear, and attention constitute the elements which enter into the formation of that wicked and destructive mischief-maker the "vicious worry circle." It will be recalled that one of the definitions of worry was, "a spasm of the attention." This health-destroying and mind-ruining "circle of worry" starts with some extraordinary conscious impression, upon which the attention is forthwith focussed. The vividness of the impression is thereby greatly increased and fear is aroused, perhaps worry is born. Then all this fear and worry reacts by increasing and focalizing the attention anew upon those impressions which were the original source and cause of all this mischief. In this manner, concentration of the thoughts upon any of the internal organs of the body or upon any local pain, is usually found to make matters decidedly worse or indefinitely to perpetuate the ailment.

It would thus appear that worry is seldom likely to cure itself
by being allowed to run its natural course. It soon wears for itself definite grooves in the brain and nervous system, and ever tends to perpetuate itself after the manner of this "vicious circle," and in almost every case slowly but surely increases its intensity, thereby becoming more and more destructive to mental peace and physical health. We would not dispute the fact that the meek and humble soul-eyed, hollow-cheeked woman may be on the certain road to heaven, but we are quite certain that she must have a "stop over ticket for some sanitarium" or hospital where she will have to be long treated for the mental and material results of her constant worry, as well as for the indigestion, dyspepsia and nervous prostration, that are so surely produced by this unnatural, unhealthful and downcast mental state. And so, the "vicious worry circle" is found to consist of the following factors — attention magnifies sensation; sensation produces fear and worry; and the worry still further increases, and intensifies, and focalizes the attention.

EXCESSIVE SELF-CONSCIOUSNESS

Among the everyday mental causes for fear and worry should be mentioned the exaggerated self-consciousness found especially in the case of certain young people. Stage-fright is an acute exhibition of this form of mental uneasiness and physical discomfort. Many sensitive persons find it almost impossible to get away from these insistent feelings of self-consciousness. Their minds are peculiarly concentrated on the thought that other people are thinking about them, and all this certainly is a demonstration of the fact that our thoughts are a real part of ourselves.

We well remember hearing some one say "an imaginary worry may be unreal, but a worried imagination is the realest thing in the world." The basis of our worry may be entirely false and unreal, but the final results of the worry upon the mind, soul, and health are in every sense real and highly injurious.

MENTAL WORK AND REST

We must learn to strike an intelligent balance between the dangers which threaten us on the one hand from too much work
and the friction attendant thereon; and, on the other hand, from too much rest and the rust of character which is sure to follow. We do not want either to “worry out” or “rust out,” but to possess that wisdom which will enable us to lead the normal, rational life which promises deliverance from the threatened dangers of both these unnecessary extremes. We must be able to strike a practical working balance between friction and rust.

Both mental idleness and physical inactivity predispose to worry. Those who would cease from worry must constantly guard against intellectual inactivity; for, if it is true that Satan finds mischief for idle hands, it is even more true that he is sure to find worry for the idle minds; and worry obscures our outlook on life, both for this world and the next; it throttles the higher powers of the mind, it beclouds our view of life and distorts our appreciation of the duties thereof. Worry is the smoke on the field-glass of life, and quite effectively it blurs our outlook and paralyzes all the creative faculties of the intellect.

Mental work never kills. Mental work plus worry is highly destructive to strength of brain and health of the body; while heavy and taxing mental work coupled with unusual worry and its resultant insomnia, presents conditions which will more quickly destroy the physical health and break down the mind than any other possible combination of mental vices and physical sins.

In reality, the nervous system is seldom thus depleted of its forces if due heed is given to even the most elementary laws of hygiene, and the reaction of daily toil upon the individual's consciousness is a pleasant one. Depletion follows only where such common physical needs as nourishing food, pure air, sunshine and sleep are practically neglected, and the energies of mind and body are incessantly bent upon some daily task whose chief emotional reaction is worry.

In the last analysis, the most important factor in the direct causation of nervous exhaustion is the emotional life of the individual. Where worry is the dominant note, breakdown is practically inevitable.
And, behold, there was a woman which had a spirit of infirmity eighteen years, and was bowed together, and could in no wise lift up herself. And when Jesus saw her, He called her to Him, and said unto her, Woman, thou art loosed from thine infirmity. And He laid His hands on her; and immediately she was made straight, and glorified God. (Luke XIII:11-13.)

Here was an unfortunate sufferer who had been held in bondage by an imaginary “spirit of infirmity” for almost a score of years. The Master broke light into her darkened mind by announcing that she was free from her infirmity. She had never been really bound. She was bowed together as a result of her long worry and sorrow. So long had she assumed this physical attitude that her body had become permanently deformed—another illustration of a serious physical disorder resulting from purely mental causes.

Thousands of suffering souls are held today by the chains of imaginary bondage. They have no real physical disease. Their ailment is in reality only a “spiritual infirmity.” They might go free at any time, but they do not know it; they will not believe it. These prisoners of despair are held securely in their prison house of doubt by the force of fear and habit. They are very much like the elephant in Central Park, New York City, which had stood in one spot for many years, shackled with heavy chains. He had never left his tracks except when he had been unfastened and led away by his keepers. One day it occurred to them to remove the fetters from his legs and see if he would leave his place. After the beast was free from his shackles, he steadfastly refused to move, even after he was allowed to become exceedingly hungry, and when food was placed within a few inches of his reach, he stood in his tracks swaying from side to side and trumpeting loudly, but not a step did the huge beast take toward the food.

The elephant was free, but he did not know it; therefore he stood there in his old place just as securely bound by the chains of his own mind as if the steel bands were about him as of old. And so it is with humanity; altogether too many of us are like unto the elephant, we are absolutely free today, but not realizing
or not believing the glorious fact— not having faith and courage enough to step out into our mental freedom and begin to enjoy our spiritual liberty— like the elephant, we stand in the place of habit-bondage and bitterly mourn our terrible fate. We are not surprised when an elephant behaves this way, but it ought to be a cause for great astonishment that intelligent men and women, sons and daughters of God, will allow themselves to be held down by fictitious bondage and bound down by a mere “spirit of infirmity.”

FICTITIOUS WORRIES

We recently saw a picture which greatly impressed us concerning the uselessness of worry. It was a picture of an old man, bent in form, sad of expression, suggestive of a life filled with perplexities and anxiety; and underneath the picture was this statement; “I am an old man and have had many, many troubles— most of which never happened.”

A recent writer in discussing the question of worry and the weakened condition of the mind which permits the “worry circle” to go on forever revolving, getting worse and worse puts it very aptly as follows: “You say you cannot; your friends say you will not; the truth is, you cannot will.” There is need on the part of most persons of a determined effort to strengthen the will, to control the mind. The methods for the accomplishment of this will be discussed in another chapter and in connection with the treatment of worry.

Certain nervous diseases are caused by worry. Most important among these is the condition known as neurasthenia, commonly called “nervous prostration.” Patients suffering from this condition are usually spoken of as “all run down.” The truth is that they are patients who have been “all wound up,” and, as a result of high tension, coupled with mental anxiety, they have broken down— collapsed.

Hypochondria is another disease which owes its origin and perpetuation largely to worry. Hypochondria is simply a condition in which one worries about having other diseases. Whenever the most intelligent of men begin to examine their mental or physical life, they usually discover themselves to be sick.
Some one has truthfully said; "we are all afflicted with a disease called life." This is a form of hypochondria which it is entirely possible to cure by mental means. There is another kind of hypochondria which usually requires the cooperation of the physician for its permanent removal. A third form of nervous complaint largely due to worry and anxiety is hysteria; and hysteria, it should be remembered is the impersonator of almost every known disease.

MORAL CAUSES OF WORRY

The moral habits and spiritual state of the individual not infrequently contribute much toward the production of worry. Sin is not only a cause of physical sickness, but it also lies at the bottom of many a mental malady. Immorality, dishonesty, and intemperance, all operate to destroy the peace of mind, while they give rise to that prick of conscience which is altogether incompatible with a tranquil mental state.

Religion may be either a cause of worry, or it may play the role of a cure. We speak of "religion" in the sense of some particular form of theological belief.

Worry is frequently generated by false ideas and arbitrary views of the Supreme Being. Doctrinal and interpretative errors of religious beliefs are responsible for much of the downcast and despondent experience of thousands who do not profess to be followers of the Christ. Many earnest and honest souls have such constant wrestlings with the doubt of the forgiveness of their sins, or they live in such incessant fear of death and eternal damnation, that the mind is held in constant bondage to these insistent and oppressive thoughts, and all this must inevitably result in the production of a chronic state of worry and nervousness.

RELIGIOUS FANATICISM

Religious devotion and faith, while they may prove the quick and certain cure for some forms of worry, may also be perverted—carried to such fanatical extremes as to produce serious mental worry and even spiritual despondency. Every now and then, we hear of some one "going crazy over religion."
CAUSES OF WORRY

Such a one usually belongs to that class of morbidly conscientious and overscrupulous people who possess a nervous system already greatly weakened; or perhaps they have a strain of insanity in their family, and probably some of their ancestors were alcoholic or syphilitic. The combination of such physical soil, taken together with the unusual mental strain or excitement, connected with extraordinary religious enthusiasm, is frequently able suddenly to overturn the mind or else to produce such an unnatural condition of anxiety and worry as gradually to undermine the mental vigor and result in producing some form of insanity. Religious fanaticism is simply one-sided moral reasoning, simply the extreme over-emphasis of one aspect of the religious or moral life. It sometimes results from an apparent exhaustion of the mental energies and overwork of the spiritual faculties.

Still other sincere persons are suffering from the results of their own misguided zeal. They voluntarily possess themselves of such extraordinary burdens for the salvation of the souls of their fellow men, that they, in a measure actually assume the worry and responsibility of the world's Saviour; and, as a result, their brains are overburdened, and their souls are crushed beneath the weight of this constant worry and anxiety for the welfare of their fellows. Religious hope of the right sort, when sincerely cherished, undoubtedly exercises a positive power toward the prevention of worry. It is an important observation which the author is not alone in making, that as the so-called old fashioned religion declines, worry increases. As men and women depart from the simple faith and trust in the fundamental principals of the Christian religion, there is a growing tendency to worry. We sincerely believe that the religion of the soul should be as a bright light shining in a dark place, our guiding star instead of being perverted into a source of worry, grief, and despondency.

PHYSICAL CAUSES OF WORRY

Many sensitive souls are caused more or less worry throughout life by the legacies handed down by father and mother in the shape of physical weaknesses and bodily deformities.
Still others, owing to a weakened nervous system and overstrain, have fallen into a condition of nervous irritability that renders them very liable to anxiety and worry upon the least provocation. Such persons—in fact all of us—are greatly predisposed to worry by sleeplessness. Sound sleep is a great preventive of the mental state that borders on worry and nervousness.

The state of the physical health is not an infrequent occasion for worry. Many worry because of the lingering illness or unusual afflictions, while others grieve because of the sickness and suffering of their loved ones.

There is little doubt that nine-tenths of all the ordinary non-contagious diseases of the body originate in the mind, and it is worry that produces the soil from which these infant disorders spring. The seeds of mental disease and physical affliction may fall upon us thick and fast, but if they fail to find the soil of worry and depression in which to develop and grow, we are not likely to be seriously affected by their presence. It requires not only a germ to produce disease, but also a favorable soil in which it may grow. Worry produces just that condition of mind and body most favorable to the growth and development of all the vicious diseases which prey upon the mind and destroy the body.

**Worry Dependent on Age**

Many of the worries which afflict the human mind are incident to some particular time of life—they are more or less dependent on age. For example, we have certain worries belonging to the period of childhood, others to adolescence. Certain difficulties are more likely to harass the soul during the adult period of life, whereas other troubles are more likely to give birth to worry and anxiety during old age. The worries of childhood are just as real as those of later life. The little girl who is made to wear short dresses which come considerably above her knees, when she has long outgrown them; or the small boy who is compelled to wear clothes which he regards as suited only to infants—both have their worries; and it should be remembered that their childish grievances are to them very
They take these little troubles of childhood very seriously. Likewise their griefs and sorrows resulting from ridicule and teasing tend to induce unhealthy mental activity, and seriously to warp the nervous system in its early development.

Another form of worry which may be properly classified among this group, is the fear and worry of old age. As the years pass over us, the arteries begin to harden, the memory gradually fails, the skin becomes visibly wrinkled, and leathery, and old age brings its peculiar worries to the majority of people. There is a tendency to undue anxiety on the part of the aged that is born both of the retrospective view of life and anticipation as to what the future holds in store. Especially is this true in the case of those who do not have sufficient means laid up properly and comfortably to care for them to a good old age.

PERNICIOUS HEALTH FADS

Some new fangled health fad may set the whole country worrying about dietetics and dyspepsia. Newspaper articles and health literature are able so to alarm the people as markedly to upset the nerves and digestion of thousands of susceptible persons. Some editorial novice, who cannot earn his living in a better way, sends out an article to the newspaper syndicate proclaiming that some scientist has discovered that strawberries are poisonous; and forthwith ten thousand people begin to have stomach trouble from eating strawberries, or begin seriously to worry over their liability to disagree with them. Some persons cannot read a book on health and hygiene without immediately acquiring a new disease. It is proverbial that medical students are prone to have, or at least to think they have, the numerous diseases which they study from time to time. It will be a miracle if some healthy, but self-conscious souls do not get hold of this book and—taking some part too seriously—straight away proceed to get nervous or begin to worry about themselves.

The author would not have it understood that he in any way decries the good that has been and is being accomplished by the great hygienic awakening which is making its way over the
land; we believe that human beings should be capable of studying about themselves for the purpose of gaining needed instructions without allowing their minds to become morbid, faddish, and filled with worry concerning their physical health.

Not only are numerous physical conditions responsible for worry, but it should be remembered that numerous physical disorders may directly result from chronic worry. Among the common physical ailments which may directly result from long continued worry may be mentioned, insomnia, loss of weight, anaemia, rise of blood-pressure, hardening of the arteries, premature old age, apoplexy, headaches, dyspepsia, constipation, pale skin, poor circulation, and predisposition to catching all contagious diseases including common colds.

SOCIAL SOURCES OF WORRY

Among the social causes of worry, family trouble, either real or false, probably comes first. Divorces, desertions, and social dissipations result in a vast amount of human worry, sorrow, and sickness. Oftentimes it is unnecessary to go beyond the domestic circle in search of the exciting causes of the emotional state which exhausts the nervous vitality. The grief which follows a break in the family through death or marriage, or the anxiety occasioned by the precarious health, the prolonged absence, or even the dissolute habits, of one of its members, is frequently enough to bring some other member low.

Household problems are another cause of worry. The proper rearing of the boy, the successful training of the girl, the usual petty cares of the home, to which all women are subject, together with the modern servant problem—all serve to create anxiety and worry, together with the useless and unnecessary toil connected with the family life. Many housewives are constantly worried over the proper performance of little things that would in no way affect the family happiness if they were left undone.

Many a mother, when she wakes up in the morning, begins the day in a state of anxious and nervous agitation; she feels herself already crushed under the weight of all the burdens she will have to bear. The little household cares and domestic
trials which every mother experiences are not to her simple annoyances; they are actual catastrophes, and she suffers every one of these calamities a score of times before it comes. By noon her life is swarming with apprehensions, difficulties, and troubles, worry reigns supreme on the throne of her mind, and distraction has come to possess her soul. At the close of the day this unhappy mother has borne a hundred sorrows which were wholly imaginary, produced entirely by abnormal and uncontrolled emotion.

Among social causes of worry are those of jealousy and distrust, the social rivalry and ambition found among the "smart set" of our metropolitan centers. Undue sympathy for friends may be set down as another cause of mental uneasiness.

Social and family friction may cause worry to the point of producing such high blood-pressure as to lead its victims to the use of alcohol, in an effort to secure relief from mental and nervous tension. Intemperance may be set down as both a cause and a result of worry.

INDUSTRIAL CAUSES OF WORRY

Every product of modern inventive genius which tends to decrease the physical work of the body is bound to increase the tendency toward worry. The less we use the body, the more likely we are to overuse (abuse) the mind.

An inordinate worldly ambition may generate worry on the one hand, while there can be no denying the fact that poverty is a provoker of worry on the other hand. Financial difficulties and business reverses must be set down as among the industrial causes of an uneasy mind. Industrial disputes and labor difficulties, the constant friction between combinations of money and those of muscle, produce conditions which are ever provocative of industrial uncertainty, and therefore result in generating mental anxiety and worry.

Accidents incident to our modern industrial life produce worry both in those who fear them and those who are compelled to suffer because of them; in fact, the complexity of the demands of our modern social and industrial organization is such as constantly to entoil us in the meshes of anxiety and worry.
Many a good old saying, proverbial for its truthfulness when properly understood, has destroyed the peace and happiness of those who have come to worry over its too literal fulfillment. Take such a proverb as “Look before you leap.” This old saying certainly contains good advice; but we have known a number of earnest men and women who have long remained stationary in their life plans, looking with such care and scrutiny over the present and the future, that they have failed to take advance steps; they have been altogether too fearful to leap; they would not dare take a chance, they were afraid of the risk. Old age is creeping upon them, and their careers have been ruined by a too literal interpretation and over-regard for such a good proverb as “Look before you leap.”

Another of the old proverbs, responsible for causing much worry, is the oft-repeated saying, “What is worth doing at all is worth doing well.” While this proverb contains sound and wholesome advice for every young man and woman, it must also be remembered that every day of our lives we are called upon to perform a large number of wholly unessential tasks, tasks which are but temporary scaffolding, as it were, compared to the more important character-structure we are building. It is true that these minor tasks must be done with sufficient care so as not to endanger the real structure we are erecting; nevertheless, it would be a great waste of energy to try carefully to square, polish, and paint the scaffolding which stands but today and tomorrow is torn away.

And this is true of much of our common work. Each day’s efforts should be wisely divided up into the essential and the unessential; and as we review the events of the day in its closing hours, it should be no occasion for worry and self-reproach that some trifle has had to be slighted or altogether neglected. If the brick and mortar you have put into the real character structure are sound and good, if your wall has been raised up true to the plumb, let not the miscarriage of some detail either distress or worry you.

Many conscientious young people have worried altogether
too much over such teaching as, "Be sure you are right, then go ahead." Owing to their peculiar mental make-up, their naturally diffident and hesitating disposition, they could never be quite sure that they were absolutely right; and so they never went ahead. For years they remain stationary in their life plans, first contemplating one thing, then another, and then pretty soon they begin seriously to worry because they have not gone ahead.

"Haste makes waste" is usually found to be true; but there are times in life when it is absolutely necessary that one should make haste; when decisions must be quickly formed and speedily executed; delay would be fatal. Now, if in the sober after moments it should develop that the highest wisdom had not characterized the formation of these hasty conclusions, it should be no cause for life-long worry and everlasting regret. Perhaps no one else could have done better under the circumstances; after all, you did the best you could. If there is anything to learn from your apparent mistakes, learn it cheerfully, and then let the matter forever rest.

And so we see that the misunderstanding and misinterpretation of even good and true teaching may lead to such a one-sided and extreme regard for truth and duty as to create a condition of mental uneasiness and dissatisfaction, eventually leading to chronic worry, with all its evil effects upon mind, soul, and body.

SUMMARY OF THE CHAPTER

1. Strenuous living is not alone to blame for worry and nervousness. Other factors are—hereditary predisposition, lack of mind control, and accidental stress or strain.

2. Childhood fears and early emotional disturbances are frequently at the bottom of later nervous manifestations. The early use of tea, coffee, and other narcotics is also responsible for worry and nervousness.

3. The fears, emotions, and indiscretions of the adolescent youth not infrequently lay the foundations for life-long worry, nervousness, and semi-invalidism.

4. Nervous stability is undermined by ignorance of sex hygiene, misunderstanding of adolescent phenomena, and by the use of stimulants, together with the strain of social activities.

5. Sensation, fear, and focalized attention are the elements
entering into the formation of the wicked and destructive "worry circle," by which means anxiety is perpetuated and chronic worry tends ever to grow worse and worse, fed by the very elements of its own creation.

6. Exaggerated and excessive self-consciousness is a common cause of worry. An imaginary worry may be unreal, but a worried imagination is the realest thing in the world.

7. We must strike an intelligent balance between too much work on one hand, and the friction attendant thereon; and on the other hand, too much rest and the rust of character which is sure to follow.

8. Mental work never kills. Mental work plus worry is highly injurious; while mental work plus worry plus insomnia represents a combination which will quickly destroy the health of mind and body.

9. In the last analysis, the most important factor in the direct causation of nervous breakdown is the emotional life of the individual — the mind control — or lack of control.

10. Thousands of souls are held in perpetual bondage by imaginary fetters. They are victims of a "spirit of infirmity." A discouraged and downcast mental attitude may so habitually bow down the body as to produce permanent physical deformity.

11. When tempted to borrow trouble, when harassed by fictitious worries, remember the old man who had passed through "many troubles — most of which never happened."

12. The moral habits and spiritual state not infrequently contribute much toward the production of worry. Religion may be either a cause or a cure of worry. As the old-fashioned religion declines, worry seems to increase. Religious fanaticism is undoubtedly a cause for worry and nervousness.

13. Physical weakness, bodily deformity, and numerous diseases all figure as causes of worry. Nine-tenths of ordinary non-contagious diseases originate in the mind as a result of worry. Every age has its peculiar worries; there are childhood worries, as well as old age worries.

14. Some new-fangled health fad may set the whole country worrying about indigestion and dyspepsia. Magazine articles and health books are often able to give their nervous readers an entirely new set of imaginary diseases.

15. Common physical ailments which may be traced to worry are insomnia, loss of weight, anaemia, rise of blood-pressure, hardening of the arteries, premature old age, apoplexy, headache, dyspepsia, constipation, poor circulation, and predisposition to catching disease.

16. Among the social causes of worry may be mentioned divorces, family cares, household problems, and servant diffi-
culties; as well as business difficulties, industrial disputes, and labor troubles.

17. “Look before you leap,” and numerous other good proverbs may be so perverted as to lead to much worry and inaction. Other proverbs commonly perverted are, “What is worth doing at all is worth doing well;” and, “Be sure you are right, then go ahead.”

18. Each day’s efforts should be wisely divided into the essential and the non-essential; and it should be no occasion for worry if some trifle has been slighted or neglected, as we review the events of the day.
CHAPTER VII
HABIT TENSION OF MIND AND BODY

The study of physiology and psychology disclose the vast possibilities existing in the human body and brain for the origin of inaccuracies, the birth of deceptions, the creation of delusions, and the production of a vast system of baseless fears, false conceptions, erroneous conclusions, and nervous tensions. This systematized mental fear, moral cowardice, and habit tension may be summed up in the one word — superstition.

ANCIENT HEALTH DELUSIONS

From time immemorial, relics have been associated with health and disease. The bodies of either dead or living saints were supposed to be life-giving and healing to the touch — even to touch the tombs of some of the saints was reputed to cure one's disease. Superstition has long since become almost a habit with many people.

A decoction made of a piece of the tombstone of a good man was supposed to cure malignant disease when everything else had failed. For some diseases, it was a sure cure to lick the tombstone of a saint. To kiss the temple floors whereon saints had trod was also supposed to confer extraordinary healing power.

Many of these relic delusions were systemically practised right up to the eighteenth century, and today we frequently read of pilgrimages and excursions to the relics and shrines of the saints, where scores of people are reputed to have been instantly healed of their diseases. The relic superstition has not entirely disappeared.

SUPERSTITION AND NERVOUS DISORDERS

The superstition of the ancients respecting the insane led to the most unfortunate and inhuman treatment of these mental
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sufferers. The insane of past ages were the most maltreated of all the afflicted. The idea that mental diseases and insanity were directly attributable to demoniacal possession resulted in producing such a prejudice against the mentally unbalanced of olden times that they received but little or no sympathy and care from their fellow men.

Another idea respecting insanity was that some forms of mental derangement came from allowing the moon to shine directly upon the face. Indeed, it was this belief that gave origin to the name lunacy — from Luna, the moon. In the good old days, mental patients would have some superstitious remedy tried on them, and if they made no immediate improvement, they were cast out from civilization as victims of lunacy, or else they were regarded as having become possessed of devils. At a later date, lunatics were sometimes confined in what were known as “fool towers” and still later they were incarcerated in the “witch towers.” It is certainly a cause for universal rejoicing and gratitude that in the case of these mental sufferers, the superstitions of the dark ages no longer guide society in its treatment of the insane and the mentally unbalanced. At the present time, in most parts of the United States, the mental patients confined in state institutions receive thorough-going up-to-date, and scientific treatment for their mental maladies. In recent years, medical superstition seems to have crystalized itself into numerous modern “mind cures” and “faith-healing” cults.

THE PHYSIOLOGY OF HABIT

The physiology of habit is explained by reference to the nervous reflex arc, by which means certain sensory nervous impressions are carried to the various nerve centers, where, after a time, they come spontaneously and automatically to produce certain definite motor responses. Nerve paths, as it were, are worn deeper and deeper, and this causes a given habit to become more and more deeply rooted. Frequent repetition of nervous impulses passing over the same path serves to wear the nervous groove deeper and deeper, just as frequent walking over the lawn will wear a deep path through the sod.
The period of infancy is the special time for starting or initiating mental and physical habits. The longer the infancy of any animal, the greater the range and possibility for the formation of numerous habits — good or bad — which will prove either of great help or hindrance in after life. It is evident that not all of our habits are formed in infancy. Habits may be formed in after life; but the older the learner, the more difficult it is either to form or reform a habit. All our established habits form actual and literal pathways through the nervous mechanism of the body. Habits have a material foundation, and no habit when once thoroughly established can be changed without effecting a change in these nerve paths through the body, as a result of placing the nerve centers concerned under the absolute domination of an ever-watchful and all-powerful new idea.

When we yield willingly and readily to the impulse to do a certain thing, the next time that same impulse is experienced the responsive action of the body will be just a little more quickly and easily performed. This frequent repetition establishes what the physiologists call the "path of motor discharge"; and when a nervous path becomes well established, we have laid the foundation for a new habit. This constitutes the physiological explanation of habit.

It is highly probable that in the early formation of habits, the discharge of motor impulses excited by sensory impressions follows the path of least resistance. Just as the small streamlets from a cake of melting ice make their way toward lower levels in obedience to the law of liquids, wearing a larger and larger groove as the volume of water increases, converting obstructions and obstacles into high retaining walls; so, eventually, the stream of nervous energy is compelled to flow in the deep and permanent grooves formed by its own long-continued action.

THE PSYCHOLOGY OF HABIT

Just as various groups of nerve cells in the spinal column and the lower nerve centers get into the way of working together (form habits of cooperation, in other words), so in the
case of the nerve cells in the higher brain centers. Various sensory and conscious nerve impressions come to be definitely associated, sooner or later, with the activity of certain definite groups of motor brain cells. Certain associated feelings and ideas are aroused by a given impulse, and by the repetition of this connection a mental habit is formed, which gradually wears down for itself definite material grooves in the paths of the brain.

The machinery of thought rapidly settles into the ruts and grooves of its own formation. These psychic channels are formed in the early periods of life, and it is quite likely that they are largely established by the time a man reaches thirty years of age. Not that new channels of thought cannot be formed, and new associations of ideas affected; but, after this age, the mind forms new methods of thought and action with great difficulty, and only in response to definite mental training and continuous intellectual activity.

Our psychic habits are formed also by the care or attention we pay to the constant stream of sensations which have their origin in all parts of the body, in sense impressions which never cease to recur as long as life lasts. Ordinarily, the vast majority of these impressions do not arouse sensations at all. Normally, furthermore, the majority of sensations so awakened have at most but a fleeting or momentary claim upon our attention. Those unfortunates who develop the habit of recognizing all these sensory reports from the outlying physical domains of the body, soon degenerate into confirmed neurasthenics. The old lady was not far from right when she advised the nervous young girl to keep her “mind off your thoughts.”

THE TYRANNY OF HABIT

It must be evident that the formation of habits is a source of great economy to both mind and body. It should be also recognized that when habits are misformed, when mind and body are trained in unfortunate and unhealthy modes of thought and action, that the results upon the health, happiness, and character may be highly disastrous.

Habit is a sort of partnership arrangement entered into
between the mind and the body for the purpose of accomplishing a maximum amount of work with a minimum expenditure of mental energy and physical force. If habits are well formed, intelligently shaped, and properly controlled, they become the great secret of mental conservation and a source of great physical economy; on the other hand, if habits are misformed—if they are injurious to mind and body—after they once become thoroughly established, they may enslave and rule their subject with absolute tyranny.

When we recognize that it is just as easy to form a good habit as a bad habit, just as easy to acquire helpful habits as those which are injurious, it becomes apparent that a great responsibility rests upon parents and teachers to see to it that the children under their care early form correct and proper habits of thinking and acting.

THE SLAVERY OF NERVOUS TENSION

By nervous tension or obsession we refer to those constantly recurring ideas, feelings, or emotions which present themselves so insistently and automatically in our consciousness, and which always lead to the performance of certain useless actions or the thinking of certain foolish thoughts. These needless acts and thoughts are oftimes injurious to peace of mind and health of body. Our obsessions are not useful, and they are otherwise inharmonious with our useful mental experience and modes of acting; they are troublesome interlopers which have chosen our minds and bodies as their regular playground; their conduct results in constantly interfering with the normal work of both mind and body. Mental obsessions are probably due to a mild form of dissociation of ideas, while bodily obsessions are established after the usual methods of habit formation.

Psychic obsessions are very common. The inconsistent notion that one must always be right has spoiled the health and ruined the happiness of thousands of people. This desire is born of an unhealthful tendency to want our way to become the pattern, after which all others must shape their conduct. This leads to an everlasting wrangle with one's associates, in which the victim of this obsession is ever contending that he is right and all the
world is wrong. It would add much to the happiness and health of some of these obstinate contenders for their own personal infallibility if they would come down from their high perch of perfection, confess their humanity, admit their blunders—actually “acknowledge the corn” now and then. The world is filled with unhappy and irritable people who have never been known to confess to having made a mistake or done wrong in all their lives.

Others live in constant slavery to fashion, to the fear of man, and the conventional way of doing things. The author has a dear friend who is simply killing himself with the obsession that he must carry through everything that he undertakes—at any cost. His life is devoted to “carrying things through”—to patching up his evident blunders and trying to make successful his repeated failures.

Others are obsessed with the insane notion that they must set other people right—the notion of reforming the world. These people live in a constant state of worry and irritation because their petty hobbies do not gain the recognition which they think their schemes deserve.

Certain sensitive and self-centered nervous people get the notion into their heads that they are being terribly persecuted; they fancy themselves living a life of perpetual martyrdom. They are victims of constant imaginary sufferings and fictitious slights. It would seem that some of them really learn to love this life of the false martyr.

We are acquainted with a man who has made life unbearable for himself and family because of his ever-present obsessing ideas that he must accept no favors, allow no one to assist him, be under obligations to nobody; and these ideas have brought him almost to the verge of a form of insanity, so that he is persona non grata in all circles.

Dr. Sidis tells of a man who would never board a car with an odd number. Psychoanalysis disclosed the fact that he had once seen a child run down and seriously injured by an odd-numbered car. Never since witnessing this accident did he permit himself to board an odd numbered car.
This form of slavish worry has succeeded in fastening itself on the nervous system and the daily behavior of most of us in some form or other. It is shown in the case of the small boy, who, while going downtown on an errand for his mother, easily forgets what he was sent for, but in no wise forgets to kick every hitching-post he meets on the way down town. Even some adults cannot pass a post without touching it. It is likewise shown in the case of the woman who tries to keep from stepping on the cracks or seams of the sidewalk on her way down street.

The awkward uneven steps of such an individual sometimes are sufficient to attract the attention of the passers-by. The author once followed a young lady for fourteen blocks and observed that this obsessed soul did not once permit her shoes to fall upon a seam in the cement walk.

Have you not known the man who could not put his hand in his pocket without continuously counting the pieces of money contained therein? A patient recently told the author that he could not enjoy a stroll unless he had a bunch of money to count in his right-hand trousers' pocket; that if he did not have any loose change when he went out for a walk, he would have to go and get some; that he knew just how many pieces of money the pocket contained, and, if on any single count, he failed to find the right number, he would often have to stop dead still and carefully recount the coins to make sure that none had been lost; after which he could resume his walk.

Another case of obsession is that of the person who cannot sit in a public auditorium or church without counting the number of rings, roses, or stripes on the wall-paper, usually trying to settle on the center one and then to watch it with an eagle eye. If for any reason the attention is distracted from this center figure and it is momentarily lost to view, the whole number of designs must be counted over again and the center carefully located.

After speaking of this matter in a Chautauqua lecture one afternoon, an intelligent looking lady told us she had counted every seam in the tent, knew the middle seams, and likewise had counted the stripes of all the other tents on the grounds. She
said that this was her favorite pastime—to count the stripes, figures, and other objects; if nothing else presented itself, she would count the pickets on the fence.

We once had a patient, a young man, who, when not otherwise employed, would hie himself to the railroad and watch for the numbers on the freight cars, taking great delight when he would see a number which he could recall having seen sometime previous.

A woman school teacher of middle age once consulted the author to see what help she could get for her obsession—of everlastingly counting her steps. She said it was nineteen steps from her front porch to the gate; that it was 555 steps from her house to the grocery; that the court house had twenty-one steps going up the first flight, etc., etc. She said she made the trip from the house to the gate one day in one step short of the usual count, and was so disturbed that she had to go back to the house and walk the distance over again, that she might walk it in the usual number of steps. Others are possessed of obsessions born of their physical appearance, or determined by their undue tendency toward being too fat or too lean. Another very common obsession is the habitual twirling of the thumbs while the fingers are interlocked.

Moll calls attention to the fact that the imperative concepts, obsessions, such, for instance, as the fear of open spaces (agoraphobia), owe their origin to auto-suggestion. The agoraphobic patient becomes dominated by the idea that he cannot traverse an open space, his own will is too weak to withstand this autosuggestion, and every attempt to traverse an open space brings forth the typical feeling of fear.

STILL OTHER OBSESSIONS

It is indeed surprising to see how many otherwise sensible people are led into fears and worry by these common insistent ideas and impulses. They get into the notion that their spelling is wrong or that stray hairs or particles of lint are sticking to their clothes. Or perhaps it is in the motor sphere, and then the ideas take the form of imperative impulses or forced acts, such as smashing things or boxing people's ears. If it is the
feelings that are affected, especially feelings of anxiety, then we speak of phobias, such as fear of an empty room, fear of places, spiders, mice, etc.

For the more general, less morbid desires or dislikes of individuals with reference to particular things we use the term idiosyncrasies. Forel says: "I saw a girl whose life was a burden because she could never see a doll without becoming fearfully afraid it would cry; that she would run away as from the devil incarnate." Many people remain continually under the influence of a strongly-marked and exaggerated mood, which rests on a diseased disposition and is abnormal because it is for the most part without any real physical foundation. The moods include sadness and melancholy, sensitiveness, hate, jealousy, suspicion, or, on the other side, good spirits and mirthfulness or a form of heedless optimism.

Some neurotic subjects have a wonderful faculty of crystalizing their fears and dreads. They seem to be a veritable Pandora box of phobias. They live in constant terror of thunder storms, high places, drinking water, animals, mad dogs, tornadoes, etc., etc.

VITAL SEEPAGE—ENERGY LEAKAGE

The world is filled with nervous, fidgety persons who, while they are probably not victims of definite mental or motor obsessions, are constantly engaged in numerous physical activities which are wholly useless and unnecessary. Every such useless act constitutes a needless drain on the nervous system.

Such slaves of habit cannot sit down without crossing their legs and tossing the foot, or tapping the foot on the floor. Some part of their anatomy must be in rhythmical and incessant action. Others will twist their moustaches or play with their hair. We are acquainted with a professional man who cannot sit down a moment without starting up a drumming with his feet on the floor, or else he will beat an incessant tattoo with his hands on the chair. Others are everlastingly fixing their clothes or adjusting the necktie; they seem never to be able to complete their toilet. All these needless and useless maneuverings constitute a tremendous nervous and vital drain on the victim's con-
stitution. It is a sort of vital seepage—there is a constant leakage of nervous force and muscular energy.

We know a young business man who is constantly clearing his throat. We have a patient who engages in incessant coughing—purely nervous coughing. Numerous cases of nervous breakdown from worry are due to just this sort of nervous extravagance plus incessant brooding and perpetual worry. No constitution can long stand to be drained by worry, other vital leakage, and obsessions. Sooner or later, the strongest nervous system will be undermined, the vitality of the sufferer effectively sapped, and the resultant catastrophe strikes; there occurs either a blow-up or a breakdown.

“Sidetrackability” is the name which some one has given to the condition of those nervous, erratic people whose energies are being diverted from a legitimate and natural source into abnormal and harmful channels.

**SYSTEM AND ORDER**

Many persons would improve their peace of mind and health of body if they would learn to be systematic and orderly in the details of their everyday life. To look at the desks of some businessmen; to look into the study rooms of some professional men, to go through the homes of some housewives, is enough to explain why so many of these people work so hard and accomplish so little. Everything is in disorder—no system prevails.

It is highly essential that intelligent methods and automatic habits should be formed for carrying on one’s regular daily work; on the other hand, it is altogether possible to make a veritable obsession out of law and order. We are acquainted with a young man who accomplishes but little in life except to keep his study in order. So, while we recommend system and order as a means of economizing time and energy, we do not mean that they should be carried to the point of unbounded fussiness and unbearable neatness.

Nevertheless, it is a fact that, by making as much of our work as possible automatic, we relieve the higher controlling centers of the brain from the necessity of attending to these details, and in this way, we vastly increase the opportunity and
power of the mind for the performance of additional useful and original work.

COOL-HEADEDNESS

One of the things most needed in our modern civilization is cool-headedness, the power to think more than once while in the same spot. Thoughtlessness is responsible for many of our difficulties. Some unfortunate souls have got into a chronic habit of "being constantly rushed." It makes no difference where or when you meet them, they are "simply rushed to death;" "haven't time to think;" "so glad to see you, but haven't time to talk it over now;" etc., etc. Why, it really makes you nervous simply to meet them on the street. They seem to have a sort of psychic St. Vitus' dance.

These restless people are like a steam engine with the governor off; they are making a great fuss, a big noise, but they are accomplishing but little in the line of real, useful work. These chronically rushed folks keep both mind and body working under a terrible strain, until by and by this state of strain becomes habitual; they become chronically keyed up; they cannot let go; they cannot relax. Even when they go to bed at night, they are still so rushed that they are often unable to find time to go to sleep, and consequently they lie awake half the night.

This unnecessary and abnormal rushing through life is probably due to exaggerated ideas of one's importance, or else it must be due to an overestimation of the importance of the work one is doing. Most of us need to learn to take ourselves less seriously, and some ought to learn to take even their work less seriously. It was a wise mother who said to her nervous daughter, "My child you cannot possibly exaggerate the unimportance of things."

ENVIRONMENTAL NERVOUS TENSION

It is a great gift to know how to get along with one's surroundings; how to react to the changes and experiences in one's environment; how calmly to accept those changes which cannot be made different; how to be a successful reformer, and yet how to keep from worrying over those things which cannot be
changed. It requires strong character to live with one's associates and yet not to resent their incivilities or to be chafed and exasperated by their shortcomings. It is a good plan, "when in Rome, to do as Rome does." The chameleon is a fortunate animal; it has power to change its own color to harmonize with the color of its environment.

A certain degree of muscular rigidity is required, when one is standing, but this is wholly unnecessary when resting in a chair. How many of us hold ourselves just as tight in the chair as if we were holding the body upright while walking. Why should a carriage ride completely exhaust a healthy man? Simply because he did not adjust himself harmoniously to the environment of the drive, he did not fully relax and enjoy the ride. All the while, he was in constant fear of the horse running away, or else by his anxiety and tension he endeavored to assist the horse in pulling the carriage, instead of entering into the joys and pleasures of the drive.

When riding on the train, we should become as one with the coach and be carried along without resistance, by the engine, stopping, starting, and otherwise moving in perfect harmony and attune with the train; this is what we mean by harmonizing with one's environment; it is a process of moving through life with the least possible friction consistent with the greatest possible mental and physical action. It is a scheme for improving and changing every remediable and objectionable factor in our environment, without in the least fretting or fuming over those conditions which we cannot change or remove.

We recently rode on the train behind a high-strung, tense, nervous traveler, who, on alighting from the train, exclaimed, as she fell into the arms of a waiting friend, "Oh! Mary, I am just all worn out," and I remarked in my own mind, "no wonder, she paid two cents a mile to ride, and then she helped the engine pull the train every mile of the journey."

THE NERVOUS RHYTHM OF HABIT

We should constantly bear in mind that habits usually establish themselves in harmony with certain laws of periodicity. There is a tendency toward regularity in the motor discharge of
our established habits, whether it be the drumming of the fingers on the table or the regular sprees of the periodical drunkard.

We get the habit of having periodic stimulation—that is, periodically whipping our nerves; some are addicted to the use of alcohol and other drugs, still others make use of tea and coffee. The use of these nerve excitants and depressants is a confession of weakness of character on the part of those who depend on these various unnatural and harmful methods of exercising the nervous system. This rhythmic tendency of nervous impulses is an important factor in overcoming bad habits—in the reeducation of the nervous system. It is necessary that all formative and reformatory efforts should be systematic and regular; every effort to retrain the body and form new habits should faithfully be carried out in accordance with this law of nervous periodicity.

CAN NERVOUS HABITS BE CHANGED?

Since habits possess a real physical foundation and an actual psychologic basis, can they be modified, reshaped, or otherwise changed after their slave has reached maturity? The answer to this question embraces a number of factors. The eradication of the old habit or the formation of the new, first demands the absolute cooperation of the will, the complete making up of one's mind to do the thing in question. It next requires that the body itself shall be set in operation in the desired direction of forming the new habit. New thoughts must be formulated and actually placed in command of the mind. The new actions must be executed with decision and regularity. The new habit must be repeatedly and persistently wrought out through the physical body.

Persistent, intelligent, regular, systematic, and determined effort on the part of the mind will prove successful in uprooting almost any and every habit which can fasten itself upon the human mind or body.

SUMMARY OF THE CHAPTER

1. Nervous tension is akin to the habits of superstition. The mind easily falls into "ruts and grooves," taking the path of least resistance.
2. Nervous disorders and insanity have long been regarded with amazing superstition. "Fool towers" and "witchcraft" are not delusions of the remote past. Only recently have either "nervousness" or "insanity" come to be regarded "sanely."

3. Habit is a sort of possible economical arrangement or understanding existing between the mind and the body — and is capable of almost unlimited perversion for evil when not rightly formed and intelligently controlled.

4. The period of infancy is the special time for initiating habits. The longer the infancy of an animal, the greater the range and possibilities for the formation of habits.

5. Habits are due to actual pathways through the nervous mechanism of the body. Habits have a material foundation as well as a mental basis.

6. Every time an act is repeated its performance becomes easier and easier; the "path of motor discharge" becomes increasingly automatic and established.

7. Colonies of brain cells and groups of ideas (psychic centers) come also to form definite and habitual associations. In this way mental habits are formed, habits of thought.

8. The thinking machinery readily settles into the ruts and grooves of its own formation. After thirty years of age, new habits are formed only as the result of persistent psychic training.

9. Habit is a sort of partnership arrangement between the mind and the body for the purpose of accomplishing a maximum of work with a minimum expenditure of energy.

10. It is just as easy to form a good habit as a bad one. When bad habits become established, they rule their slave with absolute tyranny.

11. An obsession is a constantly recurring idea, feeling, or emotion, which presents itself incessantly and automatically in our experience, and which leads to the thinking of certain foolish thoughts and the performance of certain useless acts.

12. Mental obsessions are probably due to a mild form of idea-dissociation, while motor obsessions are simply habitual acts resulting from automatic and uncontrolled motor discharges.

13. Common obsessions are such as insistent ideas, counting, kicking posts, wiggling the toes, twirling the thumbs, twisting the moustache, drumming on the chair, or tossing the foot when the legs are crossed.

14. Other obsessions are fear of open spaces, distrust of one's spelling, fear of hairs on the clothing, fear of empty rooms, spiders, mice, etc.

15. These obsessions and near-obsessions constitute a tremendous vital drain upon the constitution. These useless
maneuvers represent a species of vital seepage—leakage of nervous force and muscular energy.

16. Tossing of the foot when the legs are crossed; tapping on the table with the fingers or on the floor with the foot, together with nervous coughing, etc., all constitute a form of energy leakage.

17. System and order in doing one's daily work are highly economical and helpful. Automatic action conserves the time and energy of the higher brain centers. It is possible to convert law and order into an obsession, so that instead of proving a help in the daily affairs of life, it becomes a veritable bondage.

18. The habit of "being rushed" is chronic with some persons. It is an extravagant practice—wasteful of vital energy. Cool-headedness would help numerous people out of many of their troubles.

19. A common form of habit tension is seen in environmental resistance, such as rigidity while riding on street cars and railroad trains. Relaxation is synonymous with harmonizing one's environment.

20. Habits are usually formed in accordance with the nervous laws of periodicity. Motor discharge usually follows a law of regularity when it becomes habitual, as in the case of the periodical drinker.

21. Persistent, intelligent, systematic, and determined effort on the part of the mind will usually prove successful in uprooting any undesirable habit which may have fastened itself on mind or body.
CHAPTER VIII

CRYSTALIZED FEAR AND DEFINITE DREADS

IN A general way we have dealt with the long established fears and other obsessions in the preceding chapter. In this chapter we will treat of those special crystalized fears and certain definite phobias or dreads. Phobia is the Greek word meaning fear, and many nervous invalids had rather have their crystalized fears called "phobias" than to have them designated in plain English as definite dreads.

SPECIALIZED PHOBIAS

It would surprise those who are unfamiliar with the fears of nervous patients, to know how many otherwise sanely appearing individuals are afflicted with these forms of specialized fear or phobias. There is aerophobia — the dread of air. Some patients are particularly afraid of night air, just as if after sunset there was any other sort of air to be had.

Hydrophobia means literally the dread of water, but in these days it has come to be applied to a well defined disease acquired from the bite of a mad dog — rabies; although it would seem there are still to be found certain strata of society who may be said to possess more or less of a well defined dread of water as regards both its internal use and external application.

Then we have aichmophobia — the dread of pointed tools or instruments. I have a patient at the present time who says that when she gets a glimpse of any sharp or pointed instrument such as a pair of scissors, she is seized with a desire to stab herself or else is tormented with the fear that she will harm some one else.

Kenophobia stands for the dread of emptiness, and there are those victims of chronic fear who could not possibly be dragged into an empty house or vacant building. I have just received a
letter from a patient who says her life has been ruined by the constant dread of "going away from home."

Sitophobia is the dread of food and is often found in well marked melancholia, while a specialized form of this fear—a dread of some particular article of food—is not uncommon in neurasthenics. Brontophobia, or the fear of thunder is a dread commonly met with, and one that is greatly aggravated by the manner in which nervous adults exhibit their fears during an electrical storm in the presence of young children.

Some people are greatly disturbed by regularly-dropping water—as from an eavestrough or faucet. The Chinese are said to put their enemies to death by having a drop of water fall at regular intervals upon the top of the head.

Phobophobia is nothing more nor less than the dread of dreading, and some chronic worriers, it would seem, when they have nothing more definite to be afraid of, are easily able to work up a case of phobophobia.

In dealing with nervous sufferers, it is my practice not to make use of these high sounding terms in discussing the patient’s fears and dreads. It is disconcerting and tends unduly to frighten these nervous sufferers to be told they are suffering from this phobia or that phobia. I must prefer to use a plain English word, telling my patients they are victims of this fear and that dread, and let it go at that.

ALTITUDE AND SPACE DREADS

It has been my observation that practically everybody has a sort of instinctive dread or fear of looking down from great heights. The majority of people are able largely to conquer this fear of great heights—otherwise known as acrophobia. Structural iron workers employed in erecting our modern steel skyscrapers are able, little by little, to master this inherent dread of great heights to such an extent that almost any day one may see these workers standing or walking on steel beams twenty-five or thirty stories up in the air. It makes most of us feel a little chilly up and down the spine when we see a steeple-jack perched high up on some lofty smokestack.

Workmen have told me that they had gradually to accustom
Fig. 4. The Fear of Great Heights
themselves to these great heights, and that at first they were in constant danger of losing their balance if they permitted themselves to look too steadfastly at the ground; and it is a well-known fact that in case of an accidental fall on the part of a workman employed on one of these high buildings, the rest of the force usually quit work for that day. It requires a night's sleep to restore their nerve. (Fig. 4.)

The physical basis of this form of fear is probably to be found in the fact that we have habitually trained our eyes to look upon objects near at hand, and, therefore, when we are suddenly and unexpectedly compelled to look out upon objects at an unaccustomed distance from our position, the novelty of the situation is found to be more or less disconcerting to one's mental and nervous equilibrium.

It is not always great heights that produce this fear or dread. We know of patients who are exquisitely tortured if they are compelled to sit in the front row of the balcony in some place of public amusement; while not long since we were consulted by a clergyman whose very success and usefulness were jeopardized by the definite dread that he would some time jump from or fall off the pulpit. This fear never ceased to tantalize him throughout every discourse he delivered.

Akin to this fear of altitude is the fear of going alone across open spaces—agoraphobia. This is a form of fear that some nervous people suffer from throughout a lifetime. Many of these persons who could not possibly be persuaded to traverse a large open space alone are entirely content to make the journey when accompanied by even a small child.

Another fear pertaining to space is that of claustrophobia—the fear of closed spaces. Some people are very nervous when they are compelled to walk through a narrow street, having high buildings on either side. Others become nervous, fidgety, and sometimes pale with fear, when an elevator door closes and they find themselves actually shut up in a steel cage. They are almost overwhelmed with a desire to try to make their escape even while the elevator is in motion. A milder form of this same dread is observed in those travelers who horribly dislike to be forced to sit in the same seat with another passenger. They
have an unnatural fear of being crowded. When in other tight places, they find breathing difficult, cold perspiration breaks out on the face, and they are seized with an almost uncontrollable desire to tear themselves away, to jump out, etc., etc.

THE DREAD OF DISEASE, DIRT AND DEATH

It is a well known fact that patients suffering from locomotor ataxia entertain such definite fears of being unable to walk (basophobia) as greatly to aggravate their malady and still further decrease their powers of locomotion. I have no doubt that many of the hysterical palsies are in reality due to these same definite dreads. Some authorities even claim that vertigo and blushing (erythrophobia) may result in this same manner when the fear of them has come to possess the patient.

The dread of dirt (misophobia) has grown vastly in recent years, and is closely related to microphobia (the fear of microbes or germs). Some of these unfortunate sufferers will wash their hands no less than fifty times a day. They are afraid to shake hands with their neighbors and, as one might easily imagine, afraid to greet a long absent friend with an affectionate kiss. We knew of a young man who would never go anywhere alone, for fear he would be compelled to touch a door knob. We recently had a patient who had made herself a semi-nervous invalid, trying to disinfect the house and otherwise fight the myriads of microbes which all the while lurked near her. She was only helped by persistent training along those lines which served to show her that the normal healthy man was mightier than the microbe.

Pathophobia is the dread of disease, and many indeed are its specialized forms — far too many to receive consideration here. It is an old proverb that "a little knowledge is a dangerous thing," and this is certainly true in matters of personal health and hygiene. Unless we can teach the individual a sufficient amount of truth to deliver him from groundless fears and baseless dreads, it would otherwise seem, that all our half-way efforts to enlighten him had only increased his worries and further multiplied his ungrounded fears of disease.

Phthisiophobia — the fear of tuberculosis, is one which the
average person, at least in some measure, is beginning to recover from.

The dread of insanity constantly hovers over some nervous patients who may have been so unfortunate as to have had an insane relative or ancestor. Such patients are terribly depressed by even hearing the term mentioned, while the sight of an insane asylum, even from a passing train, is enough to disturb them for weeks afterwards.

Metchnikoff looks upon even the dread of death as an unnatural form of fear. He thinks that all persons that have lived anything like the normal life should come to look upon death without the least thought of fear. And it would certainly seem that men and women who entertain the Christian hope of the life beyond, should come to look upon death without dread and without fear. Much less is there excuse for the extraordinary dread some people entertain of viewing, touching or handling the dead body.

ANIMALS AND THE DARK

Zoophobia (the fear of animals) is a form of ever present dread, which tortures countless thousands of otherwise brave and normal people. And one hardly feels like trying utterly, to eradicate this fear of animals as long as mad dogs are allowed to prowl about the streets of our cities and villages. But when this fear of animals becomes a veritable obsession as in the case of some persons in their fear of snakes, mice, or spiders, it certainly needs to be combated, even as it does also in those cases of the silly and ridiculous fear of cats (ailurophobia). We recently had a patient who was almost certain to have a hysterical fit if left alone in a room with a cat, even but for a few brief moments. And I am bound to confess that this woman was by no means neurasthenic — it was simply a case of crystalized fear — definite dread.

The fear of cats is so great with some persons as to preclude their wearing furs derived from any member of the cat family; while others are so sensitive on this point, that they are able to detect the presence of a cat in the room or even in the house by the sense of smell. Weir Mitchell, in his essay on this sub-
ject, cited numerous cases which showed beyond question that
certain nervous women are possessed of an extraordinarily acute
sense of smell as regards the detection of these special odors; 
while Scripture reports the case "of a woman in charge of a
boarding school who always sorted the boys' linen after the
wash by the odor alone."

From earliest infancy some otherwise normally healthy per-
sons have grown up possessed of an absurd dread of the dark.
Many of them will positively refuse to sleep in a room at night
without some form of low-burning light. If such persons at-
tempt to sleep in a dark room, they are made inordinately nerv-
ous by every form of sound, both real and imaginary. The
wind, the doors, the windows, the creaking of the floor and
what-not, all serve to alarm them as effectually to prevent rest
and sleep.

We all know of nervous women as well as men, who live in
constant fear of finding some one in a dark room. Before re-
tiring at night they never fail to look under the bed.

Now this fear of the dark is regarded by many as cowardice,
but, in my opinion, it has its origin back in the early childhood
days when parents and nurses thoughtlessly frightened the little
ones when they said "Boo, Dark" or when they threatened
them with the "boogie man," "hobgoblins," and "the bad man."

**DREAMS AND MEMORY DREADS**

It not infrequently happens that some definitely experienced
dread has its origin, maybe unconsciously, away back in the
individual's life, in the form of some alarming experience or
some tragic accident. Subconsciously, as it were, this memory
fear is passed on down through the experience of subsequent
years and is ever present, always ready to alarm and demoralize
the individual in a most bewildering manner — and all this it
does, while the fear-ridden sufferer is quite unable to explain
either the origin or basis of his unnatural fears and abnormal
dreads.

Likewise are the unremembered dreams of the night season
able to extend over their fears and dreads into the working
hours, and are able thus unconsciously, to torment and tor-
ture the innocent and susceptible nervous sufferer. There is no doubt in my mind but that the unremembered experiences of a frightful nightmare are perfectly able to render the patient so nervous and uneasy as almost entirely to unfit him for the performance of his customary duties the following day.

PREMONITIONS

The belief in premonitions is based upon superstition, suggestion, and fear. Some people are subject to definite premonitions, such as the dread of a fire, a train wreck, or a street accident. Others suffer from a generalized premonitory state of mind—the vague and depressing fear that something awful is going to happen. A common premonition is that of a loss of health or early death.

Premonitions are indicative of lax mental discipline, and serve to show that the mind is permeated with fear and dominated by dread. It is my opinion that the popular belief in premonitions is originated and fostered by the newspaper publication of stories about persons who were possessed of an impending sense of danger or doom—or who had a definite premonition that some accident was about to happen—and then something really did happen. While the larger part of these stories which appear in the papers may not be true, nevertheless, their influence is such as to further foster this lingering superstition in the reliability of premonitions. The newspapers do not bother themselves to publish the accounts of those untold thousands of cases where premonitions failed—neither do we take the trouble to remember these cases.

People are more subject to premonitions on dark and dismal days. They are also more common in the spring and the fall. This particular form of dread is also greatly increased by suggestion. I well recall a case of a suburban wreck a few years ago, in which the front coach was badly demolished, and I noticed that for months and even years after this accident, that the passengers studiously avoided that front coach. There was an immediate decrease in the number of people who would allow themselves to ride in that car. The soil and the seed for suggestion are both needed to produce premonitions.
Royce thinks that many supposedly fulfilled premonitions are really pseudo-presentiments—a sort of hallucination of memory that twists and deceives us into believing, after the thing has happened—that we had either dreamed of it previously or had a premonition. This is in harmony with Podmore's suggestion of how a tricky memory may instantaneously rearrange the details of a dream or premonition to make it fit into the actual occurrences. It is certain that no reliance can be placed on stories of dream fulfillment unless the dream was told or written out beforehand.

Since the vast majority of people are having premonitions every day, and dreaming dreams every night, it is not to be wondered at that now and then one or two should appear to come true or be fulfilled. These rare cases are then published broadcast and ten thousand more nervous invalids begin to hatch out a new brood of foolish worries and silly dreads. That a premonition will occasionally come true, may be accepted as a reasonable guess as shown by the mathematics of coincidences as based upon the theory of probabilities.

ORIGIN OF PREMONITIONS

The further origin of premonition is discovered in the prostitution of reasonable forethought and care. There is certainly nothing abnormal but everything commendatory in a stranger's careful examination of the exits, fire escapes, etc., connected with his sleeping apartments in a strange hotel; but when precautionary instinct is allowed to degenerate into a definite dread of the hotel's burning up on that particular night, it is then that the patient has become a victim of this harmful sort of fear called premonition. Think of all San Francisco's inhabitants, who for years may have had earthquake premonitions which were never realized, and then how innocently they all retired the evening before the great shake, wholly free from premonitions of what was about to occur; but on being shaken out of bed early the next morning were able immediately to conjure up the memory of some former earthquake premonition.
and actually to deceive themselves into believing that they had had such a presentiment the evening before.

**UNFULFILLED PRESENTIMENTS**

I have found it helpful in dealing with my patients who torture themselves with premonitions, to emphasize cases in my own experience which have not been fulfilled. I have often used in this connection the story of Carl Schurz as told in his "recollections." General Schurz describes how, on the morning of the battle of Chancellorsville, he awoke with the profound conviction—a veritable premonition—that his time had come, that he would be killed in that day's battle. He had never had such a premonition before. He had heard of other cases where such presentiments were the forerunner of death. He tried to shake off this fear, but it gripped him; he was unable to free himself from it. As the day went on the conviction grew, and finally he sat down and wrote farewell letters to his family, and then he went forth into the battle. And when his corps was summoned onto the firing line, he then knew that his premonition was genuine and he plunged into the fight with the full conviction that the end was nigh; but he was a sturdy German and a well trained soldier, and history shows how well he kept his courage and how splendidly he managed his troops; but his deadly premonition did not leave him until, while riding to the front, his aide-de-camp was cut down by a cannon ball. Upon seeing his aide shot down, the fear of death departed from the general's mind, in the same unreasoning manner in which it had come. His fear was gone, he plunged into the thickest of the fight, and came out—untouched.

And this story splendidly illustrates two points: first, even a strong-minded, well-trained soldier, may have premonitions of fear; and, second, that all of us live to have many, many, premonitions, most of which never happen.

**THE TREATMENT OF DREADS**

While the details of the treatment of these various nervous states is reserved for consideration in later chapters, it will not be out of place to offer brief remedial suggestions here.
The one thing essential in overcoming chronic dreads is simple, methodic, mental discipline. It you can walk without fear along a wooden beam ten inches wide when elevated one foot above the ground, common sense goes to show that it is only a matter of confidence, practice and experience—mental discipline—until you can walk on an iron beam, ten inches wide two hundred feet above the ground if necessary. This is exactly the way the builder effectually overcomes this inherent fear of great heights. And it serves the purpose of a practical illustration, showing just how all crystalized fears and definite dreads may be successfully mastered.

Like a horse that shies, the victim of dreads should deliberately, methodically and persistently drive himself right up face to face with his hoodoo and bravely assault the psychological enemy. He should attack these peculiar forms of fear just as he would the more silly and superstitious hoodoos of “Friday the thirteenth,” or the supposed unluckiness of sitting down with thirteen at the table.

I help many of my patients over these dreads by telling them that they are practically universal; that is, that practically everybody has or has had at some time or other, one or more of these petty fears. As they laugh at other people’s fears, it helps them to laugh at their own. They are altogether too likely to regard their fears as unusual and unique and it rather helps them to find out that they are little different from other people, except for the fact that they take their fears and dreads too seriously.

SUMMARY OF THE CHAPTER

1. Victims of so-called “phobias” are suffering from common everyday dreads—only they have come to dread their dreads.
2. Common among these crystallized fears and definite dreads may be mentioned ærophobia—the dread of air.
3. Other dreads are hydrophobia—fear of water; aichmophobia—dread of pointed tools; kenophobia—the dread of emptiness; sitophobia—the dread of food; brontophobia—the fear of thunder; and phobophobia—the dread of dreading.
4. In dealing with nervous patients it is best not to use these mouth-filling Greek words to describe their fears. Use a simple English word and call them dreads.
5. Acrophobia— the instinctive fear of heights— is a well-nigh universal dread. But reason, practice, and perseverance are able practically to cure it.

6. This fear of heights— small and great— rests on a physical basis. It results from the fact that our eyes are trained to view objects near at hand, so that a sudden view from a high point disconcerts the nervous equilibrium.

7. The dread of small heights is also common. Women fear to sit in the front row of the balcony at the theater and clergymen fear they will fall off their pulpits.

8. Agoraphobia is the dread of open spaces; while claustrophobia is the fear of closed spaces— the dread of entering elevators, sitting in tight places, etc.

9. Certain people live in constant dread of dirt— misophobia; while others are kept miserable by the fear of germs— microphobia. They are engaged constantly in washing their hands and otherwise trying to avoid contamination.

10. Pathophobia is the dread of disease, and thousands live in constant fear of bodily disorders which are in no danger of overtaking them.

11. Some nervous patients who have had an insane relative or ancestor live all their lives tormented by the fear that they may go crazy.

12. The fear of death is regarded by Metchnikoff as an unnatural dread. At least it would seem that a Christian's hope would rob death of all dread.

13. Zoophobia— the fear of animals— is variously manifested as a dread of snakes, spiders, mice, and mad dogs, experienced by so many otherwise brave and normal people.

14. One of the most silly of all animal dreads is the preposterous fear of cats (ailurophobia) which certain individuals so persistently entertain.

15. From earliest infancy some people have grown up possessed of an absurd dread of the dark. They think they cannot sleep in a room without a light and are tremendously annoyed by sounds of all descriptions.

16. Much of this fear of the dark probably has its origin in hobgoblin stories and the bogy man threats of early childhood.

17. Definite dreads may have their origin in some long forgotten alarming experience, tragic accident, or in some vivid dream. It persists as a sort of unconscious memory dread.

18. Premonitions are based on superstition, suggestion, and fear. They may be definite— as dread of an accident— or general— as the presentiment that something awful is going to happen.

19. Newspaper stories of fulfilled premonitions tend to keep
alive this silly superstition. People are more subject to these fears on dismal days, and in the spring and fall.

20. Tricks of memory sometimes deceive us into believing we have had a dream or premonition after things have happened.

21. Premonitions may originate in the prostitution of ordinary forethought and reasonable precaution—as in locating fire escapes in a strange hotel.

22. Study unfulfilled premonitions and remember that we are all more or less subject to these silly fears, and that we all live to have many, many premonitions—the vast majority of which never happen.

23. The essential thing in the treatment of these common dreads is simple, methodic, mental discipline. Treat yourself like a shying horse—drive right up face to face with your fears—and teach yourself how to laugh at your own fears—just as merrily as you laugh at other people's silly dreads.
CHAPTER IX

"AMERICANITIS," OR THE HIGH PRESSURE LIFE

WHILE we have emphasized the influence of the hereditary factors in the causation of worry and nervousness, nevertheless, we are not unmindful of the fact that our modern strenuous methods of work and habits of living may have something to do with the alarming present-day increase in those nervous disorders commonly embraced in the terms "neurasthenia" and "nervous prostration."

The American people, especially, are more and more addicting themselves to a combination of mental habits and physical practices which are directly and indirectly responsible for increasing nervous tension together with raising the blood-pressure, thus laying the foundation for those typical cases of nervous collapse commonly spoken of as "nervous breakdown," "neurasthenia," etc., and which are usually accompanied by low or lowered blood-pressure, great nerve-weakness, and a general all around "rundown feeling." We are more and more inclined to the belief that it is the strenuous living and not strenuous working that is largely responsible for all this increase in nervous trouble. While modern life may be more complex, it is also becoming more and more simplified. We certainly do more work, but we have better system and more machinery to do it with.

THE SIGNIFICANCE OF BLOOD PRESSURE

In this connection it may be well to offer a word of explanation as to the method of taking blood-pressure, and as to the standards of normal blood-pressure. There have been devised a number of instruments having attachments which can be strapped around the arm, so that by means of pumping air into a little rubber bag underneath, pressure can be applied to the
blood vessels of the arm. By means of a rubber tube, this air-pressure is communicated to a chamber containing mercury and surmounted by a glass tube marked with a millimeter scale, arranged somewhat after the plan of a barometer. The pressure is now gradually removed until the pulse at the wrist can just be felt, and then on the graduated glass tube is read off just how many millimeters of mercury are equivalent to the patient's blood-pressure.

An ordinary healthy adult under forty-five years of age has a blood-pressure varying from 110 to 130 millimeters of mercury (about five inches in English measurement). A series of five thousand apparently healthy adults, tested during the last seven years, showed a general average of 123 millimeters. The ages of this group ran from twenty to forty-five years.

The one thing characteristic of the present-day social and commercial world is its high tension; so many people are keyed up to the last notch. People are living at a fierce pace, and the pressure-gauge of life for many registers all the while dangerously near the bursting point. (Fig. 5.)

High blood-pressure (or secondary low pressure) is directly and indirectly responsible for numerous bodily ailments and certain grave physical catastrophes, and is intimately connected with such serious disorders as chronic headaches, arteriosclerosis or hardening of the arteries, apoplexy and its subsequent paralysis, heart-failure, Bright's disease, insomnia, neurasthenia, chronic congestions and certain forms of insanity.

HIGH BLOOD-PRESSURE

There are numerous substances which, when taken into the body, together with certain mental states, have power to influence the blood-pressure, some lowering it, while others cause it to rise. Now, when the blood-pressure is raised, it will be seen at once that more blood will circulate through the brain as well as through other parts of the body; and therefore, when the blood-pressure is moderately high, since the blood is that which nourishes the body and gives it life, it will not be hard to imagine that the patient will feel exhilarated and buoyant, able to enter the arena of society and business more confident
Speeding up the Machines

The Rush and Traffic Congestion of a Great City

FIG. 5. THE HIGH TENSION OF MODERN LIFE
of success, with hopes and courage all at top-notch. (Fig. 5.) On the other hand, excessively and abnormally low blood-pressure produces such a sense of weakness, debility, and mental lethargy as to constitute a powerful temptation to resort to some convenient and artificial method of toning up the system — raising the blood-pressure.

In this chapter we are concerned chiefly with the important fact that fear and worry and all their psychic cousins are able actually to raise the blood-pressure to that point where real damage results to the health, and to such an extent as to create and confirm the demand for the use of certain drugs highly injurious to the physical, mental, and moral welfare of the individual and the race. We refer to morphine, alcohol, the bromides, and a host of headache powders, quieting remedies, and pain relievers. While it is foreign to the purposes of this chapter to consider the right and proper methods of controlling high blood-pressure, other than the influence of the mental states, these questions have been fully treated in another work. In a former chapter, attention was called to the fact that faith and trust contributed to normalizing the blood-pressure.

WORRY A CAUSE OF HIGH BLOOD-PRESSURE

There came to the clinic, one rainy morning, an ex-convict who wore a worried expression, complained of inability to sleep and loss of appetite, and examination revealed a blood-pressure of 190 millimeters. Subsequent inquiry disclosed the fact that this man was living in constant dread of being arrested and returned to the penitentiary on the ground of "once a criminal always a criminal."

Physical examination, including the kidneys, blood vessels, and heart, in no way accounted for his high blood-pressure. This condition of things continued for over two weeks, then on being assured that he would have thirty days immunity from arrest if he would faithfully perform the duties assigned him, he admitted that his chief trouble was incessant worry and constant anxiety. Within a very few minutes his blood-pressure actually began to drop, and within three hours it had fallen 20 mm., and by the following day had reached 155 mm., a total
fall of 35 mm. This seems to be a reasonably clear case of high blood-pressure from fear and worry. It was largely relieved by setting the mind at rest. The arterial tension was lowered by the relief of the mental tension. Three months after these observations, several tests showed this man's blood-pressure to register uniformly in the neighborhood of 150.

SUDDEN EMOTIONAL CHANGES

A few years ago the author had an opportunity to observe a series of rapid and unusual fluctuations in blood-pressure on the part of a nervous and semi-hysterical young woman. Pressures taken just before and after the receipt of a bit of bad news, exhibited a difference of over 50 mm. We were able to detect a difference of 20 to 30 mm. during a single observation, as a result of purely emotional disturbances. Such a high degree of vaso-motor instability is rather unusual.

Sudden excitement, burning indignation, intense anger, and keen disappointment all serve instantly to alter the blood-pressure. It is not uncommon to observe an alteration of pressure varying from 10 to 25 per cent, and so it appears that the highly emotional person is constantly altering his blood-pressure, and, as a consequence, necessitating more or less of a complete rearrangement of the circulatory apparatus, and a readjustment of the whole process of nutrition and metabolism.

NERVOUS PROSTRATION AND LOW BLOOD-PRESSURE

Not only will ceasing to worry serve to reduce blood-pressure in cases where the high tension is wholly or partially due to psychic causes, but a change in the mental state is also sometimes able to raise the blood-pressure in certain cases of neurasthenia or so-called nervous prostration. Nervous prostration is one of nature's ways of preventing certain high-strung people from actually "blowing up." Nature removes the pendulum and allows them to run down, thus preventing the snapping of the constitutional mainspring. Neurasthenics complain of being "all run down," and that simply means that they were previously "all wound up." Nervous prostration usually cures — it never kills.
We recently had a chronic neurasthenic with blood-pressure running from 85 to 90 mm. He finally got it into his head that he was going to get well. He went to work in earnest at his simple treatments and began to take an interest in the world; he actually forgot about his vague sensations and wandering pains, began to eat heartily and sleep well, and soon he was rapidly gaining in weight. In the meantime his blood-pressure had slowly and gradually climbed up to 120 mm.—practically normal, while his distressing morning headaches almost entirely disappeared.

Occasionally we meet with cases of abnormally low blood-pressure which are difficult to diagnose. There seems to be a constitutional tendency toward low tension, just as in other cases we observe a family tendency to high pressure.

A CASE OF RELIGIOUS WORRY

A worried city missionary, troubled with sleeplessness, rapidly losing her appetite, also losing in weight, had been treated several weeks with electricity and with baths for stomach and nervous troubles. Blood-pressure remained about 165. Careful inquiry elicited the fact she had no family trouble, no church trouble, in fact, she seemed to be free from everything that would lead up to the mental states of fear and worry. Further inquiry, however, disclosed the fact that she worried considerably over the subjects of her missionary endeavor. At first she resented our efforts to admonish her on this point; but one day she was told the story of the simple-minded boy, who insisted on carrying two bushels of chop-feed on his shoulders while riding horseback, and on being asked why he did so, replied: "Well, I reckon if the horse can carry me I ought to be willing to carry the feed." She went home and began to think matters over, finally arriving at this conclusion: "If Christ's death on the cross can't save sinners, no amount of anxiety or worry on my part can effect their salvation."

She appeared at the office on the following day, asserting that she had got a new brand of religion—a faith that could free her from useless worry and unnecessary anxiety. She affirmed that she had learned the meaning of such Scriptures as,
Casting all your care upon Him, for He careth for you," and "Come unto Me all ye that labor and are heavy laden, and I will give you rest;" and strange to report, the taking of her blood-pressure showed that it had fallen to 140, and it subsequently went down to about 135.

Worry and anxiety always raise the blood-pressure until they result in bringing on nervous prostration, and then the unfortunate victim is found to be suffering from a depressive reaction—neurotic low blood-pressure. Disappointment, grief, and cankered care, all conspire together, gradually and surely to raise the blood-pressure. Likewise anger, moral condemnation, and every cause of restlessness and mental dissatisfaction, all serve to increase arterial tension and raise the pressure.

The fact that one worries over a good cause—the fact that the objects of your anxious solicitude are wholly unselfish and altruistic—in no wise mitigates the inevitable consequences of the increased blood-pressure and other indescribable nervous complications which so surely follow in the wake of all protracted worry and long-sustained anxiety.

ALCOHOL AND DRUGS

Domestic infelicity and family jars all conspire to raise the blood-pressure, increase the nervous tension, and, indirectly, make for digestive disturbances and nervous breakdown. We commonly hear such statements as "Family trouble drove him to drink." In all such cases, in our opinion, the alcohol is taken largely for its immediate effect in lowering the blood-pressure and thus temporarily relieving the intense and wrought-up nervous state. While the continuous use of alcohol operates to raise the blood-pressure by its tendency to harden the arteries, the effect for the time being is to lower the pressure and thus relieve the oppressive tension.

Experience has taught us that high blood-pressure often leads its victims to drink and drugs. We well remember the case of a young lawyer who came to the office begging for morphine. This man was a periodical drinker; and when we remonstrated with him he replied: "Well, doctor, if you don't give me morphine or something else to relieve this spell, it'll
drive me to the saloon for whiskey." In this connection it should be explained that morphine does lower the blood-pressure—a discovery that this lawyer is not alone in having made. Indirectly, then, freedom from worry and anxiety proves to be a practical aid to temperance, in that faith—a peaceful frame of mind—operates to prevent high tension, with its accompanying tendency and temptation to resort to pressure-lowering drugs such as alcohol and morphine.

BLOOD-PRESSURE AND RELIGION

Religion, as a state of mind, seems to exert a salutary influence upon the blood-pressure. In all cases of nervous high tension where the sufferer seems to have heartily and sincerely embraced some form of religious belief or moral faith, the blood-pressure almost invariably begins to come down. On the other hand, in case the acceptance of some sort of religion leads to overscrupulous anxiety and overconscientious worry, the blood-pressure will certainly go up. It makes no apparent difference what particular brand of religion is embraced, as far as the blood-pressure mechanism is concerned, only one condition seems to be requisite, and that is that the religion must be accepted so fully and sincerely as absolutely to deliver the mind from the torments of doubt and the uncertainties of fear; actually to set the mind at rest and fill the thoughts with faith and trust.

APOPLEXY AND HEART FAILURE

The practical conclusion of the blood-pressure matter is simply this: If the arterial tension is permitted to go on increasing from month to month and from year to year, eventually the danger point will be reached (about 200 mm.), and then it is only a question of time when one of two things will happen, either the heart-pump will give out—the valves give way or the muscle dilate—or the arterial hose will burst at some weak point, usually in the brain, with the result of producing apoplexy and its accompanying paralysis. Apoplexy, paralysis, and heart failure are tremendously on the increase, and the strenuous living—the life of anxiety, overwork, and worry—is now
generally recognized by the medical profession as being in a large measure responsible for the enormous fatality of these heart and circulatory disorders.

Of course I am not unmindful of the fact that society and civilization are the gainers in many ways as a result of this "speedy" and "tense" life which so many of us lead. For, however unfortunate the results of our modern "high tension" upon the individual, they react, in some degree at least, to the general good of society and to the promotion of the national welfare. However painful the condition of the individual, or complete the failure, or self-caused the misfortune; one may know that, in part at least, this failure is a portion of the service which, as an individual, he performs for the good of the whole. One cause of his failure is the need of the race for setting high ideals, and striving strenuously to attain them. He suffers that the race may gain, and his condition itself must be accepted as a contribution to the welfare of the race.

WORRY AND ARTERIOSCLEROSIS

Clapp is a strong believer in worry as a cause of hardened arteries, and the author has seen many cases which undoubtedly confirm this view. Romberg says: "Neurasthenia is a cause of arteriosclerosis, because of frequent alterations of blood-pressure occasioned by the unstable and excitable nervous state." Neurasthenia is also one of the most fruitful causes of intestinal indigestions and its consequent autoinocclusion, even independently of overeating. Autoinocclusion, in its turn, besides directly producing arteriosclerosis, tends to produce more neurasthenia by poisoning the nervous system, and a vicious circle is thus established. So the "good" work may go on like the operations of a battledore and shuttlecock, and the poor victim is on the high road toward future trouble with his arteries.

The fact that sooner or later the arteries feel the wear and tear of life is well expressed by Osler in Modern Medicine, as follows:

Among organs the blood vessels alone enjoy no rest. Not only does a ceaseless rush of fluid pass through them at a speed of ten
feet a second, but the walls of the main pipe are subjected to a distending force of 2 1/5 pounds to a square inch 60 to 80 times a minute; 80,000 to 100,000 times in the 24 hours. The heart has rest in diastole, but, distended by the charge from the left ventricle, the arteries pass it on, partly by the natural elasticity of their walls, partly by an active contraction of their muscular fibers. Like other organs, they live under two great laws—use maintains and in a measure sustains structure; overuse leads to degeneration; in time they grow old, in threescore or in fourscore years the limit of their endurance is reached, and they wear out.

Regarding the effect of worry (and even over-study) on the brain, Clapp says:

Likewise we can easily believe that excessive mental work may lead to arterial degeneration, and here I want to protest against the silly delusion which many good people have that no amount of hard mental work ever hurts anybody. This statement, if questioned, is apt to be so hedged about by limitations, such as providing there is sleep enough and food enough, etc., that its force is practically almost emasculated. School teachers especially resort to this statement, perhaps in order to stimulate their lazy pupils. If any breakdown occurs, the teacher does not like to admit that it is from too much study, but lays all the blame on dances, parties, and social dissipation, which, of course, are not to be disregarded, if they enter into the question. This is not always the case.

BRAIN WORK AND HARD ARTERIES

Now we know that people differ tremendously in their ability to work their brains; and that what is overwork for one is child’s play for another; and that we all have our limitations beyond which we cannot go with safety, no matter how many hygienic influences we put around ourselves; so that we must admit that at least some of us, and probably most of us, whether we actually do so or not, can injure ourselves by an excess of pure and unadulterated brain work, even if we faithfully try otherwise not to break nature’s laws. From this mental overwork alone comes a certain amount of the wear and tear of life, which knocks the elasticity out of our arteries as well as out of our steps (if it lasts long enough) and which makes us prematurely old. This is true for most of us, and it is no just criticism to instance on the other side a few men like Gladstone, of enormous powers of endurance, both mental and physical. In fairness to the other side, however, we are forced to admit that much of what is
called mental overwork is not so at all, but only a moderate or proper amount of work, plus worry or other depressing emotions. The old proverb that "worry kills more than hard work" is universally admitted to be true, and very often the men that worry thus kills, die with hardened arteries. They are often among our most honored and valued citizens, and are cut off before their time by more or less intense application to business mixed with the natural worry and anxiety which our modern strenuous competition and the desire to get rich quickly seem almost to make necessary, especially in neurotics or in persons of nervous temperament. Without this terrible worry in most cases they might readily stand the work. With the worry they are apt to be exhausted by sleepless nights, a great consumer of the bodily energies, by neurasthenia, and by interference with the proper function of their nutritive or trophic nerves in relation to the tissues of the arterial coats. Their worry also easily induces the oncoming of gout, rheumatism, Bright's disease, diabetes, etc., which facilitate the advancing arterial degeneration, especially if they have a hereditary weak streak in that direction. Such men, in such dilemmas, are strongly tempted to overstimulate with alcohol. If they were anxious for any assistance in helping them along the unhappy road on which they were already speeding they could not do better than apply this agency. In such cases, if they die, it is not really at bottom the worry that kills.

"AMERICANITIS"

The general public are waking up to the fact that this inordinate "hustle" and "rush" have something to do with our increased tendency to nervousness. The following editorial appeared some time since in a Chicago daily paper, under the caption "Why Americans Succeed":

It is largely a question of pressure. The nations of Europe, and especially the English, wonder at the success of the American people. If any Englishman wants to know why the American race can beat the English race in the struggle for industrial precedence, let him stand on one of the downtown platforms of the Illinois Central Railroad in Chicago from seven until nine in the morning as the suburban trains come in.

Far outside of the station the train appears, puffing and panting, and while it is still going at dangerous speed, men, young and old, are seen leaning far out from every platform.

As the train rushes in, the men leap from the cars and a wild rush
Fig. 6. The Results of "High Speed" on Man and Machine—Engine Trouble, the Result of "High Speeding"; Engine Trouble, the Result of "High Living"
follows for the business district. Not a man is walking slowly and deliberately. It is one rush to business; it is one rush all day; it is one rush home again.

The gauge on the engine tells the pressure of steam and the work that the engine can do. The gauge on the American human being stands at high pressure all the time. His brain is constantly excited; his machinery is working with a full head of steam.

Tissues are burned up rapidly, and the machine often burns up sooner than it should. The man bald and gray in his youth, the man a victim of dyspepsia, of nervousness, of narcotics and stimulants, is a distinct American institution. He is an engine burned out before his time; but his work has been done, and that great locomotive works, the American mother, is forever supplying the demand for new engines to be run at dangerously high speed.

The American succeeds because he is under high pressure always; because he is determined to make speed, even at the risk of bursting the boiler and wrecking the machine. (Fig. 6.)

RESULTS OF HIGH BLOOD-PRESSURE

1. Arteriosclerosis. High blood-pressure is one of the recognized causes of arteriosclerosis— degeneration and hardening of the arteries — and arteriosclerosis is the real cause of old age, or senile degeneration.

2. Apoplexy. Since high blood-pressure is one of the causes of hardening of the arteries, it then becomes apparent that it is the indirect cause of apoplexy, for this is merely a rupture of the small arteries of the brain, which are unable to stand the enormous pressure required in order to force the blood through the stiff and shrunken vessels.

3. Bright's Disease. This is a condition in which the arteries of the kidney are shrivelling up as the result of poisons and high-pressure. This disease, with its attendant evils of dropsy and heart failure, is also largely attributable to high-pressure influences.

4. Heart Failure. It must be apparent that if the blood-pressure is to be constantly increased, in order to nourish the body and overcome the growing resistance of the hardening arteries, the heart — the great blood pump — will be called upon to exert increased force; and this it does, by hypertrophy, until by and by the walls are overstretched, the heart becomes permanently
dilated, and when the end comes, it is called “heart failure.” Six times more people die in New York from heart failure than from typhoid fever.

Certain mental diseases are also indirectly produced or influenced by high or low blood-pressure, such as mania, melancholia, etc., as well as ordinary nervousness, sleeplessness, and many common, everyday maladies.

When the heart and blood vessels are able long to stand the strain, and when the individual is predisposed to “nervousness,” then takes place the expected “blow up” or “breakdown,” and the blood-pressure quickly tumbles down to normal — usually below normal — and the patient complains bitterly of feeling “all run down,” etc. This is the “secondary low pressure,” of neurasthenia and will persist until the nervous tone of the entire system is restored.

Remedial measures adapted to the regulation of blood-pressure will be fully considered in later chapters devoted to the treatment of the neurasthenic states.

**SUMMARY OF THE CHAPTER**

1. While twentieth century “strenuousness” undoubtedly contributes something to our modern high tension, it is rather strenuous living and not strenuous working that is responsible for so many nervous “breakdowns.”

2. The average blood-pressure of a normal adult ranges from 110 to 130 mm. High pressure is associated with headaches, arteriosclerosis, apoplexy, heart failure and Bright’s disease; while low blood-pressure usually accompanies neurasthenia.

3. Moderately high blood-pressure invigorates and exhilarates, while abnormally low pressure weakens and debilitates, and constitutes a temptation to resort to artificial “toning up” procedures.

4. Fear, worry, and all their psychic cousins have power to raise blood-pressure, while faith and trustfulness exert an influence towards normalizing the pressure.

5. Certain drugs, such as morphine, alcohol, the bromides, a host of headache powders and other pain relievers, are but temporary and deceptive blood-pressure lowerers.

6. In the case of a worried ex-convict with a blood-pressure of 190, promised immunity from arrest reduced the pressure in twenty-four hours to 155.

7. It is not uncommon to observe a blood-pressure fluctuation
of from 25 to 50 mm. in the case of certain highly emotional and semi-hysterical individuals.

8. High blood-pressure due to psychic causes may be almost immediately cured by a cessation of worry; the low pressure of neurasthenia may likewise be helped upward by a change in the mental state.

9. Nervous prostration is Nature’s way of preventing certain high strung nervous people from actually “blowing up.” Nervous prostration usually cures — it never kills.

10. The fact that the object of one’s worry is highly commendable — as in the case of missionary worry — in no wise detracts from its pernicious influence in elevating blood-pressure.

11. Disappointment, grief, and cankering care, like anger and an accusing conscience, all conspire together gradually and surely to raise the blood-pressure.

12. Domestic infelicity and business troubles unfailingly tend to raise blood-pressure, and their victims are “driven to drink” because of the fact that alcohol temporarily lowers pressure — in the end it tends to raise the pressure.

13. Religion, when devoutly experienced, seems to exert a salutary influence upon all cases of high blood-pressure due to worry and anxiety.

14. When blood-pressure is allowed to go up to the neighborhood of 200 mm. there is grave danger of heart failure on the one hand and apoplexy on the other.

15. We are compelled to recognize that while the individual may be a loser as a result of our modern “tense” and “speedy” modes of life, that society as a whole reaps many benefits therefrom.

16. Worry, sorrow, and even excessive mental work are now looked upon as contributing directly to the production of arteriosclerosis.

17. While overstudy is admittedly a cause of premature old age, nevertheless, unhygienic physical practices are also usually found among the real causes.

18. High tension and arterial degeneration as a rule result from overworry, overwork, overeating, and overdrinking.

19. “Americanitis” is a term coined to include all of the mental and physical mal-practices whose combined influence tends to raise the blood-pressure, deplete the vitality, and break down the nervous energies.

20. The results of long continued high blood-pressure are headaches, arterio-sclerosis, apoplexy and heart failure. High tension is also associated with Bright’s disease and other physical disorders.
CHAPTER X

NEURASTHENOIDIA, OR NEAR-NEURASTHENIA

In the beginning of our study of the neurasthenic states proper, we must lay down the principle that all these neurotic conditions rest upon a definite hereditary base, and are specifically due to some form of abnormal brain working or nervous functioning.

Brain control may be defined as a faculty which is inherent in men and women who are in a normal state of health. When we speak of normal brain control we mean that every idea, impression, or sensation is controlled by reason, judgment, and will. It is easy to imagine the state of one who lacks this controlling power; his uncontrolled brain would without this regulating power, be practically in a state of psychic anarchy, a helpless victim and an easy prey to every impulse, emotion, and passing fear; quite unable to reason sanely and soberly. Such an individual is doomed to a life of sorrow and neurasthenic suffering. Entire lack of brain control is exceptional; what we find more frequently among neurasthenic persons is a sort of unstable or insufficient control. Three forms of ennui or neurasthenoidia may be recognized, viz., the hereditary, the acquired, and the accidental forms.

The patient will judge and reason in a normal way respecting many things, while at the same time he is peculiarly dominated by certain ideas and impulses which he himself recognizes as quite absurd or greatly exaggerated, and over which his will has little or no power of control; this is the neurasthenoidic state. This same mental state carried one step further results in the typical neurasthenic state with all its accompanying physical manifestations, bodily symptoms, and psychic tortures.
EFFECTS OF INSUFFICIENT BRAIN CONTROL

The phenomena of instability of control are in the main the same in neurasthenoidia as in out-and-out neurasthenia. The sufferer's state of mind and health is constantly changing from good to bad, and going from bad to worse, and all this takes place without the slightest evident reasons. These changes recur from time to time; a frivolous mood may, for example, be succeeded by a marked fit of depression.

Let us now see what are the effects of this insufficient brain or mind control on the ideas, emotions, and actions. Even in those cases where the insufficiency of control is very slight, a definite and marked discomfort will be caused the patient by the feeling or conviction that he is not fully cognizant of all the ideas hatching out in or passing through his brain. He will often be troubled and harassed by a vague feeling that he is only about one-half awake, that his mind is getting away from him—that he cannot escape from the half-drowsy state of mind which ever and anon threatens to creep over him. Helpless—he is carried by this uncertainty out on the sea of fear.

If this insufficiency is more developed, the symptoms increase proportionately; he no longer suffers from a vague feeling of discomfort, but from a sensation of painful and distracting confusion, a veritable whirl of disjointed and uncontrolled ideas.

These uncontrolled ideas are usually found to be unconnected and indefinite. They may be repeated indefinitely, or may become so fixed in the mind as to possess the power to torture the patient quite independent of will control. The chief defects in the thinking of these neurasthenoidic patients are exaggeration or deformation of their ideas and emotions; also a woeful lack of preciseness and clearness. The resultant bodily actions have the same marked defects. They are indeterminate, hesitating, and frequently executed, apparently, while in a semi-conscious or dreamy state of mind.

The patient is only vaguely aware of the results of all this insufficient control over his ideas, emotions, and actions; he dimly recognizes the consequences of his demoralized mental actions without realizing that they constitute the origin of the
majority of the most distressing symptoms of his unique affliction.

ENNUI AND NEURASTHENOIDIA

Thousands of well-to-do people are suffering from the accumulated results of intellectual inactivity and physical idleness. They have become the victims of a sort of refined laziness—a conventional stagnation of mind and a fashionable inaction of body.

One reason many poor people are relatively happier than the rich, is that they still have so many things to seek for; and eagerness is one of the most forceful and uplifting attributes of human mental action. Possession not infrequently spoils the pleasures experienced while pursuing the coveted treasure.

While much of the neurasthenia of the poor may result from the hereditary predisposition plus the stress and strain and worry of poverty; it must be admitted that the neurasthenoidia of the rich springs from the same hereditary taint plus the ennui of mental indolence and physical idleness.

I was recently consulted by a woman who, when writing to make the appointment, said in her letter that she “was living a life which had become unbearable,” and that she “must have speedy relief or else go mad.” This patient when she arrived was found to be in excellent—almost perfect physical condition, even the blood-pressure was 120—normal. The only possible physical complaint she was entitled to make was that, possibly, she did not sleep soundly.

This woman had a devoted husband, two splendid children, a luxurious home—with motors, horses, and servants—in fact, everything that money could buy, and yet she began her history by saying: “To me, life is not worth living. I am thirty-eight years old, and I feel that it is useless to live longer.”

She seemed to have lost all interest in everybody and everything—not excepting her own family. She said religion no longer appealed to her, that reading was distasteful, and that her husband had “become a perfect bore.” She appealed to me to know if she was really going crazy, and if I thought not, then about how long would she live and have to endure “this
exquisite torture of living in a world where nothing fascinates you, nobody enthrals you, and everybody and everything bores you."

BREAKING THE SPELL

This good woman presented a typical case of neurasthenoidia. She lacked many of the symptoms of a typical neurasthenia, but she had every earmark of typical ennui—neurasthenoidia. If she is not promptly rescued from the mildew of her inaction and from the maze of her selfish indolence, she is on the high road to full fledged and unmistakable neurasthenia—genuine and unadulterated nervous invalidism.

Now, how did I talk to this patient? What did we try to do for her? The very first thing I endeavored to do was to disabuse her mind of the thought that she was "sick." I fully and carefully explained that ennui and even fully developed neurasthenoidia were not real "diseases" in the sense she understood—that her condition was largely the result of neurotic heredity, luxurious environment, faulty education, lack of training, and more in particular a loss of the sense of one's personal responsibility to the world. Of course, I did not neglect to show how all this had come about from her false ideas of happiness and how they were obtained from idleness and inaction on the one hand; and a gradual weakening and almost complete loss of will power on the other. She strongly resented my statement that she had "come to me in quest of some new secret or source of happiness"—and greatly objected, at first, to my diagnosis that "narrow-minded selfishness was at the bottom of all her afflictions."

It was only after a pointed, spirited, and searching appeal that she confessed to the sordid motives which had actuated her life from its earliest years, and then, after unburdening her soul—after bringing forth a series of confessions long suppressed—confessions of failure in her duties as a mother, a wife, a neighbor, and as a woman, I say that it was not until after this awakening that we were able to begin that long and tedious educational process which promises to effect deliverance of the soul from its lone and dreary prison house of self.
LIBERATION OF THE SOUL

Not all cases of submerged personality and imprisoned soul can be dealt with alike, but the following summary of my methods will be found adapted to the average case.

1. I give careful and conscientious attention to any real, bona fide physical condition which may demand treatment; taking care not to allow the patients to receive any unnecessary attention or treatment which would tend to dignify the thought that they were suffering from some real disease.

2. I try to show them what real happiness is—and how it is obtained. I point out the unhappiness of selfishness and the happiness of unselfishness. I make plain that to increase one's wants is to decrease one's happiness; while to decrease the wants means to increase the capacity for happiness.

3. The demand is imperative that the patient go to work immediately. "Get a job" is the first curative slogan in the therapeutic battle with ennui. You must get hold of a definite aim in life. You must work and think and plan to this one great end. Then you will not find yourself "bored" if you are left alone with yourself now and then—when you are momentarily deprived of something to entertain, occupy, or amuse you.

4. You must learn to think less about yourself and more about other people—the world. Begin at once to bestow upon your family and neighbors the great love you have so long lavished and squandered upon your miserable and unhappy self. The more you love yourself—the more your misery; the more you love others—the happier you are.

What have you ever done to make some one else happy? I do not want to hear about "giving in to my husband," the charity ball, or a check to the Salvation Army. Such gifts—which cost you little or nothing—may indeed benefit the recipient, but they do little good to the donor. Go right out in the great wide world and personally and actually do something for some really needy and stricken soul, and you will be thrilled and exhilarated with a new satisfaction—a new brand of pleasure and happiness—which all your former and perfunctory "charity" acts never approached.

5. Get into the game of life with your husband (if you are
a married woman). In every crisis of his life stand with him shoulder to shoulder on the firing line. This is an experience which develops that domestic patriotism, family loyalty, and that superb comradeship which makes husband and wife one—and which effectively destroys that silly bugaboo of "boredom" so frequently felt by you when in the presence of, and when so annoyed by the trifling eccentricities of your companion.

6. If love cannot budge you, if affection does not draw you forth and away from yourself, then let duty push you—literally shove you out—into the world to begin the activities which shall fulfill the divine destiny ordained for you, while your soul is filled to overflowing with the satisfaction and consciousness of having "done your best"—"having done your duty." Build a hospital. Get a law passed against child labor. Do something to improve the condition of the present generation, or to increase the prospects for happiness in the next generation. Find a hundred other idle sufferers like yourself and organize a movement which shall contribute to the solution of some world problem. Do something worth while; don't feebly push along some trifling and sentimental pseudo-reform propaganda. Don't simply join an anti-vivisection society or some other useless and harmful movement. Seek out a woman's job—or a man's job—and take hold of it with a determined will.

7. Then, after you have learned how to work, after you are initiated into the joy and satisfaction of productive labor, you may find an entry into the joys of play and the pleasures of well earned recreation. Yes, I know you are about to say that all this advice would have been all right fifteen or twenty years ago, that it is too late to remedy things now. But I also know that it is not too late. I know you can do it now if you will set about it with resolution and perseverance. Breathe upon the smouldering fires of your sleeping ambition and see if the flames will not kindle and burn with such fervor that your dormant soul will be warmed into action and your mind inspired to exertion.

The further treatment, physical, mental, and moral, of ennui or neurasthenoidia, will more appropriately be presented in
succeeding chapters in connection with neurasthenia proper, and will not, therefore, be further taken up in this chapter. Neurasthenoidia is merely the vestibule to the fully developed nervous prostration, and is given separate attention here because of the fact that a large number of sufferers seem never to progress much beyond this phase, or else they so long linger in this pre-typical neurasthenic state as to deserve specific remedial suggestions.

**SUMMARY OF THE CHAPTER**

1. Brain control is the secret of sound nervous health. Lack of brain control plus hereditary pre-disposition means neurasthenoidia — psychic anarchy.

2. We recognize three classes of ennui or neurasthenoidia — the hereditary, the acquired, and the accidental.

3. Lack of brain control in its earlier stages is characterized by mental uneasiness, nervous discomfort, distracting confusion, fixed and disjointed ideas, fleeting memory, and the constantly recurring feeling that one is only about half awake.

4. The chief mental characteristics of neurasthenoidia are exaggeration of the emotions, deformation of ideas, a deranged sense of proportions, together with a woeful lack of preciseness and clearness.

5. The chief bodily symptoms of neurasthenoidia are general physical indisposition, muscular weakness, undue hesitation and halting in the execution of physical movements, resembling one's conduct in a semi-conscious or dreamy state.

6. Neurasthenoidia and ennui are frequently the result of intellectual inactivity, physical idleness, moral indolence, and social laziness — a general stagnation of mind, body and soul powers.

7. Some pathetic victims of ennui are so bored by everybody and dissatisfied with everything simply because they are wholly self-centered — wickedly selfish.

8. In order to cure such patients it is necessary to point out the acting causes of their difficulty, viz: neurotich heredity, luxurious environment, continuous idleness, faulty education and the loss of the sense of one's personal responsibility to the world.

9. In liberating these victims of fashionable ennui, it is necessary to recognize and properly treat any accompanying physical disease or disorder.

10. The neurasthenoidic must be taught the unhappiness of selfishness and the happiness of unselfishness — that to increase one's wants is to decrease one's happiness and vice versa.
11. It is imperative that these patients go to work—"get a job." They must acquire a definite and continuous aim in life.

12. Neurasthenoidics must cease to think of themselves and enlist in the thrilling and exhilarating business of making other people happy.

13. If love cannot persuade the victims of ennui to begin action, then let a sense of duty drive them into the "game of life."

14. We have seen many of these victims of inaction speedily cured by enlisting in some local crusade or joining a national movement, such as building a hospital, child labor, votes for women, etc., etc.

15. It is never too late to mend, never too late to breathe upon the smouldering fires of sleeping ambition, and thus to warm and arouse dormant soul powers to creative action.
CHAPTER XI

NEURASTHENIA, OR NERVOUS EXHAUSTION

In the last analysis, neurasthenia must be regarded as a state of accumulated chronic nervous fatigue. The literal meaning of the term is "nerve weakness." And so it would appear that all of us are to some extent more or less neurasthenic—especially at such times as we may chance to be a trifle overworried or slightly overworked. It should hardly be looked upon as "up-to-date" to tell a patient he was suffering from "nervous weakness"—in fact it would be apt unduly to alarm him, but he takes very kindly and naturally to having his ailment diagnosed as "neurasthenia."

NEURASTHENIA DEFINED

I prefer to confine the use of the term neurasthenia to those states of habitual nervous fatigue due to multiple functional causes. The various phobias, obsessions, fixed ideas, and other morbid impulses are extra-neurasthenic manifestations, and although they may be—in fact usually are—accompanied by more or less neurasthenia, nevertheless I prefer to look upon such nervous disturbances as separate and apart from neurasthenia; and that is just what has been done in this work, having already fully considered many of these insistent mental moods in former chapters, while a few remain for later treatment.

From the standpoint of prognosis, many of these morbid nervous states so closely related to and so commonly associated with neurasthenia may or may not be as serious as the neurasthenia proper—depending entirely on their severity as well as on the strength of the individual's nervous system.

The general nervousness which is so often associated with various organic diseases such as tuberculosis, the infections such as influenza, or with such painful local disorders as gastric ulcer
or cystitis, should not be looked upon as neurasthenia. If there is a real neurasthenic state present in such cases it should certainly be regarded as secondary to the other and pre-existent disorder. If, however, after the other disease or disorder is recovered from the “nervousness” still persists, then, but not until then, may we recognize this neurotic state as one of true neurasthenia.

**NEURASTHENIA NOT A DISEASE**

It must early be made clear to the reader that neurasthenia is not a disease—that is, not a circumscribed, well defined disease such as spinal sclerosis or epilepsy. It is not even a disease in the sense that hysteria might be so considered. It is entirely true that many hysterical and even melancholic patients are also in some degree neurasthenic; but in the majority of these cases the neurasthenia must be looked upon as being more or less superficial, while the major disorder is deep-rooted and far more grave.

We must, then, come to look upon neurasthenia as a functional nervous disorder, not dependent on any organic disease and not associated with hysteria or any other definite mental disorder. Neurasthenia is always characterized by great nervous irritability, disproportionate mental and nervous fatigue, and accompanied by a vast assortment of unpleasant sensations and other symptoms in the head and various other parts of the body.

And so we find today that many of the leading neurologists of the world deny that neurasthenia is a distinct disease. They look upon neurasthenia as being merely a “symptom complex”—an aggregation of nervous symptoms characterized by the extravagant expenditure of nervous energy. This premature dissipation of nerve energy may be voluntary—as in the ambitious pursuit of riches and fame; or involuntary as in the battle with disease, disappointment, and inhospitable surroundings. And so again we reiterate that neurasthenia is not a disease in the sense that tuberculosis and Bright’s disease are diseases.

It is, no doubt, due to this generally accepted idea that neurasthenia is a specific disease, that another and erroneous idea
WORRY AND NERVOUSNESS

has gained general acceptance in the popular mind, viz.: that the one great cause of present-day neurasthenia is the strenuous life of the American people. While, as noted in a former chapter, the strenuousness of our modern business and industrial life may be, to some extent, responsible for much of our exhausting high tension and the resultant neurasthenic collapse, nevertheless, as also previously pointed out, we are forced to recognize the fact that numerous other influences are at work as causative factors in the production of nervous prostration. The chief of all of these contributing causes is an inherited neurotic taint, chronic worry, together with a host of minor violations of the laws of mental hygiene and healthful living.

ARE WE ALL NEURASTHENIC?

Not infrequently we have a nervous patient ask us if we are not "all more or less neurasthenic," and, of course, I am forced to acknowledge that we are "all a bit neurasthenic at times." Neurasthenics are all highly impressionable—unduly sensitive; indeed, they are merely exaggerated cases of what would otherwise be looked upon as being perfectly normal.

Professor Speyr of Berne once said: "It is only the neurasthenics who do anything in this world." He undoubtedly meant that the indolence and indifference which so often passes for healthy nervous equilibrium is a false show of power; while the enormous capacity for enthusiastic expression which is so ever-present in the case of the near-neurasthenic, would be, if properly controlled, a tremendous power for good in the performance of useful work.

CLASSIFICATION OF NEURASTHENIA

Neurasthenia has been variously classified by different writers. One authority gives the following:

1. Essential or hereditary neurasthenia. This form of nervousness usually begins in early youth and steadily increases— with slight remissions—until it becomes chronic, generally in middle life. (The author is inclined to regard most of these early appearing or hereditary neurasthenias as cases of psychasthenias. See chapter xvii.)
2. **Accidental or acquired neurasthenia.** In this form the onset is abrupt. The patient who has previously appeared to be in splendid health, is suddenly and without warning stricken down with nervous prostration. Many of these cases are prostrated over night or else within a comparatively short space of time. This form of neurasthenia does not advance progressively. The most typically marked and acutely painful symptoms make their fullfledged appearance at the very beginning. This is the form of nervous prostration which more frequently strikes one down as a result of some mental shock or physical strain which was suddenly precipitated; or in other and rarer instances may be due to a continuous and intensified period of overwork and over-worry.

3. **Intermittent neurasthenia.** In this type of nervous disorder the onset is also rather sudden but without apparent cause. The condition of the sufferer progresses unfavorably and within a few weeks becomes apparently serious, and may thus continue for some weeks or even months; when suddenly, after the same inexplicable manner that characterized the onset, he feels decidedly improved or even completely cured, arises from his bed and is able almost immediately to resume his ordinary daily duties. This period of improvement and apparent good health lasts, as a rule, for some months or even years, whereupon, a new attack of nervous prostration descends upon the patient preceded by few or no premonitory symptoms. This is the so-called “periodic form of neurasthenia,” the attacks occurring every two or three years and, in some cases, where the stress and strain is more severe, coming on as frequently as once or twice a year.

One authority, who lays so much stress on “brain control,” seems to regard these three forms of neurasthenia as merely indicating three different degrees of cerebral control. He says:

These three forms, which are so dissimilar in their causes, their beginnings and their course do not differ materially if they are examined from the point of view of defect of brain control. In the essential form (hereditary) we have to deal with a case of arrested development of this faculty, whereas in the other forms it is a question of the instability of this control; the three forms are in reality
only three degrees of insufficiency. As regards the prognosis, it is natural that the check in development of brain control should render a cure more difficult. It is no longer a question of the instability of this control; the three forms are in reality only three degrees of insufficiency.

Instability of the intermittent form should be easy to correct, but here we have to contend with another factor, in that the sufferer only submits with difficulty to strict treatment, as he already knows that he will again feel well without any effort on his part; it is true that this feeling of good health is very artificial, as a relapse is inevitable.

THE PHYSIOLOGY OF NEURASTHENIA

The significant thing about neurasthenics is the fact that they suffer inordinately from an unusually large number of emotional disturbances. Situations that would not be noticed by the average normal person are able greatly to annoy, grieve, or frighten the neurasthenic.

It would seem that the brain centers in the cortex of the cerebrum of neurasthenics had become unusually and abnormally sensitised to the recognition of certain sensations and ideas, so that these influences, in the place of arousing a normal response and reaction, are able to excite and turn loose an outgoing flood of nerve currents which sweep over the body—taking everything by storm—literally demoralizing every function of the entire organism. This oversensitive condition of the nervous mechanism is identical with that condition we have elsewhere described as a "lowering of the emotional threshold."

Dubois has compared the almost incurable hereditary nervous invalids to "spiritless horses," and so whether we are dealing with the victims of a true neurasthenia or with the less rebellious sufferers from intermittent neurasthenia, we shall find almost invariably that our cardinal psychic symptoms are pusillanimity, discouragement, a tendency to worry, and the absence of self-mastery.

THE MECHANISM OF EMOTIONS

Pershing, in summing up the James-Lange theory of emotions, offers the following comment:
The significance of this aspect of neurasthenia becomes clear when it is viewed in the light of the James-Lange theory of the emotions. Observation and reflection extending over many years have convinced me that, for the practical neurologist, it is a true theory, although the pure psychologist may be doubtful about some of its implications. According to this theory every emotion consists of three processes whose order is invariable.

1. The occurrence of the exciting perception or idea.
2. An action of the brain, excited by this perception or idea, which sends efferent nerve-currents to the organs throughout the body, causing a change in the action of the organs.
3. The return of sensory nerve-currents from the disturbed organs to the sensory areas of the cortex, causing a change in the sensations and a consequent perception of the bodily disturbance.

Take as a simple example the case of a person startled by sudden noise. The first stage is simply the perception of the sound; the second is the jerking of voluntary muscles, the involuntary cry, the sudden catch in the breath, and the jump of the heart; the third is the disagreeable sensations caused by these sudden changes in the body. In such cases the bodily effects and consequent unpleasant sensations are generally greatly in excess of what one would expect from the loudness of the sound. They may sometimes be useful in enabling one to escape from a sudden danger, but are generally quite useless, and their exhausting effect is far greater, the duration of activity being considered, than that of any kind of work whatever. So it is with the various phases of anger, grief and fear in the neurasthenic. The exciting idea is generally not such as one would expect to have a marked effect, but it starts an emotional process whose second stage involves, directly or indirectly, every muscle-fiber and gland in the body, changing motion, respiration, circulation, and secretion, while the third stage includes bad feelings which further alarm and depress.

Biologically, this disproportion of effect to apparent cause is explainable by the fact that the emotions are largely identical with the preservative and protective instincts, for which there is a predeveloped inherited mechanism, which normally in case of danger causes prompt and vigorous action toward escape, defense, or attack, without waiting for reason to give its sanction. In modern life this mechanism is seldom useful, while its needless action, if frequently repeated, is always harmful. It is this primitive, inherited, powerful reflex mechanism which has become oversensitive and excessively active in neurasthenia.
As carelessly used by the laity—and even by some physicians—the word neurasthenia, like the term rheumatism, has been made to cover a vast realm of diagnostic ignorance or indolence. It seems to have become the rule of many persons and not a few physicians to diagnose all "tired feelings" as neurasthenia, and all "achy feelings" as rheumatism (especially if they are worse on rainy days).

The real truth is that neither neurasthenia nor rheumatism are bona fide diseases but merely symptoms—sort of barometric indicators—of the general state of the organism; the neurasthenic symptoms indicating the state of nervous strength and control, and rheumatism indicating the presence of poisonous toxins derived from some foci of infection in the body.

In every case when the patient's "presenting symptom" is tired feelings it is the physician's duty, before making a diagnosis of neurasthenia, thoroughly to overhaul the patient, and thus be reasonably certain that he is not overlooking some obscure organic disease or other pathological condition which may underlie these nervous symptoms, and which is wholly responsible for their manifestation.

It is a serious mistake to diagnose true melancholia as neurasthenia. There is a two-fold harm in such a mistaken diagnosis. First, if the melancholic is diagnosed neurasthenic, he will not be properly watched, and, as it is a well known fact that true melancholics all have more or less suicidal tendencies he may, during an extra bad fit of depression, make away with himself. In the second place, great harm is done to every neurasthenic who may know of or subsequently hear of, this mistaken diagnosis in that it has become a matter of record that Mr. So and So—diagnosed a neurasthenic—has committed suicide and so the fear-ridden and worry-tortured neurasthenes straightway begin to nourish and coddle the new and added fear that they also may some time commit suicide. It is a fact that neurasthenics practically never commit suicide, but cases of mistaken diagnosis as between melancholia and neurasthenia are so com-
mon as to lead large numbers of neurasthenic sufferers to live in constant fear and dread of committing suicide.

NEURASTHENIA AND THE AGED

We must also be very careful how we diagnose neurasthenia in old people. It is hardly likely that individuals who have escaped nervous breakdown throughout the changing vicissitudes of early life and their adult careers will be found to succumb to any ordinary stress or strain which may overtake them in advanced years. It has been my experience that most cases diagnosed neurasthenia in elderly people have turned out to be premature arteriosclerosis. In the beginning of a rapid onset of arterial degeneration, there are likely to appear many symptoms closely resembling those of neurasthenia. Careful and repeated observation of the blood-pressure will obviate the danger of such mistaken diagnoses.

BRIGHT'S DISEASE AND DIABETES

Likewise, there is great danger of mistaking a slowly developing case of Bright's disease for neurasthenia. We have had many cases sent to us with the diagnosis of "nervousness"—especially men from thirty-five to forty-five years of age—whose urine showed on examination both casts and albumen. We should be very careful about settling upon a diagnosis of neurasthenia in the cases of middle-aged men who have never had nervous prostration, and who gradually begin to develop slight but persistent headaches, tired feelings on waking up in the morning—especially if this inordinate fatigue persists until night—together with more or less stomach trouble and occasional tendency to diarrhoea. An examination of the blood-pressure and the urine of such supposedly neurasthenic men will almost invariably disclose the fact that they have been suffering for years from Bright's disease. It is possible for such patients to pass along until within two weeks of death and present no more serious symptoms than those ordinarily exhibited by chronic neurasthenic sufferers.

At the very time of this writing there came to the office
a man forty-two years of age, who had suffered almost constantly from slight headaches for the past seven years. His case had been diagnosed as one of “over work,” and he had been advised to take a good long vacation — spend a few weeks in Florida or California. A routine physical examination of this patient disclosed absolutely nothing that was wrong — nothing but what could be reasonably ascribed to “nervousness” — until the blood-pressure was taken which registered 180, and then an examination of the urine, which was loaded with casts and albumen, made it necessary quickly to change the diagnosis from an innocent and harmless neurasthenia to that of nephritis or beginning Bright’s disease. Further study of this case disclosed the presence of a chronically ulcerated tooth, the removal of which led to an immediate improvement in the patient’s symptoms.

Another disease that is mistaken for neurasthenia in its earlier stages is diabetes. We find many patients who have undoubtedly been passing sugar in the urine for some time, but whose feelings of muscular weariness and general physical indisposition have been credited up to a carelessly diagnosed neurasthenia.

NEURASTHENIA AND CHRONIC WORRY

In considering mistakes in diagnosis, attention should also be called to the fact that many patients are diagnosed as neurasthenic who are merely suffering from an acute attack of “over attention” — simply an exacerbation of their habitual mental state of chronic worry — or maybe they have merely focalized all their attention on the transitory symptoms of some passing functional ailment of some internal organ.

It is exceedingly unfortunate for the future happiness and welfare of such victims of chronic worry and near-neurasthenia to have their nervous ailments dignified with a diagnosis of full fledged neurasthenia. I have found that such patients insist on having a name by which to call their nervous disorders, and not wishing to label them for the rest of their life as neurasthenics, I have been literally forced to clinically create a special grouping for such patients and call their milder nervous condition by the term previously defined — neurasthenoidia.
NEURASTHENIA OR NERVOUS EXHAUSTION

THE PENALTY OF IGNORANCE

The intensity of the neurasthenic's sufferings is not always measured by the intensity of the sensation he experiences or the pain he is called upon to endure; but rather is the keenness of his misery gauged by the intensity of his dread — the acuteness of his fear and the measure of his anxiety — all of which arise directly and wholly from his ignorance, from his lack of understanding regarding the source and significance of these constantly recurring sensations and symptoms in various parts of his body.

After the neurasthenic has thus been blown about by the winds of emotion and driven before the tempest of misunderstood and misinterpreted feelings for months or years — after having exhausted all the orthodox remedies and methods of treatment — it is little wonder that he goes in quest of some new and "royal road to health" method of getting well, as Courtney says:

At this point he is almost certain either to yield to the lure of some patent medicine advertisement or take up with a religio-medical cult which offers to lead him unerringly along the road he is so anxious to travel. If he chooses the "mind and soul" course, his vocabulary soon enlarges through taking in such amazing terms as: autosuggestion, psychotherapy, psychotherapeutics, sublimial mind, sub-conscious mind, and others equally polysyllabic. And, at the same time, he is very apt to become deluded with the notion that Mind is the master and that the body is its abject slave.

BEHAVIOR OF THE NERVOUS SYSTEM

Now, if these nervous sufferers were given an intelligent insight into the physiology and anatomy of the nervous system, and if it were made perfectly clear to them just what happens when the functions of the human nervous system are disturbed and distorted, as in the case of neurasthenia, then the veil of mystery and ignorance which ordinarily enshrouds the subject of nervous prostration would be finally lifted, the mists would roll away, and this in and of itself would largely affect the cure of the larger part of the neurasthenic's sufferings and sorrows.
Concerning the physical properties of nerves and their tendency to suffer in varying degrees one writer has said:

The important fact to be borne in mind is that the resistive powers of the different elements which make up the nervous system vary in degree with the nature of the functions these elements are designed to perform. For example, the motor nerves, so called, which have to do with voluntary action, are less susceptible to the influence of vitality-depleting agents than the sensory — upon which we depend for feeling; while the latter are superior, in respect to their resistive powers, to the great sympathetic which, through its many ramifications and connections, is largely concerned in the so-called automatic functions of the body — such as respiration, circulation, digestion, and so forth. Given this fact, it is easy to understand why, in states of nervous exhaustion, the bulk of the physical symptoms should come from those organs over which the sympathetic holds sway.

The nervous system has truly been termed the master-tissue of the body, and in the case of neurasthenia it may be rightly regarded as the tyrant of the body. Its great possibilities for good, when the individual loses control over the nerve centers, are immediately perverted into possibilities for evil.

In all cases of neurasthenic nervous derangement there are never to be found any demonstrable changes in the nerve cells or structure of the brain, spinal cord, or nerve tracts. That which we do find is purely functional. The delicate balance — that fine adjustment between mind and matter — is temporarily deranged or destroyed and this results in turning loose a veritable riot of impulses and sensations often resulting in such a derangement in normal function as to turn the natural workings of the nervous system into a "diabolic caricature of the normal."

The neurasthenic sufferer is told time and again that there is nothing organically wrong with him, he has swallowed prescription after prescription containing nerve tonics or nerve sedatives, and it is no wonder that deep seated discouragement begins to settle down over his disturbed and distracted mind. It would seem that modern medicine has done almost everything imaginable for the neurasthene except the one thing
essential to his cure—methodic training and discipline in mind control and self-mastery.

SYMPTOMS OF NEURASTHENIA

In this place we will give but a brief outline of the symptoms of neurasthenia, as the varied manifestations of this interesting disorder are fully presented in a chapter to follow.

While it is true that neurasthenia is not a distinct and definite disease entity, nevertheless, when reduced to its characteristic symptoms it forms a clinical picture quite as definite as that of hysteria, and even more distinct and circumscribed than its near and more largely hereditary cousin—psychasthenia.

In brief, the neurasthenic state is characterized by widely distributed and exceedingly diverse groups of subjective symptoms among which predominate those typical sensations of muscular fatigue (real and not imaginary) nervous exhaustion and general incapacity for effort in the physical, mental and moral domains.

While the neurasthenic presents a host of minor and ever-changing complaints, his chief and constant overshadowing difficulty consists in his peculiar mental state of psychic depression, hypochondriac pre-occupations, and more or less of a melancholic disposition.

Chief among the minor symptoms of which the patient complains will be found a series of functional disturbances and disorders embracing headache, backache, insomnia, dyspepsia and constipation, not to mention a host of sensory troubles and annoying symptoms due to functional disturbances in the various organs of special sense.

FIVE SORTS OF NEURASTHENIA

While there may be some advantage in the classification of neurasthenias noted in the early part of this chapter, nevertheless, I prefer to classify these nervous states according to the clinical grouping and predominance of the symptoms. This seems to me the wholly proper thing to do, inasmuch as we are compelled to regard neurasthenia as a clinical disorder and not as a distinct disease. In harmony with this view, therefore, we
may conveniently designate five clinical forms of neurasthenia as follows:

1. Cerebral neurasthenia.
2. Spinal neurasthenia.
3. Gastric neurasthenia.
4. Sexual neurasthenia.
5. Traumatic neurasthenia.

The further discussion of these special forms will be reserved for another chapter. (Chapter xvi.)

SUMMARY OF THE CHAPTER

1. Neurasthenia must be regarded as a state of accumulated chronic nervous fatigue due to multiple functional causes. It is not a disease in the sense that tuberculosis is a disease.

2. The various chronic worries, phobias, obsessions, fixed ideas and other morbid impulses should not be confused and confounded with neurasthenia.

3. The general nervousness accompanying organic diseases and associated with local painful disorders, should not prematurely be diagnosed neurasthenia.

4. Neurasthenia is a functional nervous disorder, not dependent on any organic disease and not associated with any definite nervous disorder or known mental disease.

5. Neurasthenia is merely a “symptom complex,” characterized by the extravagant expenditure of mental energy and its resultant nervous irritability, inordinate fatigue, and a host of other unpleasant nervous symptoms and physical sensations.

6. Modern “strenuousness” and nervous “high tension” are not the sole causes of neurasthenia. Other and equally important factors are an inherited neurotic taint, chronic worry, together with a host of violations of the laws of mental and physical hygiene.

7. We are all a bit neurasthenic at times; that is, we are prone to overexaggeration of symptoms, overrecognition of sensations, and overestimation of situations.

8. On the other hand, intellectual ennui, physical indolence and social inertia must not be falsely mistaken for healthy nervous equilibrium and exemplary self-control.

9. Some authorities classify neurasthenia into three forms: (1) essential or hereditary, (2) accidental, or acquired, and (3) intermittent.

10. The hereditary form is characterized by appearance in the early years of life. The acquired form by abrupt onset later
on in life. The intermittent form by unexpected appearances and frequent return attacks.

11. Some authorities contend that these three forms of neurasthenia merely typify three different degrees of brain control—or lack of control.

12. Common everyday sensations and ordinary emotional disturbances which are passed unnoticed by a normal individual, in the neurasthenic are able, owing to a lowering of the emotional threshold, to throw the entire organism into a functional panic.

13. This tendency on the part of the neurasthenic to allow trifling causes to produce such disproportionate reflex effects is but a reversion to that reflex barbaric mechanism designed for self-protection in the face of sudden and unexpected danger.

14. It is this primitive, inherited and powerful biological reflex mechanism which has become so highly oversensitive and excessively active in neurasthenia.

15. It is a grave error in neurological diagnosis to classify all "tired feelings" as neurasthenia. A similar blunder is made in calling all "achy feelings" rheumatism.

16. A patient's "tired feelings" should never be diagnosed neurasthenia until a thoroughgoing examination has excluded every possible physical cause for such nervous exhaustion.

17. It is unpardonable to confound neurasthenia with true melancholia. Such mistakes cause neurasthenics unnecessarily to fear suicide and other things common to melancholia, but not characteristic of the neurasthene.

18. The majority of cases of so-called neurasthenia in old people turn out to be the early symptoms of arterio-sclerosis.

19. Bright's disease and diabetes in their earlier stages are frequently mistakenly diagnosed neurasthenia.

20. Headaches, tired feelings persisting all day and into the evening, high blood-pressure and an occasional diarrhea all point to probable kidney trouble. Examine the urine before diagnosing as neurasthenia.

21. On the other hand, it is a serious blunder to diagnose acute attacks of overworry or overconcentration of the mind on some bodily function as a bona fide case of neurasthenia.

22. The intensity of a neurasthenic's miseries are determined not by the intensity of his sufferings, but rather by the keenness of his dread and the acuteness of his anxiety and fears.

23. After supposedly exhausting the orthodox remedies and methods, the neurasthenic goes in quest of some "royal road to health"—patent medicines, quack doctors or one of the numerous religio-medical cults of the day.

24. The first step in the cure of neurasthenics is to lift the
veil of mystery and ignorance which enshrouds the subject of nervous prostration—teach them the physiological facts concerning the functions and control of the nervous system.

25. The neurasthenic must recognize that the larger part of his distressing symptoms arise in those organs presided over by the sympathetic nervous system.

26. The tone of the sympathetic system can be improved to keep pace with the rising tone of the cerebro-spinal system. In this way increased voluntary control reflexly strengthens the involuntary sympathetic mechanism.

27. Neurasthenia is merely a temporary disturbance in the delicate balance and fine adjustment between mind and matter. There can be found no demonstrable changes in the nerve structures.

28. And so the neurasthenic is assured of his organic soundness, jollied up, drugged, and in many other ways treated all to the neglect of acquiring the one thing essential—self-mastery.

29. The chief symptoms of neurasthenia are sensations of fatigue, nervous weakness, and general incapacity for physical, mental and moral effort.

30. The leading local complaints are headache, backache, insomnia, digestive difficulties, and functional disturbances of the organs of special sense.

31. Clinically considered there are five forms of neurasthenia, viz.: cerebral, spinal, gastric, sexual, and traumatic.
CHAPTER XII
THE CAUSES OF NEURASTHENIA

THE causes of our modern high tension and neurasthenic tendencies are indeed manifold. They include many mental, physical, social, toxic, and other "habit" causes, in addition to our proverbial "strenuousness."

I. HEREDITARY PREDISPOSITION

As noted in a former chapter, heredity plays an important rôle in these various nervous disorders. I do not look upon neurasthenia as an inherited disease, I do not even look upon it as a distinct disease. I do recognize that the nervous tendency to "break down" and "blow up" under certain provocation and pressure, is a truly inherited predisposition. But I regard the neurasthenic state or disorder as an acquisition, not as an inheritance. On the other hand, and in contrast with this position, I look upon psychasthenia as an inheritance, not an acquisition.

The fact that neurasthenia is not inherited—as such—explains why it so seldom manifests itself until maturity—in adult life, while psychasthenia almost invariably shows signs of activity even before the period of adolescence. We have spoken of hereditary and acquired neurasthenia. Nowadays, the tendency is to classify all the so-called inherited neurasthenia as psychasthenia. And so, when the nervous stress passes beyond the limit of the normal or average endurance and there results a disorder or disease, while many causes may be found, usually there is a traceable heredity taint, or other temperamental basis, in addition to a history of long continued stress or unhygienic mental life, sometimes resulting from some unfortunate early experience, a wrong ideal, or an abnormal emotion; and, finally, some culminating circumstance which
appears as the determining shock, the last straw that breaks the camel's back, and which is all too likely to be mistaken for the actual cause of the nervous disorder.

This element of heredity as a factor in the causation of the neurasthenic state is of great importance when it comes to the prognosis. Regarding this point, Dubois says:

Often, alas, one has to withdraw from the favorable prognosis that one has made as the result of a temporary therapeutic success, for some years afterwards one finds the subject with fully developed psychasthenia, or affected, as the result of an emotion, with mental confusion or melancholia. In short, forgetting a little too readily the native predisposition which was postulated to explain how these subjects succumb to commonplace causes, a sort of synonymity is created between the terms true neurasthenia and acquired neurasthenia, while the new appellation psychasthenia has to designate the hereditary or constitutional neurasthenia of Charot and Giles de la Tourette.

2. PHYSICAL CAUSES

There is little doubt in the author's mind that physical habits and practices have much to do with developing neurasthenia in certain individuals. Unhygienic living, overeating, the sedentary life, improper and inadequate ventilation of living, working, and sleeping rooms—not to mention the lash of inordinate ambition which drives thrifty men and women to overwork of both mind and body—all figure as causes in the production of neurasthenia.

It is my observation that men and women who work with their hands are almost as highly subject to these nervous disorders as are the more distinctive mental workers—professional men and women. Overexertion, physical as well as mental, explains why we find neurasthenia almost as prevalent in the country as in the cities. This also probably accounts for the fact that men are more prone to develop the disease than women; although women, when they are attacked, certainly break down more completely and abjectly.

Perhaps under the physical head should also be included those cases of nervous prostration due to "traumatism," which will
be more fully dealt with in a subsequent chapter — those susceptible individuals who pass through some unusual physical or emotional experience, such as train wreck, and who, for years afterwards, are confined to their beds with traumatic neurasthenia, "railway spine," etc.

Some authorities have attached great importance to eye-strain and overworking of the eyes as factors in the production of neurasthenia. There is no doubt that this is a fact in certain individuals; and while I always include a careful expert scrutiny of the eyes in every routine examination of a neurasthenic, I do not find disturbances of vision to play such an important rôle as I was once led to believe.

Many cases of neurasthenia are either originated or provoked by disease or disturbance in some important internal organ or organs of the body. I am coming more and more to recognize that a painstaking and conscientious physical examination of the average neurasthenic patient seldom fails to reveal accompanying physical disorders or derangements in one or more of the vital functions of the body. It may be argued by some that these physical disturbances are wholly the result of the pre-existent neurasthenic state, and to which I would reply — even if this be true, which I do not allow in all cases, that certain functional disturbances which at first may be wholly due to psychic disorder — to disordered neurasthenic impulses — in time come to be so thoroughly and habitually established in the system that they must be looked upon as actual physical functional disorders — and be appropriately treated and overcome by proper physical remedial measures. Mental therapeutics alone are inadequate to clear up the situation when it has reached this well-established and chronic state.

3. MENTAL FACTORS

The chief and characteristic mental factor in neurasthenia is the ever present tendency to make mountains out of molehills — the inordinate magnification of trifles — the insistent and persistent habit of putting a pathological interpretation on a host of common everyday life experiences which are otherwise wholly normal, natural, and commonplace.
Uncontrolled or unduly suppressed emotions frequently play an important part in the production of a disordered brain control—a panicky mental state which characterizes typical neurasthenia.

Again, we observe the neurasthenic state mildly presenting itself in the cases of predisposed individuals who allow their impulses and feelings habitually to work at cross purposes with their environment. This sort of daily discontent constitutes a severe strain on the integrity of the nervous mechanism, and sooner or later symptoms of demoralization begin to manifest themselves. Inordinate and impossible ambitions should be placed in the same neurasthenic-breeding category.

Among the secondary mental causes, the most important is either a mental shock which abruptly and temporarily stops the brain control, or some other influence which in the long run wears out the mental powers; such as sorrow, prolonged grief, excessive worry, or long continued overwork.

In proof of the mental origin of many cases of neurasthenia, Dubois cites the following arguments:

a. The fact that certain psychopathies arise suddenly and under the influence of emotional disturbances.

b. Psychopathic contagion observed not only in hysteria but also in neurasthenia and even melancholia. The fact that a husband and wife with different hereditary tendencies, and educated, often, on different lines, may conceive the same false ideas, and together fall into neurasthenia or delusions of persecution, indicates psychic contagion by imitation.

c. The improvement or cure of psychopathies by means of purely psychic treatment.

4. SOCIOLOGICAL AND OCCUPATIONAL CAUSES

We do not undertake to deny that the strenuous life of modern business (dealt with in chapter 1x), has its influence in undermining the nerves; neither do we rule out the social rivalry with its worry and petty harassments.

Even occupational stress and strain may play a part—but we believe only a minor one—in the sum total of influences which are conspiring together to increase the prevalence of
nervous disorders; but over and above all of these minor causes, I am forced to recognize the fact that heredity is usually the predisposing cause, acting together with bad habits of mental and physical hygiene as the exciting causes.

Overwork may be an occasional exciting cause of nervous breakdown—but I have usually found the real cause to be over-worry plus one or more bad physical practices—including overeating.

In the case of the average neurasthenic who contends that overwork broke him down, an investigation will usually disclose that his bad physical practices coupled with bad thinking habits worked so to undermine and deplete both his physical and nervous energy, that it required but the normal amount of daily work to prostrate him. It is not, as a rule, a question of overwork, but rather one of under-strength—all the result of mental and physical transgression, and that is just the reason why sending such neurasthenics to the mountains or on globe-trotting excursions does little or no good. They carry along their worries and bad physical habits, and consequently return in a short while no better—and more discouraged than ever. In order to get well and stay well, the average neurasthenic must do something more than quit work and run away from noise, telephones, automobiles and express trains.

Neurasthenia is not confined to business and professional men whose work is so complex and taxing, but is increasingly appearing among the middle and working classes, whose hygienic habits are not the best, and whose poverty necessitates considerable financial worry.

Geographically, neurasthenia is nation-wide—world-wide—in its distribution; but it is erroneously supposed to predominate in the great centers of population. It is not true that the cities are the sole generators of neurasthenia; the rural communities and the farm produce very nearly as many in proportion to population. As regards the United States, neurasthenia is probably more common in the Middle West and the Northwest than in the central, southern, or eastern states. There is an extra large amount of this nervous disorder in the elevated Rocky Mountain regions. Its prevalence in this region and that of the
Northwest is probably accounted for by the extra strain upon otherwise predisposed nerves, by the dry climate, stimulating altitudes, strong winds, and excessive sunshine.

5. CITY AND COUNTRY LIFE

Regarding the city as a factor in neurasthenia as contrasted with the country, Dr. Kellogg says:

We might cite the fact, too, that neurasthenia is more prevalent in the cities than in the rural districts. The comparison between the agriculturist and the laboring man in the city speaks volumes for the effects of wrong methods of living upon the growth of nerve disorders. Neither class is vitally affected, so far as the nature of the daily work is concerned, by the strenuousness of present day life. "The plowman homeward plods his weary way" today much as the plowman of all times; he has labor-saving implements that are new, but he also attempts a larger program, so that his way will ever remain a weary one, though healthy withal. The city worker, too, has labor-saving machinery to aid him, an assistance which, as in the case of the farmer, only allows him to accomplish more without increasing the amount of fatigue he feels.

But note how differently the two classes react to the stress of toil. The farmer works out of doors ten to fourteen hours a day. He partakes for the greater part of clean, wholesome food direct from the soil. A comfortable living is assured him, so that he is untroubled by harrowing financial worries. Living a retired and quiet life, his mind is untroubled by those industrial problems which stir the emotions and arouse the passions of the workers of the great cities. His life in every sense of the word is the simple life, and yields him, not only muscles of steel, but also a nervous system that is comparatively immune to the symptoms that constitute neurasthenia.

The city worker leads a life that is diametrically opposed to that just described. As often as not he houses himself in a congested part of the city, where the atmosphere is fouled by the smoke of factories, and in an ancient, ill-ventilated tenement that is overcrowded with every sort and condition of men and women, some whole, but most of them in some stage of some vile disease. The food he buys is seldom undefiled by adulterants that rob the body of needed nourishment, while it also introduces into the system poisonous substances that cripple muscle and nerve tissue and that pave the way for the worst form of neurasthenia. As in the case of the farmer, the hours
of the city workmen are likely to be long, but instead of twelve hours a day in the out-of-doors, he lives ten hours in a hot overpopulated room that reeks with the poisonous exhalations of the workmen. This type of worker, too, seldom knows what it means to be free from the bread-and-butter problem, his worries beginning when as a lad he first enters the factory. Here we have conditions that are ideal for the development of symptoms which are a never failing sign of neurasthenia.

6. PHYSICAL DISEASES

As an important cause of neurasthenia—far more common than is generally recognized, there should be mentioned visceral disorders, disturbances, and dislocations in one or more of the vital organs of the body. Nose and throat diseases are also common causes. Adenoids, for instance, are a more frequent cause than eye troubles of nervousness among children. One of the first things which a school medical inspector or school nurse aims to do is to seek out cases of adenoids and have them removed. The result is always beneficial, the child losing its nervousness and becoming normal in almost every respect.

What some physicians call "splanchnic neurasthenia," a condition in which the stomach and intestines are prolapsed and displaced, the displacement bringing into the abdominal viscera an abnormally large amount of blood and depriving the spinal cord and brain of their proper share, is responsible for a large amount of "nervousness." Anything which interferes with the proper functioning of the intestinal tract—the stomach and bowels—is a direct source of nervousness, as is also any disturbance of the natural functions of the liver or kidneys.

Serious mental disturbances are often observed following typhoid fever, in consequence of an invasion of the brain by the typhoid bacteria; and the same is the case after such germ diseases as influenza, malaria, and yellow fever; but the worst of all infections for the central nervous system is syphilis. This can lead at once to all sorts of new formations, inflammations, destructions of tissue, and shrinkings in the brain, spinal cord, and nerves, and which in their turn, give occasion for such grave nervous disturbances as pains, paralyses, cramps, convulsions, and even the dreaded locomotor ataxia.
It is a peculiar fact that in the races who abstain from alcohol (the Mohammedans), syphilis almost never leads to brain paralysis, while, on the other hand, it does so all the more frequently when alcoholism is also present.

Certain nervous disturbances are also caused by general metabolic diseases, such as gout and certain glandular diseases, diabetes, myxoedema, etc.

7. POISONS AS A FACTOR

We have discussed the hereditary, physical, mental, social, occupational, and disease causes of nervousness, and now, last but by no means least, we must consider the rôle of chronic poisoning in the production of neurasthenia. We may classify the poisons concerned at this time under three heads, as follows:

a. Poisons normally formed within the body. (Metabolic poisons.)

b. Poisons pathologically formed within the body. (Disease toxins.)

c. Poisons taken into the body from the outside.

It has been my experience that practically every case of acquired neurasthenia—especially where the hereditary taint is not marked (I do not include psychasthenia)—presents on careful examination more or less involvement with one or more of these three groups of chronic systemic poisoning. It often proves a source of great encouragement to the nervous sufferer to find in these forms of self-poisoning and autointoxication certain definite sources of their nervous irritation, and they take hold with new courage to cooperate with the physician in an earnest effort to remove all causes of their trouble—physical as well as mental. Let us now consider these poison sources of mischief to the nervous system in the order already noted.

The normal, healthy human body is constantly at work elaborating certain poisons as a part of the daily nutritional operation of the organism. In the case of normal individuals these poisons are either burned up by the liver or eliminated by the kidneys and that is the end of it; but it is not so with the man or woman with easily irritated nerves: these unfortunate sufferers find themselves affected by oversensitiveness to these
natural and ordinary internal situations, just as they are over-stimulated and excited by their normal outside surroundings.

**METABOLIC POISONS**

The origin of these nutritional, acid-poisons within the body may be traced back to the wastes which result from muscular work and to the poisonous wastes resulting from the putrefaction of food stuffs in the intestinal tract, chiefly the large bowel or colon. These decay-poisons from the bowel when absorbed into the circulation, are carried to all parts of the body and exert a peculiarly paralyzing influence on both muscles and nerves. These evils of autointoxication are greatly aggravated when the diet is heavy in protein; and protein is the chief constituent of meat, cheese, eggs, dried peas and beans, and some of the nuts.

A very frequent cause of autointoxication is chronic constipation. This condition is one of the greatest enemies of nerve efficiency, a fact seen in the remarkable readiness with which many nervous symptoms disappear when constipation is removed. Otherwise, the food residues and wastes accumulate, converting the colon into a sort of cesspool, from which the most noisome and poisonous substances filter through into the circulation to attack the entire nervous system.

Muscular and mental work are performed at the expense of nerves and muscle tissues. In all exertion there are produced in the body poisonous substances known as "fatigue toxins." Under normal circumstances these toxins are eliminated from the body by way of the liver, kidneys, lungs, and perspiration. When work, however, reaches the point of fatigue, these poisons are increased beyond the power of overworked eliminative organs to take care of, with the result that they flood the body, attacking the nerves and forming a powerful factor in the production of neurasthenia. Note that it is not the work of itself that is responsible for the nervousness, for fatigue products themselves are a normal product of body activity, but that it is the inability of the eliminative organs to carry out their normal function of ridding the system of its normal poisons. It is possible, it is true, to carry exertion to the point of extreme fatigue, in which case the poisons are increased to a dangerous degree — very many cases of neurasthenia will be found due to this overfatigue.
but very often in cases ascribed to extreme fatigue, the real trouble lies in the overworked and crippled condition of the organs of poison elimination.

**EFFECT OF FATIGUE POISONS**

Apply these considerations to a typical case of neurasthenia and it is readily explained. Work may have something to do with it, for all work involves fatigue, and it is not to be denied that normal fatigue due to normal work tends to lower the threshold of the undesirable emotions and to inhibit the desirable ones. The effect of work alone is normally slight, however, and is quickly recovered from; a night's, or at most a few days' rest would insure recovery if the work were the only unfavorable factor; but along with the work are occasions for vexation, anxiety and alarm. The neurasthenic through heredity, disease or traumatism has a brain which reacts excessively to these occasions; to the moderate fatigue of useful labor is added the great fatigue of useless emotion; the neurons whose efferent impulses disturb the body become more sensitive, lowering the threshold still further; thus the daily number of emotional disturbances increases. The sensory centers of the cortex in which the emotion ends become more and more fatigued, so the resultant sensations become more and more unpleasant. This change in sensations, especially in those of the head, causes a feeling of changed personality which is strongly suggestive of mental disease, and thus the earlier fears of heart-disease, apoplexy, or what not, become relatively unimportant before the terrible fear of insanity.

And so we come to recognize that any physical cause whatever, which overexcites, exhausts, or intoxicates the nervous system creates a condition of mental stress and disorder. The highly sensitized body of civilized man is susceptible to many physical disturbances that are as yet little understood. Many toxins are produced in the body which directly affect the nervous system. The products of muscle fatigue, of certain foods, of some purely physiological processes in the body are known to affect the mental life, and there are still other changes, as yet obscure, which may create mental or nervous conditions,
apparently independently of wrong or unhygienic mental activity of any kind. In general, whatever causes production, in excess, of poisons in the body, or prevents proper elimination of them, may enter into the nervous life.

THE TOXINS OF INFECTION

It is a common bit of neurasthenic history that the disorder made its first appearance following an attack of some infectious disease— typhoid fever, rheumatism, tonsilitis, influenza, etc. These microbic poisons circulate in the blood stream and provoke mischief in the same identical manner that we have just noted in our study of metabolic poisons and those produced by disordered digestion and mal-assimilation.

POISONS TAKEN INTO THE BODY

The physician who is thrown in contact with a large number of nervous cases cannot help but recognize that certain drugs exert a peculiarly bad influence upon the average neurasthenic. Whatever may be said against the habitual use of tobacco by the man of strong nerves, holds doubly — yes even trebly — true of the neurasthenic.

Particularly serious is the effect of tobacco upon the neurasthenic nervous system, an effect which manifests itself in a variety of ways. For the time being, tobacco sometimes appears to give tone and steadiness to the nerves, but this effect is deceptive and the ultimate effect is to increase the very difficulty which it had the appearance of benefiting. The best proof, perhaps, of the injurious nature of the drug is the fact that in scores of cases which we have observed, the nervous symptoms have largely or entirely disappeared when the patient cut down or wholly discontinued the use of tobacco.

It must be borne in mind that one ordinarily feels languid, depressed, and good for nothing, when the blood-pressure is too low; whereas one usually feels exhilarated and tiptop when the pressure is high. Therefore, there is a constant tendency for neurasthenically inclined persons to make use of those drugs which increase the blood-pressure, or in cases of suffering from
low pressure, to resort to the use of high-pressure procedures to counteract the unpleasant low-pressure effects.

**TOBACCO**

Tobacco stands foremost among the common causes of increased blood-pressure. It is well known that when a young man takes his first smoke, he is pale in the face; the small blood-vessels of the skin are strongly contracted; the blood is forced upon the internal organs. The blood-pressure if taken at such a time, is found to be enormously raised; and so throughout life the effect of tobacco-using, due to the specific action of the nicotine and other poisons, is that of directly raising the blood-pressure. (A single cigar raises blood-pressure for over one hour.) The use of tobacco, then, may be regarded as one of the prominent causes of increased blood-pressure in the present generation, and of many of the serious dangers and consequences following, namely: deranged nervous system, hardened arteries, kidney trouble, heart failure, and apoplexy. The long continued and excessive use of tobacco sometimes results in bringing about a reaction—an abnormal lowering of the blood-pressure.

The enormous increase in the use of tobacco is astounding. Last year the American youth consumed enough cigarettes, if placed end to end, to go around the world six times, and then from New York to San Francisco and back again. In other words, they smoked in the neighborhood of six million manufactured cigarettes in one year, (this does not include cigarettes made by the smokers themselves), to say nothing about the enormous quantities of smoking tobacco and chewing tobacco used by the same people. The cigars used last year if laid end to end, would reach almost to the moon—a distance of two hundred and forty thousand miles. There were used last year in the United States, twenty million pounds of snuff, although this habit is supposed to be obsolete.

American men and boys, therefore, last year smoked considerably over fifteen thousand million cigars and cigarettes. These, if laid end to end, would reach almost from our earth to the moon and back again.
ALCOHOL

Of all the habits which have blighted the world the use of alcohol has had perhaps the most sinister results. Great empires have fallen as the result of degeneracy due in a great part to this drug; primitive peoples, such as the North American Indians, are wasting away as the result of the drink habit acquired from the white race. The evils attendant upon the use of opium, cocaine, morphine, absinthe, and other narcotics are not a particle less appalling than those due to the drugs we have already named. Their use, however, is less wide-spread; the campaign of education which has been brought to bear upon them has rendered them less popular than tobacco and alcohol, for owing to some inexplicable foible in the popular mind the "dope fiend" has come to be regarded with more or less repugnance, whereas the tobacco or alcohol fiend is not only tolerated, but often exalted to a position bordering upon heroism. Alcohol is one of the ancestors of neurasthenia.

NARCOTIC BEVERAGES

Tea and coffee come next in the list of popularly used poisons which contribute to wide-spread nervousness. It is a well known fact that whatever excites vital action above the normal standard, without supplying an extra amount of force to support this extra expenditure, invariably produces a necessary and corresponding depression of vital action below the normal standard, or what is known as a "reaction." That this is one of the secondary results of the excessive use of strong tea is well known.

The continued alternation of excitement and reaction must certainly result in injury to the nervous system, increasing the liability to nervous disorders of a functional nature, such as neuralgia, hysteria, etc.

Doctor Bock, of Leipsic, once remarked:

The nervousness and peevishness of our times are chiefly attributable to tea and coffee. The digestive organs of confirmed coffee drinkers are in a state of chronic derangement which reacts on the brain, producing fretful and lachrymose moods. Fine ladies addicted to the use of strong coffee have a characteristic temper
which I might describe as a mania for acting the persecuted saint.

Dr. B. W. Richardson, the noted English physician, says:

Among the women who take tea at every meal, this extremely nervous, semi-hysterical condition from the action of the tea is all but universal. In London and other fashionable centers in which the custom of tea drinking in the afternoon has been revived, these same symptoms have been developed in the richer classes of society, who, unfortunately, too often seek to counteract the mischief by resorting to alcoholic stimulants. Thus one evil breeds another that is worse.

There is used in the United States several hundred million pounds of tea and coffee a year—that is—over ten pounds of tea and coffee a year for every man, woman and child in the country. Tea and coffee are freely used even by young children with tender nervous systems. We have the “tea-drinker’s disorder,” which is a disease recognized by the medical profession; and tea-topers are found among both men and women. This tea and coffee drinking is none the less a case of drug-addiction, even though it be taken at meal time, and notwithstanding that its use has become well-nigh universal.

OTHER NERVE IRRITANTS

A class of substances which are not generally classed as poisons, but which are almost as irritating in their effects on the nerves are the condiments. Pepper, mustard, vinegar, horse-radish, cayenne, spices, capsicum, and their congeners irritate the delicate linings of the stomach and intestines, inhibit a natural flow of the digestive juices, and so derange the processes of digestion as to render the user an easy prey to many a nervous outbreak. Neurasthenics should beware of foods that are hot when they are cold.

The American people, in common with their English cousins, consume enormous quantities of the flesh of animals for food. All forms of flesh food contain certain irritating substances, such as uric acid which was circulating through the flesh of the animal at the instant of death, and which is swallowed along with the meat, and has power to raise the blood-pressure considerably by its irritating effect on the tender linings of the
THE CAUSES OF NEURASTHENIA

blood-vessels and its influence upon the nervous system. Ex-
cessive meat eating is another cause at the bottom of our ten-
dency to "neurasthenia."

With this group of poisons taken into the system from without
may also be mentioned the poisons of impure air. Typical
results of air toxication are seen in the case of ill-ventilated
school rooms. The characteristic effects are languor, dullness,
and, in time, irritability, due to a poisoned condition of the
nervous system. The effects are just as pronounced in homes
that lack proper facilities for ventilation.

Patent medicines, headache powders, and pain relievers must also
be classed as a very important cause of nervousness. In most
instances they contain a large proportion of alcohol, which acts on
the system in the same manner as indicated in the foregoing para-
graphs on alcohol. Opiates and narcotics are also very frequently
present, especially cocaine and opium, introduced for the purpose of
rendering the nerves insensible to pain, without at the same time
removing the causes of the pain.

SUMMARY OF THE CHAPTER

1. While heredity predisposes to nervousness, nevertheless,
neurasthenia is an acquisition, not an inheritance. True, neu-arasthenia develops on the hereditary base; the acquired form
springs up as a result of stress and strain.
2. The physical causes of neurasthenia embrace unhygienic
living, overeating, the sedentary life, overwork, accidents, eye-
strain, and physical diseases.
3. The mental factors in nervous exhaustion are: the magnifi-
cation of trifles, misdirected emotion, uncontrolled impulses,
misinterpreted feelings, daily discontent, mental shock, worry,
overstudy, and anxiety.
4. Neurasthenia attacks the laboring classes as well as pro-
fessional people. Geographically, the largest proportion of cases
are found in the Northwest and in the higher altitudes of the
West.
5. While neurasthenia is found in the country as well as in the
city, it predominates in the city as a result of bad living, sleeping,
and working habits — not to mention intemperance.
6. Physical diseases, such as visceral misplacements and con-
gestion, portal (liver) congestion, typhoid, influenza, malaria,
syphilis, glandular disorders, and even adenoids, are all exciting
causes of nervousness.
7. Poisons are a great factor in the causation of neurasthenia. They may be classified as (1) Metabolic poisons, (2) Disease toxins, and (3) Poisons taken in from the outside.

8. Metabolic poisons are those substances normally formed within the body, but poorly eliminated and badly borne by the neurasthenic.

9. Muscular fatigue poisons, while unnoticed by the healthy organism, are extraordinarily irritating and depressing to the neurasthene.

10. Any and all influences which overexcite, exhaust, irritate, or intoxicate the oversensitive, nervous system of the neurasthene, contribute directly to an aggravation of all his troubles.

11. The toxins of infection— typhoid, influenza, rheumatism, tonsilitis, like the metabolic poisons, all serve to irritate and excite the neurasthenic's nerves.

12. Chief among those poisons taken into the body from the outside may be mentioned tobacco, alcohol, narcotic beverages, patent medicines, etc.

13. While tobacco sometimes appears to steady the nerves, this effect is largely deceptive, and is due to its influence in raising the blood-pressure. Of all persons, neurasthenics should not smoke.

14. Alcohol is one of the ancestors of neurasthenia. By undermining the nervous system of the individual, it has contributed largely to the downfall of the great nations of history.

15. Narcotic beverages—tea and coffee—whatever their effect upon the healthy nervous system, must be regarded as injurious drugs by the neurasthenic.

16. Medical authorities look upon tea as especially harmful to irritable and overwrought nerves.

17. The ordinary condiments—pepper, mustard, vinegar, spices, etc.—are probably irritating to the nerves as well as to the digestive mucous membranes. Neurasthenics should beware of foods that are hot when they are cold.

18. A high protein diet—excessive meat eating—may be a factor in increasing nervousness, due to the irritating and acid character of the various animal extractives.

19. Among other poisonous factors may be mentioned bad air, patent medicines, headache powders, pain relievers, etc.
CHAPTER XIII
THE EAR-MARKS OF NEURASTHENIA

THIS chapter is devoted to the symptoms of the neurasthenic states. The author has a two-fold purpose in so fully presenting these varied and numerous earmarks of the different forms of irritable nervous weakness. First, we are desirous of making it perfectly plain to the neurasthene that medical men are thoroughly conversant with all phases of neurasthenia; and, second, if possible, finally to convince these nervous sufferers that their afflictions are not unique, to show them that the doctor has met many a case just like theirs.

CARDINAL SYMPTOMS

While many of the symptoms hereafter noted may belong to the early or latent period of neurasthenia, and while others belong to the later or chronic stage of the disorder, nevertheless they will all be grouped together in this place, regardless of the particular stage of the disorder in which they customarily appear.

It should also be remembered that no single patient was ever tormented and plagued with all the symptoms here mentioned. This chapter in a general way includes all of the symptoms of all of our patients— that is, the leading and more constant complaints which the average neurasthene is accustomed to make.

Before beginning the recital of concrete and definite symptoms, the reader's attention is called to the fact that all forms of nervous weakness are characterized by four cardinal and characteristic symptoms, viz.:

1. Exaggerated suggestibility.
2. Over-sensitiveness.
3. Abnormal impressibility.
4. Increased emotionalism.
These four states have been quite fully treated in former chapters and it will suffice for the present, merely to call attention to the fact that they all owe their origin and existence to that common-place mental state of chronic worry — fear. One writer has said that “the nervously-weak individual enacts his rôle in the drama of life while in a state of perpetual stage-fright.”

PSYCHIC SYMPTOMS

Of all the neurasthenic symptoms, the most common, the most prominent — and, to the patient, the most alarming — are those unique psychic disturbances which are characterized by a flock of abnormal thoughts and a flood of unhealthy feelings.

The majority of neurasthenics have long been given to worry, and while they suffer more or less from phobias in general and the “blues” in particular, they are usually victims of one or more definite dreads. They are unduly anxious about the future and are given to premonitions — they are extraordinarily apprehensive of some impending doom, especially is this true during their periodic seasons of depression — those characteristic fits of neurasthenic despair.

While these nervous sufferers are more or less concerned over these periods of sadness and depression, the thing which more greatly alarms them is their manifest tendency to “brain wandering” — loss of conscious control over the mind — and in the more severe or advanced cases, an actual loss or weakening of the memory; and this is a symptom which the average neurasthenic interprets as a sure fore-runner of insanity; and thus all their former fears and anxieties are increased many fold.

MENTAL CONFUSION

In other patients the leading symptom is a slowly developing dreamy state of mind, accompanied by lack of interest in life — a pitiful sort of generalized apathy. Vagueness of both ideas and feelings, which progresses from month to month until the patient is overwhelmed by utter mental confusion, and then follows that pathetic spectacle of almost entire loss of self confidence — that abject feeling of inferiority. The neurast-
thenic's motto seems to be: never do today anything you can put off until tomorrow.

And all of this cannot help but lead the patient to dread the future. His fears are multiplied, his obsessions increased, his premonitions intensified, while his apprehensions are enormously magnified. The sufferer reflects on everything he does, and reasons on all his thoughts without reaching a definite and practical decision. He lives very little in the present and his thoughts always turn to the past or the future. We must not overlook the fact that during the time all these manifestations of psychic disturbances are presenting themselves, the patient's nervous irritability is enormously increased and that the various physical and sensory symptoms which accompany these psychic symptoms unfailingly lead to a serious degree of morbid introspection. And all this results in the development of extraordinary and unhealthy egotism, culminating in temperamentnl irritability, pitiful selfishness, and those characteristic fits of neurasthenic anger.

SELFISHNESS AND EGOTISM

Another and peculiar psychic twist in the neurasthenic's experience is the peculiar and sometimes violent manner in which he reacts to his own personality as well as to his family and friends. In the most freaky and lawless manner, the patient is either repelled or drawn by various mental and physical characteristics.

Reasoning is more or less superficial while judgment is hasty and final decisions are therefore ill-formed and highly unsatisfactory. All capacity for mental work is greatly abridged, and there is soon developed a sort of mental asthenia. On the other hand, and in contrast with this state, there not infrequently appears, from time to time, a sort of "psychic explosion" which sets the mental machinery running at a rapid pace for a short season. These are the spells of so called "spontaneous mentation," which, unfortunately, oftentimes assail the nervous sufferers in the dead of night.

There is just one other peculiar mental trait or trick which should be noted, viz.: the characteristic loss of the natural
affections—accompanied by that ever-present peevishness—which makes it so hard for the neurasthenic's family either to please him or live with him.

The victim, too, becomes extremely sensitive with regard to his own personal dignity. He meets a friend on the street who, absorbed in some problem, passes him by without recognition. The act is at once construed into a personal slight. The neurasthenic must occupy the limelight in the attention of his friends, or he feels himself neglected. Even his conscience becomes abnormally acute, taking on the same extraordinary sensitiveness. His every decision, his every thought and act is scrutinized lest it have a wrong motive; the result is, of course, that he finds what he looks for and becomes depressed and gloomy, making himself a burden, not only to himself, but to all with whom he comes in contact. Another frequent symptom of neurasthenia is feebleness of will power, an inability to arrive at a decision when confronted with difficult problems of any kind.

**CEREBRAL SYMPTOMS**

Chief among the neurasthenic's sufferings are those symptoms pertaining to the head. When these so-called cerebral symptoms predominate—greatly overshadowing the other nervous manifestations—it is customary to diagnose the case as one of "cerebral neurasthenia."

One of the most common cranial symptoms, aside from headache, is the feeling of a band drawn tightly around the forehead. Many patients complain bitterly of this constricting or drawing sensation. Other patients suffer greatly from a burning sensation at some point on the scalp, usually at the crown of the head. (Often the area involved actually feels hot to the touch.)

Other sensations felt about the head are those of prickling and crawling, also numbness and tenderness.

Some patients complain of a sense of "fullness in the head" which is very distressing; the head "feels as if it would burst wide open any moment." Other sufferers complain of an aggravating sensation of "emptiness" in the head. These same feelings are also described by the terms of tightness, heaviness, and the sensation of something loose, shaking about in the cranium.
THE EAR-MARKS OF NEURASTHENIA

Dizziness—sometimes associated with the fear of fainting—is a common neurasthenic symptom. Some patients describe their oppressive head feelings as a “lead cap headache.” Others have throbbing, buzzing sensations in the head and complain of a sensation of wind blowing or water running under the scalp.

FEARS OF INSANITY

It is an established fact that any and all of these head symptoms or cerebral manifestations are greatly increased by mental application; and since self-examination is the principal occupation of neurasthenics, a vicious circle is readily established, whereby worry and anxiety are able enormously to increase these symptoms and sufferings, and thereby in turn, the worry and anxiety are still further increased.

The patient is soon possessed with the conviction that he is rapidly losing his mind and begins his plans and preparations for a journey to the insane asylum. To the confirmed neurasthenic, all these mental symptoms spell insanity, just as he looks upon numbness in his hands or legs as certain forerunners of paralysis.

NEURASTHENIC HEADACHES

The headaches of neurasthenia are usually located in the front or on top of the head, occasionally in the back part of the head or as commonly referred to—the base of the brain. The patient usually describes his headache as a sort of pressure or pushing downward upon the head. Pains in the back part of the head are usually described as a dull ache. In fact, neurasthenic headaches may range from a mild diffuse pain up to the most severe pain imaginable. In this connection we are dealing with only neurasthenic headaches; the head pains of hysteria and nervous sick headache or migraine will be treated in other chapters.

At the time of this writing there comes into the office a young business man, manifestly a neurasthenic; among other symptoms he complains of regular headaches. He also complains of pain in the back between the shoulder blades, especially in the evening.
after the day’s work. The patient is visibly nervous. He has various abnormal sensations or mild pains in various parts of the body from time to time, and describes his headache as follows:

“Well, I’ll tell you, doctor, my headache is something like a sensation of mildly squeezing the brain. Sometimes it feels like a pressing down sensation on top of my head. At other times it feels as if there were a tight band around my head. My headache is usually very much worse in the morning, becoming a great deal better or entirely disappearing as the day wears on, while the pain in my back, between the shoulders, usually gets worse towards evening. Sometimes my headache is really not a pain, but only a sensation of fullness or a sense of uneasiness in the head.”

While the real cure of this headache is to be found in the successful treatment of the neurasthenia and the improvement of the general physical state; nevertheless, these headaches may be greatly relieved or entirely removed by means of alternate hot and cold compresses over the top of the head and the back of the neck, in connections with a very hot foot bath. The hot compresses should be wrung out of boiling water and the cold cloths out of ice water.

Cases which are not relieved by the alternate hot and cold compresses to the head, are usually relieved or greatly benefited by alternate hot and cold sponging of the entire spinal column. The skin over the spine is briskly rubbed for a few seconds with a cloth wrung out of boiling water and this is followed by brisk rubbing with cloths wrung out of ice water. The further treatment of neurasthenic headaches and other symptoms will be reserved for later chapters.

**SPINAL MANIFESTATIONS**

Many of the neurasthenic’s complaints are found to be connected with the spine, the spinal nerve centers and nerve branches. This fact explains why certain cases of nervous exhaustion are diagnosed as “spinal neurasthenia,” and also why osteopathy has been so popular — and in many cases helpful — to these patients afflicted with “neurasthenic spines.”
These spinal neurasthenics are all more or less afflicted with backache in common with headache, the most frequent sites being the small of the back and high up just between the shoulder blades, and are usually described as associated with a trying "drawing" sensation at the sides or back of the neck.

Marked tenderness on pressure is found at various points along the spinal column, the favorite locations being at the very top near the base of the skull, at the waist line, and at the top of the sacrum.

**SENSORY DISTURBANCES**

The chief symptom of neurasthenia is that general feeling of "tiredness"—constant fatigue. In chronic neurasthenics the recumbent posture tends to become habitual. These patients are tortured off and on by all manner of vague and wandering sensations of heat, cold, prickling, tightness, numbness, stiffness, weakness, soreness, pain, pressure, etc., etc. These symptoms may be referred to this or that part of the body, and in addition there are a host of abnormal feelings connected with the internal organs of the chest, abdomen, and pelvis.

Some special nerve trunk may appear to be tender to pressure throughout its entire length. Such tender areas are likely to be found in the spaces between the ribs, under the breast, at the pit of the stomach, and in the groins. This nervous irritability becomes so exaggerated at times as to result in the production of darting pains of a neuralgic nature which appear not only in these situations but at various other points on the trunk as well as the extremities. The patient becomes more and more alarmed, feels unfit for any serious work, and begins to behave like a rudderless ship in a storm. The slightest exertion sometimes results in turning loose a veritable storm of unpleasant feelings and painful sensations.

**SPECIAL SENSE DISORDERS**

Neurasthenics never fail to complain that reading (especially by artificial light) gives them a headache or otherwise distresses them. Sometimes the letters blur, at other times they run together. Some patients find reading difficult because they
simply cannot concentrate the mind sufficiently. The muscles of accommodation seem to be overquickly fatigued. The eyes are often so sensitive to light, that the patient is temporarily compelled to remain in a darkened room or to wear colored glasses. Misty veils may appear to hang before the eyes greatly to the alarm of some patients.

It is common for patients to complain of "specks" before the eyes when tired, or after reading; in others the vision is indistinct and confused. Another source of worry to these patients is the so-called negative images. After gazing for a short time at some object presenting marked contrasts of light and shade, and then when the eyes are turned away for a moment, this object appears to the vision with its light and dark spots reversed. This peculiarity of vision in the neurasthenic, together with other and easily explained illusions, cause these sufferers a great deal of unnecessary worry and excitement.

HEARING AND SMELLING

Chief among the neurasthenic disturbances of hearing is *tinnitus aurum* — that constant ringing in the ears. They also suffer, especially when lying down, with a regular throbbing or pounding in the ears which is synchronous with the heart's pulsations. These patients are startled by the slightest sound, and frequently the sense of hearing seems to be highly oversensitive.

They are disturbed during the day and awakened at night by the slightest and most ordinary noises. They develop a veritable lunacy over street noises, automobiles, fruit peddlers, organ grinders, and, we are sorry to record, crying babies.

The sense of smell is greatly deranged. The neurasthenic imagines he detects the presence of peculiar odors and bad smells.

The sense of taste is also frequently involved. Foods may taste insipid, and the patient sometimes complains that he cannot distinguish between bitter and sweet, nor between hot and cold substances when placed in the mouth. The tongue is usually coated and the breath bad.

The sense of touch is considerably demoralized. The pa-
Patients frequently complain of transitory increase and decrease in skin sensations. They sometimes complain that while they are conscious of touching an object with the hand, that the sensation seems to be obliterated before reaching the brain, thus producing a more or less haziness as to the nature and character of the object touched.

**MUSCLE MANIFESTATIONS**

While the leading symptom of neurasthenia is fatigue, and while the patient looks upon this feeling of weakness as being largely a sense of muscular exhaustion, notwithstanding this apparent nature of neurasthenic fatigue, it must be recognized that the difficulty is largely a matter of nerve weakness. However, it is entirely erroneous to suppose that the patient's muscular weakness is wholly imaginary. To a large extent, as far as the patient himself is concerned, this peculiar sense of muscular weariness is real.

It is this aggravating fatigue that gives origin to much of the patient's peevishness, impatience, discontent, and nervous irritability; all of which only tend still further to increase the psychic element of this mischievous fatigue. The fact that a good night's rest does not relieve or remove this sense of fatigue, is what so worries and frightens the neurasthene. It has been my observation that it is this persistent fatigue which is largely responsible for creating that characteristic pessimism of the neurasthene.

Even the muscles of expression are afflicted with this weariness, and it is only with great difficulty that the patient will permit himself to indulge in even the effort of a smile, while hearty laughter is entirely out of the question. The saddest feature of this tendency to fatigue is the ease and readiness with which the patient surrenders to it—abandoning all effort at conquest.

**THE MOTOR NERVES**

Of course all this muscular feebleness lies not so much in the muscle itself, as in the weakness of the motor nerve supplying it. And this becomes so great in some cases of nervous
prostration that the patient is actually unable to turn over in bed. The fact that this fatigue is largely a nervous proposition tends to explain how the "batteries begin to find themselves" in the late afternoon or early evening and how the patient, after dinner, sometimes feels as if he had really had several hours' rest.

Of course these same irritable motor nerves never cease to torment the patient with all sorts and forms of muscular tension, intermittent twitchings, particularly about the eyes, nose, and mouth, sudden jerking of the legs and various tremors.

As might be imagined, walking or standing is peculiarly irksome to neurasthenics. When compelled to stand they usually lean against something, and when sitting—they greatly prefer rocking chairs—they either slouch down in the chair or rock incessantly.

DIGESTIVE SYMPTOMS

Thus far our recital of neurasthenic symptoms has dealt more largely with those nervous disturbances arising in either the sensory or motor mechanisms of the central (cerebro-spinal) nervous system. We now come to the discussion of those symptoms originating more particularly in the great sympathetic system of nerves. The irritation or demoralization of this powerful nervous mechanism directly results in disturbing and disordering the functions of the digestive, secretory, respiratory, and circulatory systems. (Fig. 1.)

Such a large number of neurasthenics present digestive disorders as their chief complaint, that it has led to the designation of "gastric neurasthenia," or, in more common words—nervous dyspepsia. These patients have a variable appetite—sometimes wanting, at other times voracious. They often complain of a heavy feeling, like a lump of lead, at the pit of the stomach. They are also inordinately bothered with gas in the stomach and intestines. They frequently suffer severely from heartburn. While digestion may be slow, many patients are able to maintain good weight, and, as a result, get scant sympathy from their friends when they so bitterly complain of their stomach troubles.
These stomach troubles lead many neurasthenics to live in great terror of being carried off by cancer of the stomach. Many of these nervous patients suffer more or less from a tumbling down of the abdominal organs (enteroptosis), and while much of their talk and worry over dilatation of the stomach and prolapse of the kidney is largely imaginary, nevertheless, when these patients are properly fitted with a suitable abdominal support, we have often found, especially in the case of nervous women, that many of these distressing digestive symptoms have disappeared. These supports often relieve that bothersome sensation of "fluttering in the abdomen," which so many nervous patients complain of.

The majority of neurasthenics suffer more or less from constipation. This condition sometimes alternates with a mucous diarrhoea, accompanied by all the terrors of intestinal fermentation and its resultant auto-intoxication.

**CIRCULATORY DISORDERS**

The palpitation of the heart from which neurasthenics so commonly suffer, is largely the result of disordered digestion—pressure from gas in the stomach—although it may result from unusual mental or muscular efforts, and is sometimes accompanied by the most distressing pain in the cardiac region.

Neurasthenics usually have a small rapid pulse of about ninety to the minute, and during these heart attacks it not uncommonly reaches one hundred and forty to one hundred and fifty to the minute. In advanced cases it is possible to detect even certain characteristic heart murmurs on close examination; and thus the patient's groundless fears of heart disease are further aroused and confirmed.

The circulation is always feeble and unstable, the hands and feet are chronically cold, the patient is a victim of intermittent vasomotor storms, localized or general flushings, throbbing pulsations, abnormal sweats, etc. Blushing takes place with the least excitement. In many cases the palms of the hands are almost always covered with a clammy sweat. Many patients are plagued with these manifestations of sweating and blushing the moment they appear in public.
WORRY AND NERVOUSNESS

THE PALE SKIN

Over-excitation of the vasoconstrictor nerves is responsible for the prolonged spasm of the peripheral blood-vessels and the resultant pallor of the skin accompanied by congestion in one or more of the internal organs. It is this sluggishness of the circulation that renders the neurasthenic so highly sensitive to atmospheric changes, especially to sudden cold. Notwithstanding this fact, it is indeed remarkable what a large proportion of these circulatory disorders are directly due to and controlled by the mental state.

Disturbances in the circulation are reflexly manifested as disorders in secretion. The urine is usually scant and highly colored, because neurasthenics drink too little water. The sweat is sometimes deficient, while in other cases the patient may break out in a profuse perspiration upon the slightest embarrassment. Sudden changes in the circulation also result in fits of disordered breathing. The respiratory movements are slow and the breathing shallow.

INSOMNIA

We come now to the consideration of the sufferer's nights. A night of complete wakefulness may follow a day of comparative tranquillity, whereas a heavy sleep of seven or eight hours may bring to a close a day of unusual turmoil. It sometimes requires an hour or two to get quieted down and ready for sleep after retiring. Meantime the mind runs like a mill race. The happenings of the day are gone over again and again in minutest detail, and the probable sayings and doings of the morrow thoroughly rehearsed. The patient is very apt to awake from dreams with rapidly beating heart, and with body and limbs quaking and bathed in perspiration. Many claim that they do not get more than two or three hours' sleep out of the twenty-four, for weeks and even months at a time.

Fechner has shown how to measure the intensity of the noise required to awaken a person, as the gauge of intensity of that person's sleep. An instrument has been devised through which the sound impressions used for such an awakening are registered in the form of a curve upon a cylinder. The sound is
produced by a pendulum striking with varying force on a plate, causing tones of corresponding intensity. These experiments clearly demonstrate the existence of a typical "neurasthenic curve," which shows that neurasthenics often awaken too early in the morning—in other words, their sleep is interrupted by the slightest sound.

**THE CONCLUSION**

In reciting the symptoms of neurasthenia in this chapter the author does not pretend that all have been noted. Many have been omitted, but enough are here included to show what a protean disorder nervous exhaustion is.

Let our neurasthenic reader pause and ponder—let him note what a galaxy of symptoms and disturbances are herewith presented, and then stop for a moment and coolly reflect that he himself may actually have all these symptoms of disease—and yet the only thing ailing him is simple neurasthenia, a bunch of nervous capers which are not even permitted to dignify themselves by being regarded as a real disease.

Disturbances in the generative system as manifested in neurasthenia will be noted in a later chapter. (See chapter xvi.)

Pain, as associated with neurasthenia, is fully discussed in the next two chapters.

**SUMMARY OF THE CHAPTER**

1. The purpose in reciting the symptoms of neurasthenia is two-fold; first, to convince the neurasthenic that his sufferings are neither unusual nor unique. Second, to show that the doctor has met many another case just like his.

2. The cardinal symptoms of neurasthenia are: exaggerated suggestibility, oversensitiveness, abnormal impressibility and increased emotionalism.

3. The characteristic symptoms of neurasthenia owe their origin and existence to fear. The neurasthene enacts his role in the drama of life while in a state of perpetual stage-fright.

4. Psychasthenics are tormented with abnormal thoughts, a flood of unhealthy feelings, worry, definite dreads, premonitions, and periodical attacks of the blues.

5. Other common psychic symptoms are mental confusion, vagueness of ideas and emotions, loss of self-confidence, morbid
introspection, nervous irritability, extraordinary egotism, and characteristic fits of anger.

6. Neurasthenics reason superficially. Judgment is hesitating and ill-formed. Capacity for mental work is abridged. They experience frequent "psychic explosions," and have a tendency to more or less estrangement from their loved ones.

7. While neurasthenics are very sensitive to slights and neglects, they are very prone to both slight and neglect other people.

8. Common symptoms experienced in the head are: constriction band feeling, burning spots, prickling, crawling, fullness, emptiness, and dizziness.

9. All these cerebral symptoms are increased by mental application which in turn enormously increases other symptoms. The net result is to greatly increase the patient's ever-present fear of insanity.

10. The neurasthenic headache is described as a sensation of mildly squeezing the brain, or one of pressure on top of the head. It is worse in the morning and grows better during the day.

11. The most common spinal manifestations are backache, tender spots, and a bothersome drawing sensation at the back of the neck.

12. While the chief sensory symptom is tiredness or fatigue, the patient is also tortured with sensations of heat, cold, prickling, tightness, numbness, stiffness, weakness, soreness, pressure, and wandering neuralgic pains.

13. The vision of the neurasthene is easily overtaxed by reading. The letters blur or run together, specks float before the eyes, while still other disturbances needlessly alarm the patient.

14. The hearing is overacute. The patient is greatly disturbed by all forms of noise, automobiles, peddlers, organ grinders, crying babies, etc.

15. The special senses of smell, taste and touch are all more or less deranged, and afford the patient no end of anxiety.

16. It is the aggravating fatigue or muscular weakness that produces the patient's peevishness, impatience, discontent, and nervous irritability.

17. The worst feature of neurasthenic fatigue is the readiness with which the patient surrenders to it. He makes little or no effort at resistance.

18. These same irritable motor nerves, responsible for muscular weakness, never fail to torment the patient with all sorts of tension, twitchings, jerkings, and tremors.

19. The sympathetic nervous system gives rise to a very large number of the most distressing of the neurasthenic's troubles, the chief of which is "nervous dyspepsia."
20. Most nervous patients suffer from chronic constipation as well as from enteroptosis—a general tumbling down of the abdominal organs.

21. Among other circulatory symptoms may be mentioned palpitation of the heart, rapid pulse, unstable circulation, throbbing pulsations, pale skin, abnormal sweats, etc.

22. The neurasthenic is also troubled with disturbances of the bodily secretions. The urine is usually scanty. Sweating may either be deficient or profuse.

23. One of the neurasthene's worst enemies is his persistent insomnia. He is awakened by trifles and harassed by dreams.

24. And so it is possible for these nervous sufferers to be afflicted with an almost endless variety of symptoms, simulating all sorts of disease, and yet the diagnosis is neurasthenia.
CHAPTER XIV

FASTIDIOUS SUFFERING AND IMAGINARY PAIN

A careful study of the human nervous system makes it plain that the sensations of sight, sound, and pain are not located or experienced in the special sense organs. Here, to be sure, the first step is taken toward their arousal, but they finally depend, without exception, upon special activity in the cortex of the cerebrum—the outer portion of the upper brain.

These feelings, which we commonly recognize and call sensations or pain, result from the excitation of certain special nerves which end in the eye, the nose, the ear, the skin, and other organs, and which, when stimulated, cause waves of nervous energy to pass quickly over the nerves up to the brain, and it is only after these waves of nerve energy reach the brain, and are there received and responded to by the special centers, that the sensations of sight, sound, pain, etc., are experienced.

PSYCHIC SENSATION

We begin to see that an idea, an experience, a sensation, a pain, or even a disease, may be wholly unreal—that it does not follow that an experience is true and genuine just because the mind accepts it as true. The mind is capable of almost unlimited deception, monstrous imposition, and is subject to innumerable errors of internal working and inaccuracies of the thinking process. But it must be remembered that imaginary or unreal disease is altogether able to give rise to a vast amount of real suffering.

And so it is possible for the body to originate, and the mind to recognize, sensations which are not actually present; for instance, cancer of the foot can produce severe pain for months; cancer, foot, and all, may be amputated, and yet the
patient may keep on recognizing pain as coming from the foot—recognizing it as in the foot—for weeks after the diseased member has been buried in some distant field.

And so various sensations of feeling—itching, pricking, burning—as well as sounds and voices, sights and objects, may be aroused in the brain, while in reality they have no existence; they are merely illusions, sense delusions, or mental hallucinations. Sensations can produce ideas, and it should also be borne in mind that ideas can also produce sensations.

**Fictitious Pain**

Under certain diseased or unnatural conditions, what is there to hinder the nerves or nerve centers from automatically setting in operation waves of energy or reporting impressions on their own responsibility, entirely independent of the impressions made upon the organs of special sensation, with which they are connected? and, further, even if this did not occur, what is there to prevent the special brain centers, under certain abnormal conditions, from reporting to the consciousness of the individual that they have received certain impressions of sight, sound, or pain, when in reality they have received no such impressions? The special center of sensation for some particular sense organ may automatically, independently, and spontaneously give origin to a false sensation—that is, a sensation which in that particular instance did not have a definite physical origin. In this way arise hallucinations, delusions, illusions, and various paraesthesias; for example, a bitter taste in the mouth; as well as psychic or fictitious sensations of pain.

And so it is found that the mental state of fear, together with all its many phases and numerous psychic offspring, has a tendency to produce unnatural and abnormal sensations or to increase their intensity; and it may even torture the sufferer with sensations and feelings which have no physical foundation. Fear and worry demoralize the nervous mechanism of the body, and so greatly interfere with the normal and natural interpretation of physical impressions and the recognition of normal bodily sensations. It is entirely possible for the mind to recognize an unreality as real.
HABIT PAINS

Reference has already been made to the suffering which is sometimes long experienced after a cancerous foot has been amputated. Patients not infrequently suffer actual pain for a period of time after the disease causing the pain is effectually removed—they get well—but the pain persists. It is just such experiences as these that have led physicians and psychologists to recognize the existence of the so-called "habit pain."

Medical men are constantly meeting with a class of nervous patients who, on careful examination, are found to be the unconscious victims of this so-called "habit sensation," or, as I call it, "post-convalescent pain." In such cases, even when the actual cause is removed, either the nerves continue to forward pain impressions to the brain, or the brain centers, having become habituated to reacting to such impressions, continue to awaken the consciousness of pain.

The nervous system is the very home and mechanism of habit. All our habits—good or bad—have their origin and existence in the tendency of the nerve centers to duplicate, repeat, and reiterate their impulses; it is, therefore, little wonder that when certain sensations of pain have long been experienced—when their painful impulses have many times been passed over the nerve tracts and through the nerve centers up to the special receiving and recognizing centers of the brain—I say it is little wonder that the nervous mechanism thus involved acquires the "pain habit," and so actually continues to transmit and recognize these painful sensations long after their original and exciting causes have been removed.

PAIN AND THE PSYCHIC THRESHOLD

The consideration of "habit pain" is sufficient to demonstrate the fact that the concentration of one's attention on the site of pain is entirely sufficient, first, to intensify the suffering, and, later—even after the exciting causes of the pain are removed—to perpetuate the painful sensations. This sort of suffering is sometimes spoken of as "attention pains."

It is a well established psychological fact that the threshold
Diagram illustrating the conditions present when a sensation is increased to the point of actual pain, causing constant physical suffering. 1, the normal and average threshold of consciousness; 2, waves of sensory stimuli before being increased to the point of pain; 3, waves of increased sensory stimuli recognized as physical pain.

Diagram illustrating habit or attention pains. 1, the threshold of consciousness; 2, waves of normal sensory stimuli; 3, waves of abnormal sensory stimuli resulting from injury. At 4, the painful stimuli have dropped to normal level, but the threshold of consciousness is so lowered that they are still recognized as painful.

Diagram illustrating the psychic cure of pain by elevation of the threshold of consciousness. 1, the threshold of consciousness, first normal, later elevated; 2, waves of normal, non-painful stimuli; 3, waves of increased and painful stimuli; 4, although the stimuli persist as abnormal and painful, the pain is lost by an elevation of the "threshold."

Fig. 7. Diagrams Illustrating the Relation of the Threshold of Consciousness to the Sensation of Pain
of one's consciousness may be either raised or lowered by the concentration of the attention. The term "threshold of consciousness" is in quite general use and is commonly understood as referring to that boundary line which separates our mental operations into the conscious and subconscious. What we really mean is that we have a "threshold of awareness"; everything above which we are conscious of, while those processes which occur below this so-called "threshold" are to us unconscious; that is, we are unaware of them. This threshold of consciousness is an indefinite and constantly shifting affair. A sudden shifting of the threshold occurs when we fall asleep, also when we wake up.

Let us represent the normal threshold of consciousness by the straight line 1, in Fig. 7, A. We will represent normal and non-painful sensory stimuli by waves of nervous impulses, as at 2. At 3 these sensory impulses are so abnormally increased that they quickly ascend above the threshold of consciousness, and the individual immediately becomes aware of the presence of pain. This is the state of affairs in all normal painful experiences.

In Fig. 7, B, we again illustrate the threshold of consciousness by the horizontal line 1. In this case the "threshold" is normal at first, but at 4 it drops abnormally low. The normal impulses (2) are unrecognized as pain as in diagram A. The increased and painful stimuli (3) are painfully recognized as before, but let us suppose that the pain in this case is due to some injury or inflammation which so profoundly affects the mind of the patient, that even after the injury has been healed or the disease cured at 4, it is discovered that the patient's attention has become so intently focused on the pain, that the "threshold of consciousness" (1.) is materially lowered. In this event it is readily apparent that the waves of former normal and natural sensory stimuli (2.) now pass far up into the conscious area of the mind, where they are now actually recognized as painful.

And so we find that a lowering of the "threshold of awareness" immediately following some painful experience or some siege of suffering, is entirely sufficient to elevate natural and
harmless sensory impressions to the point where the mind recognizes them as painful—and this is nothing more or less than "habit pain," "attention pain"—purely "psychic pain."

Fig. 7, C, illustrates how an elevation of the threshold of consciousness may work to bring about the psychic cure of what would otherwise continue as bona fide physical pain. By taking one's mind and attention off some minor painful sensation, it is altogether possible to effect its cure in just this manner. We have all received slight injuries at times when our attention was occupied or diverted—and never felt the pain until we discovered that we had been hurt. A careful study of the diagrams in Fig. 7 will serve to make this matter entirely clear.

**ACTION AND REACTION**

And so we begin to discern that the state of the attention—the focus of the mind's eye, has much to do with determining the degree of our sufferings. The neurological optimist may be in real pain but effectually rises above it—as many Christian Scientists actually do—by sheer force of will and the moral determination not to be a victim of the whims of the flesh. Such patients actually *rise* above their common pains by elevating the threshold of consciousness. On the other hand, the nervous pessimist—the victim of acute fear and chronic worry—by lowering the threshold of consciousness, soon comes to that point where a large per cent of the ordinary and normal sensations of life are recognized as actual pain the greater part of the time. But it must not be supposed that "attention pain" is not real. These psychic sufferings are all very real—to the patient. True, the cause of the pain may not be real—may not be literal and physical—nevertheless, when the threshold of the pain consciousness is lowered, the sufferings and misery of such individuals is very real; in their minds they actually suffer the tortures they describe.

We never suffer from agonizing pains unless there exists some corresponding disturbance in either the physical state, the nervous mechanism, or in the level of the threshold of consciousness. When we come to take into account this new factor
of psychic awareness, we are compelled to admit that all forms of pain and suffering are real; and so we see that there is no such thing—speaking in the light of both psychology and physiology—as an imaginary pain. Pain is only imaginary in the sense that actual physical impressions are in no way responsible for the painful sensations. The true imaginary pain must have its origin in the ideas and impulses which originate in the mind itself; and even in these cases we are forced to recognize the existence of an underlying morbid mental state; and in many cases, no doubt, this morbid mental state is indirectly the result of pre-existent physical disorder in some part of the body.

FORGETTING PAIN

While we may oftentimes say to a patient, “There is little the matter with you, forget your pain and get well,” and while such advice does actually cure many sufferers, we should remember that their pain was probably real—for when the average individual believes he is suffering, he really is—but what our advice did for such sufferers, was to take their minds off themselves and thus to raise their lowered “thresholds of consciousness” to such a point that their former painful sensations are no longer recognized as unpleasant—and so they are immediately cured.

What fine expression Seneca gave to this thought in his eighteenth letter to Lucilius, in which he says:

Beware of aggravating your troubles yourself, and of making your position worse by your complaints. Pain is slight when it is not exaggerated by the idea; and if we encourage ourselves by saying: “It is nothing,” or at least, “It is of little account, let us endure it, it will soon be over,” we render the pain slight by thinking it so.

The Mohammedans have been able to fix this beneficent sentiment more firmly in their minds than Christians; they fear death less and accept with calm resignation the misfortunes they cannot avoid. Sincere Christians ought also to be able to submit joyfully to the decrees of Providence. The idea of
necessity is enough for the philosopher. We are all in the same situation in regard to the things that are and to things that we cannot change. The advantage will always lie with him who, by whatever convictions, is able to attain to a calm resignation.

**FASTIDIOUS SUFFERING**

Fastidious sufferers comprise those sensitive and neurotic patients who are more or less constant victims of a certain refined variety of human affliction which is characterized by a rarefaction of suffering and a nicety of illness altogether different from and wholly unlike the common everyday sort of pains which harass ordinary mortals.

It is not the author's purpose lightly to speak of these so-called "fastidious sufferers," nor do we undertake to belittle their suffering. Although we speak of this group of nervous patients as belonging to the "fastidious class," nevertheless, we freely recognize the reality of their pain and its accompanying distress and unpleasant sensations. These pains are very real to the patient — independent of the fact as to whether they have their real origin wholly or partially in the mind of the sufferer.

The study of the psychology of pain and suffering compels us to recognize the existence of these "refined" phases of human suffering. The failure of the medical profession to recognize and deal with these nervously and psychically disordered patients has been largely responsible for the rapid and enormous growth of that great army of mental healers, psychic quacks, and other mind cure frauds.

It is now a settled and accepted psychological fact that a patient's sufferings — the degree of his pain and the quality of his distress — are all more or less determined by the sensitiveness of his nerves, his habits, his mode of thought, the quality of his perception and feelings — as well as by the general state of the physical health, taken in connection with past education and present environment — all of which become factors in the scheme which predisposes one to the likelihood of becoming some sort of a "fastidious sufferer."
The pain of neurasthenia is due, in general, to just two groups of exciting causes: first, to tired out nerves—nerve exhaustion—depletion of "energy granules"; and, second, to irritated nerves—nerves chronically poisoned by certain toxic substances habitually circulating in the bloodstream.

The pains of these "constitutionally inferior" and neurasthenic individuals are usually manifested in the form of certain characteristic headaches, which have already been considered. The backache and other pains along the spinal region which so frequently trouble neurasthenics are probably due to the condition of the muscles found in that locality. They also suffer from a host of reflex and referred pains and other disagreeable sensations which have their origin in overworked stomachs, lazy livers, sluggish bowels, and poor circulation.

As a rule, the neurasthenic describes his pains in an orderly and rational manner. In the main, all his sufferings are increased by work and relieved by rest; however, this is not always true of certain forms of headache often associated with nervous prostration. These peculiar head pains, as noted elsewhere, are sometimes much worse in the morning and are greatly relieved by moderate exercise, disappearing in the late forenoon or early afternoon.

Before one has long had neurasthenia, the threshold of the consciousness, as regards pain, generally becomes much lowered, and ere long, these neurotic patients are suffering from a host of "attention pains." And so, while there may be more or less of a physical or pathological background to neurasthenia, it is certainly a condition in which the psychical elements largely predominate; at least, the great weakness and the ever present exhaustion on the occasion of the least exertion, must be looked upon as being largely mental or nervous. Soon there appears "habit fatigue" with all its accompanying sensations and symptoms.

NEURASTHENIC PAINS

The neurasthene will enter the doctor's office and begin enthusiastically to describe his terrible sufferings, speaking of
his agonizing pain with such intensity of feeling as to disclose his evident delight and pleasure in the narration of his miseries. The physician immediately begins to suspect that such a patient is a confirmed neurasthenic or psychasthenic; for such patients usually take great pleasure and pride in the glorification of their supposed rare and unique physical infirmities.

We recently saw such a patient who described a "frightful pain" which had tormented her left arm for three years; and as she told of her "unbearable suffering," of her "excruciating agony," her face wore a beautiful smile and her whole countenance beamed with delight and joy. She seemed to take supreme satisfaction in being able graphically and exhaustively to describe a pain whose location and character she thought her physician was unable to comprehend. As a general rule, these patients who so earnestly and eloquently describe their pains and miseries may be classified as neurasthenics, and their pains may be regarded as largely belonging to the "attention" sort.

The interesting thing about most of these fastidious pains is the fact that they are usually described as being in some region of the body which does not correspond with the course of any nerve tract or the location of any nerve center. The majority of these pains, no doubt, had their early origin in connection with some actual irritation or strain of the nerves. These peculiar pains, first started by fatigue and toxemia, are perpetuated by the emphasis of the attention—by greatly lowering the threshold of the pain consciousness.

**NEUROTIC MISERIES**

As a rule, these neurotic pains are quite definite—they are usually described as neuralgic, or as deep seated and constant miseries. They are often found in the joints, or may be described as overlying some internal organ—the stomach, liver, kidney, etc. Sometimes these patients tell of "steady pains" in the arms, legs, or in the back.

As a general rule, these obsessive patients are open to argument regarding the reality of their sufferings. Not infrequently they will admit that their sufferings are more or less imaginary,
but they find it next to impossible to act upon such conclusions, even though they most earnestly endeavor to rise above their pain and banish their miseries. These sufferers usually belong to the self-centered, selfish, and egotistic class, and they are seldom cured of their “psychic pains” until their attention is effectually diverted from themselves to things more healthy and elevating.

And so, while these pains may have had their origin in a bona fide neuritis or some other actual physical disorder, the case is regarded as one of fastidious suffering when the misery persists long after the nerve lesion has been healed — after the physical basis of the original disease has been cured and removed. The continuance of such painful sensations after the cure of their original cause, must be due to a combined disorder of the powers of attention and a lowering of the threshold of pain consciousness.

PSYCHASTHENIC SUFFERINGS

The author recently had a patient who complained of a small, circumscribed spot on her arm which felt as if bees were all the time stinging it. With an improvement in general health and a course of psychic therapeutics along the lines of the “reeducation” of her will, these annoying sensations gradually disappeared.

Dr. Dana gives the symptoms in two cases of psychasthenic pain as follows:

A patient, now a man of sixty, has for fifteen years been going around on crutches because he has so much pain in the knees. These knee-pains are always present slightly, but are greatly increased by walking, or by any serious vibrations; so that he cannot use a motor car or carriage, and he travels, whenever it is possible, by boat. This patient is an educated and intelligent man, without any observable symptoms of hysteria. The most elaborate methods of physical and clinical exploration have failed to discover anything wrong with his knees. He intelligently appreciates the explanation that his trouble is purely an idea and tries to follow the suggestion based on this line, without avail. For he gave up his business and devoted his attention to his knees. Naturally he has “attention pains.”

A woman aged forty, of good general health, came to me complain-
ing of pain over the region of the liver, which she had had for nearly three years continuously. It was a kind of pain which would be associated with some disturbance of the gall-bladder. She had been examined in every possible way by the best experts, who all reached the conclusion that it was, as they termed it, "nervous." She had nothing to gain by having the pain, and seemed earnestly to try to raise herself above it. She and a devoted husband worked together daily over the pain, but it continued obstinately despite every kind of a cure, until the time when I saw her. It then gradually disappeared under a course of educational therapeutics which was given to her. Her pain began from an acute local disturbance. It kept up through her attentions to it.

And so these fastidious sufferers variously describe their pains and sensations as a jelly-like feeling in the small of the back; deep-seated, permanent pains in various parts of the body; painful lumps in the throat; various abnormal skin sensations—such as burning, bursting, pricking, crawling, etc. (quite in common with some forms of neurasthenia and hysteria). They also have pains which affect one side of the head, one foot, or one leg. Sometimes they suffer from peculiar sensations such as the body being too short or too long; as well as from internal trembling, nausea, dizziness, etc.

**THE HYPOCHONDRIAC'S PAINS**

The hypochondriac is "set" in his ways. It is quite impossible to reason these unfortunates out of their troubles. Their sufferings have become a real part of themselves, and all efforts to help them by an appeal to reason is soon lost—you can only cheer them up for the time being. In the most pathetic manner these sufferers will tell you of their burning or prickling hands while they tenderly exhibit the suffering member for your inspection and sympathy. They suffer all sorts of pains such as "boiling in the stomach," "ice on the back," "bees stinging one side of the head," "water running under the skin," "the body stuffed with prickly burrs," as well as all sorts of painful sensations in the various internal organs; but, as a rule, the pains of hypochondria are not so definite as those of psychasthenia.

The hypochondriac describes his pains in altogether a different manner from that of the neurasthenic and the psychasthenic.
As a rule, hypochondriacs suffer from a combination of morbid depression and abnormal anxiety—a sort of mild and chronic melancholia. These patients describe their pains and sufferings with great seriousness and solemnity. They will gravely tell the doctor that they have not slept a wink for days or even weeks; that their knee or shoulder has pained them constantly for ten years; they will describe their sensations of bursting, boiling, burning, etc., and the spinal region is a favorite site for many of these abnormal sensations.

The hypochondriac will frequently describe his sufferings with a tearful eye; in fact, their pains are even more than real—they are excruciatingly agonizing. No doubt, many of these morbid pains and obsessive sufferings really do have a literal, physical basis in the poorly nourished and irritated nerves which are the result of chronic auto-intoxication; for it is a generally recognized fact that most hypochondriacs have been or are now, dyspeptics—victims of chronic constipation, etc. In addition to this susceptible physical soil, we also usually have a marked lowering of the threshold of the pain consciousness—an abnormal fixation of the attention on the physical sensations; and thus the conditions are present for the creation of an ever increasing and vicious "pain circle." Such patients are seldom cured by exclusive psychic treatment. Like the neurasthenics, they require proper physical treatment—regulation of the diet, fresh air, exercise, and the increased elimination and destruction of bodily poisons.

TREATMENT OF FASTIDIOUS PAIN

The following procedures have been found exceedingly helpful in the author's hands in the work of relieving the physical agonies of this class of patients, and should, of course, be employed in connection with proper psychic and systemic treatment:

1. Hydrotherapy. Many neurasthenic and psychasthenic pains can be cured by local applications of heat and cold; by applying hot fomentations over the site of the pain for a few moments, immediately followed by a brisk rubbing with ice water or with a piece of ice, then more heat, etc. Very often
a few weeks of such local treatment, in connection with general tonic measures (electric light baths, alternate shower baths, salt glows, etc.), will suffice practically to cure the milder types of neurasthenic pains.

2. **Massage.** General and special massage are of great value in this class of cases. Like the use of hot and cold water, scientific massage promotes the circulation of the blood and increases the nutrition of the nerves. Even the good, vigorous rubbing of the inexperienced layman is often able greatly to relieve the aches and pains of these neurasthenic and hysterical sufferers.

3. **Vibration.** We have seen several cases of psychasthenic and hypochondriac pain cured by the wise and persistent use of mechanical vibration. This sort of treatment seems—in addition to its influence on the currents of the blood and the nerve impulses—to be able to jog the ailing tissues out of their diseased ruts, to cause them to form new habits and methods of life.

4. **Electricity.** There can be little doubt that galvanic electricity can be scientifically employed in the treatment of these fastidious sufferers. High frequency and other forms of electricity, while they may possess some remedial power, are largely psychic in their effect upon the patient. The more faith the patient has in these forms of electricity the more good they will do them.

**SUMMARY OF THE CHAPTER**

1. While sensations are aroused in the special sense organs, in reality they are experienced or "felt" in the special centers of the brain.

2. Sensations, pains, or even disease, may be wholly psychic—unreal, and yet be able to produce a vast amount of real suffering.

3. Pain may be entirely fictitious. The brain centers have power to fool you. They are able to report feelings and sensations which have no physical basis.

4. "Habit pain" is that form of suffering which persists after all actual causes are removed. It is a sort of "post-convalescence" pain.

5. "Attention pains" are those miseries which result from concentrating the mind on some trifling sensation, thereby greatly lowering the "threshold of consciousness" for pain.
6. A lowering of the "threshold of consciousness" following some siege of suffering enables ordinary sensory impressions to ascend up into the consciousness to a point where they are recognized as pain.

7. The neurological optimist may rise above his pain by elevating the "threshold;" while the nervous pessimist by lowering the "threshold" actually turns the normal sensations into "attention pain."

8. All pain is real — bona fide. The fact that it is psychic in origin nowise detracts from its painfulness.

9. Christian Scientists and Mohammedans, as well as the devotees of numerous other cults and religions, are able to divert the attention away from pain and thus contribute directly to its cure by thus elevating the threshold.

10. "Fastidious sufferers" comprise those neurotic individuals who are constant victims of a sort of refined variety of human affliction.

11. It was the failure of physicians to recognize and relieve these "fastidious sufferers" that gave rise to such a great army of mental healers, psychic quacks, and mind-cure frauds.

12. The "refined pain" of neurasthenia is largely due to two causes: overworked nerves and overirritated nerves.

13. In neurasthenia the threshold for pain is always greatly lowered. This accounts for the presence of so many "attention pains."

14. These sort of pains are so real to the neurasthene and the psychasthene, that they often describe them as "frightful," "agonizing," "unbearable," and "excruciating."

15. While the neurasthene is often willing to admit the psychic origin of his sufferings, nevertheless he is seldom cured of his habit pains until his attention is effectually diverted from himself.

16. These refined sort of pains are varied in character as well as location, and are usually only cured by painstaking efforts along the line of re-educational therapeutics.

17. Hypochondriacs complain of "boiling in the stomach," "ice on the back," "bees stinging," and "water running under the skin," and are the most difficult cases of rarefied suffering to cure.

18. These nervous sorts of suffering, in addition to their psychic base, are frequently augmented by constipation and its resultant auto-intoxication.

19. In addition to suitable psychotherapeutics, the majority of these nervous sufferers are greatly benefited by appropriate hydrotherapy, massage, electricity, etc.
CHAPTER XV
THE MISSION OF SUFFERING AND THE PURPOSE OF PAIN

The mission of pain is that of a friendly sentinel. Physical suffering is designed primarily to play the role of a warning messenger, and, subsequently, to serve as a corrective monitor. Pain must never be regarded as an arbitrary punishment — as a manifestation of the wrath of the gods. Pain is nothing more or less than an expression of the displeasure or weakness of the nervous system. It is the outcry of the physical conscience against disease-causes, nervous states, and bodily abuses, designed to warn us of imminent danger and weakness or to protect us from some impending doom.

THE VOICE OF PAIN

Pain and suffering come upon us as a natural consequence of inheriting weak nerves, irritating the brain, or poisoning the nerves. Pain is simply a physiological warning, a psychological monitor, designed by nature to lead us away from the paths of disease and danger. The voice of pain should never be lightly regarded.* The language of suffering, when properly interpreted, tells of wrong habits, disordered nerve states, wholesome practices, unsanitary surroundings, and yields an eloquent warning designed to reform the sufferer — to cause him to make speedy amends. In fact, the real mission of all pain and suffering is to lead the sinner to that place where he will “cease to do evil and learn to do well.” Warnings of pain are designed by nature to prevent suffering, and suffering, after it has come upon us, is usually nothing more or less than our own transgressions (and those of our ancestors) transposed into nature’s penalty.

* The special pains and sensations of the neurasthenic states were fully considered in the preceding chapter.

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The voice of pain is reformatory in its purpose and the language of disease is corrective in its mission; but it is a common practice, when pain has raised its voice in eloquent protest, warning us of the dangers besetting our course, for us to regard this beneficence of nature by resorting to the use of some powerful pain-killer or to some popular patent poison which quickly serves to silence these friendly voices of pain, while it in no wise works to remove the cause, and thereby bring about a rational and permanent cure.

While it is true that pain must be relieved when it is of great severity or long continued, while it is true that life itself is sometimes dependent on our ability to stop suffering, nevertheless, before resorting to the use of these powerful pain remedies, which are usually composed of deceptive and dangerous habit-forming drugs, it certainly would be the better part of wisdom to give a thorough trial to such effective measures as heat, light, massage, rest, and other natural agencies, which will be more fully dealt with later on, and which are often so highly successful in both the relief and the cure of even the most severe and chronic forms of pain. In this way we are able to avoid the unpleasant and disastrous results which not infrequently attend the use of these popular pain-killers, so many of which often contain cocaine, opium, morphine, and other deleterious drugs.

**THE PURPOSE OF AFFLICTION**

It may safely be said that the wise purpose of suffering and affliction is to produce repentance and reform; and yet, we are often called upon to endure severe and long continued physical affliction under such conditions as render it exceedingly difficult to discover the exact transgression which is directly responsible for our misery. Our inability, thus always directly to discern the sin which is immediately responsible for the suffering, is, no doubt, in some measure at least, due to that lenient practice—that merciful habit of nature—manifested in holding back, as it were, for a time, the just penalty of nearly all our sins against her. I refer to the interval which always occurs between seed-time and harvest. In this way Mother Nature gives the physical
sinner an opportunity to repent of his wrong practices a long time before the full harvest of his transgression breaks upon his defenseless head; but when her patient forbearance fails to bring about repentance and thus lead to reform, there is but one thing more for nature to do, and that is to withdraw her sustaining arm of vital resistance and allow the physical sinner to reap the full harvest of suffering which springs up from the seeds of his own wrong doing. Again, as will be shown later on, the neurasthenic not infrequently is made to suffer as a result of the sins of his wrong-doing ancestors.

There can be but little doubt that nature has wisely arranged that our suffering shall ordinarily constitute her last corrective appeal designed to turn our feet from the path of disease into the highway of health—to save the physical sinner from the ultimate destruction attendant on his continuance in sin. Indeed, this teaching regarding the purpose of affliction is a very ancient one, for it was, we believe, the prophet Jeremiah who wrote, “Thine own wickedness shall correct thee and thy backslidings shall reprove thee.”

SOWING AND REAPING

Within every physical and mental transgression, within every violation of the laws of life, within every compromise of the laws of health, there is concealed the seed of bodily disease, nervous disorder, and physical suffering; but time is required for the seeds of sin to bring forth their harvest, first of pain, then of suffering and disease, and, in the end—if the corrective mission of these should fail—destruction and death.

In every act of life the reaping is really contained in the sowing, and while there is invariably a delay between the seed-time and the harvest, it is, nevertheless, unerringly true that “Whatsoever a man soweth, that shall he also reap.” But combined mercy and wisdom are shown in the fact that nature usually first flashes to the individual her warning signal of pain, and, after that, even when the full harvest-penalty of our sin descends upon us as the result of our persistent transgression, even then, all this resultant suffering is largely corrective and curative in its effect upon the body. In the earlier stages,
at least, most of the acute disorders are usually self-limited, cor-
rective, and curative.

The warning rôle of pain and the corrective mission of suf-
fering may well be illustrated by a common experience which
most of us have passed through at one time or another in our
lives—the common accident of putting one’s hand on a hot
stove. The pain immediately felt causes one quickly to remove
the hand, and who can but recognize, in view of its threatened
destruction, that this intense and immediate pain is the kindest
possible feeling which nature could dispatch to the conscious-
ness. Under such circumstances, pain can only be looked upon
as a warning voice calling upon one to take immediate action
to save the threatened member. In fact, were it not for the
restraining influence of physical pain, untold thousands of self-
ish and heedless mortals would quickly plunge themselves into
all manner of sinful indulgences—soul and body destroying
practices—which would speedily terminate their individual
existence, and, ultimately, threaten even the integrity of the
whole human race.

Even the blister which was raised upon the burned hand is
more or less of a corrective and curative process. The blister
is nature’s first effort to correct the results of the burn, and, as
far as possible, to encourage the healing of the wound by the
formation of new skin underneath. These reparative proc-
esses are protected by the blister overhead with its neutral
water bath underneath; indeed this is an ideal process, pro-
vided the water that is contained in the blister does not become
infected by microbes and thus lead to the formation of pus.
In this latter event, it would be better if the blister had been
pricked and suitable artificial dressing applied.

CAUSE AND EFFECT

Every genuine physical pain is the effect, directly or indi-
rectly, of some physical cause. The mission of pain and the
language of disease, represent a chapter in human experience
but little studied, but little understood, and, as a general rule,
grossly misinterpreted. Too often the sufferer is wholly unable
to read the handwriting of disease and distress on the walls
of his own living temple. The average sufferer stands in great need of a physiological Daniel to interpret this handwriting of disease on the walls of the body. The civilized races are exceedingly slow in coming to recognize that, in a general way, all matters of health and disease are controlled by the inexorable laws of cause and effect—of sowing and reaping.

The time has come when intelligent men and women should understand how quickly to translate the voice of pain into terms of transgression, how intelligently to interpret the language of disease into acts of reform. How long before the world will come to understand that true relation between sin and suffering, to understand that suffering is an effect and sin the cause.* How long before we shall finally and forever be delivered from that ancient and superstitious nonsense so commonly expressed in the modern funeral sermon which lays the blame for disease and death upon an all wise God by affirming that the loved one was removed from our midst by a "mysterious dispensation of Providence."

Indeed, it would seem that men and women with ability to discern the handwriting of disease and interpret the language of suffering have always been scarce upon the earth, for even in the time of Job the afflicted, it was said of the one who would be able to show him the significance of his suffering and the mission of his misery—it was said of such a messenger or interpreter—that he was "one among a thousand." True, Job had many so-called comforters, but none were able to help him in deciphering the meaning of his troubles, to learn the way out of his sorrows; so much so, that it was said of the one that was able "to show unto man what is right for him," that he was "one among a thousand."

**ACUTE AND CHRONIC DISEASE**

We have alluded to the experiences of suffering and the processes of disease as being both corrective and curative, and while this is largely and strictly true of acute disease, it is not altogether true of chronic disease. It is only while disease

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*The rôle of heredity in the causation of the nervous disorders was fully considered in chapter II.
SUFFERING AND PURPOSE OF PAIN

is in its earlier or acute stage that it is ordinarily curative. In these earlier stages, in general, acute disease may be looked upon as an effort of nature to cure, and what we commonly regard as disease is simply the reaction phenomenon which results from nature's wonderful efforts to restore the body to a normal and natural state; but if the habits of living are not corrected, if the exciting and irritating causes of acute disease are not abated, if the acting causes of nature's warning are not removed, then, in the later or chronic stages, the disease usually becomes a process of degeneration and destruction in its effect upon mind and body, and, ultimately, it assumes the rôle of a chronic, organic, or incurable disease.

And so, while in the acute stage of most diseases, nature is ordinarily able to cure the ailment more or less completely by her unaided efforts when the exciting cause is removed, it is altogether different in the realms of chronic or organic disease, for here, even after the original causes have apparently all been removed, health is usually regained only by a process of persistent cultivation; or it may be discovered that the disease has taken on the form of an obstinate, chronic, and incurable malady.

THE FELLOWSHIP OF SUFFERING

All the world has been baptized into the fellowship of physical suffering. Love and sympathy have often been conceived in pain and born of sorrow. Love is sometimes stronger than the protest of pain, as shown by the ease with which the mother-love so many times overrules pain and overrides suffering. The willingness to suffer for one's friend has come to be regarded as the token of loyalty, as the pledge of fidelity.

But even though there be much of moral and spiritual good in our common experience of pain and suffering, nevertheless we should recognize that we receive this good not as a direct result of suffering, but rather in spite of suffering, because of the noble manner in which we may bring our characters to react to these infirmities of the flesh. There is probably no great good to be derived from pain and physical suffering which could not be obtained equally well from the sensations
of pleasure and the impulses of health—if we ourselves only possessed normal minds and healthy bodies.

Endurance is essential to pleasure, and since pain oftentimes increases our endurance, it adds subsequently to the sum of our pleasure; and so, while we recognize the beneficent mission of pain and distress and nature's wise purpose in suffering, nevertheless, we would not prolong human misery or add to the sum of mortal suffering just because these unpleasant experiences have shown themselves able under certain circumstances to contribute indirectly to the development of a strong and noble character.

We certainly do discover that pain disciplines the wayward, corrects the erring, subdues the proud, warns the headstrong, and makes wise the ignorant; it also generates social sympathy, even leading the rich who have suffered to have sometimes a fellow feeling for the poor who now suffer. But not always do we see this last salutary effect as the result of distress; men too quickly forget their suffering when the agony is past and the pleasures of living are theirs once more to enjoy.

And too, it must be remembered that nature shows little discrimination in the distribution of her penalties; whether the nights have been spent in dissipation and debauchery or whether they were spent in watching at the bedside of the sick and suffering child by a deserted mother; in the end, the penalties for over-exertion and loss of sleep are exacted by nature quite regardless of whether the sin was one of selfishness and for one's own pleasure, or for the good of another—a labor of love.

THE RESULTS OF SUFFERING

The experience of long continued pain, the results of unusual sorrow or special suffering produce certain permanent effects upon the character of all who are thus afflicted—they either sweeten or sour the disposition. Pain never fails to harden or to melt, suffering either closes or opens the heart. Pain makes the sufferer either more sympathetic or more callous towards the suffering of others. And so, although pain in and of itself is not a thing to be desired, it does sometimes
serve a valuable two-fold purpose of saving us from the
dangers of which it is a warning, and, not infrequently, of
making us all the better in spite of our suffering.

Indeed, pain and suffering are somewhat like the bramble
bush on either side of the road, hedging us up on both sides
for the wise purpose of keeping us steadily moving forward in
the middle of the highway of health and happiness. And so
we see there come up for consideration many problems in
connection with the purpose and mission of pain, and while
our capacity for suffering is certainly more or less a matter
of nervous susceptibility, we are compelled to recognize that
a degree of our misery is also somewhat determined by our
mental and moral attitude.

The fact that we usually regard painful experiences as evil
and pleasurable experiences as good has no doubt had much
to do with determining the moral and spiritual value of pain
and suffering in the lives of many persons.

RACIAL SUFFERING

There is much of pain and suffering which one is sometimes
called upon to endure which is not entirely due to the indi-
vidual's personal disobedience. We must recognize that, in
this life, it is the weak as well as the wrong who are pun-
ished. If through a long line of miserable heredity we are
born into this world physically or neurologically bankrupt, it
is self evident that such physical weaklings are doomed to
suffer more than their share of pain and misery. Even the
fact that we are born a member of a certain race, the fact that
our lives are forced to be spent in certain quarters of the earth,
these, together with numerous other climatic, social, industrial,
and other reasons conspire to determine more or less our degree
of pleasure and suffering in this life.

And so, while it is in a general way true that pain is the
minister of justice to the individual, nevertheless, we certainly
suffer many things as a result of the sins of past generations;
and it is literally true, that it is the \textit{weak} as well as the \textit{wicked}
who are called upon to suffer while passing through this so-
called vale of tears.
THE PERSONAL FACTOR IN PAIN

Transitory pains are often caused by excessive or unnatural stimulations of some part of the body reflexly associated with the nerves which manifest the pain, while a natural and normal stimulation of these same bodily parts or organs would have resulted in pleasure. It is manifestly impossible always satisfactorily to differentiate between pain and pleasure. These two diverse and entirely different sensations are very close of kin, and as to whether a given stimulation or excitation of the nerve results in pain or pleasure, is to be entirely determined by the degree of intensity of the stimulation, as well as by the physical state of the nerve and the mental state of the individual.

And so there is one thing certain about pain, whatever may be the exciting cause, both pain and pleasure are largely personal and relative. They do not as a rule represent definite and fixed states either mentally or physically. The personal, physical and psychical equation has much to do with determining the nature and degree of painful sensations.

Shakespeare said, "one pain is lessened by another anguish." We seldom feel two pains at the same time. There is literally a limit to the amount of pain which the mind can recognize.

PAIN A DANGER SIGNAL

As we proceed, we shall find more and more that of all the sensations which we experience, pain is indeed our best friend, for it comes to be our very best teacher. We must get away from the old idea that pain is a thing always to be despised and lightly regarded; we must overcome the notion that pain is an arbitrary interference with the normal and natural pleasures of living. Pain is just as much a necessary part of life as all the methods of corrective discipline and the necessity for study are essential to the success of an educational institution. In fact, when we come to understand all the relationships of the case, we are compelled to look upon suffering as a friend and not as an enemy; that is, the mature results of suffering to the human race—if suffering were properly interpreted and pain rationally understood—would be positively for
Railroad Wreck, Result of Failure to Stop for the Red Light Danger Signal

Surgical Operation, Sometimes the Result of Failure to be Admonished by the Danger Signal of Pain

FIG. 8. THE RESULTS OF DISREGARDING "DANGER SIGNALS"
good and not for evil; and that such is the case is well shown by the common experience of the surgeon, who, while he recognizes suffering and constant pain in the abdomen as indicative of grave danger, also recognizes as far more grave and dangerous the sudden disappearance of that pain, which suggests to his mind an internal catastrophe—probably the rupture of some diseased organ and the consequent spreading of infection throughout the abdomen—with its probable fatal termination. (Fig. 8.)

Pain is indeed a danger signal—an automatic and ever acting system of alarm wires which are everywhere stretched out over the vast domain of the physical body—always ready to catch the least suspicion of danger and disease and flash the warning in no uncertain terms to the brain, the citadel of intelligence and action, from whence, if the warning messages of pain are properly deciphered and comprehended, the orders may be dispatched to withdraw the body from the zone of danger or to reform the unwholesome practices which threaten disease or disaster. (Fig. 8.) And so, while pain is at first a warning signal of danger, it may later become, if unheeded, a disease indicator, a symptom of the very thing which it was originally designed to prevent and warn you away from. And, as has already been shown, false sensations of pain may arise from causes which are purely imaginary and wholly fictitious.

THE PHYSICAL CONSCIENCE

We are compelled to regard all ordinary sensations of fatigue and pain as friendly voices of warning. Pain in the long run, if properly understood, becomes a powerful pleasure promoter. Our unpleasant and disagreeably painful sensations may indeed be looked upon as constituting the "physical conscience" of the body, ever promptly, effectively, and persistently warning both the ignorant and the heedless against the folly of continuously disregarding the laws of nature. Painful sensations are indeed the pathetic prayer of the nerve for rest, relief, or recreation.

Recent investigations as to the cause of suffering go to show
that a great deal of pain, or predisposition thereto, is occasioned by an unhealthy state of the blood stream. In fact, one authority has defined pain as the "prayer of the nerve for healthy blood." Even physical fatigue is largely due to the presence of these poisons in the blood, and there can be little question that actual pain in many instances is merely a sort of local protest of the body against the unnatural poisonous state of the blood which is circulat ing throughout the system.

**PAIN AN AUTOMATIC SPEED REGULATOR**

Painful sensations are nature's automatic speed regulator. We sometimes suffer merely because our body machine is proceeding through life at too great a pace. The one prominent characteristic of our present-day social and commercial life is its high tension. Everybody is keyed up to the last notch. People are living at a fierce pace, and the pressure-gauge of life registers all the while dangerously near the bursting point. Just as the smoke warns the trainmen of the hot box and serves immediately to bring his mind to the dangers attendant thereon, so pain is sometimes designed to admonish us of the dangers of frenzied and foolish living. No automobilist would dare heedlessly to drive his machine forward with a shrieking axle or a rattling wheel unless his journey was actually one of life and death; and yet how often we observe men and women forcing their body machines forward under the lash of unnatural stimulation, while they deaden the accompanying protest and warning of pain with strong drugs and powerful narcotics. Not infrequently these hygienic "high-speeders" come to look upon the ability either to experience or silence pain as a real virtue— as an evidence of superior wisdom or unusual strength of character.

While pain undoubtedly is greatly increased by morbidly fastening one's attention upon it; nevertheless, it is an experience which ultimately demands attention. And while we cannot expect that every passing headache or disagreeable bodily sensation will be allowed to drive us from our work; it is literally true that many serious accidents, grave mistakes, together with other business muddles and industrial blunders
would be avoided if men and women when suffering serious pain would stop work long enough to find out the exact cause of their pain, and put forth intelligent efforts to bring about its cure by removing the cause.

Even in large factories and business establishments, it would result in a higher type of work and save much money in the end, if every employee with a headache or other serious pain were sent home each morning to get well. Certainly there are times and emergencies in life when one must disregard even the red danger signal of pain and drive on bravely and fearlessly regardless of the consequences, but it is a great mistake thus lightly to regard the warning cries of pain in the presence of the ordinary situations of life, or habitually to ignore the admonition of suffering until it is too late; until the once easily removed and quickly curable cause of the pain has become established as an incurable disease and life long cause of further pain and increased suffering, or results in a bona fide nervous breakdown.

SUMMARY OF THE CHAPTER

1. Suffering is a friendly sentinel, a warning messenger and a corrective monitor. Pain is the outcry of the physical conscience against nervous abuses and disease dangers.

2. Pain commonly results from inheriting weak nerves, irritating the brain or poisoning the nervous system, and is indicative of wrong habits, disordered nerves or unwholesome surroundings.

3. Pain and suffering are nothing more nor less than transgression transposed into penalty.

4. The voice of pain is reformatory in its purpose, while the language of disease is corrective in its mission; hence the danger and folly of pain-killers and patent poisons.

5. When long-standing pain must be relieved, try Nature's effective remedies, such as heat, light, rest, massage, and an improved mental attitude.

6. The purpose of affliction is to produce repentance and reform, hence the interval between seedtime and harvest—Nature's period of probation.

7. The corrective purpose of suffering is an ancient doctrine. Jeremiah wrote: "Thine own wickedness shall correct thee and thine backslidings shall reprove thee."

8. Within every violation or compromise of the laws of health
there are concealed the seeds of bodily disease, nervous disorder, and physical suffering.
9. It is literally true in both the physical and mental realms that “whatsoever a man soweth, that shall he also reap.”
10. Genuine pain is unvaryingly the effect of some definite cause—physical or psychical. It is the handwriting of disease and distress on the walls of the living temple.
11. We must learn how to translate the voice of pain into terms of transgression and interpret the language of disease into acts of reform.
12. Acute diseases are ordinarily corrective and curative; while the later stages of chronic disease are usually degenerative and destructive.
13. All the world has been baptized in the fellowship of physical suffering. Love and sympathy are often conceived in pain and born in sorrow.
14. Pain disciplines the wayward, corrects the erring, subdues the proud, warns the headstrong, and makes wise the ignorant.
15. Nature is indiscriminating in her penalties; whether the nights are spent in dissipation or at the bedside of the sick, the results of overexertion are just the same.
16. Pain never fails to harden or melt. It either sweetens or sours the disposition.
17. In this world it is the weak as well as the wrong who suffer. The child born a neurological bankrupt is doomed by his weakness to suffer along with the wicked.
18. Pain and pleasure are close of kin, and whether a given excitation results in pain or pleasure is determined by the mental state, as well as by the degree of stimulation.
19. Pain is a danger signal—an automatic and ever acting system of alarm wires, stretched out over the vast physical domain.
20. Pain and suffering constitute the physical conscience of the body. Pain is the pathetic prayer of the nerve for rest, relief, or recreation.
21. Painful sensations are Nature’s automatic speed regulator, and while it may be temporarily ignored, it demands attention sooner or later.
CHAPTER XVI
SPECIAL FORMS OF NEURASTHENIA

THE reader's attention has already been called to the fact that the clinical symptoms of neurasthenia are often largely confined to a single organ or group of organs thus giving rise to the so-called local or specialized forms of nervous exhaustion. We have previously classified these special forms of neurasthenia under five heads; viz.: cerebral, spinal, gastric, sexual, and traumatic.

CEREBRAL NEURASTHENIA

This is the form of nervous disorder in which the symptoms are practically confined to the head—to sensations and pains in the brain, on the scalp and at the base of the brain. These patients are tortured by regular and characteristic headaches and all the other cranial pains so fully noted in a previous chapter. They frequently entertain grave fears of losing their minds. Their weakness or fatigue is more intellectual than physical, and the whole picture of the disease, including its hereditary background, is such as to strongly suggest psychasthenia. It is my opinion that further knowledge of this so-called cerebral neurasthenia will lead to a recognition that the majority of these cases are in reality true psychasthenias.

SPINAL NEURASTHENIA

Now we come to the nervous patient with a multitude of backaches, side aches, and numerous other pains including more or less of headache. These are the patients who have been diagnosed as having "irritable spinal columns," "nervous backs," and "neurasthenic spines." They frequently suffer from a minimum of mental or physical fatigue. They frequently undergo unnecessary surgical operations and submit
to course after course of futile treatments and manipulations in their earnest efforts to cure their "miserable backs." The great variety of symptoms connected with this particular form of the disease has also been fully noted.

The essential point in the treatment of spinal neurasthenia is to promote the circulation of the blood throughout the spinal region by means of alternate hot and cold applications in conjunction with massage. In many of these cases, the spinal nerve centers are literally starved from lack of blood which has been so largely diverted into the dilated vessels and over-distended viscera of the abdomen and pelvis. In these cases, the proper treatment and cure of this stagnant circulation of the abdomen, by the wearing of a suitable abdominal support, and other methods, will be found a great help in bringing about the cure of these spinal neurasthenics.

GASTRIC NEURASTHENIA

Now we come to a highly interesting group of human sufferers. The term dyspepsia has certainly been made to cover a multitude of sufferings on the part of the patient as well as a vast realm of indifference and ignorance on the part of the physician. It used to be the custom to call all stomach and digestive troubles, dyspepsia. Nowadays the physician recognizes that when there is pain in the stomach there is something definitely wrong with the digestive machinery, and a painstaking examination usually discloses the presence of ulcers, gallstones, or a chronic appendicitis, and so these surgical maladies are now forever removed from the realms of so-called dyspepsia.

Having removed the real digestive diseases from the classification of stomach disorders, about all we have left to sail under the flag of dyspepsia is "nervous indigestion," "gastric neurasthenia," with its associated chronic constipation and its consequent general auto-intoxication. In my practice, the diagnosis of indigestion and dyspepsia is practically limited to these nervous disturbances of the stomach and intestines, where no real lesion can be detected and which almost invariably are to be found in those patients who present the unmistakable clinical picture of gastric neurasthenia.
The treatment of the gastric neurasthene is largely psychotherapeutic. Efforts must be made to improve the general circulation and increase the nerve tonus. A liberal, fairly easy digested diet must be prescribed. It is imperative that the accompanying constipation be relieved—this is the most important part of the physical treatment. The real cure consists in the elimination of the patient’s psychic dyspepsia and this is accomplished by wise and persistent mental training carried forward to that point where the patient is able fully to recognize the psychic basis and nervous origin of his manifold and distressing symptoms.

SEXUAL NEURASTHENIA

We are constantly meeting with cases of neurasthenia in which the larger part of both mental and the physical symptoms and complaints are referable to the generative mechanism and the sex life of the individual, and, following the rule established in our clinical classification of these nervous disorders, we naturally call this group of morbid sufferers by a term indicative of the chief symptoms of which they complain.

First and foremost among the sex neurasthenes our attention and sympathy is directed to that pathetic group of sufferers from so-called female weaknesses—those dejected victims of female complaints—and to that equally pitiable group of young men, or even middle aged men, who have been foolishly led into the erroneous belief that some small perversion of a physiological function in youth can continue to cause serious symptoms ten or twenty years later. This group of patients have long been a rich field of exploitation on the part of both the quack doctor and the patent medicine vender.

When anything is actually wrong with the human generative system, it certainly needs to be attended to; but in sex neurasthenia there is a well-defined tendency to seize upon the slightest pretense—the most trifling displacement or the slightest symptom—and then to make a pathological mountain out of this insignificant mole hill of disease. There is certainly no form of neurasthenia in which the patient can be so literally “scared to death,” as the form under present discussion.
Just as the gastric neurasthene is always complaining of a dilated or prolapsed stomach, the sexual neurasthene has the mind ever focused on the reproductive organs, always alarmed at some new appearing symptom or the aggravation of some old complaint.

In the case of the woman, the origin of this difficulty may be accounted for by the increased impressionability associated with the physical and nervous disturbances which almost unfailingly accompany menstruation. As in other forms of the disease the neurasthenic mind seizes upon that which is perfectly normal and wholly physiological and successfully twists and perverts it into a health destroying worry.

INFLUENCE OF ADOLESCENCE.

The period of puberty ushers in a marked change of mentality, more especially on the part of boys, and as a result of the gross ignorance which is so often allowed to prevail, certain physical practices and mental habits may be set in operation at this time which will effectually undermine the nervous vitality and so distort the mental viewpoint of life, as effectually to lay the foundation for a slowly developing case of sexual neurasthenia.

It is the belief of many eminent neurologists that early sex experiences, disturbances of the affection, the arousal of emotional fears, and numerous social shocks (many or all of which may be successfully suppressed) are able so to permeate the consciousness of later years—to envelop the mind—to obtain such a morbid domination over the intellect, as to result in the subsequent production of a well marked and obstinate case of sexual neurasthenia.

It is a blot upon the fair name of our Christian civilization that our laws and legal regulations have been so lax as to permit the medical fakers to prey unhindered upon the sex fears and social ignorance of the youthful neurasthene. Many a wrecked career—yes, even cases of suicide and insanity—are directly traceable to the depressing and demoralizing influence of these quacks, with their alarming literature and their suggestive newspaper advertisements.
While this is not the proper place to enter into a full discussion of the sex hygiene of the adolescent youth, it must be recognized that such instruction given in a sane and sensible manner at the proper time and by the proper persons, is indispensable to the prevention of a further increase in that downcast and dejected army of sexual neurasthenics.

I have seen many of these cases both of young men and young women who had worried themselves almost to death. They had despaired of marriage and looked forward to either a life-long invalidism or to an unhappy sojourn behind asylum bars; all because of some trifling youthful indiscretion or because of some wholly natural and normal sex phenomenon, which, because of their dense ignorance, had aroused a host of alarming fears in their minds, leading them to believe they were victims of some insidious, devitalizing disease, when, in reality, their experience was wholly natural and normal; not different at all from that of all their ancestors before them, and not at all unlike that of the average man or woman of the present.

What a crime against young manhood and womanhood to permit the tragic hour of the unfolding of the sex mysteries to overtake and find their minds in a state of unenlightened fear! What a travesty on modern education that the physiological phenomenon invariably associated with the bud of early manhood and the bloom of approaching womanhood should be allowed to overtake and find the adolescent youth in such a state of abject biological ignorance that the entire intellect and nervous system is so shocked and demoralized — the nervous equilibrium so disturbed — that the foundations are thus early laid for the later appearance and development of a well defined sexual neurasthenia!

SOCIAL TRANSGRESSION

I am well aware that not all of the sexual neurasthenia of the present generation has its origin in the failure to teach sex hygiene to the adolescent youth. No practicing physician can remain blind to the fact that intemperance and prostitution, with their resultant venereal miseries and diseases, are directly and
indirectly responsible for many a case of so-called sex neurasthenia. The medical man is fully aware that the long continued abuse, misuse, and over excitation of such a highly organized and delicately adjusted mechanism as that of the human reproductive system, cannot fail—at least in the cases of certain nervously predisposed individuals—to bring on the symptoms of a sexual neurasthenia, or to precipitate some sort of a neurological catastrophe.

Many instances of this unfortunate nervous malady are also brought to the surface by certain incompatibilities of married life. These difficulties are sometimes very distressing to the parties themselves, and highly perplexing to the physician in his efforts to give the advice which will prove best for all concerned.

Another result of this sex ignorance and social prudery is the production of those unfortunate individuals with homosexual tendencies. They exist in far greater numbers than is commonly suspected. Cases of this sort are constantly coming to the notice of the physician who sees a large number of "nervous" patients.

**DEMENTIA PRAECOX**

The milder and more common forms of sexual neurasthenia which are so largely amenable to treatment, must not be confounded or confused with that more serious and grave mental disorder known as dementia praecox which also seems to owe its origin and existence to some sort of derangement or perversion of the secretory workings of the sex glands.

Dementia praecox is in reality a form of insanity. It usually appears early in life and is characterized by a peculiar enfeeblement of mind, emotional indifference, weakness of judgment, flightiness, automatic obedience, impulsive actions, affectations, unemotional laughter, hallucinations, and sometimes delusions of either a depressed or grandiose nature.

About fifteen per cent of all the insane patients admitted to our asylums belong to this group, and in the vast majority of cases the disease makes its appearance before the twenty-fifth year. The two sexes are about equally liable to the dis-
order and heredity is noted in seventy per cent. Physical stigmata of degeneration are also frequently observed. The disorder not infrequently makes its appearance following some severe acute disease such as typhoid or scarlet fever. The prognosis is unfavorable, most cases ending in permanent dementia, but a few do recover.

TREATMENT OF SEX NEURASTHENIA

While the general treatment of neurasthenia will be discussed in later chapters, it will be in order to give some special instruction at this time regarding the management of the particular form of nervous disorder under consideration.

The alternate hot and cold sitz bath, alternate hot fomentations and ice rubs to the spine, together with other general hydriatic tonic procedures, electricity and massage, are all of more or less help in the successful treatment of sexual neurasthenia. But the most important of all remedial measures is the proper and persistent employment of such psychotherapeutic methods as will enlighten and strengthen the patient’s mind, and otherwise so change his viewpoint as effectually to destroy the dominance and tyranny of his distorted sex thoughts and perverted sex feelings.

I find it necessary to sit down with these patients by the hour and in a simple and painstaking manner teach them, unfold to them, the simple, beautiful and fascinating biological truths associated with the science of reproduction. These patients all stand in need of being instructed in the anatomy, physiology, hygiene, and significance of the reproductive mechanism and functions. It is absolutely necessary to destroy ignorance and banish fear if we hope to contribute anything to the liberation of the minds and the upbuilding of the bodies of these unfortunate sufferers.

TRAUMATIC NEURASTHENIA

This is the form of nervous prostration which results from railway accidents, automobile smash-ups and other tragic accidents. This form of nervous disorder may also be precipitated by sudden and violent trauma, such as sudden death in
The family, business reverses, divorces, and other experiences associated with keen regret, profound worry, and unusual anxiety.

The treatment in general of this as well as of the other specialized forms of neurasthenia noted in this chapter will be duly considered in later chapters.

SUMMARY OF THE CHAPTER

1. The special clinical forms of neurasthenia are cerebral, spinal, gastric, sexual and traumatic.
2. In cerebral neurasthenia the symptoms are largely confined to characteristic headaches and other cranial symptoms.
3. In spinal neurasthenia the patient's complaints are largely limited to the spinal column—tenderness, backache, sideaches, etc.
4. Gastric neurasthenia is nervous dyspepsia, and is usually associated with chronic constipation and autointoxication.
5. Chronic dyspepsia is usually the result of ulcers, gallstones, or appendicitis on the one hand; or of nervous indigestion—gastric neurasthenia—on the other hand.
6. The cure of gastric neurasthenia lies in the physical treatment of constipation and the mental cure of psychic dyspepsia.
7. In nervous exhaustion when the chief symptoms and complaints are referable to the reproductive system, the disorder is called sexual neurasthenia.
8. Those patients who chronically suffer from "female complaints," are usually sexual neurasthenics. They are good patrons of both the quack and the patent medicine vender.
9. Another form of this disorder is the youth or man of middle age who morbidly fears that his life has been ruined by some youthful physiological error.
10. Much of this disorder is due to the gross ignorance regarding those natural phenomena associated with the reproductive organs and which make their appearance at puberty.
11. Failure to teach sex hygiene at the right time and in the right way, as well as hereditary predisposition, is largely responsible for many cases of sexual neurasthenia.
12. It is a travesty on Christian civilization that, through ignorance and fear, Nature's adolescent developments, menstruation, etc., should result in such shocks as to upset the nervous system.
13. Sex neurasthenia is also produced by intemperance, and prostitution with its venereal miseries and diseases.
14. Abnormality, perversions, and suppression of sex func-
tions are responsible for a large amount of nervousness and other troubles both inside and outside of wedlock.

15. Dementia Praecox is a form of insanity supposed to have its origin in some perversion of the sex secretions.

16. The special treatment of sex neurasthenia consists in the application of suitable physical measures in conjunction with persistent educational psychotherapy.

17. Traumatic neurasthenia is that form of nervousness which is precipitated by railroad accidents, automobile smash-ups and sudden business reverses, death, etc.
CHAPTER XVII

PSYCHASTHENIA OR TRUE BRAIN FAG

WE NOW come to the study of one of the more newly classified nervous disorders — psychasthenia. While all psychasthenes are more or less neurasthenic, and many neurasthenes are more or less psychasthenic, nevertheless, as we have previously noted, there is a decided clinical difference between these two nervous conditions.

WHAT IS PSYCHASTHENIA?

Many unfortunate individuals are condemned to go through life with a functionally crippled nervous system. They are fore-doomed to suffer more or less from mental fatigue — brain fag — all of which is due to the laws of human inheritance; it is nothing more or less than a case of the father's eating sour grapes and the children's teeth being set on edge.

The psychasthene is able often to comfort himself with the flattering knowledge that he travels in exceedingly good company, for it is a fact that a very large number of the world's geniuses in science, art, and letters, have been more or less psychasthenic. Many individuals who manifest exceptional control of the mind along some particular line, are found to be greatly lacking in brain control as regards the common experiences of their everyday life.

I do not for one moment admit that psychasthenia is the gigantic disorder which its discoverer, Janet, claims it to be. This French authority would lead us to believe that psychasthenia embraces almost every sort of nervous disturbance ranging from simple neurasthenia up to melancholia and arrant madness. I look upon psychasthenia as an hereditary affair — as an hereditary weakness in the matter of brain control and emotional reaction. Of course, I also recognize that overwork,
emotional stress, and intoxication, together with all of the so-called neurasthenic factors, may serve to develop and accentuate this hereditary psychasthenic predisposition.

Many a psychasthenia does not appear in the individual's experience until the nervous system is subjected to some extraordinary strain. On this point, Dubois remarks:

Unquestionably we often see sick people who tell us that they once enjoyed good health, and trace the beginning of their illness back to a certain date. But if we take the trouble, by lengthy and frequent conversations, to scrutinize the mental past of these patients, and to analyze their previous state of mind, we find no difficulty in recognizing that, long before the development of the actual trouble, the mental stigmata of neuroses were traceable, and the event that brought on the acute symptoms was only the drop of water that made the vessel overflow.

THE EMOTIONAL THRESHOLD

Psychasthenia is, in reality, a lowering of the emotional threshold. It differs from ordinary neurasthenia not only in the fact of its more uniform hereditary origin, but also in the fact that it is more largely concerned with purely psychic and emotional influences as regards its exciting causes. A recent writer, in emphasizing this distinction has well said:

In ordinary neurasthenia the exciting causes are the exceedingly frequent occasions of grief, fear, and anger, which are perfectly real but so slight that only the abnormally sensitive brain is harmfully affected by them. In psychasthenia the exciting cause of disturbance is merely the mental representation of a cause for emotion which for the patient does not exist at all, but which would be amply sufficient to affect a normal brain if it did exist.

Thus a psychasthenic girl passing a house sees some glasses of jelly exposed on a window sill. The thought comes, "Some one might put poison into that jelly; what if I should do it?" The mere thought provokes such a feeling of horror that she goes home crying. A few weeks later, she takes part in a cooking-school exercise and is vividly reminded of the ideas concerning the jelly, but keeps control until one of the children who has eaten what she helped to prepare begins to complain of illness. Then the mere idea, which she knows to be utterly false, of having put poison into the food provokes a
violent outburst of grief. All normal persons have some emotional reaction to mental representations which they know to be purely imaginary, as in reading fiction or seeing a play. The theatregoer, the novel reader, the daydreamer, may really tremble, shed real tears, or contract his muscles in righteous anger, but he restrains himself and quickly recovers emotional equilibrium. Not so the psychasthenic. His emotional centers are so oversensitive that a purely accidental image of himself as suffering a violent death, committing a dreadful crime or being insane arouses an intense horror. The intensity of the experience fixes it in memory; it becomes associated with almost everything, and the harmful emotion becomes habitual. The important fact in such a case is not the nature of the idea, or how it came into consciousness or whether or not it has been repressed into the cellar of subconsciousness; these may have some importance; but the great fact is the physical condition of the cortex which permits such excessive and uncontrolled reactions.

In many respects the psychasthenes behave and reason much like a child. They are affected by external influences and react to internal impulses in a manner which indicates that their viewpoint is that of the easily upset and quickly alarmed mentality of the child mind.

NEURASTHENIA AND PSYCHASTHENIA

To still further make clear the difference between neurasthenia and psychasthenia, I may say that those influences of irritation, stress, and strain, which would, in a fairly normal individual, result in producing a case of true neurasthenia, will, in the case of these susceptible and hereditarily predisposed individuals, produce a genuine case of psychasthenia. The perplexing feature of such cases of so-called acquired psychasthenia (in reality, hereditary) is that in the earlier stages they are accompanied by nearly all of the commonly observed symptoms which belong to neurasthenia. On the other hand, psychasthenics are far more likely to manifest symptoms which are suggestive of more serious mental disorders than neurasthenia; and, therefore, as a clinical disorder, psychasthenia comes thus to occupy a place between the less serious neurasthenias on the one hand and the more serious hysterias, phobias, melancholias, and manias on the other hand.
ACTIVE AND LATENT FORMS

The so-called congenital psychasthenia usually makes its appearance at or around puberty. The child is spoken of as delicate, nervous and timid; while the acquired form (I prefer the term latent) may not appear until the patient is well passed middle life, and then only after some prolonged and unusual period of hard work and over-worry. Many a business or professional man experiences his first real attack of neurasthenia or psychasthenia when between forty and fifty years of age. Others are able to postpone this catastrophe until after retiring from business and then, with nothing to think about but themselves, they quickly succumb to their latent, hereditary nervous tendencies, and with amazing rapidity develop into full fledged neurasthenes or psychasthenes.

At the present time I have a patient fifty-five years of age who has until recently been at the head of a large business enterprise. Now he has retired, and although for twenty-five years he was threatened off and on with nervous breakdown which he always successfully avoided, now he is the victim of a most distressing psychasthenia. His mental fatigue terribly annoys him, his appetite is gone, his sleep disturbed, his initiative is slipping, and it is little wonder that he complains that his mental powers are “breaking up,” and that he gravely fears insanity. And yet his ailment is nothing more than this acquired (latent) form of psychasthenia.

EMINENT PSYCHASTHENES

The thought must not for one moment be entertained that our psychasthenes are recruited from the ranks of hysterics, and other people of mediocre mental caliber. As previously remarked, they are frequently found among the most intellectual classes; and many of these great minds have been so successful in the mastery of their mental and nervous weaknesses that they have been able entirely to surmount their hereditary tendencies and otherwise to overcome and repair their loss of nerve control.

Sir Francis Galton, the eminent British scientist — the father of our infant science of eugenics — and who lived well beyond
four score years in the full possession of his mental and physical powers, meanwhile turning out a vast volume of work, was evidently predisposed to psychasthenia, for, concerning one of his attacks or breakdowns, he says:

I suffered from intermittent pulse and a variety of brain symptoms of an alarming kind. A mill seemed to be working inside my head; I could not banish obsessing ideas; at times I could hardly read a book, and found it painful to look at even a printed page. Fortunately I did not suffer from sleeplessness, and my digestion failed but little. Even a brief interval of rest did me good, and it seemed as if a dose of it might wholly restore me. It would have been madness to continue the kind of studious life that I had been leading. I had been much too zealous, had worked too irregularly and in too many directions, and had done myself serious harm.

AN ANCESTRAL LEGACY

Psychasthenes are like poets—born, not made. Nevertheless, it must not be supposed that every one who is afflicted with worry, fears, and obsessions, is a victim of psychasthenia. On the other hand, when not one but all of these imperative moods of thought coupled with enfeebled will power and accompanied by more or less brain fag—I say, when all this infernal group—manifest themselves comparatively early in life, without adequate cause, and are sufficiently developed as seriously to interfere with and lessen one's usefulness, then I think it is safe to diagnose such a condition of affairs as psychasthenia.

And so psychasthenia must be looked upon more or less as a part of one's ancestry. It is some sort of defect in hereditary evolution, and, therefore, overtakes us without our will or leave. Our personal responsibility is only concerned in and by those methods and measures which on the one hand tend to make the situation worse, and on the other, to assist in overcoming nature's handicap, thus enabling the patient to make a creditable showing with an otherwise abnormal nervous mechanism and a crippled nervous control.

PSYCHASTHENIC FATIGUE

The psychasthene is the individual who was “born tired,” and who has remained more or less tired throughout life. A
careful medical examination will differentiate between the "weariness" of psychic fatigue and numerous other physical and parasitic maladies, such as hook-worm disease, etc.

Many psychasthenes who are born and reared in the country get along fairly well. Those who are unfortunate enough to grow up in a great city find it much more difficult to live happy, useful, and self-supporting lives. It is largely from this class of neurologically disinherited individuals, that the common "ne'er-do-wells" of modern society are recruited. The majority of our inveterate and incurable tramps are affected with this psychasthenic taint; as are also those scions of certain aristocratic and wealthy families who are now and then so strikingly attacked with the wanderlust. It would thus appear that the term "psychasthenia" might be pressed into service for the purpose of describing certain strata of modern society which are otherwise commonly and vulgarly called "lazy."

It is the handicapped individual suffering from an extreme case of congenital psychasthenia, who, when he finds himself unable to compete for a livelihood with his fellows, does not hesitate to turn criminal and begin to pillage and plunder society. These represent the brightest, keenest, and the shrewdest of our criminal classes, and are in marked and striking contrast with the feeble-minded criminals who compose by far the larger part of the inmates of our penal institutions.

PSYCHASTHENIC SYMPTOMS

In addition to the characteristic mental fatigue of psychasthenia, the patient suffers from a variety of mental disturbances, many of which are identical with and common to the sufferings of the neurasthenic. Practically, the chief complaint is an incapacity for doing things, coupled with an ever present over-attention to everything connected with one's thinking, living, and working.

The psychasthene spends the larger part of his mental effort and nervous energy in watching himself and otherwise trying to help carry on those varied mental and physical processes which nature designed to be automatically executed. In this
way his energies are almost wholly consumed in useless channels—in efforts which are not only unnecessary, but which are highly harmful to the healthy and normal workings of both the psychological and physiological processes and mechanisms of the human organism. It is no wonder that they tire so easily when we pause to consider the vast amount of useless effort put forth by these meddlesome methods of interference with nature's automatic routine.

**PSYCHASTHENIC INTROSPECTION**

All introspective patients are not necessarily psychasthenic, but all psychasthenes are introspective. They watch all the workings of the mental machinery and the physical processes with the eagle eye of a trained detective. They are incessantly spying upon themselves. They watch the minutest details of their daily work, only to criticise their best efforts and worry over the results. When they engage in play or indulge in recreation, they watch so closely for the expected rest and relief, that they effectually spoil and destroy all the good that might possibly have come from their otherwise beneficial diversions. They watch their stomachs so closely as to lose their appetite and spoil their digestion. It is a physiological fact that no half-way normal self-respecting stomach will continue to do a good grade of work, if its owner insists on constantly watching its operations with a suspicious eye.

These patients even try to watch themselves sleep, and of course, there can be but one result—insomnia. And even when the attention is relaxed sufficiently to permit sleep to overtake them, their slumbers are more or less disturbed by nightmares and other vivid dreams, all of which are largely born of the over-anxious and apprehensive watchfulness during their waking hours. And so it is little wonder that they waken in the morning unrested and unrefreshed.

**OTHER PSYCHASTHENIC EAR-MARKS**

The psychasthene is especially prone to worry about his work. He is always going back to see if things are done right; trying the door again to see if it is locked; getting up out
of bed and going down stairs to see if the cat was put out or the dog was let in. A sort of generalized dread seems to possess the mind—a sort of chronic over-attention to things that need no attention—a sort of short-circuiting of the nervous forces to the performance of useless work, as in the case of the dynamo, when a short circuit so diverts the current that instead of passing outside for the performance of useful work, it is dissipated within the generator, thus deranging the functions of the machine and interfering with both the quantity and quality of its work.

Psychasthenics frequently appear to be well nourished—in good flesh. It is such cases that are mistakenly diagnosed neurasthenia, and are started out on long walks, horseback riding, playing golf, etc. Such mistaken treatment only leads to early and utter collapse—to the complete discouragement of the patient and to the utter bewilderment of friends and family. These patients are not like the mild neurasthene who is fatigued all day but who can dance all night.

The psychasthene is usually highly impressionable, more or less timid, hesitating, lacking in initiative, an odd genius, usually a dreamer, often over-scrupulous, unfailingly exaggerating the importance of his personal shortcomings, all the while extremely irritable, very changeable in humor and more or less despondent—in rare cases and at times, even mildly melancholic.

**HISTORY OF A PSYCHASTHENE**

Perhaps I cannot do better in summing up the symptoms of psychasthenia than to give the history, the story of a judge, forty-three years of age, as recited by himself:

I have always had a delicate nervous system. My mother was a very nervous woman. I had a nervous breakdown the second year in high school and another near the end of my college work. I have never been in good health since, and have not had a really good night's sleep in twenty years. Sometimes while trying a case, my breathing seems to stop, my heart flutters and I am tremendously alarmed. The more I think about myself, I have found, the worse I get. At such times, if I can retire to my chambers and lie down for ten or fifteen minutes, I am better.
One of my worst troubles is that I never know when I have done things. When I address an envelope I look at it a dozen times, and if I should drop it in the box, I would worry all day over whether I had put a stamp on it or not.

I live in constant fear of losing my position because of my mental infirmities. I am positively childish, silly, and even superstitious over some things. I understand it all and I argue with myself about it, but it does no good. I sign a decree of the court and in ten seconds I am in doubt as to whether I have signed the document or not. This anxiety and worry is literally driving me crazy—if I am not already crazy. Of course, I say nothing to my associates about my troubles, but I am sure they know that something is wrong.

I am a temperate, God-fearing man, have always led a regular and upright life, and can't understand why all these troubles should plague me.

Now, Doctor, I have a score of other troubles I want to tell you, but before I go any further, I want to ask you—and I want you to tell me the truth—have you ever had another patient just like me? Am I losing my mind or what is the trouble, and is there any help for a man in such a terrible state?

TREATMENT OF PSYCHASTHENIA

The treatment in general for the neurasthenic states will be fully discussed in later chapters; but it will be in place to give certain special suggestions at this time, especially in regard to those points where the physical treatment of psychasthenia must differ so radically from that of neurasthenia.

Some time ago I saw in consultation a psychasthenic—a woman thirty-two years of age—who had been practically confined to her bed for seven years, diagnosed as a neurasthenic by numerous physicians and treated after approved methods for neurasthenia in numerous sanitariums, all with a net result that she was getting worse, or at least no better, and with the experience that all forms of physical treatment, including hydrotherapy, electricity, and massage, had never failed greatly to aggravate her sufferings.

Such patients possess little or no power to react to the stimulus of physiologic therapeutics. In dealing with nervous disorders, it must be borne in mind that the nerve cell does not act—it only reacts; therefore, in profound psychasthenia,
at first, our remedial efforts must be wholly limited to psychotherapy. After a period of nine months during which the patient was subjected to a thorough going psychotherapeutic regime, it was possible gradually to begin the employment of much needed physiological procedures, consisting of a graduated course of electricity, massage, and hydriatic measures.

While the details of further treatment will be fully noted in Part II of this work, it will not be out of place to say that the secret of success in the practical cure of these neurologically incurable patients, consists in a thorough going and protracted course of mental training which so changes the patient's viewpoint, that he is able successfully to argue with himself and thus by and through his own efforts actually to convince himself that his symptoms, sufferings, and manifold vagaries, have no real foundation in fact beyond the presence of his hereditary weakened nervous system. And so, while it is often impossible entirely to obliterate all trace of their ailment, nevertheless, they are usually so greatly improved within a year or eighteen months—if they faithfully and intelligently follow directions—that many come to look upon themselves as practically cured.

SUMMARY OF THE CHAPTER

1. While all psychasthenes are more or less neurasthenic, and all neurasthenes are more or less psychasthenic, nevertheless they are entirely different disorders.
2. Psychasthenia is an hereditary form of mental fatigue or brain fag. It is characterized by weakness of brain control and emotional reaction.
3. Many of the world's great men of art, science, and letters have been more or less psychasthenic.
4. In psychasthenia the threshold of emotion has been greatly lowered and the patient in many ways seems to exercise a childish viewpoint.
5. The psychasthene reacts to his imaginary vagaries, just as fully and violently as if they were actually true.
6. The stress and strain that would produce neurasthenia in the average person produces psychasthenia in certain hereditarily predisposed individuals.
7. Psychasthenia lies between the less serious neurasthenias and the more serious hysterias and melancholias.
8. Psychasthenia may be classified as congenital or hereditary, and acquired or latent.
9. Latent psychasthenia often does not appear until the stress of middle life or even after its victim has retired from business.

10. Psychasthenics are like poets, born, not made. All classes of society are afflicted, from the highest to the lowest.

11. When various phobias are early manifested accompanied by enfeebled will power and brain fag, it is probably psychasthenia, not neurasthenia.

12. Psychasthenics are "born tired" and seldom get over it. They get along better in the country than in the city.

13. Many of our common ne'er-do-wells, tramps, and aristocratic victims of the wanderlust are in reality psychasthenics.

14. Many of the brightest and shrewdest of our criminals are psychasthenic in contrast with the larger, dull and feeble-minded class of criminals.

15. The chief symptoms of psychasthenia are incapacity for doing things, coupled with over-attention connected with all phases of living and working.

16. The psychasthene squanders his nervous energy trying to do things that nature would better accomplish without his assistance.

17. All introspective patients are not psychasthenic, but all psychasthenes are introspective.

18. They are never certain that anything is done right and so go over the same ground again and again, thus dissipating energy like the short circuiting of a dynamo.

19. The psychasthene is impressionable, timid, hesitating, over-scrupulous, irritable, changeable, and more or less despondent.

20. The psychasthene lives in constant fear of losing his position, the respect of his associates, his memory, and not infrequently his mind.

21. The treatment of psychasthenia has many things in common with that of neurasthenia, except that the psychasthene does not react so well to physical treatments.

22. In the earlier stages of grave psychasthenia, treatment must be limited to suitable psychotherapeutic measures.
CHAPTER XVIII
HYSTERIA — THE MASTER IMITATOR

OF THE seven nervous states noted in the first chapter, we have already considered four — chronic worry, neurasthenoidia, neurasthenia, and psychasthenia — and now come to the consideration of the fifth — hysteria — while hypochondria and melancholia yet remain.

HYSTERIA IN OLDEN TIMES

There is little doubt in the minds of medical men, but that a large part of the so-called "demoniacal possession" of the middle ages, would today promptly be diagnosed as major hysteria; while the remainder would be regarded as some degree of insanity. Some of our present day hysterics, had they lived in other centuries, would have been in grave danger of being burned for witchcraft.

In past ages many a great religious movement has had its origin in the revelations and contortions of some earnest and conscientious, but manifestly hysterical, woman with strong religious tendencies. It is only in recent years, that we have come to understand the relations of hysteria to religion, insanity, and to some of the far-reaching national upheavals of past ages.

WHAT IS HYSTERIA?

Hysteria in one form or another is one of the most common of nervous diseases. Its name hysteria suggests the older and erroneous notion which attributed the origin of this disease to some disorder in the female reproductive organs. This belief was long ago shown to be without foundation, and it is now known that men are subject to hysteria just the same as women.
Janet says:

Hysteria belongs to a group of mental diseases caused by cerebral insufficiency; it is especially characterized by moral symptoms, the principal one being a weakening of the faculty of psychological synthesis.

The physician of olden times looked upon hysteria as a malady that was largely feigned; as a fictitious sort of disease performance on the part of certain sorts of nervous and emotional women. Men were not supposed to have this disorder and met with but scant courtesy at the physician's hands, or else they were looked upon as being "effeminate." Even some modern authorities call neurasthenia a man's disease, and hysteria a woman's disease.

It is going to be neither a small nor easy task concisely to define hysteria for the layman; in fact, hysteria is a disease about which we doctors disagree probably more than about any other common disorder to which human flesh is heir; nevertheless, I am disposed to attempt to define this interesting and unique nervous malady—at least I will give the reader a definition of this disturbance in accordance with my understanding. Hysteria is some sort of disorder in the personality, occurring in hereditarily predisposed individuals who are highly suggestible on the one hand, and who possess a small degree of self-control on the other. And just here is our difficulty in understanding hysteria—it has to do with personality and that is a subject which none of us know much about. An eminent French physician once said that a definition of hysteria had never been given and never would be.

I may further say that hysteria is a mental state—possibly a disease—largely due to cerebral insufficiency, manifesting itself in so many ways and producing so many and diverse symptoms as to impersonate almost every known form of human illness. It is certainly true that a diseased and uncontrolled imagination plays a large part in the cause and conduct of this perplexing disorder.

Briefly summarized then, hysteria is a nervous disorder occurring chiefly in women; characterized by lack of control over the emotions and certain physical acts, by morbid self-conscious-
ness, by exaggeration of all sensory impressions, and by an extraordinary ability to simulate the symptoms of numerous diseases, and thus to impersonate a host of minor and major disturbances.

**IMAGINATION AS AN ACTOR**

Human imagination is a marvelous actor. The ability to impersonate, the power to think and feel and act as another person would think and feel and act, constitutes both the stock and trade and the secret of success of the emotional actress. But what sort of a state of affairs would we have if the actress while on the stage and in the midst of the play, should become so muddled, or should so succumb to her imagination, that she should actually believe herself to be in truth, the very character she was endeavoring to impersonate? And that is exactly the sort of prank that suggestion and imagination play upon the hysterical patient. Hysteria is merely an actor who temporarily has lost his head, but goes on playing his part thinking it to be real.

Hysteria is a breakdown in that normal and necessary cooperation and coordination between the sensory or voluntary nervous system and the great sympathetic or involuntary nervous mechanism, thereby resulting in great disturbances of sensation and unusual disorder in the motor control of the body. Hysterical attacks might thus be regarded as a mild and temporary form of physical or bodily insanity, resulting from the decreased or deranged control of the sympathetic nervous system on the part of the cerebro-spinal system. And it is exactly this disturbance in the delicate balance between these two nervous systems that is responsible for the production of that vast concourse of symptoms which are able so to group themselves as to suggest almost all forms of every known disease.

**COMPLEX DISSOCIATION**

A psychic complex is a sort of community or constellation of brain cells, which are functionally more or less related and associated. These so-called complexes or aggregations of thinking units are more or less coordinated and loosely organized into working groups and systems.
Some authorities look upon hysteria as a sort of temporary dissociation between certain important complexes or groups of complexes. The consciousness of the individual is thus deprived of the coordinate and simultaneous directing influence of these distracted and diverted mind centers; and it is just this derangement which is responsible for that demoralized, disorganized, and incoordinate mental and physical behavior of the patient as exhibited in a typical hysterical attack. A severe attack of hysteria would, according to this theory, closely border on that interesting phenomenon of dissociation of personality, multiple personality, etc.

In the presence of this temporary sort of complex dissociation, it would appear that in the case of these highly suggestible individuals, that some sort of dominating and all-pervading idea—now free from natural restraints and customary restrictions—sweeps through the mind and out over the body, completely dominating and absolutely controlling the organism to such an extent as to be able to produce cramps, paralyses, and fits, as regards the body; while, in a mental way, the patient may become as one possessed of the devil on the one hand, while on the other hand, she may go forth in some noble and daring rôle as did the heroic maid of Orleans.

CAUSES OF HYSTERIA

While the causes of hysteria are many, there is usually to be found both an hereditary base and some exciting physical cause. Hysteria is especially prone to manifest itself at the adolescent period of life. It seldom makes its first appearance after twenty-five or thirty years, and it is exceedingly rare after forty-five. It is found about equally divided between the two sexes. In the lower classes of society more cases appear among men, while in the higher social class, women predominate. The disorder appears in all countries and all races, but the Latin, Slav, and Jewish races seem to be more susceptible.

Chief among the exciting causes are the various emotional disturbances such as worry, grief, chagrin, and fright. In fact it has been my experience that in a very large number of cases, by careful investigation, we are usually able to trace
hysteria back to some pre-adolescent fright. Sometimes a number of bad scares or other harrowing experiences may be grouped together as a cause of a later appearing hysteria. These psychic traumatisms are responsible for producing a sort of subconscious panic in the controlling and discriminating centers of the mind, and are thus able quite unknown to the patient, to precipitate these subsequent typical hysterical seizures. These frights may be such common occurrences as a mad-dog scare, a runaway, lightning stroke, and other sorts of tragic accidents.

The next most important groups of exciting causes are found to be intoxications of various sort — chronic poisoning by lead, mercury, tobacco, morphine, cocaine, or alcohol. It is in this way that the infectious diseases, such as typhoid, diphtheria, influenza, etc., predispose certain susceptible persons to hysterical attacks. It sometimes develops that the toxemia of chronic diseases works after the same manner as in tuberculosis, diabetes, syphilis, cancer, etc.

IMITATION AND SUGGESTION

The next most important group of causes may be classed under the head of association and suggestion. Young people when associated together, as in boarding schools, may suffer from epidemic attacks of hysteria as a result of suggestion and imitation. Even predisposed adults, as a result of physical or mental overwork, and under the influence of a powerful suggestion associated with some protracted religious meeting, may develop those hysterical attacks which are characterized by dancing, spasms, crying, and other emotional manifestations which so frequently accompany intense religious excitement, especially in rural districts which are ordinarily so quiet and tranquil.

We must not forget that in hysteria as in neurasthenia and psychasthenia, the real basis of the disorder rests upon the hereditary instability of the nervous system, and that these patients are also victims of that chronic mental fatigue and ever present physical tiredness. And all this creates the ideal state of mind and body which makes it so easy for suggestion
to do its evil work; especially is this true in those patients who are victims of their own suggestions — autosuggestion. On the other hand, the very fact that these patients are so highly suggestible, enables the physician the more easily to gain control over them and thus, in proper hands, proves of real value in bringing about their recovery.

AFFECTIONS AND EMOTIONS

Dubois thinks that the periodical sex cycles in the woman really have something to do with the production of hysteria in certain susceptible individuals. He says:

Even in the normal woman there is some derangement in the psychic life during the menstrual period; there are special sensibilities which are foreign to the mentality of the male, and which we have never been able to comprehend. I am led to believe that the various vague, conscious, or unconscious sensations which pertain to the sexual instinct play, even in the virgin of the most immaculate thoughts, a considerable rôle in the genesis of hysteria. But they produce unhealthy autosuggestions only in the subjects so predisposed and those of weak mentality; the hysterical person is also psychasthenic.

Experience has more and more forced me to recognize that unrequited love, unsatisfied emotional longings, together with other disappointments and repressions of the affections and the passions, must be regarded as the prime cause of hysteria in many youth, especially young women.

SYMPTOMS OF HYSTERIA

As before noted, this protean malady is able to produce symptoms which simulate practically almost every known disease. It is obviously impossible to undertake to catalogue all the manifestations of hysteria in this chapter. It is customary to divide these symptoms of hysteria into two groups, viz.: the stigmata or constant symptom, and the accidental or transient manifestation.

The stigmata or chief symptom of hysteria may be considered under three heads:

1. Sensory stigmata. The typical hysterical patient usually
HYSTERIA — THE MASTER IMITATOR

presents symptoms of anaesthesia — loss of skin sensation over certain portions of the body — sometimes involving an entire half of the body (usually the left side). There is also sometimes an absence of feeling in the deeper tissues and organs of the body. The senses of taste and smell are frequently perverted, diminished, or even abolished. Hearing may be so diminished as to produce the familiar hysterical deafness; likewise the vision may be so disordered as to result in a long list of sight disturbances some of which are very alarming to the patient, culminating in the characteristic temporary hysterical blindness.

These zones of disordered feelings in hysterics are usually movable, although they may apparently remain stationary for many years. An interesting point in this connection, and one greatly concerned in the diagnosis of hysteria, is, that, in spite of these disturbances and loss of sensation, the eye reflexes in their response to light and the tendon reflexes, as shown by the knee jerk, are always present and are practically normal.

In contrast with anaesthesia, many patients present conditions of hyperaesthesia. They often complain of neuralgic pains. They have painful hysterical joints. They are especially prone to complain of pain in the breast, spine, pit of stomach, and ovaries; and twenty years ago, many a young woman was subjected to a surgical operation for the removal of the ovaries for no other cause than the fact that she was a victim of hysterical ovarian pain.

2. Motor stigmata. Common ordinary muscular movements in the hysteric are usually retarded. They suffer from a characteristic slowness of action, together with more or less incoordination. They are also quite incapable of performing two or more actions simultaneously. All voluntary actions are more or less weakened, and the patient manifests a tendency to transient rigidities, muscular cramps, and even prolonged contractures. Catalepsy may be the culmination of these numerous motor disturbances.

3. Mental stigmata. The chief and most characteristic mental symptom of hysteria is amnesia — forgetfulness. The hysterical patient may show a very poor memory regarding certain things
or as pertaining to certain individuals, while the memory may be entirely normal as regards other matters and other persons; and this explains just why they so often lay themselves open to the charge of deceit and prevarication. This infirmity is spoken of as systematized memory loss. Memory disturbance in other patients seems to be localized; that is, following a bad attack, they temporarily lose their memory as regards events antecedent to the attack for a variable period of time. In this respect, in a minor way, the hysteric comes closely to resemble those cases of memory lapse which are characteristic of multiple personality; and this is not strange in view of the fact that both conditions—hystera and multiple personality—are supposed to have their origin in complex dissociation.

The chief of the other mental stigmata may be mentioned as diminution or complete loss of will power (aboulia), greatly increased impressionability, and that characteristic tendency to imitate and simulate.

THE SIMULATIONS OF HYSTERIA

The so-called accidental symptoms of hysteria are usually so grouped and manifested as to simulate the clinical picture of some other disease. And it will be best to consider them in that light at this time. The fact that the patient is so largely self-occupied explains how these hysterical symptoms come entirely to fill up consciousness; and in accordance with the laws of the threshold of pain, previously considered, it will be easy to understand how the hysteric's common sensations may be transmuted into a veritable avalanche of suffering.

These patients are indeed a "fastidious" class. They are both unbalanced and erratic, and their life experience is marked off by certain well defined "crises." These characteristic and impulsive explosions are not at all unlike the periodical catastrophies of the inebriate, especially as regards the uncontrollable and rhythmic behavior of the attacks.

It should be remembered, as we now take up these hysterical attacks that there very often exists some trifling physical basis for these manifestations, which, in connection with the nervous and mental state, is able to determine the particular and definite
HYSTERIA — THE MASTER IMITATOR

form which the hysterical manifestation assumes from time to time.

1. **Gastric Crisis.** There are sudden seizures of stomach pain, behaving almost identical with those of the gastric crises of locomotor ataxia. Other cases are limited to a sudden and unusual appearance of gas in the stomach and bowels accompanied with severe colic. These patients also sometimes suffer from a rectal crisis and experience great pain.

2. **Vomiting Crisis.** These attacks of repeated vomiting are very alarming to the patient's friends. They sometimes appear without the slightest excuse, but it is observed that they usually stop before the patient has experienced the loss of much flesh. Closely akin to this manifestation may be noted the fasting fads of the hysterical patient. They not infrequently go a week or ten days without eating. I am of the opinion that most of those cases who appear to have gone without eating for a longer period, were probably getting food on the sly.

3. **Secretory Crisis.** Hysterical patients are subject to sudden attacks of both increase and decrease in the bodily secretions, accompanied by paroxysms of pain and attacks of vomiting; this condition may involve the stomach, liver, bowels, or kidneys; in the latter case, the urine may become scant or be greatly increased in quantity.

4. **Appendicitis Crisis.** The patient is seized with the typical symptoms of acute appendicitis, and the puzzling part of the proposition is the fact that the patient's temperature may sometimes shoot right up to 102°-104°. I no longer doubt or question the existence of this so-called "hysterical fever." The diagnosis, of course, can be differentiated by the history of the case and an examination of the blood; however, there is a case on record of a hysterical patient who had five operations for appendicitis, during the last of which, the surgeon tatoed on the patient's abdomen this surgical warning, "No appendix here."

5. **Gallstone Crisis.** This fictitious gallstone colic has led careless surgeons into the performance of many a useless operation. It is very common for these patients to think they have gallstones, and it is only by painstaking and thorough-going
examinations, that the physician will be able to avoid serious
diagnostic blunders in dealing with these deceptive sufferers.

6. Renal Colic Crisis. The patient is able to present all the
symptoms of stone in the kidney and of stone passing down the
ureter, with the exception that in a real case the urine is sup-
pressed while in hysteria there is usually a greatly increased flow.
In these cases, too, many an operation has been performed, but
no stone has been found in the kidney.

7. The Headache Crisis. These attacks of headache are often
so severe and persistent as to suggest brain tumor. It is a com-
mon experience to have a patient come to us who is rather
under-nourished, suffering from poor circulation, generally
nervous, highly emotional, and giving a history of having
frequent "nervous spells." Such a hysterical sufferer, often
complains of violent headaches which she describes as follows:
"Doctor, when I get these dreadful headaches, it just seems as
if someone were driving a nail right into the top of my head.
It is something terrible and it nearly drives me crazy, and I
think it has a whole lot to do with my nervous spells."

This is a truly characteristic description of the headache of
hysteria. This is a rare form of severe nervous headache.
There are other nervous states such as epilepsy, etc., in which
the patient describes a similar pain.

This hysterical headache is treated by applying very hot
fomentations on top of the head for ten or fifteen minutes.
These hot applications should be repeated every one or two
hours in connection with a very hot foot bath. Such sufferers
are usually greatly benefited by taking a warm bath at about
100 degrees. This bath tends to quiet the nervous system and
greatly relieves the patient's sufferings.

8. Pain Crisis. In other cases the hysterical outbreak mani-
fests itself as an explosion of pain — an avalanche of suffering.
It may be an earache, pains in the arms, the legs or some internal
organ, or even in a joint. In the milder cases the pain may be
described as a soreness or a "deep ache"; while following
these painful attacks the patient usually complains of great
muscular fatigue. Pain may center in some internal organ such
as the heart — giving rise to pseudo-angina pectoris.
9. **Motor Crisis.** These are the fits, spells, and spasms of hysteria. They may imitate convulsions, St. Vitus' dance, or epilepsy. They embrace those cases of muscular paralysis or hysterical palsies, and the patient is sometimes unable to stand or walk, while for years at a time he may suffer from hysterical joints, the hip and the knee being the joints more usually involved. They present tremors that resemble exophthalmic goitre. They experience laughing, crying, and choking attacks, and often create internal tumors which are as hard and fixed as to deceive the surgeon into the performance of an operation — if he neglects the precaution of putting the patient into a prolonged hot bath first. This usually causes the tumor to vanish.

**HYSTERICAL ATTACKS**

The average hysterical patient who is subject to mild attacks, complains of numbness of the tongue, bad taste, prickling sensations in the side of the face, ringing in the ears and headaches. At other times he will suffer from twitching in the back of the neck and a fluttering sensation in the throat, with now and then a general seizure resembling a mild convulsion. He seldom completely loses consciousness. These attacks are usually first brought on by some definite fright. At other times the symptoms may originate in the stomach or by a crawling feeling ascending the spine. The patient gets cold, nauseated, or may be attacked by a choking sensation. These seizures may crystallize into any one of the groups or crises already described. And yet when the patient is examined during the interval between these attacks — while the symptoms which were manifested at the crisis are absent — the physician is always able to detect certain ear-marks of hysteria, the "stigmata" previously described.

When the disease is at its worst, the patient suffers from what the physicians call "grand attacks," and these seizures are really divided into five periods.

1. **The Prodromal Stage.** This is characterized by unusual depression or exhilaration, by moodiness or restlessness, also by disturbances of sight and hearing, circulatory disturbances,
nausea, hiccough, trembling, and the passing of a large quantity of urine, all of which culminates in the appearance of the fatal aura—that is, the feeling of something arising from the abdomen like a rounded body, which slowly mounts upward until on reaching the neck, it gives origin to those feelings of strangulation and suffocation, the globus hystericus.

2. The Epileptoid Period. This closely resembles a mild epileptic attack. The tongue may protrude, but it is seldom if ever bitten. The face is drawn to one side. The spasms usually last from one to two minutes. Unlike epilepsy, the feet are extended and the hands are moved in circles. After one or two minutes, more rapid oscillations begin in the muscle, especially the face, while the patient begins to gasp and sob.

3. The Period of Clownism. A period of contortions, attitudes, and movements sometimes accompanied by violent outcries and expressive of evident fear and rage. This is the phase in which the patient is often given to biting and striking.

4. Period of Passional Attitudes. In this the patient dramatizes in pantomine the fears and experiences which dominate the consciousness in association with the hysterical attack.

5. Period of Delirium. This period may last from a few moments to several hours. The patient talks of his hallucinations and sufferings. And after much sobbing and crying followed by a few moments' silence, consciousness is quickly recovered and the "grand attack" is over, having lasted from fifteen minutes to half an hour.

SPECIAL TREATMENT OF HYSTERIA

In general, hysteria must be treated by those methods of will-training which will be fully dealt with in Part II of this work. But brief suggestions will be given in this chapter, first of which is the caution not to confuse some serious organic disease with hysteria, or to overlook such a serious disorder if present as a complication of hysteria. Such a mistake in diagnosis is usually avoided by careful study of the heredity and history of the patient, together with a physical examination which usually discloses the characteristic anaesthetic or hyperaesthetic skin spots together with other typical "hysterical stigmata."
During the attack an effort should be made to divert the patient's concentrated attention. Vigorous threats and other spectacular stunts may be effective at first, but they soon lose their influence. In fact there is very little treatment to be suggested during the attack itself.

Between attacks the patient's treatment is both physical and mental. Physically, fresh air, good food, and exercise, together with modified rest-cure in certain cases, are the remedial agents of greatest value.

The mental treatment may be summarized as follows:
1. Explain to the patients the real facts—show them the true origin of their troubles.
2. Assist them in isolating the exciting causes such as love affairs, family troubles, sorrow, and any other dominant subconscious idea.
3. Seek out, isolate, and eliminate buried experiences, such as early childhood frights, vivid dreams, etc.
4. The patient will be cured by will-training, coupled with diverting the attention and sympathies to children and other helpless people.

SUMMARY OF THE CHAPTER
1. In olden time hysteria was confounded with demoniacal possession, insanity, witchcraft, and accompanied religious excitement and national upheavals.
2. Both men and women are affected with hysteria. It is a disorder resulting from cerebral insufficiency. It is not a woman's disease, as the name suggests.
3. Hysteria is a disorder of personality in hereditarily predisposed and highly suggestive individuals with little self-control.
4. Hysteria is characterized by riotous emotions, morbid self-consciousness, exaggerated sensations and simulations of various diseases.
5. Hysteria is an actor who has lost his head and thinks the part he's playing is real.
6. Physically, hysteria is a derangement in the normal and delicate balance between the cerebro-spinal and the sympathetic nervous systems.
7. Hysteria may be due to complex dissociation, and would thus be regarded as related to a mild and temporary form of dissociation of personality.
8. The chief causes of hysteria are hereditary predisposition, and pre-adolescent frights — a series or group of frights.
9. These early emotional shocks produce a sort of sub-conscious panic resulting in demoralized emotional and motor control.
10. Among other causes of hysteria may be mentioned intoxication and chronic poisoning, resulting from drugs and from acute and chronic disease toxins.
11. Imitation hysteria may appear in boarding schools, and may accompany intense religious excitement, manifesting itself in dancing, spasms, crying, etc.
12. Repressed emotions and disappointed affections, together with the periodic sex cycles of women, are all contributory causes of hysteria.
13. The major symptoms of hysteria (stigmata) are a group of characteristic motor, mental, and sensory disturbances.
14. Sensory disturbances are: anaesthesia, hyperaesthesia, disorders of taste, smell, and hearing, and numerous other abnormal sensations and feelings.
15. Common motor stigmata are retardation and incoordination of muscular movement, together with rigidities, cramps, contractions, and even catalepsy.
16. The chief mental stigmata are forgetfulness, freaks of memory, diminution of will power with marked tendency to imitate and simulate.
17. The “attacks” of hysteria usually simulate some well-known disease and behave somewhat after the manner of the crisis of periodical inebriety.
19. Other attacks may simulate appendicitis, gallstone crisis, and the passing of stones from the kidney.
20. Pain is a constant symptom, chiefly manifested as a characteristic headache, but no part of the body is exempt.
21. The “motor crisis” are fits and spells which may imitate convulsions, chorea, epilepsy, and paralysis.
22. Hysteria seizures are divided into the mild or minor crisis, and the “grand attacks” lasting from fifteen to thirty minutes.
23. The “grand attacks” of hysteria are divided into five periods; viz., prodromal, epileptoid, clownism, passionate attitudes, and delirium.
24. The treatment of hysteria consists of diverting the attention, directing the emotions, training the will, removing fear, and finding new objects for love and sympathy.
CHAPTER XIX

HYPOCHONDRIA AND MELANCHOLIA

SOME authorities do not distinguish between hypochondria and melancholia. They simply recognize a simple melancholia or hypochondria and the more serious melancholia which is one of the stages of "maniac-depressive insanity." In presenting these disorders to the layman, I prefer to retain a classification that recognizes hypochondria as a comparatively innocent and harmless variety of mental depression, in contrast with melancholia, which undoubtedly leads us into the borderland of the more serious and well-defined aspects of the early and milder insanities.

THE BLUES

The most simple form of periodical depression is that commonly known as the "blues"—a sort of acute attack of mild hypochondria. It is a combined mental and physical condition characterized by loss of appetite, disturbed sleep, disinclination for physical exercise, and a great increase in the intensity of one's aches and pains. It is a condition thought by many authorities to be greatly aggravated by portal (liver) congestion, chronic constipation, etc., and for this reason has sometimes been called "splanchnic neurasthenia." Periodical depression in this mild form is difficult to classify, and may very properly be looked upon as a specialized form of nervous exhaustion.

WHAT IS HYPOCHONDRIA?

Many years ago it was noticed that certain patients became inordinately depressed—the depression continuing from three to six months at a time—while the interval of fairly normal health would last from six months to a year. In some cases the hypochondria was light, but too well defined to be called an
attack of the "blues." On the other extreme, certain of the more profound hypochondrias we now classify as melancholia, and frankly recognize them as a part of "circular insanity." But in between the common blues of the functional nervous states and the melancholic hypochondria of insanity, we have a well defined state of depression which is often amenable to combined mental and physical treatment, and for which we prefer to retain the name and classification of "simple hypochondria."

In addition to the characteristic mental depression and anxious countenance of the patients, they suffer from a variety of fixed pains. When we find a patient who insists on tormenting himself with a large assortment of self-inflicted ills, and who at the same time is not definitely melancholic, and who evidences no suicidal tendencies, then, as I say, I prefer to call the case one of hypochondria.

It is the patients' tendency to exaggerate all their physical suffering that affords the clue to diagnosis. And not only that, but when they have no disease at all, they make a special business of having it any way. Their complaints are out of all proportion to the cause. They are constantly preoccupied with their own troubles, inordinately self centered, and introspective to the highest degree.

**CHRONIC GRIEF**

Some forms of depression are due to passing or transient causes and would better be classified as "chronic grief," and while the doctor cannot cure these cases, he can always offer consolation — comfort resting upon a sound basis of reasoning — consolation that is even more apt to appeal to the patient than that offered by the clergy.

The causes of prolonged grief may be natural or unnatural; that is, the bereaved mother may grieve over the loss of an only child and this we would regard as but natural and would expect that time would heal the hurt; but, when the mother unduly and unusually prolongs and intensifies her grief, and gives as her reason for so doing that she believes the child was taken away as a providential punishment for her personal sins, or when she
comes to believe she had or has committed the unpardonable sin, etc., then we may recognize a case of abnormal or unnatural grief— one closely approaching hypochondria or melancholia.

These unusual cases of grief usually appear in patients who are predisposed by both heredity and poor health. The important thing to do for these patients is to raise the vitality, to keep up the nutrition and endeavor to show them that such experiences are but common everyday episodes in the regular order of existence on this planet.

CAUSES OF DEPRESSION

Hypochondria often results from a combination of physical illness and a chronic habit of fearful doubting. Too many people are like Shakespeare's Hamlet—they are constitutionally doubters. A chronic state of depression is sometimes brought on by a sudden loss of position or fortune. On the other hand, the enforced idleness of the retired business man or society woman tends to the development of introspection, and this morbid self-examination culminates in hypochondria. People over forty years of age are in danger of brooding over themselves and their imaginary troubles when they are not kept busy at something more useful. It is a bad practice for well-to-do people to lie abed late in the morning—to breakfast in bed, etc. It is better for the health of both mind and body to be up and about—to be doing one's part in the performance of the world's work.

Of course, we must be careful not to confuse and confound the early mental depression which so frequently accompanies the beginning of kidney disorders and certain forms of heart disease, with a purely functional hypochondria.

SYMPTOMS OF HYPOCHONDRIA

The hypochondriac is always busy complaining of his symptoms and otherwise looking after his health. His symptoms are almost as numerous as those of the neurasthenic and the hysteric. He is troubled with scores of autosuggestions of symptoms and diseases which are partially or wholly unreal. His brain has full power to originate all sorts of disease products such as
pains, sensations, and other sorts of unusual aches and feelings. These poor creatures really suffer the tortures of all the symptoms of their numerous imaginary afflictions just as truly and literally as if their diseases were wholly genuine.

The hypochondriac will get up out of bed in the middle of the night and walk the floor for hours at a time. In the morning his countenance is dejected and in the more serious forms of the disease, the patient will often confess to entertaining suicidal thoughts.

TREATMENT OF HYPOCHONDRIA

If the hypochondriac is not too old, and if the disorder is not of too long standing or too deeply rooted, much can often be done to cure and relieve these sufferers. These patients in their anxious efforts to find a cure, go from one doctor to another, and are easily persuaded to take up any new remedy; and in this way they contribute much to the support of quacks, fakers, and frauds.

Associating with children is the greatest and most successful cure for hypochondria. Even horseback riding, driving horses, and the care and training of animal pets are all helpful and curative diversions. (Fig. 9.) If it is impossible to enjoy the companionship of anything alive, then one might recommend automobiling as a possible alternative. The cultivation of a garden spot is a splendid treatment for mild hypochondria in old people.

Any and all forms of mental occupation including hobbies, books on exploration and adventure, and even correspondence schools, are helpful in combating the blues. These attacks of mental depression are also sometimes cured by mental shock such as sudden business reverses, acute illness, an unexpected elopement, and other unlooked for episodes in the family or business life.

Time and occupation are the principal cures for hypochondria, aside from the maintenance of a fair degree of physical health. Many of the great men of history have been more or less hypochondriac. Virchow, the great pathologist, was decidedly hypochondriacal, while James Russell Lowell was so depressed
Fig. 9. Animal Pets are Good for the Blues
at times that he confesses he contemplated suicide; and yet these great men with many others achieved success in life in spite of their periodical depressions.

Hypochondriacs should live out of doors as much as possible; they should even sleep out of doors wherever and whenever practicable. Mentally, they should form habits of doing things regularly and systematically and then forgetting their acts while they move on to the accomplishment of their next task.

Many of these hypochondriacs are in reality psychasthenes, while their doubts and fears are nothing more nor less than the phobias and obsessions of our former chapters.

SIMPLE MELANCHOLIA

We have now come to the end of the simple neuroses and must recognize that melancholia is upon the borderland of the psychoses (insanities). While in the matter of sadness and despair the melancholic may much resemble the hypochondriac, nevertheless the preoccupations are entirely different, "The hypochondriac pities himself over his state of health, while the melancholic regards exterior circumstances with sadness, or criticizes his conduct in a self-accusing frame of mind."

While these melancholic patients appear to recover from their depression, as a rule, in most cases, the improvement is but transient, for within a few weeks or a month, they are again attacked with the same depressive moods. Between these attacks of depression, the patient is often more or less exhilarated—in the more severe cases actually maniacal. It is these alternations between depression and exaltation that constitutes "circular insanity," otherwise known as "maniac-depressive insanity."

I am compelled to recognize that we have a type of mild melancholia which can be cured by proper treatment and the regulation of the patient's environment. And even the insane varieties of melancholia may be greatly helped by appropriate treatment.

MANIFESTATIONS OF MELANCHOLIA

These melancholic patients are often sent to the neurologist under the impression that they are neurasthenics. In common
with hypochondriacs, they may complain of many physical ills. While in good nutrition they believe they are losing flesh. They complain of internal troubles such as the brain rotting, maintaining that they can smell the putrefaction. The most distressing feature of the disease is that the dangers of suicide are in no wise in keeping with the intensity of the patient's disease delusions; that is, he may make few complaints and yet be on the verge of committing suicide.

The most pathetic of all are those cases of young people, particularly young women, who are stricken with this inherited nervous disorder. They suddenly become depressed and morose, shun all forms of social life, begin to speak of themselves and their work as a failure, begin to show retardation in all muscular movements such as dressing, eating, etc. They begin to consult various physicians about imaginary ills which they believe afflict them as a punishment for some mistake or crime. They gradually lose interest in everything but themselves, and even begin to hint at suicide.

TREATMENT OF MELANCHOLIA

Typical melancholia which is known to be one of the cycles of a "maniac-depressive insanity," should be treated in a well-regulated asylum or other appropriate institution.

The milder forms of melancholia; that is, the neurasthenic or hypochondriac type should certainly be treated outside of an asylum. It is a crime to send such innocent sufferers to institutions for the mentally deranged.

If the patient evinces no homicidal or suicidal tendencies, he may be safely and successfully treated at home. The treatment consists in diversion of the mind, upbuilding the physical health, eliminative and tonic baths, together with persistent psychotherapy. If these patients are losing flesh, feed them heavily on milk and eggs. Have them walk three to five miles a day in the open air. Keep them in the company of a cheerful companion or attendant. There is little to be gained from exhorting or scolding these patients, and it usually requires from three to six months to get the patient out of the attack. Further suggestions valuable in the treatment of this state, will be found in
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later chapters, particularly the chapter entitled "The Social Service Cure."

SUMMARY OF THE CHAPTER

1. Hypochondria is a comparatively innocent and harmless variety of mental depression in contrast with melancholia which runs into well-defined insanity.

2. The most simple form of periodical depression is "the blues." This is a neurasthenic state dependent upon combined mental and physical causes.

3. "Simple hypochondria" lies between the blues and the melancholic hypochondria of the insane, and is characterized by depression and fixed ideas regarding personal health.

4. The hypochondriac, even though he has no disease, makes a special business of having it anyway. He enormously exaggerates everything he feels.

5. Hypochondriacs are preoccupied with their troubles, inordinately self-centered and introspective to the highest degree.

6. Common grief may be regarded as a mild form of hypochondria or melancholia. Time alone is usually sufficient to heal the hurt.

7. Bad heredity and lowered vitality predispose grief-stricken patients to prolonged periods of depression.

8. Hypochondria is brought on by poor health, chronic doubting, loss of position or fortune, enforced idleness and luxurious indolence.

9. Some patients suffer from depression as an hereditary predisposition; like Hamlet, they are born doubters.

10. The hypochondriac really suffers from his imaginary ills which are almost as numerous as those of the neurasthenic or hysterical.

11. The treatment of hypochondria embraces thorough-going medical attention, association with children or the care and training of animal pets, automobiling, gardening, etc.

12. Other valuable methods include the cultivation of hobbies, books on exploration, congenial correspondence, outdoor living, together with regular mental and physical habits.

13. Time, occupation, and good physical health will cure many mild hypochondriacs.

14. The melancholic in addition to worry over his personal health is also sad over other and external circumstances. The mind is highly self-accusing.

15. In severe melancholia, improvement is but temporary—the interval of exaltation which is characteristic of maniac-depressive insanity.
16. We must recognize a mild type of melancholia which is curable by proper treatment and suitable environment.
17. Melancholics are prone to complain of things which are manifestly untrue; viz., insist that they are losing flesh while the body weight remains stationary.
18. Hereditary melancholia commonly attacks young people between the ages of fifteen and twenty-five. Many cases are amenable to treatment.
19. Typical and severe melancholia is best treated in the asylum or some other appropriate institution.
20. The milder neurasthenic or hypochondriac types of melancholia may be safely and successfully treated at home provided they evince no suicidal tendencies.
21. The treatment of melancholia consists in diverting the mind, upbuilding the body, tonic hydrotherapy, and appropriate psychotherapy.
22. Probably the most important factor in the cure is to enlist the patients in social service — set them at work doing something for someone else.
CHAPTER XX
BORDERLAND NERVOUS AILMENTS

IN ADDITION to the seven sorts of nervousness we have discussed up to this time, there remains to be considered a miscellaneous group of nervous disorders which are partly hereditary, and in some instances physical, as well as nervous, in their origin.

CHOREA OR ST. VITUS' DANCE

This is a disorder occurring in those hereditarily predisposed nervous children, especially young girls, whose minds are overwrought in comparison with their muscular activities. It is a disease largely confined to the adolescent period. It is a condition found frequently to follow rheumatism in children; and, when the soil is ripe, the condition is immediately caused by fright, mental worry, sudden grief, or even a scolding has been known to bring on an attack.

The disease is too well known to need description. It is characterized by jerky, involuntary muscular movements and minor twitching of the face and upper extremities. These movements are not indulged in during sleep or when the patient's mind is fully occupied; on the other hand they become rapidly worse when the patient is an object of anxious solicitude or curiosity at either home or school.

The treatment consists in early recognition, mental rest and relaxation, moderate physical activity, and such management as shall lead the child to forget its ailment and anticipate recovery. These patients should be removed from the curious gaze of both friends and strangers, and this, in addition to a liberal diet and the outdoor life, is usually sufficient to bring about a speedy recovery. In fact, the disorder seems to behave somewhat after the manner of a self-limited malady, and this
strongly suggests the idea that it owes its origin to some toxic or infectious agency.

**TICS AND HABIT SPASMS**

When any movement of a voluntary muscle becomes more or less rhythmic, regular, and involuntary, it is regarded as a "tic." The development of these motor or habit spasms serves as a good illustration of the manner in which uncontrolled feelings and habits of sensation may also have their origin.

One of the most common "tics" is the involuntary winking of the eye. Other movements of the nose, the upper lip and the muscles of expression are common. We also observe nodding tics, talking tics, etc.

The constant habit when speaking, of uttering the words "don't you know," "listen," or, when hesitating, to say, "hum," or "hem," are nothing more than chronic tics. Likewise, the mannerisms or gestures of public speakers come to assume the rôle of a chronic tic, as does also the fussiness of other people who must needs play with the pencil, the knife, or twirl the mustache, their hair, or their thumbs. Others chew their finger nails, or pick the nose. By-words and even blasphemy must be looked upon as sort of vocal tics.

It is found that these manifestations of tics seem to run in families; and it is highly probable that heredity and suggestion both play a part in their causation. If taken in time, they are practically all curable by persistent nerve-training methods. Even the worst cases may be greatly benefited or even cured if the patient will persist in following the prescribed regime.

**STUTTERING AND ATAXIAS**

Stuttering in children is sometimes lightly regarded because of the wide spread belief that they will probably outgrow it. Stuttering or ataxia is observed in walking, writing, and swallowing, as well as in talking. All forms of stuttering are made worse by over-attention, excitement, and anything else that increases the self-consciousness.

The stuttering gait in walking is nothing more nor less than a crystallized fear. These patients find great difficulty in walk-
ing past a watching crowd. The condition is a nervous fear and not a physical difficulty.

Other nervous patients cannot write; they are not even able to sign their name when anyone is watching; even writer's cramp must be regarded as belonging to this class rather than to that of the genuine cramps.

We once had a patient who had such a stuttering of the gullet that he was unable to eat solid food, and could eat nothing at all when any one was watching him. There is little doubt that both suggestion and psychic contagion operate to make all these stutterers and stammerers worse.

Stuttering is prone to develop at puberty, that time of general awkwardness and bashfulness; and is far more common in men than in women. Most stutterers are found to be mouth breathers and many are afflicted with adenoids and diseased tonsils. Stuttering in adults is sometimes initiated by some sudden emotion, fright, or accident.

**STAMMERING CURES**

I know of more than a dozen successful systems for curing stuttering and stammering. Some of these systems are diametrically opposite, and yet they are all more or less successful, which only goes to prove that it is their power to take the patient's mind off his talking that affects the cure, and not any inherent virtue residing in the system itself.

The ancients attributed stuttering to tongue-tie, the moderns are inclined to hold self-consciousness and respiratory disturbances to blame. One system cures by holding the tip of the tongue against the palate while talking, another and equally successful method directs to keep the tongue firmly on the floor of the mouth; and so it goes, any system is successful that distracts the patient's attention.

One of the most successful systems is the singing cure. These patients never stutter while singing. It has been observed that normal speakers talk during expiration, while the stutterer usually begins to speak at the end of inspiration. Any system of breathing exercises which divert the mind from the thought of talking are beneficial.
TREMORS

Tremors may be divided into two classes, those accompanying voluntary movements and those associated with involuntary movements. The majority of old people develop tremors and are sometimes greatly alarmed by them, notwithstanding the fact that they continue for many years, and are indicative of no special disorder, except in the case of paralysis agitans.

The voluntary or intentional tremors may be occasioned by fright and by accidents, as well as by other fears and dreads. Children who have been bitten by dogs tremble when in the presence of other dogs. Some men tremble when shaving from the fear that they will be tempted to cut their throats; others cannot lift a cup of water to their mouth when observed, without exhibiting tremors. These tremblings may even affect the legs as in stage fright.

The treatment of tremors consists in upbuilding the physical health, increasing the weight (these patients are usually run down in weight), together with persistent training of the patient's mind along those difficult lines of muscle control. The patient's confidence must be inspired, favorable suggestions given, and his will so trained that he is able to re-master and thoroughly control his voluntary muscular movements.

HALLUCINATIONS

Hallucinations are those vivid inner thoughts of the mind which appeal to the patient just as strongly as if they had originated in external sensory impressions. Illusions are a deception of the senses; delusions result from erroneous reasoning and faulty conclusions; while hallucinations lie midway between illusions and delusions. It is a common belief that only the insane have hallucinations, but it is my belief that at least one person out of four among apparently sane and normal people, has had one or more hallucinatory experiences.

Patients who have had hallucinations are loath to acknowledge their experience—they fear they will be adjudged insane or mentally unbalanced. The physician can do much to relieve these worried sufferers by explaining the probable physical origin of most hallucinations, explaining how they are due to a
BORDERLAND NERVOUS AILMENTS

reversal of the nervous mechanism, a throwing outward of imaginary images accompanied by the impression that these images are incoming normal sensations, the same as those resulting from natural and normal external sensory excitation. The doctor can also help these patients by telling them how many other healthy people have had similar experiences, and further, by instructing them in the necessary mental discipline which will enable the patient both to understand and to overcome these experiences and the baseless fears which they excite.

Hallucinations must always be thought of in connection with insanity, especially hallucinations of hearing. Many a so-called apparition was in reality a dream-hallucination, that is, the patient dropped off to sleep for a moment, had his dream, waked up, and then was tricked by his own mind into believing that what he dreamed he had actually seen while awake. This is probably the explanation of Mark Twain's "disappearance" story, and many other similar narratives.

DREAMS

From time immemorial, dreams have disturbed the tranquil peace of the human mind. They begin in early childhood, aroused by exciting stories of Indians and wars, or perchance by the lurid Sunday Supplement. We must not forget the fact that everybody dreams all the time every night, but we only remember that portion of our dream which is in the consciousness at the moment of awaking.

I have found it a great help to excitable and nervous patients to explain to them, when they describe how they have "hardly slept at all," "dreamed all night," etc., that these dreams which they believe have lasted all night have really occurred within a few seconds or at most a few moments of time, at, or just preceding, the instant of waking up.

PHYSICAL CAUSES OF DREAMS

I also find it a great help to nervous sufferers to explain to them the probable physical origin of their night terrors or nerve-racking dreams. The most common dream which all
people experience, is that well-known sensation of falling from a great height—you wake up while falling and just before striking the ground. It is an old belief that if one did not waken before striking the ground, he would be killed by the dream-fall just as surely as if the experience were literal. Now, these falling dreams are brought about by the following situation: The patient is always sleeping on the back, and they nearly always occur during the fore part of the night when the stomach is heavily loaded from the evening meal. This causes such pressure on the aorta as to lessen the flow of blood to the legs, which produces a tingling sensation in the nerves (not so marked as the numbness present when the foot "goes to sleep"), similar to that experienced during a rapid descent in an elevator, and it is this sensation in the legs, and produced in this manner, which associates itself in the consciousness with the memory and imagination data connected with the concept of falling from a great height.

Perhaps the next most universal dream is that of being caught out in public with insufficient clothing—all of which is readily explained when you awaken from your embarrassment to find an arm, leg, or some other part of the body without bed covering and chilled to the bone.

Another common and almost universal dream-experience is that of running for miles, and getting out of breath while chased by some imaginary enemy. This sort of a dream is the result of a real bodily need of air, and occurs in those persons suffering from adenoids and colds in the head which are sufficient partially to interfere with the respiratory function. It seems needless in this day to add that dreams are without significance other than has been noted. All that has been said regarding the accidental and incidental character of premonitions in a former chapter, applies with equal force to dreams.

MIGRAINE

Migraine or nervous sick headache is an explosive, paroxysmal, nervous attack, accompanied by headache (usually one-sided), nausea, vomiting, and other minor manifestations,
terminating in a desire to sleep which leads to complete recovery. These attacks are sometimes called "bilious headaches" or bilious spells when they are not overly severe. Migraine is one of the most directly inherited of all nervous disorders. It is commonly associated with indigestion, constipation, eye strain, rheumatism, and a general neurotic constitution. In many patients even a slight overeating of nitrogenous food is sure to precipitate an attack.

While migraine is not caused by an idle and luxurious life, it is certainly made much worse by such an aimless existence. These patients often submit to operations for floating kidneys and are often treated and mistreated in a great variety of ways before they are able to find any great relief. It should be remembered that migraine is a disorder all the while present in the patient and that these attacks of sick headache are merely its nervous explosions—the periodical overflow. The relief or cure of migraine (if cured it can be) lies in the re-formation of the patient’s mode of thinking and living.

The first thing for the migraine patient to do is to have the eyes thoroughly examined and properly fitted to glasses, if required. Next, let the nose, throat, and ears be carefully overhauled; then let the searchlight be turned on metabolism, constipation, and the general situation in the abdomen and pelvis. These patients must be taught to avoid over fatigues—mental, nervous, and physical. It is imperative that such patients subsist upon the so-called low protein diet. The milder attacks of migraine, not accompanied by vomiting are sometimes greatly helped by eating a small amount of food or by drinking a glass of hot milk. These attacks are sometimes aborted or lessened in severity by the timely use of cathartics or by hot colonic flushings.

By thoroughly regulating one’s habits of life—by normalizing one’s mode of living—by the removal of every possible and known abnormal condition and unhygienic practice, I have observed numerous migraine sufferers who have practically cured themselves of this aggravating disorder, insomuch that, notwithstanding the supposed incurability of the disease, they are able to go from six months to a year without experiencing
WORRY AND NERVOUSNESS

an attack. I am forced to add, in this connection, that these patients who are thus so successful in mastering migraine, are those who, in addition to the hygienic regulation of their lives, also conquered their mental modes and otherwise gained such control over their nervous systems as to result in a very harmonious, peaceful, and happy, habitual frame of mind.

PSEUDO-EPILEPSY

Many neurotic patients suffer from certain drowsy or fainting spells which are neither true epilepsy nor hysteria. They experience a brief lapse of memory, may or may not fall unconscious, the eyelids grow heavy, and they have a rush of blood to the head. These are the cases of epilepsy that are so marvelously cured by Christian Science, osteopathy, and numerous other forms of mental healing.

Pseudo-epilepsy develops on hereditary soil, and is made worse by autosuggestion on the one hand and various toxins and nerve irritants on the other hand. An effort to remove these exciting causes, together with proper psychotherapy, is nearly always successful in bringing about a more or less complete cure. On the other hand, genuine epilepsy is an incurable disease, except in those special forms which are due to cranial accidents.

DEFECTIVES AND DEGENERATES

It is not within the province of this work to deal with those more grave and inherited mental and nervous disorders commonly embraced by the terms feeble-mindedness, retarded brain development, and other phases and forms of defective nervous development.

I believe it is a duty that society owes itself to take immediate steps to prevent the further multiplication of these manifestly inferior human strains. I believe further, that it is equally the duty of society to do everything possible for the help and advancement of these unfortunate mental defectives which it may find on its hands at any given period. Special schools must be established for the backward child; and for those who cannot be advanced mentally manual training must
be provided. But the most important part of this whole problem is to devise some acceptable and efficient method which will prevent these biologically inferior, mentally defective, and socially degenerate persons from reproducing an increased number of offspring to further deteriorate and jeopardize the race stamina of future generations; to still further fill the asylums, crowd the prisons, overrun the schools for feeble-minded, congest the brothels, and further to tax our combined charitable and philanthropic resources.

SUMMARY OF THE CHAPTER

1. The borderline nervous ailments are those partially hereditary and partly physically caused disorders, such as chorea, tics, stuttering, tremors, ataxias, hallucinations, migraine and pseudo-epilepsy.

2. Chorea is a nervous disorder of young people characterized by involuntary twitchings. It is a self-limited disorder, and it is cured by good hygiene and diverting the patient’s attention.

3. Tics are more or less rhythmic and regular movements of a voluntary muscle which may become so habitual as to be performed involuntarily, such as winking and other facial jerkings.

4. Stage mannerisms, by-words, twirling the thumbs, and biting the finger nails, are all common and curable tics.

5. Stuttering is a form of ataxia observed in walking, writing, swallowing, and talking, and results from increased self-consciousness.

6. Suggestion and psychic contagion operate to increase stuttering and stammering. These patients are cured by diverting the attention and persistent training.

7. Most young stutterers are found to be mouth breathers and also have adenoids.

8. Any system will be successful in curing stuttering which is able to take the patient’s mind off his talking. The singing cures are highly successful.

9. Involuntary tremors are found in the aged, while voluntary trembling is occasioned by childish fears and adult hoodoos, stage fright, etc.

10. The treatment of tremors consists in upbuilding the physical health, together with persistent and appropriate mental training.

11. It is a mistaken belief that only the insane are afflicted with hallucinations. Many normal people have these experiences.

12. Many so-called apparitions are in reality dream-hallucinations, that is, they occur in a moment of cat-napping.
13. Dreams occur throughout the period of sleep but we are conscious of only those caught in the mind at the moment of awaking.

14. It is a great help to nervous patients to have the possible physical causes of their dreams fully explained.

15. Migraine is the most directly inherited of all nervous disorders. It is characterized by headache, nausea and vomiting, and it is commonly associated with eye strain, indigestion, and constipation.

16. The cure of migraine lies in re-forming the patient's modes of mental and physical living, eliminating all causes which are removable.

17. It is imperative that migraine sufferers live upon the so-called low protein diet.

18. Pseudo-epilepsy is a curable nervous disorder caused by neurotic heredity, autosuggestion, and autointoxication.

19. Society has a double duty to perform with reference to its defectives and degenerates. First, to give these unfortunates every opportunity for improvement; and second, to provide methods to prevent the reproduction of their kind.
PART II
TREATMENT OF THE NERVOUS STATES
PART II
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CHAPTER XXI
THE GENERAL HYGIENE OF THE NERVOUS SYSTEM

The management of the human nervous system is probably the most important branch of hygiene. This importance is due to the embryological and anatomical fact that the nervous system inherited from one's ancestors and which is present in the infant body at birth, is the same identical nervous mechanism which must be carried throughout life; that is, the individual cells of the nervous system retain their identity throughout a lifetime, and this explains why the behavior of the nerve centers is only changed by persistent efforts in reeducation carried on for a sufficient length of time to produce new habits of nervous behavior.

GENERAL PRINCIPLES

It is my belief that in the future the physician's consulting office is destined to become a psychotherapeutic laboratory in which the human nervous system will be scientifically studied, diagnosed, and prescribed for. The day in which the doctor's office is to be merely an adjunct to the chemist's shop is about over. The physician of the future is destined to become a mental minister, dispensing courage, hope, confidence, and stoicism to his patients, all of whom are more or less disordered in nerves and discouraged in mind. These nervous people must be taught how to think logically and reason calmly, and in view of the present organization of society and its agencies of
physical, mental, and spiritual relief, I cannot see how this work can be effectively carried out except by the medical profession.

Another principle we must recognize is that whenever public, or more properly, social hygiene, is brought into conflict with personal hygiene, the public, social, or national hygiene must be given precedence. The welfare of the whole people is never to be sacrificed for the supposed welfare of an individual; in other words, the hygiene of the family — for the family is the social unit of the nation — is to stand out pre-eminently as the all-important necessity in the development of the mental and physical well-being of civilized society. Nerve stamina is the one national resource which needs to be conserved.

Partridge well summarizes the general principles of nervous hygiene as follows:

1. In every nervous individual, the habit of too great intensity of mental activity must be cured or controlled. For tension is one of the universal faults of the nervous life. In all cases it will be found that something remains to be learned in this regard. To this end emotions that goad on the mind to over-activity must be attacked. Interests must perhaps be readjusted, ideals modified, and wishes abandoned. Here, too, is the problem of rest, of relaxation, both in its mental and physical aspects.

2. Invariably there is some degree or form of excessive individuation. Here enters the problem of the adjustment of the individual to society. The questions must be asked how the work can be made more social; how the relation of self-interest and work as social can be made more normal; how emotional causes of strain and isolation can be eliminated. Interests must be trained to this end. The problem of the recreational life arises.

3. Always there is some degree of mental disorder. Experience is never organized with ideal completeness. There is mental confusion. To overcome this is essentially a work of education. It is preventive. The mind must be trained by being organized.

4. The fourth general conception for the control of the nervous life is that the organism, mind and body, is an energy system. It can be exhausted, restored, controlled, both by mental and by physical means. As a machine the body has its definite laws, its optimum mode of working to produce the most power from its supply of energy. This optimum mode of living must be called in to attain
this ideal. A regime of treating the body and mind must be adopted, not for a week or a month, but for a lifetime.

HEREDITY AND PROPHYLAXIS

Space forbids our entering into a lengthy consideration of heredity in relation to the human nervous system and its derangements. We will have to be content at this time with the statement of the fact that nervous disturbances and diseases are more largely hereditary than other sorts of human disorders; in fact, as shown in earlier chapters, there is an hereditary element in almost every typical case of nervous derangement.

The proper place, of course, to begin the prophylaxis of the nervous system is with one's ancestors; but since the choosing of our ancestors is quite beyond the range of possibilities, we are forced to begin the consideration of the prophylaxis of the nervous system at a time which corresponds with its earliest appearance in the embryological metamorphosis of pre-natal life; in other words, the thing of first importance in the attainment of the healthy nervous system in the child is to provide the expectant mother with an abundance of good food, pure water; and to surround her with a wholesome, sanitary, and happy environment.

While we have emphasized in a former chapter the fact that scares and frights on the part of the mother have absolutely nothing to do with the "marking" of children, it is our duty at this time equally to emphasize the fact that the general physical health, particularly the nervous state of the expectant mother, may become so disordered and deranged as greatly to affect her general health and physical well-being, and in this way, she is rendered utterly incompetent properly to nourish and upbuild the physique and nervous system of the unborn child. And it is in this very manner that the physical condition of the mother may react to the detriment of the nervous development of the child.

POSITIVE AND NEGATIVE HYGIENE

Personal hygiene consists of two phases: first, positive, those rules or laws of life defining what we should do; and second,
negative, those rules or laws of life defining what we should not do. The positive hygiene of the nervous system dictates that we should think, work, rest, and sleep evenly and regularly; that we should cultivate the social instincts of the race and occupy the mind with thoughts that are wholesome, uplifting, healthful, and beautiful. The negative hygiene of the nervous system warns us away from the shoals and rocks of intemperance, overwork, inordinate mental application, and those personal or social pursuits which are vicious and debilitating, admonishing us to shun fear, anxiety, worry, and depression.

The secret of success in the management of the nervous system is centered principally in avoiding all those causes which make for nerve over-taxation, irritation and subsequent breakdown. We are in possession of no sort of medical magic which will enable us to remove the results of a nervous hereditary legacy; but it is entirely possible to take a human nervous system, very weak from heredity, and so to guard, mould, and train this faulty nervous mechanism in its youthful unfolding as to develop a vast array of counterbalancing possibilities which are latent within the individual, and thus to create a set of opposing neurological forces which will be able almost, if not altogether, to overpower and overcome the manifestly inherited and undesirable nervous weaknesses.

If fond parents would only overcome all prejudice, rise above their slavery to conventionalities and fashions, and so raise and train their little boys and girls as to develop their weak points, repress deformities, and encourage symmetrical growth and development of the nervous system, much could be done to lessen the growth of that great and constantly increasing army of neurasthenics, hysterics, and other neurotic weaklings.

The keynote of nervous prophylaxis is this: do not make yourselves sick by artificial means; that is, by worry on the mental side, and by various poisonings on the physical side. Abstain from all poisonous and pernicious sorts of self-gratification, train the nervous system to lead an orderly, systematic, temperate, and controlled existence. To sum up: avoid fear and worry and all their psychic accompaniments on the mental side; while you avoid alcohol, tobacco, and other narcotic and
stimulating drugs, including tea and coffee, on the physical side.

Regarding this positive mental discipline, Dr. Dubois says:

Let us always maintain this smiling courage; it should not be a fierce and bitter stoicism, but an easy valor like that of the gentlemen of olden times, who so dexterously wielded the rapier. We must put on this warlike frame of mind in the morning; we must make our moral toilet and re-clad ourselves in our coat of mail. We can then say to ourselves: "Whatever the day may bring of physical fatigue, intellectual work or mental emotion, I am ready; my powers are sufficient and there is a margin to spare." Another simile often comes to my mind, when I feel weakness beginning in the face of the task to be performed: "Forward! Let the band of the regiment play, and the step will become light-hearted."

**CHILDHOOD NEUROLOGY**

The hygiene of the infant's nervous system begins with the first day of life and consists in keeping it in a reasonably quiet, darkened room for the first few days. As the baby grows older, do not allow the fond friends to bounce it on the knee, throw it overhead or toss it up in the air. These hair-raising experiences are exceedingly deleterious in case the child should have a sensitive or delicately balanced nervous mechanism. Do not fuss over the babies. Just let them grow up, take good care of them, give them plenty of food, water, and sleep.

As the children grow older, avoid all causes of depression, worry, or fright. Especially avoid threats of the "boogy man," the "bad man," and all the "boo dark" sort of stuff that frightens the young mind by day and terrorizes it in dreams by night. Be careful fully to explain even the stories of adventure, the Indian stories, etc., so as not to leave too vivid an impression on the young mind, and thus train away from these "terror-dreams" of the night season. The young mind is very susceptible to these impressions of fear, and tyrannical terror is generated within these little souls that sometimes lasts throughout a lifetime. We not infrequently find ourselves as physicians struggling with these children as grown up men and women, trying to overcome their ever-present fears — those deep-seated apprehensions which have become almost a part of their mental
and nervous nature—and which had their origin in the "scares" and "frights" of early childhood.

Keep the little ones away from funerals, tragic scenes, and all other depressing experiences, which so indelibly impress their plastic minds and so persistently linger in the soul to harrow and torment them in the years which are to follow.

EARLY SELF-CONTROL

While the child's nervous system is unfolding and developing, let him grow up in a natural, playful, and healthful manner, giving attention to but a single factor, and that the element of discipline and self-control. It is my firm belief that the child which is not taught self-control before it is six or eight years of age, seldom, if ever, acquires a satisfactory self-control in after life; at least, if he does, it is by sheer dint of persistent and long continued effort, all of which would have become second nature to him had he been trained into this fundamental requisite of moral happiness and mental health, when he was a baby. What can you expect of an infant in after life who is taken up and coddled, rocked, and danced about every time it opens its mouth and emits a healthy holler?

The hygiene of the child when it reaches the school age is a great subject in itself, and would require a volume adequately to cover it. In this chapter we can only call attention to the great importance of medical inspection in the public schools—a system designed early to detect the presence of adenoids in the child and thus avoid the subsequent effects of these pernicious growths on the nervous system. Medical inspection would early detect the child of retarded mentality, or of nervous tendencies toward chorea, or St. Vitus' dance; would early detect the presence of eye difficulties and direct the fitting of proper glasses and thus avoid the frequent nervous effects of early and severe eye strain. The lighting and ventilation of the school room, the arrangement of the seats for the prevention of spinal curvature, recreation periods, exercise—all of these and many other related phases of hygiene are, directly or indirectly, factors in the hygiene of the nervous system in childhood.
REST AND RELAXATION

Before the adolescent period of life, growing boys and girls, as the result of their playful activities, are so tired out at night that they require little urging to take proper rest and they do not have to be taught how to relax. When asleep they are perfectly limp, entirely relaxed; but with the arrival of that period in life in which play begins to be decreased and work begins to intrude itself upon our mind and energies, there sometimes comes the necessity of relearning the art of relaxation—learning all over again how to let go—how really to rest while sitting, standing, or even when reclining.

The nervous system is a difficult creature to educate, hard to train, but when once it learns a certain method of procedure or acquires a definite habit of behavior, it is equally difficult to unlearn its acquired habits and re-learn new and more desirable ones. The boy and the girl, if normal, naturally and instinctively know how to play and how to rest and relax; but we start in, sometimes altogether too early (especially in the case of neurotic and nervously weak children), to train and teach them how to work, and so sometimes by eighteen or twenty years of age we have so well trained them out of play and into work that they have quite lost the power to relax and rest. The nervous system has acquired the propensity of everlasting activity. Even sleep flees, and when the body is laid at rest, although imperfectly relaxed, the mind keeps pace, and hour after hour of the night season is spent in tossing about on the bed, while a maddening rush, a veritable deluge, of disordered and disconnected thoughts chase themselves through the brain.

All of this might have been prevented by a simple, temperate, and sensible mode of living—of both working and resting. Thus the art of relaxation, so well known in youth, would not have been lost in early manhood and womanhood; but the encouraging fact should be recorded right here, that it can always be regained. There is none so nervous, no victim of high tension, but who can re-learn once more and again re-acquire the blessings of peaceful relaxation, calm rest, and refreshing
sleep. These are all lost arts which can be wooed and won back again by proper habits of thinking and living.

SOCIAL INTERCOURSE

Long ago it was recorded in the Good Book that it is "not good for man to be alone," and whatever the significance of this statement as regards the domestic life of men and women, it is an absolute fact, well known to the neurologist, that it is not good for the nervous health of any individual to be alone; that is, it is not good for neurotic people to eat alone, or work alone, or walk alone, or to live by themselves. Social intercourse in the shop, at the office, in the home, is almost absolutely necessary for the cure of many of these nervously deranged and mentally disorganized individuals. I remember well the case of a young lady, twenty-three years of age, a stenographer, who, after all other efforts had failed to cure her nervous difficulties, was entirely cured within a year's time by finding a congenial position in an office where she also found another young lady of similar tastes, whom she secured for a room-mate, and this social life (for these two girls became constant companions, bosom friends, veritable chums) supplied the additional aid, the absence of which rendered all other treatment futile.

I have seen this thing over and over, again and again: the taking up of tennis, the joining of a club, getting interested in politics, preaching socialism, becoming interested in athletics, or getting married—if happily it turned out well—I say, I have seen all these things result in the cure of neurotics and neuroses, even after years of fruitless treatment at the hands of the most skillful physicians. Crowds are always helpful in the cure of neurasthenia.

I enjoin my nervous patients that they must never be alone. When alone they only think of themselves, they become inordinately introspective and their thoughts are all wrapped in self-pity and self-sympathy. I have long since learned better than to take the neurasthenic out of the busy office and away from the rush of a great city and send him alone out into the country or off on some farm to rusticate and recuperate. They in-
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variably get worse. This country life is ideal for nervous disorders, but it must always be so arranged as to provide social life, companionship, and fellowship, for it is doubly true of the neurotic individual that it is “not good for man to be alone.”

ORGANIZATION AND TRAINING

The economical and hygienic management and administration of one’s nervous energies imperatively demand the thorough organization of one’s business, household duties, and all other phases of mental and physical activity, along such lines as will provide for a practical and systematic control of one’s daily life so as to facilitate the accomplishment of a maximum amount of work with a minimum of mental effort and expenditure of nervous energy. It is enough to give one nervous prostration to gaze upon the desks of some businessmen, to look into the system and bookkeeping of some professional men, and to examine carefully the routine of household administration in the case of numerous nervous housewives.

This utter lack of system is responsible for increasing the nervous friction from fifty to one hundred per cent every day. Many neurotics who are wearing themselves out and who are always on the “verge of breaking down,” if they would only learn how to organize their work and systematize their efforts, could do twice what they are now doing and have a colossal picnic while engaged in the task. By perfecting my system, I find I can work harder and harder with less and less nervous strain. I find that I am having real fun and enjoying the highest degree of health imaginable, doing what some people choose to call two or three men’s work and yet I have abundance of time for recreation and numerous hobbies, even more time than I discover some men have who are wearing themselves out doing what would grudgingly be regarded as even one man’s task; and it must be remembered that this system and organization also pertains to one’s brain and mental activities. It involves concentration of the mind and a more or less complete control and direction of the mental powers, and does not consist wholly in the organization of one’s business
and work by means of card indexes and other modern methods in office systematizing and business control.

SAFE MARGINS

Every man and every woman must sooner or later learn their own individual margin of safety in matters of nervous tension and over-exertion. Some individuals are born neurologically bankrupt and hence have but very meager margins of nervous safety. The slightest nervous overdraft in mental strain or over-work is sufficient to prostrate them. On the other hand, we discover those individuals who are born neurologically rich—neurologic millionaires. During their life time they are able to both overwork and overindulge, and the nervous system, with its vast margin of safety, is able to stand the strain, while scores of their friends and observers, fellows of their social set or their business associates, who were born with smaller nervous capital and margin, go down to wreck and ruin in their efforts to follow the pace set. And observation goes to show that many of the offspring of these neurological spendthrifts are born into the world more or less nervously handicapped as the result of this parental extravagance.

Particularly then, for you, the reader, the most important thing is to determine personally your own margin of safety and then say to yourself, with religious positiveness, "Thus far shalt thou go, and no farther."

NATURAL SLEEP

Next to the power of relaxation while awake, the ability to enjoy sound sleep is the greatest requirement in the hygiene of the nervous system. The strongest nervous system will sooner or later be undermined by inability to sleep properly, although the influence of light sleep or lack of sleep on the nerves is greatly exaggerated in the popular mind. It is possible for nervous people to go for days and even weeks without sleep, without being seriously affected by this experience. The notion that one is liable to lose one's mind and go insane as a result of a few days' or weeks' insomnia is altogether erroneous.
Forel says:

To supply nourishment to the nervous system is not sufficient in itself; for a continuous exertion of the neurones finally reduces them to a state of exhaustion which may be so marked that it can be shown under the microscope in the ganglion cells. (Hodge.) Hence time and rest must be given to build them up again through the blood. Simply sitting or lying down gives opportunity for this to the spinal cord and ganglia; but the brain, the organ of thought, requires sleep. In other words, the cerebral neurones which have been working together must be relieved from their concentrated activity of attention. The importance of sleep as rest for the brain has been much misunderstood. The more we work mentally the more sleep we require. But strenuous muscular exertion in what we call "bodily" activities, such as walking, riding, digging or factory work, means work for the brain, too, and also requires sleep.

But when it comes to the treatment and cure of the different nervous states, sleep is our great ally. It is necessary carefully to canvass the patient's experience to ascertain the causes of insomnia and then faithfully work for their removal. Diet, constipation, circulatory disorders, fears, worries, muscular tension, too much or too little physical exercise, ventilation of the bedroom, water drinking, disturbing night noises, these and a host of other factors, must all be inquired into and remedied.

**DIVERSITY OF OCCUPATION**

A lot of nervous people are never going to get well unless they either learn to like the job they have or else trade it off and get one that they can like. Satisfaction with one's work, the ability truthfully to say, "I like my job" and say it with a zest, is one of the secrets of success in the treatment and cure of nervousness. I have sometimes found it desirable to advise a complete change in vocation. The confining, grinding, taxing, long-hour occupations are all contraindicated in neurasthenia and its allied nervous conditions. On the other hand, it makes no difference how ideal the sanitary, health, and other surroundings of a position may be, if it is one of solitary employment, it must be rejected; as we have already stated neurasthenics must not live by themselves, much less work by themselves.
Regarding the value of well-directed work, a well-known authority has said:

If any one exercises only one given activity, such as a definite muscular movement, the muscle in question undoubtedly becomes very strong and so does the corresponding path of neurones. But then everything else can be stunted. The same is true of a person who spends his whole life riding to death some one circle of ideas or feeling or habit. In this way people who are not exactly crazy can become monomaniacs; like the chess-player whose whole life is filled with chess, the mother whose love for an only child so outgrows all other feelings that it degenerates into an idolatry that is highly injurious and leads to all sorts of follies, or the man who has turned all his energies to a petty invention that is going to make him rich, and wears himself out, often for nothing. All these one-sided exercises involve a stunting of the other brain activities, and unless they be exercised in the useful arts, they seldom lead to anything profitable. A good hygiene of the nervous system thus includes an harmonious exercise of all parts of the nervous life, of concrete sense-perception, of all muscular actions, of intellect, of feeling, of will, and also of imagination, the combining tendency which opens new pathways for the brain's action. By means of a proper systematic training in every sphere one becomes not only happy, but free and rich; rich not always in money, but in capacity for work, and free from the slavery of superfluous and injurious needs; happy in the joy of difficulties overcome as well as in the feeling of health and strength, of increased efficiency, independence, and adaptability.

**NATURE CULTURE**

There is something peculiarly uplifting and healing in getting near to nature's heart. It is good for the nervous system to send a young couple out studying botany or zoology; or to find the neurasthenic woman working in the garden with her husband or with a congenial nurse. All of the modern fads embraced within the term of "return to nature" are of value in the management of these nervous disorders, provided the social element is not omitted. By no means, however, should hygiene despise art and science and their products, but, on the contrary, it should make clear to itself which of them are favorable to a healthy normal development of our civilized races and which are harmful.
The true art of a sound nerve hygiene thus consists in fitting culture properly to 'Nature'; i.e., in eliminating as far as possible from culture all injurious and unnecessary excrescences which run contrary to the modified conditions of human life.

This is the advantage that comes from taking up fads; whether it be tango on the one hand, with its physical action and exertion, or ethical culture, psychology, or Greek literature on the other. The reading of the book alone at home would never produce the brilliant results that are to be observed as the result of pursuing these "culture studies" in small classes; and all this is simply due to the fact that it is the social association, the class spirit, the pursuit of some goal in association with and in the company of other human beings — *that is the secret of the cure*.

Christian Science and kindred cults do a great deal toward managing their "cures" by their weekly associations, their testimony meetings, for in this way the patient once cured finds himself enrolled in the ranks of an earnest company who stand for certain ideas and ideals, and he will hardly dare to desert the flag of his new found religion for a sufficient length of time even to recognize the pain of a bona fide headache. And so the patients of the various "liquor cures" add much to the permanency of their cures by associating together in clubs, meeting together to recount their experiences, and such a feeling of human loyalty and patriotism comes to pervade their minds that they would not think of getting drunk and thus deserting the noble ranks to which they belong. And all of this is psychologically sound, and we must further recognize that it pervades even the religious circles, and that many a moral conflict has been won and a spiritual victory achieved because of the strength acquired through the social meetings of the various religious denominations. And again the Good Book was psychologically sound when it admonished the faithful, "neglect not the assembling of yourselves together," and, "speak often one to another."

**RECREATION VS. PLEASURE SEEKING**

Recreation is one of the fundamentals in the cure of nerv-
ousness. On the other hand, I am coming more and more to believe that mere pleasure seeking—the pleasure seeking of the selfish and sordid sort that is so fashionable today—is coming to be one of the great causes of our modern restlessness and nervousness. The highest form of recreation from the standpoint of curing the nervous patient is that sort of recreation which embodies the outdoor life, more or less physical activity in the midst of a wholesome environment, and at the same time affords the opportunity of social intercourse; and still further, in order to be ideal, this social intercourse should be of the altruistic sort, that is, the neurasthenic should be, in the midst of all these ideal surroundings, doing something for somebody else. In this way his mind would be effectively and ideally taken off himself and placed upon another human being. This is the ideal method of mental substitution, which is so effective in the management and cure of nervous disorders.

Theater going as a rule is not good for the graver nervous disorders. The ventilation is usually bad, the patients have to sit comparatively quiet in a seat for several hours, they sometimes mentally associate or connect themselves very vividly with some character upon the stage, the association subsequently being depressing to the mind and discouraging to them. Theater going does not afford opportunity for free and helpful conversation and that intermingling with one's fellows; and it is for this reason that tennis, athletics, automobiling with the family or with a group of friends, cross country walks, strolls in the parks, or boating, with other forms of outdoor exercise and association, are found to be more helpful and effective as curative diversions in all these different sorts of nervous disorders.

The neurasthenic will seldom get much help out of solitary globe-trotting, or other forms of diversions and amusements which are wholly selfish and self-centered. Altruism as a mental state and philanthropy as a mode of life represent the ideal attitude of the nervous patient who would speedily achieve a cure.

Forel has well said:
Moreover we must banish pleasure-seeking (but not pleasure itself) from our lives. Every pleasure cultivated for its own sake leads to ennui and disgust and injures the nervous health. Every healthy enjoyment must be earned by an harmonious mode of life. It is a pleasure to sleep, even on a hard bench, if you are tired, or to eat crude dishes if you are hungry. To drink pure water is a healthy enjoyment if you have a natural thirst, and it does not injure one like the satisfaction of the artificial thirst for alcohol that results from poisoning.

NERVOUS HYGIENE OF WOMEN

A whole volume could be written on the special hygiene of the feminine nervous system, but on the whole it does not differ markedly from that which we are here considering. There are certain factors to which attention should be called and which we have noted in former chapters, respecting the appropriate teaching of the young girl who is just blossoming into womanhood — the hygiene of adolescence. Again, the hygiene of the nervous system becomes specially pertinent in connection with the menstruation period, and it is at such times that the nervously inclined, high-strung woman should obtain a sufficient amount of physical rest and nerve relaxation; and it should be possible to do this without falling into that sort of semi-invalidism which such women so often and so unfortunately acquire, at least when they are not forced to go about their regular pursuits by the necessity of earning their own livelihood.

We have already noted the special hygiene and care that are so imperatively required, and so seldom adequately practiced, during pregnancy; and then again there is a special hygiene of the nervous system to be thought of following childbirth. Some of our most deplorable cases of insanity are those which follow upon the stress and strain and toxemia of pregnancy and childbirth. We believe that many of these cases could be prevented if proper care was taken of the over-wrought nervous system during this critical period.

The only other special period of life in which the woman may be regarded as requiring special hygienic care is that of menopause, commonly known as the "change of life." It is true
that certain nervously predisposed women, as it were, "go to pieces" at this time, but it is the author's opinion that this is largely a matter of suggestion. They remember other women who "went to pieces" at this time, or perhaps they had a mother or aunt who almost lost her mind during "the change," and they have grown up with this fool notion so deeply rooted in their minds that when they in turn arrive at this time of life, they begin to over-exaggerate and misinterpret every little feeling and sensation to such an extent that they soon find themselves wrought up to such a pitch of anxiety and fear that they are forced to recognize that something is really going wrong with themselves.

In other words, it is my belief that from half to three-quarters of all the troubles associated with the change of life, outside of a few minor disturbances, such as hot flashes, etc., are entirely in the mind of the patient, and in most cases could have been prevented, and can be stopped by proper mental direction, self-control, and an adequate understanding as to just what is taking place in the human system at such times.

THE UNMARRIED AND CHILDLess

The nerve hygiene of single people, childless married people, old maids, bachelors, widows, and widowers, deserves special attention. As a class these people are given to a great deal of thinking about themselves, while they are usually quite without a definite aim and purpose in life. There is a great tendency for this class to become selfish, self-centered, while the tender emotions of natural affection and love are so little exercised that the unselfish social instincts become stunted. There is a great tendency to develop a peculiar temperament and an eccentric disposition.

When a woman has neither a husband nor a child to love, she is altogether likely to develop an inordinate fondness for angora cats or lap poodles. Likewise, when men do not have their better natures drawn out and their unselfish instincts developed by the responsibilities and care of a family, they become, as a rule, more and more self-centered in all their thoughts and plans.
It is absolutely necessary in the interests of nervous hygiene that all persons without family and all married persons without children should develop some specialized hobby in art, science, literature, or philanthropy, and assiduously devote themselves to their choice — literally to bestow their heart's affection upon their work, in the absence of husband, wife or children. A failure to have some definite humanitarian object upon which to bestow one's affections, upon which to lavish one's labor, will be attended by the penalty of developing the hermit's disposition; unhappiness and disease can be the only result of such a solitary existence. If intelligent men and women will not marry and have children, then nature exacts, as the price of their continued health and happiness, that they raise up and nourish worthy objects of science, art, literature, and sociology.

THE HYGIENE OF OLD AGE

It is a pitiful spectacle to observe the old man who has worked so hard throughout life, in order to earn the right to rest in his old age, trying to enjoy idleness and rest while engaged in a round of efforts to achieve selfish enjoyment. Such aged business men and others who have led an active life sooner or later discover that they cannot gracefully rest when they grow old. It is only the lazy idler who can enjoy aimless pleasure-seeking in old age. The nervous hygiene of the aged, while it requires that the pace should be slackened and the work decreased, nevertheless demands that the old man or the old woman shall work on and on until the last breath is drawn. There can be no happiness in store for the men or women who retire from business or from life's duties unless they find other and equally absorbing lines of work or endeavor with which to engage their minds and occupy their energies.

The pessimistic old gentleman and the quarrelsome old lady, as a rule, are those who have tried to stop work in their old age. They are endeavoring to sit down in peace and quiet and enjoy life, but they are rewarded only with peevish discontent; they become a bore to themselves and a nuisance to their loved ones; they blame their children and grandchildren and
other relatives for their misery, and all of this could have been prevented had their powers been kept employed in useful work to the last. The most beautiful picture of the eventide of life is the old man with the sound brain, who works steadily on until the end, radiating optimism, sunshine, and wisdom to all about him, proving himself the valued counselor of his younger associates and effectually demonstrating that the evening of life is the most beautiful period of existence when one's energies are employed in an appropriate manner and when one's unselfish interests are kept in action to the very end.

NERVOUS HYGIENE OF THE NEUROTIC

The nervous hygiene of the neurotic, the nervously defective, etc., will be considered throughout the remaining chapters of this work. In the case of sadly defective and neurotic children, the advantages of country training homes should be extended to the city schools where such children are in attendance. The more highly defective members of society, who border on the criminal classes, vagrants, incurable alcoholics, etc., should be forcibly detained on special farms, with suitable work shops and agricultural pursuits, and work should be made compulsory.

Special sanitariums need to be established to be devoted to the psychological and physiological training of men and women who possess a defective nervous system or deficient mind control. In these institutions, farm work and other trades should be taught and thus work should be combined with suitable social opportunities, while the entire bend and trend of these organizations should be highly spiritual and largely altruistic. Last but not least, more thorough study and earnest attention must be devoted to the practical questions of improving the nervous quality of human stock we are producing—scientific eugenics.

SUMMARY OF THE CHAPTER

1. The physician of the future will undoubtedly pay much more attention to the hygiene of the nervous system.
2. Whenever personal and social hygiene conflict, social hygiene should take precedence.
3. The general principles of nervous hygiene must deal with over-tension, excessive individuation, mental confusion, and the economics or nervous energy.

4. While the prophylaxis of the nervous system is largely ancestral, and but slightly pre-natal, nevertheless much good can be accomplished by early discipline.

5. Nervous hygiene is divided into two phases, positive — those things which we should do; negative — those things which we should not do.

6. The keynote of nervous hygiene is to refrain from over-work, over-worry, and self-poisoning.

7. It is sometimes necessary to assume a warlike mental attitude, and move forward in spite of emotional obstacles.

8. The nervous system of the infant requires even care and should not be startled, jolted, or otherwise over excited.

9. Children should not be threatened, frightened, depressed, worried or otherwise have their emotions over-stimulated.

10. The child that is not taught self-discipline before six or eight seldom acquires self-control gracefully.

11. School hygiene embraces medical inspection, ventilation, lighting, seating, exercise, and adaptation of work to mental strength and nervous vigor.

12. Nervous relaxation is inherent in the youth, but it is often lost as a result of vocational training and industrial tension.

13. The lost arts of rest and relaxation can always be regained by proper habits of thinking and living.

14. If "it is not good for man to be alone," it is positively dangerous for neurasthenics to live an isolated or solitary life.

15. Outdoor living, social intercourse, and altruistic pursuits are the essentials of nervous hygiene.

16. Loneliness is the bane of the neurotic. Crowds are always helpful in the cure of neurasthenia.

17. The economy of nerve energy requires the thorough organization of business, home, and one's daily work. Lack of system increases nerve friction.

18. Lack of system and not overwork is what produces the nervous breakdown of so many people.

19. Determine the nervous margin of safety for your own organism, and then command: "Thus far shalt thou go and no farther."

20. Next to relaxation, sleep is the great requisite of nervous hygiene. Sleep is the great ally of neuro-therapeutics.

21. Vocational contentment, environmental satisfaction, and diversity of mental occupation, are the essentials of nervous diversity of mental occupation, are the essentials of nervous hygiene. Rest is the keystone to the arch of mental healing.
22. Mental monotony predisposes to monomania, while singleness of purpose may destroy the mental balance.
23. There is a peculiar uplifting and healing in getting near to nature's heart. Nature study is good for "nerves."
24. Fashionable fads are useful only when pursued in classes. Association is the secret of their success.
25. Cured patients when associated in clubs, churches, etc., develop a therapeutic patriotism which is invaluable to permanency.
26. Recreation is a fundamental of nervous hygiene, while selfish pleasure seeking is of but little value.
27. The special nervous hygiene of women has to do with adolescence, maternity, and menopause.
28. The unmarried and childless have need to bestow their affections upon some adopted child of art, literature, or philanthropy.
29. The hygiene of old age requires that the mind should be kept appropriately active unto the very end.
30. The hygiene of the neurotic can be efficiently carried out only in special schools, institutions, and sanitariums.
CHAPTER XXII

MODERN PSYCHOTHERAPY — MENTAL MEDICINE

PSYCHOTHERAPY, or "mind cure," has been utilized by medical and religious practitioners in the treatment of disease and for comforting the afflicted for thousands of years. It is true that very often those who were most successful in this practice of mental medicine were entirely ignorant of the laws of mind and matter which were being thus utilized. Psychotherapy is not a new remedial science—"mind cure" is not a new healing art. The twentieth century merely marks the era in which mental medicine emerged from the empiric darkness of the medieval ages into the daylight of rational inquiry and scientific investigation.

THE EVOLUTION OF PSYCHOTHERAPY

At the close of the nineteenth century, mind cure was still largely practiced by clairvoyants, quacks, and the enthusiasts of newly discovered religions, which were largely promulgated by means of this so-called divine healing adjunct; but with the dawn of the twentieth century, as a result of the accumulating and apparently remarkable cures which had been wrought by the increasingly numerous psychic cults, the attention of the medical profession was arrested for a sufficient length of time to enable the doctors to begin a serious investigation into the subjects of mental medicine, mind cure, and so-called divine healing.

And so the day has arrived when the physician recognizes mental influence as both the cause and the cure of numerous functional, nervous, circulatory, and digestive disorders. It is no longer necessary for a patient actually to become mentally deranged in order to command the serious attention of scientific medical men.
The moment the medical profession seriously turns its attention to the subject of mental medicine, that very moment the remarkable and sometimes apparently miraculous mind cure stunts of the psychic cult promulgators begin to lose their exclusively religious significance. For with the banishment of religious superstition and psychological ignorance, the majority of these remarkable mind cures are found orderly to take their place in line with those cures of disease which are wrought in compliance with the laws of mind and matter; and so, today, we are in the midst of that fanatical and unsettled transition period which attends all methods of healing as they pass from the empiric stage of superstition into the hands of scientifically trained practitioners. It is characteristic of all schools of medicine and methods of healing that in their early years unwarranted and extravagant claims were made in behalf of their curative powers.

REACTION TO MATERIALISM

Humanity seems to revise its beliefs and progress in its philosophy only in cycles of time, measured by the life of one or more generations. Accordingly, following the centuries of superstition, the latter part of the nineteenth century witnessed the development and widespread acceptance of scientific and rationalistic materialism. This reaction to the superstition of past ages was carried too far and was, in turn, during the opening of the present century, followed by a new reaction of spiritism, as exemplified in the phenomenal growth and development of the numerous present day psychic cults and healing “isms.” The need of the hour is for men and women who will painstakingly examine and calmly investigate the facts and phenomena of mental healing, and thus be in a position intelligently to lend their influence to steadying and staying the attitude of the public mind on these matters sufficiently to enable us to arrive at sane and fundamental conclusions.

SCIENTIFIC MIND CURE

It is not strange that when modern psychotherapy began first to be widely preached under the guise of “religious healing,”
that thousands of depressed, despondent, and grief-stricken souls, bound in their prisons of fear and shackled with sorrow and worry, should have found peace of mind and cure for their functional nervous ailments in these new psycho-religious teachings. Many of these souls had honestly tried both orthodox religion and orthodox medicine, and we should be charitable in criticizing them for taking up with teachings which at least gave them some temporary peace of mind and transient health of body.

Mind cure is now passing as a religion, a cult, or a creed. It is rapidly assuming that scientific rôle in which it is known as *psychotherapy*, and is being practiced in a sane and sympathetic manner by regular physicians, or by experts who have had special training in psychology in addition to their medical experience.

**WHAT IS PSYCHOTHERAPY?**

Psychotherapy is a term we now use to include all methods of mental training and mental healing designed to relieve those victims of functional nervous disturbances and defective mental control, commonly diagnosed as neurasthenics, hystéricus, hypochondriacs, etc., and includes all scientific methods of mental medicine such as suggestion, diversion, persuasion, reeducation, psychanalysis, etc.

In the chapter on “fastidious suffering” attention was called to the fact that not all our sensations and pains are real; that is, they are not actually physical in their origin, and it is to the relief and cure of this great group of disorganized, disassociated, turbulent, uncontrolled, and haphazard sort of mental and nervous behavior which, in one form or another, so pathetically afflicts such large numbers of people, that modern methods of psychotherapy must be directed as the chief and most effective curative agent.

Regarding the manner and method of exciting the activity of the sensory mechanism of the body, Dubois says:

If we look at the various stimuli which determine the reactions of our different organs, and which in fact make life, we shall find two classes:
1. Physical stimuli, acting upon our five senses and determining reactions directly.

2. Psychic stimuli, in which, even when of sensorial origin, the reaction is only brought about by mental representation, i.e., follows upon thoughts and ideas.

Allowing that in final analysis these two orders of stimuli may be reducible to material elements, it is none the less true that there are notable differences between them.

The physical stimuli, both physiological and artificial, are in their essence more or less known; they are measurable and always identical in their action. These are the reactions that are studied in physiology. Let us note that these reactions are all possible in natural or induced sleep; the experiments of vivisection are most usually performed in the state of narcosis. These stimuli are also interchangeable and we can equally excite the motor and sensory nerves and those of the special senses by their natural stimulus or by mechanical irritants, such as a blow, heat, or electricity.

For a more complete consideration of the psychology of associated memory, complex formation, and dissociation of ideas, which are involved in the practice of modern psychotherapy, the reader is referred to the author's previous work, The Physiology of Faith and Fear, or the Mind in Health and Disease, where these matters are more fully discussed than will be possible in this work.

**PSYCHIC SEED SOWING**

The human mind with its vast and wonderful realms of idea-association and imagination is a wonderful soil which the expert psycho-agriculturist may ingeniously cultivate, and in which he may intelligently sow the seeds of faith and courage and confidence. Human beings are highly suggestive; in fact, the human baby is the most highly imitative creature in the world, and the utilization of this tendency to absorb ideas and imitate the actions of other people constitutes the basis upon which the art of suggestion—the science of suggestive therapeutics—is based.

The majority of neurotics are highly suggestive, and this fact accounts for the easy manner in which they reason themselves into all sorts of trouble. Upon the other hand, under
the care of the psychotherapist, this suggestive tendency is swung around into helpful and beneficial lines, and is strikingly utilized in bringing about the cure of the patient.

As will be more fully shown in later chapters, this method of treating mental disorders may take the form of autosuggestion—suggestions given by the patient to himself; or therapeutic suggestion, as in the case of where suggestions are directed to the patient's mind by his friends or his physician. We also have environmental suggestion, as patients literally absorb, quite unconsciously of course, ideas from their associates and surroundings.

The suggestion may often be hidden, even as it is in the case of the regular practice of medicine, for it is undoubtedly true that the more faith the patient has in the drugs he takes, the more good he gets from them. We have to recognize the psychic element even in the use of electricity, baths, and massage, and, of course, it becomes the exclusive element operating in the various cults of mental healing, including Christian Science.

Suggestion-education is what led the common people into their disastrous patent-medicine habits. They soon discovered that the doctor had a drug for every symptom, for every disease. They observed that the final result of his numerous well-charged-for-visits were usually a row of empty medicine bottles sitting on the table; and so instinctively, seeking to obviate this expensive middleman, they went direct to the drug store for their medicines, and, after reading the literature and the rosy testimonials accompanying their patent remedies, they came to acquire great faith in the new medicine, took it, and usually got well.

**PSYCHIC SUBSTITUTION**

It is absolutely out of the question in the treatment of mental and nervous disorders to hope for success in the task of immediately getting a settled idea out of the mind. In the early treatment of these nervous patients it is necessary to practice the art of psychic substitution, that is, faith ideas must be substituted for fear notions, health confidence must be put
in the place of disease worry, good ideas must be suggested and cultivated so as to overcome and eliminate erroneous mental notions; and it is in this way, very often, long before the real causes of the disturbance are permanently removed, we are able to bring about great relief to the patient—greatly to improve his symptoms and relieve his mental torture; in fact, in many cases which are at the bottom incurable, great good can be accomplished by relieving the obsessions, crystallized fears, and otherwise setting in order the confused methods of thinking.

This method is carried out not only along the lines of idea-substitution, but also in the field of physical activities—motor substitution. Patients are directed in new and different lines of physical employment with a view of causing the mind to follow in the same paths, and thus divert it from the old channels of worry and self-contemplation.

It is possible to carry out this principle of substitution even in the realms of emotion and affection, and as will be noted more fully in a later chapter, remarkable cures are wrought by leading self-centered individuals to fall in love with someone, or with art, or literature, or a fad, and thus to transplant their affections from self to the external world.

It is not at all such a difficult task to change a patient's mind when he is at all susceptible to reason and when he has confidence in the physician; and while it is true, during the earlier part of the treatment, their old ideas will come galloping back into the mind as soon as the patient has left the office; nevertheless, faithful and intelligent work will ere long begin to show results, and the patient will begin to present a different mental attitude, one which shows that the mental habits are steadily changing and improving. Perseverance is the watchword of modern psychotherapy.

SYMPATHY AND PERSUASION

It is not uncommon to see a very sick patient wonderfully improved immediately after the physician's visit, even before a sufficient time has elapsed to allow any medicine or treatment to produce this effect. This immediate improvement is the result of the sympathy shown by the physician to the patient,
and of the confidence exercised by the patient in the physician — in his skill and ability to cure.

And so the ideal physician is not merely a prescriber of medicine, but he is a minister to the mental disorders of the patient, yes, he is even a minister to the souls of the sick. I am beginning to think that as the science of medicine progresses and our methods of healing become more and more precise, the future “art of medicine” lies in this great and formerly neglected domain of mental ministry to the minds of mankind.

The art of persuasion is one of the most valuable assets of the physician who seeks to help those patients suffering from “nerves.” Gentle firmness, positive precision, together with personal sympathy, seldom fail to win the confidence, respect, and loyalty of the patient to such an extent as to generate a sufficient amount of therapeutic patriotism as will lead him to persevere in his treatment to a successful termination.

The pleasant smile and the hearty handshake extended to the patient as he enters the office, coupled with the farewell assurance of success as he leaves, does the patient just as much good as the instruction and suggestions imparted during the course of the consultation. The successful physician, at least in these matters, accomplishes far more good by his words than by his remedies.

REEDUCATION OF THE WILL

It is the reeducation of the will with which we are most concerned in modern psychotherapy. Suggestion represents the general method of our treatment, while the reeducation of the will is the goal toward which we are steadily aiming, to enable the patient to become the master of himself, to reinstate the will in its place of sovereign ruler over mind and body.

The author has had the greatest success in treating these patients by the direct and honest conversational method, first recommended by Prince and Dubois. This consists in systematically and judiciously laying the real facts before the patient, and while physical treatment, such as baths, etc., is administered to alleviate his symptoms, the real dependence to effect a cure is placed upon this regime of reeducation.
And so it is possible, without resorting to any sort of artifice — without telling the patient any therapeutic lies, or without practicing any other sort or form of deception, to keep a nervous sufferer's mind intelligently focused upon the truth — upon the fact — *that he is surely going to get well*. It is the reiteration and repeated inculcation of this truth into and upon the patient's mind until it becomes a settled conviction in his soul that constitutes the very basis of cure.

It is sometimes necessary in the reeducation of these patients, in the persuasion of their minds out of the diseased ruts of their habitual thinking, actually to stand up before them, to wax eloquent, to plead their cause of health as an advocate would seek to save his client before the bar. Argument after argument must be presented, illustration after illustration must be utilized, to drive home to the patient the error of his thoughts and the sin of his thinking. It is necessary literally to hammer the new ideas on the mind during the earlier stages of treatment. It is never safe to tell the patient of a diagnosis without at the same time emphatically assuring him that the disease is curable. The emphatic assertion of curability must unfailingly accompany diagnosis.

And so the reeducation of the will is accomplished by simple and direct methods of psychological teaching, by earnest and eloquent inspiration of the patient, and by suitable social support in the way of help from the domestic circle and other helpful association with strong-willed and uplifting minds. And it is even possible in the case of other patients who may be hopelessly sick, greatly to help them by proper advice and suggestion.

Billroth once said:

The patient comes to the physician for advice, consolation, and hope; if you give him nothing of this, you may be an excellent diagnostician and prognosticator, but you are no doctor.

**PSYCHANALYSIS**

It not infrequently happens that some group or groups of ideas which become formulated in the mind, for some reason or other, are unacceptable to the mind as a whole. The per-
sonality—the mind—fails properly to assimilate this particular group of ideas. The mind is active to subjugate these ideas and emotions, it tries to submerge and suppress. But it often appears that this temporarily suppressed and rejected complex has acquired the power and dignity of a separate and automatic existence; and thus it continues to act the rôle of a mischief-making intruder in the commonwealth of the mind, just as some foreign body would produce troubles in the physical organization. And thus it would appear that many forms of psycho-neurosis, such as worry, or obsession, are indirectly due to this incomplete digestion, this crippled mental assimilation and elimination.

Professor Freud years ago called attention to the fact that a great number of the common psycho-neuroses owe their origin to a protracted conflict or disagreement between two groups of ideas or two inharmonious modes of thinking. To illustrate this theory of the origin and nature of many of our mental difficulties, let us suppose that a highly conscientious and religious person should passingly conceive the idea of committing some shocking crime. The thought of this wickedness arises in his consciousness, but it so shocks and horrifies his moral sensibilities that he immediately represses and disowns the idea. Every time this group of ideas arises in his mind he again promptly denies his responsibility therefor. He resists, combats, represses, denies, and fights the idea, and all the while his very mental warfare constitutes an ever-present source of auto-suggestion which tends to grow stronger and stronger, impelling him to do the very thing he is fighting to keep from doing.

The methods of psycho-analysis would suggest that the tempted and tortured soul promptly recognize this wicked group of ideas as a dangerous intruder into an otherwise peaceful, well-disposed intellect, and that its existence be fully acknowledged. Further, instead of making incessant resistance, he should begin the process of full acceptance and immediate digestion and assimilation of the idea, and then promptly and effectively eliminate the whole thing from the mind, leaving behind only the memory of having effected its overthrow.
AUXILIARY CURES

In this chapter I have endeavored briefly to summarize and concisely to outline the various accepted methods of practice in modern psychotherapy. The remaining chapters of this book are devoted to a more full and complete delineation of the practical application of these various methods, and it will be best at this time, only for the purpose of completing our summary, to note the various auxiliaries that are called into service to aid us in the treatment and cure of these various forms of nervous disorders. By auxiliary methods, we refer to the great and helpful influence of religious faith, the profoundly quieting effect of spiritual confidence, the sublime peace and reconciliation which accompanies the presence of an eternal hope within the human soul.

As auxiliaries in the treatment of psychic disturbances should also be mentioned the work, travel, adventure, rest, and study cures, together with all other means of diversion and digression, which are more fully and appropriately considered in the chapters which follow.

SUMMARY OF THE CHAPTER

1. Mind cure is as old as the race. Psychotherapy is not a new healing art.
2. Mind cure is evolving from its former empiric crudeness into a generally recognized and accepted science.
3. The moment the medical profession espoused psychotherapy, mind cure was robbed of its superstitions and supernatural elements.
4. The spiritistic mind cure cults of today are but natural reactions to the materialism of the last century.
5. Mind cure is now rapidly passing as a religion, a cult, or a creed.
6. Psychotherapy embraces all methods of mental training designed to prevent, to relieve, or cure functional disturbances.
7. The nervous mechanism of the body may be excited by both physical and psychic stimuli.
8. Man is highly suggestive; the human baby is the most highly imitative creature in the world.
9. The field of remedial suggestion consists of autosuggestion, therapeutic suggestion, and environmental suggestion.
10. Therapeutic suggestion may be indirect or hidden, but the direct or educational method is preferable.
11. Psychic substitution is the secret of success in the elimination of undesirable ideas.
12. Sympathy and persuasion are all-powerful in the hands of the expert psychotherapist.
13. The pleasant smile and the hearty handshake are more effective in the neuroses than all of the doctor's remedies.
14. The goal of psychotherapy is will-training— to make the patient a thorough master of himself.
15. Reeducational therapeutics should be practiced without artifice— free from therapeutic deceptions.
16. Reeducation is accomplished by direct teaching, eloquent inspiration, and helpful association.
17. Psychanalysis represents an effort to analyze, diagnose, and eliminate harmful ideas by the newer methods suggested by Freud.
18. The auxiliary cures of psychotherapy embrace religious faith, the work, travel, rest, and study cures.
CHAPTER XXIII

PSEUDO-PSYCHOTHERAPY — MENTAL DECEPTION

FROM time immemorial the shrewd and unscrupulous have been able to make a living by deceiving and imposing upon their credulous and unsuspecting fellows. The world's greatest fakers and imposters have had sufficient wisdom and foresight to perpetrate their pious frauds upon the public under the guise of mental culture cults and divine healing religions. Centuries of education has destroyed but little of our belief in omens, portents and charms; has done little to lessen our love of the occult, the mystical, and the marvelous.

MEDICAL SUPERSTITION

Notwithstanding the present day widespread diffusion of scientific information, thousands of people believe in charms, they worship at shrines, they adore relics, they have such faith in the lurid advertisement of a patent medicine that it sometimes appears to really do them good in spite of the deleterious drugs it often contains. (Fig. 10.)

It must also be evident that if people had the same faith in themselves that they have in the nostrum vender and the exponents of commercialized religion, and pursued the common sense methods of combating functional nervous disorders suggested by medical science, they would have the moral satisfaction of achieving a cure, without becoming the stultified dupes of designing frauds. It is evident that the so-called diseases over which the wonder-working charlatan triumphs so signally, are not real diseases at all, but merely symptoms of the various functional nervous disorders already considered.

People still have the bumps on their heads felt by professional phrenologists, while palmists earn an easy living holding their clients' hands and scrutinizing their faces. Fortune tellers thrive as long as the authorities do not lodge them in jail, and
clairvoyants still practice and prosper where legal obstacles do not prevent them. All of these various forms of fraud and fakery, and the ease with which they are perpetrated upon the twentieth-century public, only serve to demonstrate how susceptible is the average mind to deception along the lines of mental healing.

When some striking phenomena suddenly appears, claiming to be the new and only genuine religion direct from Heaven above, and offering as credentials of its divine authenticity the fact that its high priest and chief promulgator can lay his hands upon the heads of the sick and afflicted and immediately they are healed — spring up healthy and whole — then hundreds of honest souls are ready to forsake all and follow the healer and his new religion. (See Fig. 10.) Old Brother Barnum said that people liked to be humbugged, and it seems to me that they sometimes greatly prefer divine-healing humbugs. There is that mystical fascination — that enthusiasm of the crusaders — connected with these new and spectacular religions that appeals with peculiar force to the human mind, especially if the human mind happens to be of that peculiar variety which dwells in the free-thinking, adventurous brain of the sovereign American citizen.

Just a few weeks ago there came to see me a splendid young woman who was almost a complete nervous wreck as a result of going to consult a palmist, who had discovered some evil omen crossing her "life line," which she suggested might mean serious trouble in the patient's later life. This the patient interpreted as a liability to go crazy, and she proceeded immediately to set all her mental and nervous powers at work along the lines of doing the very best she could to go crazy just as soon as possible; and not until we had repeatedly assured her, and many times admonished her, that the palmist knew nothing about what she was talking about, while we did know something about what we were saying when we assured her that there was no evidence of insanity in her case, did she return to a normal mental condition. She had been out of sorts with her family and unable to earn her living for over eighteen months as a result of this single visit to the palmist. (Fig. 10.)
SPIRITISM AND THE SUPERNATURAL

Thousands of educated people who cannot be imposed upon by clairvoyants, palmists, or crystal-gazers, or who cannot be misled by the more palpable healing frauds and fakes, fall easy victims to the teachings of trance mediums and spiritualistic practitioners. (Fig. 10.) The psychology and physiology of trances and allied states I have fully considered elsewhere and space will not permit of their discussion at this time. Suffice it to say, the majority of trance mediums, no doubt, honestly believe themselves to be the channel of communication between Heaven and earth, and it is their enthusiasm and earnest confidence in their own work, coupled with the fact that they are sometimes really insane, that gives such peculiar influence and power to their teaching.

And in this connection we might treat of another group of modern mental teaching, such as mental telepathy, magnetic healing, etc. However remarkable may be the phenomena apparently connected with so-called telepathic experiences, we can only herewith record the fact that there exists today no scientific proof of the existence of any such a thing as mental telepathy.

I do not for a moment undertake to say that I am personally able to explain all the phenomena connected with spiritualistic mediums and their seances. Personally, I am a believer in supernatural influences; but I am not at all persuaded that all supernatural agencies are good in their influence, and from what I know of spirit mediums and spiritualism (if it should prove in the end to be supernatural in origin), I think I have already made up my mind as to what sort or manner of spirit is connected with these manifestations. I look upon spiritualism as a problem largely outside of the pale of scientific investigation, although many phases of the phenomena are subject to both physiological and psychological study.

Whether cure and health are worth while at all, if the intellect must be thus deceived and stultified by cheap performances and crude mysticism, may be well doubted. And it may be questioned, too, whether such cures are really genuine cures at all.
Fig. 10. Fraudulent Methods of Healing
HYPNOTISM

Hypnotism may consist of the hypnoidal state, in which the patient is really awake but in a passive state of mind, ready to receive the suggestion and teachings of the healer, on down through increasing passivity to a profound state of hypnosis, in which the patient is oblivious of his surroundings and under comparatively full control of the hypnotizer.

Hypnotism is basically wrong, as a method of strengthening the intellect and educating the will, in that it leads its victims to depend more and more upon the hypnotic operator. Hypnosis is certainly not a natural state of mind; it is highly artificial and unnatural. Some authorities have endeavored to show that hypnotic sleep was analogous to natural sleep, but this is certainly a mistake. The hypnotic state may in some respects resemble the somnambulistic state, but somnambulism is not a state of natural and normal sleep. Hypnosis is not one of nature's remedial agents.

We believe that human beings are free moral agents, kings and queens in their own domains, and that the Creator never intended that our minds should submit to be dominated by, be dictated to, or be controlled by any mind in the universe except that of man's Maker. Hypnotism necessitates the surrender of the mind and will in a peculiar way to the influence of another personality; and we regard these procedures as unscientific and un-Christian, and in the highest degree subversive of individual strength and stamina of character.

The employment of hypnotism in psychotherapeutic procedure is with the idea of increasing the suggestibility of the patient and facilitating the formation of new and healthy complexes in his psychic life. While it must be admitted that hypnotism does greatly increase suggestibility, it has been found that this state is transient and the desired effects are not permanent. It further appears that, when skilfully made, suggestions are just as acceptable and influential to the waking mind as to the sleeping; while the newer processes of reeducation and psychoanalysis can in no possible way be assisted by the employment of hypnosis. Hypnotism has been enthusiastically tried—and found woefully wanting. Its value is demonstrated only in cer-
tain rare cases, and in connection with perfecting the mental
diagnosis in certain difficult and obscure psychic disorders.

WHAT HYPNOTISM IS NOT

While the author has come to recognize hypnotism as having
but little or no value in the practice of psychotherapy, never-
theless, there are certain misconceptions of this practice which
should be set right in the public mind. These wrong ideas
of the nature and practice of hypnotism may be summarized
as follows:

1. Hypnotism is in no way related to spiritism and kindred
cults. Hypnotism is a phenomenon pertaining to natural law,
and unconnected with spiritism.

2. It is generally supposed that a person to be hypnotized
must lose consciousness, but this is a mistake; many practitioners
of hypnosis seldom place their patients beyond that drowsy
stage known as the hypnoidal state, in which the subject is
really awake and conscious.

3. It is commonly believed that weak-minded people form
the best subjects for hypnotism, but this also is a mistake.
Strong-minded and well-educated persons, when willing, are
most readily hypnotized.

4. While most people can be hypnotized, if they are willing,
no person can be put into a hypnotic sleep against his will.

5. Hypnotism cannot be used to compel persons to commit
crime. Hypnotized subjects will never do things which are
contrary to the standards and practices of their moral nature.

CHRISTIAN SCIENCE

The most notable of the modern healing cults is Christian
Science. As someone has said, Mrs. Eddy was shrewd enough
to make a “cult out of common sense and a religion from a
page of psychology.” Christian Science is extraordinarily
worldly-wise. Its founders took well into account the psycho-
logical fact that the mind is ruled by emotions rather than by
reason.

Christian Science and kindred healing cults do not fail to
recognize that diseased ideas and unhealthful emotions cannot
be gotten rid of by the mere forming of resolutions and the swallowing of nauseous drugs. Accordingly, they set to work, by means of a sort of mental homeopathy, to attack and overthrow superstition and credulity with a more powerful superstition— with a system of teaching that must be accepted by faith because it is impossible of understanding in the light of reason and judgment. Christian Science thus compels nervous sufferers unconsciously to use certain latent energies which they little suspected were resident within their own minds, and Mrs. Eddy made doubly sure that her followers would be forever delivered from the realms of imaginary disease by starting out with the denial of the existence and reality of all diseases.

WHY PEOPLE BELIEVE CHRISTIAN SCIENCE

Thousands of people believe in so-called Christian Science, not because they understand it or accept all its teachings, but because, in the absence of any better teaching, they were literally driven to it in an effort to find the peace and happiness which come as a result of deliverance from fear. Christian Science and its philosophy are certainly not upheld by the conclusions of modern science; and as far as the author has been able to discern, Christ never on any occasion required His followers to dethrone their reason and believe in His formulas and teachings in a blind and unreasoning manner.

Christian Science seems to be the emphasis of the denial element in psychotherapy. Its disciples deny the existence of those influences which they are desirous of evading or avoiding. Christian Scientists think of health and happiness as the natural heritage of man, and, believing this to be true, they lay hold of these influences as their normal mode of life, and have probably experienced them more than any other body of professed Christians in the world.

It is certainly a sad commentary upon the orthodox teachings of professed Christians, who claim to follow the teachings of Jesus, to contrast the downcast and discouraged attitude of most church members with the good cheer and happiness which the average Christian Scientist enjoys, in spite of the
confusing teachings of his system. It is certainly greatly to the credit of Christian Scientists that they have got what health and happiness they have out of the truth at their disposal, and their success certainly constitutes a stunning rebuke to the modern teachers and exponents of Christianity.

HOW CHRISTIAN SCIENCE WORKS

An illustration of the practical outworkings of Christian Science is afforded by a patient who came to us for a surgical operation, but who had been formerly cured of stomach trouble by Christian Science, and this is the story she told of her deliverance, through Science, from the terrors of dyspepsia.

"I read in Science and Health that one should take no thought about what they should eat," [this patient seemed to take it for granted that this thought was original with Christian Science, forgetting that it was Christ who said 'take no thought what ye shall eat'] "and I at once saw what a mistake I had been making in studying foods and trying to diet myself, and I resolved to follow the new light. I paid absolutely no attention to my diet from that time on. My appetite immediately improved and my digestion was soon perfect. I began to increase in flesh; in fact, I was a marvel to all my friends and neighbors, and even the former physician of our family admitted that something had happened which was inexplicable to him."

Now, the psychology of this case is very easy of understanding. This highly suggestible patient received as a divine command the statement she read from Mrs. Eddy’s book. Immediately the stomach was relieved from the nervous and incessant watchcare it had been subjected to (remember, no self-respecting stomach ever does good work when it is watched), and so her digestion began to improve, her new state of mind was better than any known medicine, her mind was diverted and her attention focused upon her daily efforts to comprehend and unravel the incomprehensible and the unravelable teachings of Mrs. Eddy’s book; and the result of this indifference to food and the earnest effort to obey the injunction “take no thought what ye shall eat,” enabled her to give little thought to what she did eat, while she took no thought as to how she would digest
it. This in itself was sufficient tremendously to whet her appetite, and the end of it all was, her dyspepsia was cured. It was nervous dyspepsia to begin with—psychic indigestion.

THE ELIMINATION OF FEAR

Christian Science practices and prospers because it does, for the time being, quite effectually eliminate fear. Its followers make no effort to appeal to the student's reason, they deal with faith and emotion. Fear is overcome by the emotion of faith. It is true, thinly, but nevertheless effectively, disguised as a system of religious belief. I quote one of their own writers:

Mortal ills are but errors of thought; diseases of mortal mind, and not of matter; for matter cannot feel, see, or report pain or disease. Disease is a thing of thought, and fear is the procurator of the thought, which causes sickness and suffering. Remove this fear, by the true sense that God is love—and that love punishes nothing but sin—and you can then look up to the loving God, and know that he affliceth not willingly the children of men, who are punished because of disobedience to His moral law. His law of Truth, when obeyed, removes every erroneous physical and mental state. The belief that matter can master Mind, and make you ill scientifically, is an error that Truth must destroy.

The wonderful change that comes over some nervous women after joining Christian Science or a kindred cult, is sometimes astonishing. Their families are at last released from their long bondage to and suffering from nervous whims, little by little the patients regain their equilibrium and ere long are able to again take their place among the world's workers, and it is no wonder that other sufferers who witness the restoration of one such nervous wreck back to spheres of usefulness and influence, are themselves inspired to believe in Science as the great medicine and religion of the hour.

SELF-DISCIPLINE

Christian Scientists themselves recognize that it is nerve training and mind discipline that effects these cures, but they equally recognize that a scientific propaganda, as such, would be shorn of its great power of religious suggestion—of supernatural
authority and of confidence commanding possibility. That some of their teachers do recognize this is to be true is shown from the following quotation from *Christian Science Healing, Its Principles and Practice*:

We think everybody knows and accepts that the nobler you become, the nobler your influence. And yet we are aware there are persons who would agree to all this, and nevertheless be frightened away by the word, self-training. A little practice will make felt what no telling or talking could get any one to believe, that the better you prepare yourself, by proper use of Denial and Affirmative, the clearer you become; the more rapidly you can perceive the way to remove error (disorder) and so heal. In fact, it might be said that every bit of such training you give yourself could actually be counted as in immediate connection with every bit of good you achieve. This may be either in future healing, by perceiving what error you have to cast out, or in daily life, by casting it out, almost without recognizing what you are doing. The saying over of any denials or affirmations is but one part of self-training, of course; upon the saying must follow duty.

**EXPLANATION OF THE CURES**

Christian Science in common with numerous other of the modern psychic cults operates for the cure of disease along the following general lines:

1. They all are a powerful popular protest against modern materialism and rationalism.

2. These psychic systems of healing are an unconscious protest against wholesale drug-medication and other unnatural and irrational methods of treating disease.

3. Christian Science and kindred cults are easy to believe: they involve but little self-sacrifice or personal humiliation.

4. These new psychic cults are pleasant to the natural man, in that they deny or ignore the orthodox doctrines of sin, and exalt erring man to the place of a god.

5. Christian Science and allied cults are new and therefore entertaining; they are more or less mysterious and therefore fascinating; and this latter property they will undoubtedly ever retain. Their teachings are unquestionably unfathomable—they will always be surrounded by the aroma of mystery.
6. All their psychic teachings afford immediate deliverance from an accusing conscience.

7. Christian Science prospers because it eliminates worry, notwithstanding the fact that its philosophy is unscientific.

8. These occult teachings chloroform the judgment and reason. They are systems of blind and emotional belief, and involve the unconditional surrender of the mind to the thing believed.

9. Christian Science represents the uplifting power of faith and strong resolution, and only goes to show the powerful influence of the mind over the body when thoroughly dedicated to a single idea, even though that idea be essentially wrong.

10. It is a species of mental deception which the believer can be taught to practice upon himself; and the very deceptiveness of it constitutes both its charm and its compelling power over those who surrender to it.

11. Last, but not least, many of these systems of healing, including Christian Science, have gone on in the world in spite of their error, because they do contain a grain of truth not fully recognized by either scientists or religionists—the influence of mind over matter.

NEW THOUGHT

I would have my readers understand that I do not confuse New Thought with Christian Science. There can be no questioning the fact that the various wings of the New Thought movement have done a great deal of good in the world. They have brightened up the minds and cheered up the souls of thousands of despondent and downcast sufferers. The one redeeming feature about the psychic teachings of the New Thought advocates is that they have not sought to promulgate a new religion or establish themselves as the only and genuine religious teachers for the present generation. They have not clothed their every utterance with the assumption of infallibility. They do not claim to be all-inspired, as do the Christian Scientists, and there is much to be commended in the method and manner of their work, although I am decidedly adverse to this business of taking an old truth, restating it, dressing it up in new and
modern language, and then offering it to the world as a new discovery in the realms of philosophy or religion.

DOWIEISM

Of all modern healing cults which confuse and confound sickness and sin, and claim to heal all disease by means of prayer, Dowieism stands out as the most recent and best known. Its basic error consists in regarding sickness and sin as analogous, and, therefore, if God will forgive sin in answer to prayer, why will He not also cure sickness in answer to prayer? But sin and sickness are not analogous. You can be forgiven for sowing thorns and thistles in your backyard, but that does not remove the thorns and thistles after you have allowed them to grow up. It will take hard work in addition to prayer, to clear the thorns and briers out of the backyard.

The secret of the success of these bogus systems of divine healing, as noted in former chapters, is the power of suggestion — nothing more, and nothing less. The future will no doubt witness the birth of many new systems of so-called faith healing. They are all based upon the psychology and physiology of faith and fear, as well as upon the error that when one is sick, his body is possessed of a devil, and if the devil could only be cast out, the sick one would immediately be restored to health.

THE IMMANUEL MOVEMENT

It would seem hardly fair to consider the Immanuel movement at the close of this chapter, for it has far more to be said in its favor than any of the psycho-religious propagandas thus far considered. While this unique religious movement is directed at the conquest of fear, its founders seem to proceed somewhat from the Christian Science point of view, in that they seem to have recognized that common sense and reason were of little value in checking the mental, moral, and physical depredation of tyrannical emotions; in fact, it would seem to the writer that after recognizing and admitting this fact, they deliberately set about to overthrow the strongholds of human emotion by some sort of scientific exorcism, not, of course, by the crude method of medieval times, but by a persistent, well-
organized plan of strengthening and upbuilding the patient's faith in the curative power of Jesus Christ and the healing possibilities of the Gospel of Christianity when properly understood. Its founders evidently understood the tremendous healing powers of faith and joy, when allowed to work their full influence in the human mind and body.

The Immanuel movement seeks to maintain this desirable attitude of mind by developing the graces of the Christian character, by the continuously increasing contemplation of that wonderful picture of Christ Jesus going about on earth two thousand years ago healing the sick, soothing the suffering, and raising the dead; and who can deny but that this unique and extraordinary picture is able to exert a far greater psycho-therapeutic influence upon the human life than all the essays of all the inspirational optimists of all time?

The optimistic spirit which the Immanuel movement seeks thus indirectly to foster and strengthen, the New Thought propaganda seeks to present more directly from a psychological standpoint; they (the New Thought teachers) preach optimism as a doctrine, a mode of life, a religion; and optimism, it must be confessed, has a great influence in producing a sort of environmental blindness or rather a desirable non-resistance to those things which it is impossible to remove from one's environment.

What Immanuelism seeks to do by theology, New Thought would do by psychology; that is, to bring the nerve forces of the body into working harmony with the automatic physiological processes of the organism, and this harmonious co-partnership is produced by the cultivation and domination of the joyful emotions of optimistic faith. The New Thought disciple practices "going into the silence" to attain these desirable ends, while Immanuelism advocates relaxation and a special state of mind associated with prayer. The ultimate psychology of the two methods is about the same.

THE MASTER KEY OF HEALING

And so it would appear that any practice, procedure, belief, medicine, cult or ism which is able to generate faith and destroy
fear, possesses definite curative powers in the treatment of mental and physical disease. The fact that the sick and the suffering recover under such treatment in no way proves that the religion, ethics, or other ideas or ideals of those who treat them are either right or wrong.

And so the law of mental healing—faith is a health-producer; fear is a disease-producer—operates when it is consciously or unconsciously utilized by any and all persons, at any and all times, and in any and all places. If John Alexander Dowie prayed for you and you got well, your recovery in no wise constitutes evidence that Dowie was a better man than the minister who prayed for you before, when you did not get well. It simply means that Dowie’s means and methods—his dress and personal appearance, what you had heard about him, and what he said to you—resulted in making such a mental impression upon you that faith came into its own, took possession of your mind, routed fear, and banished doubt. You threw your whole mind into the one grand conclusion that you were going to be healed, and many who did this were apparently healed, and, not understanding the laws of mind and matter underlying their healing, they immediately espoused the peculiar cause of the healer, adopted his beliefs as their beliefs, his religion as their religion, and his way of living as their way of living; and in this way vast churches, cults, and isms have been built up in both ancient and modern times.

And so it becomes apparent that the healing of disease by means of faith, or by so-called prayer or by any other method, in no wise proves that the healer is a special agent of God, that his religion is the one true belief, or that his ethical teachings are right. Faith is the master key which unlocks many an ancient medical mystery and explains many apparent modern miracles.

SUMMARY OF THE CHAPTER
1. The world’s greatest fakers have promulgated their pious frauds under the guise of divine healing cults.
2. Centuries of education have not destroyed the popular belief in omens, charms, shrines, palmists, clairvoyants, and other commercialized disease remedies.
3. Spirit mediums and practitioners of the supernatural exert a great influence over a large group of people.
4. Mental telepathy and kindred teachings are able to offer no scientific proofs in support of their claims.
5. As a phenomenon spiritualism is largely outside the pale of scientific investigation.
6. Hypnotism is basically wrong as a method of treating ordinary psychic disorders and mental disturbances.
7. Modern psychotherapy successfully practices the art of suggestion without incurring the risks and dangers of hypnosis.
8. Hypnotism is not a supernatural phenomenon, neither can persons be hypnotized against their will or contrary to their moral nature.
9. Christian Science is a sort of mental homeopathy, as it attacks diseased emotions with religious emotions—supplanting superstition with greater superstition.
10. Christian Science is the emphasis of the denial element of psychotherapy in association with the great power of religious affirmation.
11. While Christian Science may be unscientific and un-Christian, nevertheless, it is worldly-wise, psychologically practical, and therapeutically successful.
12. Christian Science substitutes the effort to comprehend its teaching for the patient's self-contemplation and disease worry.
13. Christian Science quite effectively eliminates fear and thus cures worry.
14. Christian Science is a self-confessed system of self-discipline, of will-training, promulgated and practiced as a religious system.
15. Christian Science is a reaction to materialism; a protest against drugs, an antidote for fear, a poultice to the conscience, a psychological novelty to fascinate the soul and occupy the mind.
16. New thought represents an effort to make a religion, a mode of life, out of the doctrine of optimism.
17. Dowieism represents a great healing movement based upon the error that sickness and sin are synonymous.
18. The Immanuel movement is probably the most scientific and Christian of all modern pseudo-therapeutic methods.
19. Faith is the master key of mental medicine. Confidence is the keystone to the arch of healing.
CHAPTER XXIV

THE ART OF THERAPEUTIC SUGGESTION

If the influence of the art of suggestion in the realms of health and disease were better understood, there would be much less of superstition surrounding many an ancient miracle, and less of mystery attached to many present day remarkable and phenomenal cures of disease. The therapeutic methods of the ancient medicine man and the modern bogus healer are alike dependent on the curative power of "suggestion." They owe their healing results to the power of suggestion to generate faith and destroy fear; and by suggestion we mean the systematic use of any and all means which will result in the arousal of new ideas or set in operation other emotional processes which are able to exert a favorable or healing influence upon the mind of the patient. It is possible, by means of suggestive therapeutics, to banish fear and worry, and, as far as the immediate and physical effects are concerned, it matters little whether these therapeutic suggestions are true or false — the immediate healing effects are just the same. Of course, the ultimate effects, in the case of false suggestion, upon both the mental and spiritual natures, is altogether unfortunate and undesirable.

SUGGESTIVE THERAPEUTICS DEFINED

Therapeutic suggestion may be either direct or indirect. It may be persuasive or it may be educational in its trend. Again, suggestions may be true or false — in fact, the majority of our suggestive therapeutics in the past has been tinged with more or less deception. Indeed, the very term itself, to many minds, suggests a sinister sort of medical deception.

The dictionary definition of the term "suggestion" does not set forth the idea of honest persuasion and indirect education,
and so nervous patients sometimes resent the term, feeling that it implies that their confidence is to be more or less imposed upon, that subterfuges are about to be employed in the treatment of their disorders. It must be explained to such patients that suggestion as used in psychotherapy (at least as I understand and use it) merely represents the preliminary and persuasive stage of educational therapeutics—that stage in which it is altogether necessary for them to experience the benefits of treatment, but in which it is not always possible fully to explain to their disordered reasoning powers the every detail and wherewith of the methods of treatment followed by their therapeutic teacher. And so I think in recent years the public mind has come somewhat to appreciate this new meaning which attaches to the term "suggestion," for we frequently hear such expressions as "that was a very suggestive book," etc.

Forel has given us a very good statement or definition of suggestion as applied to medicine in the following language:

By suggestion is understood a very peculiar kind of psychic (i. e., mental), or, more properly, psycho-physical, reaction, in which an idea—usually connected with a perception—becomes so intense and narrow, the mind becoming so filled with "one idea," that this idea loses its ordinary associations with its corrective counter-ideas, breaks violently through common restrictions, and releases cerebral activities that are usually independent of it, and generally, if not always, subconscious. Suggestion dissociates what is otherwise associated. Brains in which dissociation is easy are therefore especially suggestible. Suggestion generally releases those activities whose content is such that they can be pictured by the senses, and does it in such a way that the "subject" is unconscious throughout of the means by which it takes place and is therefore astonished at what happens.

THE PSYCHOLOGY OF SUGGESTION

The three following paragraphs are from my work before referred to, The Physiology of Faith and Fear, or the Mind in Health and Disease.

When an idea becomes uppermost in the human intellect, when a certain notion becomes set in the mind, there are only two ways of
removing it. One is by suggestion, and the other is by the development of the opposite ideas by a process of reeducation. Suggestion becomes then, next to reeducation, one of the most successful methods for changing, improving, cleansing, and strengthening the human mind.

The marginal consciousness, by which I mean the consciousness of all ideas and emotions that are not at a given moment in the centre of the field of attention, while it is normally a beneficent servant, may, nevertheless, in a sense, tyrannize in our lives. This marginal consciousness is described by many as the "subconscious mind." Normally, I say, it is a beneficent servant, because in the marginal or dim consciousness are conserved all those ideas and other mental complexes which are not required to meet our present needs. They are conserved in such a systematic order that when, in the course of suggestion, any mental process comes into attention it brings out from this dim marginal area its appropriate supplement; and it is when this supplementary image discharges into motor activity that the course of suggestion becomes complete. This marginal consciousness is a tyrant when its contents over-freely and without system attach themselves to the contents of clear consciousness, and so disturb the balance of the mind and render unreliable the course of our judgments. Continuously, even without our apprehension, this marginal consciousness influences the character and the ebb and flow of the processes of our vivid consciousness. It is not something different and apart from our usual conscious life, but an integral part of it.

The art of scientific suggestion consists in placing an idea in the mind in such a way and under such circumstances that it will become dominant; that is, the mind is caused to be possessed by that one idea. This dominant idea plays the rôle of a liberator—it breaks up harmful associations of ideas, and so creates an opportunity for the establishment of new and healthy groups of ideas. It brings about a dissociation between certain powerful ideas and physical actions, and often dissolves those physio-mental associations which are responsible for obsessions and other bad habits.

SINCERITY AND TRUTHFULNESS

It is my settled opinion that the greatest and most permanent good is to be accomplished by always telling the patient the truth. I do not mean by this that we should always tell our nervous patients the whole truth; but what I do mean is, that we should
not tell them anything that is intrinsically or fundamentally untrue.

In so far as it is desirable to treat the patient by suggestive methods, let us base our curative suggestions upon good physiological and psychological law, for in this way, and only in this way, can we hope to build up a sure therapeutic foundation from which our healing endeavors can be carried forward to completion in sincerity and with perfect confidence.

And so in our efforts to help the patient over his worries, we must recognize the possibility of using both true and false suggestions. True suggestions appeal to the reason, deal with facts, point out causes, and offer a cure which is rational and right. False suggestions (and the world is deluged with systems of mental healing based upon falsity and untruth) appeal to the imagination. They aim to give immediate relief although temporary; they aim to "heal the hurt of the daughter of my people slightly;" they seek to produce immediate effects, no matter at what future expense of pain to the body, disappointment to the mind, or destruction of the soul. All methods of sympathy, suggestion, and advice to mental sufferers should be based upon truth, free from falsity and deception.

It is needless to add that, in the author's opinion, the art of making therapeutic suggestions is best practiced by making these impressions upon the patient's mind during the waking state. In the ordinary or average case I do not look upon hypnotism as of any real curative value, but have come rather to regard it as a hindrance to securing permanent results in psychotherapy.

AN AGED REMEDY

Suggestion is literally as old as the hills. It has always been the chief asset of the successful physician; and it has ever been a dominant factor in the work of the successful preacher.

No more powerful testimony to the value of suggestion can be found than the very fact that there exist today scores of different methods of treating disease, some diametrically opposite, all of which are more or less successful. Various schools of medicine and the numerous therapeutic specialists are all more
or less successful in treating and apparently curing disease. John Alexander Dowie came along teaching the existence of a physical body afflicted with disease because the devil controlled it. He also taught that God heals disease in answer to prayer, thus destroying the devil's power. Dowie cured thousands. Mrs. Eddy and Christian Science teach that there is no physical body, no sickness; that these things exist only in the mind; and likewise they are able to cure other thousands. Both of these teachings cannot be true, yet both can cure disease. It is simply a problem in suggestive therapeutics, and the element of cure is not the correctness of either their physiological or their theological teaching, but rather the intensity and sincerity of the faith which the sick one exercises respecting the idea upon which he depends for healing.

AUTOSUGGESTION

The ideal method of treating one's mental difficulties is by means of autosuggestion. Form the habit of reasoning with and directly suggesting good ideas to your own mind, instead of allowing unfortunate combinations of ideas and feelings to possess and dominate your experience. Instead of always associating the feelings of physical fatigue with the idea of being cross and grouchy, try a little experiment in suggestive therapeutics on yourself and you will be surprised to see how quickly and effectively it will work. Some evening when you are completely worn out, on the way home reverse the usual association of idea and feelings from "tired and cross" to "tired and happy" and keep running over the new phrase in your mind, something after the following fashion: "Tired and happy" — "tired and satisfied" — "tired but smiling" — "tired and good-natured." You will then begin to smile at yourself. It will seem a bit funny at first, your smile will soon become contagious to the family and the entire evening at home will be quite different as the result of the auto-suggestion you have practiced upon yourself. I know this is true from personal experiences and every one of my readers also knows that this teaching is entirely true. We all know about these things, but we do not work at them steadily. One patient says he "frets
because he is tired.” In point of fact, I think the principal reason he gets so tired is because he frets so much. We do not faithfully live up to the psychological light we already have.

Again, it is sometimes necessary carefully to train one’s mind to think positive thoughts; that is, instead of constantly saying to yourself “I can’t do that,” or, “I can’t do this,” turn the psychological tables suddenly on yourself, yes, literally surprise yourself by saying: “I can do this,” and “I will do it,” and the result of this sudden change of front, on your personality, will be that your indolent and rebellious mind will soon swing around into obedient lines, and you will soon find yourself accomplishing twice the work with one half the stress and strain.

Some folks need to acquire the power of rising right up and “talking turkey” to themselves. A lot of good people are falling down in life, they are failing to make good, simply because they allow their own lazy brains and undisciplined minds to scare them—literally to bluff them—by constantly harping on their lack of ability, their lack of brains, and otherwise leading to such a degree of self-depreciation that they utterly fall down in the accomplishment of their life work.

I stood up in my office a few years ago, and made a twenty minute speech to a brainy, talented ne’er do well, about twenty-seven years of age, and much to my surprise he pulled himself together, waked up and became a success in life. He has been simply doing swimmingly ever since, and I became convinced that there were large numbers of apparent failures in life who only needed that some good Samaritan should come along in the role of a psychological alarm clock to wake them up—to set them earnestly and enthusiastically at work.

THE OVERTHROW OF WORRY

No amount of mental resolution and moral determination, in and of themselves, will be able to overthrow and cast out worry. Positive thinking is not only required in the battle against worry, but it is essential that our positive thinking shall also be opposite thinking. We must overcome worry with its opposite mental states; we must cultivate faith and trust.
This is the one vital factor in the permanent cure of worry: replace the worry thought with an opposite thought which will occupy the mind and inspire the soul. Drive out fear-thought by exercising faith-thought. This is the substitute cure for worry; and when backed up by the strong resolution of a determined will this method will always be found effective. Even in the moral and spiritual treatment of worry it is the substitution principle that works best. Replace the doubting, restless, and fretting attitude toward God, by a calm, confident, and trustful belief in the wisdom of the Great Mind which is directing the affairs of the universe.

Have the moral courage to enforce your own anti-worry mandates. When you have commanded the mind to cease worrying, keep right after it and see that it does. In all these little things that harass one's soul, as some one has said, "Don't forget to remember the probability that you have not, as well as the possibility that you have, made a mistake."

**THE ART OF SELF-RIDICULE**

It is a great calamity to form the habit of taking one's self too seriously. Most of us take ourselves far more seriously than the world does. It is sometimes necessary to tell our melancholic patients that it is impossible for them to over-estimate the unimportance of things. Most nervous people need to learn how to become indifferent to their fears, their feelings, and their emotions.

The art of self-ridicule — the ability to discern the funny side of one's own human nature — is a very effective health practice, a genuine mind healing procedure. It is a well known fact that sometimes when you are unable to argue with or reason people away from their worries, you can literally ridicule them out of their fears. You can sometimes help a woman to overcome her absurd fear of a tiny mouse by ridiculing her after all efforts to reasoning have failed. And so when logic is powerless to pry you out of the slough of despond, don't forget to try a little wholesome ridicule on yourself. As it were, step out in the crowd and take a look at yourself and don't be afraid to indulge in a hearty laugh when the ridiculous-
ness of your attitude is tardily borne home to your own consciousness.

THE HABIT OF SELF-CONTROL

The secret of success in the treatment of nervousness and cure of worry is all bound up in the attainment of self-control—the science of self-mastery. Whatever the means of psychotherapy or the means of mental healing, the one great object is self-discipline—mind training—will power. The victor in the fight with fear—the soldier who vanquished his nerves—is the soul that bravely dared to captain its own mind, who dared to out-general his perverted habits of thought in the great game of life, whose successful goal is the conquest and mastery of self.

And so you, the reader, owe it to yourself to summon all possible spiritual help, moral resolution, and mental decision, to avail yourself of every physical means of grace to the mind, and then, having made a declaration of emancipation to set free the mind from the domination of worry and the body from the tyranny of vice, go forth into the world as sons and daughters of God—in full command of all your mental faculties and in full control of every physical power.

Let us master our mental moods, control our physical passions, and, from henceforth, be so free from our psychic whims, that we shall be able to sail straight away toward our goal of manifest destiny; no longer will we allow ourselves to drift along aimlessly as the rudderless, helpless bark we have been, tossed to and fro and up and down by every trivial sensation of pain, and driven off our course by the whimsical winds of unnatural fear and our own mental confusion.

THE GOSPEL OF SURRENDER

In the battle with "nerves" there never fails to come a time when the secret of success is to be found in graceful surrender. In every fight of faith to overthrow fear, the patient sooner or later reaches the place where, for the time being, farther progress is impossible, and graceful surrender—peaceful non-resistance—is the only course left open. This is the
pass reached by the apostle Paul, when he so pathetically but bravely wrote: "I have learned in whatsoever state I am, therewith to be content."

It is sometimes extremely difficult to teach the nervous patient when to fight and when to surrender. As a general procedure I have advised them somewhat as follows: Assume a militant attitude toward your disordered nerves and disturbed mind; gird on the therapeutic armor, begin the healing fight, and remain in the struggle until both mind and body are well habituated to the spirit of the conflict, and then, before the depleted mental powers and the weakened nerve energies are completely and fully exhausted, learn how to relax, surrender, yes, even to laugh at and ridicule your fears and smillingly to ignore your sensations of distress and feelings of fatigue.

CONTEMPLATION OF THE GREAT

In this connection I cannot do better than to quote a clipping which has been sent me, accredited to Dr. Frank Crane and entitled, "The Practice of Greatness by Words:"

You take exercises for the muscles of your arms, legs and back: why not take an exercise occasionally for your soul?

Your spirit, or ego, or self, or whatever you may call that invisible something that is more really you than your body; that something which thinks, loves, feels, imagines, and wills is well worth a little training.

Here is a suggestion. There are certain great ideas, represented by certain great words. These words have power-volts in their very sound. Every time you think one of them you grow greater.

Take to bed with you the following seven words. As you lie, waiting for sleep, say them over, one by one, to yourself. Or, better, take a half hour during the day, in silence and solitude, and practice the feeling of these terms.

1. God. Never mind about your belief or disbelief. Say that word ten times, slowly, with pauses between. Think of what is above, below, around, and in all things. Spread your mind out upon the universe. Practice the sensing of the infinite.

2. Stars. Say stars. Think stars. Try to reach the feeling of stars. Let your fancy climb to the top of the night sky. Get the vibrations of those measureless distances, those suns, galaxies, sweep-
ing worlds; all silent, luminous, immense, swift-whirling, yet orderly. Happy you if you can induce a bit of star feeling within you!

3. MOUNTAIN. Repeat some names of individuals: Mont Blanc, Himalaya, Orizaba, Matterhorn, Popocatepetl. Get your mind up among the noiseless heights. Let the serenity, the eternity of the words filter into you.

4. OCEAN. Go a-sailing, out of sight of land. Be surrounded for a moment by waste, wild waters. See on all sides only horizon. Stand, in your imagination, by the seashore. Hear the surf boom. Do not talk. Do not make phrases. Feel!

5. TREE. Call to mind the most majestic tree you know. Touch its rough trunk. Look up at its wide branches. Stand from it and see its outline against the sky. Get some of the tree feeling into your spirit. Think trees: it's a wonderful relief from thinking dishes and dustrags.

6. DAWN. Think of sunrise, of the freshness of life, of hopeful beginnings. Induce, if you can, a sense of sunrise.

7. MORE. It is a sonorous word. Repeat it — slowly, significantly, and note how you grow. The word lifts you up, expands you.

Don't try to argue. Just say these seven words. Let them boom across your consciousness. Somehow they will still and banish your littleness. You will come to a great calm. You will have a sense of poise. You will get a sense of remoteness from affairs. You cannot describe it, nor impart it. It is a secret.

Your self-contempt will vanish. You will cease to think yourself a nothing, a puppet insignificant. You will feel that you are, deep in your hidden life, great and strong and wonderful. For who can think such thoughts and be wholly little and contemptible?

**PSYCHIC CONTAGION**

When a large number of susceptible individuals are exposed to a strong suggestion, there sometimes occurs a veritable epidemic of imitation — psychic contagion. Erratic individuals are sometimes able to inculcate their absurd notions into the heads of scores of apparently sane individuals who will follow them to any foolish length. Minor traits of character, peculiarities of disposition and eccentricities of temperament are observed to go through entire families and even neighborhoods. Of course, in the case of this family resemblance, heredity may play some part, but psychic contagion is the chief factor in most instances. Epidemics of St. Vitus' Dance have been traced to
suggestion; coughing, sighing, yawning, all lend themselves readily to suggestion, as do laughing and crying, in fact, all forms of emotion. Psychic contagion is further shown in the expectoration habits of men. Tobacco chewing is going out of fashion, but still men remain incessant spitters. Why should men spit more than women? Habit is the answer, and psychic contagion is the explanation.

Imitation is far-reaching in its influence, dominating our clothes fashions, as well as accounting for the numerous crazes that attack society from time to time, as typified in the bicycle craze, roller skating; and even suicidal tendencies rise and fall in accordance with newspaper publicity. Murders of a particular kind are also suggested in the same way, and "waves of crime" are almost annual experiences in our large cities.

Psychic contagion, or the psychology of the mob, may also be utilized as a therapeutic agent. We have called attention to this in former chapters by the statement that neurasthenics and neurotics should never be alone. All of us stand fatigue better in a crowd than when we are alone. You can walk twice as far with the same amount of weariness on a cross country tramp in congenial society, than if you should undertake a solitary journey of equal distance. Fire panic is another case of psychic contagion, and all this can be overcome by the fire drills such as are conducted in the public schools. In fact, the suggestion-power of newspapers is so powerful that I often find it necessary temporarily, to stop my nervous patients from reading the daily press.

THE CURATIVE POWER OF SUGGESTION

The power of suggestion is immeasurable. It enters into our every thought and act of life. It colors every sensation and emotion of human experience. It is able to deceive reason and belittle judgment, and creates a sort of continuous panorama of illusions, which we are forced to struggle against throughout a lifetime. It is possible to generate ideals by suggestions and ideas are in turn able to create feelings and sensations; and there is absolutely no difference, for the individual who experiences it, between the painful sensations provoked by peripheral
irritation and those which result from a central excitation—there is no difference to you between a real pain and an imaginary pain, and as Dubois has said: "Often the patient does not possess any criterion by which to decide the question, and the physician himself is frequently puzzled over its settlement."

As an illustration of the power of suggestion and how it becomes necessary sometimes carefully to set the stage in order to maintain the patient's confidence throughout a course of treatment, I give the following case: Mrs. D——, married, thirty-six years of age, had been paralyzed for three and one-half years. She had made some improvement, but not enough to enable her to get around without a crutch and cane. A careful physical examination, including that of the nervous system, showed every evidence that this woman was not paralyzed. Of course, it was impossible to say that she had not been paralyzed either actually or hysterically at some time in the past. She was told that in our opinion within two months, approximately, she would be entirely cured and would be able to walk without crutch or cane; and then she was put into the Institute to undergo a course of treatment, embracing hydrotherapy, electricity, massage, etc. In connection with these physical measures, she was given treatment in educational therapeutics (in this particular case—partly on the "suggestive" order—twice a week) and it is interesting to note that her improvement as to walking ability was exactly proportionate to the faith and hope which were aroused by her psychic treatment. She made steady improvement and, as was promised, she was fully restored and able to walk without crutch or cane at the end of two months' treatment; but even to this day, no amount of argument or reasoning will convince her that she was not paralyzed. She attributes her remarkable recovery more largely to the physical treatment which she received, and this is probably due to the fact that all sorts of mental treatments, healing cults, etc., had been tried previous to her coming under our care, and all had proved unsuccessful; and, incidentally, it was our knowledge of the failure of all these methods that led us in this particular case carefully to arrange a course of physical treatment to supplement our
psychotherapeutic efforts, and to adopt a measure of "suggestion" in addition to our customary regime of reeducation.

FEAR OF POISONING

The power of suggestion to influence the functional behavior of a patient's circulation is shown in the case of a patient I recently had, a young woman of neurotic heredity, twenty-two years of age, who believed she was being poisoned in some insidious manner. First, she thought the poison was put in through the key hole into her bedroom, and she worked herself up into a hysterical frenzy over this, as about this time there was a great deal being published in the newspapers about white slavery, the needle man, etc. Finally after being persuaded that this could not possibly be true, by taking her to the hospital and showing her how long it took and how many ounces of ether were necessary to narcotize a patient, she conceived the idea that poison was being put in through the water tap in her room. She refused to either drink the water or wash in it, and finally she settled upon the notion that poisonous gas was escaping from the tap, even though she did not draw the water. This sort of thing went on for about a year and a half. Then I finally made ready a hypodermic syringe, in the water of which I dissolved a very small amount of sugar of milk from a tablet taken from a bottle on my desk, telling her that its injection into her system would probably markedly affect her heart, but not to worry, that it was a necessary procedure connected with her cure.

Immediately upon the injection of the harmless solution of sugar of milk, her heart began to flutter, she became dizzy, her face was alternately paled and flushed, and after this had continued for about three or four minutes, I opened the bottle of sugar of milk and began calmly to chew up the tablets and swallow them down until I had eaten the whole bottle, almost fifty tablets. Suffice it to say that the girl had brains enough to recognize what had happened and as far as I know, from that day to this, she has not been known to worry about subtle poisonings or needle men. Indirect suggestion sometimes works more quickly than direct education.
In the battle against nerves, the successful soldier must learn how to wrest triumph from defeat; must learn how to "fight it out along this line, if it takes all summer." The neurasthenic must encounter his difficulties with such courage that obstacles will only serve to breed the spirit of indomitable conquest. The neurotic soul must cheer himself on in the struggle with the assurance that some day recovery will become automatic, that the good work will go on unconsciously and without constant and earnest effort on his part. He must learn that when mental discipline and self-control have been practiced to the point where sixty per cent or more of his mental operations are normal and healthy, then the balance of psychological gravity will be all on the side of sound thinking and healthful impulses; and then it is that victory begins automatically to perch upon his torn and dusty banner, while the fight from this point on is easily and surely won.

In the succession of battles which invariably go before the final victory, we have found it very helpful to put in the hands of our patients, as was suggested by Dr. Walton, certain phrases, or maxims, which the nervous patient may use as a sort of battle cry, to cheer him on when the struggle grows hard. Some of these phrases which have proved helpful to our patients are such as the following: "Hold the fort," "Never say die," "Sand the track," "Play ball," "Saw wood," "Never give up the ship," "The worst is over," "I'll get there yet," "Get busy—and stick to it," "Play the game square and take the score like a man," "Never touched me."

A lot of good is being done in the world by hanging up these suggestive mottoes around in business offices, such as "Do it now," "Keep busy to keep happy," "Cheer up, the less you have the more there is to get," and, "When you are down in the mouth, think of Jonah, he came out all right."

**SUMMARY OF THE CHAPTER**

1. The miracles (so-called) of ancient medicine man and modern bogus healer are alike dependent upon suggestion.
2. The practice of suggestion does not necessarily imply the
employment of deception and subterfuge; it rather embraces the use of persuasion, inspiration, and education.

3. The science of suggestion is the art of endowing good ideas with a new power that will enable them to overthrow their mischief-making fellows.

4. In suggestion, good ideas are supposed to grow up in the sub-conscious mind until they are sufficiently mature to assert themselves and liberate the patient from the tyranny of fear and other erroneous beliefs.

5. Therapeutic suggestions may be either true or false, but only the true make for permanent results and complete recovery.

6. Suggestion as a remedy is as old as the hills and accounts for the fact that widely differing systems of healing and schools of medicine are equally efficacious in curing disease.

7. The ideal method of treating one's difficulties is by autosuggestion. You can practice mental therapeutics on yourself just as well as to employ some one else to do it for you.

8. Positive thinking as well as opposite thinking is essential to success in mental therapy.

9. A lot of good people allow their own minds to bluff them. They scare themselves out of success and into certain failure.

10. Worry is never cured by resisting it as such. You drive out fear-thought by exercising faith-thought.

11. It is a calamity to form the habit of taking yourself too seriously. The world does not regard you seriously, why should you take yourself so seriously?

12. The art of self-ridicule— the ability to see the funny side of your own nature— is an invaluable health practice.

13. Self-control is the secret of curing worry and banishing the blues; and all this means mental discipline with increased will power.

14. Make a declaration of emancipation. Be independent of your mental moods, physical passions, and psychic whims.

15. When fighting has done all it can, learn how gracefully to surrender and be content with your lot.

16. Practice the contemplation of great things and great thoughts. Spend a little time thinking about the big universe you are whirling around in.

17. Psychic contagion is a real thing. The psychology of the mob is the great proof of the power of collective suggestion.

18. Epidemics of excitement, nervous disorders, crimes, and suicide result from psychic contagion in the community.

19. Fads in dressing, bicycling and roller-skating are the result of imitation and suggestion.

20. The universal reading of the daily press contributes powerfully to psychic contagion in the community, state, and nation.
21. The power of suggestion is immeasurable. It enters into every thought and act of life, it colors every sensation and emotion of human experience.

22. When the psychic struggle goes hard, it is highly helpful to have some battle cry, such as “I’ll never give up the ship,” and cling tenaciously to it until the crisis is passed.
CHAPTER XXV
EDUCATIONAL THERAPEUTICS

UNDER the head of educational therapeutics we desire to discuss those prophylactic and curative measures represented by self-control, self-discipline, and self-denial; together with the formation of desirable and habitual modes of thought and action, designed to take the place of those uncontrolled and disorganized modes of thinking and acting which are so characteristic of the various nervous states.

EARLY SELF-DISCIPLINE

It is desirable to start out in the child’s life with the early inculcation of the thought that the one great thing in human education is self-control — self-mastery. This work of training must begin when the child is a tiny, crying, struggling infant in its crib. It must be taught from earliest infancy gracefully to submit to emotional discipline and reasonable disappointment. It must be taught patience — to remain calm in the presence of a disappointing or a distasteful situation.

And this same training which should thus be so early inaugurated must be kept up unrelentingly throughout the long years of a lifetime, for the men or women who have not acquired, or who will not acquire, the power to rule their own nerves, govern their own emotions, and control their own feelings, if the training requisite to this degree of self-discipline has not been undergone by the patient, must know that there is but one hope for the future — such undisciplined minds and unrestrained nerves must continue on, the victim of all those annoying and distressing symptoms which are the invariable accompaniment of ennui, neurasthenia, and hysteria.

MENTAL CONCENTRATION

In practicing concentration it is necessary to aim at definite mental obligation. Take up the study of mathematics and work
on the solution of difficult problems. Carefully read a page in a book and then endeavor to write a resume of what you have read. Listen to three minutes' conversation and then endeavor fully to write it out—completely reproduce it. Listen to a lecture for one hour, never allow your eyes to leave the speaker, and not for one moment permit the mind to wander away from what you are hearing.

When practicing in this way at concentrating the mind, do not become discouraged if irrelevant ideas come sneaking into the consciousness, for foreign thoughts will certainly thus intrude themselves upon the young psychic athlete, but, as I say, do not let this discourage you. Simply dismiss these ideas the moment you become conscious of their presence in the mind, and quickly and resolutely switch the focus of attention back onto the subject you have elected to concentrate upon. Many failures will come before success is achieved, but ultimate success, more or less complete, will surely reward all those who persevere.

THE PHYSIOLOGY OF CONCENTRATION

The immediate physiological effects of successful mental concentration are very striking. When the mind is thus focused upon a definite idea and when the concentration is not over-prolonged, scores of nervous physical manifestations are more or less completely removed. The physical organism quiets down, numerous functional agitations are more or less calmed, and the tortured nerves of the self-centered individual are permanently relieved of that oppressive watchfulness which is so constantly exercised by the neurotic patient over the physical behavior of his own organism.

Dr. Vittoz even claims to be able to detect the difference by the sense of feeling between the vibrations which emanate from the skull when the mind is concentrated in the one case upon the thought of calmness and in the other upon the thought of energy. While it is not for me to say what another physician can feel, I am impelled to record at this time that I have never been able to feel such vibrations, and I have met few other specialists in this line of work who claim to have been successful in detecting these specialized oscillations proceeding
from the human cranium. But, however these claims may ultimately develop, there is no disputing the fact of the tremendous influence, favorable influence, too, upon the body as a result of concentrating the mind, and this influence extends over the vast domain of the entire vasomotor system. It also markedly affects all of the internal vital organs, as is so well illustrated in the case of certain high-strung nervous people who will be attacked with a fit of indigestion if they strongly concentrate the mind immediately after eating. Thus, as a result of their unstable circulation, they draw too much blood away from the digestive tract in order to sustain the activities of the brain.

Concentration of the mind is also able greatly to elevate the threshold of the consciousness of pain, as exemplified in the case of those individuals who have been severely injured while the mind was intently occupied, but have not discovered their injury or recognized the pain resulting therefrom until considerable time had elapsed—until the concentration of the mind was relaxed.

I have repeatedly observed that in the case of certain nervous patients who suffer habitually from cold hands and feet, and whose nervous equilibrium is not fully destroyed, they are able partially or wholly to cure themselves for the time being of cold hands and feet by vigorous concentration of the mind on those portions of the body which are thus deficient in circulation. Likewise we have been able to train neurasthenics and hysterics almost instantaneously to overcome the feeling of numbness which is so commonly present in some part of the body on waking up in the morning. Again, we have been successful in many cases of overcoming excessive blushing, also excessive flow of perspiration, as in the case of certain nervous young people who experience these annoying symptoms when appearing at social gatherings or attempting to speak in public. In these cases the mind is trained in substitute concentration—to concentrate upon a certain settled idea when there is danger of these nervous circulatory symptoms recurring.

As more fully shown in my former work, the heart, lungs, stomach and intestines are all directly and powerfully influenced by the degree in which the mind may be concentrated
upon some particular physical function, and to the extent by which the intellect is dominated by the basic emotions of faith or fear.

In connection with the subject of the concentration of the mind upon some particular part of the body, there occurs a very peculiar and sometimes paradoxical phenomenon. It is this: ordinarily, when suffering from a pathological or imaginary functional pain, the patient's agonies are usually increased by allowing the mind to dwell upon the pain; but in the case of some trivial sensation, such as pinching the arm, for example, the abnormal sensation thus induced can be altogether and instantaneously wiped out by powerfully concentrating the mind upon the part affected, thus inducing an immediate flood of healthy and centrally controlled impulses to sweep over the part affected.

PERSUADING MEN'S MINDS

Tactful persuasion represents the shortest possible route by which one individual can get an idea into the head of another individual. When the patient once has confidence in his physician, we are able to make our greatest and most rapid strides along the lines of educational therapeutics by means of discreet and sincere persuasion. To cure a psychic disorder by recourse to authority or any other method other than the enlightenment of the patient's mind, the arousal of his judgment, the satisfaction of his reason, and the strengthening of his will, will be found a deception in the end. If the patient's mind is sufficiently aroused and his enthusiasm enlisted, he will lay the hand of auto-authority upon his own brain and something new under the sun will begin immediately to happen in his mind; and thus we have secured obedience to our treatment and curative results are sure to follow without our having stultified in the least the clear-sightedness of the patient.

A great many patients who are supposed to be in need of more will-power are really in possession of a sufficient amount of that particular article, but what they do need is intelligence—the ability immediately and economically to use their will-power—not to say that they also frequently stand in need of
proper encouragement and inspiration. It was Spinoza, I think, who said: "Intelligence and will are but one and the same thing."

And in this connection we must also recognize a special sphere of intelligence which might very properly be called "moral intelligence." Today training schools are needed where moral intelligence, the discriminating analysis of life's problems, could be taught. Perhaps the church should fulfill this function, but it has certainly fallen a great way behind in the fulfillment of its functions in this regard.

While educational persuasion is at present the more ideal method of practicing psychotherapy, still we must not despise the time-honored and lowly art of suggestion. There are many patients whom you cannot at first directly teach, but to whom you can indirectly suggest. For instance, I recently had a patient who indulged in an incessant nervous hacking cough. I reasoned with him for weeks, told him of its effect upon his lungs, his health, his nerves, and bye and bye I literally persuaded him — educated him — out of this cough, and he is cured today. That was ideal psychotherapy. But I recently read the story of a boy, just a young chap, who also had a nervous cough. No amount of admonition or persuasion had been able to cure him. While out in the street one day, one of his playmates, probably equally nervous, became disgusted with the boy's constant coughing and said to him: "If you don't stop that coughing, I'm going to punch the daylights out of you." Of course, the mere suggestion of coughing was enough to attract the little fellow's attention and he proceeded immediately to cough again, whereupon the other boy fulfilled his threat. He punched him unmercifully, but the lad was never known again to yield to his impulse of nervous coughing. You see his experience suggested to his mind the substitution of the fear of being "punched" in the place of his cough fear.

PERSUASION VS. ARGUMENT

Some patients may progress along these educational lines very slowly; they are therapeutic "doubting Thomases." They will argue protractedly to prove the incurability of their cases—
provided their physician is foolish enough to argue with them. They faithfully follow all his treatment orders, but they are devoid of enthusiasm. Their faith is not of the order which moves mountains. But we do not become discouraged with patients of this sort, for when they are once cured by proper educational methods and the exaltation of the will to its rightful place of power in the psychic domain — they usually stay cured for a lifetime.

We have to be sympathetic with these patients, and often tell them we can hardly blame them for looking at things as they do, but always assure them that as physicians we look at these matters differently, that we can come more nearly seeing the end from the beginning than can the patient, and then by steady control keep their trolleys on the treatment wire until at a later time they begin to discover real evidences of a cure.

One of the most fatal notions is for the neurasthenic patient to get it into his head that he has two diseases — his nervous condition — and then some possible organic disease in addition. I dislike very much to be forced to tell a patient that they are suffering from some organic disease until I have first won the fight with their functional nervous disorder. I am, therefore (unless it is a grave and seemingly incurable disorder) given to passing over the diagnosis as far as possible in such cases and achieving my purpose by making a frank and favorable prognosis as far as the facts will warrant me. In this way we can avoid the pitfalls of a lukewarm diagnosis and aid our psychotherapy by means of a strong, hearty, entirely consistent and altogether likely prognosis.

MEMORY DISORDERS

It is a common complaint on the part of nervous patients that they are fast losing their memories. They especially complain of inability to remember the names of people, as well as being unable quickly to call to the mind certain words and otherwise to remember facts and dates, all of which they are familiar with. It is necessary carefully to teach these patients that these disorders of memory are not permanent, that they are
in no wise evidence of failing mentality, that they are but the common everyday accompaniments—well recognized and thoroughly understood symptoms—of the functional nervous disorders from which they are suffering. If these patients can be induced to take their minds off themselves, their chances of cure will greatly improve and the memory faculties will have an opportunity to devote themselves to subjects other than the constant consciousness of one's own sensations and sufferings. Then, too, it should be remembered that over-anxiety in our efforts to remember always interferes with our power to recall our memory images. The strength of memory is always in direct proportion to the intensity of attention, and the power of attention is always greatly disordered and decreased in neurasthenics.

Fatigue, real or imaginary, always tends to interfere with the keenness of memory. It is common for business men to confuse lack of attention with loss of memory, and thus come to regard themselves as suffering from the latter when their troubles are wholly due to the fact that they are giving but slight attention to the details of their business as a result of lack of mental concentration, and so they come to find that they are not in possession of the full facts respecting their affairs which they formerly held in their minds, and in this way they are tricked into believing that the memory is failing.

MEMORY TRAINING

A great deal can be done to re-train a neurasthenic's memory, and in reference to this point Walsh says:

My rule now is to tell patients who come complaining of loss of memory that if there is any real loss of memory it is due to their improper use of the faculty, or perhaps to their failure to exercise it sufficiently, for the proper performance of function depends on adequate exercise. They are then instructed to take certain simple classical bits of literature and commit them to memory. At the beginning such short poems, with frequently repeated rhymes, of the modern poets as are comparatively easy to learn are set as memory exercises. Later Goldsmith’s “Traveler,” and “Deserted Village,” are suggested. Then passages from Shakespeare are given. Just as
soon as the patient finds that he can commit to memory as he used to, if he only gives himself to the task, a change comes over his ideas with regard to the loss of memory. For many of these people the occupation of mind is an excellent therapeutic measure. Besides, selections can be made in such a way as to keep before their minds the thoughts they most need in the shape of memory lessons. It is a discipline of memory that revives it and also a constant exercise in favorable suggestion.

**DISCOUNTING YOUR FEARS**

It is a good habit to form, systematically and persistently, the practice of sensation-neglect, if the causes of your worry are certain physical conditions. If your worries are of a moral or a family nature, make your peace with God and your fellow-men, and then practice a little common sense. The employment of a great and good motive will do a great deal to drive worry out of your experience.

The majority of our fears and many of our sensations should be liberally discounted. We should not form the habit of taking our emotions and feelings too seriously. They are very liable to impose upon us, unduly to alarm and frighten us. Even if we find it exceedingly difficult to exercise control over our own fears and worries, let us at least succeed in meeting the fears and anxieties of our associates without appropriating them to ourselves or otherwise echoing them.

Another illustration of how easy it is to overestimate the value of our fears and apprehensions is shown in the excitement and consternation which prevail in some homes when a thunder-storm is approaching, especially if the lightning is severe. The mother becomes panic-stricken, her face assumes a frightened expression, and she begins to gather the children around her in one corner of the room—or maybe in a closet—where they pass the time in fear and trembling, momentarily expecting to be hurled into eternity by a malicious bolt from the skies. And so from infancy, most children are led to look upon the elemental forces of nature with fear and terror, when they might have been taught the beauties and grandeur of nature’s powers.

Most of us need to practice the art of minimizing our difficulties. Do not look at your obstacles with a magnifying glass.
Make up your mind that in many instances you will be able to rise triumphant over apparent defeat and to move right on in the even tenor of your way. Do not become greatly disturbed by the little ripples of life which pass through your experience from day to day. Practice taking your own good advice and all the suggestions you give to other people about not worrying. Don't forget to use them yourself.

Begin to pin your worries down to definite facts. Most of our difficulties are vague and indefinite. Many of our fears and worries are wholly imaginary. Make a practice of writing down in black and white the objects of your worry. The process of writing them down will usually disclose their absurdity and assist in the work of overcoming them. To abandon oneself to one's feelings means to be impulsive and to compromise one's own happiness and that of others. All the feelings must therefore be submitted to the criticism of the reason. You will perhaps say: But my sentiments and feelings are all good. How then do you know that they are all good, if you have not submitted them to a judgment by the help of your reason?

Dubois says:

From the first days of existence education commences — education by sensible experience, sensations of comfort and discomfort due to physical causes: heat, cold, sensory impressions, moderate or too strong for the sensibility of the nervous system. From the first cry, these sensations have an influence over the new-born mentality, and one can understand how a succession of painful impressions may modify the character of the child, and create the fretful disposition that one so often finds in children who have suffered from sickness or ill treatment; the mark is sometimes indelible. Who is to say that this education by the senses does not begin before birth, in the maternal womb, where the fetus may already find conditions unfavorable to its well-being, and experience painful impressions?

THE CULTIVATION OF HOPE

One of the greatest means of inspiring the patient with the hope that he will get well is the practice of making a thorough-going physical examination and laboratory research before
pronouncing a diagnosis. In this way it is possible quite certainly to differentiate between organic disease and functional disorders, and thus the physician is in a position to offer the patient a more definite and positive assurance of recovery.

While it is true there may be more or less of an element of suggestion in this procedure, nevertheless, it is suggestion of the highest and most legitimate order. While there is an element of faith in the help which the patient gets as a result of these thorough-going investigations, nevertheless, it is faith and conviction based on reason and not the blind faith that is sometimes appealed to by those remedial measures which are simply and exclusively suggestive. There is a great difference in the faith which the patient may have in his physician merely as a healer and the faith which results from the clear exposition and lucid explanation of the patient's difficulties, and which is able to win his confidence and secure his hearty therapeutic cooperation.

In dealing with the psycho-neuroses, the physician must be doubly certain of his grounds — must be reasonably sure of his diagnosis — before he should dare to speak the healing mandate, "You will surely get well." This is serious business for the conscientious physician and it is due to the fact that he is so seldom in position honestly to utter these magic words that so many patients of this order are cured by the irregular and unscrupulous practitioners who do not hesitate to guarantee cures.

THE PRACTICE OF GOOD EMOTIONS

It is possible for a nervous patient whose experience is cursed with a flood of unhealthy emotions to set about successfully to create good emotions — to master the art of practicing desirable emotional experiences. These mental powers are all subject to cultivation by exercise just as literally as are the material muscles. Use strengthens and practice increases mental energy as truly as it does muscular power.

It is a good practice for neurotics to learn to live but one day at a time. At any moment in their life some unfortunate neurasthenics are suffering from all the troubles they ever had,
all they now have and all they think they ever will have. If you are nervous you must learn that "sufficient unto the day is the evil thereof."

There is a great educational work which the victims of worry can carry on in their own behalf. They can modify their emotional behavior, correct and retrain their faulty mental habits, and in many other ways take the distressing sting out of their chronic habits of fretting and worry. The larger part of so-called nervousness is nothing more or less than faulty nerve control and defective thinking.

It is sometimes necessary to change one's position, to seek new associations, and even to go in quest of new scenery, in order to be able to get control of one's habits of thinking when they have been inordinately deranged by some sudden shock or other distressing experience. On the other hand, it is entirely possible for the average patient to sit right down where he is and begin the work of capturing, corralling, and reeducating his haphazard methods of thinking and his unruly nervous mechanism. The most important thing is that you should be willing to see yourself as you are; when you read these pages and recognize your own nervous shortcomings, apply this advice with the same willingness and alacrity which you exhibit in discerning the description of your neighbor's ailments.

If you really make up your mind to do the thing—to use a phrase of the street "get busy"—then you will find the obstacles and difficulties are only an added challenge which increases your zest for the game and whets your appetite in anticipation of final victory.

THE ART OF LIVING EASY

The acme of success in nerve training is to acquire the beautiful art of living easy—not necessarily easy living—but that beautiful experience, that graceful experience, which characterizes the self-possessed yet unconscious soul; that power and poise of personality which, as far as one's own mental domain is concerned, makes the individual master of all he surveys.

These are the patients that have learned how to laugh, have acquired the art of living with themselves as they are and the
world as it is. They have habitually cultivated the smile until it has become perpetually theirs. They have mastered the art of consuming their own smoke and thus clarifying the psychic atmosphere in which they think and move and have their being.

Above all, the physician who treats nervous patients should never be hurried—or, at least, never appear to be. The doctor who blows in like a gust of wind, looks at his watch, and speaks of his many engagements, is not qualified to practice psychotherapy. It is necessary, on the contrary, that the patient should have the impression that he is the only person in all the world in whom the physician is interested just at this time.

Dr. Cabot has arrived at the conclusion that there are but four essentials to the real enjoyment of life. These he calls work, play, love, and worship. Work provides activity and a mission for the body and in a measure occupies the mind. Play is the means of relaxation to the body and recreation to the mind. It affords relief from the depression of monotony. Love fascinates the mind and gives expression and satisfaction to the innate and instinctive social longings of human beings; while worship is the outlet and means of expression of the higher spiritual nature which in some form or other resides in every human being.

**SUMMARY OF THE CHAPTER**

1. Educational therapeutics embraces those prophylactic and curative measures employed in mental medicine, ordinarily known as self-control, self-denial, and self-discipline.
2. The discipline of the nervous system should begin in earliest infancy, and be kept up throughout a lifetime.
3. Nervous patients must practice and acquire mental concentration. They should set their minds at work in the performance of definite mental tasks.
4. The power to concentrate one's mind is not readily acquired, but perseverance will always bring success.
5. Profound mental concentration is always accompanied by definite physiological effects and bodily reactions.
6. Sensations of pain and other physical feelings, together with the behavior of internal organs, are all more or less influenced by vigorous mental concentration.
7. Mental concentration may be so utilized as to either increase or decrease various bodily feelings and sensations.
8. The heart, lungs, stomach, and bowels are all directly influenced by the intensity and degree of mind concentration.

9. Tactful persuasion represents the shortest possible route by which one individual can get an idea into the mind of another.

10. Many patients who seem to lack will-power in reality lack intelligence — the ability to utilize their mental powers.

11. In psychotherapy, methods of persuasion should always take precedence over argument; reasoning is always helpful but argument is fatal.

12. Sympathy not infrequently keeps the physician in touch with the patient until reason and will-power can effect a cure.

13. Disorders of memory which accompany neurasthenics are a source of great worry. This should not be regarded seriously and can usually be cured by proper methods of memory training.

14. Fatigue, real or imaginary, always tends to interfere with the keenness of memory, as does also lack of attention.

15. Learn to overcome your fears, practice sensation neglect. Don't be bluffed by your emotions.

16. Practice the art of minimizing your difficulties. Do not look at your obstacles with a magnifying glass.

17. Many nervous patients are helped by the practice of writing down in black and white the object of their fears and worries, thus subjecting their feelings to the criticism of reason.

18. The neurasthenic must assiduously cultivate hope. He must place implicit trust in the physician's promise that he "will surely get well."

19. Practice the cultivation of good emotions in conjunction with the suppression of undesirable feelings. In this way you can radically modify your emotional behavior.

20. It is sometimes necessary to change one's position, associations, and even seek new scenery, as an aid to escaping from unhealthy emotions.

21. The most important thing in the battle with one's emotions is to "get busy" and stick to the job until the victory is gained.

22. Cultivate the art of living easy — the knack of getting along with yourself as you are and the world as it is.

23. Forget yourself while the mind is kept busy with the essentials of life: work, play, love, and worship.
CHAPTER XXVI

THE EXALTATION OF THE WILL

IN THE practice of psychotherapy, reeducation must be recognized as a distinct process of mental training. While it may include the valuable and powerful elements of suggestion, it is, nevertheless, dependent for its success upon intelligent, methodical, and persistent educational processes; it is a method of reforming the patient's habit of thought respecting himself, his nervous difficulties, and his other disorders.

WILL POWER

In the practice of psychotherapy, reeducation is nothing more or less than a process of mental re-formation; new groups of ideas are created, and by persistent repetition are forced into positions of power and influence in the scheme of mental organization. The false conclusions, the harmful and unhealthy ideas and groups of ideas, are forced into the background, while the new idea becomes enthroned in a position of power and authority.

While the intensity of mental action is greatest in the central consciousness, it should be remembered that the contents of the mind — the number of association groups, etc. — is greatly increased as we go out toward the periphery, the marginal consciousness. The central consciousness is concerned with a small number of clear and vivid thoughts, while the marginal consciousness is occupied with an almost infinite host of thoughts and ideas, all of which are more or less hazy and indefinite, and even unconscious. The will power of most people is comparatively weak; that is, there exists a tremendous disproportion between the high degree of modern intellectual culture and the humiliating weakness of the will in the average man. Self-mastery is not the crowning virtue of the age. Self-control is the crying need of the hour.

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The will is the final arbiter of choice. It holds the balance of power in all mental operations. Its strength determines whether or not the body can be compelled to carry out the orders of the mind. The man with the strong will has the body under control of his own mind. The man with a weak will may have a mind controlled by the appetites and passions of the body; while one with a diseased will may find himself partially or wholly under the control of another mind. The will has knowledge of and also includes all mental operations.

The will represents the combined spiritual, mental, and nervous forces brought to bear upon mind and body to direct them in the channels of choice and conscientious conviction. The will represents the supreme conclusions—the final effort of the mind. It should be remembered that merely wishing is not willing. The will is the battle ground of character formation.

The will is not a distinct mental power in the sense that judgment, reason, memory, etc., are powers of the mind. The will represents to the mind what the sum total does to the column of figures. It is the master-builder of character and the architect of eternal destiny.

MAN A RESPONSIBLE BEING

Man is not a mere machine, not even an intelligent machine. Machines can perform only the work for which they are constructed, they are not responsible. Man is in the highest sense responsible for his acts and habits; he has a will and possesses the power of choice. The majority of animals are quite dependent on their instincts and on the stimuli which reach their brains from the sensory nerves, but man is able to direct himself according to the choosing of his own will. While reason may be the highest act of the mind itself, practical experience goes to prove the reason, in fact the entire mind, is ever subservient to that mighty sovereign of the personality—the will.

We may rent our minds for a consideration, we may let out our intellects for hire, but no man ever leases his will to another. The will is inseparable from the personality. Reason is simply the attorney-general of the mind, appearing before the supreme court of the will.
Because man has this splendid endowment of will, he at once becomes a creature of personal responsibility, and it is therefore incumbent upon him to exhibit a reasonable degree of self-possession, self-restraint, and self-control. Again, the will appears as the governor of the rate of mental activity. The mind with a weak will thinks rapidly and superficially. The strong will compels deep, deliberate, and logical thought. When the mind is not inhibited by the will, it roams about aimlessly from one end of the world to the other. It resembles a horse which has thrown its rider. Such a mind soon degenerates to the mere animal level—ever changing its course of thought with the constantly changing nerve impressions which are brought to the brain over the sensory nervous system. It requires downright hard work—constant effort—to keep the mind at work under the direction of the will. Without constant supervision by the will, the mind wanders aimlessly in the midst of the pleasant scenes of its own imagination. And it is just because we have so little will-thought that most of the mental energy of the world runs to waste, and all classes of society are overrun with idle dreamers. The divine gift of mental freedom carries the penalty of moral and personal responsibility.

CHARACTER AND CONSCIENCE

Character formation represents the grand and sublime purpose of life, and character formation is determined by our every thought, word, and action.

The formation of character is influenced not only by the process of thinking carried on within the mind, and its resultant physical acts, and the habits thereby formed, but also by the spiritual powers—the higher moral influences to which the mind of man is subject, in contradistinction to the mind of the animal.

Man has a conscience. The conscience cannot be described as a separate mental power. It is the spiritual or moral guide to conduct and thought, having for its basis our hereditary and acquired mental attitudes and moral standards. It is the spiritual voice, speaking to the will. The conscience is man's moral
instinct. It imparts divine dignity to the man, and forever distinguishes him from the animal.

The conscience is ever subject to education, and therefore it must never be looked upon as an infallible and unerring guide to conduct. The heathen is just as conscientious in praying to an idol as the Christian is in worshiping a personal God. The devout Hindoo mother is just as conscientious in throwing her innocent babe into the mouth of the crocodile as is the Christian missionary in his efforts to save her benighted soul.

And so we must recognize that man is a spiritual being as well as an intelligent animal. The primitive man is always religious, he universally worships something. Absolute irreligion is only the product of artificial training and miseducation. The spirit which operates upon the mind of man constitutes the divine source of our higher emotions. Judgment, oftentimes spontaneously, determines the right for the mind, and conscience prompts the will to order the execution of judgment’s decrees.

IDEAS AND EMOTIONS

A great many of our psychic difficulties arise from a failure properly to control our ideas and regulate our emotions. Others fail to distinguish between their ideas and their emotions. They experience emotions, and then in their confusion are led to believe that they had really formulated an idea, when they had only experienced a passing emotion, due partially to transient disturbances in the circulation. The power of emotions for good is not to be ignored, but they become a dangerous psychic influence when allowed to wield the balance of power in the mind. It is very easy for an overpowering emotion, in the presence of an unusual situation, entirely to override the will, to displace reason and judgment, literally to sweep the sufferer off his feet. Strong emotions interfere with the correct interpretation of sensations, and otherwise have a tendency to disorganize the reasoning power of the mind as well as to stampe the judgment and the will.

THE CONTROL OF EMOTION

If the mind is not carefully organized, and the thinking conducted in a systematic and orderly fashion, the emotions, when
running riot, may even go into the realm of memory and there pervert, distort, and destroy our very recollections of things. Emotions excite the heart to increased action, and in a variety of ways produce an extravagant expenditure of vital energy. This is probably due to the fact that when strong emotions are experienced, the higher nervous centers, so to speak, take it for granted that the body will be thrown into more or less violent sympathetic action—they anticipate the need of increased circulation, and at once start the machinery going at increased speed.

Emotion represents a very intimate interassociation between the mind and the body. The man who would acquire a high degree of self-control must begin on the emotions. Never suppress or annihilate them—rather control and coordinate them. Those who have chronic congestion in any one organ of the body, those who suffer chronically from cold hands and feet and pale skins, are much more likely than others to become victims of violent emotional outbreaks. To balance the circulation and purify the blood will greatly aid in securing control of the emotions. If the emotions are not controlled, they will eventually evolve into veritable psychic desperadoes, charging around through the mind in disorderly fashion, utterly destroying the finer sensibilities, building themselves up into tyrannical masters, swaying the mind at will, and utterly supplanting reason and judgment.

The strong mind acts slowly; the weak mind acts quickly, on the spur of the moment. Daydreaming is good for the imagination, and is a pleasant and profitable exercise for the mind; nevertheless, we should never allow the creations of our daydreaming to assume control of the intellectual reins. We need to cultivate the habit of reflection—that is, of thinking before we act. The acquirement of the reflection habit would save us a great deal of unnecessary suffering and sorrow. By reflection we do not mean study, or mere thinking. Study leads to knowledge, but reflection is manifested in action. The highest degree of reflection is possible only in the presence of a high degree of will power. As we strengthen the will by reeducation, the mind will have a better opportunity to reflect, and then our actions will become better ordered and controlled.
INTEREST AND ENTHUSIASM

When the mind is normal and healthily at work, it needs little of our help in the work of concentration. Partridge has well said: "When interests develop normally, the mind is trained to its work without great and distressing effort. The properly fed mind trains itself, and the prevailing idea of discipline is certainly largely wrong. The constant effort to do that which is difficult in order to train the mind, or to keep it in trim, is for the most part mistaken effort. When interest is aroused, there is no problem of concentration. The difficulty is rather to keep the mind away from a subject than to direct it to it. Mental energy is wasted to a degree which would seem scandalous if its value were estimated in dollars and cents, and which is equaled only by the abandon with which we give away and waste that other most precious gift of nature.—Time."

DUBOIS' VIEWS

Regarding the therapeutics of will training, Dubois, an unusually successful practitioner of these methods—indeed a pioneer in their use—says:

As a practicing physician, I began before the experiments at Nancy to influence my patients by bona-fide persuasion. The study of books by Bernheim and the visit I paid him in 1888 made me realize the power of hypnosis and of suggestion. I was amazed by his demonstrations, and for a few months I even made use of his methods, but I recognized immediately their artificial character, and I abandoned them to strike the path where I had left it, the path of rational psychotherapeutics. I know well how Bernheim avoids his difficulties. On his own responsibility, he changes the sense of words and defines suggestion according to what idea he has in his head. In this case, it is very evident that all mental therapeutics have their origin in suggestion and that persuasion is only a particular form of suggestion. I am not at all anxious to juggle with commonplace symptoms or try to dissipate a semi-anesthesia by a transfer, a subterfuge which consists in misplacing the limits of insensibility by suggestion. I wish, on the contrary, to study my patient, discover by what conscious or subconscious autosuggestion he produces sufferings or anesthesias. I would like to free him of his autosuggestibility, and for that reason I do not think it is a good
plan to cultivate his suggestibility or credulity. His headache, perhaps, will last longer; he will take longer to lose his insomnia, his insensibilities; he will give me more trouble than if I forced some therapeutic suggestions into his head; but he will become reasonable, capable of mental synthesis, and when he comes out of the clinic he will not only have left behind a morbid suffering, an anesthesia, and a disorder of the functions, but will also have acquired a spirit of resistance which will reestablish his psychical and physical equilibrium, and will protect him against relapse, even if unfortunate circumstances continue to introduce those specific causes which gave birth to the crisis. And now, after many gropings, these ideas are becoming defined and we are entering at last upon an era of truly rational psychotherapy. There still remain many battles to be fought, not only with the obdurate somatists, but even among the partizans of psychotherapy, for everyone has his own ideas on the subject. Believers in “suggestion” will not lay down their arms, but will continue to attract to their ranks the medical men who do not know how to reflect and to attain to a higher conception. For some time yet the “psychoanalysts” will take pride in the superiority they attribute to themselves, believing, as they do, that they penetrate more deeply the innermost depths of the human mind, which draws its existence from the “subconscious,” according to them. Let us leave all these susceptibilities among medical men and scientists to react upon each other. Something always comes of these discussions and it is by passing through error that we gain the truth.

IN VOLUNTARY THINKING

From what we have said regarding the great powers of the will, the reader must not reach the conclusion that it is possible to bring one’s thoughts into a machine-like sort of subjection. There will always remain that independent spontaneity in the ebb and flow of the thoughts which has its origin in the diverse and manifold psychic and physical stimuli ever playing upon the mind and body. As one writer has so well stated:

Man strangely deludes himself when he imagines that he is able to think what he wishes and of what he wishes. No man, however great a genius, has ever had a personal thought, or originated an idea in his august brow. Thought, however complicated it may be, only results from an association of ideas which in no wise suffers the yoke of a sovereign will. Our thoughts impose themselves upon
us, and succeed each other in our minds, without our being able to change their order, drive away those which are troublesome or voluntarily dwell upon those which please us. They all result from fortuitous stimuli, physical or psychic, coming from the exterior, and therefore extrinsic with regard to our inmost ego, even when this stimulation has its seat in our organism. We do not direct our thought; it is the stimulus which gives birth to it. The ideas which come to us are the fruits of personal experience, of that which others transmit to us by word or by book, by all the means of expression which our five senses give us. We do not therefore think by ourselves in the strict sense of the word; we assist, I venture to say, passively, in the working of our mental kaleidoscope, in which the pictures succeed one another under the influence of the impetus received from without. The movement provoked continues while we are awake and is prolonged in sleep in the form of dreams, and we are no more able to check this continual flow of thoughts during the day than during the night. We always feel ourselves to be active, and not passive in work of any kind, whether it be a fugitive thought revealing itself by a gesture, or in continuous, persevering work. We are free in the crude sense that the public give to this word; philosophically speaking, we are slaves of the motives which obtrude themselves upon us by reason of our character.

**METHOD OF PRACTICING REEDUCATION**

More or less psychanalysis must precede the successful practice of psychic reeducation. It will not be necessary here to repeat the principles underlying psychanalysis, or mental diagnosis. After having carefully examined the mind of the patient and having arrived at a diagnosis of the underlying causes of his nervous disorders and psychic difficulties, the method to be pursued in the process of reeducating the patient's mind and strengthening the will may be summarized as follows:

1. Make sure that you have not overlooked any physical condition or bodily disease which may be acting as a contributing cause in these mental disturbances or nervous disorders. See that digestion, circulation, metabolism, and elimination are proceeding normally.

2. One of the best methods of arriving quickly at a mental diagnosis is to allow the patient to tell his story—talk it all out. It is the author's practice, after getting pleasantly settled in the
office and becoming fairly well acquainted with the patient, to start him on his story and never to interrupt, never to ask a single question, until he has finished talking. We had a patient, a nervous woman, who talked of herself this way for an hour and a half; made up her mind she was the “biggest fool in town”; analyzed the cause of her difficulty, and within six weeks had practiced reeducation and autosuggestion on herself to the point where she was completely restored. It was one of the most successful and remarkable cases the author has ever met.

3. After the patient’s story is told, arrive at just as accurate a diagnosis as possible respecting the false methods of reasoning and the erroneous conclusions which have led him into this neurotic condition. It is absolutely necessary that the definite ideas, emotions, and false conclusions shall be isolated, preparatory to the successful employment of reeducation.

4. Now that the examination and diagnosis are completed, the time has come for reeducational therapeutics. Begin at once to point out to the patient the exact error in the working of the mental machinery. Explain simply, fully, and specifically wherein the trouble lies. Be methodic and positive as far as you are conversant with the case. Explain things to the patient honestly, frankly, and fully, just as they appear to you. Lay aside all this nonsense about laymen not being able to understand their diseases. If explained in plain English, it is the author’s experience that most patients are able to understand their difficulties just about as well as a physician. Endeavor to make a logical, full, and rational presentation of the whole thing to the patient’s mind, just as it appears to you.

5. The next essential step, having laid matters before these nervous patients, is to secure their full confidence and hearty cooperation; and then day by day and week by week continue that persistent, systematic, and methodical work of repeating this story, building it up, developing it and adding to it from time to time, until the new teaching comes to occupy the center of the stage and effectually drive the old and false ideas into the background.

6. It is highly important that these nervous patients should
specifically recognize wherein their former mental habits (their old ways of looking at things) were wrong. It is highly essential that they should individually recognize their mistakes and acknowledge them, for in these cases confession is good for the soul. See to it that their false ideas of disease are cast out of the mind. Make them definitely promise to work with you toward the development of the new and right ideas.

THE RANGE OF REEDUCATION

It will readily appear that the practice of this method of psychotherapy requires no unusual skill, no extraordinary knowledge, not even special knowledge respecting psychology on the part of the practitioner. It is entirely possible for certain people who have awakened to a recognition of their psychic condition to practice this method upon themselves; in which case it would, of course, partake largely of the nature of autosuggestion. Any physician can practice this method upon his patients; any intelligent parent can utilize it in child culture; any wide-awake teacher can use it in the work of teaching. And herein lies its greatest power; that is, it is practical and entirely free from deception, sophistry, and delusion. This method is certainly the most simple, and at the same time the most successful, of all the procedures of modern psychotherapy.

This method of reeducation may be used on a large range of worried, nervous, so-called neurotic patients. It demands neither hypnosis nor suggestion, as those terms are ordinarily understood. It occupies the greatest possible field of psychic endeavor; and while it is useful and successful in a large number of cases, and results in greatly strengthening the mind, in the end it is found to be nothing more or less than a process of reeducating the will. It must be remembered that it is probably inadequate in marked cases of hysteria, in disorders of personality, and in extreme cases of obsession.

FREE WILL AND DETERMINISM

It is in the treatment of disorders of the will of various kinds that the physician is brought to realize how much harm is done by the teaching that determinism and not free will rules life.
It is true that we often find cases in which men and women cannot use their wills or at least seem not to be able to use them. They are lacking in some essential quality of human mentality. We find many human beings, however, doing things that are harmful for them and that are so inveterated by habit that it is extremely difficult to get away from them. In every case the sane person can conquer and break the habit, no matter how much of a hold it may have obtained.

We have heard much of the born criminal and of the degenerate and his inevitable tendencies, but most of the theories founded on this phase of criminal anthropology have gradually been given up as a consequence of more careful, and above all, more detailed observation. Many criminals bear the stigmata of so-called degeneration. Many of them have irregular heads, uneven ears, some fastened directly to the cheek and some with the animal peak, many have misshapen mouths and noses, but, on the other hand, many people having these physical qualities are good men and women, perfectly capable of self-control, honest, efficient members of society, and it is evident that the original observations were founded too exclusively on the criminal classes, instead of on the whole population. It is important, then, to get away from the notion of irresponsibility in these cases.

While men are free, yet each in a different way, and the freedom of their wills is as individual as their countenances, it must not be forgotten that the freedom of the will is a function of the human being, and, like all other functions, can be increased or decreased by exercise or the lack of it. The old idea of "breaking the will" was as much of a mistake as that other old-fashioned notion contemporary with it of "hardening" children by exposing them to inclement weather and severe physical trials. The will may be strengthened, however, by the exercise of it, and if not exercised may it not be expected, by analogy, at least, to be as weak and flabby as muscles would be under similar circumstances? The training of the will by self-denial and self-control is extremely important. When there is an hereditary influence, a family trait, and not merely an acquired character, by which the will rather easily passes out of control, there is all the more need for the training of it in early youth. Without such training men may find it impossible to make up their minds to deny themselves indulgence of many kinds, but this is not because they have not free will, but because this function has never been
exercised sufficiently to enable them to use it properly. A man who attempts to do gymnastic feats without training becomes a cropper. A man who is placed in circumstances requiring hard muscle exertion will fail if his muscles have not been trained to bear it. The same thing will happen with the will.

Unfortunately this training of the will has been neglected to a considerable extent in modern education, and, above all, in modern families, where the presence of but one or two children concentrates attention on them, overstimulating them when young, leading to self-centeredness and, above all, discouraging self-denial in any way and preventing that development of thorough self-control which comes in the well-regulated large family. Besides, unfortunately, it is just the neurotic individuals who most need thorough training in self-control and whose parents suffer from the same nervous condition (for, while disease is not inherited, defects are inherited), that are deprived of such regular training in self-control because of the inability of their parents to regulate either themselves or others properly. Here is the secret of the more frequent development of neurotic symptoms in recent years. It is not so much the strenuous life as the lack of training of the will so that the faculty of free will can be used properly. Lacking this, hysterical symptoms, unethical tendencies, lack of self-control become easily manifest. The training that would prevent these should come early in life, and when it does not it is very difficult to make up for it later. Just as far as possible, however, it is the duty of the psychotherapeutist to supply by suggestions as to training and discipline for the education of the will those things that have unfortunately been missed.

**SUMMARY OF THE CHAPTER**

1. Reeducation of the will is a method of psychotherapy distinct from and in addition to the practice of suggestion, and is dependent upon intelligent, methodical and persistent educational efforts directed to the exaltation of will power.

2. In average individuals there exists a tremendous disproportion between the high degree of their intellectual culture and the humiliating weakness of their will power.

3. Will power is the final arbiter of choice. It is the supreme
THE EXALTATION OF THE WILL

court of the intellect, and the battleground of character formation.
4. The will represents to the mind what the sum-total does to a column of figures. It is the master-builder of character and the architect of destiny.
5. Man is a responsible being—possessing the power of choice. We lease our minds for hire but we never rent our wills.
6. The mind of weak will thinks rapidly and superficially. The strong will compels deep, deliberate, and logical thought.
7. Without will-supervision, the mind wanders aimlessly in the midst of the pleasant scenes of its own imagination.
8. Character formation represents the grand and sublime purpose of life and is influenced by our every thought, word, and action.
9. Conscience distinguishes man from the animal, and has for its basis our hereditary and acquired mental attitudes and moral standards.
10. Man is a religious animal—a spiritual being. Primitive man is always religious. He universally worships something.
11. Many nervous troubles arise from failure to regulate the emotions; likewise failure to distinguish between ideas and emotions.
12. Some nervous patients are the victims of a continuous emotional riot, which results in an endless array of mental confusion and physical agitation.
13. You can never hope to succeed in the mastery of the mind until these desperadoes of emotion are conquered and eliminated.
14. Concentration of thought is natural to the healthy and normal mind when attention is secured and interest aroused.
15. The exaltation of the will by reeducational therapeutics represents the acme of modern psychotherapy.
16. The kaleidoscope of thought steadily revolves, sometimes quite independent of our immediate efforts to control the process, but training will bring about a high degree of mastery.
17. Reeducation is practiced by fully and frankly explaining to the patient his condition, just as it appears to the practitioner. The doctor is the teacher, the patient the pupil.
18. Reeducational therapeutics possesses a wide range both as to the physicians who may practice it and the patients who may be benefited thereby.
19. In the last analysis, man, by the exercise of his power of choice, is found to possess a free will and is not a helpless victim of biologic determinism.
20. The calamity of the present age is the neglect of will-training. The crying need of the hour is for an adjustment of our educational system with a view to strengthening the will.
CHAPTER XXVII
DECISION DEVELOPMENT

IN NUMEROUS places throughout this work attention has been called to that chronic form of indecision which is characteristic of the neurasthenic states; while we have repeatedly laid emphasis upon those modes of employment and those forms of recreation which tend to stimulate the practice of decision. In this chapter we desire to lay the axe at the root of this tree of indecision and inaction.

THE WILL IN ACTION

Indecision represents a dormant will—a sleeping will power. Will power is comparable to the latent energy of a chunk of dynamite or to the potential possibilities of a great sixteen-inch gun quietly resting on its carriage at some seaport fortification. Choice or definite desire represent the explosive possibilities of the dynamite and the destructive powers of the grim gun, while decision is the explosion of the one and the firing of the other.

You may possess a strong will and have the very best of intentions, but nothing really happens in the conquest of nerves until you actually pull the trigger—until you really reach a final decision.

Decision represents the highest possibility of human mind action; it is the most powerful influence which any human being can bring to bear upon a confused brain and a disordered nervous system. It is the one power which can modify and control one's thoughts, feelings, habits, and general behavior.

The confused brain of the confirmed neurasthenic and the disordered nerves of the chronic psychasthenic are little afraid of or influenced by "good intentions," "heart-felt desires," "noble aspirations," or "high hopes." All of these things put together will produce little or no effect on a bad case of "nerves"; but
the very instant you really decide that some things must stop and
that certain other things are going to happen— that very mo-
ment your whole mind takes on a new phase and your entire
nervous system begins to sit right up and take notice.

DECISION AND DESTINY

Before you arrive at a definite decision, your will power is
comparatively helpless — it is quite powerless to enforce the
mandates of your own reason and judgment; whereas, after
formulating a decision you find that every soul power quickly
swings into line— every force of mind and every energy of
body are immediately rendered subservient to the decrees and
mandates of the will.

Now, at last — and through the power of definite decision —
the human will becomes what God designed it should be, the all
powerful sovereign guide and ruler of the whole mental, moral,
and physical domain of man's experience. But the will does not
become such a power in one's life until he has learned how to
decide things— until he has learned how to reach definite con-
cclusions and then to throw himself whole heartedly and unres-
servedly into the actual execution and carrying out of those
conclusions. That is decision, and it never fails to spell deliver-
ance for all those nervous sufferers who through patient perse-
verance attain this practice.

The fearful and diffident business man makes little headway
in this day and generation. It is still true that "faint heart
ne'er won fair lady." These victims of indecision still doubt
their religious experience and worry over the forgiveness of
their sins simply because they cannot bring themselves to the
point of deciding— believing— the very cardinal teachings of
the religion they professedly accept.

The wars and racial struggles of the past compelled decision
and action; and, in a measure, the fierce competitive struggles
of our present day commerce accomplish the same desirable
ends, as also do the various competitive games and sports; but
none of these things begin to compare with the value and force
of that deliberate, personal, and powerful decision of the mind
which one makes after carefully scrutinizing the whole of the
evidence submitted to the supreme court of the human intellect. Such a decision when once made, and when the maker is imbued with sufficient loyalty and patriotism, represents the acme of power and possibility in the remodeling and remaking of human character.

Of course, the proper time and place to begin all this training and practice in deciding things — and deciding them rightly — is in childhood. Teach the little ones how to "make up their minds," how to arrive at speedy and intelligent conclusions. Help them early to overcome hesitation and halting. Assist them to reach settled positions on every question which may chance to come up for discussion.

So important, indeed, is this matter of cultivating and strengthening one's decisions of the will, that I think we may safely say that the strength of one's character is directly determined by and is commensurate with the number and magnitude of one's decisions. It is literally true that the number and virility of one's decisions is the equivalent of one's character.

STIFLING THE WILL

Indecision represents the fetter-irons which manacle and effectively hold down the strongest of human wills. No weak and trembling neurasthenic was ever able to exalt his own will and deliver his soul from the inertia and ennui of the nervous states until he had first conquered indecision and Overthrown procrastination. "Putting things off" is the bane of nervous sufferers.

The power of choice, the will, reason, judgment, and other mental powers all represent a marvelous mechanism wondrously adapted for the performance of certain highly specialized functions in the arena of human affairs; the stage is perfectly set, the machinery is all beautifully fashioned and exquisitely assembled, but not a wheel moves, the whole mechanism is dead and dormant, this vast organization of mind and matter is powerless and impotent — effectually paralyzed by indecision. Now observe this same inefficient and indolent individual after he begins to wake up — after he begins to "make up his mind" — watch him arrive at a final conclusion; let him reach a decision, and then
like a flash — like the pressing of an electric button — the whole picture is instantly changed; every faculty of mind and body suddenly takes on new life and power, the dead and helpless sentiments and resolutions of yesterday spring into life and become the active and living results of today. And so while indecision means weakness and death, decision actually breathes the breath of life into our slumbering mentality and infuses new life and courage into our weak and wavering souls. Positive decision is the resurrection of life to those who sleep in the neurasthenic valley of the dry bones of irresolution and indecision.

PRACTICING DECISION

At just about this point the patient begins to ask questions, and the first one is: "But, doctor, how can I begin to cultivate the decision habit? How shall I begin to develop decisiveness?" And my reply is: "Just as you would develop your memory or your muscle — by persistent exercise."

Practice deciding things — practice making up your mind quickly and positively; and then when you have made a choice, be patriotically loyal to your decision, stand by your selection and fight to the last ditch for the defense of the thing you have decided on. Be determined — only don't be foolish enough to carry things to that extreme where you wear yourself out trying to "carry through" every trifling notion which might chance to pass through your mind; don't let determination degenerate into common contrariness. Choose good things — things and ideas worth while — and then, like a good soldier, stick to your choice and stand by your decision.

In your business affairs don't allow indecision to steal into the handling of your minor daily affairs. Don't sit at the desk and handle and rehandle your letters and papers. Take up one thing and put it through — finish it. Don't form that habit of traveling in a circle.

In the affairs of the home don't flit from one thing to another and from one room to another. Take up one task and stick to it until it is finished. Complete one job before you begin another. Form the habit of finishing things before you leave them.
All of our outdoor sports and most of our competitive games afford opportunities for developing our reason and judgment and in the end to form conclusions—to decide things—and in this way they are all valuable adjuncts in the treatment and cure of indecision; and indecision, be it remembered, is typical of the neurasthenic state of mind.

But the average patient needs to be set at something definite which will help him to perfect and develop his powers of decision. We all like those intense situations in life which compel decision. It is the crisis on land or on sea which calls forth that superb decision which characterizes the conduct of the hero as he unconsciously enacts his role of heroism. This is probably the secret of the almost universal appeal which gambling and games of chance make to the human race. There seems to be a universal recognition of the need of practicing decision, and yet so many shirk the responsibility unless it is thrust upon them by chance or accident. We seldom show what is really in us until we encounter a crisis.

When not carried to extremes, I have found chess and checkers to be of considerable value in this work of occupying the mind and at the same time presenting frequently recurring situations which call not only for choosing, willing, etc., but which also call for actual and definite decision. The checker player should think out his situation carefully, canvass the whole lay-out, and then make his move with determination and decision; and then cheerfully stand by it—make the best of it. In prescribing checkers as a psychotherapeutic procedure I stipulate that a watch shall be kept on the table—and that under no circumstances shall more than sixty seconds be consumed in contemplating a move. In all ordinary cases, the move should be made within thirty seconds. This time element is the one thing essential in the therapeutics of checker playing.

It makes little difference whether you make a good move or a bad move; the thing of value is the fact that you were able to reach, within sixty seconds, a decision to move, and executed the decision—that is the real therapeutic element in the game. Entirely independent of who may be the best checker player, from our standpoint, he who formulates the most decisions and
most ably executes them — executes them most courageously and fearlessly — is getting the greatest good out of the game.

SETTLING THINGS

There are a lot of good people in this world who are everlastingly "on the fence" — they never seem to be able to get anything settled. Now, when these unfortunate people get neurasthenia — and they are just the ones who most frequently do — they are very apt to have a bad case of it. These chronically undecided patients have simply got to learn how to "settle things" — and then to settle it that they are settled.

I think I can probably help my indecision readers by relating how one of my nervously hoodooed patients cured himself of this everlasting halting between two opinions. He was very fond of taking long walks in the city. He was in the habit of walking from fifty to one hundred blocks every day. This patient complained to me of the monotony of having always to walk on one certain street; whereupon I asked him why he did not vary his route, and this was his reply: "Well, you see, doctor, it is like this. When I am out walking I am constantly worrying about whether I shall turn to the right or turn to the left; and so in order to avoid the pain and torture of deciding, I keep straight ahead." I found that it was a real misery for this man quickly to decide whether he should turn to the left or to the right when he was out taking his "constitutional" stroll. Within six weeks he soundly cured himself of this peculiar indecision by carrying out my instructions, which were as follows: Never to walk over three blocks without turning a corner. Pay no attention to which way you are to turn until you get right up to the corner. Carry a nickel or a dime in the palm of the hand and just as you reach the corner flip the coin, (heads, turn to the right; tails, turn to the left). Call the direction out loud, and wheel instantly in the direction which the flipping of the coin had determined. The cure in this case was complete and perfect. This patient later reported to me that he had become "fascinated with the game" — that he had kept a tally on himself for the last one thousand blocks and that he had turned 542 times to the left and 458 times to the right.
Having gained the victory over indecision on this minor point, this patient carried the fight on through his experience, and it proved to be a mighty factor in his emancipation from the slavery of "nerves."

**DISCIPLINE AS A REMEDY**

It was the experience of this patient that led me seriously to consider the advisability of utilizing gymnasium drills, physical culture classes, and military drills as helpful aids in cultivating decision — instantaneous obedience to the orders issued — immediate action on the command given. I found this class-discipline invaluable in combating this sort of chronic neurasthenic indecision, and have systematically used these methods from that day to the present time.

Even the necessary discipline and decision required to run an automobile is of value in training the patient in habits of decision. When hesitating over trifles, form the habit of allowing yourself not more than three chances to decide; on the third attempt call "strikes" on yourself — "three strikes and out" — and force yourself to stand by the third choice. Establish this as one of the laws of your program — and then stick to the "rules of the game."

After practicing immediate obedience to the commands of a drill master or gymnasium leader for a few weeks, you so accustom yourself to instantaneous decision that it becomes much easier to secure prompt action on the part of both mind and body in response to your own mental mandates.

It is in this very manner that loyalty to your doctor and implicit obedience to his orders help you to stem the tide of indecision and aid you in getting the mind trained and disciplined to the point where it will both obey orders and decide policies — formulate decisions — and all this is highly essential to the cure of nervousness.

**FORCED DECISIONS**

In every possible situation in life watch for opportunities to force the mind to definite decision — and give little worry to the fact that you so often decide in the wrong. That is of little con-
sequence; that is a matter of judgment and experience. The all important thing is the development of the power of decision and that is accomplished just the same and just as well in the case where you make a mistake as in the case when you were right. It is the exercise and practice that make perfect. You can't steer a ship when it is standing still, but start the propellers — even if it is headed in the wrong direction — and a wise pilot can quickly wheel it around and point her nose towards the port of desire.

Therefore, in your battle with "nerves," the most powerful weapon you can ever wield is the simple experience of "making up your mind" to get well, "making up your mind" to triumph over every obstacle and overcome every handicap. Learn how to reach final decisions and then "stand pat" until you can begin to realize that the victory is yours and the battle won.

SUMMARY OF THE CHAPTER

1. Definite decision represents the will in action. Will power is latent energy — decision is applied energy.
2. Nothing really happens in the conquest of nerves until you pull the trigger of decision.
3. Decision represents the highest possibility of human mind action; it is a power which can modify and control one's thoughts, feelings, and habits.
4. Decision swings every soul power, every force of mind and every energy of body into line and renders them all subservient to the mandates of the will.
5. Decision never fails to spell deliverance for all neurotics who by patient perseverance attain its practice.
7. Competitive commerce, competitive sports, and common games all contribute situations which aid in the development of decision.
8. Deliberate and calm decision represents the acme of power and possibility in the remodeling of human character.
9. Early childhood is the proper time to begin decision practice. Teach the children how to "make up their minds."
10. The strength of one's character is directly determined by and is commensurate with the number and magnitude of one's decisions.
11. Indecision represents the fetter-irons which manacle and effectively hold down the strongest of human wills.
12. "Putting things off" is the bane of neurasthenics; and the conquest of indecision is the secret of overthrowing procrastination.

13. The marvelous mechanism of mind and body are all effectually paralyzed by indecision. Decision infuses new life into the entire organization.

14. Decision is developed by persistent exercise—just as you strengthen and develop your memory or your muscles.

15. Be determined; but don't make the mistake of trying to "carry through" every trifling notion which may enter your head.

16. Look out for indecision in your daily business affairs or household duties. Finish one thing before you begin another.

17. Remember how the man cured himself of direction-indecision by flipping the coin at the corner.

18. Chess and checkers when played on a time limit for "moves" are highly valuable in many cases. They present frequently recurring situations which involve decision.

19. Remember—the wrong move you make develops decision just as well as the right one. Decision is the thing you are after; practice will perfect judgment.

20. Get over the habit of being "on the fence." Learn how to "settle things"—and settle it that they are settled.

21. Gymnasium drills, physical culture classes, and military drills are all helpful in developing decision and instantaneous obedience.

22. Even the discipline and decision required to run an automobile are an aid in combating chronic indecision.

23. Loyalty to your doctor and implicit obedience to his orders help you to stem the tide of indecision.

24. Watch for opportunities to force the mind to make definite decisions.

25. Make up your mind to get well—make up your mind to triumph over every obstacle—and then "stand pat" until you can recognize that the victory is yours.
CHAPTER XXVIII
THE RELIEF OF REPRESSED EMOTIONS

THIS new theory of modern psychotherapy assumes that all functional nervous disorders such as afflict neurasthenics, psychasthenics, and hysterics, largely have their origin in some emotional stress or repression. It is taught that these emotions quite often arise in early childhood, when they are little understood or when, through fear or conventionality, their expression is found to be impossible or undesirable. This original experience of emotional submergence may be entirely forgotten in later years, but is believed to be able to give rise to a train of subsequent morbid feelings and impulses which are able later to torture the mind and disorder the lives of these nervously predisposed individuals.

THE METHOD OF PSYCHANALYSIS

The methods of psychanalysis aim at going back in an analytical manner into the patient's mind to rediscover and recall to the consciousness these mischief-making emotional mummies, and then to lead the patient to a free and full confession of these hidden feelings and emotions and thus to relieve the mind of its secret burdens. In this way the nervous individual is able to obtain that relief and satisfaction which invariably accompanies the free and unhampered expression of one's thoughts and feelings, and there can be no questioning of the fact that this work of discovering buried emotions and assisting the patient in his confession and elimination is immediately followed by a tremendous increase in the patient's peace of mind as well as by an enormous improvement in his nervous symptoms and physical behavior.

While Freud utilized this idea of mental catharsis in his new system of psychotherapeutics, nevertheless, we believe it was Breuer who was in reality the originator of this method of
psychotherapy, although he did not attach the sex significance to his teachings that Freud does. Whatever the criticism that we may make of the school of psychanalysis, we must commend it for its utter disregard of hypnotism and associated methods which characterized the early French practitioners of psychotherapy.

MEMORY EXPLORATION

The patient in his efforts to search back into early childhood for lost memories and repressed emotions is aided by an appeal to his association centers through the speaking or writing of suggestive words, while he (the patient) is requested to mention other words that are directly related in his mind to those suggested; for instance, the word “barn” suggests the word “horse.” The word “horse” suggests a “drive in the country,” and this in turn suggests a runaway long ago, the buried fear of which, with its accompanying emotional fright, has unconsciously made the patient nervous during every carriage ride from that day to this.

I am able to share some of the enthusiasm of these teachers of the psycho-analytic method, for the brilliancy and permanency of the results attendant upon the actual discovery and literal elimination of these mental burdens of repressed emotion are highly gratifying, but I am forced to take issue with Freud and his colleagues, who, I think, enormously overestimate the influence and significance of submerged sex impulses and repressed erotic experiences. I am becoming more and more convinced that these practitioners who find disturbances of the sexual experience to be at the bottom of all cases of nervous disorder and functional psychic derangement have fallen into the error of mistaking the results of their own unwise suggestions to the patient for fundamental causes of disease. By this I mean that it is entirely possible in the examining and questioning of nervous patients so to conduct the investigation and to place such over-emphasis upon the sex element of the mental contents as to deceive ourselves into the over-recognition of the relative importance of these particular forms of emotion as a cause of functional nervous derangements.
MENTAL CATHARSIS

The real aim of psychanalysis is quite different from the purpose and methods of suggestion. It is the aim of suggestion to counteract, substitute, and abolish unhealthy ideas, quite regardless of their nature and origin; but the more recent methods of psychotherapy — mental catharsis — aim at tracing these disordered ideas back to their psychological, physiological, or sociological source, and thus seek to eliminate them from the psychic domain, root and branch, and so far as the philosophy of this method is concerned, it is far from recent. Aristotle, the Greek philosopher, advocated some such a procedure designed to purge the mind of its inharmonious emotions, and he regarded such therapeutic methods as the acme of educational art. He assigned to the drama as its chief function the elimination or catharsis of pity and terror. That nervous terror and emotional repression can be relieved by elimination and expression is demonstrated by the satisfaction and relaxation which so often follows the giving vent to one's feelings during periods of excitement or temper, although such methods of getting relief are far from ideal.

Every human being is destined to carry throughout life more or less of an emotional reserve; but those emotions which produce the greatest havoc in our psychic experience belong more largely to that class of human feelings and impulses which are so largely misunderstood, or not understood at all, by the average man or woman — particularly the young. It is this lack of biologic education, this lack of self-understanding, that enables the common and universal impulses of anger, jealousy, fear, and the sexual emotions, to exert such a disastrous influence upon the well-being of the mental and nervous health of the individual.

YOUTHFUL CONFIDENCES

Confidential talks on the part of the young with their parents and the conferences of the confessional or the consulting room on the part of adults with their religious and medical advisors all constitute a sort of indirect system of psychic catharsis. It would seem that the very moment a human mind — especially
that of the young, the nervous, and the emotional — becomes locked within itself, that the accumulation of unexpressed feelings, together with the birth and growth of uneliminated emotions, are soon able to produce such a state of nervous tension and self-consciousness as to jeopardize the health and happiness of these self-centered and mind-locked individuals.

Especially is it advisable during adolescence that parents and teachers should literally and liberally share the emotional life of the boy or girl who is just blossoming into manhood and womanhood. It is at these critical periods of life that the freest expression of the thoughts and feelings should be encouraged and should be sympathetically and intelligently entered into by the natural guardians who are entrusted with the responsibility of skillfully guiding the ship of being through the troublous waters which prefigure this critical period of every human's life.

**SEX EMOTIONS**

I recently had under my care a semi-hysterical young woman who had previously been treated by these methods upon the hypothesis that her hysterical tendencies were all anchored in some repression or derangement of the sexual life, and after making splendid progress for a number of months in response to treatment along the lines of educational therapeutics, she confided to me one day that she seriously doubted having been guilty of many of the sexual experiences to which she had confessed while undergoing her former course of treatment and added this significant statement: “Really, doctor, I think some of these things were put into my head by the constant talking about sex matters during the course of my treatment and by being so emphatically told that all my nervous troubles had their root and origin in some derangement of my psychic sex life.”

And I was bound to admit to the patient that I concurred in her conclusion.

The average person is more highly suggestible in matters pertaining to sex than in any other avenue of human experience. It is not at all difficult, therefore, to explain or understand how enthusiasts, who are working along these lines of sex emotion as
the exclusive field for psychanalysis, are able, almost without exception, to arrive at some sort of sex-error, which they could seize upon as the etiologic factor wholly responsible for the patient's neurosis. I think it is the failure to recognize this fact of sex-suggestion that has led Freud and his school so far afield from what is otherwise the most highly scientific and rational school of psychotherapeutic procedure which has been developed up to date.

It is my opinion that while sex emotions are often the exclusive cause of our nervous troubles and are more or less concerned in practically every individual suffering from a psycho-neurosis, nevertheless, I have been able to dig up in the minds of these patients and bring forth other offending complexes, the central idea of which was fear, fright, regret, sorrow, together with other moral and spiritual delinquencies, apparently without the pale of the sex realm.

**SELF-ANALYSIS**

I think the mistake that the practitioners of psychanalysis have made is that they have done too much of the analyzing themselves. In some cases I find it better to direct efforts along this line in the channels of self-analysis, expertly guiding the patient while she digs down into her mind and brings forth these ancent psychic slivers which are the cause of her mental unrest and nervous dissatisfaction. It must be remembered in treating these patients (when they have reached a certain stage) that the less we do for them as physicians, the better it is for the patient and the permanency of their cure. I lost all faith in this exclusive sexual origin of the psycho-neuroses when, as a result of a few experiments in the clinic, I discovered I could, in the case of suggestible and hysterical patients, lead them to believe in and settle upon almost any idea that I forcefully reiterated as a cause of their nervous troubles.

The most important item in the treatment of these cases, even if the offending complex is essentially one concerned in the sex life of the patient, is to so arrange the recreational, vocational, and domestic life of the individual that the mind which has become so highly sensitized to these morbid sex feelings shall
be crowded brim full of healthy interests and normal ideas, which shall be so well cultivated that they will literally sweep the diseased mind clean of these disordered, unhealthy, and unwholesome feelings and impulses. All physical means, such as baths, massage, and electricity, as well as outdoor and athletic exercises, should be utilized as therapeutic aids to help these minds in the great fight to restore themselves to a healthful and normal attitude.

PSYCHOTHERAPEUTIC PROPRIETIES

Some practitioners of psychanalysis go so far as to practically put a sexual interpretation upon every dream that passes through the human mind, and in the opinion of the author, their efforts in this direction are frequently absurdly ridiculous, as well as being far from wholesome and uplifting upon the mind of the patient. The attachment of the patient to the physician, so prone to occur in hysterical subjects if the physician be at all lax in his attitude, is peculiarly fostered by these exclusive sex teachings of certain practitioners of psychanalysis. There are the daily, or almost daily, long-continued conversations on sexual matters extending over many months of time—sometimes as long as three years—conversations of the most intimate character. I look upon it as an utterly unethical and highly unhealthy experience for nervous patients—especially neurotic and hysterical young women—to go to the physician's office for repeated and lengthy consultations in which the center and theme of conference is the subject of the patient's sex life. I think such patients, notwithstanding their evident need of psychotherapeutic aid, will get more good in the end if they will take to the woods, study the birds, gather flowers, or engage in some other form of suitable and wholesome social diversion and recreation. And all this I say with a full recognition that there is more or less disorder of the sexual life in the vast majority of all our neurotic patients, both single and married. I do not ignore this element in my treatment of these cases, as I find myself most fortunately situated in that my good wife is also my professional associate. And all this I mention merely to make clear that while I cannot follow the Freudian school
RELIEF OF REPRESSED EMOTIONS

in some of its philosophy, and while I regard the over-emphasis of sex matters as highly disastrous and deteriorating in the practice of psychotherapy, nevertheless, I am equally wide-awake to recognize the necessity of properly treating and eliminating whatever of disordered impulses and emotions of this nature may be present in the mind and experience of any given patient.

The time has come to utter both protest and warning against this tendency to direct psychotherapy into sordid and sexual channels. I am beginning to think that the future will look back upon the present day and generation as having gone sex-mad. The red-light district seems to be monopolizing the stage and to possess the brains of a majority of our novelists, and now this modern sex mania threatens to take possession of psychic medicine, and if mental medicine is to be directed into these exclusive and suggestive fields, great harm is going to be done to the minds of our nervous patients. Unwholesome and undesirable association of ideas are going to be suggested to the minds of nervous sufferers and they are going to be tormented with these unwholesome and undesirable associations throughout the rest of their lives. Immorality both in thought and act can only be the outcome of these foolish and absurd teachings regarding the cause and cure of our common nervous disorders.

EMOTIONAL REPRESSION

It is indeed pathetic to note the large number of square human pegs who are trying to fit into vocational round holes — sociological misfits, human plants that are trying to grow in the wrong climate. We find cases among both men and women, but more particularly among women who are growing old, getting well up into the thirties. They find themselves alone in the world. They not only have no one to love them but they are in a worse state — they have no one to love, and they get into that morbid state of mind where they feel there is not a single soul in the world who really understands them. They may naturally not be oversuccessful in making their way along in social circles, and then to all this is added the anxiety and
worry not only of earning a livelihood, but as to what they shall do in the future as they grow older. About this time some form of nervousness begins to make its appearance, either spontaneously on the basis of heredity, coupled with this experience of loneliness and isolation, or as a result of some mental overworry, physical overwork, or perchance, some catastrophe in the individual’s experience or that of his family, and then the real mischief — nervous prostration — shows its hand.

In other cases the real nervousness begins as a child, it may be with a violent whipping or some other unusually harsh criticism. It may come with disappointment in love or the discovery of the unfaithfulness of the adored one, or it may be sudden death in the family. In this way the foundation is laid for a life-long invalidism if the patient does not by chance fall into the expert hands of a sympathetic medical counselor.

Sometimes we find the musician, the artist, or the author, that is those who have had longings and ambitions in these directions, but who have failed — at least they have failed to make a commercial success of their art — and these individuals, especially in maiden ladies and old bachelors, begin to become self-centered and break down their health by brooding over their failures and worrying about their future. Again we find those who do not seem to be able to express their affection in terms which other members of society can recognize or appreciate. It was one such patient as this who, in writing to her physician, thus described her unsatisfied longings: “Is there no one in the world who cares to be deeply loved? Perhaps it is that only deep natures can bear to receive deep devotion, and that the ordinary person, under these circumstances, merely feels disgust and resentment toward those who bring to the surface that which hitherto had been submerged and unsuspected. I cannot understand it at all, but I feel convinced that there is in me some force which, denied a natural outlet, could still be utilized and made productive in some direction.”

**PHYSIOLOGY OF THE EMOTIONS**

When we come to analyze and summarize the views of Lange, James, and other students of the physiology and the mechanics
of emotion, we are further forced to the conclusion that those commingled, complex feelings of sensation and consciousness which we commonly call emotions are the result of a whole series of disturbances and reactions in the motor, vasomotor, and glandular mechanism of the body; in other words, what we call the emotion is simply our recognition—our consciousness—of these physical changes which are taking place in the organism. Now, I cannot accept this purely physiological view of the origin of human emotions. I believe that the mental state also contributes to the production of these characteristic and peculiarly human feelings. When James says that we suffer from a sense of affliction because we weep, that we are angry because we fight, and that we are frightened because we tremble, I can only partially agree with him. I must also recognize the fact that when a mother has lost an only child, she first experiences a perception, an idea, and that it is this idea that saddens her, and then her sorrow is shown and accompanied by tears. Of course, it may be argued that the majority of our mental representations—our ideas—are also awakened by peripheral stimuli, and it is only in the light of this latter argument that we can accept of a teaching which assigns the origin of all emotion to purely physical conditions in the organism.

One authority, in summing this matter up, has expressed our views so well that we beg to quote as follows:

In the last analysis man experiences emotions. This ultimate phenomenon is psychic and irreducible. Why should it occur more easily because we have vaguely noticed our heartbeats and tears in our eyes? Why should it not follow directly, as one idea follows another, the mental representation of the death of some one we love? To pretend that we weep first, and that we are moved afterward, is, as our authors naively acknowledge, to wound common sense, the guiding quality of intelligence. The first characteristic of emotion is, to my mind, its ideogenic origin. Then follows the irradiation of the stimulus to other centers, the wakening of previous mental representations that are instinctive or acquired, creating psychic emotion. Then follow the physiological manifestations of the mental condition in the form of actions, which are always consecutive to the idea. Many persons allow themselves to be im-
pressed 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."

MEMORY GHOSTS

In the treatment of neurasthenics and hysterics, at just about
that time when we feel the patient is making splendid progress,
achieving an excellent conquest of their disjointed minds and
disordered memories — just about this time, they come into the
office in utter despair and tell you that since their last confer-
ence with you they have suffered the tortures of the damned.
They begin a rehearsal of all their former bad symptoms and in
pathetic tones assure you that everything is just as bad or
worse than before they began treatment.

Now, calm, cool, and careful analysis of what they tell you
almost unfailingly reveals the fact that they are suffering from
what I call "memory ghosts." By this I mean that the memory
images of their former disastrous experiences have been able
to encompass the consciousness in such a way as to torture and
terrorize these neurotic souls. We are usually able to point
out to such patients the definite improvement they have experi-
enced in other directions, and are usually able to make suffi-
ciently clear to them the nature of their mental tortures that
they leave the office recognizing that while one can change his
habit of thought by persistent training, and do so in a com-
paratively short time, he must reckon with the fact that the
memories of former habits of misthought may long linger
in the mind, that these "memory ghosts" may walk forth
during the dark hours of depression and thus, at a time when
one is least able to resist them, take that unfair advantage of
the patient which seldom fails to precipitate a veritable psychic
panic.

Neurasthenics are all the time complaining of and suffering
from the sudden appearance of distressing and alarming symp-
toms for which there seems to be no real reason, either psychic
or physical. These symptoms which thus mysteriously appear are in many instances but the resurrection of buried and supposedly dead fears and emotions which have been long submerged beneath the level of consciousness, but which have remained crystallized in the subconscious experience ready to spring forth under favorable conditions to startle and plague the mind that did so long nourish and harbor them.

REGRET AND SORROW

Regret is the memory which lingers in the mind of some disagreeable experience in the past, some feeling or pain which we know might have been avoided had we been more thoughtful or careful, and little does the neurasthenic pause to consider how useless is this demoralizing regret — this paralyzing sorrow. There is but one useful thing to remember of our past experiences when they are unpleasant or unprofitable, and that is the mere memory of the mistake that it may be avoided in the future. Regret is translated into remorse, when, in the mistake we have made, we recognize that we have sinned against our ideal — transgressed the laws of recognized ethics. The intensity of our remorse only goes to show the degree of our morality.

Sorrow is selfish — highly selfish, but it is next to impossible to get average persons to recognize and admit that this is true when they themselves are the victims. However tragic the experience or great the misfortune, what, I ask, may one hope to gain by indulging in sorrow, other than increasing sadness and possibly despondency and melancholy.

TEMPE CONTROL

What has been said in this chapter relative to the emotional elimination — to the expression and relieving of the emotions — must not be construed as an excuse for the manifestation of temper. Just because an individual sometimes feels better and breathes easier after a splenic outburst in no wise proves that the final results on either mind or body of such manifestations of anger are beneficial; the fact is they are decidedly deleterious. There are other more desirable and also militant
methods of giving vent to one's feelings entirely in accordance with good reason and sound judgment, not to say good taste. The same ends can be secured by deliberate and soberly controlled reason. For instance, one of your servants, employees, or other subordinate makes some stupid blunder that causes you no end of inconvenience, and you are tempted to rail out upon him. Just stop for a moment and reason with yourself regarding his opportunities in life, take into consideration the fact that he has not had your opportunities of developing keenness, clear-sightedness, and a sense of propriety. In other words, dismiss the whole matter with a smile, while you repeat over in your mind some phrase which you keep handy in the mind for such occasions, like the following: "Well, if he had my brains, he would have my job," and you will get just as much emotional relief and personal satisfaction as if you had indulged in a regular oldtime blowout.

SECTARIAN PSYCHOTHERAPY

Psychotherapy, as practiced by some enthusiasts, has become a cult, a creed, the disciples of which constitute a therapeutic sect. To be admitted to its brotherhood, it is merely necessary that the novice should be converted to the faith, not that he should be convinced by scientific proof. If the convert claims that his new system is followed by cures, he can show none more remarkable than those exhibited by hypnotism, divine healing, Christian Science, and like systems.

These specialized and faddish healing cults are the outcome of the general mystic tendency of modern times. Occultism and symbolism in art, music, literature, and the drama — cubism, futurism, modernism, the problem play — are all suggestions of this tendency. On what basis are we to explain such phenomena? Factors which influence the social condition, the mode of living, of great masses of people, all have to do with this psychopathic tendency. Among them we may enumerate the strain of modern living, the strain of the adaptation required by rapid rise in social level with its unaccustomed demands and new dissipations, the strain of the struggle of those who have not yet achieved their goal, and to this we should add the late-
ness of marriage and the difficulties of living a normal, physiologic, complete life. Under these circumstances the less stable and weaker minds lose their moorings. Dr. Dercum says:

That which is old and has perhaps been acquired slowly, with difficulty and at great cost is forgotten. Truth is rejected for no other reason than that it is old. New things are accepted for no other reason than that they are new. There is an abandonment of all previous standards. The mind is unhinged and takes refuge in mysticism. The real gives place to the unreal, the beautiful to the unbeautiful, the wholesome facts of life to the morbid untruths of disease; actual experiences are belied by pathologic illusions; the evidences of the senses are replaced by the phantasms of exhaustion. To the jaded and blase psychopathic patient, to the chronic hysterical, psychasthenic, hypochondriac, or what not, to the patient who has tried all sorts of procedures these fantastic therapeutic teachings present something new, something interesting, something pruriently exciting. The prophecy can with safety be ventured that these extreme views of psychotherapy will in due course pass away, will in due course be a matter of history, and will then take their place side by side with other mystic practices, such as animal magnetism, mesmerism, Braidism, hypnotism, metallotherapy, Perkinsism, Dowieism, Eddyism, Worcesterism, divine healing, New Thought, the Bergeon treatment of tuberculosis, hanging in locomotor ataxia, and other weird procedures that have time and again swept the earth in epidemic form.

SANE PSYCHANALYSIS

My views of the sane and practical applications of psychanalysis are well expressed by Burrow in a recent number of the Journal of the American Medical Association:

The policy of the psychanalyst is a robust one, and he outlines it without mitigation or cavil. Simply and directly, however considerately, he explains to the patient the psychologic meaning of his disorder in accordance with the psychanalytic interpretation, and informs him of the bearing of faulty mental habits and adaptations on the causation of nervous processes. The physician explains the essential disharmony at the root of these disorders; the irreconcilability of contending mental and emotional influences within the personality, pointing out the inherent conflict thus embodied in neurotic disorders. He further explains that a true adjustment may
be made only through an honest recognition of the vital unconscious trends with which his personality is now blindly and inadequately contending. At the same time he frankly tells the patient that the process through which the requisite adjustment is to be made entails difficulty, discomfort, and personal sacrifice on his part, and he does not disguise from the patient his responsibility in this effort of readjustment.

While not unsympathetic to the suffering of his patient, the psychologist makes clear that his is no maudlin or sentimental sympathy, such as would surround the patient with the soft and ineffective ministrations of external attentions, but that his sympathy is virile and adult and allied to what there is within the man of courage and honest purpose. And so the psychologist makes clear his position that for him "cure" means a thorough and unflinching acquaintance with one's innermost self, that cure is the attainment of an undistorted vision of life without regard to personal comfort or edification, and that the mind which is torn with inner doubt and discord is prepared to accept terms of peace with itself only when it has been brought to see things in their unembellished truth.

When the psychologist has at last divested the personality of its artificial mantle, and views the natural man; when we have stripped away the husks of pretense and have dared to look unafraid on the contour of the actual; what we find universally to be the purpose, the real motive of all this elaborate and painstaking mechanism of insincerity and disguise is an ancient and indigenous egotism. Egotism is the effort to see things as we would have them, rather than as they are. Egotism is therefore no respecter of truth. The wish is its sole criterion, for egotism is allied with the unconscious, with the primary, pleasure-principle, the original phase of psychic life with its immediate, hallucinated satisfactions. It is egotism which leads us to choose what is pleasant in preference to what is true. It has been wisely said, "the truth hurts." It is so much easier to be beguiled with flattery and blandishments than to subject oneself to the searching light of self-criticism.

Thus it is egotism that lures men into the rosy path of irresponsibility. To follow it, however, is to take the path that leads finally beyond the bounds of organized society toward disintegration and madness, for insanity is nothing else than the unmeasured sway within the personality of this disorganizing principle of egotism.

It is this same egotism—this obstinate "determination to see the world as it is not, but only as he wishes it to be" which is the besetting fallacy of the neurotic personality. We maintain, however,
that while not less deep-seated and obdurate, the egotism of the neurotic individual is somehow incompatible with something better within him. He seems imbued with a finer intellectual insight, a deeper sensitiveness to life's values. Some innate truth endows him with a higher moral criticism, so that instinctively he opposes a barrier to egotism's sensuous appeal, and so the insincerity and untruth into which his native egotism has decoyed him is to such a personality wholly intolerable, and he experiences the intensest mental suffering in consequence of the moral conflict which an enforced resort to such artificial protections has occasioned him. He can no longer find satisfaction in the popular appeasements of the body-social, but becomes more and more deeply introverted, withdrawn and inhibited, until at last his life has become so crippled and confined as to be no longer livable.

It is the aim of the psychanalyst to lead such a personality out of his prison of repression and ineffectiveness by means of a patient and honest study of himself. With consideration and respect the psychanalyst traces one by one the causes which have led to his isolation and repression. He leads the patient to a gradual realization of the inherent egotism — the latent unconscious wish — that has lain back of his symbolic disguises. Thus the personality is led little by little to an ever-deepening renunciation of the immediate pleasure-satisfactions and to the gradual attainment of a correspondingly broad conscious adaptation.

Egotism is precisely the enemy of human progress against which the psychanalyst levels his aim. Under whatsoever sham egotism thinks itself most safely concealed, it is here that the psychanalyst directs his attack.

The task of the psychanalyst, therefore, is the readjustment of the neurotic patient through a process of self-elimination. It is his task to replace caprice with logic, emotion with reason, temporary satisfaction with permanent truth. The psychanalyst then takes his stand on adult characterologic ground. He recognizes that the abnegation of immediate selfhood is the highest attainment within the ethical nature of man, that the subversion of the primary infantile pleasure-mode is the supreme renunciation.

We contend that since a great part of the beliefs and customs of the community have at heart the same underlying motive as actuates the symptoms of the neurotic patient with his organic evasions and substitutions, namely, an inherent egotism, the trend of the psychanalyst not only aids, in its re-educative influence, the individual, but also makes for a better and a healthier community. For the
psychanalyst would utilize this force resident in the onward effort of mental evolution. We would direct to better uses this impulse of self-attainment which lies at the source of the manifestations which we call life, for with the attainment of consciousness the possibility is opened for converting this genetic life-force into a constructive and a purposive principle. With the gradual enlarging of consciousness it has become more and more adapted to social and ethical ends. Thus through the sublimating process of mental growth, egotism becomes diverted into self-devotion.

MENTAL DE-CONCENTRATION

In another chapter we have laid great emphasis upon the importance of concentration — calling attention to the necessity of cultivating this mental power as a part of the discipline and training which is to effect the cure of the various nervous states. It is equally important in mental catharsis — in the process of emotional elimination — that the nervous patient should learn how to reverse the process of concentration, learn how, as it were, to efface ideas from the mind. The substitution process does not always work well at first. We teach these patients to get their mind off one idea by getting in on an opposite idea. I have recommended to my patients the following exercise as an aid in de-concentration, that is, the power to shift the mind rapidly from one idea to another. The exercise is as follows: Place before the mind two pictures, preferably of different colors or shading, such as a country landscape view and by its side a rugged mountain view, or any other two pictures which may be selected from any book or magazine. The patient is then instructed to concentrate the mind upon one picture, going carefully into the study of its details and drawing upon the imagination at great length in working out and developing all ideas associated with the viewing of the picture. This is to be kept up for a definite length of time, say, five minutes, and then, upon the striking of the signal (in the early practice of this experiment the patient is always assisted by the physician, the nurse, or some sympathetic member of the family) the eye and mind are quickly focused upon the second picture, and for another five minutes the imagination is exerted to its utmost in developing the suggested
RELIEF OF REPRESSED EMOTIONS

ideas in relation to this picture. It is difficult to imagine the amount of mental training that is afforded by even a short half-hour of some exercise similar to this one.

Different writers have suggested different sorts of exercise for this particular purpose, and among others may be mentioned the following:

First exercise: the patient should place from three to five different objects side by side on a sheet of white paper, and then, after impressing them well on his mind, remove one from the paper while at the same time effacing all recollection of it; when doing this it is well for him to close the eyes and make sure whether the object in question has been effaced from his mind. This is most important. He should then do likewise with a second and third object, and so on until all of them have been removed, when, if this has been well done, his mind will retain nothing but the impression of a sheet of white paper.

Second exercise: Tell the patient to imagine two or three figures in his mind and then to efface them in succession; when this has been done, no impression of a figure should remain on the brain.

Third exercise: Put two objects before the patient and tell him, after effacing one of them, to retain the impression of the other; this can also be done with two words, figures, or phrases.

Fourth exercise: The patient should imagine in his mind a large figure—say figure seven—and as he thinks of this number imagine that it is becoming smaller and smaller until it completely disappears. He may also imagine it as retreating further and further until no longer visible.

NATURAL CURES

It is not to be wondered at in the presence of our intricate and complex civilization, that susceptible individuals who are hereditarily defective in the organization of their nervous system should break down and go to pieces under the simple stress and strain of living. Nervous diseases are on the increase today because of the fact that there is an increased feebleness of resistance to the various acting causes such as
infections, visceral disturbances, poisons, and trauma—both psychic and physical. Thus we see a combination of heredity, environment, and education, all designed to produce what may be rightfully called a neuropathic constitution, and the more we study mental disturbances, the more we are forced to recognize the physical and environmental causes operating to destroy the psychic equilibrium and that the nervous states are not wholly psychic in origin.

We have so many times spoken of the vast curative powers and possibilities of suggestion, reeducation, and other methods of mental cure, that we are fearful the reader will jump to the conclusion that mental remedial methods are well-nigh all-powerful; and while we would not say anything to lessen the reader's faith in mental medicine in the realms of functional disorders, we would at this time call the reader's attention to the fact that "old Mother Nature" is a wonderfully good nurse, not to say a wise and faithful physician, and that time is the element of cure in a lot of these nervous disorders, some of which, when not too largely hereditary and not too grossly aggravated, show a tendency to run a natural course and get well of themselves, sometimes in spite of numerous and aggravating blunders in the matter of bunglesome treatment.

**SUMMARY OF THE CHAPTER**

1. Psychoanalysis is a new theory of psychotherapy which assumes that functional nervous disorders have their origin in some emotional stress or repression.

2. As a method, psychoanalysis consists in an effort to rediscover these emotional mummies and then to bring about their full confession and complete elimination.

3. "Memory exploration" is a method adopted for bringing to light the early repressed, forgotten, and buried emotions of the neurotic patient.

4. "Mental catharsis" is the process of discovering, recognizing, confessing, assimilating, and eliminating repressed and buried emotions.

5. Confidential talks between child and parent and the adult conferences of the confessional or the consulting room constitute indirect systems of psychic catharsis.

6. During adolescence, parents and teachers should literally and liberally share the emotional life of youths just emerging into manhood and womanhood.
7. It is a great mistake to attribute all nervous disturbances to disorders in the sex life of the individual. This is the one great error of the modern school of psychanalysts.

8. While the matter of buried sex emotions may concern more or less the life of every neurotic, nevertheless, they are not the exclusive cause of such troubles.

9. In memory exploration self-analysis is the ideal method. Let the physician act merely as a psychic guide, contributing as little of his personality as possible to the experiment.

10. The patient's treatment program should be so occupied with recreational, vocational, and therapeutic procedures that all morbid sex feelings are effectively crowded out of their emotional experience.

11. The effort of some psychotherapists to put a sexual interpretation upon all dreams is absurdly ridiculous and exceedingly to be regretted.

12. There are psychotherapeutic properties and ethics which should be recognized in the treatment of a neurotic patient by the physician who specializes in these matters.

13. Scientific psychotherapy should be saved from this tendency toward sordid sex channels. Mental medicine should endeavor to escape the present day tendencies toward sex madness.

14. Many neurotics are square pegs in round holes — they are sociological misfits — human plants growing in the wrong climate.

15. Many cases of emotional repression are found to have their origin in some harsh, shocking, or violent experience of early childhood.

16. Emotions are not purely physiological in origin. Our ideas, however awakened, also contribute something to our emotional feelings.

17. "Memory ghosts" are always walking in the mind of the neurotic patient. These patients are constantly tortured by recalling their former symptoms, sufferings, and psychic nightmares.

18. Longing regrets and selfish sorrow are the bane of neurasthenics and hysterics, and contribute greatly to delaying their final deliverance.

19. The advocacy of emotional catharsis must not be construed as approval of or excuse for the manifestations of anger and uncontrolled temper.

20. Psychotherapy as practiced by some modern enthusiasts has become a cult, a creed, a therapeutic sect.

21. The nervous patient must learn both mental concentration and de-concentration and there are numerous exercises which will aid in both accomplishments.
22. In the treatment and cure of the neuroses, while we give due credit to all our modern psychotherapeutic methods, the fact must not be overlooked that it is "old Mother Nature" who is largely doing the real healing work.
CHAPTER XXIX
RECREATION AND RELAXATION

Many of our nervous patients live in a state of constant muscular contraction or nervous agitation. Both mind and body seem to be working under a continual nervous lash. The vital powers are driven at a ruinous pace, while the nervous energies are dissipated in a lavish and extravagant manner; the energy granules of the nerves centers are being used up to no useful purpose. There is a tremendous waste of fuel and energy in these various useless movements on the part of the human machine. It must be admitted that many nervous persons, especially nervous women, reach that place where they actually seem to enjoy this continual state of nervous intoxication. They are never happy except when they are excited and fidgety.

NERVOUS EXPLOSIONS

The culmination of nervous irritation and lack of nervous control is seen in the explosions and outbursts of acute anger. Both the circulatory and nervous systems are concerned in these manifestations of nervous temper. Not only are the nerves irritated and under loose control, but we now know that these angry emotions are largely determined by certain changes in the visceral circulation. In the initial state of anger or passion the face is pale, while the small blood vessels of the brain are greatly dilated, enormously congested. The internal pressure is greatly raised; in fact, sudden death from apoplexy, due to the rupture of a blood vessel, is not an uncommon result of a fit of anger.

Anger represents the culmination, then, the climax of nervousness. During a fit of temper, every function of the body is run at an extravagant pace, and all its work is carried on in a
wasteful fashion. Tears may flow and saliva run, while all the muscles of the organism are in a state of intensity and contraction. This tenseness is also found to pervade the sympathetic nervous system, and as a result all the smaller blood-vessels are caused to contract down in a sort of spasm. The blood-pressure is enormously raised, the patient executes a host of useless movements, which may consist in biting the finger nails, clinching the fists, stamping the floor, throwing objects, and giving other exhibitions of demoralized and inefficient nervous control.

THE FATIGUE STATE

We cannot have long-continued over-functioning of the nervous system without having a subsequent and corresponding stage of under-functioning; and so, the fidgety state is sooner or later followed by the fatigue state. The sufferer who is all "keyed up," high-strung, nervous, fidgety, and over-active today, must necessarily tomorrow or next day begin to experience unusual mental weariness and unnatural physical fatigue. Such a patient will then describe himself as feeling "all run down." Exactly so; which only goes to show that he was previously all wound up. Nature allows this nervous exhaustion to overtake them for the express purpose of keeping the nerves from "snapping," to prevent the "boilers from bursting." This sense of nervous prostration and physical fatigue which supervenes in the case of these excited and agitated creatures is a great and wise safety device—it is an efficient life-saver.

We should not unduly resist our fatigue and tired feelings. Having done your best to economize muscular and nervous expenditure, if at night you find yourself tired and weary, simply reason like this: "Yes, I am fairly tired out tonight, but that is only natural. I will go to bed and get rested. I shall be all right in the morning." And this very acceptance of your fatigue will rest you, more or less, immediately. We must learn to cast from us the magnification of our weariness and the emphasis of our fatigue. There is something decidedly wrong with one's nerves when everybody is constantly "getting on them." They are highly diseased—abnormally sensitive.
A great deal of the excitement, hurly-burly, and rush of everyday life is to no purpose whatever. Even when it is necessary to make haste, let us make it calmly, without excitement and needless exertion. The unnatural and needless strain of this hurry and rush so contracts the muscles that they cannot engage in rapid locomotion without undue exertion, and consequently premature and unnecessary fatigue. In fact, some people are so hurried, chronically rushed, that they cannot take time to eat, to breathe, or to sleep, in a natural and normal manner. A little systematic planning would enable most of them to do a great deal more work each day, and to do it with one-half the expenditure of vital energy.

Nature would do very well for most of us if we would learn to keep our hands off, if we would simply leave her un molested. We are constantly and unnecessarily adding to her stress and strain. We are incessantly overworking certain organs and underworking others. Everlastingly, we are injecting unhealthy impulses into the nervous regulation of our physical forces. In fact, thousands of semi-invalids, if they would but learn to relax, to effect a nervous surrender, and then practice the simple laws of hygiene with respect to eating, drinking, and sleeping, would experience a speedy and more or less complete recovery.

THE GOSPEL OF RELAXATION

We need to acquire more of the play spirit of the child who can run about and romp all day without getting unnaturally tired in either mind or body. We need to practice relaxation. It seems especially necessary in this generation that men and women should learn how to relax. Nervous patients should practice perfect relaxation from fifteen minutes to half an hour in the middle of the day.

Most patients will find it best to begin the practice of the gospel of relaxation in connection with their daily recreation and their regular rest and sleep at night. Learn to give yourself entirely over to the bed whereon you sleep; do not try to hold yourself in the bed or on the bed. If the reader will
observe himself tonight (unless he is fortunately one who has never forgotten how, or else has already re-learned how to relax), he will be surprised in noticing how continuously and strenuously he holds himself in a certain position on the bed. He will find most of his muscles cramped, his head held rigidly in a certain position, the whole spinal column more or less rigid; in fact, he has taken up his customary job of engaging in hard muscular work in an effort to go to sleep. In some cases, the knees will be found all drawn up, the fists clinched, the chin flexed, and the jaws set. The entire physical picture is one of downright hard labor.

Now, it will not be an easy matter to change this condition. The gospel of relaxation is very easy to preach, but exceedingly hard to practice. Not only do we have this harmful physical tension on going to bed, but it is on retiring that some people begin to do their most strenuous mental work. The thoughts troop through the mind in a regular procession. If you cannot otherwise stop thinking on retiring, success may be achieved by allowing the train of thought to march on with all its energy, while you begin to concentrate the mind on relaxing the body; and it will usually be found that your train of thought slows down just in proportion as the muscles are relaxed. There is a great deal of reciprocal action between mind and body.

We have witnessed excellent results in insomnia when the patient's whole mind was concentrated on relaxation. The body has been released from its nervous tension, and the mind has been occupied with helpful work instead of being engaged in harmful, sleep-destroying, and useless worry.

In all the animal world, man is the only animal that maintains such incessant rigidity of the muscles, and such constant nervous tension. It is only necessary to lift a sleeping cat or a slumbering babe to see how completely relaxed they are; they give over entirely their weight to your supporting arms. And still, we would not assert that relaxation alone is the secret of health. It is highly necessary that we should have muscular and nervous work. Nerves and muscles must work together; but what we are concerned about is the unnecessary strain,
the wasteful and extravagant tension which accompanies otherwise useful work, and which so successfully invades even our periods of rest and sleep.

RELAXATION VERSUS RESISTANCE

In overcoming most abnormal states of mind and nervous conditions of the body, it will be found, as a rule, that more good can be accomplished by relaxation, by surrender, than by resistance, by fighting. A large percentage of those things which harass and vex us would be robbed of their power further to torture the soul, if we could but become thoroughly reconciled to their presence. It is our perpetual resistance of these annoying trifles of life that gives them such great power to harass and disturb us.

Many a chronic pain is made worse by complaining about it and resisting it. Had we calmly accepted the pain, as a matter of fact, it would have been immediately robbed of one-half its torture. Now, we do not make a plea for over-relaxation, for that passive submission which shall rob us of the power to resist wrong, and the disposition to combat evil; we are simply here registering a plea for nervous equilibrium, for regular periods of relaxation, for periods of rest following periods of work, and further, to lessen the useless expenditure of energy in needless stress and strain, while engaged in our daily work.

RECREATIONAL CRAZES

In addition to the usual interest manifested by the public in recreation, we observe certain periodical outbreaks—veritable crazes—typified at the present time by the moving picture craze on the one hand and the tango-dance craze on the other. The scientific study of these recreational epidemics has shed considerable light upon the psychology of play and the fundamental basis of both fatigue and relaxation. I am convinced there is a direct connection between the enormous increase in nervous disorders and fatigue-neuroses of the present time, and the great increase in the use of narcotics and alcoholic liquors. There exists the same connection between our modern high
tension and the more recent great increase in our recreational
practices. I think there can be traced a direct psychological
and physiological connection between these things.

A new and unheard of interest has recently sprung up in
recreational play for both the young and the old. A part of
the routine medical advice to my adult neurotic patients is: "Go
back to play if you would get well." We have always advised
our nervous patients to relax, and I am beginning to learn, in
recent years, that about the only way they can ever acceptably
carry out this bit of advice is to "go back to play."

That this recreational propaganda is bearing fruit is shown
by the rate which the public interest in our various outdoor
games and sports is increasing. The public playground move-
ment in the towns and large cities throughout the country is
progressing by leaps and bounds. Note the rapid spread of the
boy scout movement, the camp-fire girls, and the growing inter-
est in college athletics. Even the Young Men's Christian Asso-
ciation has somewhat switched its religious activities from the
older order into a sort of recreational and athletic brand of re-
ligion. A new interest is springing up today in all forms of
open air recreation, cross country tramps, gardening, swim-
ning, and in addition to the strenuous modern dances, we are
now experiencing a healthy revival of the older folk-dancing;
even story-telling is taken up now as a profession, and metro-
politan Sunday papers give up a page to some professional
story-teller.

Between three hundred and four hundred cities at the present
time maintain public recreation playgrounds to the number
now approaching three thousand, while almost seven thousand
play superintendents and play leaders are employed in this
new profession which has sprung up as a part of our national
effort to antidote the mental over-concentration and the muscu-
lar over-contraction associated with the life of our modern
civilization. Chicago spends millions of dollars each year on
its public playgrounds and parks. The increase in the number
of playgrounds has kept pace with the increase in automobiles
which have driven the boy off the street, his old playground,
and the upbuilding of the central portions of the large cities
has deprived the lads of the vacant lot, their former ball
ground and athletic rendezvous.
And now the agitation is getting under good headway that
all schools must have adequate playgrounds; as someone has
said, "better the playground without the school, than the school
without the playground."

THE PSYCHOLOGY OF PLAY

Herbert Spencer was probably the first to advance a theory
of play. It was hardly a working theory, however, in that
he contended that play was merely the overflow of the super-
abundant animal spirits and vital energy of youth. This seems
to us to be merely a recognition of the phenomenon of play
rather than a theory explanatory of its biological or psychologi-
cal significance. The later theory of Gross, advocated in his
works The Play of Animals, and The Play of Men, sought to
account for play on the ground that children were thus engaged
in practicing their later and more serious and sober life pur-
suits. But a later theory, and one which to our mind comes
more nearly explaining the significance of play, is that ad-
vanced by Stanley Hall, who seeks to connect the free and
easy play of the modern child with the more serious and sober pursuits of our ancestors—our more primitive progenitors.
And so we are told that the spectacle of the young infant
suspending its weight while holding on to some object, and the
early instincts so commonly shown to climb ladders, trees, or
anything else available, are but racial mementoes of our ances-
tral forest life. The hide and seek games, the desire to convert
a blanket into a tent, the instinct for "shanties"—which all
boys universally manifest—we are told that these forms of
play are but the echo of remote ages when our ancestors so-
journed in caves, lived in tents, or dwelt in the mountain
fastness.
In this same way the advocates of this theory seek to explain
the strange and early drawings which the young lad has for
wading, swimming, fishing, boating, and other forms of aquatic
recreation.
Speed was a vital requisite in past ages, both in the chase
for food and in the ability to escape from one's enemies or to flee from danger; and so it is suggested that this is an explanation of that racial heredity which is shown in the joy with which the children engage in running, racing, coasting, and skating, and in the modern speed mania of the adult for motoring, yachting, and airship flying, not to mention horse racing.

Other universal forms of play such as "tag," "pull-away," and "black man," together with mimic fighting and wrestling, the bow and arrow, the slingshot, and the air gun, all represent the boy or the girl engaged in play at those very same pursuits and primitive activities which, in by-gone generations, constituted the real life work and the sober employment of our ancestors at different stages of barbarism and civilization. (Fig. 11.)

THE PURPOSE OF PLAY

It is very evident that the play of the child is not a preparation for one's later life work. The real work of the world today is found in the school, the bank, the office, the shop, the factory, and the railroad; but children do not enthusiastically and instinctively play at these, neither are they greatly interested in the stories surrounding these modern spheres of activity. They are instinctively led, both in play and tale, to the forest, the stream, the camp, the cave, the hut, the forest hunting grounds, and the battlefield, both mimic and real.

Dr. Stanley Hall, Dr. Gulick, and Professor Patrick have repeatedly called attention to these newer ideas of play and recreation, and I am indebted to their numerous writings for many of the ideas expressed in this connection; particularly to Professor Patrick, whose illuminating contribution on play and recreation in *The Popular Science Monthly* has been so freely drawn upon in the writing of the latter part of this chapter.

Everything which has such a vital and absorbing interest for the boy has had at one time in our racial history an actual life and death interest for mankind.

Take, for instance, the jack-knife. How many knives has your boy had and lost and what rich joy there is in every new one! We see how the practice and preparation theory of play fails here. The
Fig. 11. Young and Old at Play
knife has no significance in society now. It has degenerated to mere finger-nail purposes. But at one time it meant life in defence and food in offence. Your boy’s supreme interest in the knife is a latent memory of those ancient days. Those who could use the knife and use it well, survived and transmitted this trait to their offspring.

The same could be said of the sling, the bow and arrow, and of sports like boxing, fencing, fishing, the “camping out” craze, etc.

Consider the fascination of fishing. This is not a practice and preparation for the real life of today, but a reverberation of racial activities.

In a summer resort where the writer was a visitor the past summer, day after day the whole male population of the hotel resorted to the fishing grounds. They paid two dollars and a half a day for a guide, seven dollars a day for a motor-boat, and a cent and a half apiece for worms. Surely a stranger uninitiated into our habits of thought would have been amazed to see these returning fishermen at night indifferently handing over their catch to the guide. It was the fishing they desired, not the fish, and yet great was their woe when one large fish was lost in the act of landing.

Look at the long line of waiting, patient fishermen and women who line Chicago’s lake front in every park on Sundays and holidays. It is estimated by the New York Times that on Sundays and holidays when the weather is fine, 25,000 people in New York City go fishing at a minimum cost of one dollar each, and of these no doubt, more than 95 per cent go for fun and not for the fish. (Fig. 11.) At some stage in the history of human development fishing was without doubt a general means of subsistence. Those who could catch fish survived and handed down this instinct.

BASEBALL AND FOOTBALL

If we accept this newer theory that the play of the child is the spontaneous and instinctive expression of the former and ancient racial pursuits of his ancestors, then we can come to understand something about the great popularity of baseball and football. In this respect the daily press is a pretty good
way of judging the popular interest in these outdoor sports. The morning of this writing I examined a dozen copies of metropolitan dailies, and I found from two to three columns given to politics, a column or two to a murder or suicide, and even in the crisis of a threatened war only five or six columns were devoted to the news of the situation; but in these same papers and at this same time, I found from twelve to twenty-five columns of matter devoted to baseball, football, horse-racing, yachting, golf, and prize-fighting; far more space devoted to sports than to the combined interests of science, art, literature, religion, and politics.

The ability to throw a stone with power, accuracy, and speed was at one time in our early civilization an important factor in determining the survival of the fittest. Among our early and barbarous ancestors, the man who could pick up a club and strike with accuracy — hit with certainty and power — was the man best fitted to survive in the brutal struggles of those early days. He not only could better defend his family, but was also better fitted for killing game and overcoming his enemies. And so the ability to run with speed and dodge with cunning — the fleetness of foot and endurance of chase — were all vital factors in the make-up of our ancestors who survived and transmitted these characteristic instincts and tendencies to us, their progeny. And today, when we let go the mental tension, relax, we find ourselves taking to these same primitive occupations as our favorite sport — just like and for the same reasons — that a duck takes to water.

And so in baseball we have a game which combines three of the most deep-seated and ancestral racial instincts: the instinct to throw straight, to run fast, and to strike hard, not to mention the love of conquest. During long periods of the ancestral life-history of our race, survival has come to him who could throw the straightest, run the swiftest, and strike the hardest. To throw a stone at something is almost second nature for a boy; throwing is a universal instinct. Now we must admit that throwing, batting, and running are no longer of any practical use in this civilized and advanced age of art, science, and commerce; but they were qualifications of life and
Fig. 12. He is a Descendant of Those Men who Could Throw Straight, Hit Hard, and Run Fast
death significance in by-gone ages. The baseball game revives these old race attitudes and brings a thrill of joy and cherished racial memory to both the participants and spectators. Any one who has ever held a bat in hand and assumed the expectant attitude of the batter knows the peculiar thrill of his distant ancestors, who in just that attitude, waited for an approaching enemy and beat down his foe with a real war club, whether his antagonist was man or beast, and those who assumed the best position, struck hardest, and aimed most accurately, survived and transmitted that instinct to their offspring—and baseball is the modernized and civilized expression of these ancient racial characteristics. The next ball game you attend take notice of the star batter as he takes his place at the plate. See him stand there, bat in hand, every muscle tense, ready to strike, dodge, jump, or run on a moment's notice, bat in striking position, oscillating in expectancy while waiting for the ball! (Fig. 12.) And then the climax—that vicious and all-powerful strike, the home run, and the vociferous cheering and wild enthusiasm of the vast throng of spectators in the grand-stand who yell themselves hoarse as did their ancestors in olden times when the gladiator had vanquished the beast or killed the bull in the ancient arena!

This instinct to throw belongs largely to boys, scarcely appearing in the case of girls. The awkward throw of girls, like the left arm throw of boys, is well known. The plays of the little girl reveal a different set of instincts recalling the habits of primitive woman, and so we find that “We are the descendants of those men who could throw, and those women who loved children.”

Football excites still greater enthusiasm than baseball because it reinstates and recalls still more vividly those still more primitive forms of ancestral activity. Here we have the face to face opposition of two trained and able hostile forces, the rude and primitive physical shock of the onslaught, the barbarous scramble, the cruel tackle, the uncivilized scrimmage, the savage melee, the fierce charges and collisions, the tackling, dodging, and the lively chases for goal, as for ancient cave of safety—all are a vivid reenactment of the life struggles of
the race in by-gone days. (Fig. 13.) It is all a play-picture of far-away realities, and the psychology of our whole play tendency is comprehended in the fact that our instinctive pursuits of mind and body unfailingly choose to discharge along the channels of the least psychic resistance, and, therefore, our instinctive play-efforts are productive of little or no real fatigue, because they operate along and over long established and well initiated nerve paths in the brain, calling into play only those nerve actions and emotions to which our race has long been accustomed.

THE PSYCHOLOGY OF RELAXATION

Professor Patrick has so splendidly and concisely stated my own views of the psychology and physiology of fatigue and relaxation, that I cannot do better than to quote.

If it could be shown that the child passes through the various stages of development that the race passed through, this would throw no light on the sports of men. Nor again does this theory explain the delight which children take in their play nor does it make clear the distinction between work and play. Why does a boy become so quickly fatigued hoeing in the garden or raking leaves when his physical endurance is beyond belief when hunting, fishing, or playing football? It is commonly assumed that in the former case the fatigue is fictitious, but this is not the case, as the results of forced child labor always show.

It is evident that progress in civilization has depended upon the development of certain peculiar forms of mental activity which were relatively undeveloped in primitive man. If it be true that these forms of mental activity are relatively undeveloped in the child and when developed in the adult are most susceptible to fatigue, we have at once the key to the whole problem of sport and play, explaining why the plays of children and the sports of men take the form of primitive human activities.

Even in the lower forms of animal life this tendency appears as the persistent striving of the organism toward an end, that end being usually some changed relation which shall subserve the life purposes of the individual. This striving has for its subjective correlate a state which we may characterize as tension, strain, stress, or effort. It is this aspect of human behavior that constitutes work and distinguishes it from play. It is the power to hold oneself to a
Fig. 13. A Revival of Ancient Tribal Struggles
given task for the sake of a given end, to carry on an occupation, even though it may have ceased to be interesting, for the sake of some end to be gained other than the activity itself. This is work, and it involves stress, strain, tension, effort, endeavor, concentration, application, and inhibition, and is unconditionally the ground of progress. It is precisely the lack of this capacity for sustained and persevering effort that characterizes all uncivilized races.

Play is just the opposite and includes all activities in which the stress and strain are absent. Play is self-developing and supplies its own incentive. It is spontaneous and pleasant because of the sense of ease which accompanies it. Clearly play in this sense is something broader and more inclusive than those activities which we usually embrace under the term. It includes not merely children's plays and grown-ups' sports, not only hunting, fishing, boating, yachting, motoring, flying, and all kinds of outing, not merely games and races and spectacles and tournaments and fairs and expositions, but also the theater, and the opera, the enjoyment of music and painting and poetry, our daily paper and our magazines and our novels and our romances, and for that matter, many forms of so-called work in which the interest is self-developing, such, for instance, as gardening for pleasure. Relaxation or recreation would be perhaps more fitting terms to designate this large class of human activities.

INSTINCTIVE OR RACIAL JOY

So we understand why adult sport resembles the activities of primitive man. The older, the more basal, the more primitive, so to speak, the brain centers used in our hours of relaxation, the more complete our rest and enjoyment. Just in proportion as the sport is primitive, so much greater is the sweet peace which it seems to bring to the troubled soul, simply because it involves more primitive brain tracks and affords greater release from the strenuous life. So while we find one hundred and fifty spectators at an inter-collegiate debate, we find five thousand at an automobile race, ten thousand at a baseball game, twenty thousand at a great football game, thirty thousand at a prize fight, and three hundred thousand at an ancient gladiatorial show. The nervous tracts which function in such activities as hunting and fishing and swimming and boating and camping and in football and baseball and golf and polo, in horse racing and
bull-fighting, are deep worn, pervious and easy. During countless centuries the nerve currents have flowed through these channels. Witnessing these rude contests — pictures of former ages, or taking part in these deep-seated, instinctive actions, brings sweet rest and refreshment. "The racially old is seized by the individual with ease and joy."

The game of golf has a peculiar restorative power surpassing all medical or other therapeutic arts. We may be physically and mentally weary from a morning's work. Despite the strenuous physical exertion of an afternoon at golf, our fatigue is lessened, not increased. Fresh air does not explain it. It is a return to the primitive outdoor life. We stride over hill and through ravine; we stumble into ditches; we carry a club and strike viciously at the balls; we follow the ball with the eye and search for it in the grass as our forefathers searched for their arrows and missiles; we use our legs and our arms; we let the nerve currents course through the more ancient channels; we revel unconsciously in latent memories and old race habits and come back to our work rested, renewed, and refreshed.

UNWHOLESOME PLAY SUBSTITUTES

As the strenuous life increases in city and country, there is an increased demand for relaxation, whether in the form of baseball or football, horse-racing, gambling, automobile craze, auction-bridge craze, moving-picture craze, or tango-dancing craze. These are all methods of escape from the clutch of the modern strenuous life, exhibited in all countries, but most noticeably in America; for whatever it is that is driving the human race forward in the path of progress so rapidly and relentlessly, seems to have gripped the Anglo-Saxon people particularly hard.

Even these many forms of relaxation are not sufficient to relieve the overwrought brain centers, and so in ever-increasing amounts we have recourse to artificial means of relaxation through narcotics, such as alcohol, tobacco and other drugs. Alcohol by its slight paralysis of the higher and later developed brain centers, accomplishes artificially what is effected naturally
by play and sport, that is, it liberates the older, freer life of
the emotions and the more primitive impulses.

Thus, from this point of view, the difficulties in regard to
children’s play disappear.

The reason why children play and why their plays take reversion-
ary forms is now evident. The higher brain centers, those making
work possible, are not developed. If a child does anything, he must
play, i. e., his activity must take the form prescribed by the brain
centers already developed, and these are the old racial tracks. He
is equipped with a nervous mechanism adequate for old racial activi-
ties and for the most part with these only.

The little girl hugging and nursing her doll is not giving ex-
pression to an instinct whose purpose is to prepare her for later
maternal duties. She is simply doing what her mother and
her grandmothers have done since the foundation of the world.
For, when the ancient cave man stood without, club in hand
and rock missiles near, ready for the savage attack — ready
for the test of brute force which should determine the fate
of his primitive family — the woman of those pre-civilized days
was crouching in a dark corner of that cave or hut dwelling,
clinging tightly to the child, and figuring out the next best
move to make in case the physical prowess of their natural
defender should fail in the approaching battle at the threshold
of their primitive abode. And if our primitive mothers had
not thus planned, thought, loved, and clung to their babies,
then the little girl of today who is thus attracted by and devoted
to her dolls, would never have been born. The child does not
play because of surplus energy, for under normal conditions
all his energy is expended in play; the child is a playing
animal.

THE NEW ERA

Possibly the objection may be made that in this account of
children’s play, our attention has been directed too much to the
plays of boys and that the plays of girls have been disregarded.
An important distinction arises here to which in this present
writing only passing reference can be made. The life of stress
and effort and self-direction of which play is the antithesis is
essentially masculine.
Man represents the centrifugal motive; he stands for movement, change, variety, adaptation; for activity, tension and effort. Woman represents the centripetal motive; she stands for passivity, permanence, stability, repose, relaxation, and rest. She has greater composure and harmony. She has therefore less need of the release afforded by primitive forms of activity. Girls, of course, play and their plays follow the same laws as those of boys, but yet in less marked degree, while adult sports are for the most part masculine sports. Just at present what we call civilization is tending in the direction of the masculine motive—to variation, adaptation, change, effort, stress, and work. That it is producing anything remarkable, except in invention and the mechanic arts, is doubtful.

The really great things of the world have been produced not with great effort, but with great ease. The magnificent productions of the age of Pericles in architecture, sculpture, painting, and literature seems to have been more like the overflowing of a full vessel than like the laborious achievements of hard work. But the present age is the age of great effort, the age of work, and hence our growing demand for more relaxation and rest.

**Educational Value of Play**

The educational application of this theory of play, presents less difficulties than the older theories. It is not necessary that the child should live through, live out, any series of savage stages. It is merely necessary that he should be kept active with the mental and physical equipment that he has, that work should not be too early imposed upon him and that his plays should be so organized and supervised that, while retaining the elementary form of his instinctive responses, they may be physically, morally, and socially harmless. For instance, a boy, if he is a boy, must throw. It is just a question of whether he shall throw stones at a cat, at a street car, at little children, or whether he shall throw a curved ball to the catcher. The latter is harmless, the former dangerous. Again, a boy's instinct of rivalry is very strong. He must do something daring, get ahead of some one, as those of his ancestors who survived did before him. If a proper playground is provided, all these things may be done without injury to society. Otherwise his instinct
is expended in an effort to "steal on Casey's beat and get away with it." Again, at a certain age the dancing instinct is developed, and if the children must be taught dancing then let them be taught the graceful and healthful folk dances.

In our modern cities supervised play has become necessary for social order, for the reason that the old conditions of spontaneous, healthful play have been taken away. Says Luther Burbank:

Every child should have mud pies, grasshoppers, water-bugs, tadpoles, frogs, mud turtles, elderberries, wild strawberries, acorns, chestnuts, trees to climb, brooks to wade in, water lilies, woodchucks, bats, bees, butterflies, various animals to pet, hay fields, pine cones, rocks to roll, sand, snakes, huckleberries, and hornets; and any child who has been deprived of these has been deprived of the best part of his education.

As regards adults, the social applications of the theory are equally obvious. There must be large periods of relaxation from the high tension life of today. If they are not provided in the form of healthful and harmless sports, there will be irritability, abnormal fatigue and anti-social outbreaks. There will be tango-dancing crazes and auction-bridge crazes and there will be ever-increasing resort to the temporary, harmonizing effect of alcohol, tobacco, and coffee, not to mention waves of vice and crime and epidemics of immorality.

THE SOCIAL FUNCTION OF PLAY

Even in the life of the family the harmonizing influence of games is seen. The friction sometimes exhibited among its members, in some cases taking the extreme form of nagging, wrangling, and quarreling, is no doubt due in large part to the fatigue of the higher brain centers. In such cases it will often be found that participation in some simple game, particularly an outdoor game, such as golf, tennis, or even croquet, will completely relieve the situation, bringing sympathy, harmony and peace. In society, the larger family, the same effect must follow upon the larger participation in healthful sports. It is sometimes a matter of surprise to us in periods of national prosperity when wages are good and work obtainable, that
unrest increases, together with crime and insanity. It may be because the high tension with its consequent fatigue is not relieved. What is needed is less work and worry and more healthful relaxation. Worry is a good example of the high-tension life that is a part of our civilization. It is very wearing, for the reason that it brings constant strain upon delicate and recently developed brain centers and makes relaxation imperative.

If we have correctly described the theory of play and the psychology of relaxation and their relations to the conditions of our modern life, it will be evident at once that the need will not be supplied merely by providing more playgrounds for children and more holidays and sports for grown-ups, vital as these are. The difficulty goes deeper and calls for emphasis of still other forms of relaxation than play and sport. There are many of these, such, for instance, as music, which is one of the best. An ever-ready and convenient form of relaxation is the modern novel, in which the attention is sustained objectively as in the chase or the drama, but its value as relaxation is greatly less than in the old and social story-telling. Society in all its forms is a healthful means of relaxation. All valuable games and sports are social and the mere mingling with our fellows lowers the mental stress and tension. Primitive man was wholly social and survived only in cooperative groups.

THE RELAXATION OF RELIGION

Religion may be mentioned finally as a mode of relaxation of the highest value. Religion is letting go the stress and tension of the individual and resigning oneself to an outside power, whether that power be God or the church. The function of religion in this aspect is that of a sustainer, and religion loses its usefulness wholly if the individual, as is often the case, feels it his duty to sustain his religion. His religion must sustain him. Clubs, societies, fraternities of all kinds, exercise a similar function. The great charm of all fraternal societies is that they relieve the stress, the burden, the tension of the individual and shift the responsibility upon the society as a whole. The society is back of him, to some extent will do
his thinking for him, decide moral questions for him, relieve his worry.

Just at present we are hearing it said that our country has gone "amusement mad." Well, our manner of life has been very strenuous. The tension has been high. Something was bound to happen. Other forms of relaxation have failed us just when we needed them most—particularly the diversion of art, and the strength and comfort of religion.

SUMMARY OF THE CHAPTER

1. Nervous patients appear to be under a continual nervous lash; the vital powers are driven at a ruinous pace while the nervous energies are dissipated in a lavish and extravagant manner.

2. Outbursts of acute anger are the culmination of nervous irritation and a lack of self-control.

3. The fidgety state is sooner or later followed by the fatigue state, and this is nature's plan to prevent the nerves "snapping" and "boilers bursting."

4. There is something decidedly wrong with one's nerves when everybody is constantly "getting on them."

5. Do not unduly resist your fatigue, or make a big fuss over your tired feelings.

6. Much of the excitement, hurly-burly, and rush of our everyday life is to no practical purpose whatever. Learn to make haste calmly.

7. We need more of the play spirit of the child who can run about and romp all day without getting unnaturally fatigued.

8. We need to re-learn the art of relaxation. It is a doctrine easy to preach but hard to practice.

9. Practice letting go of yourself when lying down and on retiring; fully relax the muscles and relieve the nerves.

10. More good to the nerves is often accomplished by relaxation and surrender than by resistance and fighting.

11. The only way some nervous patients can ever relax is to "go back to play"; go back to simple outdoor living with its games and recreation.

12. Both the modern recreational craze and the increased use of narcotics and liquors are the result of our high tension—high pressure living.

13. Playgrounds, outdoor sports, dancing, and athletics are all recreational efforts aimed at relaxation.

14. The play of the modern child is an unconscious reverting to the more serious and sober pursuits of our primitive ancestors.
15. The game of hide and seek, the instinct for tents and "shanties," is but an echo of the racial living habits of former ages.

16. The boy's love for running and racing, and the adult speed mania are but reminders of an age when life itself so often depended upon fleetness.

17. Tag, pull-away, and black man are but mimic memories of the day when such activities constituted the sober pursuits of our ancestors.

18. The boy's fondness for the jack-knife, and the adult fascination for fishing are but memory reverberations of old racial activities.

19. The popularity of baseball consists in the fact that it revives in our experience the three most deep-seated racial instincts — straight throwing, fast running, and hard hitting.

20. The popularity of football is due to the fact that it presents a more or less savage face to face combat between two trained and hostile forces.

21. All of our modern field sports and athletic pastimes are but play-pictures of far-away and distant ancestral realities.

22. Because our recreation plays revert to ancestral types of activity, they are therefore accompanied by a minimum of nervous fatigue. They operate over nervous tracks long used and well established.

23. Play includes all those activities in which stress and strain are absent — which are spontaneous and self-developing in interest, supplying their own incentive.

24. The older, the more basal, the more primitive the brain centers used in our hours of relaxation, the more complete our rest, relaxation, and enjoyment.

25. Tennis, golf, and other outdoor sports enable us, unconsciously, to revel in latent memories of old racial habits; and thus we are able to come back to our work rested, renewed, and refreshed.

26. Unwholesome substitutes for outdoor recreation are gambling, bridge, moving pictures, tango-dancing, not to mention waves of vice and crime and epidemics of immorality.

27. When these indoor substitutes fail, the populace have recourse to alcohol and other drug stimulants and narcotics.

28. The little girl playing with her doll is not in preparation for future maternal duties, but is instinctively reverting to the racial practices of her ancestors.

29. Man represents the centrifugal motive in society — activity, variety and change; woman represents the centripetal motive — stability, repose, and rest.

30. For educational purposes play must be organized so as to
retain its recreational value, while eliminating its undesirable and unsocial elements.

31. This strenuous age demands not only more playgrounds, more outdoor sports, but also a revived interest in music, art, literature, and other recreational and intellectual pursuits.

32. Of all relaxing agencies, religion is probably of highest value; that is, provided it sustains you instead of you having to sustain your religion.
CHAPTER XXX

THE PHYSICAL TREATMENT OF THE NEURASTHENIC STATES *

The problem of treating the nervous patient is not one merely of improving the physical organism and training the mental powers. It is not merely a matter of improving digestion, regulating exercise, and normalizing the other physical functions in conjunction with the work of re-training the mental faculties. In its largest sense, the treatment and management of the various nervous states, embraces the problem of teaching the patient how to adjust himself to modern society, how to relate himself acceptably and efficiently to the world at large. It is the neurasthenic character that must be attacked, it is the inherited tendency and cultivated principle of pusillanimity that must be combated and overcome.

However valuable the physical therapeutic auxiliaries of treatment and changed environment, nevertheless, those who depend upon these for a cure will certainly fail. Both the physician and the patient need to be warned against putting undue dependence upon the measures which are recommended in this chapter. They are valuable for certain purposes and ends, but too much must not be expected of these physical procedures, which are designed only to correct associated abnormal functional behavior in the physical organism.

GOING AWAY FROM HOME

In many cases of nervous breakdown and severe nervousness, it is absolutely necessary for the patient, man or woman, to

*As touching personal hygiene, but the briefest outline can be attempted in this chapter. For a fuller discussion of these subjects the reader is referred to the author's work, *The Science of Living, or the Art of Keeping Well*. 

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Fig. 14. The Modern Eliminating Bath
get away from home for a while. Sometimes this is made necessary in order to avoid some trivial irritation or other unwholesome influence that may be connected with the family circle, the home life, the business relations, etc. There may be incompatibility of temperament at home which the nervous patient is not strong enough to rise above. We often find that even a letter from home is enough to bring on a hysterical crying spell, followed by severe headache. Neurasthenics sometimes feel that there is no place like home—and that is just the reason they want to go away for awhile. On the other hand, if the patient, even though he remains at home, can have his energies enlisted in some altruistic enterprise, he is sometimes able to overcome these handicaps of the home environment.

Dubois has well said:

The time has now come to remind sufferers that the lending of a helping hand to others who are similarly afflicted is one of the most splendid and powerful aids to self-discipline imaginable. There are in every large community hundreds of nervously-exhausted individuals into whose hands books like this never come; and even if they did, they would mean absolutely nothing to them. These are the people—wretched mothers of numerous broods, gaunt seamstresses, ill-favored specimens of both sexes from sweatshop and factory, shabby gentlefolk and a heterogeneous collection of human flotsam and jetsam—who rub elbows in the ante-rooms of clinics for nervous diseases, patiently waiting for—what? A word of encouragement, instruction in diet and hygiene which, under existing circumstances, they are hopelessly unable to follow, and a prescription for medicine whose purchase often involves the expenditure of a whole day's earnings. To such as these is directed the attention of every reader whose ambition is, in the words of Pope, "to endow a college or a cat."

NEURASTHENIC HEADACHES

One of the commonest causes of recurrent and self-limited headaches is fatigue, whether bodily, mental, or emotional. This was long an apparent stumbling-block in the way of the poison theory of headache, but now it is one of its best illustrations. Physiologists years ago discovered that what produced not
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merely the sensation but also the fact of fatigue, or tiredness, was the accumulation in the muscles or nerves of the waste products of their own activities. Simply washing these out with a salt solution would start the utterly fatigued muscle contracting again, without any fresh nourishment or even a period for rest. It has become an axiom with physiologists that fatigue is simply a form of self-poisoning, or, as they sonorously phrase it, auto-intoxication. One of the reasons why we are so easily fatigued when we are already ill, or, as we say, “out of sorts,” is that our tissues are already so saturated with waste-products or other poisons that the slightest addition of the fatigue poisons is enough to overwhelm them. This also explains why our pet variety of headache, which we may have clearly recognized to be due to overwork or overstrain of some sort, whether with eye, brain, or muscles, is so much more easily brought on by such comparatively small amounts of overexertion whenever we are already below par and out of sorts. People who are “born tired,” who are neurasthenic and easily fatigued and “ached,” are probably in a chronic state of self-poisoning due to some defect in their body-chemistry. Further, the somewhat greater frequency and acuteness of headache in brain-workers — although the difference between them and muscle workers in this regard has been greatly exaggerated — is probably due in part to the greater sensitiveness of their nerves; but more so to the curious fact, discovered in careful experiments upon the nervous system, that the fatigue products of the nerve cells are the deadliest and most powerful poisons produced in the human body. Hence some brain workers can work only a few half-hours a day, or even minutes at a time; for instance, Darwin, Spencer, and Descartes.

TREATMENT OF HEADACHES

A method which may sometimes be used advantageously in treating these headaches is as follows: A rubber bag filled with hot water and covered with a moist flannel, or a fomentation, is applied to the upper and back part of the neck, while a soft cheese-cloth compress wrung out of cool or very cold water is applied to the face and the top of the head. The effect
Fig. 15. Hydrotherapy for Nervous Disorders
of the compress in relieving cerebral congestion is greatly increased by the application of the ice compress or ice-bag to the front of the neck, whereby the blood-supply of the brain is lessened by contraction of the carotid arteries.

The combination of heat and cold to the head in this manner renders it possible to make applications of heat to the head for a much longer time than could otherwise be tolerated, the cold antidoting any ill effect which might be produced by the heat, while encouraging the good effects of the application. The author has made use of this application for many years as a means of relieving certain forms of neurasthenic headache. It is exceedingly useful also in so-called nervous headache accompanied by marked congestion of the brain.

HYDROTHERAPY

It is a very easy matter for the neurasthenic to overbathe. Sea voyages are often highly beneficial, and the diversion of the seashore and the fresh salt air are good for the nervous patient, but remaining in the ocean water too long only serves to exhaust the reactionary powers of the patient and does more harm than good. It would have been better to have had a good salt bath or a salt rub at home.

The electric light bath probably affords the best known means for encouraging elimination without unduly exhausting the patient by heat as is so likely in the Turkish or Russian baths. (Fig. 14.) All of these vigorous tonic or moderately long eliminating baths should be followed by proper cool finishing treatment, massage, and an hour’s quiet rest. (Fig. 15.)

Other valuable baths in the numerous stages of the various nervous states may be described as follows:

1. In low blood-pressure, when there is great lethargy and extreme fatigue, it will be found that the ice bag to the heart (fifteen minutes at a time) by stimulating and invigorating that organ, raises the blood-pressure, and in measure relieves the exhaustion. Cold baths (moderately long) by contracting the blood-vessels of the skin, drive the blood to the internal organs, and thus raise the blood-pressure, and relieve the feelings of fatigue and extreme weariness. Copious water-drinking also
temporarily elevates the blood-pressure and so produces the same effects.

2. In high tension and elevated blood-pressure—the pre-neurasthenic state—the following baths will be found very helpful:

The neutral bath. This bath lowers pressure by dilating the vessels of the skin and quieting the heart. Try it some time when you are restless, nervous, fretful, sleepless, head throbbing—take a neutral full bath, from 95° to 98° F.

The cold bath. The cold bath, likewise, by the vigorous reaction that follows it, lowers the blood-pressure. Warm baths must be continued for a number of minutes in order to lower the blood-pressure, and the neutral bath from fifteen to forty-five minutes, but cold baths must be short, in order to lower the blood-pressure. The salt bath or salt glow is doubly useful.

Dry or moist heat. The sun bath is of great value in relieving high-pressure, if properly taken (with cold cloths to the head) as it not only diverts blood to the skin, but the “sunburn” is a sort of physiological inflammation that causes the blood to circulate freely in the skin for days following exposure to the sun’s rays. Keeping the skin warm helps in lowering blood-pressure. Hot fomentations greatly dilate the blood-vessels of the skin, and so directly tend to relieve the blood tension.

The heating compress has a desirable effect in lowering blood-pressure, and consists of several thicknesses of cheese-cloth wrung out of cold water; apply to the skin and cover with oilcloth, rubber sheeting, or mackintosh, and then wrap dry flannels around the whole so securely that no evaporation can take place. This procedure is of great value when applied to the abdomen in portal congestion and chronic constipation.

MASSAGE AND ELECTRICITY

Massage and manual Swedish movements are probably the most universally used of all physical therapeutic methods in the treatment of the nervous states. (Fig. 16.) We employ light muscular massage even in the “rest cure;” and sometimes, in neurasthenia and psychasthenia, we begin light massage treatments three times a week long before the patient is in
condition to react to either electrical or hydriatic treatments. At first this massage is carried on as a passive exercise, and, later, manual Swedish movements are added in which the patient cooperates with the nurse in the matter of offering slight resistance, which is increased from week to week until the patient shows evidence of being greatly strengthened. And while the patient is receiving this treatment, the well-trained nurse is engaged in giving helpful and up-lifting suggestions by encouraging the patient along in the greater struggle toward mental mastery and nerve control.

In the case of feeble patients, bedridden patients, who cannot stand vigorous exercise, massage and cold friction are very useful. The cold mitten friction, in which a rough mohair mit or Turkish cloth is dipped in ice water and rubbed over one part of the body at a time, is excellent for these cases. (See Fig. 17.) Dry friction is also useful. Deep muscle massage enormously increases the amount of blood circulating through the tissues, and in this way relieves the general nervous tension and fatigue feelings.

Deep massage of the abdomen, rolling a small cannon ball over the abdomen when lying down, or a bandage applied snugly to the abdomen, all tend to raise blood-pressure and thus indirectly to relieve neurasthenic fatigue. Vibration is also valuable.

Electricity is valuable in the treatment of neurasthenia as noted elsewhere, especially the high frequency currents when taken by the method known as autocondensation; and it should be noted that the more faith the patient has in these electrical treatments, the more good he seems to derive from electro-therapeutic procedures.

**PHYSICAL EXERCISE**

Neurasthenics need to set their hands to work. Woodcarving, basket-weaving, carpet-weaving, book-binding, pottery, brass-hammering, and all the other arts and crafts, which are the fad in some circles today, are useful remedies for the neurasthenic. Light employment occupying both hand and mind is one of the ideal treatments for the fastidious neurotic patient. It should be a comfort to these nervous patients to
know that it is not necessary to build up a pugilistic muscular system in order to get well; in fact, many nervous patients are greatly retarded in their recovery by the physical culture fads which lead them to over-do physically. A reasonable amount of open air exercise is desirable and will be found most beneficial when carried on along the lines of some recreational sport in which the patient has agreeable company. Long solitary cross country walks are not the best way for the nervous patient to get his outdoor exercise.

Active physical exercise, to the point of gentle perspiration, brings a large amount of blood to the muscles. It dilates the vessels of the skin, producing a ruddy glow, the same as alcohol, only this dilation is even more permanent and is not followed by an undesirable reaction. Walking, riding, rowing, running, swimming, gymnasium work, and all forms of exercise, preferably those in the open air, with the clothing loose and free, are all most powerful agents in lowering blood-pressure, and should be intelligently and systematically utilized by all moderately high-pressure victims. Passive exercise always lowers the blood-pressure from the very beginning.

"EURHYTHMICS"

If it be true, as people of foreign climes often assert, that this is the most nerve-shattering country in the family of civilized nations, the gospel of Jaques-Dalcroze should be one for us. Neurasthenia, this innovator asserts, "is often nothing else than intellectual confusion produced by the inability of the nervous system to obtain from the muscular system regular obedience to the order from the brain." The cure is a re-establishment of "rhythmic order," and this is the end and aim of his system of "Eurhythms," which is defined as "mental training to secure perfect self-control so that the body obeys the dictates of the brain." This is obtained with the aid of music, and its efficacy is such that "all ugliness, even moral perversion itself," which is a violation of rhythmic order, is expected to yield to the stimulus.

The mystery of this new system was revealed to Jaques-Dalcroze in a very simple way. He discovered that his students
Fig. 17. Favorite Prescriptions for "Nerves"
of music were able to sing more accurately if they were allowed
to beat time with their own hands. He saw, therefore, "an
intimate relation between physical gesture and musical con-
sciousness." So he invented a number of gesture-songs. Then
he turned his attention to rhythm itself, realizing that it is
the basis not only of all music, but of all art, and indeed of
life itself." Music, however, is the one art that "most perfectly
expresses every variety of rhythm, and which has the most
intimate effect upon the physical sensations and spiritual emo-
tions." Hence:

By a series of physical movements and gestures which "realize"
rhythm, the pupils are led on to a stage when their subconsciousness
is stored, as it were, with rhythmic melody and images, so that at
last they gain a joyous liberty of physical expression and are able
to express not only the greatest masterpiece of music as translated
through their own emotions, but also in rhythmical dances to ex-
press all that is highest and most beautiful in their own individuality.
The whole object indeed of Eurhythmics is to draw out the in-
dividuality of the pupils, to make them realize themselves, and to
enable them to express their own emotions in a rhythmic way. "It
is a fact," says Jaques-Dalcroze, "that very young children taught by
my method invent quite naturally physical rhythms such as would
have occurred to very few professional musicians."

It is only recently that the meaning of rhythm has been
realized, though it has been dimly perceived throughout all the
ages. It is the ordered movement that runs, as it were, through
all beauty. It is to be found in the wind that chases sunlight
and shadows across the fields, in the ebb and flow of the sea,
in the revolution of the planets, in the sweeping lines of
mountains and valleys, in the windings of rivers, in the heart-
throbs of humanity, in all artistic expression, in the order
of life itself. It has been most clearly revealed in music, which
by rhythm may stir the highest emotions of men and women.
Rhythm and vibration in music are the basis of life. Where
there is rhythm there is order, and where rhythm is lacking,
there is no order. Jaques-Dalcroze feels confident that a time
will come when music will be applied in the broader general
sense to education, physical as well as mental. He is working
along this principle, and his system of "Eurhythmics," which has many thousands of students in Germany, Scandinavia, Russia, Switzerland, England, and elsewhere, "is likely to revolutionize all methods of physical and mental culture. It is a training in the joyous liberty of the body and brain, governed by the deepest laws of beauty."

WORK VERSUS REST

I have largely given up the practice of the "rest cure" in the treatment of neurasthenia and the other nervous states, except in certain cases of hysteria; in fact, I have come to look upon isolation of these nervous patients as highly undesirable. My only exception to this rule is in the case of those neurotics who are really the victims of a nervous exhaustion—a nervous breakdown—who are already confined to the bed, and in these cases I seek to overcome this isolation with proper home or institutional treatment, and to surround them with cheerful and helpful nurses, employing proper feeding and massage in connection with this modified "rest cure" regime.

And so I am averse to putting the average neurasthenic to bed and "stuffing" him while he indulges in the "rest cure." One has to do it occasionally with those patients whose neuromuscular tone is very low, but in all other cases, I am decidedly opposed to it. I prefer to institute a regular regime of mental and physical training; a definite hour for a tonic bath, another for resistance exercise or massage, for reading or being read to, for taking food, and for resting, will help to occupy the time, and will also make the patient feel that every effort is being made to restore him to health. "Employment and hardships prevent melancholy," so said the wise Samuel Johnson. Neurasthenics take their symptoms and themselves most seriously, and sometimes it has an excellent moral effect upon them in the early days of treatment to pay considerable attention to their symptoms. Moreover, such symptomatic treatment is bound to relieve some of their miseries, and this relief can be used as an example of the way in which all their symptoms will disappear, and in this way their nervousness is gradually overcome. If you are able to instill into the neurasthene's soul the element of
hope, you have gone a long way toward making him well, even though he has got into the hypochondriacal stage of his disorder. Addison says, "Cheerfulness is the best promoter of health and is as friendly to the mind as to the body."

NATURAL SLEEP

When you are unable to sleep you must not work yourself up into a feeling of resentment and anger at your inability to slumber, but rather let the mind be concentrated upon the thought that you will rest in spite of your insomnia and quite often when the mind is taken off of sleep and concentrated upon rest, then sleep gracefully comes even though it resisted all your former efforts to woo and win it.

Rest itself is an important essential in the treatment and cure of neurasthenia, and I have seen many a patient made worse from being advised to start out in his weakened condition on a trip to Europe or on some other taxing journey, when he would have been a great deal more benefited by staying at home and resting several hours a day on the front porch. Turn your vacation into a "nerve cure."

One of the worst features of the neurasthene's rest is the sometimes terrorizing dreams which, to the patient, seem to keep up all night long, greatly disturbing the rest and sleep. They sometimes awake from these dreams with a palpitating heart, quaking limbs, while they are copiously bathed in perspiration; and all this is but a picture of the relaxed and disordered condition of the nervous system.

It would be a good plan for these insomniacs to avoid all naps in the day time, even cat-naps. They had better try and keep themselves awake and in this way make for sounder sleep at night. The bedroom should be selected with a view to coolness and airiness. The bed should not be too soft and while the covers are warm, they should be light weight. In some cases if it can be conveniently arranged, outdoor sleeping will be found highly beneficial.

In the winter, if the feet are cold at bedtime, hot foot baths should be taken just before retiring, or a hot water bottle can be placed at the foot of the bed. Some patients have found
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it a good plan as a temporary relief from insomnia, to take a glass of hot milk or hot malted milk just on retiring.

FOODS AND DIET

We have two great classes of neurasthenics and nervous sufferers: first, those who are in apparent good physical health, well-nourished, in good flesh, and in some instances even over weight. These patients usually enjoy pretty fair digestion and complain very little of stomach trouble unless it may be occasionally gas on the bowels or more or less constipation. In behalf of this class we have need to offer very few suggestions in the matter of diet. They are usually blessed with a fair degree of appetite and are able to digest and assimilate their food with very little difficulty.

The other class of neurasthenics is represented by the emaciated, run-down patient, suffering from digestive troubles, some real and some imaginary, and it is this class that calls upon us for advice in regard to foods, diet, and digestion. And right in this connection I want to lift a warning voice against the process of superalimentation, as commonly practiced on these patients. This senseless cramming and over-feeding of these nervously deranged and digestively disorderedsufferers is highly injurious and wholly uncalled for. We should pay attention to the more fundamental duty of developing the patient's appetite and not merely resort to this therapeutic gormandizing which in many cases, does more harm than good.

First and foremost let me warn all neurasthenics away from dietetic fads. The impressionable neurasthene is prone to take up with any and every faddish dietetic system which he may read of or hear about. The patient should learn that it is not necessary to discover some new patent food or other high-priced edible in order to be able to get over his digestive difficulties. The neurasthenic will do well to discontinue all these experiments in the dietetic realm and make up his mind to begin the early enjoyment and successful digestion of common, ordinary foods which are easily prepared and which can be obtained without great expense. The various exclusive
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Diets such as the meat diets, milk diets, raw food diets, even the exclusive vegetarian diets which deny us the use of milk and eggs—the two most valuable articles of diet for a debilitated and dyspeptic neurasthenic—should be discarded.

**Calories Required**

The important thing is that the nervous patient of this class should have an abundance of food, varied in character, and that it should be well-cooked, tastily served; and well masticated, but do not think about dietetics at meal time, keep the mind off your stomach.

I find that many patients in their efforts at over-feeding have greatly over-taxed their nerve power and the capacity of their digestive system, and so they fare better and begin to gain in weight when the quantity of food taken is greatly reduced. I have my patients, after their meal is finished, make a note of what they have eaten and then make weekly reports to me. In this way I am able to judge the number of calories eaten each day, and often I find that patients who have been suffering the terrors of nervous dyspepsia trying to assimilate 3000 or 4000 calories a day begin to improve and put on flesh immediately their rations are reduced, say to 2000 calories in twenty-four hours.

When I find it impossible to persuade the patient to take the amount of food required, or when after their diet has been reduced as first suggested, they complain of faintness and all-gone feelings in the stomach between meals, then I recommend that the regular diet be supplemented by egg-nogs made in the following manner: Beat up one whole egg, separately, add to a large glass of cold milk which has been sweetened with one or two teaspoonfuls of sugar and flavored with a few drops of vanilla. In this way a patient can take from 200 to 300 calories in addition to the regulation diet. These egg-nogs are very easy of digestion. Some patients prefer to have a little salt added to this egg-nog.

**Starches and Vegetables**

Many of these patients find some difficulty in digesting starchy foods and should therefore have all articles of diet belonging
to this class well-cooked—thoroughly baked. They will find it well to choose their starchy foods from the list including baked potatoes, well-toasted bread, the toasted flake breakfast foods, etc. Many of these patients are also greatly troubled with gas when they eat the coarser vegetables which are rich in cellulose, such as turnips, celery, carrots, cabbage, and radishes.

The neurotic patient must be warned against getting fictitious and faddish disorders in his digestive tract. I have found that these patients have a great tendency to get imaginary cases of dilated stomach, enteroptosis, etc., not to mention displacement of the kidneys and other organs. And so from time to time we have various medical and surgical fads connected with both the cause and the cure of nervous dyspepsia.

DIETETIC SUGGESTIONS

The diet should include a liberal supply of cereals, fats, fruits, and vegetables, and a moderate quantity of nuts; milk and eggs in abundance, especially if the patient is eating a small amount of meat. Then there are the vegetables which afford variety to the diet, and in some cases give sufficient bulk to stimulate peristalsis in the intestinal canal, thus preventing constipation and all the ill effects which follow in its train. Potatoes are especially valuable because of the large amount of alkaline salts they contain, which neutralize the acid secretions of the body. Neurasthenics in general would do well to make potatoes and green vegetables staple articles of diet. Cereals as well as meats tend to produce an acid state of the body fluids, a condition which aggravates insomnia and other morbid conditions from which nervous patients suffer.

Buttermilk may be used to advantage by those persons with whom it does not disagree; particularly those buttermilks which are made from a vigorous culture of bacillus Bulgarius, a bacillus which thrives in the large intestine and tends to overcome those bacilli which, in the colon, bring about putrefaction and the consequent production of maleficent toxins.

The diet for the nervous patient should also largely exclude spices and condiments of all kinds. Pepper, mustard, horse-radish, cayenne, capsicum and other similar substances derange
the digestion by over-irritating the delicate linings of the stomach and intestines.

AUTOINTOXICATION

The chief source of the poisons produced within the body is the colon. Here, unless intestinal activity is normal — and it seldom is normal — large masses of undigested foodstuffs collect and undergo putrefaction, giving off mischievous toxins that are absorbed into the circulation and carried to every part of the system, where they exercise a paralyzing influence on both muscle and nerve tissue. The very food we eat gives rise under certain conditions to the most malicious of poisons, while the nerves and muscular action give off waste products that are equally as toxic in character.

The ideal diet, then, for the neurasthenic — as, indeed, for any other person for that matter — is one that will produce a minimum amount of poisons and that will so increase intestinal activity that foodstuffs will not collect and undergo putrefaction and give off toxins, which, when taken into the circulation, paralyze muscle and nerve tissues. Such a diet is not difficult to provide for one's self, for it is a simple diet based upon the known laws of dietetics coupled with the patient's experience.

DAILY OUTLINE OF TREATMENT

As a suggestion regarding the physical treatment of neurasthenia, I will cite the prescription I wrote today for one week's treatment of a typical neurasthene:

First day: Fomentations to the spine and arc light to the abdomen. Hot foot bath followed by cold mitten friction. High frequency spark to the back of the neck for three minutes.

Second day: Arc light and ice rub to the liver for ten minutes. Full Galvanic or Sinusoidal bath, followed by a light full massage.

Third day: Local galvanism to abdomen and spine. Short electric light bath followed by cold mitten friction. Vibrating chair for five minutes.

Fourth day: Hot and cold (alternate) to the spine. Salt glow and rose spray followed by centripetal oil rub.
Fifth day: Neurasthenic spray flashes (hot, 128°, 15-30 second; cold 60°, 30-60 second, instantaneous alternations) five to ten minutes. Full massage. High frequency electricity by autocondensation, ten minutes.

Sixth day: Vibration to the spine with sinusoidal electricity to the abdomen (short application). Electric light bath followed by rose spray and an oil rub.

MEDICAL AND SURGICAL FADS

Greatly to be pitied is the nervous patient who falls into the hands of the physician or surgeon who has a fad. He is destined to be dieted, sweated, electrified, stretched, and rubbed, or to have his supposedly dislocated back bones forcibly put in place; or, if a woman, perhaps some trifling pelvic disorder will be treated and cauterized, or it may be that some other new and wondrous cure-all will be tried out upon them and fortunate indeed are the patients if, having suffered these many things from many physicians, they find themselves ready to begin scientific psychotherapy, no worse for their various adventures in the therapeutic and medical wonderland.

In this connection I want to say a word about surgery and its relation to neurasthenics—and since that is my chief professional pursuit, and not psychotherapy, I feel competent to speak with some degree of assurance—and after years of observation I feel it my duty to express what I am about to say on this subject.

There constantly come under my supervision nervous patients who believe they are in need of some major surgical operation. Some doctor at some time has dropped a careless word or hint regarding the possibility of tumors, cancers, floating kidneys, intestinal kinks, prolapsed stomach, or misplaced uterus. These ideas were immediately seized upon by the diseased mind of the patients, and all their miseries from that time on were assigned to these imaginary surgical conditions.

Now, if a neurasthenic really needs a surgical operation, the surgeon should not hesitate to perform it, after making every effort to get the patient in the best possible physical condition for the ordeal. But I want emphatically to protest against this
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tendency in some quarters to operate upon neurasthenics and psychopathics. The results, I have observed, are invariably disappointing and sometimes the patient develops a veritable surgical mania or operative obsession.

Just the day before this writing there came into the office a woman who had had seven operations, five majors. The unfortunate soul looked as if she had been through the French and Indian war, and with tearful voice she insisted that I consent to the performance of an operation to stitch up a floating right kidney, which she was told she had nine years ago; and having had every other possible operation performed, every movable organ fixed and every fixed organ rendered movable, and all with no improvement at all in her nervous condition, she at last decided that all her miseries were due to this floating kidney, and that her future happiness depended upon undergoing another major operation and having it stitched up. And I may add in this connection that her kidney was no more a floating kidney than that which may be found in the case of half of the people who will read this book, and she would never have known she had a floating kidney if she had not been carelessly told that by the physician nine years ago.

I think it was Dr. William Mayo I once heard say that if nothing could be done to stop surgeons from operating on neurasthenics, there should be some legal enactment made which would at least provide for, say three or four months in the summer, as a closed season for neurasthenics in which it would be against the law to operate on them, and thus they might at least be afforded the same protection extended to numerous birds and other wild game.

SUMMARY OF THE CHAPTER

1. The problem of treating neurasthenia is not merely one of physical recovery and mental training. It embraces the larger problem of teaching the patient self-adjustment to modern society.

2. Some nervous patients do better when treated away from home. Others need the very moral training that is developed by getting well "right on the job."

3. The headaches of neurasthenics are not exclusively nervous
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in their origin. There is usually an associated element of auto-intoxication.

4. The fatigue products of the nerve cells are among the deadliest and most powerful poisons produced in the human body.

5. Neurasthenic headaches are treated by hot foot baths and cold compress to the head. Also by simultaneous hot and cold to the head.

6. It is a common mistake for neurasthenics to over-bathe, especially at the seaside. When not overdone, baths are of the highest value.

7. In the treatment of neurasthenia, the electric light bath is preferable to Turkish or Russian baths, and should be followed by appropriate terminal procedures.

8. Following tonic baths, electricity, and massage, nervous patients should rest quietly for an hour or more.

9. Special courses of baths and massage can be adapted to the “low-pressure” of neurasthenics; as well as to the “high tension” of the pre-neurasthenic state.

10. The neutral bath (97° F.) is the treatment par excellence for insomnia.

11. Light massage, vibration, and manual Swedish movements are invaluable in the treatment of the various nervous states.

12. Electricity in its various forms is a valuable remedial measure and does most good to those patients who have greatest faith in it.

13. Neurasthenics do best when engaged in some light and regular employment occupying both hands and mind.

14. Active physical outdoor exercise to the point of gentle perspiration is a fine treatment for neurotics.

15. “Eurythmics” is a new system designated to develop harmony and reciprocity between mind and muscle.

16. The “rest cure” is only used in certain cases of hysteria and in bed-fast neurasthenics.

17. Neurasthenics will do well not to sleep during the day. Then on retiring with a care-free mind they will enjoy sounder sleep.

18. Neurasthenics should keep busy, rest sufficiently, eat heartily, and in the winter, keep warm.

19. Nervous patients should shun dietetic fads. They should have an abundance of food, varied in character, well cooked, tastily served, and well masticated.

20. Don’t think or talk dietetics at meal time. Keep your mind off the stomach when eating.

21. While milk and eggs are good foods for neurasthenics, we do not approve of the modern indiscriminate stuffing fads.
22. Overeating may lead to autointoxication, and in this way greatly add to the patient’s disagreeable symptoms and sufferings.

23. Neurasthenics are especially in danger of being imposed upon by various medical and surgical fads and fancies.

24. In times past many neurasthenics have had numerous useless or unnecessary surgical operations performed upon them.
CHAPTER XXXI
STIMULANTS AND NARCOTICS

Whatever may be our views as to the wholesomeness of the habitual or moderate use of stimulants and narcotics on the part of the people at large, there can be little or no debate attending the proposition that all persons of nervous tendency or neurotic taint should religiously abstain from the use of alcohol in all its forms as well as to eschew all other stimulating or narcotizing drugs. It is absolutely necessary in the beginning of treatment that all neurasthenics should at once stop the use of stimulants. Alcohol and tobacco I advise to be discontinued at once, while tea and coffee may be weakened down and some other warm drink substituted within a month's time.

DANGER OF SELF-DRUGGING

It has been my observation that the moral resolution and the will power exercised in discontinuing the use of these drugs has, in itself, often done much to lay the foundation for the successful treatment and final cure of neurasthenia; although, of course, the patients who suddenly discontinue these narcotics must expect to feel weakened and debilitated and good-for-nothing for a week or ten days, and it is during this time that I pay particular attention to giving such patients a thorough-going course of eliminating and tonic baths.

We cannot too strongly condemn the practice of self-drugging, which so many neurasthenics carry on, especially the taking of coal tar products for headaches and sleeplessness. I refer to such common remedies as the bromides, acetanilid, antipyrin, phenacetin, sulphonal, and trional. These remedies can never remove the cause of trouble, and they are highly injurious in that they weaken the heart action and introduce into the system
drug poisons which irritate the nerves. It is needless to caution the reader against the use of any sort of "dope" which may contain cocaine, morphine, or heroin. The nervous sufferer who seeks the bliss of Nirvana by the use of these deadly drugs is doomed to certain disappointment in that they will ultimately wake up and find themselves suffering the tortures and torments of a literal hell, mentally, morally, and physically. It must be remembered that when worry is cast out by drugs, like the demon of old it is sure to return ere long, with seven devils more wicked than itself.

THE TOBACCO HABIT

Some patients are able to give up their tobacco without a struggle, even when the habit is of years standing, while others succeed only after a severe fight or after repeated attempts. We are never able to estimate the hold which tobacco has upon a given patient, and we are not, therefore, in position to estimate the effort which will be required to gain one's freedom from this drug habit. I have found the so-called silver nitrate treatment of the cigarette habit valuable—it at least possesses a psychological value—in that it represents something definite being done for the "cure" of the patient. Other aids in breaking up the nicotine habit are the use of Turkish or Russian baths, the wet sheet pack, and the electric light bath. Electricity, preferably in the form of galvanism to the spine, fomentations to the spine, leg baths with cold applications to the head, fomentations or arc light over the stomach and liver, warm baths and cold salt rubs, are all effective measures in relieving the nervousness from which so many patients suffer immediately after giving up tobacco. Graduated cold baths may also be given daily in connection with these eliminative procedures.

In applying fomentations use a piece of ordinary woolen bed blanket, or a thick woolen cloth of any sort; in the absence of other materials even a towel will serve. This fomentation cloth should be wrung as dry as possible out of water as hot as the patient can bear, placed across the stomach and covered with a larger piece of dry flannel or blanket to aid in retaining
the heat. Retention of heat is further aided by putting over this second piece of flannel a strip of mackintosh. Burning of the surface of the skin may be avoided by placing the wrung-out flannel upon a piece of dry towel, one end of which may be folded over the fomentation, and over this in turn the dry flannel and mackintosh. The fomentation should be renewed at intervals of three or four minutes—whenever it begins to cool. In removing the fomentation for renewal, care should be taken that the dry wrappings are quickly replaced upon the skin so as to prevent chilling of the warmed skin surface. At the end of the fomentations which may last, if desired, fifteen to twenty minutes, the heated surface of the skin should be vigorously sponged or rubbed with cold water and dried quickly.

The moist abdominal girdle which is worn between applications and at night, consists of a linen bandage, eight or nine inches wide wound about the body after being wrung out of ice cold water, over this a water proof covering of oiled silk, or mackintosh, or other impervious material, while over both of these is placed a flannel bandage three or four inches wider. It is a good practice to wear this girdle all night for several weeks or even months, if there is a tendency toward constipation.

The sweating pack is also valuable and consists of a three or four minute bath at a temperature of 105° to 110° F., followed by wrapping in a linen sheet wrung out of cold water, while the patient is further protected by being wrapped in a double blanket so as to induce immediate and profuse sweating. At the end of the pack, the patient should be given a cold sponge or cold mitten friction in order to prevent subsequent chilling of the body and the catching of cold. Any and all of these measures are also beneficial in treating cases of alcoholism and ridding the system of other drugs.

THE RÔLE OF ALCOHOL

Alcohol temporarily lowers the blood-pressure. Just as tobacco produces a pale skin and drives the blood inside, thus raising the pressure, alcohol produces a red flush of the skin, showing that the blood is being drawn to the surface and the
blood-pressure lowered. This is why one feels warm under the influence of alcohol, even when he is colder, or even freezing.

Now we begin to understand the vicious circle of multiple drug addictions. A large part of the people use tobacco. They are all living the strenuous life. Their dietetic and general living habits are those belonging to the strenuous order. They use large quantities of condiments, tea and coffee. But this cannot be kept up indefinitely without producing results. Several times a day, a week, or a month, the neurotic individual reaches the "bursting stage." He feels wrought up to the highest pitch; keyed up to the last notch. He is intensified to the highest degree. He must in some way find a safety valve.

There must be some way to relieve this constantly increasing tension, and the patient finds temporary relief by taking alcohol, which not only dilates the blood-vessels of the skin, thus relieving the blood-pressure, but also numbs the higher sensibilities so that they are not susceptible to the fears, worries, anxieties, griefs, and disappointments that were previously harassing the mind. In this way, alcohol affords a welcome temporary relief to the distracted nerves of the restless and neurotic victims of the high-pressure life.

Hand in hand with the enormous consumption of tea and coffee, there is found the steadily increasing use of the various quieting preparations and combinations of the bromides. Tea and coffee slightly raise the blood-pressure — the bromides and their compounds, as a general rule, by the sedative action, lower the blood-pressure; and so, just as alcohol and tobacco play their neurotic victims into each other's hands, the heavy and habitual users of tea and coffee find deceptive relief in the use of bromides and other quieting headache remedies and sleeping powders.

**SUGAR VERSUS ALCOHOL**

I have long been interested in the study and observation of the dietetic habits of periodical drinkers and chronic inebriates, and have become finally convinced that heavy drinkers are all suffering from a more or less disordered metabolism. I have observed that they are usually inordinately fond of fiery condiments and various highly spiced foods. They are quite often
heavy meat eaters and I have found large numbers of drinkers who eat but small amounts of the carbohydrates, particularly of sugar. I am not alone in observing this latter condition. Dr. Spitzig and others have recently suggested that the abnormal craving for alcohol is directly associated with the under-eating of sugar and the over-use of pungent condiments and other highly seasoned foods. It should be noted that the saloon provides condiments and not candy in connection with the "free lunch." It is a settled fact in my experience that even moderate users of alcohol are not as a rule very fond of candy; as the supply of alcohol is increased the desire for sugars seems to be correspondingly decreased. I have had alcoholics under my care who had a positive dislike for candy or sugar in any form. As a rule heavy drinkers do not use sugar in their tea or coffee; neither are they very fond of pastries and desserts. There can be but little doubt on the other hand that the inordinate appetite for stimulating food, highly seasoned meats and other articles of diet rich in condiments, tends directly to create a physical demand for alcohol—a thirst which water cannot quench.

The chemical relation of carbohydrates to alcohol is significant. Dextrose is convertible into carbon dioxide and ethyl alcohol. The combination of carbon, hydrogen, and oxygen makes for increased nutrition whether it be derived directly from alcohol or indirectly from sugars and starches. The human organism when deprived of sufficient sugar seems likely to demand an increased supply of alcohol. Conversely, when the body is satiated with alcohol, it has little need for carbohydrates.

While the sugar treatment of alcoholics is far from being a "cure," nevertheless I have found that this theory works out to practical advantage in the management of those habitual or moderate drinkers who desire entirely to discontinue the use of alcohol. I advise these patients to eat sugar upon their cereals, to eat a large quantity of sweet fruits, pastries, chocolates (not between meals), and ice-cream, and in order to avoid over-irritating the stomach by the consumption of too much cane sugar, I advise these patients to use some of the manu-
factured malt preparations which are on the market; and in some cases where a psychological effect of the "sugar diet" is highly desirable, I have followed the advice to give a dram of lactose in powdered form every two hours. The employment of the sugar treatment in alcoholics seems to be attended with good results, but whether it is due to any chemical action, as is claimed for the silver nitrate treatment of the cigarette habit, or whether the beneficial effects in both instances are largely psychic, I am not at this writing prepared to say. I can only record my observation of the fact that both procedures seem to be of practical assistance in the management of these cases and I have seen no harmful effects attend the use of either.

MODERATE DRINKING

I am fully aware of the fact that when I counsel a neurasthenic to give up the use of alcohol, I am in a measure imposing a form of social isolation upon him. I am further conscious of the fact that I am asking him to undergo a peculiar species of fraternal self-denial and sociologic hardship. But are not these the very sterling and manly qualities which the neurasthenic stands in such great need of? Are not will-power and self-control the very virtues he must cultivate in order to bring about his cure? Besides, are not our neurotic patients the very ones who stand in greatest danger of allowing their social tippling and moderate drinking to lead them ultimately and hopelessly into the toils of chronic inebriety and confirmed dipsomania? Are not these patients the very ones who start out in great self-confidence to drink moderately and end up hopeless victims to the alcohol habit?

It is these neurasthenics, these disordered and inefficiently controlled beings who stand in greatest danger of becoming habitually addicted to any and all of the commonly used drugs including alcohol, and they represent a type of human being which it is most difficult to deliver from the habit when once it is formed. In this connection I can do no better than to quote a portion of a letter from a confirmed alcoholic published in a recent work on nerves.
I realize how necessary it is that I should abstain from alcohol, and countless times I have resolved to do so. I have fortified my resolution with prayer, by appeals to that Source from which we are promised that there shall be no denial if we go sincerely and humbly. How often have I read, "Whatsoever ye shall ask in prayer, believing, ye shall receive," and how bitterly disappointed I have been that my appeals are always unheeded! I have strengthened my will by pledges to one whom I hold in higher regard than any one in the world; by physical discipline, and by counsel from your profession. I have sought refuge in the country, remote from centers where drink was to be obtained. I have availed myself of the sanity, the loyalty, and the devotion of my wife by sharing with her my fears and my determination to make a daily, an hourly fight against temptation. I have even taken the Keeley Cure! Yet all to no avail. My physician says I am threatened with neuritis and acute Bright's disease, and tells me that I must stop alcohol. He neglects to tell me how I shall stop. I have no desire to disgrace my family or to fill with misery and incapacity the years that remain to me. I am a man of sentiment and of education, possessed of a sense of duty to my family, and to the community in which I live—and, delivered from this demon, it is possible that I might be able to do something that would contribute to the joy of living for others. But unless I can get aid I am done for, and the sooner I experience translation the better for me and for all those whom my existence concerns.

It is not alone the fact that my capacity for work has gone, but I am enthralled, enslaved, emasculated. There was a time when I awoke each morning with a joy of life, a desire to accomplish, a capacity to do, a feeling of well being, which, now that they are only memories, are to me as the sight of green meadows, winding rivers, and cool forests to the traveler, irretrievably lost in the desert. Occasionally I used to be able to go two or three days without recourse to drink, and then, despite my strongest effort, I would blot out every mental and moral resemblance to my Maker. Gradually there fell from me, like rags from a beggar, the desire or the willingness to abstain at all, and in its place came my present incessant craving. I see the necessity for work. I see it lie before me in various stages of incompleteness; I realize the weighty obligations that are imposed upon me by my children. I am deeply conscious of the finger of contempt pointed at me by my fellow-men; I have a sincere desire to live a life of usefulness and to accomplish some-
thing worth while. No one can realize more keenly than I do that I must deliver myself from this octopus which has fastened itself upon me, which has sapped my moral fiber and destroyed my will-power. It availeth nothing to tell me that I must stop; as well tell water not to run down hill or sap not to well upward in the tree. Nor are any of the devices or admonitions which have been suggested to me adequate to combat it.

It will not suffice to give me advice and a prescription. That has all been done before and it has availed nothing. What I ask is a resuscitation from a state of death as real as that from which Lazarus rose. That required a miracle, and I am convinced that nothing less will suffice for me.

ADVICE TO DRINKERS

As illustrative of my own methods of reasoning with the unfortunate victims of drink, I can do no better than to quote Dubois:

A young man came to me because he gave way to drink; he voluntarily sought the consultation in the desire of being cured. With the plenary indulgence that we owe to these strayed ones, I point out to him the various reasons why he should give up his habit; such as consideration for his physical health, his material and moral future and the remorse that makes him unhappy. I urge him to take courage again and kindle his desire for a worthier life that will restore happiness to his family. He listens and answers sadly: "What can you expect? It is stronger than I." "My dear sir," I say, "It is needless to tell me that; you speak of the past, and it is in fact past; we cannot alter it in any way. Your passions have been stronger than the motives of reason. Let us speak no more of the past."—"It is the future of which I am talking," he replies, "I have so often tried to correct myself without succeeding, notwithstanding that I already quite recognize the value of the moral reasons you set before me."

Yes, I see that you judge of the future from the past, as when we say "He who has drunk will drink." Do you not know that the temperance and abstinence societies have frequently given the lie to that discouraging proverb? Besides, in the name of logic, I cannot allow you to speak of the future. We have always the right to say "It has been stronger than I"; but one cannot say "It will be stronger than I." Doubtless the past may make you fear for the future, but do not forget that the latter does not belong to us. Between now
and tomorrow, or later, events may happen in your material, intellectual, or moral life that will determine other conduct for you. Suppose even that you relapse this evening, tomorrow, the day after or many times again. Every time that you come to confide your fault to me I shall have the same plenary indulgence for a past that no one can change. Each relapse belongs to the past periods of life; of the future neither you nor I know anything yet. The faults of our life are like railway accidents; a train is derailed; that belongs to the past, and it is no reason that the next one should also run off the rails. Is it not probable that the pointsman found to be at fault will give more careful attention to his duty in the future?

Reflect and realize more and more clearly that your conduct is leading you into a quagmire; the more you see the danger the more you will recoil from it appalled. There has never been but one way to correct a vice, namely, to recognize the dangers it entails for us; there is but one way of acquiring a virtue; that is to see clearly the advantages it brings us. Beyond that there is no wisdom. Continue, not to make vain efforts of will, like a man uselessly waving his arms, but to acquire by reflection, by my counsels which are drawn from experience, the moral clear-sightedness which safeguards our always difficult journey along the path of life. The progress of a man in the moral world is like that of an explorer in an unknown country. He often loses his way, and his only guides are his natural instincts, his own experience and that of the travelers who have preceded him. When he discovers that he is astray he should retrace his steps and seek the right road. What would you say of the man, who, instead of making inquiries, lay down at the side of the road and wept over his past mistakes? — Go now and come back and see me in a few days. You will always receive the same kindness, the same patience, but also, understand, the same arguments, because there are no others.

**PHYSICAL AND MORAL TREATMENT**

In the physical treatment of alcoholism we follow the same general lines as those suggested in connection with the tobacco habit, the purpose being to facilitate the elimination of the drug while the nervous system is toned up by means of hydrotherapy, electricity, and massage. In this way it is possible greatly to shorten the period of time in which the patient experiences those undesirable reaction effects which follow the sudden discontinuance of the regular use of any drug.
The moral treatment of the neurotic alcoholic consists in first having him sign a pledge solemnly promising to give up the use of alcohol. I prefer to have these patients sign a religious pledge; in fact, it has been my observation — and I have studied a great number of these cases — that the "religious cure" of inebriety, while far from being infallible and all-powerful, is nevertheless, able to exhibit a larger number of patients permanently cured than any other regime with which I am acquainted. The Rescue Missions of our large cities are able to exhibit a vast and interesting gallery of temperance heroes who have been raised up from the drunkard's gutter and who, by the combined religious and psychic forces kept at work in connection with their religious association, meetings, etc., are kept sober year after year. As I have pointed out elsewhere, these moral associations and spiritual influences are all highly useful in uplifting the victims of drink.

Morphine

Morphine lowers the blood-pressure; so, when the individual has used tobacco or cocaine, which result in unduly raising the pressure, it is only natural that he should seek relief from this tension by the use of either alcohol or morphine. This is why alcohol and tobacco go hand in hand, tobacco producing high-pressure; but a low-pressure cannot be long tolerated — the individual must have something to tone him up, to restore the pressure, and this is secured by more tobacco. Likewise, morphine and cocaine play into each other's hands — the one temporarily counteracting the effects of the other, until the unfortunate victim is a user of both. All methods of relieving high tension or overcoming insomnia by drugs are snares and delusions.

I have observed that a great many victims of some drug habit especially in the case of morphine and its cousins, have begun the use of the drug as a means of relieving pain or some other physical distressing sensation. I think it will be helpful, therefore, in this connection, to call attention to the numerous ways in which pain can be relieved without resort to the use of pain-killers and other drugs and opiates.
TWENTY-FIVE WAYS OF TREATING PAIN WITHOUT DRUGS

An entire chapter could profitably be devoted to the subject of relieving pain without drugs, but we can here give but the briefest outline of the different physical measures which are serviceable in the treatment of pain.

1. *Hot water bag.* Hot water rubber bags of various shapes and sizes are invaluable in the treatment of mild pains in the back and abdomen, not to mention neuralgias.

2. *Hot fomentations.* The fomentations are excellent pain killers. They can be given in a series or followed by a cold rub or a cool compress. In other cases they may be followed by the all-night heating compress previously described.

3. *Hot sponging.* The water should be used as hot as the patient can bear; in fact, it should be almost painful, and is especially valuable in neuralgia and backache.

4. *Alternate sponging.* This method is valuable in the pain of internal congestion and should be made over the painful part. Alternate compresses are also useful.

5. *The heating compress.* This is applied by wringing the cloth out of cold water, putting over the painful part, covering with mackintosh and several thicknesses of flannel, as previously described. It acts like a poultice. This is excellent in neuritis.

6. *Alternate hot and cold.* Many cases of pain which do not yield to heat are relieved by the alternate use of the hot-bag and the ice-bag, or the alternation of fomentations and the ice-bag.

7. *The ice-bag.* Cold will sometimes relieve the pain of deep-seated inflammation better than heat, as in the case of the ice-bag in acute appendicitis. Cold rubbing is also sometimes helpful, as well as cold compresses, in headache.

8. *Electricity.* Both galvanic and high-frequency electricity are used very effectively in the treatment of different pains.

9. *Diathermy.* This is probably the latest scientific treatment of pain and consists in the conversion of electric currents into heat after they have penetrated the tissues.

10. *Hot air.* Hot air is a great pain reliever as used in "oven baking" for rheumatism, or in heated air currents for ear troubles.
11. Live steam. A jet of live steam directed upon the sciatic nerve is the best known treatment for relieving that painful condition.

12. The arc light. The therapeutic arc light is highly useful in treating neuritis and deep-seated pains in abdomen and other parts of the body.

13. Sunlight. Sunshine is good for pain. Animals when suffering pain always lie down in the sun. The heat of an open flame or an open fire place may also be thus utilized.

14. Radiant heat. This is applied by means of an incandescent electric lamp placed in some sort of a reflector, and is excellent in neuritis, neuralgia, and other acute pains.

15. Poultices. Poultices when applied by means of cotton, corn meal, flaxseed or potter’s clay (antiphlogistine) are all highly useful in treating and relieving pain.

16. General hot bath. Severe internal pain as in gall stones and even in sciatica is sometimes best relieved by a very hot full bath.

17. Hot blanket pack. Like the hot bath, the packs are very useful in generalized pain, rheumatism, and other achy sensations.

18. Hot foot bath. It should be taken as hot as can be borne. The leg bath is still more effective. These baths are especially useful in relieving nervous headaches and deep-seated pain in the pelvis.

19. Hip and leg pack. Hot packs to the hips and legs are especially valuable in deep-seated pain of the abdomen and pelvis. In painful menstruation an ice-bag may be slipped in under the pack and applied to the seat of pain.

20. Hot sits bath. These baths should be started at a temperature of 102°, and gradually raised to 110 or 115° — as hot as can be borne. The feet should be in water as hot as can be borne.

21. The hot enema. Temperature of the water may be from 102 to 107°, and is an invaluable treatment for intestinal pain, as well as the pain of gall stones, rheumatism, pelvic pains, inflammation of the bladder, neuralgia, etc.

22. Rest. Many forms of pain will be greatly relieved if the
painful member, or the entire body, is put at absolute rest in bed.

23. *Position.* Pain in the limbs is often greatly relieved by elevating the feet, or by raising the foot of the bed upon which the patient lies.

24. *Diverting the attention.* Patients are often relieved of mild pain by reading a fascinating book, or by the conversation of congenial friends.

25. *Mental training.* Many patients are able to train themselves to bear a certain amount of suffering. In this way they avoid the use of drugs while time and nature bring about a cure. And so we would earnestly urge the reader to try one or more, or even a number of these methods for relieving acute or chronic pain, before resorting to the continuous use of any of the habit forming drugs.

**SUMMARY OF THE CHAPTER**

1. Whatever the arguments in favor of moderate drinking, it goes without debate that neurotics should abstain from alcohol and all other stimulating and narcotizing drugs.

2. The moral resolution and will-power exercised in giving up drink or drugs often constitutes the beginning of the "cure" of neurasthenia.

3. Those neurotics who seek Nirvana by the drug route invariably find instead a literal hell, mentally, morally, and physically.

4. It is advisable for nervous patients to discontinue the use of tobacco in all its forms.

5. Hydrotherapy administered in conjunction with psychotherapy are great aids in overcoming the nicotine habit.

6. Electric light baths, the silver nitrate treatment, and other "cures" are all helps in overcoming the cigarette habit.

7. Alcohol and morphine lower the blood-pressure, while tobacco and cocaine raise blood-pressure, and thus they play their victims into the hands of each other.

8. The "sugar cure" for alcoholism is based on sound chemical reasoning and is undoubtedly of some value.

9. Neurotics and alcoholics should eschew fiery condiments — avoid those things which create a thirst which water cannot quench.

10. Neurasthenics need just the self-discipline and will-power which is required in the social and public abstinence from liquor.

11. The individual of neurotic constitution is the very one who
STIMULANTS AND NARCOTICS

should carefully avoid all practices which are likely to result in drug addictions.

12. It is the neurotic man or woman who starts out as a moderate or social drinker and ends up a dipsomaniac.

13. The cure of inebriety lies along the lines of hygiene, persistent psychotherapy, wholesome environment, together with strong moral and religious influences.

14. The neurasthenic inebriate must look forward, not backward; hope for such dwells only in the future.

15. The physical treatment of alcoholism by baths, etc., is along much the same line as that advised for tobacco users.

16. Neurasthenics should pay particular attention to avoid the habitual use of all pain-relieving and sleep-producing drugs.

17. There are twenty-five different non-drug methods of relieving pain and these should be fully understood and intelligently utilized by nervous sufferers.
CHAPTER XXXII
THE WRITING OR ELIMINATION CURE

IN a former chapter we laid considerable stress upon the desirability of eliminating our emotional experiences rather than to allow them to accumulate as a result of constant suppression. The practical outworking of this teaching necessitates that some provision be made for the expression of the patient's thoughts and feelings, and I have discovered but three ways in which this can acceptably be accomplished. The nervous patient is able to gain the relief of emotional expression through either talking, as in medical consultations; in writing, as in the keeping of a therapeutic diary for the physician; and in praying — the personal devotions of the emotional and sincere Christian believer.

THE WRITING CURE

While our patients get great good from telling their story fully and freely to the physician, I have found it highly undesirable to allow them to dwell too freely or frequently upon their melancholy thoughts and morbid feelings. I have therefore found it an excellent plan to have these patients keep a therapeutic diary — a diary intended only for my personal and confidential inspection, therefore one in which they could most freely and fearlessly write out their inmost thoughts and feelings — fully indulge in the expression of their every abnormal fear and emotional whim.

The patient brings this diary to my office once a week or once in two weeks and leaves it without comment. (I instruct them to employ two books, in which they write alternately between visits to the office.) This I read over and make notations of those things I desire to take up in the next consultation and in this way I have found that the hour of consultation,
instead of being devoted to a rehash of old psychic difficulties, is more profitably occupied by a therapeutic visit in which I can in an intelligent manner direct the conference into those lines which will meet the patient's situation as shown in the diary of the previous week. I have further found that the "diary cure" is an excellent means of getting the patients to pin themselves down to definite statements and to train them into those habits of precision, system and order which are such an important part of the treatment and cure of neurasthenics and psychasthenics.

And in this connection I think I can do nothing better to help my readers to help themselves along these lines than to present in this chapter numerous selections which I have taken from the recent diaries of my neurasthenic pupils and psychasthenic friends.

TAKING STOCK IN WORRY AND OBSESSIONS

As an illustration of how thoroughly the nervous patients may be taught to understand themselves, to discount their fears, to classify and control their feelings and successfully eliminate their emotions, I offer the following statement just handed me by a patient who has been under a few months' treatment and who, before she was discharged, was asked to submit a brief summary of the causes of her mental difficulties and also to make a statement as to her concept of the means which had been employed to effect her cure and which she must continue to use in order to maintain a healthy and normal mental state.

It is needless to say that after reading over the following concise, intelligent, and I may even say, scientific, statement; I was prepared to dismiss her case with this parting admonition: "You understand yourself every bit as well as I do. Your statement is evidence that you know exactly how your cure has been brought about, and I may therefore safely send you back into the big wide world to take your place as one of its workers, knowing full well that if any of your former mental 'bugaboos' should by chance find their way back into your experience, you will know how successfully to combat these psychologic 'hobgoblins,' and I have every confidence that you will achieve a
complete victory over them, without even the necessity of again consulting me for help in these matters. I congratulate you on the splendid and brilliant fight you have made. Your statement shows you have been a diligent pupil, a studious patient. I have every confidence in you and I believe that you have become an intelligent master of your emotions. Good-by; may God speed you on in your new life of self-mastery.” I now quote exactly as was handed to me, the patient’s final statement, which we can most appropriately call her Therapeutic Graduating Thesis.

A GRADUATING THESIS

In compliance with your request, I submit the following statement of the causes of my trouble, and also the cure, as I understand the matter:

I. THE CAUSES

1. The feeling of inability to take charge of my house and family—and aversion to it, and the presence in the house of an uncongenial relative.

2. Reading Dr. Evans’ article in the Tribune, in which he said—speaking of the change of life: “then come the maniac depressives, and melancholics”; also that those having the change artificially brought about would suffer the same things as other women, I had understood that such was not the case.

3. Since my earliest childhood I have felt that I was in some way different from other people. I know that I have a quick and bright mind, but that I am not a deep thinker. Reading articles on phrenology, etc. I realized that my chin was weak, and my head too flat in the back. In a word, I feel that I am what might be called sub-normal. In spite of this I have led a happy, useful life, and have always tried to think that I was only responsible for my life and works; not for what I have inherited.

4. Ordinarily the feeling of self-condemnation and all the evils which come with introspection, do not touch me; but during the last siege of nervousness after my last child was born, these thoughts and worse ones fairly seared my brain, and all these things were revived recently. One other time somebody wrote to Dr. Evans in the Tribune saying that for five months after an operation on her ovaries, she had felt fine; then, when writing, said she was sick all the time. Dr. E. replied that she was passing through the change, so even now the thought haunts me that after awhile I will be worse again.
5. My husband's health, and his consequent nervous state. My worry lest he too will break down.
6. A physical cause was the inflamed condition of the uterus, probably caused by too much walking. I felt I must get out of the house, and probably walked too much.
7. Reading in your *Faith and Fear* that reeducation of the will was inadequate to cure persistent obsessions.
8. The insurmountable obstacle and burden one must always struggle against who was reared an only child and taught from infancy to marriageable age to depend, not on herself, but on others for everything.

Right here I will be self-assertive and state that considering this, I have made a great success. All the self-reliance, self-possession, self-control I now have I have gained since my marriage.

II. THE CURE

1. The possession and assertion of naturally good instincts.
2. Praying several times a day.
3. The presence of my mother and father; which, besides comforting me, relieved me of a part of housekeeping cares.
4. The conscious statement to the contrary when some awful thought came into my mind.
5. Faith in you and in my ability to carry out your instructions.
6. Improvement in uncongenial surroundings.
7. The proper treatment of all my physical ills and consequent feeling of returning health, and the hope that my good husband will be similarly helped.
8. The proper understanding and recognition of the rôle of "memory" of past troubles in relation to present and future difficulties.

AUTO-PSYCHANALYSIS

Not long since there came to us an extremely nervous and highly depressed patient to whom, after the first or second conference, we fully explained the therapeutic procedure of psychanalysis and advised this patient to undertake the careful analysis and introspection of her psychological life and emotional experiences; and that she was successful in her undertaking of auto-analysis, I think, is clearly shown by the following extract from her written report. There are but few patients who can safely be trusted with this delicate and dangerous task. I may further state that the patient made rapid and continuous prog-
ress from that day to this, and is once more enrolled among the world's workers, enjoying her work and from the last report, eminently successful in it. The extract from her auto-analytic report runs as follows:

I think I did not know depression as a child. About the time I was maturing, we spent nearly a year with my grandmother in the suburbs. If I remember correctly, I was fifteen, when there were five accidental deaths caused by the trains at a grade crossing. I saw some of the bodies under sheets and a morbid horror took a violent hold on my mind, so that I shuddered by day and cried out in my sleep by night. I was normal in every other respect and enjoyed life, but death, or any mention of it filled me with a morbid feeling. I can scarcely describe—not, in any sense, a fear that I might die, but just a confused horror. Later I entered high school. The words moribus, moribund, in fact, any word derived from the Latin root meaning death, were repellent to me. A black cloth, because black signified death, was unpleasant to my sight.

In time, this particular fear wore entirely away and does not, in the least, affect me now. Also at the time I matured, I became self-conscious and dreaded to recite in school or appear before the public. Although at my ease in general conversation and among people of any class, I still retain a shrinking fear of speaking or singing before an audience, no matter how small. This, of course, could have been overcome by a little sacrifice of pride.

My mother was a deeply religious woman and because of so much apparent deadness in the churches sought spiritual uplift and inspiration from teachers outside the orthodox folds.

By this, I mean teachers who taught holiness, total eradication of sin and a host of other so-called deeper truths. Most of these teachers were sane, splendid men and women, but I was at the adolescent period and put a morbid construction on all that I heard. I had no brothers or sisters and I worshipped my mother with a devotion almost unnatural, at least, beyond the average. We were widely different in our natures but I sought to believe as she did. While her religion brought her great joy and peace, mine, in spite of all I could do, brought me misery. As I have said, I must have put a wrong construction on everything that was said. For instance, the doctrine of dying to self was utterly unintelligible to me. To wear somber clothes, discard all that the girlish heart holds dear, in short, to live the life of "separation" meant hell to me. Intimately related as we were to one another, I did not tell my mother of the fearful
mental agony through which I passed. I did not wear plain clothes and lived only partially a "separated" life, but I worried almost continuously. When not under this teaching, I would throw the burden off for a time. A factor that made the struggle doubly hard was that I had inherited the pleasure-loving nature of my father. I came inwardly to shrink in terror from meetings of all sorts outside of the church. For more than twelve years I have been troubled by spiritual things. I honestly loved the church but shrank from so-called deeper teachings—too many to mention. It seems to me, psychologically speaking, that it has left its mark on me. While talking to Mrs. A— of these things one day, she said that she had never known anyone to have a similar experience. My religious experiences have been almost too paradoxical to explain coherently. There must be several personalities at work within me, for one cries out for free liberality of thought, though not without the confines of orthodoxy. For instance, to this personality God seems a splendid supreme being desiring the largest liberty for his children, the richest joy and prosperity. To the other personality, held by fear, He seems an absolute tyrant, wanting only that every talent and thought and capability pay blind and unreasoning tribute to Him in craven slavery.

After I graduated from high school, I passed a summer of despondency. Again, after an exceptionally hard year of teaching, I experienced another melancholy summer. Soon after school was closed, I went to a lake in the highest spirits and not depressed in the slightest degree. Suddenly, during an electrical storm, I was awakened in the night by the most fearful depression. It seemed active and alive, if possible. The shock lasted all summer. It expressed itself in the feeling of imprisonment, a low roof, a dark room, a closed carriage, even the darkness filled me with panic. I have never wholly recovered from that feeling. It comes to me in the spring of the year. For months the darkness seemed to so imprison me that my mother kept a light burning in or near my room at night. This developed within me a terror of blindness. Occasionally during a time of depression, this fear possesses me for a time.

Last Thanksgiving night I walked alone five miles in the moonlight, fighting this fear of blindness. I had lost my mother in August and was under great depression. There was absolutely nothing wrong with my eyes. I should say, here, that my friends have not known of any of these fears and I am considered a very fearless person ready for any "stunt." I have never feared disease until the past year when I lost a cousin with Bright's disease.
Not long ago after listening for two or three hours to a patient's statement of her troubles and difficulties, (and this I always do; at the first interview allowing the patient to talk herself out—literally to empty her mind—and very seldom interrupt to ask a single question until the story is finished) I said to her: "Now, I appreciate the fullness and completeness with which you have told your story. It will all help me in helping you. I think I can more sympathetically plan and carry forward your treatment, but now what I want you to do is to take all these troubles and difficulties which you have recited to me in detail and write them down, if possible on a single sheet of paper, that we may get right down to business and directly attack something definite. Mind you, get them on one sheet of paper if possible, and I will give you just one week in which to do this. Be back here one week from today with this written statement and you shall have your first lesson." And this is the intelligent and concise statement that was handed me at the time of the patient's next visit:

I have reached the conclusion that my troubles are the result of the following faults in the working of my mental machinery:

1. Self-Depreciation. I have always felt that people did not like me, that I was not attractive, that I did not possess the qualities that attracted others. I have a cousin living near us who is considered very good-looking and charming, also very lively and has always been noticed while I was left out of everything and people have been very free to make comparisons between us. I think that has been a great factor in making me have so poor an opinion of myself. Some of the things that people have always said about me that hurt me are: "Nellie takes everything too seriously." "Oh, we'll shock Nellie." "Nellie is so dignified." "Nellie, what makes you so quiet?"

2. Self-Pity. It seems quite natural that I should feel rather sorry for myself. Why should I not be just as clever and attractive as the other members of my family, at least. I have always considered it rather unfair.

3. Lack of Force. I feel that I am not much of an addition to a crowd. Many people after being thrown with me alone enough to get acquainted with me have said: "I never noticed you before."
“Why don’t you let yourself out more?” “You won’t let people get acquainted with you.” “I never felt that I knew you before.” One friend said “You ought not to go in the same society with your sister or cousin, you show off so much more when they aren’t around.” I said that was impossible, that I must bring myself out more in some way.

4. Distrust. I have very little faith in people.

5. Indecision. I always hate to have to make a decision for I nearly always regret that I didn’t make it the other way.

6. Discontent. Some people seem to have the ability to make the best of what they have. I seem to have trouble that way. If I can’t have what I want, I don’t usually want what I can have. I will say I have overcome these faults to some extent, especially in the last few years.

ELIMINATING THEOLOGY

We find that a great many of our neurasthenes and psychasthenes are psychically tortured with what I regard as “theology worry.” I have never run across many patients who were upset mentally or who had gone crazy over simple Christianity — that is, the plain, straightforward and untwisted teachings of Jesus Christ. But there can be no doubt that the fearful and wonderful creations of the sometime theologians have done much to distress and disturb the minds of these nervous patients; and in the treatment of these cases I find it necessary to face these things squarely. Accordingly, at the proper stage of the treatment, I direct my patients to prepare a written and definite statement of their theological troubles, one by one, for I long since learned to my sorrow that no attempt to dodge or ignore these spiritual difficulties in the mind of the patient will ever be attended with success. Inharmonious religious emotions must be eliminated in order to effect the patient’s cure, just as surely as the disharmonies of the vocational, domestic, or sex life must be isolated and assimilated or eliminated. The following extract from a patient’s “confession of faith” is an illustration of how this plan works out:

I believe that the vicarious blood of Christ not only saves my soul but also, makes me a joint heir with Christ. This gives me every royal privilege and prerogative. I believe that “all things are lawful
but all things are not expedient.” I do not believe that the royal child of a royal father must beat on the doors of Heaven nor sacrifice, crucify, and renounce a host of legitimate desires and natural pleasures to assure an omniscient God and loving Father that his child is yielded to the divine Will. This seems to me a relic of barbarism—a refined form of beating oneself with barbed lashes or walking on spikes as the Oriental devotee does to gain favor with his god.

Without understanding, I accept the Bible from cover to cover. I believe that the laws of God are immutable—His natural laws as well as his spiritual laws. I believe that the Christian should be absolutely without care. I believe that his first duty is love and obedience toward God, and the next, love and service to his fellow creatures. In these lie the source of true joy.

I believe that Christ is coming again to receive all of his own—weak and strong. As to the “baptism of the Spirit” which I have accepted by faith, I do not know whether to call it a second work of grace or a fuller development of the first work. I lean toward the latter thought. Christ seems not to have taught two steps.

If meat makes my brother to offend, I will eat no meat. This enters into all my ways but to what extremes it should be carried, I don’t know.

The Bible says that to reign with Christ I must suffer. I know that this cannot mean depression. I know that my Master meant that I should be happy not only because the Bible so teaches, but also because of the physiological effect of a joyful spirit on the body.

There seems to be an opposing force continually at work. When I determinedly closed my ears to this evil influence, I won the day. I know from experience that pure blood and excellent circulation are powerful factors in the fight against despondency. On the other hand, I know of people who have depleted bodies, who seem never depressed. So I should deduct that there are other conditions beside physiological ones to be dealt with. I should think that the wedge of faith would be much harder to drive into a permanent position than would a wedge of fear. Fear is a weaker element and humanity leans toward the weaker side. I suppose that you plant the wedge of faith by systematic and continuous blows of the right quality; that is, positive thoughts of an optimistic nature. I can see how both wedges could be sunk into the brain, or mind, but I cannot comprehend the wedge of fear ever being totally
eradicated except by eternal vigilance which would almost spell fear.

THE REFLECTIONS OF A PSYCHASTHENE

In the first year of the management of a case of typical psychasthenia, I have followed the practice of seeing the patient on an average of about once in two weeks. It is a routine practice to have all psychasthenes keep a diary for the first year. This diary is of highest value both to patient and physician. That other psychasthenics may be encouraged, that they may appreciate that others besides themselves have a long, hard fight that runs even into years, and that they may further appreciate that even in the most difficult, long standing, and hereditary cases, there is occasion for recognizing improvement from time to time; and further, that they may catch the spirit of optimistic courage shown by the first year's struggle of one of the most difficult, if not the worst case of psychasthenia we have dealt with for several years, I give the following extracts taken at random from the first year's diary of a typical psychasthene, who has fought against heavy odds, but who is surely, even though slowly, winning her fight; and as far as it is possible to effect a cure of psychasthenia, she deserves, and I think is destined, to achieve that cure in time and find herself quite fully restored to efficient influence in her family, social, and church activities. I prefer to give these extracts without comment, merely suggesting to the reader that they notice the slow, but progressive, growth in optimism, self-understanding, patience, and _self-confidence_ in ultimate success.

THE THERAPEUTIC DIARY

Today I am up and fully dressed for the first time in four weeks. It does seem good to have all my clothes on, and the family appear to appreciate it as much as I do.

No one thing that money could buy has given us as much pleasure as our Victor-Victrola. It certainly is a "thing of beauty and a joy forever." While we ate our simple meal at noon today, we listened to Schumann-Heink, Evan Williams, Dr. Gorgoza, and some of the Victor opera singers. I do love good music, it is one of the things that makes life worth living, and will be enjoyed
by us even more I believe in the life to come. Some one has called it the "pastime of eternity," and surely heaven would not be complete to me if I had to leave music behind.

A fitting day it is on which to celebrate Lincoln's birthday. As a true American I am glad to honor him in my mind today; the more I read about his life the more it appeals to me as being truly great. Surely he knew what it meant to win the victory in spite of obstacles, and I should like to have some of that same spirit. Perhaps one who has to battle with himself is as truly heroic as one who fights in visible warfare; the good Book says "he that ruleth his spirit is greater than he that taketh a city."

Both brain and body seem to be tired out today, but there is a feeling of relaxation after strain that is far from uncomfortable and I am experiencing just that sensation.

I am thankful indeed that there is a chance for me to learn to live differently, and am beginning to see how it would pay me to go through a process of reeducation, even if the uncomfortable physical symptoms remained. And I am assured that they cannot all remain, that they will all be gone when the new education displaces the old, so there will be a double joy in recovery. After all, the victory always makes the battle worth while, and the harder the fight the sweeter the joy of winning.

Some one has said that the surest way to make our own burdens seem light is to compare them with those of other people who have far heavier loads to carry, and I suppose that is a legitimate way of consoling ourselves. Certainly the loss of a night's sleep is a very small thing compared to the losses suffered by a good many people. And yet, it is largely because I am so anxious to get well that I deplored the wakefulness. It has been comforting to be assured that as long as one can rest in bed the loss of sleep is not particularly harmful. And of course I can see that the worry or anxiety about it is worse for me than the mere staying awake. Next time such a night comes I'll try to remember what Mrs. Wiggs said, "Don't you go and get sorry for yourself. That's one thing I can't stand in nobody. There's always lots of other folks you kin be sorry for 'sted of yourself."

I have been feeling a bit discouraged because the exhaustion has been so pronounced in my own case for a few days, but a few
minutes' talk with the doctor over the 'phone has cheered me greatly. That 'phone is worth its weight in gold at times.

It is such a comfort to feel that at last we have found the one who knows what my trouble is and understands how to help me out of it.

When I realize how much I have to learn, and how slow the process is, it is easier for me to be patient with the children. Perhaps my guidance of them will be wiser because I am "in training" myself. I am thankful for the Providence that led us to our doctor and I expect to get well under his care.

My heart goes out to all who suffer, and when I am still stronger I mean to do all I can to lessen the misery and increase the happiness in the world. Sometimes I wonder if God is not leading me through troubled waters just so I may be able more efficiently to help others.

I must confess to more or less excitement today due to the prospect of a trip downtown tomorrow; that is not surprising when one remembers that two years have elapsed since my last trip down. I am eager to see the doctor and take another step towards getting well.

Today finds me somewhat weary but quite happy because yesterday spelled victory for me. I actually went downtown, spent an hour and a half in the doctor's office, and returned home without any undue nervous disturbance. Really, I am not sure that I did not enjoy it a little bit.

The talk with the doctor was a great satisfaction, in fact it is solid comfort, after years of misunderstanding, to feel myself in the hands of one who perfectly understands both the cause and the cure of my long and stubborn illness. I was so anxious to see him again and he gave me so much to think about when I did see him, that the trip down and back seemed only incidental. Surely that means progress. I felt surprised when it was over to see how I had taken the journey as a matter of course.

A few years ago a new plaything appeared on the market and immediately became popular. Like many other new (?) fashions, it was really nothing more than the revival of an old one, but was none the less pleasurable for that, and people old and young began
working on jig-saw puzzles. To me they were a veritable God-send, for they came just at the time when I was most in need of some recreation that would not tax me mentally and yet be diverting enough to cause me to forget myself. Many a day, when reading or sewing or music seemed impossible, I was able to lose myself entirely in hunting for the next piece.

"Man's extremity is God's opportunity." Yesterday was either the worst day I've had in months or the best, and I would rather think it was the latter. Nervously I was "down and out" actually drunk from loss of sleep and nerve tension, for I staggered once or twice in walking down the hall. The skies seemed dark indeed, and I tired myself out trying to solve the problem which has baffled me so long. Then God sent an angel, a "really truly" angel dressed in woman's clothes as a disguise, but it was not hard to recognize in her a messenger straight from above. She gave me her own secret of living a happy care-free life, a real child life spiritually and it is a secret worth knowing. As never in my life before, I grasped the truth that the God who can help and can heal, is not far away on a throne, loving but distant, but he is right with me all the time, caring for me, leading me, holding me fast, understanding me. His everlasting arms are holding me and he fully knows the physical and nervous and mental conditions, and loving me all the time.

The disappointment of having symptoms persist for weeks and render me miserable has been almost more than I could bear. I expected "off-days" and nights too, to occur once in a while, but I did not look for any long continued spell of trouble, and its significance has doubtless been magnified just because of that.

I believe the secret of my doctor's success lies in the fact that he knows how to handle patients without antagonizing them, for in spite of myself, I resent the advice given by well meaning friends.

He said once that "I'd get well if he should fall down dead," but I hope he lives. I really think I'm the worst case he has though it may not seem so to him. With all due respect to him I'm afraid he will find it difficult if not impossible to teach this "old dog new tricks."

I can see that I have been too much troubled by unruly emotions, failing to realize that they are often the result of purely physical causes and in no wise affect my relations to God. I shall have to
let Him manage emotions, also, for I cannot do it alone, I've been trying it for years.

If I could only lose the sense of effort, I doubt not I could make more progress. Like Paul I feel that "when I would do good evil is present with me," and discouragement seems to be present all of the time. The other day I came across this sentence: "When all other compensations fail, there is always this left, that nothing lasts forever." That is about all my solace today, for this hot, hot south wind must be included and I know when it stops we shall all feel better.

In looking over my record for the past week or so, I am struck by the complaining tone of some of the entries. Guess I'll have to change my tune and write down the bright spots.

Right on top of that last entry I had a very bad night, no sleep at all, hard crying spell, rebellion, resentment, and discouragement all running riot until it seemed as if seven devils had entered into me. An unseemingly Fourth of July celebration, surely, for I did not feel my "independence" at all. The day was one of intense heat, which did not mend matters. A friend came in to dine with us informally and began to tell of her summers spent upon her brother's farm near Traverse City, Michigan. The more I thought of it, the more intense became the longing: result, a telegram sent to the farm announcing our coming. We took a sleeper at Englewood, rode all night, reached Traverse City at 6 a. m. Sunday, drove four miles out to the farm before breakfast, all without any particular discomfort on my part except inability to sleep on the train. When I realize that it was only in March that I made my first trip downtown and considered it a great feat, it does seem that I must have made some progress; to come three hundred and sixty odd miles away from home without minding it.

I have been walking, climbing hills, playing croquet, rowing and auto riding, all in moderation for I find even yet that I am not as strong as I look. The hammock under the apple tree is a favorite refuge, a good part of the time.

And so we took the children for a picnic supper and went to the park for a few hours and ventured out on the lake for a launch ride—on the big lake I mean, which is sure proof of returning courage on my part.
The family are being granted an immediate proof of my being better while they cannot see the good this writing does. It is a pleasure to get into the kitchen with a gingham apron on and a big spoon in my hand and stir a boiling mass of stuff that is to be enjoyed all through the coming winter. I do not see how an afternoon spent at bridge can compare with it for interest, besides I am reasonably sure of winning the prize myself if I am careful to use the correct formula.

And so I went to the party. When I rang the bell, who should come to the door but our family physician himself, and the look on his face was worth going a mile or two to see. He could hardly "believe his own eyes" as the children say, and finally remarked, "Well, you are doing more than you used to do, aren't you?" I said I thought so for I had made my second trip to town just two days before. He did not have to tell me that he was very greatly surprised to see me, but when he said just that I remembered hearing Dr. S. say, "and your friends are going to be surprised, too."

I seem to be having as many moods as the weather this week—possibly the weather is responsible for my variations. Yesterday the air was so warm and heavy, I felt tired to an extreme, and depressed, more or less, mentally as well. The cooler atmosphere today is welcome, and yet I find it hard to shake off wholly either the exhaustion or the depression. Never mind, it is all a part of the game, and I am going to win out some day. Sometimes I have a curious sense of duality, a feeling that my real self and my nervous self are entirely apart and distinct, and are at war with each other. When the nerves are having their way and winning out for the time being, at first I begin to feel discouraged, and then a realization of the true situation comes and I feel like saying, "Very well, it will be my turn next, and some day I'll have you so badly beaten you'll have to stay down for good."

Another rainy day! I am glad for more reasons than one that I made my trip downtown yesterday; it is hard to realize that it is myself who has made three trips down in just a little over a month. The only part of it that bothered me at all was having to wait for the doctor again, and perhaps that is good discipline. The conference with Dr. S. was satisfactory, especially his parting word: "I can see nothing that is not favorable to your recovery." The best part of it is, that when I stop to look, I can find nothing unfavorable myself, and so I am quite ready to believe his statement.
It might be a good scheme to write up my good days with red ink and my bad ones with blue, then a glance through the book would show the progress of events. Perhaps in time the quantity of red ink would be hard on one's eyes, so we'll be satisfied to keep a somber record.

After such a full day and half hour's sociability in the evening, I might have stayed awake all night; instead I slept like a top, and today I am only tired, not tired out. After my unwonted exertions, surely I must be better. I really expected to feel worse than I have.

Everything considered, I have stood the past week very well, having been hopeful and cheerful and philosophical most of the time. I can recall only one spell of depression.

A fresh page and a new book! I wonder what story will be written herein, how many ups and downs will be recorded, how many tales of victory and defeat? Of one thing I feel certain, that progress will be written whether swift or slow and that the end of this third note book will proclaim me nearer my goal.

Two whole days have slipped away since my last entry and busy ones they have been. It is such a pleasure to find myself able to do a little work without going all to pieces after it.

I have noticed that it is usually the little things in life that upsets us most, just as a pin prick will some times hurt more than a deep cut. It may be because we have a multiplicity of small hardships to bear, while great trials come but seldom. At any rate in a well ordered life, one must take things as they come and yield gracefully to what is inevitable and cling steadfastly to the faith that "all things are working together for good."

It is hard to determine which is more uncomfortable, the nervous tension which makes sleep almost an impossibility or the reaction following it which causes one to feel stupid and half asleep all day long. Both are part of the "game," I suppose, and this game was not invented for the sake of one's personal enjoyment. Moreover, even well people have good days and bad ones and will have until the end of time, so it is not a matter to trouble me. I do not get so far down as I used to go, and bob up more quickly, so there is a gain.
Well, of all the mean, miserable, contemptible, persistent things that ever laid hold of a poor human being, psychasthenia is the worst! There are not enough adjectives in the English language to describe its mean qualities. It has been having fun with me the last few days, to my chagrin. Just as I get to thinking that the troublesome nerves are about dead and buried, up they jump and dance a two-step on the grave and I have to look on whether I am so inclined or not.

Able to sleep again at last! And I do feel better, not only because I have had two good nights’ rest, but especially so because I discovered the cause of the recent spell of wakefulness and was able to remedy it. At any rate my trouble was undoubtedly due to a local congestion, probably caused by cold, which in turn was probably caused by the weather. The weather conditions on Saturday and Sunday were enough to upset an elephant. Now, I know the truth and can still believe myself better, not well yet, or probably so small a cause would not have kept me awake.

A NEUROLOGIST’S ADVICE

There recently came to my desk a very interesting little work on “nerves” consisting of letters from neurotic patients in connection with the neurologist’s replies. One of the neurologist’s letters, the reply to the plaintive plea of a psychasthenic, I regard as especially good; in fact so good that I present the following extracts:

I am in somewhat of a quandary whether I shall tell you the name that we physicians give to the disorder from which you suffer, or whether I shall endeavor to put before you certain rules of life and conduct, conformation to which may restore you to a life of usefulness and comparative happiness. If I do the first, I must warn you against looking up the writings upon the subject, and applying the statements to be found therein to yourself. You know, I am sure, that few things warp our judgment so much as illness, and especially illness within the mental sphere. There is a custom that few physicians transgress, and that is not to undertake to treat themselves when they are ill. The physician whose training and life-habit is to deal with disease, finds that this is the safest and most expeditious course to pursue in order to regain health, and the layman need not hesitate to follow his lead. I shall, however, be very frank with you in the discussion of your infirmities,
and endeavor to put before you the nature of your disorder in such a way that you will comprehend it. Nothing aids the physician so much in his fight with disease as intimate acquaintanceship with the malady and a full understanding of its nature. When he comes to deal with a disorder, whose cure requires the intelligent cooperation of the patient, it is of the greatest value that the patient should have a fairly clear conception of the disease.

The symptoms which you describe have probably been known to physicians since the beginnings of medicine. Although we do not find them mentioned in the medical literature of the ancients, we frequently read of such symptoms in the biographies of men whose names have become immortal. Men and women of genius, men and women who write their names indelibly upon the scroll of time, are usually individuals of nervous temperament, or neurotic constitution, of neuropathic diathesis; and although it is in spite of, and not by virtue of this that they achieve fame and add to the luster of their times and to the welfare of the world, nevertheless it would seem that the greatness of their endowment nearly always carries with it the drawbacks inseparable from such a temperament. I do not by any means intend to convey the idea that men of genius must necessarily have symptoms such as those you relate. It is only lately that physicians have realized that symptoms such as yours are the expression of a neuropathic diathesis or constitution which has not been properly disciplined by hygienic measures.

The problem that we neurologists most frequently have to solve is, how to arrange the life of the patient who consults us, so that his career shall not be a failure. Unfortunately, we do not get the individual, as a rule, until after he has fully matured and become a creature of fixed habit. We are in the position of a skilled watchmaker, who has been handed a chronometer of which every part seems to be perfect, but which nevertheless will not do the work for which it was intended, or else does the work in an erratic and unreliable manner. The watchmaker gives very little satisfaction if he says that a certain bit of steel used in the construction was not adequately tempered, or a certain coiled spring was not properly annealed. He must do something that will make the watch keep accurate time, and in order to accomplish this, he must attack it fundamentally, take it to pieces, and proceed from the very foundation.

A somewhat similar course must be pursued by the physician who essays to treat such constitutional disorders as psychasthenia. He
must attack the patient fundamentally, dissect his character, ferret out the primordial origins of his false-beliefs, analyze the remote antecedents of his first obsessions, go back to the early times when it was admitted that effect naturally followed cause. To be quite normal one must emulate the young child or the animal and be unself-conscious. There was a time when even the germs of your present distressing ideas and sensations did not exist. Therefore, endeavor to determine what their antecedents were, and having found them treat them as enemies. It is largely a matter of self-cure, particularly for a man who like yourself, has the dual advantage of intelligence and a trained mind. You will be assisted in the matter by a course of appropriate reading, carefully selected and faithfully pursued. An adequate philosophy is, in reality, what you are in search of, and I should recommend to you a careful study of Aristotle and Epicurus. You can find amongst the writings of the latter this statement: "We should not be hampered by foolish fears from attaining the goal of our existence—happiness. Pleasure is the highest good; not the pleasure accompanying a passing sensation, but pleasure as a permanent state—that state of deep peace and perfect contentment in which we feel secure against the storms of life."

If you can take the point of view which Aristotle took, that the mind does not originally possess ready-made ideas but the faculty of forming them, it will help you very much in getting rid of these obsessions that have fastened themselves upon you like barnacles on the bottom of a ship.

What can you do directly to help yourself? You must make a firm resolution that at certain times in the day you will dislodge these ideas from your mind by force of will. A repetition of this effort will render their dissociation more and more easy and their recurrence more and more infrequent.

"Refrain tonight,
And that shall lend a kind of easiness
To the next abstinence; the next more easy,
For use can almost change the stamp of nature."

You will find, moreover, that you will gain greatly by translating your thoughts into some form of action, instead of bottling them up and turning them over and over in your mind. In other words, if you are able to embody your thoughts in speech, in efforts for the benefit of others, in anything that has a definite purpose, it will be of service to you.
The truth of the matter is that a man like you should no more need an outsider's help to overcome his symptoms than to cure him of swearing, or of boasting, of a belief in ghosts or in spiritualism. You wouldn't send for a surgeon if, having a thin skin, you got a sliver in your finger. You would set to work to remove it yourself, and in nine instances out of ten, you would succeed. You may regret you have a thin skin, but you soon learn to take precautions not to injure it.

**SUMMARY OF THE CHAPTER**

1. The "elimination cure" of worry and the nervous states is practiced by encouraging free expression of emotion, by the means of writing, talking, and praying.

2. The "writing cure" is practiced by directing the patient to present written theses from time to time dealing with special phases of his experiences.

3. Many neurasthenes and all psychasthenes are directed to keep a therapeutic diary during the early part of their active treatment.

4. This diary serves a double purpose; first, as a means of expression and elimination for the patient; second, as a guide to the physician in the matter of treatment.

5. Before discharging a patient as cured, we frequently ask him to write a "graduation thesis," in which he outlines the causes of his trouble as well as the methods by which his cure has been effected.

6. When a patient's written statement shows he understands his disease just about as well as the physician, he is ripe for dismissal—he is practically cured.

7. Auto-psychanalysis is carried out by instructing the patient in psycho-analysis and then later have him submit a written statement embodying the results of his mental explorations.

8. Disorder and disharmony in the religious emotions are sometimes responsible for worry and nervousness, as well as disturbances in the business, domestic and sex life of the patient.

9. After the nervous patient has freely "talked out" his troubles, it is a good plan for him to "get down to business" and prepare a written resume of his story for the physician.

10. I sometimes ask such patients to make a categorical statement of their troubles, confining the same to one or possibly two sheets of paper.

11. In unusually bad cases I limit my request for written statements to a single subject or phase of their difficulties. They are always successful in complying with this request.

12. This "writing cure" helps the patient actually, literally,
and visibly, to get things "out of the system;" and with a doctor's aid to get them more or less effectively eliminated and buried.

13. In the treatment of psychasthenia, I have these patients keep up this "therapeutic diary" throughout the first year they are under observation.

14. The perusal of a psychasthene's diary would put to shame the average neurasthene or other nervous worrier who is but comparatively mildly afflicted.

15. In the "writing cure" for eliminating purposes, the patient must be cautioned to write fully and sincerely — to record both the good and the bad.

16. The psychasthenes must be taught to live a philosophical life, to master the art of living with themselves as they are and the world as it is — to live in the future, not the past.

17. We must constantly remember that in these more difficult nervous disorders we are treating the patient, not his symptoms.

18. The "writing cure" is an aid to the patient in "seeing himself as others see him," and greatly assists the physician in detecting how far the patient possesses this gift of self-recognition.
CHAPTER XXXIII
THE STUDY OR SUBSTITUTION CURE

WHEN the patient’s mind is filled with worry, anxiety, fear, and evil forebodings, it must be recognized that these undesirable mental states cannot be overthrown and cast out of the intellect by mere resolution, by sheer force of will-power. Other better, more healthy, and stronger ideas must be formulated and built up in the mind to take the place of their unhealthy and mischief-making predecessors; and it is in the work of substituting good ideas for bad ones, in building up healthy and helpful complexes to displace the unhealthy and diseased ones, that systematic study and carefully planned courses of reading prove to be an invaluable aid.

NATURE STUDY

There are some fads that are not so bad after all for the neurasthenic. I refer to the nature study crazes—making collections of insects, flowers, mineral specimens. The enthusiastic spirit of the collector is highly beneficial even if not employed in such uplifting lines as nature study. Even stamp collecting, collecting of paintings, china, music, or oriental rugs are all useful therapeutic diversions.

There is much help to be had from the study of books on birds, trees, flowers, animals, bees, all phases of geology, biology, astronomy—anything in fact that will get the patient’s mind off himself and onto the great big world and the greater and bigger universe of which it is a part. (Fig. 18.)

I must in this connection, however, warn my readers against overwork—nervous exhaustion, against too long walks and too intent application even in the pursuit of these curative fads.

Nature study is a splendid substitute for the mirror habit, the habit nervous sufferers have of gazing at themselves in a
mirror and then indulging in self-pity. It is better to carry a field notebook and make notes on nature than to indulge in the habit of so many nervous people of making notes on their nervous symptoms. Nature field work further necessitates the patient's dressing in healthful and comfortable clothes and spending considerable time in the open air.

DEPRESSING LITERATURE

In this connection let me warn my nervous readers against suggestive literature of the pessimistic sort, particularly the sex-and-soul variety, and I think I also ought to advise against too much reading of medical works and books highly descriptive of nervous disorders. I am admonished even while writing this present book of the necessity of exercising great care that while I am helping one nervous sufferer, I do not contribute to the miseries of another.

Wholesome wit, as well as works on travel and other branches of literature pertaining to science study, will all be found diverting and helpful.

It is very necessary carefully to select and scrutinize the literature which is intended for the neurasthenic's consumption. It is even necessary personally to discriminate in this matter, as certain classes of reading which may be entirely beneficial to a large group of neurasthenes may not be at all suited to some particular individual; and, therefore, nervous patients should refrain from reading all sorts of books which depress, excite, or otherwise tend to increase their anxiety and nervousness.

THE ANCIENT PHILOSOPHERS

We must admit that many of the ancient philosophers had some very clear and helpful views along the lines we have under present consideration, and since there is a peculiar fascination for things which are old, whether they are old ruins or old authors, I find it very helpful to have my nervous patients who enjoy reading occasionally go through the writings of these old-time philosophers. It is diverting, fascinating, and there is so much that is genuinely helpful that it makes the research well worth while. As an example let me cite the following passages
Commune with the Plants

Associate with the Birds

FIG. 18. THE CURATIVE POWER OF NATURE STUDY
THE STUDY OR SUBSTITUTION CURE

from Marcus Aurelius, the old pagan philosopher, which the worrier should read often and remember long:

Do not disturb thyself by thinking of the whole of thy life. Let not thy thought at once embrace all the various troubles which thou mayest expect to befall thee; but on every occasion ask thyself, What is there in this which is intolerable and past bearing? For thou will be ashamed to confess. In the next place, remember that neither the future nor the past claim thee, but only the present. But this is reduced to a very little if thou only circumscribest it and chidest thy mind if it is unable to hold out against even this.

Or, as the philosopher elsewhere says:

Let not the future things disturb thee, for thou will come to them if it shall become necessary, having with thee the same reason which now thou usest for present things; for what need is there of suspicious fear, since it is in thy power to inquire what ought to be done? And if this thou seest clear, go by this way content, without turning back; but if thou dost not see clear, stop and take the best of advisers. But if any other thing oppose thee, go on according to thy powers with due consideration, keeping to that which appears to be just. For it is best to reach this object, and, if thou dost fail, let thy failure be in attempting this. He who follows reason in all things is both tranquil and active at the same time, and also cheerful and collected.

Marcus Aurelius also commented upon a phase of the nervous mind that is always pronounced—the tendency to irritation at the unseemly conduct of others:

When thou art offended with any man's seemless conduct immediately ask thyself, Is it possible that shameless men should not be in the world? Let the same consideration be present in thy mind as in the case of the knave and the faithless man, and of every man who does wrong in any way.

THE RÔLE OF AMBITION

While it is the over-ambitious who are so frequently the victims of nervous breakdowns, nevertheless, even though ambition may be a common cause of neurasthenia, I am forced to recognize that it is also many times the cure, especially in those mild and chronic cases which are of the hereditary or psychas-
thenic sort. Regular and systematic courses of reading directed along the lines of the optimistic literature — books on efficiency, social service, and other of the newer avenues of human activity, are all helpful in stimulating the confirmed neurasthene to bestir himself and make an effort to rise above his chronic depression. Literature of this sort is often able to supply some new incentive to action, to depict new realms for exploration and conquest.

Books are an excellent companion for semi-neurasthenics, and are of great service in helping them to acquire an enlarged viewpoint of life, to broaden their mental horizon. A calm, dispassionate outlook upon the world is an essential part of mental hygiene, and so far from this attitude being impossible in our busy, workaday world, mental poise may be maintained even by the most strenuous, provided one keeps within the bounds of temperance, and limits his desires to those things which are easily obtained. The value of ambition is not to be discounted.

But the ambition must not be for the conquest of impossible worlds. That ambition which has for its object the accumulation of material wealth and fame is bound to end in disappointment, for following the achievement of ambition, when it is too late to find new worlds to conquer, there comes always a blank. Back of the desire for money and fame should always be found the real ambitions of life, the cultivation of the things that belong to the spirit. Ambitions of this kind are never satisfied; the greatest satisfactions come of a growing mind and of new intellectual reactions to life, in a mind thus trained material failures being incapable of producing bitterness and disappointment.

This fact explains how it comes about that men whose lives have been filled with intellectual interests grow old more gracefully and possess greater poise than they whose years have been filled with worry and thought for business or for the acquisition of fame.

REGULARITY IN READING

I find it best for the nervous patient to set aside regular periods for reflection, reading, and study. The early morning hours are in many ways preferable, were it not for the fact that
so many nervous patients do not feel as well in the morning as they do later on in the day. I therefore advise my nervous patients to set aside for their main study hour those portions of the day in which they feel possessed of the most mental energy. As a rule I think it is best for the really nervous sufferers not to read continuously over thirty minutes at one time, although there are patients who can read one-half day at a time without apparent hurt to their nerves. At any rate, systematic effort at mental culture, sober reading as well as diverting literature, should be indulged in according to the needs of each particular patient.

It is surprising to see how much time people are willing to devote to some minor accomplishment and how little to the culture of mind-control and the development of one's real character. Young girls will be kept working for hours and hours practicing at the piano by parents who are highly solicitous that they become accomplished musicians, but seem to be little concerned whether or not they become proficient in mind-control and masters of the all-important science of character building.

LIGHT LITERATURE

In the nervous states we must recognize that the more recently developed and higher intellectual powers are the ones most easily fatigued; that the more philosophical, reasoning, and discriminating mind centers are those most largely out of commission. Therefore, in selecting a course of reading for the average neurasthenic, psychasthenic, or hysteric patient, it is necessary to bear these facts in mind and recognize the importance of choosing those books which do not so largely tax or so highly excite these newer, and hence more easily and highly fatigued, mind centers. In other words, neurasthenes enjoy best and are most greatly benefited by that literature of a light or juvenile order, simple stories, unexciting and non-morbid novels, tales of adventure and exploration when not too exciting, simple and popular science books, and optimistic and inspirational religious writings; in fact, all the literature that would be appropriate for, and enthusiastically enjoyed by, a child
from ten to fourteen will be found most suited to the first systematic reading course of the confirmed neurasthenic; and from month to month and from year to year, the depth, scope, and philosophy of his reading may be broadened from time to time to meet his increasing powers of attention and psychic assimilation.

The reader will no doubt expect me in this connection to recommend a list of books to be used for this purpose and such a list would no doubt be of some value, but I am forced to recognize that there would be so many good, useful, and appropriate books not in my list that I feel it would be an injustice to literature to make such a recommendation, and, further, I am beginning to recognize that the nervous patient needs this very experience of developing his initiative — of finding out for himself what is best for him, suitable and helpful; in other words, it is with the "reading cure" like all other phases of treatment in neurasthenia — it is the patient who must be set in motion to work out his own cure. He must merely be provided with a medical compass which gives him his main therapeutic direction, and it is, to use a phrase of the street, "up to him" to find his way out of the jungle of "nerves" into the promised land of physical poise and mental self-mastery.

MATHEMATICS AND POETRY

At first thought it might seem strange to recommend simultaneously the study of mathematics and poetry as a part of the "reading cure" for the nervous states, but it will not seem strange when the motive for this prescription is explained.

The study of mathematics — phases adapted to the patient's mental state and previous education — is a most excellent means of developing the memory, of increasing and strengthening the power of mental concentration, both of which are apparently decreased in the average nervous patient. Mathematics is an excellent memory developer, and when the neurasthenic sees his memory improving, he is tremendously encouraged and enthusiastically throws himself into new efforts to gain the mastery of his nerves. Just as a suddenly failing memory is a great cause for discouragement to the average neurasthenic,
so the phenomenon of increasing or returning memory is a source of tremendous encouragement.

Every neurotic individual needs to have a healing balm for his emotional, his sentimental, or, perchance, his artistic temperament, and this may be adequately supplied by the literature which has been handed down to our generation by the poets of the past. If the physician can find just the right sort of poetry for use in his "reading cure," it sometimes works like magic. I have not infrequently observed the neurasthenic patient in the midst of a week of great despondency and discouragement, come into the office some morning all brightened up and either verbally to quote or to place upon my desk an extract from some poem which he had run across just the day before, with this statement: "I have been getting worse and worse, Doctor, for a week or ten days, until I ran across this bit of poetry yesterday and it just cheered me right up—I brightened right up and I have been feeling better ever since."

And so we can often achieve a double purpose in having our patients commit poetry to memory. The memory is strengthened, they are thereby cheered; the mind is distracted, they are therefore relieved from the horrors of self-contemplation, their sentiment and emotions are occupied and exercised and they are in that way relieved from the emotional isolation which is so highly detrimental to neurotic people.

**BIBLE STUDY**

Of all phases of the "reading cure" which have been attended with surprising results, I must first mention the systematic study of the Bible. Now, one must be careful in prescribing Bible study as part of the treatment of neurasthenia. Certain nervous, hyperconscientious and over-religious patients may be greatly harmed by having their minds altogether focused upon Bible study and the reading of religious literature. On the other hand, many nervous patients who are spiritually starved, mentally underfed, find great help and encouragement in the daily and systematic reading of the Bible. I am specially fond of recommending the Psalms, the Book of Job, the Prophet Isaiah, the Gospel of John, and the Epistles of St. Paul.
I find it advisable in many cases definitely to recommend to these timid, fearful, and over-anxious patients, some definite passages from the Holy Writ which are peculiarly adapted to strengthening their faith and courage. Among those texts which I have most commonly used for this purpose, I cite the following

EXCEEDING GREAT AND PRECIOUS PROMISES

But as many as received him, to them gave he power to become the sons of God, even to them that believe on his name.—Jno. 1:12.

For by grace are ye saved through faith; and that not of yourselves: it is the gift of God.—Eph. 2:8.

He that covereth his sins shall not prosper: but whoso confesseth and forsaketh them shall have mercy.—Prov. 28:13.

He looketh upon men, and if any say, I have sinned, and perverted that which was right, and it profited me not; he will deliver his soul from going into the pit and his life shall see the light.—Job 33:27, 28.

If we confess our sins, he is faithful and just to forgive us our sins, and to cleanse us from all unrighteousness.—I. Jno. 1:9.

For if there be first a willing mind, it is accepted according to that a man hath, and not according to that he hath not.—II. Cor. 8:12.

In the last day, that great day of the feast, Jesus stood and cried, saying, If any man thirst, let him come unto me, and drink.—Jno. 7:37.

All that the Father giveth me shall come to me; and him that cometh to me I will in no wise cast out.—Jno. 6:37.

But if we walk in the light, as he is in the light, we have fellowship one with another, and the blood of Jesus Christ his Son cleanseth us from all sin.—I. Jno. 1:7.

For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life.—Jno. 3:16.

The thief cometh not but for to steal, and to kill, and to destroy: I am come that they might have life, and that they might have it more abundantly. I am the good shepherd: the good shepherd giveth his life for the sheep.—Jno. 10:10, 11.

Who are kept by the power of God through faith unto salvation ready to be revealed in the last time.—I. Pet. 1:5.

I have written unto you, fathers, because ye have known him that
is from the beginning. I have written unto you, young men, because ye are strong, and the word of God abideth in you, and ye have overcome the wicked one.— I. Jno. 2:14.

Who hath delivered us from the power of darkness, and hath translated us into the kingdom of his dear Son.— Col. 1:13.

He giveth power to the faint; and to them that have no might he increaseth strength.— Isa. 40:29.

And God is able to make all grace abound toward you; that ye, always having all sufficiency in all things, may abound to every good work.— II. Cor. 9:8.

For he shall give his angels charge over thee, to keep thee in all thy ways. They shall bear thee up in their hands, lest thou dash thy foot against a stone.— Ps. 91:11, 12.

For I am not ashamed of the gospel of Christ: for it is the power of God unto salvation to every one that believeth; to the Jew first, and also to the Greek.— Rom. 1:16.

Ho, every one that thirsteth, come ye to the waters, and he that hath no money; come ye, buy and eat; Yea, come, buy wine and milk without money and without price.— Isa. 55:1.

And the Spirit and the bride say, Come. And let him that heareth say, Come. And let him that is athirst come. And whosoever will, let him take the water of life freely.— Rev. 22:17.

Who shall separate us from the love of Christ? shall tribulation, or distress, or persecution, or famine, or nakedness, or peril, or sword? As it is written, For thy sake we are killed all the day long: we are accounted as sheep for the slaughter. Nay, in all these things we are more than conquerors through him that loved us. For I am persuaded, that neither death, nor life, nor angels, nor principalities, nor powers, nor things present, nor things to come, nor height, nor depth, nor any other creature, shall be able to separate us from the love of God, which is in Christ Jesus our Lord.— Rom. 8:35-39.

May be able to comprehend with all saints what is the breadth, and length, and depth, and height; And to know the love of Christ, which passeth knowledge, that ye might be filled with all the fullness of God.— Eph. 3:18, 19.

I can do all things through Christ which strengtheneth me.— Phil. 4:13.

If the Son therefore shall make you free, ye shall be free indeed.— Jno. 8:36.

But my God shall supply all your need according to his riches in glory by Christ Jesus.— Phil. 4:19.
For whatsoever is born of God overcometh the world: and this is the victory that overcometh the world, even our faith.—I. Jno. 5:4.

Then spake Jesus again unto them, saying, I am the light of the world: he that followeth me shall not walk in darkness, but shall have the light of life.—Jno. 8:12.

For I reckon that the sufferings of this present time are not worthy to be compared with the glory which shall be revealed in us.—Rom. 8:18.

Confirming the souls of the disciples, and exhorting them to continue in the faith, and that we must through much tribulation enter into the kingdom of God.—Acts 14:22.

Behold, I stand at the door and knock: if any man hear my voice, and open the door, I will come in to him, and will sup with him, and he with me.—Rev. 3:20.

Create in me a clean heart, O God; and renew a right spirit within me.—Ps. 51:10.

Wait on the Lord: be of good courage, and he shall strengthen thine heart: wait, I say, on the Lord.—Ps. 27:14.

Behold, God is my salvation; I will trust, and not be afraid: for the Lord Jehovah is my strength and my song; he also is become my salvation.—Isa. 12:2.

Come unto me, all ye that labour and are heavy laden, and I will give you rest. Take my yoke upon you, and learn of me; for I am meek and lowly in heart; and ye shall find rest unto your souls.—Matt. 11:28, 29.

Peace I leave with you, my peace I give unto you: not as the world giveth, give I unto you. Let not your heart be troubled, neither let it be afraid.—Jno. 14:27.

There hath no temptation taken you but such as is common to man: but God is faithful, who will not suffer you to be tempted above that ye are able; but will with the temptation also make a way to escape, that ye may be able to bear it.—I. Cor. 10:13.

And the inhabitant shall not say, I am sick: the people that dwell therein shall be forgiven their iniquity.—Isa. 33:24.

Arise, shine; for thy light is come, and the glory of the Lord is risen upon thee.—Isa. 60:1.

DAILY READING PROGRAM

As a sample of the "reading cure" as an auxiliary in the treatment of neurasthenia, I will here give a reading course I
have just prescribed for a patient, a married woman, twenty-seven years of age, who had practically given up all reading for the past three years, and has been bedridden most of the time. I have given her the following course:

Monday:
9:30 A. M. Read first chapter in the Gospel of John.
2:00 P. M. Following noonday nap. Thirty minutes reading of favorite novel.
7:30 P. M. Memory exercise. Commit to memory first twenty lines of Hiawatha.

Tuesday:
9:30 A. M. Read second chapter in the Gospel of John.
2:00 P. M. Nature study. First three chapters of book on ants.
7:30 P. M. Memory exercise. Problems in mental arithmetic (under direction of patient's husband).

Wednesday:
9:30 A. M. Read third chapter in Gospel of John.
2:00 P. M. Thirty minutes reading in popular Astronomy.
7:30 P. M. Memory exercise. Review, recite, and commit to memory twenty lines more of Hiawatha.

This program will be kept up until the book of St. John is finished. Two times a week at the afternoon hour the reading will be left optional to be devoted to magazines, novels, or anything the patient may choose or happen to be interested in. The evening hour will be devoted continuously to the memory study exercises, alternating between mathematics and poetry. Of course, if the patient already knows Hiawatha, some other poem that has a fascinating jingle or rhyme could have been prescribed, such as Snowbound or Evangeline. These courses of reading must be carefully adapted to the mental and physical strength of the patients. Their tastes should also be consulted. I sometimes find it best to use prose instead of poetry in the case of men who always have prided themselves on the fact that they were not interested in poetry; and I have many times found that history is more interesting to some patients than even nature study. I choose to have the memory exercises practiced in the evening because of the fact that the neuras-
there's mind is usually strongest, most active and in best shape at the close of the day. I have further observed that these evening memory exercises produce a healthy sort of mental weariness, which, when not overdone, is a great aid in bringing about a good night's sleep.

SUMMARY OF THE CHAPTER

1. Worry and anxiety cannot be driven out of the mind by mere resolution or sheer force of will-power.
2. The study cure is a sort of substitution treatment—an effort to displace mischief-making complexes by wholesome and helpful thoughts acquired through systematic reading.
3. Nature study represents one of the most highly beneficial methods of carrying out the "reading cure" for nervousness.
4. The collecting craze is good for neurasthenia, and it matters little whether one collects paintings, china, rugs, insects, flowers, or stamps.
5. Neurasthenics must be warned against both exciting and depressing literature, particularly the sex-and-soul variety.
6. Nervous patients should be discouraged in the reading of medical books, especially those medical works which are suggestive of diseases which the neurasthenic may readily imagine he has.
7. Wholesome wit and humor, together with works on travel and adventure are all diverting and helpful.
8. The works of many of the ancient philosophers, like Marcus Aurelius, are all useful in occupying and diverting the mind.
9. While overexertion may be a cause of neurasthenia, nevertheless, well-directed and intelligent ambition is invariably an essential part of the cure.
10. Books are a good companion for the neurasthenic. Regular and systematic courses of "optimistic literature" are inspiring and stimulating to the nervous patient.
11. Give attention to regularity in reading, set aside two or three regular short study periods each day.
12. The "reading cure" should be practiced as a therapeutic recreation and when overdone, is liable to become depressing and injurious.
13. The ideal literature for confirmed neurasthenics is that which would be appreciated and enjoyed by youths from ten to fourteen years.
14. The "reading cure" aids in setting the patient in motion along the lines of working out his own cure.
15. The study of some phase of mathematics—mental arithmetic—is an excellent memory strengthener and developer.
16. Neurasthenes can both strengthen their memory and cheer themselves up by the practice of committing to memory tuneful poems such as Hiawatha.

17. Daily reading of the Bible is very helpful to the majority of neurotic patients. Special promises are particularly helpful.

18. Chronic worries will be especially benefited by the study of the Psalms, Isaiah, John, and the writings of St. Paul.

19. In the practice of the "reading cure" it is necessary to set aside two or three reading periods each day, and follow a carefully prepared program.
CHAPTER XXXIV
THE REST OR PLAY CURE

IN USING the term "work" in connection with the treatment of the nervous states, I desire to embrace the entire realm of productive human activities, mental, moral, physical, social, industrial, and political; while by the term "rest" I mean to cover the entire realm of physical, mental, and spiritual rest and recreation, even to include the realms of art—the artistic pursuits. By "work," therefore, we refer to all regular, methodic, and taxing efforts on the part of the physical, mental, and spiritual powers; while by "rest" we refer to all modes of relaxation and relief from the tension of work, whether it be physical rest, mental diversion, or the combined rest and relief of all the individual's powers by means of recreation—common play.

THE ISOLATION REST CURE

In a former chapter, I have made note of the fact that I do not extensively employ the Weir Mitchell Rest Cure. There are many cases, however, in the beginning of treatment, which I do put upon a modified "rest cure" regime. I have found the rest cure for these patients to be highly successful if I can get a nurse on the job who understands something of psychotherapy and neurasthenic human nature. Otherwise I have come to regard the isolation of the "rest cure" as highly undesirable in the great majority of these cases.

And even when I do employ the old-fashioned rest cure (keeping the patient in bed, not allowing him, as it were, to lift a hand), I do not practice the overfeeding that was formerly employed. I feed these patients well, I even make sure to overfeed them a trifle, at least to provide from fifteen to twenty per cent excess of calories in their daily rations. As soon as I have accomplished the purpose of starting the patient on an
increase in weight, and resting the jaded nerves for a period of two to six weeks, I then gradually transfer the patient from the "rest cure" to one of the more profitable "work cures."

THE WEEKLY REST DAY

The average neurasthenic who is engaged in active work will do well to observe the weekly rest day, and, if possible, avail himself of a half holiday in the middle of the week. Concerning the value of a rest day, I can do no better than to quote a recent editorial in the Journal of the American Medical Association:

The refreshing influence of the weekly recurring "day of rest" on a person subjected to the strenuous routine of a busy life is a feature which he himself can duly appreciate in terms of his "feelings" and "spirits." If it is desired to demonstrate the need of such relaxation and the benefits derived therefrom in some objective way, a method is not easily forthcoming. The problem is one which, in its broadest aspects, has a far-reaching importance in every community. The efficiency of the working man, the desirable length of the working-day, the interjection of pauses for rest in the schedule of labor for persons of different ages and stations in life—questions of this sort are constantly arising for solution by some plan which excludes purely subjective impressions and permits some more scientific basis for a tenable judgment in the matter. Not only in the field of manual labor, but also in innumerable other walks of life, in the case of the schoolchild, the office boy, the factory girl, the banker and the merchant, efficiency is the keynote of the times. Fatigue is the enemy of efficiency; and to detect and compensate for or overcome it, is the duty of those concerned with the promotion of human welfare.

In view of this it is of more than passing interest, from the standpoint of both public and personal hygiene, to ascertain suitable methods of approach to the problem of fatigue and the lessons which it discloses. Dr. Martin and some of his associates in the Laboratory of Physiology at the Harvard Medical School have devised a satisfactory procedure for estimating variations in electrocutaneous sensibility in human beings. With the onset of general fatigue a progressive rise occurs in the value of the threshold stimulus. This, in turn, signifies a progressive lowering of sensitiveness, and, according to the view of Grabfield and Martin, a dimin-
ishing tone of the nervous mechanism as a whole. The Harvard
physiologists have made a long series of experiments on first-year
medical students in good health who were following a regular rou-
tine of school work during six days of each week. The routine
was interrupted weekly by the Sunday recess, an interval occupied
variously by the students, but in no case in precisely the manner
of the week days. The daily observations made on these persons
during several weeks show that at the beginning of the week the
irritability tends to be high, that from then until the end of the
week there is a fairly continuous decline in irritability, as judged
by the sensory threshold, and that following the interruption of
the routine by the intervention of Sunday, the irritability returns
to the original high point.

The decline in irritability is interpreted as a cumulative result
of general fatigue, incident to routine. What is even more signifi-
cant, however, is the added fact that a pronounced break in the
routine—such as the “day of rest” occasions—may bring about
a return of sensitiveness to a high point or, in other words, re-
stores the nervous tone. Studies continued in this direction should
lead to some useful conclusions regarding the optimum of work,
with respect to both its duration and type, that should determine
the conditions under which the organism of man may be main-
tained without depletion.

THE PLAY CURE

And so while some bona fide nervous invalids may stand in
real need of the so-called medical “rest cure,” nevertheless it
has been my experience that most of these neurotic, self-cen-
tered, downcast, and discouraged patients need to engage in short
periods of work followed by free-hearted and enthusiastic out-
door play. It is the “play cure,” when suitably adapted to the
patient’s physical strength and intellectual tastes, that is capable
of yielding the greatest results in the cure of the nervous states.

In the light of all that we have previously said in regard to
the psychology of play, it must be evident that this is the one
universal remedy to be employed in neurasthenia and hysteria;
in fact, if there is one real sure cure for the nervous states,
it is the scientific and sensible blending into one remedial
regime of all the good that is contained in the “work cure”
and the “play cure.” (Fig. 19.)
Recreation and outdoor exercise are very useful in building up the patient’s general health. One of the common causes of nervousness is the various infectious diseases, whose toxins lower the tone of the nervous system and greatly reduce the vital resistance. In the case of neurasthenics and others whose nerves are not hereditarily strong, emphasis should be laid on the necessity of building up a strong reserve force. The means to this end are the very measures which we have recommended in an earlier chapter—baths, wholesome diet, the elimination of poisonous habits, a wholesome frame of mind, and physical exercise. It is important, too, that the patient get plenty of sleep. In attempting to do a hard day’s work on a half night’s sleep, one is drawing on his vital reserve force, and when this occurs day after day, with no opportunity to catch up, the nervous system is bound to break down. Especially is this true if the sleep is not sound—and in most cases of nervousness, sleep is not sound. And here we find that “benevolent circles” are quite as possible of development as “vicious circles.” For just as a weak condition of the nerves will produce sleeplessness, and sleeplessness in turn increases the symptoms, so, in the same way, an improved condition of the nerves, by the methods which we have already described, will make for sounder sleep, sleep in turn improving the condition of the nerves, and the process continuing in an increasing ratio until eventually the patient finds his nerve tone and equilibrium more or less fully and permanently restored.

In beginning the fight for the conquest and cure of “nerves,” the patient should remember that his “nerves” have become disordered not by a single act, but by a constant violation of the laws of health, extending in many cases over a period of years; and so the very best of curative rules are quite useless for a single application. In attempting to regain health, the neurotic must weary not in well doing; beneficial effects will very often appear only after several weeks or months of health sowing; sometimes the simple life must be continued for years before a permanent cure is effected. But we venture that one who persists in this right sort of living will find the increased pleasures which it brings ample compensation in themselves,
quite apart from the restoration of nerves, which in time, is bound to come.

**ART AND PLAY**

Art and play, as we understand them, have the same purpose and fulfill the same functions in the realms of health and therapeutics. Their purpose is to relax the nerves, relieve tension, refresh the mental powers, and, further, to divert and amuse the intellect while supplying only wholesome and uplifting themes of thought for subsequent contemplation.

Work embraces those essential activities which make for the future, they have a purpose, an object; while play represents that whole-souled, unhampered expression of one's mind, body, and soul, which has no other object in the world than the comfort and satisfaction of this unhindered self-expression. Play has nothing to do with providing a livelihood, recreation has nothing to do with providing for future needs; even art may prove to be a cost to its devotee rather than a source of income, and when it does become a means of livelihood to the artist, then art, at least in some measure, has become work to such an individual—sometimes hard and taxing work—which causes him to seek other and minor arts as a means of recreation—as his relaxing play.

Of course, even in play there are the “rules of the game,” and while we derive our greatest benefits from the fact that we allow our emotions and impulses to gamble about unhampered and gallop off at full pace, nevertheless, as members of civilized society, we find it incumbent upon us to play within the limits and “rules of the game”; within those limits which will afford us a maximum of relief from restraint and the greatest possible pleasures of play, with a minimum of interference with the same and equal rights of our fellow-beings.

**INARTISTIC PLAYING**

While all forms of play may be diverting and recreational in their influence, yet not all forms of play are uplifting and ennobling. There are the “scrappy plays,” those games and practices which young boys are liable to fall into when their
play is not organized and directed into more wholesome channels. They are diverting for the time being, but they are not satisfying in their final results upon the individual's mind and character. It is for lack of organization along better lines that "gangs" of boys prowl about committing acts of vandalism, torturing dumb animals, and committing various other depredations which represent the spirit of play manifesting itself in undirected and unsupervised channels.

Adults in the same mood and for the same reasons become fidgety, nervous, twiddle their thumbs; while in other cases they resort to gambling and other forms of diversion which are able to hold the attention of the mind for the time being, but fail in the fulfillment of that great function of play which is not only to divert but to satisfy—to ennoble—and, further, to add to the sum total of one's stock of good nature, good humor, and good health.

THE SUGGESTION ELEMENT IN PLAY

One of the great elements in organized "rest" and orderly "play" is the incessant striving for a goal, the constant effort to attain new levels of proficiency and new heights of accomplishment. In the game our thought is ever on the victory we anticipate. We never allow our minds to linger on the defeat of yesterday. Again, the play-game affords us an opportunity of impersonating beings different from and greater than ourselves—affords the opportunity of trying to do the thing as well as someone else has done it before us, encourages one even to hitch his wagon to a championship star and aspire to do it better than any other person has ever done it.

Now, it is highly necessary for the neurotic patients to learn how to impersonate. They must know how mentally to transform their lives before they will ever have the pleasure of seeing these changes wrought out in their experience. There is a species of therapeutic hypocrisy which every nervous patient must learn to practice upon himself or herself. They must learn to say they are calm when they are highly agitated. They must learn to practice these gentle arts of deception upon themselves, practice along the line of that old theory that "by behold-
WORRY AND NERVOUSNESS

ing we become changed.” It is good theology, it is good psychology, and in practice it proves to be good mental medicine. Pick out the kind of person you should be and then just get right down to business and make believe you are that very person — impersonate that person’s calmness, self-control, and nervous equilibrium — and, little by little, you will be surprised to find that you are growing into the similitude and likeness of the thing you have persistently impersonated.

Not long since I had a well-known actor call upon me. I had not seen him for three and one-half years, and when last I had seen him, he consulted me because he was on the “verge of a nervous breakdown,” — about to “go to pieces.” At that time I gave him the best advice I could, among which was the following: “Since you are an actor, why not try to impersonate some cool-mannered, well-controlled character of history or literature and see if in this way you cannot utilize your histrionic abilities for some valuable therapeutic purpose.” Now, this idea seemed to take hold of his mind, and he promised me with his farewell handshake that he would try — and try hard — to carry out my advice; and at the time of his recent visit he reported to me that he found the method of some value and practiced it for a year, but was still very nervous and restless; but that the part assigned him in his play of the following year was just such a character — just such a calm, composed, methodical, and beautifully controlled individual — and he now testifies that the acting of this part through a single season has almost entirely cured him, that he succeeded in so losing himself while impersonating this character that he has been able to carry the virtues of his rôle off the stage and use them in his every day life. In other words, he acted the part so well that he carried it off the stage with him, he lived the impersonated life so effectively that it became a part of him; yes, indeed, it became himself and thus his neurasthenia and nervousness were practically cured. And so all neurasthenics may begin today to prove themselves marvelous actors and actresses, and, within a few short months, be able so to transform their lives as quite fully to meet their patterns and ideals. I think the next great move in the cure of neurasthenia will be to establish
THE REST OR PLAY CURE

a therapeutic school of acting. In the meantime each patient will have to establish his own studio and choose his own character.

THE ART OF GOOD NATURE

Many a nervous patient will do well to cultivate the simple art of being good natured, for we must recognize that to many neurotics good humor is a lost art. This is one of the arts that can be cultivated at home and without expense. This sort of "schooling" does not involve ocean voyages and long sojourns abroad in Paris or Berlin. You can learn how to be good natured right at home. Someone has defined a good natured person as one who is "easy to please and hard to sour." Practice being content while cheerfully playing your rôle in life, and be just as well satisfied with a good natured minor part in the sociological cast. Be just as happy as if you were acting a part in the center of the stage. The ever present smile is the badge, the trade mark, of good nature and good humor.

It is about time we reached the place in our modern civilization where one can be self-conscious and yet happy, where one can think and yet be natural and normal. It is the effort to avoid thinking and stifle self-consciousness that characterizes much of the oriental, and even some of the occidental music and other theater accompaniments of so-called art. The diverting and quieting effect of some music is really of this order, for it is a well-known psychological fact that any well marked and monotonous rhythm containing but a minimum of melody has a tendency to slow down the mental processes and favor sleep. This is true of the ticking of a clock, the humming or buzzing of an insect, or the regular and rhythmic clank, clank, of the sleeping-car wheels as they pass over the rail joints.

I have sometimes thought that good humor was merely the highest attainment of good manners. It certainly is of great value in the fight against neurasthenia to cultivate the habit of being extraordinarily and unusually polite to one's associates, friends, employees, etc. A grouch seems to push a neurasthenic down hill, but good etiquette seems to help him upward.
I knew a patient several years ago who was suffering from an incurable illness, who was confined constantly to her bed, but she was seldom alone, as the entire neighborhood sought her company, she was so cheering in her conversation, so bright and pleasant. Her face always wore a smile, and when one pauses to consider that she was seldom free from pain it was a revelation—a demonstration—of the fact that the human mind can indeed control and override the moods and sufferings of the physical body. One day I asked her this question: "Mrs. V., how is it that you can be so happy at all times, so cheerful and inspiring to your callers, when, as a physician, I know you are suffering constant pain, and when I further know that you know you are afflicted with an incurable disease, and that you can only live a few years at most, and that your pain will last to the end?" And this was her reply: "I remember, Doctor, when I was a little girl I used to carry flowers to a kind old lady who must have been afflicted much as I am now, and I came to look upon her as the best friend I had in the world outside of my mother. I can never forget her kind advice, the willingness with which she gave attention to my every little sorrow and trouble. I can see her face beaming now. I never saw her without a smile, and so, Doctor, when the awful verdict was reached in my case, I spent just two days and two nights in despondency and despair. Then I decided that my last years should be my best and I have simply been impersonating the memories which I held of this kind-faced old lady of my childhood days, and I only trust that I have been successful in my effort—that in a measure I have succeeded in living over again to the world her life as she so beautifully lived it forty years ago."

And that is just what I mean by acting—impersonating—on the part of neurasthenics. Let the neurotic patient bring forth from the halls of memory, or from the creative realms of his own imagination, the picture of the character he should be, and would like to be, and then calmly and coolly take up the program of acting it out day by day, and ere long, sooner or later, he will in real experience actually achieve more or less of the desirable qualities which pertain to the character he has chosen.
SUMMARY OF THE CHAPTER

1. The old fashioned "rest cure" for nervousness consisted in complete rest, isolation, over-feeding, massage, etc., and is useful only in certain severe and select cases.

2. The more modern "rest cure" avoids isolation and over-feeding, substituting therefor physical remedies, together with recreation and play.

3. The weekly rest day — diversion from week-day employment — as well as a mid-week half holiday are all highly useful in the cure of neurotic workers.

4. Recent methods of precision demonstrate that a rest day or a day of change in one's work, definitely increases the nerve tone and elevates the vital resistance.

5. The "play cure" — free-hearted, spontaneous, and enthusiastic outdoor recreation — yields unexpected results in the treatment of the nervous states.

6. The "play cure" is most highly efficient when employed in proper and alternate cycles with the "work cure." It is the "work-play" regime that constitutes the real "cure."

7. Persistent and progressive efforts at both outdoor work and outdoor play are inevitably followed by beneficial results.

8. While certain "vicious circles" operate to make neurotics worse, there are also "benevolent circles" in which faith and hope and joy, combined with work and play, operate to hasten the patient's recovery.

9. Art and play have the same functions in mental therapeutics, that is to relax, relieve tension, to divert, rest and refresh the mind and nerves.

10. Play in contrast with work, embraces those whole-souled and unhampered activities of mind and body which have no other object than the satisfaction of unfettered self-expression.

11. Even play has its "rules of the game," and "scrappy" plays are those lawless activities indulged in by the young when their instincts are not organized and not better directed.

12. "Gambling" and other vicious forms of diversion represent the "scrappy" play of the adult whose diversions have become sordid and whose recreation is misdirected.

13. Play affords almost unlimited opportunities for suggestion and impersonation, and impersonating is one of the secrets of the cure of nervousness.

14. A neurasthenic actor impersonated a character of sound nerves and self-controlled demeanor for a single season and found himself practically cured.

15. Nervous patients should cultivate the simple art of being good natured. Practice contentment while cheerfully playing your rôle of life.
16. Cultivate smiling—it is the unmistakable badge of good nature and good humor, and these are powerful remedies in nervousness.

17. Good humor is the highest attainment of good manners. A grouch pushes you down hill but good etiquette helps you in the upward climb.

18. When you play be happy, "cut loose," throw your whole soul into the enjoyment of your recreation.
CHAPTER XXXV
THE WORK OR OCCUPATION CURE

Idle neurasthenics must be set to work at some regular task of employment—they must be occupied with some sort of productive effort—which will sufficiently occupy the intellect to enable them to "keep their minds off their own thoughts and feelings." "Get busy," is the therapeutic slogan for neurotics; only, they must not overdo the "work cure," they must adjust their occupational activities to their strength, experience, taste, and temperament; and when this can be done, immediate improvement will almost invariably reward the practice of occupational therapeutics.

THE CURATIVE VALUE OF EXERTION

Enthusiastic, whole-hearted work—intelligent exertion in some line of productive effort—some useful employment which will reward the toiler and add something to the value of the sum of the world's work, will prove to be the therapeutic salvation of the average neurotic. When we can find a man who is adapted to his work and his work is within his range, then it is that work comes well-nigh being play. If one's mental or physical work could be carried forward minus all of this nervous tension and anxious stress, it would be found that our daily exertions are not one-half as wearing and tearing as we commonly imagine. (Fig. 20.) One of the great causes of over-fatigue and subsequent nervous breakdown is dissatisfaction and discontent with one's daily task. This is shown by the fact that when one's interest and enthusiasm are enlisted and aroused, it is possible to carry on arduous tasks involving long hours and sometimes in violation of every known principle of hygiene, possibly involving even conscious suffering, and, because of the keen mental interest in the effort, all this is
accomplished without observing any apparent undesirable results on either the general health or that of the nervous system. In fact, there are many nervous workers who complain of their hard work and their long hours in utter ignorance of the fact that if their work were made easier and their hours shorter, unless they immediately acquired other and more preoccupying pursuits, they would soon discover that these changes instead of being for the better, as regards the health of their nervous systems, were decidedly for the worse.

One of the great institutional needs of this generation is sanitariums where, in addition to all of the ordinarily employed physical methods—in addition to a good psychotherapeutic regime—the patient shall be set to work in the fields, in the shop, and at the arts and crafts. I mean real work—not purposeless gymnasium stunts. This work should be performed under competent instructors so that the products of their therapeutic efforts would be salable, and the fact that they were engaged in making something that could be sold in the open market, and, the further fact, that this money would be paid to them personally, would constitute the chief charm and remedial value of such "work cures."

WORK AS A WORRY CURE

Work is the one great cure for worry, and if the neurasthenic can get started at some task without making the disheartening mistake of overdoing at first, then after a few experiences with the work-rest cycle—after a few tastes of the blessed reward that inevitably follows interested toil—he will fall in love with employment and will rejoice in his new found deliverance from inaction and ennui.

Have you ever gone among the unemployed at the time of a strike—when thousands of men were suddenly thrown out of employment? If you have and looked at things from the doctor's standpoint, you have watched men grow restless and sick. You have observed them chafing and suffering under the gall of sheer inaction. I have cured any number of nervous and restless people by setting them to work. There is nothing like work for the blues, for those neurotic idlers whose entire
The Outdoor "Work Cure"

Gardening for the Nerves

FIG. 20. PRACTICING THE "WORK CURE"
time is spent in self-contemplation. There are a lot of well-to-do women who could do much toward improving both their health and their happiness if they would enlist in club work, turn suffragette, or in any other way occupy their energies in some line of endeavor which would relieve them from the terrible burden of that never-ending thought of self and self-pleasure.

The thinking power and possibilities of the human brain which should ever be directed out into new realms of creative labor, into new paths and new fields, sooner or later comes to circle round and round with itself until the brain becomes dizzy and the mind intoxicated with its own inherent self-thought and self-pity.

**THE IDLE RICH**

Of all classes of neurotics, the most difficult to treat and cure are the neurasthenic, hysterical, and dipsomaniac who belong to the idle wealthy classes. I have under my care at the present time a young man of a well-to-do family who has been "put through college," during the course of which he acquired the drink habit, and now his father, a successful business man, has become utterly disgusted with this, his eldest son, and refuses to give him money to start in business, and so the young fellow has started out on a program of "killing time." In this he is fairly successful and is also accomplishing something toward killing off himself, as he is becoming a first-class nervous wreck, a confirmed periodical drinker. Both his mother and eldest sister never cease to importune me to do something for their son and brother, and I am forced again and again to tell them that they are unaware of the difficulties of the task they are asking me to perform. To cure this boy would mean to create a new relationship in his family—a new relationship between himself and his father. It would further mean that this boy must be taught to work, to earn his own living, it would mean that his social viewpoint of life must be entirely changed, that he must recognize the necessity of abandoning his parasitic career and become one of the world's workers—a bona-fide producer. It would further mean that he must be
educated out of his self-pity, and his ideas of self-importance — exaggerated ego. It would mean that he must be given an interest in life and trained into the joys of well-earned rest — that satisfaction that accompanies the rest which follows productive toil, whether it be of the mental or physical sort.

And so we are constantly besought by people who want us to cure their neurasthenia or remove their ennui, much of which is due to idleness, indulgence, and inactivity. It is certain that such neurasthenics as these are not in need of the conventional "rest cure." It is the "work cure" in its largest sense that is needed to bring about their relief from the corroding rust of idleness, indolence, worry, and ennui. The physician who sees many nervous patients comes to look upon both wealth and poverty as a curse to the race. The iron heel of poverty grinds down the poor until their nerves are worn to a frazzle, while the luxuries of wealth lead up to that idleness and ennui from which it is almost impossible to effect a therapeutic rescue.

**INDUSTRIAL SLAVERY**

While we can have little admiration for the type of idle human being who lives on breadfruit, coconuts, and bananas off on some tropical isle, while such a life is hardly conducive to the development of character and the acquirement of strong mentality, nevertheless, we must recognize, on the other side, that the tension of modern industry with its "speeding up" tendency is exceedingly ruinous to the nervous system. Especially are the brain and nerve centers of more recent training and education over-taxed and over-worked. Normal work — reasonable hardship and average responsibility — should be borne by the average human nervous system without evidencing any special stress or strain; but the modern pressure in many lines of industry partakes so largely of the nature of "being driven," that — to the mind and nervous system — these strenuous efforts come to be regarded as a form of occupational slavery, and it is the resultant restlessness and resentment that is responsible for so much of this premature breaking down of the hereditarily predisposed nervous system.
On the other hand, when there is a keen personal interest in one's work, when there is a worthy prize to obtain or desirable goal to reach, then the patient is able to stand an extra amount of work without a breakdown. It makes little difference whether it is head work or hand work; so far as that is concerned, he is equally exposed to the danger of nervous breakdown, and is equally lightened by joy and keen personal satisfaction.

The same amount of exertion and stress and strain that will cause a nervous breakdown in a patient working for a meager salary, I have observed, will not result in the same disaster when the worker is better paid. When the reward—the wage—is adequate and attractive the neurotic worker bears the strain of effort much more gracefully and for a longer time. While money is in no wise a measure of the value of one's work, nevertheless, as long as it stands as the medium of exchange in this world, it seems to have a wonderful tonic effect upon the wage earner to have his salary increased. At least, I have found out that when I try to get neurasthenics to work just for the sake of exercise, I have little success in arousing their enthusiasm. They do not take kindly to dumb-bells, wands, and chest weights. The gymnasium treadmill is a figurative one as well as a literal one, but if I can get this same neurasthenic patient sanely interested in lucrative work, he sometimes forgets the exertion required in the efforts he puts forth, while he is cheered on in anticipation of the reward he is to receive.

A GOOD JOB DEFINED

There are a number of things which are essential to a good job from the standpoint of the "work cure." I think Dr. Cabot has given us about the best definition of the essentials of employment from the standpoint of curing nervousness. He says that a good job should have or provide the following seven essentials.

(1) Difficulty and crudeness enough to call out our latent powers of mastery. (2) Variety so balanced by monotony as to suit the individual's needs. (3) A boss. (4) A chance to achieve, to build something and to recognize what we have done. (5) A title and a
(6) Connection with some institution, some firm or some cause, which we can loyally serve. (7) Honorable and pleasant relation with our comrades in work. Fulfill these conditions and work is one of the best things in life. Let me describe them more fully.

We want a chance to subdue. Boys like to go stamping through the woods in thick-soled boots. They like to crush the sticks in their path and to jerk off the branches that get in their way. If there is need to clear a path, so much the better; the pioneer's instinct is the more strongly aroused. For there is in most of us an ancient hunger to subdue the chances which we meet, to tame what is wild. As another's anger calls out ours, so the stubbornness of nature rouses our determination to subdue it. We want to encounter the rough and crude. Before the commercial age, war, hunting, and agriculture gave us this foil. We want it still, and for the lack of it often find our work too soft.

We want both monotony and variety. The monotony of work is perhaps the quality of which we most often complain—often justifiably. Yet monotony is really demanded by almost everyone. Even children cry for it, though in doses smaller than those that suit their elders. Your secretary does not like her work if you put more than her regular portion of variety into it. She does not want to be constantly undertaking new tasks, adapting herself to new situations. She wants some regularity in her traveling, some plain stretches in which she can get up speed and feel quantity of accomplishment; that is, she wants a reasonable amount of monotony.

We want a boss, especially in heavy or monotonous work. Most monotonous work is of the sort that is cut out and supplied ready to hand. This implies that someone else plans and directs it. If we are to do the pulling, someone else should hold the reins. When I am digging my wife's garden beds, I want her to specify where they shall go. We all want a master of some kind, and most of us want a master in human shape. The more manual our work is, the more we want him. Boatmen poling a scow through a creek need someone to steer and to tell them which should push harder as they turn the bend of the stream.

We want to see the product of our work. The bridge we plan, the house we build, the shoes we cobble, help us to get before our-
selves and so to realize more than a moment's worth of life and effort. The impermanence of each instant's thought, transience of every flush of effort, tends to make our lives seem shadowy even to ourselves.

*We want a handle to our name.* Every one has a right to the distinction which titles of nobility are meant to give, but it is from our work that we should get them. The grocer, the trapper, the night-watchman, the cook, is a person fit to be recognized, both by his own timid self and by the rest of the world. In time the title of our job comes to stand for us, to enlarge our personality and to give us permanence. Thus it supplements the standing which is given us by our product. To "hold down a job" gives us a place in the world, something approaching the home for which in some form or other everyone longs. "Have you any place for me?" we ask with eagerness; for until we find "a place" we are tramps, men without a country.

*Loyalty to association.* And though our work and our science are symbolic, as I believe, of an eternal and glorious destiny, they are literally very inglorious and insignificant. Only their intention, only the vision that creates and sustains them is great. Our work is the best we know, and in it as in a ship we have embarked with our treasures; but still it is human-made, and bears the impress of our limitations. Work seen literally is a misfit, and now and then our tired eyes see it so; then it looks like a curse. We should spurn it but for a voice within us which rebukes literalism and calls it a lie. That voice is loyalty.

Loyalty is a force that holds a man to his job even in the moments when he hates it and sees no significance in it. When this kind of blindness falls upon us loyalty supplies a new method of guidance towards the substance of things not seen. Like all faith, it holds to the visible framework of daily labor by grim or by smiling determination. It bids us to be prompt at the office, to answer all letters at once, to look as brisk and interested as we can, till the mood passes and the familiar objects and occupations resume their halos.

*We want congeniality with our fellow-workmen.* One of the few non-physical "points" which people have already learned to look for in selecting work is the temper and character of the "boss." Men, and especially women, care almost as much about this as about the hours and wages of the job. Young physicians will work
in a laboratory at starvation wages for the sake of being near a great teacher, even though he rarely notices them. The congeniality of fellow-workmen is almost as important as the temper of the boss. Two unfriendly stenographers in a single room will often give up their work and take lower wages somewhere else in order to escape each other.

THE DELIVERANCE OF WORK

As an instance of the saving grace of employment and the curative power of work, let me cite the following: Miss D. was upward of thirty years of age, she was well-educated, had traveled much, and had been more or less of a neurasthenic all her life. In her case, matters had gone from bad to worse until she had unfortunately been led into certain highly reprehensible practices; and so after religion and everything else had failed, even in the face of a threatened nervous collapse, we advised this patient that the only hope of recovery lay along the lines of the "work cure."

I never became alarmed with reference to the final recovery of this patient until there was a threatened loss of interest in work and then I became thoroughly aroused. This danger I discerned in a letter brought by a messenger to my office one morning, an extract from which I quote:

Dear Dr.: As usual I am lying here awake at three A. M. I slept until nearly three o'clock, probably about four and a half hours from the time I fell asleep. Now is the awfulest time of my night and I am writing to tell you something which I did not dwell on yesterday and which is of vital importance, the loss of interest in my work.

Thus far I have managed to conduct my work with apparent enthusiasm, but I am losing ambition. I can't become absorbed in the necessary preparation for some new duties. I am so terribly fatigued and depressed. My mind is possessed with the thought of loss and disappointment. But the loss of interest in my work alarms me. What can rescue me from sorrow and corroding worry, futile regrets and unutterable longings impossible to satisfy, if it is not work? The person who truly loves some work is absorbed by it, and has the energy to do it in his best manner, always has something to keep him sane. The work I am doing now is not holding me as it should. I need work that could absorb me. I
need surroundings that would tranquilize my spirits. I need the constant influence of true Christians. I need to forget what is unwholesome. My spirit is broken. Every day finds me less prepared to do my share of the world's work, the greater tragedy because the world needs faithful work and I need the satisfaction which comes from giving the world what it needs. Oh, for a position in some quiet beautiful spot where I could have fresh air and sunshine and Christian influence of the right sort.

Work, work, a work to absorb my mind, my heart! To make me forget what has never brought anything but loss and sorrow. Oh, to know what to do! I am fatigued beyond all reason, more tired in the morning than in the evening. Now, however, I feel tired all the time. I am going to close. Perhaps this effort to show what my attitude toward the importance of true interest in sane work is, will give you another useful glimpse into my character. But remember, at present work fails to help and I shirk it.

And this patient was by no means mistaken. Her salvation from a medical standpoint, was all bound up in work. In this case we were able to persuade the patient to keep at work, to fight through the battle and win the victory by sticking to her task. Wearing as it was on her nerves, to continue working in such a state of mind and body, nevertheless, the influence of this wear and tear was nothing compared to the sorrow and regret—the sense of defeat—that would have followed the giving up of work.

THE WALKING CURE

Walking is a great aid in the management of nervousness. It improves the circulation, not to mention the digestion. It helps the neurasthenic to sweep away his mental cobwebs. I have found walking especially helpful in case it can be carried on in groups—in congenial company; but in the lesser forms of neurasthenia, even the lone cross country walk is found diverting, if it can be indulged in in the spirit of James Whitcomb Riley's "A Country Pathway."

I come upon it suddenly, alone—
A little pathway winding in the weeds
That fringe the roadside; and with dreams my own,
I wander as it leads.
Full wistfully along the slender way,
Through summer tan of freckled shade and shine,
I take the path that leads me as it may—
Its every choice is mine.
And though it needs must lure me mile on mile
Out of the public highway, still I go,
My thoughts, far in advance in Indian-file,
Allure me even so.

The daily ride to and from work may in many cases be changed with profit to a daily walk. There are few men and women who are leaving home in the morning for office, or in the evening from the office for home, who could not do twenty to forty city blocks with the utmost ease and with the use of very little more time than is consumed in waiting on the corner for street cars, and in the slow journey of the trolley through traffic-crowded streets.

**SUMMARY OF THE CHAPTER**

1. Every neurasthenic must have sufficient interesting and productive work to enable him to keep his mind off his own thoughts and feelings.
2. Enthusiastic, whole-hearted work — intelligent exertion in some useful and interesting line — will prove the therapeutic salvation of the average neurasthenic.
3. A keen interest coupled with spontaneous enthusiasm does much to overcome the weariness of drudgery and the fatigue of routine labor.
4. While many neurotics complain of their arduous tasks, nevertheless, even taxing effort is better for their nerves than inaction and idleness.
5. One of the great institutional needs of this day is a sanitarium where, in addition to physiological therapeutics and psychotherapy, the patients shall be employed in productive manual labor.
6. Work is the one great cure for worry. The sweet deliverance from inaction and ennui is to fall in love with useful labor.
7. When the creative power of the human mind is not utilized in productive fields, it circles round and round within itself — forms mental short circuits.
8. Of all classes of neurotics the most difficult to cure are the neurasthenic, hysterical, and dipsomaniacs who belong to the idle wealthy classes.
9. While pleasant and useful work is a part of the cure for many forms of nervousness; on the other hand, industrial slavery must not be regarded in such a favorable light.

10. The stress and strain that produces nervous collapse in the underpaid worker is borne with comparative ease when the salary is large and the reward attractive.

11. A good job is defined as employment which affords opportunity for conquest, provides variety, together with pleasant associations, and promises a satisfactory reward.

12. Neurasthenics should be given something to subdue—in addition to, and separate and apart from the conquest of their nerves.

13. It is good for neurotics to go out in the woods, provide food with their own hands, and cook it on the end of a stick.

14. In the practice of the "work cure" for neurasthenia, employment must be provided which will afford both monotony and variety.

15. Neurasthenics need a boss. They need to have some one everlastingly on the job of directing their cure.

16. Nervous patients must be able to see the results of their efforts—they must feel that they are "holding down a job."

17. Loyalty to human associations and congeniality with one's fellows are both exceedingly helpful in overcoming the nervous states.

18. Work—even at the cost of severe nervous strain—has delivered many a patient from a life of nervous semi-invalidism.

19. The "walking cure" is a valuable aid in the treatment of neurasthenics of sedentary habits.
CHAPTER XXXVI
THE SOCIAL SERVICE CURE

IN OUR study of the psychology of work and play and recreation, we endeavored to show the reader that it was necessary for nervous patients to develop some absorbing interest outside of themselves—to get their minds off themselves and onto something else—and there is nothing in all the wide world upon which such nervous patients may place their minds with such safety and satisfaction as their own fellow-men. There is nothing with which they may occupy their attention which can compare with "social service," that interesting and fascinating labor in behalf of one's fellow-beings. Unselfish work for others is the best known means of therapeutically occupying and diverting the mind of the nervous patient.

TOLERANCE AND INDULGENCE

Nervous people must train themselves to become more tolerant of other people's opinions. It helps us in overcoming our own petty whims if we can train ourselves to become indulgent of the whimsical conduct of our friends and fellow-workers. Intolerance lies at the root of much of the domestic, social, and commercial friction which only serves to add to the worries and anxieties of so many neurotic sufferers. If we could only be more charitable and tolerant toward our associates, we would not be so annoyed and put out by those little features of their lives which are at variance with our standards and tastes. When our friends annoy us, we should be wise enough frankly to forgive them, if for no other reason than to preserve our own peace and tranquility of mind. The one who bears a grudge or carries a grievance is the one who is most hampered and injured by this uncharitable and unsocial attitude.

Of course, we have to be infinitely patient with these fretful,
nervous individuals in the early stages of their treatment. It does little good to scold or reproach them. We have rather to encourage and cheer them on, recognizing that they are not guilty of deliberate, willful ill humor. I think I sometimes look upon these unruly nervous patients with their uncontrolled temper and emotions, as a mother would upon a tired, irritable, and half sick child; and I am quite sure that this wise and loving mother would probably account for the child's temper and bad humor by explaining that it had had insufficient sleep and then quietly undress and put the little fellow to bed.

THE CHEERING-UP BUSINESS

If you want to get over the blues in a hurry, you just get right down to work and enlist in the "cheering-up" business. Begin the moment you are up and dressed in the morning, and from that moment until you are tucked away in bed at night, make it the one object of your existence to cheer up anybody and everybody you meet. Blow into the dining-room at breakfast time with a pleasant and hearty greeting for everyone. Of course, it may be a severe shock to your loved ones to note this sudden change in demeanor, but be assured they will survive the shock, and after a few mornings they will grow quite accustomed to your wearing a pleasant smile and handing out cheery "good mornings"; and then, if you are of the proletarians and ride down town on the street car, when the back platform gets over-crowded and the conductor grouchy, keep everybody cheered up; try and accost the conductor when you board the car in such a way that he will absorb enough good cheer from you to last him until he gets down town. Give the stenographer and bookkeeper at the office a refreshing surprise by the cheery manner in which you come in, or, perchance, if you are a housewife, let the children and servants be astonished at your unexpected good cheer; and, whether you are rich or poor, whether you are employee or employer, remember that this good humor will help to cheer the world along and to cure your neurasthenia, remedy your grouch, relieve your aches and pains, comfort your sorrows. Just play the rôle of the social hypocrite and make every one believe you are the happiest man or
the happiest woman in the world. Be like Polly Ann of the
Glad Book fame, and see if you cannot find a few things in
your life worth being thankful for.

Good cheer, laughter, and light-heartedness seems to be of
real value in the treatment of the nervous states; they seem
to relieve the attention spasm, they serve the purpose of get-
ting your mind off yourself for a moment, and it is easier,
after a mental recess of this sort, to get the mind started
along more wholesome and helpful lines.

Cultivate the society of children and good humored adults.
I have advised many of my lonely, selfish, and nervous patients
to adopt a bright-faced baby into the home. They are usually
able to make enough trouble to enable the average neurasthenic
to get her mind off herself for a while.

GOOD SAMARITAN WORK

Those nervous patients who are wealthy or well-to-do, who
have abundance of this world’s goods and are able to enjoy
every comfort of life, will do a great deal to cheer themselves
up and forget their troubles if they will let themselves get
interested in their less fortunate fellows — their washerwoman,
janitor, scrub-women, servants, and clerks. It will do them good
to put on some commonplace clothing and go down into the
slums and see how the other half has to live.

If you would be successful in completely and finally over-
coming worry, do something helpful for your neighbor now
and then. Remember the Golden Rule. Do not allow your own
artificial needs to accumulate unnecessarily and demand all
your time. Reserve a little energy for Good-Samaritan work,
and you will finish the day’s tasks refreshed and satisfied in-
stead of hungry, thirsty, and dissatisfied; and in doing Good-
Samaritan work let us do some real preventive work — real
social service. It is a grand and glorious thing to pick up the
man wounded by thieves on the road down to Jericho, but it
would be a grander and more glorious service to police the
Jericho road so efficiently as to render it forever and entirely
safe for men, women, and children to travel it by day or by
night.
Fig. 19. Taking the Outdoor "Play Cure"
The Streets and Alleys are the Playgrounds of the Slums

A Modern City Playground

FIG. 21. GIVE THE CHILDREN A CHANCE TO PLAY
To sum up: All chronic worriers should see to it that they have these three things:

1. Active mental and physical employment; in other words, a good job.
2. They should have regular and healthful recreation; in other words, a good fad.
3. They should have suitable and regular spiritual nourishment; in other words, a good religion.

THE SOCIAL SURVEY

Turn missionary to the other nervous people of your kind, organize a committee of fifteen, and inaugurate a social survey of your community; or, if you live in a large city, of your ward or neighborhood. Find out how people live, where and how they spend their Sundays and their annual vacation (you will be surprised to find a lot of people in this world who never have a vacation), find out how many babies the families of the rich and poor average and see what is going to become of the great American nation two hundred years from now. See where the children play (Fig. 21), take a bird’s-eye view of your neighbors. There are a lot of fine folks living around you, and you are not acquainted with them. Some are probably in a position to help you where you need help, while you will be able to help them where they most need it. Get interested in human beings, lose some of your troubles while you mingle with the great common herd. You will feel ashamed of some of your own imaginary difficulties when you see how real are the troubles of some other people.

A few years ago while lecturing in a western city, I advised a nervous, self-centered semi-invalid, who implored me to tell her what she could do to get well, to begin a sociologic survey of her community. She did it. She is a well woman today; she has become the Jane Addams of her community; in fact, her reputation has become state wide. She is the president of nearly everything that amounts to anything in the county, excepting the banks. Thousands of able men and women are dying of mildew and stagnation while their neighbors languish for the need of the very efforts which would prove their salvation.
What are you doing to improve the sanitary and hygienic status of your community? Is the milk supply up to standard? You don't know anything about it? Begin an investigation today. It is a life and death proposition with the babies, this matter of the quality of the milk supply. If your health authorities are on the job in this matter, cooperate with them, heartily support them. If they are not, start the ball rolling, wake them up. See that the matter is not neglected another day. Forget yourself while you battle for better babies. Do something for the good of the rising generation.

What about your water supply? Does your community need a new bond issue for a better water system and a modern, up-to-date system of sewage disposal? Get into politics, if necessary, to improve the health of the community. If you can't get action any other way, run for office, be an insurgent. Learn how to put things through and put them over, and if you use common sense, and do not overdo physically, by the time the campaign is over and the victory won, you will be half cured of your nerves; or, if you should lose the fight the first time, be game, be a good loser, that is an excellent part of the practice of self-control which is such a large part of the cure of neurasthenia.

What about the health of the pupils in the public schools? Are their throats, noses, and eyes being looked after? Do you have medical inspection of your schools? If not, get it. It will do you good. It will save lives and help to cure your troubles.

If we could only organize and utilize the wasted nerve energy and worry-thought of our nervous patients—if we could only get it diverted out of the channels of self-thought and self-pity—we would have a sufficiently strong and powerful force to bring about the transformation of the civic and social life of our towns and cities. Neurasthenics, when they get busy, can usually do things. A large majority of the world's workers have been more or less neurotic, but they have kept on the job. They have been sensible. They have chosen to wear out rather than rust out. They have preferred to fight the battle rather
than to bewail the handicap. They have chosen to "play the
game" rather than to worry over threatened defeat.

Wake up and take an active interest in the public-spirited im-
provements of your community or locality. The joy and satis-action that is sure to follow your activities along these lines
will do a great deal to relieve you from the harassing fear
and gloomy worries that have so long tortured your life; yes,
which have even prevented your living and compelled you
merely to exist.

LENDING A HELPING HAND

I think I could enumerate at least one hundred different pub-
lic or quasi-public movements of the present day which beckon
the neurasthenic to "come over and help us." The summer
vacation movement for working girls, the boys' clubs and girls'
clubs of the great cities, the big brother and the big sister
movement, city mission and rescue work, sunshine work for the
shut-ins, hospital visitation and entertainment, the flower mis-
sions, children's aid societies and home finding organizations,
work for the aged, the blind, the crippled, the defective and the
delinquent, prison reform, the work-house up-lift movement,
tenement and the better housing problems, factory hygiene and
child labor, problems of the working girl and regulation of
working hours for women, playgrounds and dance halls, the
foreign immigrant, workingmen's compensation and old age
pensions, temperance and local option, women's clubs and suf-
frage, politics, religion, science, art, and literature. These and
scores of other forms of altruistic and humanitarian work,
stand in need of just the thought and energy which you neuras-
thenics are daily wasting on yourselves— i. e., pity, sympathy,
and contemplation. Come along, brother, sister! Volunteer,
enlist in the fight, take hold with us, we are having a good
time, we folks who are doing the world's work and trying to
reform our fellows! Join the ranks! The valiant fighting by
day and the campfire stories by night will help you to forget
yourself; and, I ask, who knows but you are destined to be-
come one of the world's great men or women — great, I mean,
in the highest and truest sense, in that you have brought the
greatest happiness and health to the greatest number of men and women and boys and girls of this generation, while you contribute something toward that reorganization and readjustment of society which will give the boy and girl of the next generation a better and more equal chance in this great and fascinating struggle which we call “life.”

A REGULATED DAILY PROGRAM

Now, after all that we have said about play and recreation, fads and fancies, about the “work cure” and the “social service cure,” my readers will recognize the necessity of properly adapting this advice to their individual cases. No one of you can do all the things I have recommended. You cannot at any one time carry out all the details of the advice I have given you. What you need to do is to select that advice and follow those instructions which are best suited to your condition—just as you find yourself today. If you are working hard you may need the “rest cure;” if you are idle and indolent, you may need the “work cure.” Make out a daily program which is consistent with your physical strength and your nervous energy and then keep yourself healthily and wholesomely busy. If you do too much at first you will simply have a set back, get right up and try it over again. Let your watchword, yea, your slogan, ever be: “If at first I do not succeed, I will do it, do it, again.” When you are temporarily thwarted, when you are for the time being defeated, rise right up, shake the dust of doubt off your feet, and exultantly exclaim, “Never touched me! Onward!” And with this indomitable and determined spirit, ultimately you are bound to succeed.

SUMMARY OF THE CHAPTER

1. When trying to get the mind off of one’s self, there is nothing in the world so absorbing and fascinating as getting interested in other human beings.

2. Nervous people must train themselves to become more tolerant of other people’s opinions. Intolerance is responsible for much domestic, commercial, and social friction.

3. It is an aid in overcoming our own petty whims if we cultivate indulgence for the whimsical conduct of our friends.

4. We should remember that the one who bears a grudge or
carries a grievance is the one who is most injured by this un-charitable state of mind.

5. If you want to get over the “blues” in a hurry, enlist in the “cheering up business.” Work at it from the time you get up in the morning until you go to bed at night.

6. Look over your experience and find out those things you should be glad about, and then let other people know that you are glad.

7. Good cheer, laughter, and light-heartedness are a real part of the cure of nervousness.

8. Cultivate the society of children and good-natured adults. It is always a help to have a bright-faced baby in the home.

9. Take an interest in those who are less fortunate than yourself. Save a little of your time now and then for good-samaritan work. Remember the Golden Rule.

10. All chronic worriers need three things: a good job, a good fad, and a good religion.

11. If you are lonely and idle, enlist others like yourself, and undertake a social survey of your community. You will be greatly surprised and highly benefited.

12. Get interested in the public health service of your community. Investigate the milk and water supply. Help clean up the town.

13. What do you know about your public schools? Do the children enjoy medical inspection? What are you doing to help the movement for better babies?

14. The world is dying for need of just what you are wasting on yourself; that is, pity, sympathy and energy.

15. Get used to doing things. Remember the majority of the world’s workers have been more or less neurotic, but they preferred to wear out rather than rust out.

16. Wake up and lend a helping hand to one or more of the reform movements or uplifting propagandas in your midst. These reforms need you, you need them.

17. Be sane in your efforts to get well, don’t overdo. Don’t try at one dose to take all the advice given in this and preceding chapters.
CHAPTER XXXVII

THE FAITH AND PRAYER CURE*

IN ALL our dealings with neurasthenia and neurasthenics, we must not only remember that man is instinctively a "playing animal," but that he is also inherently a "religious animal," a moral being, and in the matter of spiritual therapeutics we must separate religion from its current association with dullness. I recently heard a soulful-visaged lady say in describing a sermon she had just heard: "Oh, he preached such a fine sermon, it made everybody feel so bad." I want frankly to state at the beginning of this chapter, that that is not the kind of religion the author is interested in. We must get away from the idea that our spiritual blessings are always administered in sorrow and disguised with failure and fatigue.

THE WORSHIP INSTINCT

Worship is getting out of fashion. The average man thinks of it as something medieval or obsolete. He may excuse it like any other fondness for what is old-fashioned; he may find it interesting, amusing, even endearing, in those who throw themselves into it sincerely. But in any case he looks on at it as a spectator; it is not for him.

Worship renews the spirit as sleep renews the body. Our souls as well as our bodies get drained, now and again, of available energy. We "go stale" as Hamlet did, and to our jaundiced view the world too becomes "stale, flat, and unprofitable," or "sicklied o'er with the pale cast" of our own low-

*In the preparation of this chapter I have drawn freely from that excellent book by Dr. Cabot entitled What Men Live By, and from my own work, The Physiology of Faith and Fear, or the Mind in Health and Disease.
grade cerebration. This is not always the result of physical fatigue; for people who never did a stroke of work in their lives are as prone as any to these symptoms of spiritual fatigue.

Nevertheless, we attempt again and again to shut ourselves off in spirituially unventilated corners. There we stifle and droop. Play and love revive us partially because they take us into better ventilated, less cramped activities. Worship fulfills what play, art, and love attempt. "Pleasure, recreation, friendship, the companionship of men and women, beauty—all these recall the outgoings of ambition and moral effort and untie a man with his natural appreciation. Worship is the whole which includes them."

Because worship is a renewal of our depleted spiritual energies, it is naturally intermittent. One need not jeer at the worshiper for spending so little time on that which he declares to be his salvation. For it is in work, play, and love that he must earn the right to pray as he earns the promise of sleep. No one can find out except by trying whether he needs prayer once an hour, once a week, or less often. The rhythm of its recurrence should be governed like that of any physiological function, varying like food, sleep, and recreation, without expenditures of effort and energy.

WHAT IS PRAYER?

It is a favorite trick with those who pretend to read the palm to say, with special emphasis and secrecy to each customer: "I can see in your hand that the deepest and best of you has never yet found expression. Half unconsciously you are repressing a flood of power which pushes ever for freedom. To set it free will be the deepest joy of your life."

The beauty of this ever-successful trick is that what the sharper pretends to discover in this individual he knows to be true of every living being. We are piteously unexpressed. We differ only in the means that can set us free. How many in whom we least suspect it are longings to sing—not to interpret a genteel melody, but to let themselves out in song! The efforts expended in business, in sport, and even in affection seem comparatively impersonal and indirect. They do not free the breast, they do tell the tale.
How many in whom we least suspect it are longing to pray! How many who hardly suspect it themselves! I believe that the craving to sing is but a partial and imperfect image of the craving to pray. What song is to prosy speech, that prayer is to song. It is the supremely personal and direct utterance for which all creation longs, for which hard toil prepares.

When we set ourselves to this work of collecting or re-collecting the scattered pieces of ourselves, we begin a task which, if carried to its natural conclusions, ultimately becomes prayer. We are driven to something of the sort when the shock of illness, war, bankruptcy, or death has shaken us out of the rut of habit and brought us face to face with the mess which we are making of our years. It was after such a shock Lincoln called the whole nation to prayer in his message of December 1, 1862:

The dogmas of the quiet past are inadequate to the stormy present. The occasion is piled high with difficulty and we must rise to the occasion. As our case is new, so we must think anew and act anew. We must disenthral all ourselves and then we shall save our country.

THE COMFORT OF CONFESSION

When a child wakes in the grip of a nightmare, sobs, and stammers it out to his mother, and finds that its horrors have swiftly vanished, he has discovered the value of confession. Through expression something confused and inarticulate has lost its terrors. By confession he marshals his troubles in consciousness and spreads them out in form and order; thus he gains command of them and of himself.

Confession in more or less secular forms, confession to a doctor or a chum, gives some relief to the tortures of internal strife — duplicity and fraud, the burden of lies, thefts, treachery, or concealment; or, it may be, the more subtle duplicity of warring ideals, curiosities, and doubts. In any case we seek instinctively through confession some inner peace or at least some truce to inner war. We make these secular confessions primarily because we cannot hold in any longer. We confess not so much because murder will out, but rather because the
tension between what we are and what we seem to be has grown intolerable.

An interesting variety of confession, rediscovered and reapplied by the German neurologist, forms part of the “psycho-analytic” treatment of functional nervous disorders. People suppress and try to bury a disappointed hope or an evil desire; but accidentally they bury it alive, so that it struggles and shrieks beneath the weight of daily life piled on top of it. Now and then the struggles of this fragment of buried existence shake the surface of everyday life and emerge in a fit of weeping or of rage. “You begin to cry,” said a small boy of my acquaintance, “for the thing that made you cry, but you go on crying for all the sad and sorry things that ever happened.” You had never quite destroyed the ghost of these ancient sorrows. From the deeper inconsequent strata of your existence it rises to haunt and oppress you.

So in rage; we begin to be angry with a companion for some trifling annoyance, but we go on into a “fit of rage” because our momentary anger is reinforced by the quiescent memories of a multitude of other injuries, long half-consciously brooded, never quite forgiven. All this submerged corruption boils up to the surface, and we may work ourselves into a passion for the sake of the vent it gives to our repressed and smouldering resentment.

A better vent is given by full confession. To see clearly that we are abusing our fellow for his part in spats which both should have forgiven and forgotten long go, shames us or makes us laugh. The air is cleared; the ghosts of past quarrels are laid. To tempt the sufferer into confessing what he did not know enough to confess, is the substance of psychoanalysis. I have discovered that my neurotic patients do not get along well in the presence of family trouble — domestic misunderstandings — and that when we can induce them to “confess,” “make up,” and “begin over again;” then, and not until then, does the patient with “nerves” begin to improve.

THE PSYCHOLOGY OF PRAYER

True prayer is a sort of spiritual communion between man and his Maker, a sympathetic communication between the soul
and its Saviour. We do not look upon prayer as a means of changing God's will. The Divine Mind does not need to be changed; He is ever beneficent and kindly disposed toward mankind. While prayer does not change God, it certainly does change the one who prays, and this change in the mind of the praying soul is sometimes immediate, profound, and often wholly inexplicable.

True prayer, then, is found to be a practice consisting of powerful mental, moral, and spiritual factors. The mental factor in genuine prayer is that of suggestion and self-surrender. Sincere prayer is the most powerful method and the most legitimate manner in which suggestion can be made to the human mind. Not only is the suggestion of prayer auto-suggestion — the ideal form of suggestion — but this suggestion is made to the mind when it is in a state of surrender, unconditional surrender to the mind of God and not to the mind of man. Psychology and psychotherapy are unable to portray such an ideal state of the human mind for the favorable reception of suggestion, neither can they point out such powerful and wholesome means of administering this suggestion as by the simple childlike practice of old-fashioned prayer.

The moral element of prayer is that it keeps the mind focussed upon high ideals, upon things which are ennobling and elevating. Prayer, in an unusual manner, imparts moral courage and wholesome confidence to the suppliant. Prayer is a direct preventive of many of those reprehensible social and moral practices which inevitably breed worry, remorse, and sorrow of heart. Prayer strengthens the will, in contra-distinction to hypnotism, which usually weakens it.

The spiritual factor in prayer is strong; no other phase of human experience is fraught with such extraordinary possibilities for spiritual strength and development. Prayer actually generates moral energy and creates spiritual courage. The prayer life is the life of spiritual power and moral victory.

**THE PHYSIOLOGY OF PRAYER**

The domain of prayer is not limited alone to the spiritual, moral, and mental realms; it concerns and influences even the
physical body. The praying soul usually is found upon bended knees and with bowed head. This bending of the physical knee reflexly aids in bending the will and the mind of the one who prays. There is a close interrelationship between the attitude of body and the attitude of mind.

Prayer is able, directly, immediately, most powerfully, and most favorably to influence the physical functions of the body; that is, genuine prayer, the prayer of faith, exerts its beneficent influence upon the body, while other kinds of prayer may be highly injurious to the physical health, as will be noted presently. True praying assists the petitioner in gaining control over various physical propensities and animal passions. Prayer is a means of bringing the body into subjection to the mind, and the mind into obedience to the spiritual faculties and to the Divine Mind.

THE THERAPEUTICS OF PRAYER

Any practice that can wield such a mighty influence over mind and body as that exerted by prayer must indeed possess tremendous therapeutic possibilities. In discussing prayer as a therapeutic agent, we in no way aim to belittle its influence as a religious practice or a spiritual force. We freely concede that its power is almost unlimited in these realms. In his Varieties of Religious Experience, Professor James says:

As regards prayer for the sick, if any medical fact can be considered to stand firm, it is that in certain environments, prayer may contribute to recovery, and should be encouraged as a therapeutic measure.

Just a few days ago I had an opportunity of observing the tremendous power and possibility of prayer in the management of these nervous sufferers. Mrs. M. is a refined, highly-educated patient, whom I had seen a number of times in consultation with Dr. Lena — my wife — and had advised the doctor that I did not look for much improvement in her patient until her (the patient's) mental life was set in order and certain and numerous psychic slivers were effectually removed. In reply to Dr. Lena's question as to how long I thought it would take
to get her out of her trouble, I said: “Probably a year and a half." Imagine my surprise when this patient walked into my office yesterday and informed me that her “troubles were all over," that the things she assured me a few days ago she “could never do," had all been done. That everything I had asked her to do as a part of her "cure" had been accomplished — she had completely overturned her social, family, and personal life — had made numerous "confessions," and had accomplished a score of almost impossible mental and moral "stunts," and in reply to my astonished question, "How in the world did you ever do all these things and effect this great change in your mental attitude toward yourself and the world in less than one week?" she smilingly replied: "Dr. Lena taught me how to pray."

**THE PERVERSION OF PRAYER**

But many who are aware of God, and try to live according to what they believe to be his will, still feel that petition is a relic of barbarous or of naive ages, something not to be taken seriously by reasonable people. Prayers for rain, for victory in battle, for the recovery of the sick — what are these but frantic attempts to break the laws of nature? And even if they could succeed, would they not be grossly selfish? For my victory is often another's despair. The rain which falls on my crops leaves my distant neighbor's all the longer in drought. But if we admit that "all prayer that craves a particular commodity — anything less than all good — is mean and vile," do we eliminate all the prayers that any needy mortal wants to make? "All good" is a pretty large order and a tolerably vague one. In answer to this question, which often troubled me in past years, Christ's words in the garden of Gethsemane now seem wholly satisfying: "Father, if thou be willing, remove this cup from me: nevertheless not my will, but thine, be done."

Whoever, by religious instinct or religious philosophy, has come to believe that the universe is a team of which he is a member, wants the success of the team unconditionally and with his whole heart, and wants nothing else, save with the condi-
tion, "provided this does not contravene the needs of the team." Such is the spirit of Christ's prayer. Obviously then, conditional wishing is part of our daily exercise. The babyish tendency to "want what you want when you want it" is squelched or modified in every piece of concerted work, in every advance of science, and every harmonious family. To revise and subordinate our wills until they are conditional on the success of a city, a party, or any other team to which we are loyal is among the most familiar and unheroic necessities of civilized life.

In this connection we desire to utter a warning against morbid methods of prayer. No procedure is capable of great good without at the same time being susceptible of perversion and great harm. Another case will illustrate the harm of prayer, when it consists of a meaningless recital of one's difficulties, serving as a source of adverse autosuggestion to the mind. Such methods of prayer tend to weaken and debilitate the mental and moral powers. Several years ago I had a patient, a young man, twenty-two years of age, who was fighting a great moral battle. He became very much discouraged; broke off his marriage engagement; severed his connection with the church; and at the time we met him, seriously contemplated suicide. Having tried numerous methods of giving him help and relief, we finally made bold to advise that he was in need of moral strength — spiritual power — and suggested that he would find great help in systematic prayer. To this he replied: "Why, doctor, I have prayed about my troubles until two o'clock in the morning, and then after my great struggle with God, I would soon fall again into my sin. The more I pray, the worse I get; nothing will do me any good. It is either the insane asylum or the grave for me." After listening to this recital of his experience, it occurred to me that in his case, prayer was being prostituted into a form of adverse and unwholesome suggestion; that he had prayed about his moral perversity so much that this very praying had become a direct aid in keeping the wicked idea everlastingly before his mind. Instead of making a helpful and uplifting suggestion out of prayer, he was making it harmful and debasing. And so we
made bold to suggest the following procedure in his case: We asked him to reunite with the church; to see his fiancee and set a new wedding-day; to begin to lay plans for securing a flat, and actively to engage in selecting the furnishings. We asked him to let his mind freely dwell upon the happy home he would have and the splendid children who would come to bless it. We had him sign a written agreement not to think, talk, or pray about his troubles for two weeks. We explained to him as best we could, that, when he had asked his Heavenly Father to help him in a matter of this kind, it was not necessary to ask more than once; that further prayer should be devoted to thanking God for the help that was to come and in expressing gratitude for the help that even now had already come.

We are glad to report that in this case, after his method of praying had been turned from one of constant adverse suggestion into one of thanksgiving and gratitude, he was highly successful. From that day on, this young man became an absolute victor over his besetting sin. And so it is apparent that prayer can be so perverted as to become a means of great harm as a therapeutic procedure. The author's highest conception of prayer is that silent and spiritual communion between the spirit of the creature and the Spirit of his Maker. In the early stages of therapeutic praying it is very necessary that the prayer should be calmly and distinctly uttered in words, that the petitioner may hear his own prayer, for this greatly increases the influence and suggestive power of the procedure.

PRAYER AN INSPIRATION TO WORK

Prayer is not only a means whereby the mind of man and the divine forces are brought into cooperation, but, if it is uttered in faith, it usually leads the one who prays to put forth every effort to bring about the answer of his prayers. Genuine prayer is an expression of courage and confidence combined with faith and good works.

Although prayer is a powerful therapeutic agent, we must fully recognize that neither belief in our prayers, nor suggestion, nor reeducation will take the place of proper physical
ministrations and the scientific care of the diseased or disordered body. Prayer may be the breath of the soul; prayer may be the avenue whereby the diseased mind is eliminated and the Divine Mind brought in to replace it; prayer is the great channel by which man can harmonize his mind with that of his Maker. Nevertheless, good food, pure water, fresh air, sound sleep, and deep breathing, together with mental and physical exercise, are absolutely essential to the recovery of most nervous and psychic disorders.

We do not teach that prayer should not be used as a safety-valve for the soul. It is far better when the feelings, the emotions, and the internal pressure have arisen almost to the bursting point— it is far better for the Christian to pour out his soul to God in prayer, than to participate in an outburst of anger or to indulge in a fit of bad temper. If it is absolutely necessary that one should have a vent of some sort to relieve himself, prayer will be found to be a successful and satisfactory mode of obtaining such relief. Even when prayer is accompanied by more or less weeping and wailing, it is certainly preferable to a hysterical outbreak or to a verbal explosion of raving and ranting.

CHRISTIANITY THE HIGHEST PSYCHOTHERAPY

We are forced to recognize the therapeutic value of prayer, no matter with what system of belief or religion it may be associated; but we have spoken of prayer in this text with the thought of its being a part of practical Christianity. The author regards prayer as the master mind cure, and Christianity as the highest and truest form of psychotherapy. There can be no question that the Christian religion, when properly understood and truly experienced, possesses power both to prevent and cure numerous mental maladies, moral difficulties, and physical disorders. It must be evident to the reader that fear and doubt are disease-producing, while faith and hope are health-giving; and in the author's opinion, the highest possibilities of faith and the greatest power of hope are expressed in the Christian religion. The teachings of Christ are the greatest known destroyers of doubt and despair.
No one can appreciate so fully as a doctor the amazingly large percentage of human diseases and sufferings which are directly traceable to immorality, dissipation, and ignorance—to unwholesome thinking and unclean living. The sincere acceptance of the principles and teachings of Christ with respect to the life of mental peace and joy, the life of unselfish thought and clean living, would at once remove more than one-half the difficulties, diseases, and sorrows of the human race. In other words, more than one-half of the present afflictions of mankind could be prevented by the tremendous prophylactic power of the Christian religion.

Christianity applied to our modern civilization—understandingly applied, not merely believed or accepted—would so purify, uplift, and vitalize us that the human race would immediately stand out as a new order of beings, possessing superior mental power and increased physical force. Irrespective of the future rewards of the Christian religion, laying aside all discussion of future life, it would pay any man or woman to live the Christ-life just for the mental and physical rewards which it affords here in this present world. Some day the world may awake to the point where it will recognize that the teachings of Christ are potent and powerful in the work of preventing and curing disease. Some day our wonderful boasted scientific developments, as regards mental and moral improvement, may indeed catch up with the teachings of the Christian religion.

FAITH AS A REMEDY

And so, having advanced in modern therapeutics to that point where we recognize the necessity of treating the whole physical body in most cases of common disorders, the time is certainly ripe for a further forward movement in the scientific and sensible treatment of human disease. The next great advance in modern therapeutics consists in a greater recognition of the importance of treating not merely the whole body, but of administering therapeutically to the whole man—to the mental man and the moral as well as to the material man; to the psychic man as well as to the physical man.
The people are hungry for sympathy, for encouragement, for advice and guidance; and, in the light of modern psychology, we are forced to recognize that all systems of religious belief, more or less, afford this psychic help. Every phase of religious teaching which specializes on divine healing, is moving forward in the world with great rapidity. The Roman Catholic Church undoubtedly holds many of its members because of the peculiar mental relief afforded by the confessional. Troubled souls unbosom their sorrows and go away consoled, and, of course, physically and psychically helped in proportion.

Faith, as used in this text, means decidedly more than mere belief. Living faith is not merely a theological adjunct to a theoretical religion. Faith is a vitalizing attribute of the human mind — it possesses tremendous physical possibilities and extraordinary therapeutic powers. Tolstoi once called faith "the force of life."

Faith means more than belief. To believe a thing is merely to accept it by our reason; to realize that no facts or logical consideration of any kind exist which can prevail against it. Faith implies such acceptance even in the face of considerations of fact or of logic; their reality may be recognized, but they are consistently ignored when they appear in relation to the object of our faith. Faith calls for a complete and unconstitutional surrender of one's whole body, soul, and spirit, to the idea or thing which is believed in. Faith, of necessity, must further include the idea of obedience to that which it accepts.

Belief only requires the cooperation of the intellectual powers, and an impartial distribution of the affections, over the whole field of those mental processes by the activity of which belief is attained. Faith demands the consecration of the whole mind, the concentration of the affections upon a given idea or upon a preconceived object. Faith demands and implies a thorough control of the emotions; the cooperation of the spiritual forces on the one hand, and the physical forces on the other. The highest known development of faith is to be found in the faith of Christianity, which represents the most all-inclusive, the most powerful and transcendent mental action, moral exercise, and spiritual force known to man. The "Faith of Jesus" is
a supernatural power — divine attribute, and must not be confused with our discussions of faith in the psychologic sense.

The religions of modern times have been in imminent danger of becoming weak and effeminate. The world today needs more of the militant but wisely directed spirit of the early Christian religion. We must come to exercise more faith and manifest more determination in the pursuit of the higher and nobler aims of life. Faith is a tremendous motive power and when it once dominates the soul, it is able to harness the mind and control the body; it is able to combat disease and relieve suffering; yes, it is able to vanquish sorrow and establish peace.

RELIGIOUS STOICISM

It is dangerous to go through life without religion and without philosophy. I can even, without doing any wrong to the believers, say plainly "without philosophy"; for religion itself can be efficacious only when it creates a living philosophy in him who practices it.

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. He proves that "perfect love casteth out all fear."

There can be no doubt that religious suggestion is far more powerful with the average individual than secular suggestion. Religious suggestions probably carry a greater force because of their power to appeal to a far greater group of psychic powers and spiritual energies. The feelings and emotions are usually considerably aroused in connection with religious suggestion, and it is well-known that suggestions are frequently welded on to the mind in exact proportion to the height of the feelings and the intensity of the emotions. Not that one cannot secure new ideas without feeling or emotion, but rather
that feeling and emotion quickly cause the new idea to become a permanent part of the old mind.

THE MORAL NUTRITION

Some one has suggested that worry should be treated by dogma and not by drugs, and this is good advice so far as it goes. The author regards the Christian religion as the ideal system of mind treatment—a real and efficient system of psychotherapy. Prayer is the most powerful and effectual worry-remover with which we are acquainted. That man or woman who has learned to pray with childlike sincerity, literally talking to and communing with, the Heavenly Father, is in possession of the great secret whereby he or she can cast all their care upon God, knowing that He careth for us. A clear conscience is a great step toward barricading the mind against the entrance of worry. A moral taint of whatever sort is bound to breed mental uneasiness and result in destroying perfect balance and poise of mind.

We believe many are victims of fear and worry because they fail properly to maintain their spiritual nutrition. As our perceptions, memories, emotions, and thoughts control our bodies, so our unthought aspirations, our unsatisfied spiritual yearnings for those things that are, but for us, perhaps, not yet—those indefinable experiences within us, which, taken altogether, we commonly call the soul—these in turn contribute balance, direction, and inspiration to our intellectual powers. The majority of people liberally feed their bodies, and many make generous provision for their mental nourishment; but the vast majority leave the soul to starve, paying very little attention to their spiritual nutrition, and as a result the spiritual nature is so weakened that it is unable to exercise that restraining influence over the mind which would enable it to surmount its difficulties and live in an atmosphere above despair and despondency.

We believe that perfect trust in a Supreme Being is one of the essential steps in the successful treatment and effectual deliverance from the bondage of nervousness and worry. If your religion does not help you in these matters, if it does not
change you, then it would be better to change your religion
and get one that does.

Gladstone was once asked what kept him so serene and
composed in the midst of his busy life, and replied: "At the
foot of my bed, where I can see it on retiring and on arising
in the morning, are the words, 'Thou wilt keep him in perfect
peace whose mind is stayed on Thee, because he trusteth in
Thee.'" There is good mental therapeutics in that old method,
called the "practice of the presence of God."

**SUMMARY OF THE CHAPTER**

1. In our dealings with neurasthenia and neurasthenics, we
must not only remember that man is a "playing animal," but that
he is also a "religious animal."
2. The instinct to worship is inherent in normal mankind;
it is a universal instinct, present in all races and peoples.
3. Worship refreshes the inner soul. It fulfills what play,
art, and love attempt to supply.
4. Prayer and worship are avenues of self-expression for
mind and soul. Many dissatisfied, self-centered souls are starv-
ing — longing to pray — but they don't know it.
5. Confession, whether it be secular or religious, is the source
of the greatest possible comfort to the anxious and burdened
neurotic soul.
6. We are sometimes literally compelled to confess, because
the tension between what we are and what we seem to be grows
to be intolerable.
7. Our past troubles insist upon making us present trouble
because they were so often buried alive in our memories.
8. Psychanalysis is merely a scientific scheme for tempting
nervous sufferers into confessing what they do not know enough
to confess of their own volition.
9. True prayer is a sort of spiritual communion between man
and his Maker. It does not change God but profoundly af-
facts the one who prays.
10. Prayer is the ideal mode of practicing autosuggestion.
It represents the ideal psychotherapeutic mental state.
11. The moral element of prayer is that it keeps the mind
focused upon high ideals, upon ennobling and elevating themes.
12. Prayer is able most powerfully and profoundly to influ-
ence even the physical functions of the body. It is of great help
in the control of the emotions and passions.
13. Prayer is an invaluable therapeutic aid in the management
of chronic nervous worriers — those lacking self-control.
14. Prayer is susceptible of much perversion and prostitution, and when thus practiced readily defeats its own purpose.
15. "Nevertheless, thy will, not mine, be done," is the submissive attitude which characterizes every genuine prayer-petition.
16. The greater part of our modern praying is but the expression of selfish desires, which if answered would work hardship upon our fellows.
17. Morbid habits of prayer — meaningless repetitions of one's sins and sorrows — only serve, by auto-suggestion, to confirm our infirmities.
18. Prayer is an inspiration to work. It is an expression of courage and confidence combined with faith and good works.
19. While prayer aids the patient in harmonizing his mind with that of his Maker; nevertheless, prayer cannot take the place of good hygiene and sanctified common sense.
20. Prayer is the master mind cure and Christianity is the highest and truest form of psychotherapy.
21. Faith is a real force in treating nervousness. It assists in controlling the emotions and correlates the mental, physical, and spiritual forces.
22. Faith is able to harness the mind, dominate the soul, control the body, combat disease, relieve suffering, and vanquish worry.
23. Faith breeds religious stoicism. With God behind him, man becomes fearless of disease and death, much less can he be frightened by his nervous emotions.
24. Many persons fall victims to chronic worry because they fail to maintain their spiritual nutrition. The human soul must be watered and fed.
25. Perfect trust in a Supreme Being is one of the essentials to deliverance from the bondage of nervousness and worry.
CHAPTER XXXVIII

TRIUMPHANT SELF-MASTERY

And now we have come to the summing up — the round up. We have carefully gone into the causes of nervousness and have freely discussed the cure of worry, and now in this chapter, I must take leave, say farewell to my readers. And I somehow feel I will be forgiven if I presume to exhort a bit — to indulge in a little preaching, for in the writing of this book I have endeavored to come very close to the reader, just as I would in the consulting room.

THE MASTERY OF YOUR MOODS

All the advice contained in this book will do you little good unless you begin to put some part of it into actual practice; unless you really begin to act on it, resolve from now on to be a mental master of your own moods, a brave captain of your own mind. Practice grit and gumption on yourself and see that things begin to happen in the long drawn out battle with your nerves. Teach yourself not to want the things you cannot get — to be satisfied with what you are and what you have. Practice contentment with the things of today, while you intelligently and diligently sow the seed for a better tomorrow. Live successfully and efficiently one day at a time. Do not waste your strength in grieving over the past or squander all your energy in an effort to encompass the future. Do the real things of today and let the rest go undone.

Brace up and be a man. Cheer up and be womanly. Don't allow your digestive disturbances, rainy days, hot weather, business troubles, or family friction, to get on your nerves or upset your mental equilibrium. Stay on your feet, don’t be flabbergasted by every silly emotion that threatens to sweep over your soul. Stand up like a brave soldier in the struggle of life,
be a fearless fighter in the battle of faith against fear. The fight may be hard and the struggle may be long, but the victory of self-mastery will more than a thousand times repay you for every effort and hardship which the conflict may impose.

EMOTIONAL TRAINING

Every human emotion, however overpowering and unruly it may appear in one's life today, is susceptible of being trained — of being intelligently and completely controlled. Even if we are not able to educate animals, we can efficiently train them; and so the most lawless of emotional neurasthenics and hysterics can be retrained if they are but willing to submit to the necessary discipline.

The real work in the training and disciplining of the emotions should begin in early childhood, and in this connection I can do no better than to quote Dr. Jacoby's well chosen words:

To impress the youthful brain with noble and beautiful thoughts is but one function of educational training. It is quite as important to regulate by means of habit the flow of ideas, the impulses of the will, and their dependent actions, so that, as an integral possession, they will fortify the personality for its battle of life. It is true the ideal, a healthy mind in a healthy body, can but rarely be fully realized, but it is better to have a healthy and efficient brain in a crippled body than a crippled mind in a normal body.

Child-training, however, is not the sole task of psychoprophylactic treatment. Adults, too require training — frequently more so than children. Consider, for example, those drones of wealth whose entire lives are filled with outward form and trivialities, whose lack of serious purpose makes them easy victims to the unbridled play of their imaginations. Constituting, as they do, so large a proportion of sufferers from neurasthenia and other psycho-neuroses, they teach us particularly that inordinate relaxation leads to imaginary disorder, ideational diseases, quite as much as does over-taxation through work.

Let us here emphasize the principle that health cannot, as Hoffmann expresses it, be absorbed in comfortable repose with the aid of a drug, but must be acquired and maintained through useful work. When races or individuals, enervated through luxurious living, unwilling to accept further cares or obligations, tend toward "race-suicide" through their need for repose, and, worshiping a
morbid feminism, look on hard work as a disgrace, they represent the dead twigs of humanity, which have fallen and must be replaced by fresh shoots; they have become useless and must give place to those who, through earnest work, have remained young, strong and active.

THE MORAL MASTERY

The so-called moral powers are capable of exerting a tremendous influence in the control of both mind and body. When the moral mandates are reinforced with a positive will, there is absolutely no limit to their far-reaching influence and their great power for good in the regulation of mental habits and physical practices.

The moral mastery of the individual is the one safeguard against all those mental tortures and physical sufferings, which so certainly come from conscious sin and moral depravity. The moral mastery gives birth to an invincible and determined spirit. The spiritual sovereignty creates a sense of conscious superiority, which contributes much to the mental peace and physical health. Spiritual peace and moral satisfaction carry with them the ability to ignore trifling worries and the power to rise above our common everyday harassments.

No stronger illustration of the efficacy of the moral mastery in the psychic and physical realms can be cited than the case of the habitual drunkard, the dipsomaniac. The author has seen many a case who had in no way been helped by treatment in various sanitariums—to say nothing of fraudulent liquor cures and various other fakes—who was sobered up by religious enthusiasm and kept sober year after year by the moral mastery of constant faith. In fact, in the opinion of the author, about the only sure cure to be recommended for dipsomania is religion-mania.

CULTIVATE SELF-CONTROL

Let those who have lost the power of self-control become intelligent concerning the physiology, anatomy, and hygiene of the human nervous system. Read this book through again and again until you become thoroughly acquainted with your emotional self. Become a master of every teaching that has to
do with self-control, and then cultivate it like a farmer cultivates the soil, and you will be sure, sooner or later, to obtain a satisfactory harvest yield.

Entirely cure yourself of that nonsensical doctrine that your feelings exist separate and apart from yourself— from your reason and judgment. Such teaching is the shearest of nonsense. There are no fundamental or primary feelings which exist separate and apart from your voluntary mental powers. They are all a part of your consciousness, and as such are subject to criticism and susceptible of control.

It is true that certain sentiments as well as fears and anxieties may persist in occupying a place in your mental consciousness quite independent of your will, which would immediately cast them out. It is true that notions may persist in your mind without the assent of your reason, but these lingering doubts, straggling fears, and pestiferous emotions, while they may thus remain in one's mind, are in no sense able to dominate or control you. It is ourselves, our wills, that should be in command and in control. Never will we bow down and admit that any of these notions, emotions, and passions are stronger than we are. The science of self-mastery demands that we shall unceasingly deny them this power and unalteringly challenge their usurpation of that place and function in human experience which alone should be occupied by a supreme and sovereign will.

Hear what Pascal says, that mystical neurasthenic, who wrote so well and so often, though incompletely:

Man's conversion is prevented by his idleness, his passions, his pride—in a word, by self-love. We cannot expect to conquer this sentiment by an idea; a passion yields only to a passion.

Yes, truly, a passion yields only to a passion, a sentiment yields only to a sentiment; it could not be better put. But how did Pascal not see that all our passions, excepting those that are purely animal (hunger, thirst, sexual desires, and desire for physical comfort) are ideas become sentiments by reason of being imposed upon our understanding!

This continued mental culture leads us not to liberty, but to
self-mastery; that is to say, to a beneficial slavery in regard to the moral sentiments which are imposed upon our minds. It is here that one might speak of a categoric imperative, not native and reduced to an imperceptible kernel of conscience, but acquired and firmly based upon knowledge. In this noble spirit of moral determination the immortal Guyau said: "He who does not act according as he thinks, thinks incompletely."

THE OPTIMUM LIFE

When human beings are born into this world their work is born with them. That complex interplay of heredity, environment, and educational forces has in accordance with the laws of accident and averages, created a more or less definite range of destiny in which any single individual may live and move and have his being; and it is one of the fascinating tasks of life to explore one's range of possible activities and ascertain one's real "optimum of life"; and in furtherance of this idea, I can do no better than to quote Partridge, who says:

The personal problem can be expressed, in biological terms, as a search for an optimum mode of life. All animals instinctively do this. They are equipped with special instincts which direct them, and they also profit by experience, which enables them to choose that mode of life, and that habitat, which is, for them, the best. They migrate here and there, seek those conditions of heat, food supply, and shelter, that are best suited to them. And, as is the case with man, their adaptation is not entirely for the individual, but for the offspring and for the community to which they belong. The day can be called the unit of life. If a man can learn to live wisely for one day, he can be said to have succeeded, in a great measure, in solving his personal problem.

The optimum day will differ vastly among individuals, and it is this difference that indicates the mode of progress by specialization. It is conceivable that for one, the only day which can in the end produce any practical values in life, is a day of almost complete rest; but it is not a complete day, a unit of life, unless it accomplishes something, however little it may be, that represents the life purpose of the individual. For another, the optimum day may be one of the most self-
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forgetful and strenuous activity. For the great majority, it will be neither of these extremes, but it must be for each a day of maximum fulfillment of purpose, with a minimum of waste.

THE CONQUEST OF CIVILIZATION

The science of self-mastery demands that we come to possess a more or less perfect control over ourselves in the presence of the complexity and complicated demands of modern civilized society. It demands that we shall be able to mingle with the crowd and move with the current, or that we have the power and poise which shall enable us to withdraw from the common herd and stand aloof in our own conscious completeness, in no wise embarrassed by our isolation, or confounded with being enforced to associate only with ourselves.

Man is a sovereign being with soul freedom, mental independence, and moral option; but today our complex civilization and highly developed commerce are rapidly turning men and women into highly specialized intellectual and industrial machines. One would naturally think that the sacredness of the sovereign individuality which has been given to man would naturally protect us against the slavery of imitation, but this is not so. The power of suggestion, the dread of adverse criticism, and the fear of ridicule, make of otherwise intelligent men and women, abject slaves to the prevailing fashions. Man has largely lost sight of the fact that diversity of character and expression is the law of creation. No two leaves, even on the same tree, are exactly alike. The race is losing sight of the fact that the supreme duty of man is to live at his best — ascertain the conditions essential thereto, and faithfully adjust his life to them.

As we increase the complexity of modern living, it becomes necessary that very simple and hygienic habits should be generally adopted. It is highly essential that men and women of the twentieth century should give daily study and intelligent thought to the cultivation and preservation of health. The integrity of the civilized races is dependent upon getting away from the house, from the sedentary life. Man is in every sense
an outdoor animal, and sunshine and fresh air are indispensable to his health and happiness. Many of our modern maladies, such as bronchitis, pneumonia, catarrh, and tuberculosis are purely and simply house diseases.

MENTAL MASTERY

Self-education and mental training ought early to lead us to that place and power of moral supremacy which would enable us to suspend sentiment and impulse, to control the emotional motives, for a sufficient length of time to allow our mental operations to be calmly reviewed by judgment and soberly passed upon by reason. This is the sort of mental self-mastery we are seeking to cultivate in our patients — a self-control that will make them less open to suggestion, even autosuggestion, but more open to sound reason and amenable to sane judgment.

Our patients are all the time telling us when we are exhorting them to renewed zeal and increased energy in their battles to conquer self: "But, doctor, I can't do it. I have tried it a thousand times. I simply can't help it. I have always been like this. It's my temperament, I was born that way." And I am forced to admit that what the patient is telling me is partially true, but that is a matter of the past. I am compelled to advise them on this order: "All this I willingly grant you, but you overlook the fact that we are engaged in the task of creating a new temperament, we are at work changing your viewpoint, controlling your emotions, creating new habits; why, we are actually modifying your temperament and slowly changing your character, and in time we shall have you created into a new personality, you will hardly know yourself; even your friends will remark, 'what a change has come over him,' 'how different she is from what she used to be.'"

THE VICTORIOUS LIFE

Civilized people have not yet reached the place where they are willing to break away from that debilitating and fear-ridden practice of constantly worrying about what other people think of them. We are more or less victims of blind and unreasoning
prejudice; and prejudice is a sort of mental cork, which prevents good ideas from entering the mind, and sometimes also prevents splendid thoughts escaping therefrom.

Self-control is the great secret and source of human health and happiness. Study how properly to work both mind and body, but also study the divine law of mental rest. Studiously shun cankering care and that life of perpetual anxiety and suspense to which so many are unfortunately addicted. Avoid fear-thought and worry and all their mental cousins; and remember it is time to take a vacation, to call a halt, when you find you are dreaming at night about your work.

An uncontrolled and explosive temper is like dynamite to happiness. A single fit of anger is able to destroy the tranquillity of the mind for days and even weeks. The serpent of suspicion is a mind poison, a thing to be greatly feared and constantly shunned, while despondency is inhuman and unnatural — every intelligent man and woman should maintain perpetual quarantine against it.

Thousands of women are rendered exceedingly nervous and held in social bondage by their foolish endeavors to shine in society. Thousands of both men and women labor under the lash of debts and mortgages for no reason other than that they may enjoy the delusions of luxury. The idea that one must have fine clothes, diamonds, or automobiles, in order to maintain his place in society, has wrought the ruin and compassed the downfall of many otherwise intelligent and happy families.

Modern society is suppressing and deforming the individuality of its devotees. Social usages and conventionalities are producing the "social stereotype." The rising generation are taught to uphold and ape the customs, habits, and mannerisms of the preceding generation. Genius, talent, and personality are choked and strangled by this insane desire to run the rising generation into our standard social moulds.

The civilized nations are rapidly creating false and arbitrary standards of taste. Our methods of living are becoming increasingly extravagant, and all this results in producing dissatisfaction and discontent on the part of the lower classes of society when they are unable to secure these material possessions,
which they are being taught to regard as essential to happiness and good living.

The social functions, banquets, and other lavish entertainments of modern society constitute an appalling waste both of time and money. The energy and means foolishly and often harmfully squandered by one-half of the world, would, in a short time, result in educating and delivering the other half from its intellectual slavery and industrial bondage.

The life of the average housewife and mother is too often made one of unnecessary drudgery and useless anxiety. In the modern home life there is altogether too much of a tendency to confuse the tasks which are secondary in importance with those duties which are essential and vital. Housekeeping is made burdensome by the necessity of giving attention to a hundred trifles, the utter neglect of which would in no wise interfere with the happiness and usefulness of the home life. Remember that the house is not the home—the home is made by the character and spirit of the people who live in the house. Do not forget the value of the porch, the yard, the garden—and the children.

How long before otherwise intelligent men and women will dare to recognize the folly of false etiquette and the uselessness of the extreme demands of modern civilized society? Instead of running our children into the stereotyped social mould of life, why not encourage the development of the individuality and temperament of each child? And it is in this connection that our modern stereotyped methods of education become apparent. Why should children be compelled to pass through a routine system of education, and allowed to exercise their talents only in certain specified lines? Let us hope that the educational systems of the future will make provision for the individual growth and development of the child.

Whatever may be the vicissitudes which attend us in the battle of life as regards the struggle for dollars and fame, there is great satisfaction in the knowledge that when we engage in the conflict with self—when we fight the good fight of faith against the selfishness of fear—that victory, success, triumph, shall ultimately crown our efforts, if we but fight
according to the "rules of the game"—the laws of our mental and moral being.

And now that I have told my story, now that I must take leave of the reader, it does not seem that I have written a book. I rather feel that I have written you, the reader, a series of letters, each chapter for a letter, and that is why I have written in such a free and easy manner. I somehow feel that I know you—that I have met you. Perhaps I have typically, in the person of some other nervous sufferer who has passed through my hands. At any rate, I trust that you have gathered this same spirit as you have gone through the book, chapter by chapter; and further, that you will be able to carry out the advice and utilize the information you have herein found, if it be possible, in the same successful manner that you would had it been given by me personally and directly to you. So here is wishing you success in your grand and glorious struggle to achieve the mastery of self and the conquest of selfishness, while I extend to you my sincerest sympathy for every failure you may make, and offer you a helping hand of courage and confidence as you reenter the arena to continue the combat that will one day make of you a complete man, a complete woman, fully restore you to that heavenly estate which represents our highest destiny, that full restoration of the divine image—our glorious restitution which shall proclaim us the redeemed sons and daughters of God.
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