THE PSYCHOSOMATIC VIEWPOINT

in

GENERAL PRACTICE.

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by

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C O N T E N T S.

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C O N T E N T S (Contd.)

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INTRODUCTION.

I have been engaged in general practice for twenty years and during the last ten have become increasingly impressed with the influence of the state of the "psyche" as a causal factor in many disorders and diseases. By "psyche" I refer to the emotions, not only in their psychological sense but also as to their physical accompaniments which are mediated by the central nervous system, the autonomic system and the endocrine glands. The word "psychosomatic" is now employed to indicate disorders in which disturbance of the emotions precede and seem causally related to the onset, maintenance or alleviation of the illness whether it is functional or organic. The subject of psychosomatic medicine is new and complicated but any contribution to it, however small, seems to me worth while in view of its importance. The limitations and difficulties of conducting a purely scientific investigation in general practice are, however, very great.

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1. THE PRACTITIONER AND RESEARCH.

The general practitioner labours for the most part alone. He is employed and paid by each patient to restore him to health and the test of a good doctor is his capacity to bring this about. In addition, the democratic outlook with its conception of the struggle of each individual towards a goal of material success stimulates him to keep trying to enlarge his practice. Accordingly the doctor, in interviewing his patients, is influenced by his obligation firstly to the patient and secondly to himself. If he is conscientious and ambitious his life is inclined to be moulded to a pattern by these obligations and largely for this reason; at a certain part of the year his attendance may be required on possibly a hundred patients per day, while at another season he may be called on to treat under thirty per day. During the busy spell he has barely time to diagnose the illness and suggest treatment and is aware of having "rushed through" his patients. During the quieter period he devotes more time to each patient, acquiring some knowledge of them and their lives. So this fact emerges: whether busy or relatively quiet he is inclined to fill the whole day in the pursuit of his practice. Reading, the scientific approach / -

approach, and study of the work of others is often largely neglected.

I have records of thousands of patients in my files but until recently these notes were taken solely to aid me in the task of doctoring. Most of the case sheets are useless from the point of view of investigation, but many - while incomplete in themselves - furnish data of value when viewed quantitatively. However, in the course of the last few years I have endeavoured to collect more detailed information concerning the groups of patients in whom I am particularly interested.

The numbers in any considered group or type cannot obviously, as in the case of certain specialist clinics, run into hundreds or thousands, but if a high proportion of even a small number of patients exhibit a reaction associated with a factor more or less common to all one may be justified in regarding it as partly causal.

The general practitioner is more favourably placed than some of his colleagues in the respect that he has ample opportunity of gaining knowledge of his patients as individuals. As family doctor he meets various members of the same family, groups employed in the same occupation, or populations living in the same / -

same district. He has a further advantage inasmuch as he has the opportunity of seeing patients frequently over a period of years in their normal surroundings, in contrast to the artificial surroundings of a hospital ward or outdoor clinic. He becomes impressed with characteristics common to members of one family and to those engaged in the same occupation. So he has scope for the consideration of these two powerful forces on the life of man, heredity and environment.

The importance of being acquainted with family history is illustrated by the following example.

EXAMPLE 1.

In October 1939 a woman engaged me to attend her at her confinement due in the middle of the coming January. In November I noted a slight overlap of the foetal head and the estimated true conjugate was about 3½ inches. I wondered whether she would be able to deliver herself, and then suggested that I should send her to the Maternity Hospital for her confinement. She burst into tears and expressed her unwillingness to go, as her sister was sent there by another doctor to have her first baby two years previously and after a labour extending over five days both mother and baby died. Any doubt I had on the matter was now dispelled and I insisted on her going to the hospital, giving her a letter in which I drew the attention of the surgeon to the first sister, and asked that a section be performed.

She was duly admitted a few days before term and permitted a trial labour. After she had been in labour four days forceps were applied unsuccessfully. Next day, following craniotomy, she was delivered with some difficulty and twelve hours later she died. At post-mortem examination the true conjugate was found to measure just over 3½ inches.

The comment here is that while no doubt both sisters were treated

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in strict accordance with modern obstetrical practice, and had either been a spirited girl she might have been able to bring about sufficient moulding of the foetal head to render forceps delivery possible, the fate of the first sister should have been a warning to adopt a different procedure in the treatment of the second.

Another case indicates a difficulty frequently met with in trying to assess the part played by the emotional make-up of the patient and the part played by the endocrines. Whether are the emotions responsible for the endocrine imbalance or vice versa? In the following case the endocrines would seem to be obviously at fault.

EXAMPLE 2.

A Jew, aged 66 years, successful in business, with subsidiary branches of his firm in various English cities asked me to call on him. His clothes were flapping round his body, and he told me that he had lost two stones in weight during the last six months. He was found to be suffering from diabetes. Under treatment he regained most of his lost weight in the course of the following eight or nine months. However, he continued to be far from satisfied with himself. He was still irritable, depressed, had comparatively little energy, required ten hours' sleep each night as against a previous maximum of seven, and for some time had been sexually impotent.

One morning he sent for me urgently. He had returned home on the previous evening from a two weeks' trip round his English business houses. Under such circumstances he used to have some interest in his wife who, although 65 years of age, was still a highly sexed woman. He said I simply had to do more for him as during the night just passed his wife, in the ardency of her passion on finding him unresponsive, had bitten his neck and shoulders. He pulled up his shirt and / -

and demonstrated the marks of her teeth clearly visible on his skin! He said she was beginning to suspect him of having a lover in some other town.

He was now accustomed to the use of a hypodermic syringe for insulin administration and I prescribed testosterone propionate in moderate dosage. Before long, a remarkable change came over him. His irritability, depression and loss of energy passed off. He became his previous cheerful self with abundant vitality and a need for less than seven hours sleep each night. Potency returned but to what degree I was not informed. He was warned that the drug was a new one, that little was known of the effects of its continued use and that it might cause him to "burn out" more rapidly rather then to prolong his youth. The preparation is still being taken by him, though in very moderate dosage, in conjunction with insulin. He remains bright and well, but I am unable to comment on his potency.

(2) HOMOEOPATHY.

My interest in the mind of the patient as a factor in disease came about gradually and in a rather peculiar fashion. One evening about ten years ago a colleague - we had been friends as students - was in my house spending a few hours with me. The talk had drifted from this to that, and then we found that we had a common grievance. Both of us had lost patients of the asthmatic type to homoeopaths and what was more disturbing was the unmistakable truth that they were doing much better now than when they had been under our care. A few days previously a short pamphlet on homoeopathy had been sent by post to members of the profession. We had both received a copy. It was written by Sir John Weir, physician in ordinary to H.M. the King.

After some discussion we made up our minds to give the matter our attention. When certain patients of ours were treated by homoeopaths with undoubted success, when the King was treated by one, and when so many of them seemed to be flourishing throughout the city, it seemed reasonable to suppose that there must be something in it. If so we should know about it. In any event we were both feeling rather stale at the time and it would be interesting.

In Glasgow there are two small homoeopathic hospitals with / -

with outdoor dispensaries; also a branch of the British Homoeo-:pathic Society with a local membership of some thirty doctors. A few of the members were known to me and they were most helpful in the matter of personal tuition on prescribing and in tendering advice on books and drugs to be acquired. I also spent some time in attending outdoor dispensaries.

My contacts with homoeopathic doctors and the impressions gathered from reading the various publications had an effect on me, but I was by no means convinced. The dogmatism and absolute conviction displayed by the homoeopaths in the action of their medicines were only matched by the scepticism of the orthodox profession. Claims of "cure" appeared to be much too sanguine and by no means always based on sound scientific reasoning, but it seemed to me that within a short time, a year at most, it should be possible to carry out an investigation which would clearly manifest whether these claims were founded on fact or not. During this period, in addition to learning as much as possible on the subject, I cautiously treated a limited number of patients along homoeopathic lines, observing results and comparing them with patients treated in the past. However, in hoping to come to a definite conclusion on the action of the homoeopathic medicine in the space of one year I was disappointed. To appreciate why this is so it is necessary to know something of the method of the homoeopathic prescriber and of homoeopathy itself.

(a) / -

(a) THE NATURE OF HOMOEOPATHY.

Homoeopathy (treatment by the law of similars) was founded by Samuel Hahnemann (1755-1843) about one hundred and fifty years ago. At this time the orthodox profession had adopted the theory of "issues", believing that illness was due to superfluity of saliva, sweat, bile, blood, etc., in the body, and the patient was salivated, sweated, made to vomit, purged or had a vein severed and bled according to circumstances. Hahnemann came to the conclusion - possibly a correct one - that he added to rather than helped the sufferings of the afflicted and ceased to practice. He made his living as a translator of scientific books and in the course of this work disagreed with some writings on quinine. He swallowed some himself, took a rigor (for some reason or another) and various other symptoms which seemed closely to resemble those of malaria. He came to the conclusion, after further experiment, that the reason quinine was curative in malaria - the one bright star in the firmament of drug treatment at that time - was because it caused, when administered to the healthy, symptoms similar to those of malaria.

He set to work to obtain a symptomatology of the action of a large number of drugs on the healthy. This was called drug-:proving. It was carried out on large numbers of volunteers and the provers did not know what drug they were being given. They were / -

were taken in groups of twenty or thirty. Some were given large doses over a short period and others smaller doses over longer periods. The symptoms were noted with meticulous care. It was observed, for instance, in the belladonna batch that not only did all take a sore throat but that 90 per cent had pain in the right tonsil first. This primary localization was regarded as being of some significance in the selection of belladonna. In the case of another drug nearly all had pain first in the left tonsil. Some drugs apparently caused the provers to sweat on the feet,while others caused head-sweats. Again, certain drugs seemed to have a "time of day" aggravation, an example being arsenic when all symptoms seemed at their height between 1 and 2 a.m. Again the mentality of provers was influenced when under the action of drugs. The arsenic provers became depressed, ex-:tremely tidy in their habits (a picture hanging squint on the wall was unbearable), were in a state of prostration out of all proportion to the severity of their drug illness and so on. In this manner very complex drug pictures came into being.

Only one drug is ever administered at any one time and the essence of homoeopathic prescribing is to find the drug which most closely matches the symptoms of the patient. As a rule it is not possible to match perfectly the two groups of symptoms, so in seeking the drug "most like the patient" it is essential to know how to grade symptoms in their order of importance.

Mental / -

Mental symptoms - those concerned with the state of the mind - are in the very highest grade and ranking next are the symptoms called "strange, rare and peculiar".

The homoeopath claims to treat the patient as a whole, not the disease only. He conceives that the disease from which the patient is suffering is often an end result - the inevitable sequel of pre-existing morbidity - and divides the patient's symptoms into two groups (a) those common to the disease, and (b) those relatively uncommon to the disease, and so he says, characteristic of the patient. For example, dyspnoea, thirst, cough and restlessness are common to practically all pneumonia patients, but if one or more of these symptoms occurred at only one time of day, was entirely absent, or was so extreme as to appear to be out of proportion to the patient's other symptoms it would fall into group (b). Many such rare and peculiar symptoms can be imagined, such as twitching of one side of the face, or coldness, heat, numbness or sweating of one part of the body, etc.

These unusual symptoms, if studied, are often found to have their origin in the condition of the patient before he contracted his present illness. They give some clue to the nature of the "previous morbidity" or what might nowadays be regarded as the predisposing causes of the illness. These causes may be physical or psychological.

When a homoeopathic prescriber visits the sick room and has / -

has made a diagnosis of the disease, which should be made only after the usual physical examination, he has still to fulfil the real object of his visit, namely, to make a drug diagnosis. This may involve much careful observation and an elaborate questionnaire. Although only one drug is given to a patient at any one time, in an acute illness a succession of drugs may be administered from day to day as the symptoms of the patient alter. While it is often difficult or impossible to find a drug which will completely match the symptomatology of the patient, the search for the drug has an effect both on the patient and on the doctor.

(b) THE EFFECT OF HOMOEOPATHIC TREATMENT ON THE PATIENT.

An ill person feels upset by his unpleasant sensations. If he has pneumonia he may have a stitching pain in his right side, worse on coughing but relieved by lying on his right side; a hacking cough more troublesome during the night; headache in the frontal region; restlessness with a desire to get out of bed; distension in the epigastrium with a tendency to bring up wind; sweating from the knees downward, and so on. The orthodox physic-:ian is usually only interested in the symptoms which help him to diagnose the disease, and will scarcely listen to the tale of the others even if the patient spontaneously volunteers them. The homoeopath on the other hand is interested in them all and encourages him to detail them to him, usually noting them in his case / -

case book. The patient feels that this man really understands him and acquires confidence as a result. Most homoeopaths now use sulphapyridine for pneumonia in the usual doses, but until five years ago the average pneumonia case was treated 'symptom-:atically' by the bulk of the medical profession. This implied the use of sedatives to bring on sleep, cough mixtures to relieve the persistent cough, etc. Now the sleeplessness and restlessness of pneumonia are probably an expression of mental distress due to fear. These symptoms can be suppressed by a sedative drug but the use of such a drug has probably a slightly deleterious effect on the patient. None of us in normal health feels better after taking a large dose of a hypnotic or analgesic. The homoeopath gives the patient his medicine and if he is a skilful doctor equally succeeds in allaying the sleeplessness and restlessness.

The comment is that any inexperienced physician can alleviate insomnia with a dose of morphine, but some artistry is required to obtain the same result with what may only be a few grains of sugar of milk.

(c) THE EFFECT OF HOMOEOPATHY ON THE PHYSICIAN.

Dr. T.A. Ross in the "Common Neuroses" remarks that any new form of treatment usually has good results. The doctor trying it out is enthusiastic over a new theory. A few patients do well and he is more enthusiastic than ever, and his patients do even better. Then he strikes a few failures and he becomes shaken./ -

shaken. A few more failures and he loses faith. Results become poorer and before long the new method fades into oblivion.

The homoeopath, when he succeeds in matching the symptom-:atology of his patient with a drug which seems to fit the case perfectly, has a sensation of triumph. Somehow or other this is sensed by the patient (or is there something else?) and a good result very often follows. So he is very much in the position of the doctor with his new treatment. However, unlike the doctor with the scientific outlook, he is not shaken by his failures and so always enjoys the fortunate serenity of the doctor with his new theory. The answer to this enigma is simple. Homoeopathic prescribing is usually extraordinarily difficult. One is often not at all sure whether this drug or that should be prescribed. If the result is good then the best remedy has been selected. If not, then the wrong one was chosen! The prescriber blames himself for his failures, not his form of treatment. Homoeopathy is sacrosanct, like a religion. He would be no more likely to blame it for his failures than a religious man to doubt his God in times of adversity. Is it possible that sublime self-confidence can confer on the physician an unknown healing power? At least one religious sect believes that 'spiritual perfection and infinite faith' in any man will bestow on him 'power to cure' in accordance with the New Testament miracles.

(d) / -

(d) THE HOMOEOPATHIC DOSAGE.

At first, dosage did not matter much in homoeopathic prescribing, but as time went on Hahnemann thought he got better results with a small dose than a large one. Later he claimed to obtain much better results by a method which he invented of activating or "potentising" the drug. This was done by passing it through a series of dilutions, at each stage the bottle con-:taining the drug being shaken or succussed for a definite length of time. The last dilution is made in alcohol and some of this fluid is poured on sugar of milk granules. The drug is usually administered by giving a powder consisting of these medicated granules.

It seems not without significance that as he grew older Hahnemann's contempt for the material quantity of the drug ad-:ministered became even greater. Indeed latterly he suggested that in certain cases it was sufficient for the patient to remove merely the cork from the bottle containing the potentised drug and sniff the bottle mouth. It suggests that he attached more importance to the finding of the drug than to the giving of it.

(e) THE RESULTS OF HOMOEOPATHIC INVESTIGATION.

About this time, 1933, I was seeing approximately three hundred cases of pneumonia a year, of whom two-thirds were removed / -

removed to hospital and one third treated at home by myself. Most of the cases were young children. Pneumonia was far and away the chief killing disease in my practice. It seened likely that a try-out of homoeopathy in this condition should yield information of value. I treated my next hundred cases of pneumonia with no drug other than homoeopathic remedies. The time extended over fourteen months and the number of deaths was twelve. The information gained was not nearly so conclusive as I had hoped. In the first place I had never taken an exact note of my previous death rate, but had vaguely placed it as somewhere in the region of 20 per cent to 25 per cent. In the second, the results were not nearly so good as the homoeopaths had led me to expect. They spoke as if a death from pneumonia was something almost un-:known, and their books mentioned figures such as 1-2 per cent.

My relatively poor figures might be the result of poor prescribing due to my very limited knowledge of drug pictures. On the other hand the improvement of my figures on anything I had ever had in the past - of this I had no doubt - might as likely be due not to giving a homoeopathic drug, but to withhold-:ing the drugs I had been in the habit of previously administering. No definite conclusion had been reached but I was encouraged to go on, as at least no harm was being done.

I commenced employing this form of treatment in all kinds of diseases and here and there obtained an apparently amazing response. Two such cases are quoted.

NOTE: Unless otherwise stated the date is that of my first attendance on the patient in respect of the illness to be discussed.

EXAMPLE 3.

Miss McC: aged 33 years: March 1934:

She took ill suddenly with rigor, elevated temperature and backache. The urine was loaded with pus. She was treated with copious fluids and potassium citrate during the first week, hexamine during the second week and potassium citrate again during the third week. At the termination of the third week her symptoms were as follows:- marked pyuria; marked prostration; intense thirst for warm fluids which were fre-:quently vomited within half an hour; restlessness and sleepless-:ness; all symptoms were most marked between 12 and 1 a.m.; a tendency to be irritated if everything in the room was not in perfect order; profuse perspiration accompanied by chilliness and a desire to have the bedclothes well round her: temp. 103; headache. At this stage in her illness she said to me - "Doctor, I feel terribly weak. Will you not try something else? What about this homoeopathic treatment I hear you have been giving some people? My mother was once helped a lot by a homoeopathic doctor."

Her symptoms were as perfect a match for a homoeopathic drug as I had ever seen, or indeed have seen since. The drug was arsenic and she was given this in the usual small dosage.

Within twelve hours her temperature was normal for the first time since she took ill and within another twenty four hours her urine was practically clear of pus. She appeared to be immediately and dramatically changed from a state of acute illness to one of convalescence.

This woman is on my National Health Insurance list and I have seen her from time to time during the last eight years. This was her only kidney affection.

COMMENT: While a patient suffering from an acute illness does sometimes spontaneously recover with unexpected rapidity, it is extremely rare in my experience to encounter a change for the better quite so suddenly as in this case, unless as a result of the exhibition of some definite remedial agent.

EXAMPLE 4.

Mr. R.K: Aged 72 years: 6: 11: 34.

I had attended him previously but had not seen him for two years. His wife suffered from migraine and they had become interested in the Food Reform Movement, living to a great extent on uncooked foods. An urgent call was received at 5.30 a.m. on 6: 11: 34.

COMPLAINT: For some six months the bowels had operated thrice in the twenty four hours, approximately at 5 a.m., when he awoke with a desire to defaecate, at 9.30 a.m., immediately after breakfast, and at 3 p.m. During the last three months the 5 a.m. stool only had been preceded by a sharp cutting pain in the rectum and followed by a trace of blood. There had occurred this morning a severe haemorrhage from the rectum after the 5 a.m. evacuation.

HISTORY: I had attended him infrequently during the past ten years. He had suffered from influenza on four occasions and from an attack of shingles which had laid him up for about a month. He had aortic and mitral lesions, dating from acute rheumatism in early adult life and causing poor exercise tolerance. W.R. was negative. He conducted a retail tailoring establishment, being driven to and from business by a chauffeur. It was his habit to take a walk in the evening. During the previous year the chauffeur had followed him in the car and when he became distressed with dyspnoea or pain in the chest had driven him home.

EXAMINATION: Digital examination, per rectum, revealed the presence on the posterior rectal wall of a hard mass, adherentto the sacrum and about the size of a walnut. Through the procto-:scope the mucous membrane was seen to be ulcerated over an area of a square centimetre. B.P. was 100/92 and double aortic and mitral murmurs were present as before.

SYMPTOMATOLOGY: He was a man of cheerful temperament, well adjusted to his environment and physical limitations.
Appetite was fairly good and digestion normal.
Bowels moved thrice daily, the stool being inclined to looseness.
The night stool (5 a.m.) was preceded by cutting pain and followed by bleeding, slight until this occasion.
Urine frequently had an offensive odour.
There was palpitation and dyspnoea on climbing stairs, accompanied by substernal pain if the exertion was continued.
He was sensitive to cold.
He perspired on exertion, especially in the morning, and occasionally at / -

at night in bed.

TREATMENT: As the bleeding had stopped on the occasion of my first call I asked him to remain in bed and promised to bring medicine on the following day. He had one strange, rare and peculiar symptom, namely, bleeding from the rectum, only at night. The drug picture of only one homoeopathic medicine contained this symptom. This was nitric acid and a few doses were made up into powders for administration next day. However, at 5.30 a.m. on the following morning another urgent message was received on account of a recurrence of the haemorrhage. The medicine was given at 6 a.m.

PROGRESS: He remained in bed for three weeks. During this period his Hb. rose from 60% to 90%. A week later he returned to business. Examination P.R. on 4: 12: 34 showed an intact rectal mucous membrane, but no appreciable difference in the size of the tumour. His three daily stools continued, but all trace of blood ceased from the time when he took his first doze of medicine.

Six months later he was seized with acute pain in the chest and exhibited signs of cardiac insufficiency in keeping with a coronary arterial thrombosis. He died after an illness extending over ten days. Up to the time of his death he continued to be free from rectal bleeding or discomfort.

COMMENT: On account of this patient's general health operative interference was out of the question. No microscopical examination was made, but clinically the swelling in the rectum resembled a malignant tumour. If so, spontaneous healing of the mucous membrane and cessation of the bleeding was a somewhat extraordinary occurrence.

It had been my previous practice to give practically every patient who attended me some tangible token to take away with him, acting thus in conformity with the great majority of the medical profession. So the patient was encouraged to believe in the curative power of medicines, and indeed it would be almost impossible to carry on a private practice if patients did not have this faith. When I prescribed Ung. Sulphur for a man with scabies I too believed I was giving the means to cure, but what of all the cough bottles, for example, which were being passed on at weekly, fortnightly or monthly intervals to the sufferers from chronic bronchitis, with or without asthma? Their symptoms might be ameliorated for a short period after each dose, but if the medicines were in any sense curative, I had yet to observe evidence of any such cures. In my own interest to say nothing of the interest of economy in prescribing, it seemed worth giving homoeopathy a trial here.

At first I was somewhat diffident about testing out these drugs and was afraid the patient might not be satisfied with the lesser medicinal symbol, but this obstacle was overcome with a little care, and those who preferred the cough bottles continued to receive them. Other groups of illness were gradually included but not patients where there was any orthodox medicine in existence known to be likely to be curative. For example, the syphilitic still received neokharsivan and bismuth, the anaemic iron, the deficiency people the appropriate vitamins and even in pyelitis pot. / -

pot. cit., hexamine, and later the mandalates or sulphanilamide would be given precedence, and only in the unlikely event of the failure of all would homoeopathy be tried out.

Homoeopathic prescribing is somewhat laborious work and is very exacting on the doctor, especially in the prosecution of a large industrial practice, where there is no question of charging higher fees in respect of the increased expenditure of time. So a very large group was for the most part omitted and this comprised people who were not very ill, and who were going to recover with little difficulty in any event. This group included colds, influenzas, sore throats and the like, where aspirin or some such drug could be prescribed quickly and seemed to do as well as anything.

A man, suffering from the pain associated with a peptic ulcer, demonstrates this time-expenditure question. It does not take long to prescribe McLean's powder, and the doctor doing this knows that the symptoms will be in some measure relieved. How-:ever, if the doctor - as in my case - is prescribing something which he does not expect to alleviate pain immediately, he must do something else. He makes a careful survey of present symptoms. He goes into the past history from both the physical and psycho-:logical aspects. This leads him to the circumstances associated with the onset of the illness. He must try to find out why the patient took ill, and if possible, to remove the cause, whether this be physical or psychological. He must in the meantime so alter / -

alter the patient's way of living as to render him freedom from pain. This will include a careful dietary.

With the progress of time patients began to come to me specially to obtain this homoeopathic treatment. I began to notice that these people had nearly all something in common. They had usually already attended a large number of doctors. They were of the highly strung, emotional type. A study of their past, present, or both, usually revealed something of a disturbing nature in their mental life and the beginning of the illness usually coincided with the first appearance of this disturbance to the mind. Some could be classified as straight-:forward nervous or neurotic people, but the great majority had complaints indicating mal-function of one or more organs of their bodies, while in many, mal-function had progressed to the point of pathological change. Many from their histories indicated that there had been a time at the commencement of their illnesses, when they had been very nervous and upset, although they were no longer in that state. It often appeared that the onset of organic disturbance coincided with the cessation of an acute nervous phase.

I now found that the mass of the patients I was treating homoeopathically, whether in my own family practice or not, showed this past or present psychological disturbance. The same applied to the great majority of the patients who came regularly to the homoeopathic dispensary. There was, at the dispensary, a small minority / -

minority who suffered from incurable organic disease, such as disseminated sclerosis, and who had come to try homoeopathy as a last resort, but the backbone of the attenders gave evidence of some psychological difficulty at some period of their lives, and careful history taking showed this difficulty to be associated with the commencement of their troubles.

Hahnemann stressed the importance of the mental symptoms above all others. I had not thought much about the psychological factor in disease before being interested in homoeopathy. I was finding its study absorbing and instructive. Was the success of the homoeopath due to the fact that he was a pseudo-psychologist? He did not regard himself as such and claimed success in the treatment of babies and children. However, I had not yet solved my original problem. While there were many instances where the discovery of a strange, rare and peculiar symptom and the admin-:istration of what seemed the appropriate medicine was followed by what appeared to be dramatic improvement or recovery, there were many others where no such improvement occurred. Most serious illnesses, such as phthisis pulmonalis, seemed to be unaccompanied by any such strange or peculiar symptom and I had to admit that, in spite of the most careful case-taking, I had been unable to observe any noticeable impression made on a single case of tuber-:culosis by a homoeopathic medicine. Nevertheless the homoeopathic technique/ -

technique introduced me to a new aspect of medicine and many of the observations made by homoeopaths seem to me to be of great value in directing attention to a relatively neglected factor in the aetiology of many diseases. The homoeopath attracts a special group of patients who are by no means all neurotic, whose complaints in any case are concerned with dis-:turbance in bodily organs, and who for the most part, would be disinclined to consult a psychologist. They are drawn to him largely because his method of case-taking considers their mind states. The illness of many patients appears to be a defensive mechanism and consultation with a homoeopath does not constitute the 'threat to their defences' entailed in visiting a psychologist. Yet, if the homoeopath is not aware of the nature of all the forces he is employing in his treatment, he is apt to resemble the skin specialist as conceived by the aged doctor who, when advising a young man on the career to follow, said - "Be a skin specialist. You will have no night work. Your patients will rarely die and what is more they will rarely recover. "

(3) GENERAL OBSERVATIONS ON THE PSYCHOLOGICAL APPROACH.

Many interesting facts, of no little bearing on the happiness of the individual, emerged from my case-taking. These concerned not only new patients but many old ones, and had been hitherto quite unsuspected. It became apparent, for example, that the sexual life of large numbers of married people was far from satisfactory. What the actual proportion is I am in no position to state, but I can well believe that 20 per cent of married women in this part of the world regard physical relations with their husbands only in the light of a repugnant duty. I have not studied any of Freud's own works, but had read a little of the writings of some of his disciples and critics. It became obvious that one had to face reality, had to ask patients many indelicate questions, and had to find out what thoughts dominated their minds during various phases of their lives, if one hoped to function comprehensively as their doctor. There had been no mention of this aspect during my early training, and it was apparent that the great bulk of the profession was unaware of it, but it seemed to explain the existence and the success of many unorthodox cults. That this outlook was taken cognisance of by many, even outwith the bounds of the medical profession, is exemplified by the Rev. Leslie Weatherhead's book "The Psychology / -

Psychology of the Soul".

NOTE: Christian Science indeed goes so far as to presuppose that nothing but mind really exists, and, like homoeopathy, its widespread acceptance and success in the medical sphere seem to me to be related to the part played by the emotions in causing and maintaining bodily disorders. Both cults have much in common, not only in the kind of person adhering to and presumably benefitting from them, but in the type of disorder treated with success. In both, conscientious emotional people who have been unable to cope with their difficulties largely comprise the kind of person, and the bodily disorders are those which are alleviated by a process of mental catharsis with an accompanying acquisition of psychial peace rather than by the action of drugs. While Christian Scientists claim power to cure morbidity of every form, there is no evidence to indicate that in their hands backs made crooked by Pott's disease or legs bent by rickets become straightened, but there is ample evidence of good results in other fields where the patients had obtained little help through the medium of the orthodox profession. These fields include disorders such as psychoneurosis, asthma, bronchitis eczema, headache, dyspepsia, rheumatism and goitre.

About four years ago I read a reprint of an article by Halliday on the Psychological Approach to Asthma (Brit.J. Med. Psychol. 1937) and was profoundly impressed by it. It detailed a series of cases of asthma and explained the meaning of impress-:ions I had been vaguely gathering. A study of my own cases of asthma served to confirm the truth of the author's deductions and conclusions. I also read his article on rheumatism in the B.M.J. 1937. While I am not in full agreement with him here, as it seems to me that the presence of rheumatic nodules up to the size of walnuts can be detected without difficulty, his ideas have been most enlightening on the possible causation of these nodules and on why they are sometimes painful and sometimes not. Halliday / -

Halliday was also interested in the right and left sided findings (as were the homoeopaths) and pointed out to me some-:thing of the significance of these from the psychological point of view. This enabled me to clarify some cases I had been unable to piece together logically and to make clearer observations on fresh cases. He also suggested to me, in con-:versation, that I look out for the dramatic onset of skin disease in a middle-aged person, usually a man, a condition which he had labelled "Job's Eczema". This made it possible, a year later, for a classical case of psychosomatic illness of this nature to be not only spotted, but to be treated with some success in a single cohsultation.

(a) HEREDITY and ENVIRONMENT.

Heredity seems to be of great importance in psychosomatic disorders, but it is not always possible to draw a hard and fast line between this and environment as causal agents. When patients turn ill the doctor may have some power of controlling their surroundings and of varying their general outlook, and so of influencing their health. He cannot, however, materially alter the intensity with which they feel emotion and so make them people of normal stability. They may remain well for a consider-:able period after treatment and are often able to adjust them-:selves / -

:selves better to future difficulties, but are likely to break down again when faced with a group of circumstances producing severe psychological stress. Inborn characteristics are found related to illnesses both functional and organic. This applies not only to psychosomatic disorders but also to infectious diseases, e.g., certain individuals appear naturally to have a high resistance to infections, such as scarlet fever, diphtheria and tuberculosis, while others have not.

Asthma may be encountered in various members of a family in association with an asthmatic parent. Here environment, as an influence on the growing child, seems to be as important as heredity. However, one more often finds that the children of asthmatic parents exhibit a variety of psychosomatic disorders and in such circumstances heredity seems the dominant force. It has been observed that an environmental factor of significance can usually be found in relation to the onset of illness in all these children, irrespective of the relative importance of heredity or early environment. In one family where the father suffered from asthma, an elder brother contracted asthma at the age of 14 years during an attack of pneumonia, and a younger brother first took asthma eleven years later at the age of 22, when in the trenches in 1917. In families where the father is an inveterate drunkard and cruel to his wife, the children may develop into well balanced citizens or may exhibit signs of psychosomatic illness. Where one member of a family shows the latter tendency, others / -

others are also likely to be affected, and one often finds the mother to be neurotic in addition to the father being a drunkard.

While the hereditary factor seems to be an essential feature in many of these illnesses, it has been noticed that asthma, migraine, etc., are rarely if ever found in the newly born. Heredity seems to supply an emotional instability, a restriction in adaptability, which predisposes to psychoneurotic or psychosomatic breakdown in the presence of psychological strain, rather than a direct tendency towards one particular type of ill-:ness. Some happening in environment, especially early environ-:ment, usually determines not only the onset but the nature of the illness.

(b) THE TYPE of EMOTION.

It seems apparent to me that not only are many diseases aetiologically related to and maintained by psychological strain or upset, but that one can often describe particular bodily dis-:orders in terms of particular types of emotion. In the present state of knowledge perhaps it would be unwise to over emphasise this aspect; and, in any event, I have encountered insuperable difficulties in attempting to classify 'states of ill-health' under / -

under headings of 'precipitating emotions'. Accordingly, cases exhibiting similar symptoms have been grouped together and I have tried to investigate as far as possible the precise nature of the emotion dominating the mind of the patient at the time when each symptom first appeared. Forms of emotion are numerous and mixed, and it was noted, at an early stage, that if a person once reacts strongly in response to a given emotion in a particular fashion, a pattern of reaction will be set up in that person. He will tend to conform to this pattern irrespective of the quality of emotion experienced at a later date. For example, let us say that 'fear of death' results in asthma and 'uncertainty as to future conduct' in headache. An individual who is faced with 'fear of death' at the age of five years and who commences taking asthma as a result will be more likely to take an attack of asthma than a headache when he is confronted with a mental con-:flict involving 'uncertainty of future conduct' at the age of twenty.

Even in considering cases under a grouping of 'reactive phenomena' it is difficult to obtain anything resembling coherent classification, as numerous emotions and disorders often exist in one person. One patient may exhibit asthma, dyspepsia and rheumatism. I have discarded cases where symptoms are unduly mixed. Those selected can be regarded as more or less typical of the illness under survey. For instance, space precludes a detailed description of all the asthmatic patients I have treated, but / -

but in the great majority a psychological happening was dis-:covered in keeping with those reviewed.

(c) THE KIND of PERSON.

The type of emotion is, however, very closely related to the type of person; which is perhaps another way of saying that emotional responses are idiosyncratic - that one man's meat is another man's poison. A psychosomatic emotional response is therefore much more a function of the person than of any one particular kind of environmental factor. For example, two people on the street witness an accident. One is unmoved while the other becomes deeply agitated. Or again, two women of equal age, lose their husbands at the same time. One dwindles and dies, and the other blossoms like the rose. The problem is therefore one of emotional adaptability and it seems likely that the persons who develop psychoneurotic or psychosomatic illness have been defect-:ive in this respect. Yet the nature of the environment encount-:ered by each individual must also be considered; because as persons differ, so do their environment, and the understanding of many patients is incomplete if "what they have met" fails to be investigated.

The following are examples from daily experience. A middle aged woman has one son after the other conscripted to the Forces. When the youngest of them (her little Benjamin) is marched / -

marched away, she takes "neuritis" of the left arm and shoulder. She has no history of neurosis but at this time she feels an emotion very strongly over a period. A girl in an ordnance factory desires a release (one has requests for certificates for this purpose at least half a dozen times a day) as the "fumes and close confinement in the factory are giving her head-:aches and upsetting her stomach". She has worked in the factory for eighteen months and kept well until three weeks ago. One finds that three weeks and two days ago the girl working at the neighbouring machine lost two fingers of her right hand, and that the patient has since lived in fear of such an accident. A young lad desires release from brass-moulding as the work is "going for him" - but it is revealed that he only commenced feeling ill after his mate had met with a serious injury, or a friend suggested that he would earn twice the wages in another type of employment.

(d) TREATMENT.

The need for making a careful physical examination can scarcely be over emphasised irrespective of the role thought to be played by psychological factors. This is especially true of the nervous type of patient. He or she has frequently so many complaints traceable to anxiety that one can easily overlook a serious organic disease, such as early malignancy. While anxiety may / -

may be the cause of bodily disorders, fear of disease, resulting from gradual loss of vitality brought about by commencing cancer or tuberculosis, may well be the instigator of anxiety.

Having made a physical investigation, one should induce the patient to relate her story step by step until she remembers her emotional state at the onset of her illness. If there was a psychological happening of importance about this period she may be able with the help of the examiner to associate illness with mind state in significance of time. One should not forget that an illness is often a ~~defensive mechanism~~ mode of defence from an intolerable mental situation and although, when viewed after a lapse of time, the mental sit-:uation is no longer intolerable, nevertheless treatment constit-:utes a threat to the patient's defences. The doctor may observe the connection between mind and illness long before the patient does, but an attempt at premature explanation may cause resentment and serve as an excuse for treatment being broken off. Sometimes it becomes obvious that the patient has appreciated the link be-:tween her illness and some past experience but will not divulge the nature of the experience. Her recovery need not be impeded by this procedure.

Often the removal of the illness is no kindness unless the doctor can assist his patient to become adjusted to her present and future life. A religion, a new philosophy, fresh activities, or a change of outlook, may be the solution. There is / -

is a temptation to advise what would be the solution for oneself under the circumstances rather than the one most likely to benefit such a patient in virtue of her intellect, temperament, and character. The greater the general knowledge possessed by the physician the easier will it be for him to help her. A memory of philosophies may bring out an appropriate remark, such as Marcus Aurelius concerning the Past, the Present, and the Future suggesting that "the Past cannot be taken from one, the Future is uncertain, what is there in this Present moment too intolerable for thee to bear?" One may point out that as far as is known no fish in its natural surroundings dies of old age. These creatures narrowly escape death, probably many times a day, yet by requiring to keep constantly on the alert - living in the Present - are doubtless spared anxieties concerning the future which render miserable the relatively sheltered lives of most human beings. Then there is the Theosophical saying: "When the student is ready for the Teacher a Teacher will appear". This may be applied to the factory worker who wishes to be a hairdresser, with the comment that when one takes the trouble to prepare oneself for hairdressing it is amazing how often an opportunity arises for attaining one's desire.

As already indicated, confidence of patient in doctor is helpful; but what is less widely appreciated, and what is probably of much greater importance, is confidence of the doctor in / -

in himself. In some instances a doctor will sense a lack of sympathy to exist during his consultations when he will be well advised to pass on the patient to someone else. Generally speak-:ing it appears to be easier to treat successfully patients out-:with one's own family practice.

In submitting the following groups of cases, I wish to point out that they should be regarded not as freak or isolated types nor as a comprehensive series, but as examples of forms of illness which comprise a significant part of my daily practice. With a few exceptions individual cases are described only if throughout a reasonable number of patients observed and treated by myself (1) an emotional disturbance of unusual severity from the patient's point of view occurred in relation to the onset of the illness; (2) each disorder was associated with the same or a similar emotion; and (3) psychological treatment resulted in alleviation or removal of the disorder in a considerable proport-:ion.

Forms of emotion are discussed in the simplest possible terms, and as a rule the patient either volunteered or agreed that he or she had experienced to a marked degree the type of emotion to which the illness is attributed, in some measure at least.

(4) A GROUP OF CASES OF ASTHMA WITH AND WITHOUT BRONCHITIS.

CASE 1:

Miss L.K. ... 28 years. ... 5:12:38. ... Typist.

COMPLAINT: Asthma.

HISTORY: She began to have attacks of breathlessness seven years ago, October 1931, and soon afterwards had to give up her employment. She had been on the National Health Insurance sick list since. Neither parent had asthma, but her father suffered from bronchitis in winter. At first her attacks had been relatively infrequent, but in recent years it was a rarity for a night to pass without an attack. In addition to her panel doctor she had consulted privately eight other general practitioners and three consulting physicians. She had been a patient in the Royal Infirmary, Glasgow, on four occasions for an approximate duration of three months each time. She had received there courses of inoculations for allergic substances, including horse hair, grasses, carrots, etc. Many drugs had been employed, of which she remembered the names of potassium iodide, adren-:aline and morphine. Relief from any method of treatment had been transitory.

EXAMINATION: Wheezing; rales; cough with frothy sputum only during and after attacks.

She denied the existence of any worries. Her home was a happy one and shared with her father and two brothers. The onset had been sudden, with no previous history of chest trouble except pneumonia at 18 years, from which she had made a good recovery. She also denied any worry at the time of onset, but said that the shock from the death of her mother when she (L.K.) was 19 years, and her pneumonia at 18 years, had been blamed as being partly the cause of her illness. She had been happy in her employment, having remained in the same office since leaving college. On being asked if she had ever been engaged to be married she replied that she had.

"Who broke it off?
"I did".
"When?"
"September 1931"
"Why?"

She became flushed and agitated but after some hesitation she / -

she unfolded her tale which concluded with this statement: "He started following me about and kept trying to force me to make it up again. When I left the house in the evening there he was, waiting at the garden gate. One night he threatened to cut my throat and then his own, if I would not consent to marry him."

At this point her breath was coming in gasps and she was unable to speak further. She was in the throes of an asthmatic attack.

PROGRESS: She returned to me once, two years later, because a cold was slow in clearing up. She had resumed her employment ten days after seeing me and had not missed a day's work since. There had been no more asthma and cough and spit had vanished within two months.

COMMENT:- This case illustrates a dramatic recovery. In telling her tale - the whole consultation lasted under thirty minutes - the psychological association of her broken engagement and subsequent fear with her illness suddenly became apparant to her. The complete repression of the unpleasant event was remarkable. Her strongest emotion at the onset seemed to be 'fear of death'.

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CASE 2:

Miss D. W. ... Age 29 years. ... 7: 9: 39: Light Housework.

COMPLAINT: Asthma - attacks usually worse at night and worse before menstrual period.
Cough with copious greenish, frothy, bitter sputum, stained with blood on rare occasions,
Dysmenorrhoea with pain before and during first day of M.P.
Sleeplessness / -

Sleeplessness, tiredness and lack of energy.

HISTORY: She was an only child devoted to and made much of by her mother. She was healthy until after whooping cough at the age of 4 years. The cough had tended to persist. She took pneumonia at 12 years, was removed to hospital and her earliest recollection of attacks of breathlessness dated from this time. A diagnosis of asthma was first made two months after her discharge from hospital. The summation of her schooling amounted to less than a year in all, and was made up of short attendances spread over the 5 to 14 years.
She had never been able to go out to work, rarely did more than wash and dry the dishes at home, and spent at least half of each day in bed. Her mother had always regarded her as being delicate and only with reluctance had permitted her to venture out of doors.

EXAMINATION: Height 5 ft. 5 ins. Weight 7 st. 1 lb. Thin, pale, audible respiration, rales, wheezing, B.P. 100/70. Hb.70%. She would hardly answer a question without first looking in the direction of her mother, who seemed to exercise an abnormal domination over her. Her mother confessed to feeling uneasy if she were out of her sight, ever since her birth, which had been such a difficult one that she had never risked having another child. She had always been terrified that she might lose her and blamed herself for having permitted her to play with other children, thus allowing her to be infected with whooping cough, and to attend school on a wet day, a happening which was followed by pneumonia. She had expended great care in avoiding similar occurrences.

The patient after some questioning (over a few consultations) recalled her pneumonia. She had been sure she was going to die when she was taken to hospital, as she had often been told by her mother that she was delicate and could not stand a severe illness. When in hospital the girl in the bed next to her had died, and she kept waiting for her turn to come. When a second occupant of the same bed died a week or so later she found herself in a state of terror and although she was now past the worst of her illness she began to choke for breath.

PROGRESS: 13:10:39. Asthma absent since first consultation. Bronchitis and dysmenorrhoea much the same. Advised to go out more, to do more, to try to cease being an invalid.

21:11:39. Asthma had recurred after being caught in the rain when out walking. Reassured, discussion with mother and herself on the necessity for escape from undue maternal / -

maternal influence.

9: 1: 40. Trying to follow instructions, paid her first visit to a picture house and was often away from her mother's company. No more asthma, cough and bronchitis much better. Weight 7 st. 9 lb.

16: 2: 40. Had influenza and was in bed two weeks; cough dry and hard, sometimes causes vomiting. Moist sounds in chest decreased.

4: 4: 40. Still no asthma. Dysmenorrhoea improved. Up all day and doing full share of housework. Goes for long walks but breathless on climbing hills. Weight 8 st. 6 lbs. Feels well, intends looking for a job.

COMMENT:- At first there was some difficulty in obtaining the co-operation of the mother. The girl appeared to have been forced into invalidism by suggestion and overcare. The mechanism at the onset included suggestion of disease, bodily inferiority, fear of death and symbolism. When she took her first attack of choking during pneumonia her dominant emotion appears to have been "Fear of death". (Note mother fixation attitude with relation to dysmenorrhoea and a tendency for all her symptoms to be aggravated before M.P.)

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CASE 3.

Mr. S. McB. ... 49 years. ... 1: 1: 34. ... Seaman.

COMPLAINT: Chronic bronchitis and asthma.

EXAMINATION: Wheezing with intermittent attacks of asthma. Extensive chronic bronchitis. Emphysema. X-ray report - fibrosis.

HISTORY: Although he joined my N.H.I. list on 1: 1: 34, it was not until some years had passed that I appreciated the / -

the significance of his asthmatic attacks in terms of psychological happenings. During 1935 I gave him an extensive course of inoculations for allergic substances and eliminated a series of articles from his diet, one at a time. There was no apparent improvement from these measures.

He was invalided home from the Army in January 1918 following exposure to chlorine gas, but was sent back to the trenches in June of the same year. He took his first attack of asthma during the night, twelve hours after the doctor had passed him as fit, and a few other attacks before reaching the battle area. He twice reported sick but was ordered to proceed with duty. Other attacks followed but he remained on active service until the end of the campaign. Then he brought his case before a medical board and was discharged from the Army with a small pension. He was unemployed until 1924 when his pension was stopped. During these years 1918-1924 jobs were hard to get and the Public Assistance granted more money to a man who was on the sick list than the Unemployment Bureau granted to a man who was well. Accordingly he had no inducement to become well. However, the Pensions Board and the Public Assistance decided simultaneously in 1924 that he was no longer unfit. Soon afterwards he went to sea on a merchant vessel. During the following ten years he continued in this employment, and although he continued to have a cough and spit, he was free from asthma. In May 1934 just after returning from a voyage he took a severe attack of asthma and remained on the sick list, suffering from repeated attacks, for four months He went back to sea in September and continued at his work relatively free from asthma until 13:11:35 when he again broke down with asthma. He has been continuously on the sick list since.

A study of his emotions at the onset of his various sick spells indicates some facts of significance. In June 1918 he admitted he was terrified to return to the trenches and was afraid he would be killed. Until 1924 he was examined two or three times a year by the Pensions Board. There was a tendency for him to take an attack of asthma the night before each examination. He admitted he was afraid his pension might be stopped. Just before he returned from the voyage in May 1934, his mother died of pulmonary tuberculosis after a nine months' illness. He admitted he was terrified he might take tuberculosis. He had a bitter quarrel with his father on 2:11:35; on 13:11:35 he learned that his father, also a seaman, had been washed overboard and drowned at sea.

PRESENT CONDITION: Chronic bronchitis, emphysema, lung fibrosis / -

fibrosis, but asthma only on rare occasions.

COMMENT: During the past six years threats of asthma have been repeatedly warded off by obtaining an X-ray report indic-:ating freedom from tuberculosis. He continues to be anxious and worried about himself. Fairly extensive organic changes are now present. Life at sea is more fraught with danger than ever before and there is little hope of inducing him to return to such an occupation.

The onset and early attacks were associated with the emotion of "Fear of death". Later attacks were induced by a threat to his material welfare and then by fear of tuber-:culosis. Other threats to his life followed, especially fear of drowning, and these to some extent persist.

It has not been possible for me to do more than keep his attacks of acute asthma under control.

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CASE 4.

Miss L.P.K. ... 31 years. 26: 6: 37. ... Salesgirl.

COMPLAINT: Asthma and bronchitis.

HISTORY: The other members of the family were my patients but she transferred to my N.H.I. list about this time and this was my first attendance on her - an emergency call at 10.30 p.m. for an acute attack of asthma. Dyspnoea was severe. Asthma had commenced five years previously at the age of 26 during the month of March. Attacks always came on between 5 and 10 p.m., were usually confined to the week after M.P., and as a rule were/ -

were worse in the months of September and March. The first attack came on at a time when her father was not well and when she had a great deal of extra late work and responsibility at the warehouse. Her employment frequently made it incumbent on her to unpack cases of hardware packed in straw. She had blamed the straw and dust for her asthma.

She was devoted to her father being much fonder of him than of her mother.

After three consultations with her at weekly intervals which yielded no more information than the above, I suggested that in my experience, asthma was often the result of grave anxiety amounting to panic, when there was fear for one's safety. She said that she thought she understood now and that she would be able to overcome it, but refused further enlightenment. I found out later that she was involved in a love affair at the age of 26, but learned no details.

11: 10: 37: She came to consult me about blepharitis. She had been absolutely free from asthma since seeing me and her cough and spit were gone too. Her gratitude was sincere and profuse and she admitted that there had been other anxieties at the 26 age period which she could not talk about.

13: 5: 39: She complained that after the last few M.P. she had suffered for a week or so from retching, nausea, vomiting and vertigo. I learned nothing of the cause but she improved during the following months and the symptoms practically cleared up.

15: 5: 41. She complained of nausea, retching, vomiting and vertigo, pain in the urethra after urination and profuse M.P.; exhaustion. She had been married two months. I now learned that her previous stomach disturbances had come on when she first became engaged to be married two years previously; that any physical contact had an upsetting effect on her. Although she was fond of her husband she had no pleasure or satisfaction in marital intercourse.

Ever since deciding to become engaged she had been queerly mixed up. When her fiance was absent she desired to be with him and when he was present she was aware of being uneasy. A suggestion was made that perhaps over fondness for her father was obstructing a fulfilment of love for her husband and that in this respect she had not reached adult age.

PROGRESS: She did very well, all her symptoms clearing up and the sexual part of her life becoming normal within a comparatively short time.

COMMENT: / -

COMMENT: She exemplifies the person who becomes well when she understands a psychological reason for her illness but does not divulge the reason.

It is interesting to note that mother fixation is associated with aggravation of symptoms before menstruation and father fixation with aggravation after menstruation.

Fear and repugnance for physical contact were reflected in nausea, vomiting, wind, etc.

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CASE 5.

Miss M. McG. ... 15 years. ... 6. 5. 36.

COMPLAINT: Asthma and bronchitis.

HISTORY: Her family were my patients and she had been in my family practice all her life. However it was not until early 1940, in spite of previous questioning, that she divulged her psychological state previous to the onset of asthma.

6: 5: 36. An accidental blow fractured her nose. The nose was not badly disfigured after the injury but nose respiration was obstructed and for the first time she was aware of some difficulty in breathing.

The following dates indicate the periods during which she was unfit to work and the cause of the illnesses.

1: 4: 37 to 12: 4: 37. Left otitis media.
7: 10: 37 to 14: 10: 37. Acute bronchitis.
1: 11: 37 to 16: 12: 37. Acute appendicitis, appendicectomy.

20: 1: 38. She did not go on the sick list at this time but complained that since resuming work on 17:12:37 she had wakened at some point during nearly every night choking for breath. The air at her work was full of dust / -

dust, a cork factory, and she was inclined to feel sick often while working. She suffered from night sweats. Examination showed rales and wheezing. Bronchitis and asthma were diagnosed. She blamed the dust for all her trouble.

15: 3: 38 to 9: 4: 38. Incapacity following operation for removal of inferior turbin-:ates. Nasal respiration greatly improved.

21: 5: 38 to 28: 5: 38. Incapacity, bronchitis and asthma
5: 6: 38 to 13: 6: 38. Incapacity, bronchitis and asthma
11: 8: 38 to 18: 8: 38. Incapacity, tonsillitis.
7:11: 38 to 19:11: 38. Incapacity, bronchitis and asthma
21: 2: 39 to 28: 2: 39. Incapacity, bronchitis and asthma
3: 8: 39 to 30: 9: 39. Incapacity, bronchitis and asthma

13: 2: 40. She has not suffered much from asthma since the beginning of October 1939. She is pregnant. L.M.P. 1: 9: 39, unmarried and unlikely to be married as her "boy" is of a different religion. She was greatly worried with the fear of possible pregnancy until 7: 10: 39. She then told her mother that she thought she might be pregnant and an agreement was reached between the two families, an agreement which did not include marriage.

On this occasion I was able to induce her to talk about herself at some length.

She told me that her best friend had died under an anaesthetic and that when I sent her to the Victoria Infirmary to have her appendix removed she was scared out of her wits. She was sent in at 6.30 p.m., but the operation was not performed until the following day. Her sleep was broken during that first night on at least three occasions due to gasping for breath.

She had little more difficulty with breathing until she returned to her work. After returning to the factory on 17: 12: 37 she was informed that two of the girls were on the sick list with consumption. The factory girls agreed that the dust was the cause and that the lack of adequate ventilation in the factory was a public scandal. She was much upset on hearing this. Her asthmat-:ic choking for breath recommenced the following night.

PROGRESS: There has been no recurrence of asthma at any time since 13: 2: 40. Bronchitis which had been very marked cleared in about five or six months.

She had a normal confinement on 6: 6: 40.

2: 9: 40 to 3: 9: 40. Incapacity, acute cystitis.

COMMENT / -

COMMENT: Here is a girl who enjoyed relatively good health until she was 15 years, when she broke her nose and had difficulty with breathing for the first time. Choking and asthma commenced when she was afraid for her life just before operation and became established when, on returning to work, she became afraid she might take tuberculosis because of dusty atmosphere. She was frequently off work with bronchitis and asthma during the next two years, but her wages were required in the home and periods of incapacity were usually short. The first occasion on which she was off work for any length of time was when there was the additional fear of pregnancy. After she confessed her fears and an explanation was made to her, first asthma, and then bronchitis, cleared up. The onset and fixing emotions were fear of death from anaesthesia and tuberculosis.

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CASE 6.

Mrs. A. F. ... 48 years. 28:10;40. House duties.

COMPLAINT: Cough with involuntary urination; copious sputum; asthma, attacks usually at night.
Dyspepsia, heartburn and distension of stomach, with relief from eructations of wind - duration, 26 years.
Pain left shoulder and left arm - duration two months.
Menopausal flushing with profuse irregular M.P.

EXAMINATION: Chronic bronchitis with rales throughout chest and wheezing; B.P. 160/90; moderate degree of prolapse of uterus./ -

uterus.

HISTORY: Her father lived in Portsmouth, was a well-to-do wine importer and had most of his money invested in French vineyards. Mrs. A.F. had a private income from this source. An only child and looked on as being delicate, she suffered from attacks of bronchitis each winter from infancy.

1916: 24 years of age - she married a man fifteen years her senior soon after her fiance was killed on active service. There was one child by the marriage, a daughter now 22 years old.

1921 to 1930: She lived in India during this period on account of her husband's business. She was a heavy smoker. Her bronchitis was not very troublesome while she lived in India but she contracted pneumonia there in 1928.

1930 to 1939: They lived in London, comfortably off. She had a large house, well staffed with servants and her own car. She took pneumonia again in 1937.

Dyspnoea, heartburn, distension and flatulence first made their appearance soon after her marriage. She never had any physical love for her husband and it emerged that she was filled with loathing and disgust for sexual relations during the early part of her married life. Later she tolerated his attentions without emotion but from the date of her marriage "she has had to be careful about what she ate, because of acidity".

When war broke out her husband's business was brought to a standstill. Had he wound it up at once he would have saved a considerable part of his money, but he kept it going until he was nearly penniless and forced to close down a year or so later.

Her first attack of asthma came on suddenly in June 1940 when she realised that France was on the brink of defeat. She was in a state of profound fear for her future as she visualised her own fortune vanishing with a German occupation of her vineyards, knowing too that her husband's income was almost gone.

During July their house and possessions had to be sold to avert bankruptcy. For a month she was practically prostrate with bronchitis and asthma. Her husband obtained a situation in August 1940 in a Royal Ordnance Factory near Glasgow. They now live in a small furnished flat and she has to perform all the house duties and to put up with sending him out to business at unusual hours, e.g. when he is on the night shift.

Her / -

Her left shoulder and left arm have troubled her a great deal during the last two months. Latterly she has had it massaged thrice weekly without relief. Her strongest feeling of late has been an almost ungovernable hatred of her husband for his inability to protect her from her present life of toil and humiliation. She admitted she frequently felt an intense desire to kill him.

PROGRESS: Asthma and left sided shoulder pain rapidly disappeared and other symptoms were greatly ameliorated. These latter however, tended to recur. She was unhappy, dissatisfied and resentful and it was something of an effort to bestow on her the sympathy to which she felt entitled.

COMMENT: The patient herself had no idea of the association in time of her dyspepsia with revulsion and rejection soon after marriage, of her asthma with her terror for her future security, and of her left-sided shoulder and arm pain with the sinister desire to hurt her husband. She was easily able to appreciate the connection when explained to her. Left shoulder neuritis is sometimes associated with 'deprivation of a loved object'. Perhaps loss of her vineyards also played a part.

The asthmatic reaction was linked with acquired inferiority - early bronchitis and pneumonia.

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CASE 7:

Mrs. J.C. 47 years, 18: 12: 39. House Duties.

COMPLAINT: Chronic bronchitis; emphysema; asthma two or three times a month, usually with acute bronchitis and elevated temperature and in bed two or three days. Dyspepsia / -

Dyspepsia (had to watch everything she ate), wind; flatulence; leucorrhoea; moderate prolapse of uterus.

HISTORY: Her father suffered from chronic bronchitis and asthma. She had frequent attacks of bronchitis as a girl but has no recollection of asthma. She does remember, however, of the fear of growing up with a bad chest.

23 years of age - married; was much in love with husband. Within two months she discovered that everything in the house had been bought on the instalment system and they were up to the eyes in debt. She was in a dreadful state; felt she would go off her head and that she could never trust her husband again. She was unable to sleep that night; was in great mental distress, felt herself beginning to choke and took her first attack of asthma. By half starving herself she managed to clear off her debts within one year, but had a few attacks of asthma during the first few months.

24 years of age: - After being married a little over a year she found her husband had been unfaithful to her. The discovery was associated with another, viz., she had gonorrhoea. These revelations were followed by recurrences of asthma.

30 years of age - first child born - lived one year.

32 years of age - second child born - lived nine months.

37 years of age - obtained a divorce after further infidelities on the part of her husband.

38 years of age: - married her second husband, her brother's friend who had wished to marry her when she was eighteen. He was in a good position and although she was not in love with him she liked him, and being a semi-invalid at that time with chronic bronchitis and asthma she felt she needed someone to look after her.

Her indigestion, vomiting and flatulence dated from this marriage. She admitted that physical relations with her second husband had been repugnant to her and without any satisfaction.

39 years of age - third child - stillborn.

40 years of age - fourth child born - a girl now nearly seven years old.

PROGRESS: The treatment of this case presented many difficulties and the above history, not easy to obtain and gathered in bits and pieces, is a mere skeleton of her fears and anxieties. However, she improved considerably.

COMMENT / -

COMMENT: Although her predominant emotion at onset seemed to be fear for material welfare rather than fear of death, her early life with her father who had asthma and her own bronchitis as a child were sufficient to swing her reaction towards asthma. There is ample evidence to connect state of mind with her physical illness. Digestive disorders appear closely linked with repulsive sexual relationship.

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(4) SUMMARY: GROUP OF ASTHMA CASES.

I chose those seven cases as being typical of the average run of people one is called on to attend in practice. Typical, too, are the variations in results from treatment. CASE 1, where no serious organic changes had taken place, made a dramatic recovery on the unveiling of a repression. In CASE 2, after the patient and her mother grasped the signific-:ance of the relationship between psychological influences and asthma, one was able to exert considerable pressure in allev-:iating the daughter's environment. Recovery, though gradual, was satisfactory. CASE 3 exemplifies an insuperable com-:bination of adverse environmental factors. Pulmonary disease was progressive in spite of enlightenment on emotional action and asthmatic attacks were kept in abeyance only by frequent reassurance and encouragement. CASE 4 made a rapid and complete recovery from asthma but refused confession of her mental difficulties. CASE 5 made a dramatic recovery from asthma and her bronchitis rapidly improved after understanding was attained, although she had consulted me on dozens of occasions over some years before psychological investigation was attempted. In CASE 6 asthma subsided soon after the commencement of treat-:ment but pulmonary changes, previously present, continued. There was a persistence of adverse environmental conditions.

Organic / -

Organic changes were marked when the treatment of CASE 7 was undertaken. Although asthmatic attacks did not cease they became much less frequent and her appreciation of the fact that they always accompanied anxiety seemed to enable her to surmount her previous despair and to realise that she had power to help herself.

I make some differentiation between a direct threat to life and a threat to security although both constitute an attack on the instinct of self-preservation. In the absence of predisposing causes my observations suggest that asthma is brought about only by fear of the greatest intensity. This is rarely achieved unless the patient feels that life itself is endangered. However in the presence of predispos-:ition, such as an early upbringing in an atmosphere of parents panting for breath as a result of pulmonary or heart disease, or previous personal respiratory difficulties, such as nasal obstruction, whooping cough, bronchitis or pneumonia, the less violent fear emotion may be effective.

CASES 1, 2, 3, and 5 demonstrate 'fear of death' at onset, while CASES 6 and 7 show 'a threat to security' with predisposing causes of the order indicated. CASE 4 refused to reveal her emotions at the commencement of her illness.

Certain of the cases portrayed additional psychosomatic disorders in association with other powerful emotions. These include:- / -

include:-

(a) Dysmenorrhoea and general aggravation of symptoms before M.P. with mother fixation - CASE 2.

(b) Frigidity and general aggravation of symptoms after M.P. with father fixation - CASE 4.

(c) Nausea, vomiting, dyspepsia, flatulence, etc., with frigidity and repulsion for sexual relationship - CASES 4, 6, and 7.

(d) Pain in left shoulder and arm with feelings of aggression towards husband and loss of a loved object, viz., her vineyards and possessions - CASE 6.

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(5) A GROUP OF SKIN CASES.

CASE 8:

Mrs. J.Y. Aged 62 Years. 20: 6: 42. House Duties and Assists her husband in a Commercial College.

COMPLAINT: Dyspepsia; abdominal distension with wind; acid eructations of wind and bowel flatulence; acidity; acid fruits especially disagree - duration 40 years. Car sickness; has never been able to motor for more than a few miles without vomiting; even by train cannot travel for more than a few hours without sick-:ness - the symptom was first observed when she had her first ride in an automobile about twenty five years ago.
Seborrhoeic dermatitis of the scalp, involving the occipital and temporal hair margins, behind the ears and back of the neck - duration 4 years.
General poor health - she has never known what it meant to be quite free from physical complaints, but has never-:theless led an active hardworking life.

HISTORY: At 10 years she was ill with pleurisy followed by abdominal swelling due to ?T.B. peritonitis. She was unfit to attend school for nearly a year.
22 years - married. Her stomach symptoms commenced soon after marriage and included nausea, vomiting, indigestion and constipation. During the first few months she frequently required to take to her bed on account of her digestive trouble. About the same time her menstrual periods became profuse and were associated with backache. This persisted for about three years. She had no idea why she was affected with these symptoms and had not connected them with her marriage.
23 years: About one year after marriage her abdomen was opened as it was suspected that her dyspepsia might be the result of adhesions. No abnormality was discovered.
34 years: She contracted phthisis pulmonalis and spent four months in a sanatorium followed by ten years resid-:ence outside the city boundary. Her cough which had cleared up when she left the sanatorium has never recurred
58 years: Sudden commencement of skin eruption with an / -

an improvement in digestive disorder to the extent of cessation of vomiting.

When she took up residence in the city again, at the age of 44 years, she began to assist her husband in the college - at first only with clerking, but later in teaching the more elementary scholars. Her home is adjoining the college premises. She has no children and has had no pregnancies.

EXAMINATION: Apart from her skin no physical abnormality was discovered. The eruption, red and scaling in parts and oozing in others with deep fissures behind the ears, covered an extensive area including the temporal and occipital hair margins and most of the back of the neck. Discomfort from itching was intense. She could give no reason for the appearance of the disease, but on being asked about her affairs at the time of onset told me that she had been very depressed as the college was then doing badly. A few weeks before the skin broke down she had taken over the duties of another member of the staff to keep down expenses.

In conversation she gave the information that her stomach disorder had been the chief cause of her life of ill-health. She watched everything she ate, yet she was constantly troubled with distension, eructations, flatulence, nausea and acidity. It emerged that she was sexually frigid and her first few years of marriage had been dominated by loathing for marital relations. After some talk she agreed that her stomach trouble might well have been brought on by her emotional upset induced by marriage. Having gone this length she was also prepared to accept the possibility of another kind of emotional disturbance having produced her skin eruption. An endeavour was made to give her confidence in her power to recover.

A weak sulphur and hydrarg ammon. ointment was prescribed to allay itching. She had almost certainly used the preparation previously.

PROGRESS: She returned as requested on 23: 7: 42. Her skin was apparently normal and had been so for one week. She told me that all oozing had ceased within three days of her visiting me. She said that nausea and acidity had gone just as rapidly and that now her only stomach / -

stomach symptom was slight distension and wind after food. In addition, she said, she had suffered for years from sleeplessness and headaches. These symptoms too, had cleared up. She could not remember ever having felt so well and appeared full of confidence.
24: 9: 42. Skin still normal; still as confident and as well generally. Ointment used four times since 23:7:42 and only behind ears, where the frame of her glasses pressed, on account of itching.

COMMENT: It seems incredible that stomach symptoms which had persisted for forty years and a widespread dermatitis of four years' duration should show marked improvement in three days and have cleared up within three weeks - yet so it was.

Her own analysis of her emotions was - at the commencement of her stomach disorder - disgust and repulsion at sexual contact; and at the onset of the skin condition - worry for her future security and at carrying a tremendous burden of responsibility, plus a feeling of undeserved mis-:fortune, as she and her husband were both working so hard.

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CASE 9:

Mr. D. McL. Aged 40 years. 1:2:40. Army Major.

COMPLAINT: Eczema, involving scrotum, pubic and anal regions.

HISTORY: I had attended him, his wife and children in my family practice since his marriage in 1931. There are three children, the two youngest being deaf.
32 years - two attacks of acute tonsillitis.
33 years - tonsillectomy.
34 / -

34 years (December 1936) He took a "nervous break-down" following the death of his father and coincident with inheriting his father's business, that of house building. He complained of inability to concentrate and of great physical exhaustion with lack of energy. He had previously been fond of card games but now could not play a hand of bridge as he was unable to remember any of the cards which had been played.

It is interesting to note that his sister who was recently sent to me by him for treatment, and who was acting as her father's secretary at the time of his death contracted asthma about this period.

After he had been unfit to carry on his business for a month I sent him to a consulting physician and later to a neurologist, Various drugs and a succession of holidays were prescribed, concluding with a long cruise. When he returned home from the cruise (May 1937) having now been off work for six months, he was no nearer being able to take over his business affairs than at the commencement of his illness, and his symptoms were little ameliorated. He was unable to concentrate to play cards on board ship nor had he the energy to share in the many other games and amusements. When in conversation with a German builder of houses from Hamburg, he could not even remember the precise ingredients he had been in the habit of using to make concrete.

In the meantime I had engaged the services of Dr. McN., as assistant. He had just completed four years' work in a mental institution and had studied extensively the work of Freud. I asked him to take over the treatment of Mr. McL., and to employ deep analysis, dream analysis and anything he thought necessary. Many significant past and forgotten happenings were revealed, amongst others, that after a thrashing from his father in the bathroom at the age of 12 years he had suffered from eczema round the anus for some months.

Within one month a complete recovery had been made and the patient was able to take over full control of his business. His later history is of interest.
38 years (Sept. 1939) - Being a Major in the Territorial Army he was called to military service at the outbreak of War, and had his rank confirmed in the Regular Army.
40 years (July 1941) - Itching followed by an eczematous eruption appeared first round the anus and spread rapidly over the scrotum, pubic area and inner thighs. He reported to the Medical Officer and was admitted to hospital at the end of July.

EXAMINATION: / -

EXAMINATION: 1:2:42 - home on a week's leave. He was now a patient in his fourth Military Hospital and a formid-:able list of local applications, including a few doses of X-rays had been tried with little apparent success. Armed with his past history notes I spent nearly two hours with him one Sunday evening, before he was due back to hospital. He had forgotten having had an erupt-:ion in this area before but was able to recall it and to bring back to memory incidents which Dr. McN. had pointed out to him after analysis.

On questioning him about any unusual happen-:ings or anything that had stirred him deeply just previous to the onset of the present illness, he gave this information:- The day before itching commenced he had been taking part in field manoeuvres. A tank unexpectedly came over a hillock behind which he and a small party were screened from view. Three of his men were killed and crushed almost beyond recognition. He had to superintend the operation of "scraping them together", and then the burial. This episode profoundly upset him. He couldn't sleep for nights afterwards. It brought home to him that such scenes might be of daily occurrence if he were actually engaged in the field of battle. He was filled with disgust, repulsion and fear, his greatest fear being that he might fail in the exercise of his duty.

After a detailing of his complaints, in time association with his emotions, he agreed with the apparent psychological deductions and appreciated that his illness was probably due to some subconscious state and was serving as a means of escape from his difficulties. He felt an urge to overcome these and returned to hospital with some confidence that he would now recover.

PROGRESS: He was able to report - fit for full duty - in one month, clear of eruption and has so far had no recurrence.

COMMENT: The early analysis made possible a fuller knowledge (imperfect though such knowledge may be) of his mind state, and gave some clue to the question - "Why did he take ill in this particular fashion?" Associated with the skin disease / -

disease was tendency to dampness round the anus due to a mild degree of mucous colitis.

He indicates inherited inferiority with a history and a family history of psychosomatic illness and a low grade of emotional stability. He is not suitable for active military service and is likely to break down again when confronted with fresh difficulties.

He believed that the bathroom thrashing at the age of 12 years was unmerited. Emotions - disgust, injustice, humiliation, desire for revenge.

After the July 1941 occurrence, emotions appeared to be - disgust, revulsion, self-distrust, fear. Acquired inferiority - reproduction of eruption at identical site, but much more extensively and severely.

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CASE 10:

Mr. J.D. Aged 53 years. 6:12:41. Trades Union President.

COMPLAINT: Boils - duration 4 months.

HISTORY: He had twice previously suffered from an attack of boils, at the ages of 25 and 35 years.

EXAMINATION: He had been working hard but not harder than usual. A month prior to the onset another Trades Union had amalgamated with his one, and the other President and / -

and he were instructed to work as equal colleagues. However, he felt that he was being dominated and over-:ruled by the other President at every turn. As a result he had certainly not been feeling at peace within himself, resented the situation, felt that he should do more to enforce his own opinions, but feared a quarrel and had been sleeping badly.

The whole situation was discussed with him and he was advised to do something about it one way or another, as soon as possible.

PROGRESS: He cleared up in a few weeks after thrashing out the whole problem with his colleague and finding an equitable solution.

COMMENT: I have sensed for some time that boils were often linked with exhaustion. The exhaustion may involve physical, mental or intellectual and emotional faculties. The last is the least often recognised and usually the most important. Emotions at onset and throughout illness - resentment, sense of being badly treated, loss of self esteem, fear to face an issue.

Many cases of boils give a history not unlike this one in essential features.

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CASE 11:

Miss M.F. Aged 7 years. 6:12:41. School-girl. One younger brother aged 3 years.

COMPLAINT: Succession of styes on the left eyelids only - duration six months.
Nocturnal enuresis - duration six months.
Headaches, infrequent, only in the forenoon - duration six months.

HISTORY/ -

HISTORY: She had not suffered from styes previously and had been clean in her habits since the age of 2 years. On the recommendation of the school medical officer she had been sent to an optician but no abnormality had been found in her eyes. After a period of "evac-:uation" she had returned home seven months ago. She was rather behind the other school children in her class.

EXAMINATION:

She was fond of school work and studied hard. She never got into trouble with her teacher. The class was a mixed one of boys and girls. About six months ago a boy had had a severe thrashing from the teacher for some misdemeanour. The patient could not bear to see the boys being strapped. When this occurred she sat transfixed to her seat, could not take her eyes off the scene, and hated the teacher for doing it. The punishing was often visualised at night in bed, with upsetting effect, before she fell asleep. The styes had been at their worst five months ago, just after the mother was taken to hospital for a minor gynaecological operation.

Apart from other items, such as limitation of reading, an effort was made to discuss problem and solution with mother and daughter.

PROGRESS: She became normal within a few weeks.

COMMENT: This scene probably re-activated her suppressed aggressive impulses (perhaps against one of her parents). Possibly the whipping spectacle fascinated her because she secured thereby some satisfaction of forbidden libidenal impulses. The left side is the wrong side - it was not right of her to be fascinated - and the offending organ is punished.

Enuresis is associated with aggressive resentment.

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CASE 12:

Mr. A.R. (Jew) 66 years. Oct. 1940. Furrier.

COMPLAINT: Eczema, widespread, involving practically the whole skin surface - duration 3 years.

I was asked to see him by another Jewish patient who was his friend, and had only one consultation with him. He lived alone, occupying a single apartment of a large house, "farmed out" amongst numerous tenants under the euphemism of service flats.

HISTORY: The skin eruption had first appeared three years ago and had rapidly spread over his whole body. Two years ago he had been referred to the skin depart-:ment of the Victoria Infirmary and had attended as an out-patient at weekly intervals up to the present time. A large variety of external applications had been prescribed, but for the last few months he had used solely a weak carbolic lotion which had been found to be the most effective for allaying the intolerable itch.

EXAMINATION: I induced him to tell me something of his past life and have been able subsequently to verify the truth of all the essential facts. Twenty five years ago, when 41 years old, he married a very beautiful girl, aged 17 years. She was an orphan and had no dowry. Five months after the marriage she presented him with a daughter, not his child. However, he forgave her and brought the girl up as his own daughter. He was kind and good to his wife, gave her a large house, expensive furniture and fashionable clothes. He gave her a generous allow-:ance and on two occasions had let her have a holiday in Palestine.

He had been successful in business and owned two retail fur shops besides having an interest in a wholesale fur establishment. After the manner of his race he had placed all his assets in his wife's name as a protection in the event of bankruptcy, with the exception of a deposit receipt for a few hundred pounds. Five years ago, when he was 61 and she 37 years old, she had become attached to some other man and had dispossessed him of his entire fortune. Litigation followed and his case dragged on for two years / -

years. At the end of that time his money was done. He was advised that he had not a legal leg to stand on and so in despair he gave up the fight.

While he was telling his story two features seemed to overshadow all others. The first was that he had walked in the ways of the Lord all his life and had been very conscious of his righteousness, and the second was that he had been successful beyond the success of most other men. One sensed that he attributed the measure of his success to the measure of his virtue.

I said to him - "You'll have heard of Job, Mr. R." He looked at me and replied - "Doctor, I was born and brought up in Russia. I knew the book of Job by heart before I was 14 years of age". I said: "Well, you remember how he was the most prosperous man in the land and how he regarded all his wealth as the just reward for his righteousness? And then you remember how thieves and robbers stole his flocks and cattle and burned his crops, and how a whirlwind destroyed his seven sons and daughters. You will remember also how his soul was torn in pieces. It was beyond his comprehension how such catastrophy could befall a man so good as he, he who believed the measure of his riches was the measure of his righteousness. You remember what happened to him. His body became all itchy and covered with sores. So has yours. "

He was greatly moved and said nothing for a few minutes. Then with tears in his eyes, he said: "Doctor, you are the first person to tell me what is wrong with me."

On the following day his friend phoned me up in a state of agitation. He told me that two hours after my visit two doctors had called, certified the patient as insane and removed him to a mental institution. I phoned the superintendent of the institution and he told me that on the day previous to my call mr. R had thrown a brick through the plate glass window of one of his late fur shops and threaten :ed to cut his wife's throat. Mr. R. had told me of this incident, and I asked the superintendent if he knew why this had been done. He did not and could not conceive of any circumstances to justify such behaviour. I suggested that if his wife or mine had treated / -

treated us as R.'s had treated him we might in actual fact have cut their throats.

However, as neither his friend nor I were prepared to grant Mr. R. the shelter of our roofs I decided to leave him in the institution where his wife had placed him in the hope that there he might find peace.

PROGRESS: I have been in touch with the institution and learned that within a short time of his admission the skin eruption entirely disappeared and that there has been no recurrence. He is still there.

COMMENT: Throughout the turmoil of his overwhelming emotions there stands out the incomprehensible injustice of his God. To me this is a classical case and it is unlikely that it would have been recognised but for a remark made to me by Halliday a year or two previously.

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(5) SUMMARY: GROUP OF SKIN CASES.

The five cases, 8 to 12, are typical examples of many skin affections and include seborrhoeic dermatitis of the scalp, eczema of the perineal area, boils, styes, and generalised eczema. In CASE 8 dermatitis appeared at a time when the patient was asked to bear a great burden of work in order to make ends meet while her husband's business was threatened with calamity. CASE 9 constituted a re-activation of eczema round the anus, along with recrudescence of an oozing of mucous from the anal orifice. As with CASE 10 where apprehension, fear to take a firm stand, and loss of self-esteem are evident, an exhausting element is often found with boils. The styes, in CASE 11, affected the patient when an intolerable scene stirred her emotions. The eczema of CASE 12 - 'from the crown of the head to the soles of the feet' - is one of the rarer manifestations of skin disease when the patient is first attacked in middle or late life. A history, not unlike this one, can often be gathered.

Although the patient suffering from a skin disease wears the expression of his disorder on the surface of his body for the physician to see, there are few forms of illness where / -

where the aetiology is more obscure when physical and chemical agents only are considered. These cases, indicat-:ing a few different skin affections, appeared in conjunction with a variety of environmental happenings, all of which produced profound disturbance in the 'psyche' of the patients. Emotions extended over a wide range, but through the series I gathered an impression of a 'sense of injustice'. Alleviation of psychological distress was followed by sub-:sidence of the skin lesions.

Additional disorders, associated with other emotional states, were noted in CASES 8, 9, and 11.

(a) Nausea, vomiting, flatulence and dyspepsia with frigidity and repugnance for marital re-:lationship - CASE 8.

(b) Mucous colitis with aggression and disgust - CASE 9.

(c) Enuresis with aggressive resentment - CASE 11.

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(6) A GROUP OF RHEUMATIC CASES.

CASE 13:

Mrs. T. Aged 47 years. Dispensary. 4:4:41.

HISTORY: She was married at 24 years and has had ten children. She commenced suffering from articular rheumatism nine years ago. All joints were affected at one time or another, but chiefly the knees and ankles where it first started.

Six years ago she had a severe attack and had great difficulty in getting about for a number of months.

EXAMINATION: Her husband started drinking heavily about twelve years ago, and two years later lost his job. He remained unemployed until after War commenced. Six years ago one of her daughters contracted infantile paralysis and has been partly crippled since with little use of her right foot.

Before her husband lost his work he often used to spend the whole of his wages on alcohol, and later occasionally did the same with the money he received from the unemployment exchange and the Public Assist-:ance. The onset of the rheumatism seemed to be associated with a time when she was conscious of reach-:ing a state of despair, an emotion which was again prominent when her daughter took infantile paralysis.

Recently she has been much worse again, espec-:ially during the last two weeks. Her husband has been off work for two months with gastric ulcer, con-:firmed by X-ray, and is still drinking heavily. Two weeks ago she had to spend a few nights in a damp air-raid shelter when she suffered from fear, exposure and damp.

PROGRESS: She was treated over the following year but only showed moderate improvement. Her circumstances remained much the same and one could do little towards resolving her difficulties.

COMMENT: The emotion of despair was well marked and

reasons / -

reasons for it are apparent. There is an association in time between her emotions and the onset and exacerbations of her illness.

In cases of rheumatism of the lower limbs, I have often found 'anxiety for dependent children'.

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CASE 14:

Mrs. A.B. 36 years. 24:1:40. Shop Assistant.
Married nine years; one daughter, five years.

COMPLAINT: Frequent headaches, attacks of choking in bed at night and dyspepsia with nausea - 9 months' duration. Intermittent swelling and pain of both ankles - 6 months duration.

EXAMINATION: No physical abnormality was found apart from oedema and tenderness of both ankles.

Her husband, whose behaviour had always been somewhat erratic, commenced drinking heavily about a year ago. When under the influence of alcohol he abused her, often struck her and did not give her sufficient money to keep the house. Seven months ago she had of necessity to obtain employment. Later she consulted a solicitor and two months ago was granted legal separation.

Her feelings during this period of difficulty were, she said, fear for her safety; disgust and loath-:ing for her husband; uncertainty for the future and the / -

the line of action she should pursue; despair with concern for the future support of her daughter and herself.

PROGRESS: When she came to consult me she was not living with her husband and her most troublesome symptoms were swelling and pain in both ankles. At that time she had lost confidence in herself, was depressed and was conscious of the necessity of making a fight to keep going, chiefly for her daughter's sake. Her other symptoms were less marked than they had been some months previously.

The suggestion that her illness was the result of her emotional states and that she had it in her power to recover stimulated her. She appeared to find comfort and became happier. Her symptoms cleared up in four to six weeks.

COMMENT: It can be appreciated how a variety of powerful emotions are readily released in a woman, previously fond of her husband, when he becomes an inconsiderate drunkard, including injury to personal vanity and loss of self-esteem.

She suffered from choking, headaches, rheumatism of ankles and rejection dyspepsia - she couldn't stomach him. Fear for her person and her security, uncertainty and despair were present. I have often noticed rheumatism of lower limbs, especially ankles, in conjunction with anxiety for the support of children and self.

The fact that after she went out to work she was standing all day cannot be ignored, but she improved rapidly although she continued to stand.

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CASE 15:

Mrs. A.G. 34 years. June 1942. Married 12 years. 2 children.

HISTORY: I have very imperfect notes on this case as her illnesses were of very short duration, one to three weeks at most, and none of them struck me as being psychosomatic at the time of attendance. However, on glancing through her case sheet on this occasion a feature of interest emerged. The idea this gave me seemed to be confirmed in a conversation I had with her husband and herself. The observations on this case differ from all the other cases in the series.

All others are concerned primarily with reactions associated with the environment of the patient. Observations in this case deal with the patient herself; her own characteristics chiefly instead of happenings at the time of onset.

COMPLAINT: Influenzal cold with headache and bodily pains - pain in head and body being practically confined to the left side.

HISTORY:

1929 - acute tonsillitis, left side.
1931 - acute tonsillitis, left side.
1932 - twice acute pyelitis (pregnancy), probably only the left kidney as pain limited to left lumbar region.
1933 - ? neuritis - pain right shoulder and right arm.
1934 - pyelitis (pregnancy) left kidney.
1935 - tonsillectomy.
1936 - styes, left eyelids only.
1937 - crop of boils, left arm.
1938 - ? neuritis left thigh, and septic finger, left hand.
1940 - neuritis - pain and numbness left arm.

COMMENT: Including the present one, here are ten minor illnesses left sided and only one right sided.

She is happily married with no financial or family worries. Any psychological difficulties would have been probably trifling in nature, minor day to day irritations such / -

such as beset all people. However, when one asks - "What is the character of this individual?" this fact appears significant. She is quick to anger and resentment. When annoyed or irritated she blazes up into a state of wrath with the desire to "hit back", to retaliate, to hurt. Her life is well adjusted and her emotions just as quickly settle down. She does not suffer in silence, brood over real or imaginary wrongs or harbour thoughts of revenge for any length of time. Her feelings are intense but short lived.

Perhaps some of us will recognise something of our own wives in this picture! Perhaps it is merely an exaggeration of the essentially feminine, but this long list of left sided complaints is arresting and, in the light of my own knowledge, enabled me to formulate an opinion of her before questioning her husband and herself.

Why had she one right sided illness?

Nothing that could be remembered preceded any of her left sided illnesses. However, on the day before her right sided neuritis appeared her father had died. For some time she felt his loss deeply.

Consideration of this case indicates that the temperament (hereditary factor) as well as the happening (environmental factor) determines the type of emotion. For example one person may feel angry as a result of an occurrence which would provoke mirth in another.

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CASE 16:

Mrs. D.R. 22 years. 15:6:42. Husband in Army. One child 2 years.

COMPLAINT: Bronchitis with a few choking attacks - duration one year.
Attacks of dyspnoea at night - duration two months.
Pain left side of chest, left shoulder and left arm - duration four days.
Symptoms were more marked and she felt generally worse during the few days before her M.P.

EXAMINATION: I knew the family well and had attended all members of it on numerous occasions.
Her mother died at 2 a.m. about a year ago in a heart attack after years of suffering from heart dis-:ease. The patient, who had always been devoted to her mother and who was alone with her at the time of death took an attack of choking just afterwards.
Her tendency to bronchitis dated from that period.
Her father was a dealer, in business for himself.
He used to drink heavily and when under the influence of alcohol was unkind to his wife and inconsiderate of his family. He had suffered from chronic bronchitis for a long time and for the last two years from phthisis
Her feelings towards him were mixed.
Her attacks of dyspnoea which had been affecting her every few nights for the last two months followed the news of the bombing of the aerodrome where her husband was stationed.
Five days ago when her husband was due to arrive home on leave she received a telegram stating that his leave had been cancelled. Next day pain appeared in the left side of her chest, the left shoulder and the left arm.
During the last two months she had lost weight, been sleepless at night, cough and sputum were marked, night sweats profuse and appetite had been poor.
I referred her to the M.O.H. for an X-ray report and discussed her symptoms with psychological reference to mechanism, as had been done on previous occasions with benefit to her.

PROGRESS: Report was negative for lung disease. She improved rapidly, showing an increase of some pounds in weight within / -

within a few weeks.

COMMENT: That she never quite developed asthma was, I think, due to the method of treatment employed. She grew up beside a loved mother who had heart disease, and an irresponsible father with chronic bronchitis and later tuberculosis, and hence in an environment of people panting for breath. She was terrified after witnessing her mother's death. Sorrow for her loss mingled with fear that she might inherit the bad heart, or the tuberculosis, or both. She settled down but her cough and breathlessness returned when she was upset, e.g. when her child took ill, or she was missing her husband badly. She felt resentful and dis-:appointed when five days ago her husband's leave was cancelled.

Note excessive devotion for mother and all symptoms worse before M.P; left arm and shoulder pain associated with resentment and deprivation of loved object - her husband.

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CASE 17:

Mrs. O'M. .... 66 years. .... 6:11:41.

COMPLAINT: Heart disease. She desired a certificate to :bring her son home from military service. Numbness down the left arm and numbness and pain left breast, left lumbar region and down the left leg.

left leg.

HISTORY: Her husband, a pedlar, was a habitual drunkard. She worked all her days in a rag store - an extremely hard type of work - to bring enough money into the house to feed her children and herself. She had had 16 children of whom 14 were known to be dead. Of the two remaining children, both sons, the younger had run away from home after a quarrel with his father 11 years ago at the age of 15 years, and had never been heard of since. The remaining son, now 29 years old and in the army, had been very good to her. Although married, until he was conscripted, he had never let a day go by without coming to see her and had contributed to her upkeep. Her husband had died 8 years ago.

She had commenced taking occasional pain in her left breast many years ago and had suffered often from rheumatism, usually in the left side of her body or the left limbs. There had been no dyspnoea with any of these pains. Six years ago she had given up her work as she was no longer able to continue in the rag factory. She consulted a doctor at that time and was told that the pain in her chest was due to her heart.

EXAMINATION: There was no apparent cardiac abnormality. She had never suffered from dyspnoea and could still climb stairs without breathlessness. The numbness in her left arm had appeared just after her son was conscripted and pain and numbness in the left leg and left lumbar region had become worse at that time. There was evidence of fibrositis.
B.P. 150/70.

COMMENT: She had had many a "sore heart" in her life and this rather than heart disease seemed to me to be an explanation of the pain in her chest. Bitter disappoint-:ment and resentment, with a feeling of despair, followed on her remaining son being taken away from her. This was associated with the acute reappearance of left-sided symptoms. / -

symptoms. In losing her children - fourteen by death - she had frequently experienced 'deprivation of a loved object'.

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CASE 18:

Mrs. A.T. 38 years. 5:12:38. Married 17 years.

COMPLAINT: Neuritis of the right arm - duration six years.

HISTORY: Numbness followed by pain had appeared in the right arm six years ago. Pain had been persistent and she had consulted many doctors, swallowed much medicine, had many injections and been given a great deal of massage. She had at one period attended the out-patient department of the Royal Infirmary, Glasgow for a whole year, twice weekly, where she had been treated by "electricity" and massage. None of these measures had for long diminished her pain, numbness and loss of power of the right arm.

EXAMINATION: Grating in the right shoulder joint; tender areas and nodules in the right upper arm and shoulder. I asked her if her husband had died about the time the trouble had commenced. She looked at me as if I were a wizard and said - "No, he had not died but he had nearly died". He had taken a very serious illness and for some months was in grave danger. During this period her right arm began to affect her. He had been unable to follow his employment for a full year but had finally recovered, although he had been incapacitated by illness on various occasions since.

I told her that her husband was her means

of / -

of support, that one's right arm was also a means of support and that there was known to exist some symbolic connection between the two; that a threat to the former sometimes seemed to result in a loss of vitality in the latter. She appreciated the argument and admitted that for months she was in a terrible state of worry about what would happen to her family and herself if her husband died.

PROGRESS: She returned in about a month and told me that her right arm was practically cured. I have attended her, her husband, and family, on numerous occasions since and there has been no further complaint about the right arm.

COMMENT: A long continued emotion of anxiety concerning a threat to her husband - her support - was associated with numbness, pain and loss of power in the right arm. The condition remained after her husband recovered although his further illnesses may have helped to "fix" the disability.

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CASE 19:

Miss C. McM. Aged 19 years, 6:9:41. Factory worker.

COMPLAINT: Numbness, pain and loss of power in the right arm - duration six weeks.

HISTORY: She is on my N.H.I. list and I have attended her frequently before and since.
She was pregnant, unmarried, L.M.P. 16:3:41.

EXAMINATION: Her fiance, in the Army, had unexpectedly and / -

and suddenly been drafted to the Far East just when they were intending to be married. A day or two after he left the country, she wakened up one morning with a feeling of numbness and powerless-:ness in her right arm. The condition was tending to become worse and was now accompanied by a great deal of pain. Areas of tenderness were present in the right upper arm.

She admitted that she had been very worried just before her arm became affected. She was reach-:ing the time when she would no longer be able to work. She had counted on receiving a wife's and a child's allowance from the Army and she was con-:cerned about the safety of her fiance and her sense of loss in his absence.

A discussion followed and arrangements were made for her immediate welfare, including an applic-:ation to the Public Assistance and hospitalisation for the confinement.

PROGRESS: Right arm symptoms cleared up in a few days.

COMMENT: Following a threat to future "means of support", including her fiance, she developed right arm symptoms of numbness followed by pain. Realization of the connection between her symptoms and her emotions was followed by a rapid resolution of "rheumatism".

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CASE 20:

Mrs. J. McI. Aged 39 years. 9:12:41. One child, a boy, 8 years.

COMPLAINT: Severe pain in the right arm and right leg, worse at night in bed, worse before M.P. - duration three years.

EXAMINATION: There was evidence of fibrositis with tender nodules / -

nodules scattered over the right shoulder, right arm, right hip and right thigh.

Her father had died a year ago at the age of 84 years. Her mother was still alive. Both had suffered a great deal from rheumatism. She, herself, had attended a few doctors and they had agreed in a diagnosis of neuritis. The condition had come on suddenly with numbness and a sensation of insects creeping under the skin of her right arm and right leg. Pain had followed and had been persistent. Her pain was always worse during the night and for the last year it was an uncommon event for her to have an unbroken night's sleep. Her pain was worse during the two or three nights immediately preceding her M.P. She had been specially bad about three weeks ago.

Questioning revealed that she was devoted to her mother, that she worried a lot when she, (her mother) was not in good health, which was frequently; that her husband had a duodenal ulcer and was often unfit for his work on account of it, and that it had first appeared three years ago, just before her own right arm and right leg symptoms commenced; that she worried a lot about her boy's health and that he had had a sore throat three weeks ago; that her symptoms were always much worse when she had any worry.

Her symptoms were discussed with her from a psychological viewpoint.

PROGRESS: She returned to me once more as requested, a few weeks later. With the exception of slight tingling in her right arm, she was symptomless. Her last M.P. a few days ago was not accompanied by any pain in arm or leg. She was profuse in her gratitude and sent her husband to me.

COMMENT: Fibrositis and severe pain in the right arm and right leg following on concern for her husband - her means of support - and excessive anxiety for an only child. Exacerbation of symptoms before M.P. with undue fondness of her mother.

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(6) SUMMARY: GROUP OF RHEUMATIC CASES.

These cases, 13 to 20, where rheumatism predominates, deal with a few commonly encountered forms of rheumatism and the accompanying emotions. In CASES 13 and 14 the lower limbs were chiefly affected. Both patients had drunken husbands and a threat existed to the security of the patients and their dependent children. In the continued presence of adverse domestic circumstances, CASE 13 showed little improvement from treatment. CASE 14, on the other hand, recovered from her somatic disorders when, after facing her difficulties, she reached a decision and adopted the mode of action which she believed to be the correct one. CASE 15 (a not uncommon type of case) is concerned with the person rather than the environment. Possibly happenings of psychological importance occurred re-:lative to each illness which, if discovered, would have in-:dicated features of significance. The rheumatic affection of CASE 16 involved left chest, left shoulder and left arm, and followed other psychosomatic disorders. In CASE 17 the same type of misfortune (loss of a child) was repeated in unusual degree. The strongest character might well break down under such successive stimuli. CASES 18, 19, and 20 denote varieties of right shoulder and right arm 'neuritis'. Although in CASES 18 and 20 the condition was long standing and accompanied by recognisable / -

recognisable organic change, the results of psychotherapy were extremely good.

Despair, aggression, deprivation of loved objects, anxiety for dependents and concern for the person on whom the patient depended were noted in relation to onset and maintenance of rheumatism.

Additional observed psychosomatic disorders and emotions were:-

(a) A sequence of left sided diseases, including tonsillitis, pyelitis, styes and boils in a person of aggressive temperament - CASE 15.

(b) Headaches, rejection dyspepsia and choking - CASE 14.

(c) Choking, dyspnoea and bronchitis with acquired inferiority and threat to security - CASE 16.

(d) Aggravation before M.P. with mother fixation - CASES 16 and 20.

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(7) A GROUP OF HEADACHE CASES.

CASE 21:

Mrs. A.A. 40 years. 11:4:41. Four children aged 22, 20, 16, 13.

COMPLAINT: Right sided headache, frequently with vomiting.

EXAMINATION: Her headaches commenced two years ago, first only at the weekends then more frequently and more severe-:ly until they came on daily. Headache appeared at 3 p.m. and gradually increased in intensity until bedtime when she had a feeling of nausea and had to take a headache powder. She wakened in the morning free from headache. On Saturday the headache appeared at 12 noon and she did not get relief until the Monday morning. There was a considerable amount of vomiting during the weekend. She had attended a doctor and then a hospital outdoor dispensary and the condition had been diagnosed as migraine. Sedatives had been prescribed.

Her husband had been unemployed for 13 years, up until two years ago when he had obtained employ-:ment at an explosive factory. He had always been inclined to be lazy and to drink, but had little money to spend on alcohol until he obtained this job. He worked on a 6 a.m. to 4 p.m. shift, and 6 a.m. until noon on Saturday. He invariably came home the worse of drink. This was especially so at the week-:ends. He never struck his wife but was abusive and very noisy.

She had been trying very hard to bring up the family respectably and was very much affected by the disgrace being brought on the home by "his carryings on". The two eldest children, girls, and both in good jobs, had been threatening for some time to leave the house and had been urging their mother to go with them.

While conscious of the fact that her husband upset her she had not realised until it was pointed out to her that the time of her headaches coincided exactly / -

exactly with the periods when he was at home or expected home, and that the weekend aggravation fitted in with the time when he was most drunk and his behaviour worst. She was urged to come to some decision quickly.

PROGRESS: She obtained a legal separation within a few months and took her family to live with her. From the moment when she was able to make up her mind about the course to be pursued her headaches ceased. They recurred in November 1941 in a mild form when one of her girls was conscripted.

COMMENT: The fact that this woman had a drunken husband does not in itself throw light on her right sided headache. The environmental factor becomes important only in virtue of the emotions it brings into being. These in turn depend largely on the kind of person she is. Does her drunken husband make her angry or weepy, outrage her vanity, fill her with disgust, cause upset on account of the waste of money necessary for the proper upbringing of her family or thwart her desires in any other direction? An answer to these and similar questions can be attempted from impressions gathered in conversations with the patient.

Here she seemed (a) to be ambitious for her family and above all to be moved by the impropriety of her husband's actions; (b) to be in a state of indecision as to what she should do to escape from her present situation in order to fulfil her ambition; and (c) to feel a lack of monetary support from her husband - her ambition making the money doubly necessary.

My suggestion is that the strain put on her thinking apparatus by (a) and (b) resulted in headache while (c) made it right sided.

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CASE 22.

Mrs. J.W. Aged 30 years. 30:5:38.

COMPLAINT: She had suffered from headaches for seven years. They came on about 9 p.m. and as it was getting near bedtime she commenced suffering from palpitation, a sensation of suffocation and nausea and on rare occasions even vomiting. She had had an injury to the scalp three years ago, and at this part of the day had a burning pain in the scar. The symptoms were always more marked during the week previous to M.P.

EXAMINATION: She had attended half a dozen doctors. The condition had been diagnosed as migraine. Her last physician had given her a course of injections into the scalp - doubtless as a psychological measure.

Her father had died when she was 9 years old and her mother when she was 19. She was left with a younger brother in her charge, aged 12 years. She had been extremely attached to her mother and still was conscious of missing her very much. On her mother's death she and her brother went to live with an aunt. They were both very unhappy there and when she was offered marriage by a man much older than herself four years later she accepted, chiefly / -

chiefly to escape with her brother from their environment. She had been brought up very strictly by both mother and aunt and had had no love affairs before her marriage, nor did she know much about the significance of marriage. The first attempt at sexual intercourse was a terrible shock to her and during the first year or two of her married life she had been terrified to go to bed at night. However now, she said, it just did not mean a thing to her. She had never experienced any sexual pleasure.

It was pointed out to her that her symptoms came on at bedtime, that they were those of panic and that they had to some extent served as a means of escape from an unpleasant relationship.

PROGRESS: When I saw her one month later headaches had gone and her other symptoms had practically ceased. However, she came back nearly two years ago with a recurrence of complaints.

I now found out that she had fallen in love with another man and was in the midst of a passion-:ate love affair with him. She felt that her husband suspected her infidelity and was trying to summon up courage to ask him to divorce her.

COMMENT: Headache, suffocation, palpitation and nausea appear simultaneously just after marriage, and only in the evening - towards bedtime. Mother devotion, frigidity during the first eight years of marriage and aggravation before M.P. were present. Her symptoms persisted although she indicated that the emotions which had been intense during the first year of marriage had long since ceased to exist. She gave the impression of rebellion against her position - as if she had always been devising a means of escape. The headache, here the dominant symptom, is perhaps associated with the constant mental struggle.

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CASE / -

CASE 23:

Mrs. J.D. Aged 42. 21:5:40. Married 14 years. 3 children

COMPLAINT: Headaches, migrainous, left sided - duration six months. She woke with a headache in the morning. It increased in intensity until 11 a.m., when she vomited, and passed off by about 3 p.m. This occurred three or four times a week.

EXAMINATION: She first remembered suffering from headaches when she was a school-girl. She lived with a relative then, as her parents had both died when she was very young. The headaches were usually frontal at that time and the cause given was that she was sewing too much and straining her eyes. She was very conscient-:ious with her school work and worried easily if she was not doing well with her lessons. She was rather unhappy during these early years. Her headaches cleared up after she went out to business. Her marriage had been a happy one and she had rarely suffered from headaches until six months ago. At that time her three children had been evacuated from the city and she was missing them intensely and worry-:ing about them all day.

PROGRESS: Her headaches cleared up within a few weeks following an indication that they had commenced just after the children had left her.

COMMENT: She suffered to a marked extent from frontal headaches in childhood and adolescence in association with worry over school work and unhappy early life. Thus a pattern of psychosomatic illness was formed. During later years anxieties were few and headaches occurred rarely. When 'deprivation of loved objects' - her children - took place six months ago, frequent severe headaches again appeared, but now for the first time they were left sided.

It is interesting to note that an associat-:ion in time, so obvious to the observer, usually eludes the patient. / -

patient. After her attention was drawn to the sequence of events she was able to adjust herself to her difficult-:ies and overcome her headaches.

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(7) SUMMARY: GROUP OF HEADACHE CASES.

These CASES 21 to 23 are examples of right sided headache, general headache, and left sided headache. In CASE 21 headache first appeared in middle age in association with a severe mental conflict. CASE 22 contracted headaches after entering into a loveless marriage which followed a period of unhappiness. In CASE 23 headache became established in conjunction with school-girl worry and unhappy childhood and recurred in a different form associated with anxiety in later life. The primary onset of headache in all three cases seemed to coincide with excessive mental exertion.

Additional observed psychosomatic disorders and accompanying emotions were:-

(a) Suffocation and palpitation with panic - CASE 22.

(b) Rejection dyspepsia - CASE 22.

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(8) A GROUP OF DYSPEPSIA CASES.

CASE 24:

Mrs. T.M. Aged 30 years. 24: 7: 41.

COMPLAINT: Pain, burning, in the epigastrium - duration 3 years - worse before and during M.P.; often wakes with the pain between 3 and 5 a.m., unaccompanied by nausea or vomiting.
Fear of being left alone in the house at night.
Pain down the left side of the chest, left shoulder and left arm.

EXAMINATION: Her symptoms and her way of describing them suggested an anxiety state. However, her previous treatment, including an X-ray of her stomach, had all been in the direction of physical treatment, such as alkalis, diet etc.

She had been married 5 years, had had one child who had died three years ago of gastro-enter-:itis, and she had been anxious to have more children. There was no evidence of any marital difficulty. The onset of her symptoms was related to the period just after the death of her child and further quest-:ioning brought to light other facts. When seven months old the baby had taken an attack of diarrhoea. She had taken him to a doctor who had regarded the illness as being trifling and amongst other things lime water had been prescribed. Surgical spirit had been given to her mistakenly for lime water by the chemist and two teaspoonfuls were administered before the error was discovered. The child died after four days.

She was not sure whether the spirit was the cause of death or whether the illness had been of a more serious nature than was at first thought. She used to lie awake at night harbouring the most bitter feelings towards the chemist who had given her the spirit and the doctor who had perhaps not "picked up the trouble at the beginning", and to visualise "the poor mite in agony with a burning stomach". She got into the habit of sleeping badly, taking a long time to fall over and waking up in the early morning, when / -

when her thoughts would tend to drift in this direct-:ion. The fact that she did not become pregnant again made things no easier for her.

PROGRESS; After a talk her symptoms rapidly cleared up.

COMMENT: The burning pain in her stomach was a hysterical manifestation. Pain in the left side, left shoulder and left arm are again encountered in association with deprivation of a loved object and bitter resentment.

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CASE 25:

Mrs. S. McC. Aged 30 years. 1:12:41. Married 8 years; 4 children.

COMPLAINT: Nausea and vomiting - only after M.P.for 8 years; before and after M.P. for 2 years; constant for seven days.

EXAMINATION: She had always been very devoted to her father who was still alive. He had meant much more to her than her mother who had died about ten years ago.

She had never had any physical love for her husband. Sexual relations she viewed with aversion. This had been much more marked since her last con-:finement - two years ago.

This confinement had been followed by a severe haemorrhage and a long period of ill health. She lived in fear of another pregnancy. Her husband came home for a week's leave 8 days ago.

PROGRESS: Discussion and advice on contraception were followed by a cessation of nausea and vomiting.

COMMENT: Aggravation after M.P. - father fixation

and / -

and frigidity.

Nausea and vomiting - rejection dyspepsia.

Aggravation of symptoms before M.P. - fear of pregnancy, most acute when hoping that the period would appear.

Symptoms greatly exaggerated during her husband's leave from the Army.

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CASE 26:

Mrs. F.W. Aged 52 years. 6: 12: 40.

COMPLAINT: Burning pain and sensation of stone in the stomach, no relief from vomiting which occurred frequently.
Distension of the abdomen with noisy eructions of wind, also without relief.
Constipation with occasional attacks of diarrhoea.
Palpitation and general nervousness.
Irritation from noise, especially noisy neighbours, but air-raids and sirens caused no upset at all.
Falling sensation of uterus and bladder.

EXAMINATION:

B.P. 130/70, electrocardiagram negative; X-ray of gall bladder and colon negative, urine normal.

She had attended innumerable doctors and been operated on a few times. One of these doctors, a friend of mine, told me she was such a selfish creature that when her husband took ill she promptly became ill too in order to draw attention to herself. She was loquatious and it was difficult to terminate a consultation with her. When in the consulting room she made one feel uncomfortable and reminded me of an incident told me by another doctor friend. He said - "These neurotics are a pain in the neck to me. I said to one the other day, "Mrs. S., you have consulted twelve doctors in the last fourteen years and / -

"and whenever you appear in one of their consulting rooms, his heart sinks to his boots. You are nothing but a neurotic. What's wrong with you is that you have not yet learned the art of living". Unfortunate-:ly such a terse revelation of truth usually fails to bring conviction to the patient and hence is un-:successful in removing her afflictions.

After seeing her four or five times and having done my best to eliminate possible organic disease by the above investigations I felt I had to get into her past life, and made arrangements to spend an hour with her four times over the coming two weeks. I asked her to think back to earliest childhood and to write down all facts of importance. Her notes and questioning produced the following information.

Her father died 14 years ago at the age of 75 and her mother six years ago at the age of 81. She was the youngest of the family. Her three brothers had all gone to sea or abroad when in their early twenties. Her sister was much older than herself and had taken little to do with the home after being married. She, herself, had always had the respon-:sibility of her parents and had nursed both of them until they died. When first married she had lived with her parents for a number of years. Her mother had never been "strong", and from her earliest memory of her, she was always ailing.

As a little girl she was shy and selfconscious If she came on a crowd of other girls she thought they were discussing her. She was afraid of them and usually went about alone. She made one friend only of her own age when about 11 years old. She worried a great deal about her lessons at school and became terribly upset if a teacher ever reprimanded her. When 12 years old she commenced suffering from violent headaches. They came on just after she wakened in the morning and were almost intolerable during the earlier part of the day. The doctor said she was anaemic and on his advice she left school at the age of 12 and never returned to it. Her headaches improve :ed after leaving school and soon left her. When 14 her only friend died after a short illness. She was greatly upset and did not get over it for years. During the same year she was in Ruchill hospital with scarlet fever and afterwards began to suffer with perpetual sore throats. During the years 13 to 16 she did most of the housework and attended to her complaining / -

complaining mother.
At 16 years of age she went out to work.
At 19 years of age her tonsils were removed. However, her throat has continued to trouble her at frequent intervals right up to the present time.

At 22 years one of her brothers perished at sea. His ship was believed lost in a cyclone. She was greatly affected as he was her favourite brother, and commenced suffering from headaches again and sore throats. Her mother took a nervous breakdown and this meant that she had to do the housework as well as her business duties.

At 22 years (1916) she married while her fiance had 48 hours' leave. She had been brought up very strictly and he was the only man she had ever gone out with. He had had a somewhat similar upbringing and past experience, or lack of experience, with girls. She has always been very fond of him and says she does not know how she would live if ever anything happened to him.

When 23 years old she was bathing at Prestwick. She swallowed some sewage and after coming out the water commenced vomiting and took diarrhoea. That day she had received news that her husband who had been in hospital with a varicose ulcer was being granted one month's leave and that they would be able to live together for the first time since their marriage - with the exception of his 36 hours at home after the wedding. Her nausea and vomiting continued during the whole of the ensuing month but soon cleared up after he went back to the Army. Six months later he broke down again and was sent to a hospital in England. On his request she joined him there. It was a beautiful place and she made some friends there but after a few months she had to return home as her sickness and vomiting began and persisted from the day she arrived in England. She cleared up after reaching home but as soon as her husband was demobil-:ised and came to live with her the sickness recurred. She has suffered from nausea and vomiting ever since and she blames it all on the damage done to her stomach when she was poisoned with sewage at Prestwick.

31 years old. Her vomiting and nausea were so bad that her doctor sent her to the Victoria Infirmary where she was X-rayed. A floating kidney was diag-:nosed and she was operated on for this condition.

33 years old. Her distress with continual nausea and vomiting in no way abated and she was sent back to the Victoria Infirmary. She now complained in / -

in addition that she felt her womb pressing downwards. An operation was performed for abdominal fixation of the uterus. A second brother died in U.S.A. at the age of 43 this year, and further upset her. She also suffered much from headaches and sore throats.

34 years old - as she still complained as markedly as ever from all her symptoms she was referred back to the Victoria Infirmary where another surgeon carried out a colopexy operation.

35 years old - She now developed a hernia at the scar of the kidney operation. This was operated on and cured but she even now continues to suffer from pain in the scar.

Some time afterwards her father took a stroke and was bedridden for the remaining years of his life. Her mother took another nervous breakdown and the patient was attending to her own house in the South Side of the city and attempting also to attend her parents' house in Scotstoun.

38 years old - Her father died. Her nose was also troubling her at this time and she had it cauterized three times that year.

43 years - Her husband took a nervous breakdown and was off work seven weeks. When he returned to work he broke down again. His employers were very good to him and put him on to a job with no responsibility - attending to the hoist - but at his previous salary. There he has remained since.

45 years old - She was in bed six weeks with a suppurating throat. A surgeon removed a minute piece of tonsil which had grown since her first operation.

48 years - M.P. ceased suddenly with a flare up of all symptoms and the appearance of fresh ones, including pain in the left ear and the left cheek and arthritis in both jaw joints. She attended an Infirmary for six months for electrical treatment.

49 years old - Her mother who had been in the Victoria for an operation for her gall-bladder died. All her symptoms flared up again and in addition a numbness round the mouth appeared which has persisted to the present.

Discussion revealed that she had never been able to confide any of her troubles in her mother when young and that she had deeply felt the need for such confidences. She knew nothing of sexual matters when married. Attempts at intercourse had always been / -

been ineffectual and painful because "she was so narrow and contracted". These attempts had filled her with fear and disgust. She could not imagine how anyone got any pleasure from such an act, but she had been aware of a sense of injustice towards her husband who had always been "so good and consider-:ate" and she had a feeling of guilt, a feeling that he had been cheated. She had wanted children but "realised that it would have probably been dangerous for a contracted person like herself to have had them".

I pointed out that her stomach symptoms appeared when she first lived with her husband, that they re-:appeared when they lived together again, and came back to stay when they took life together. She took ill every time when he did and watched over him like a mother over a child partly because of a feeling of guilt.

As I talked to her and as some realisation came to her of her life of needless suffering tears flowed down her cheeks and one felt a sense of intense pity towards her. However as I shook hands with her and bade her goodbye I knew that I would probably never see her again. Her defences had been torn down and I had nothing to offer in their place. Revelation should have come thirty years ago. She could not re-:live her life.

COMMENT: I have related this case at length and in some detail. It indicates how exacting investigation of this kind often is and how on certain occasions one wonders if it is worth while.

Faulty upbringing, difficulties at marriage, lack of understanding on the part of her medical advisers, her emotions with their inevitable responses, are all apparent. Rejection dyspepsia; dyspnoea and palpitation - fear; head-:aches - worry about school work and other anxieties of child-:hood; constipation - general tension; circumoral numbness at / -

at mother's death - associated with breast nursing.

Each fresh anxiety led to a reappearance of her symptoms.

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(8) SUMMARY: GROUP OF DYSPEPTIC CASES.

Symptoms related to the stomach and digestion constitute the chief complaint of these CASES 24 to 26. Dyspepsia, however, occurs frequently throughout the entire series of cases. When symptoms such as nausea, vomiting, abdominal distension and flatulence are marked and persistent, the patient's sex life is often found to be unsatisfactory. Many of the patients who suffered from complaints of this nature had been treated by a succession of physicians and surgeons before coming into my hands, and in no case had any endeavour been made to probe the patient's past or present thoughts with regard to marital relationship. On the contrary, it appeared to be an axiom to consider the illness as being due to a faulty stomach and treatment was carried out accordingly. Although it is difficult to investigate the emotions produced in a patient as a result of marriage in such a manner as to create neither embarrassment nor resentment, this in itself does not exonerate the doctor from neglecting to make the investigation if by so doing he is likely to promote the well-being of his patient. In my opinion this is a field where the general practitioner has opportunity of doing much good work. A feature of the 'rejection dyspepsias' which seems to me of interest is this: / -

this: in spite of the fact that such patients complain of digestive disorder, often accompanied by pain and 'acidity' and often extending over a period of many years, I have no recollection of any case where a peptic ulcer developed.

Constipation was omitted from the repertory of symptoms except where it was met in extreme degree, as it was found to be present at one time or another in practically all pat-:ients exhibiting psychoneurotic tendencies. This condition which usually seems to be a psychosomatic disorder frequently accompanies 'inability to relax'. Conscientious people who take themselves and their duties seriously often suffer from constipation, while it is rarely encountered amongst the light-hearted.

The burning pain in the stomach of CASE 24 is an example of conversion hysteria. CASES 25 and 26 are examples of rejection dyspepsia. Additional psychosomatic disorders and suspected associated emotions are:-

(a) Left shoulder and left arm pain with deprivation of loved object and resentment - CASE 24.

(b) Aggravation after M.P. with father fixation and frigidity - CASE 25.

(c) Marked anxiety state, headaches, severe constipation, circumoral numbness, dyspnoea and palpitation as a result of heredity and environmental factors such as girlhood anxieties, tension, death of mother and fear in general - CASE 26.

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(9) A GROUP OF GYNAECOLOGICAL CASES.

CASE 27:

Mrs. A.I. 32 years. 19:1:39. Married 6 years. Weight 9 st.

COMPLAINT: Sterility.
Cessation of menses 8 years ago.

HISTORY: She did not commence menstruating until 17 years old, and her periods ceased abruptly at 24 years. In the course of the following six months her weight fell from 11 st. to 7 st. She was treated by a gynaecologist in addition to her usual practitioner over the following year, chiefly by endocrine products, and was finally informed that further treatment was useless as she had reached a premature menopause.

EXAMINATION: She was a highly emotional woman inclined to states of exaltation and vivacity or depression. She was brought up on a farm in the West of Scotland by her parents (full cousins) until 17 years old, when she came to Glasgow to study as a teacher. After qualifying she obtained a post in a Fifeshire school where she remained throughout her teaching career. She was not very happy there. During her holidays in 1931 (24 years old), spent with her parents, she met a cousin, also holidaying with them. He came from a farm in the South of England. Within four weeks they became engaged. She accompanied him south, intending to spend two weeks with him and his people. After one week a serious difference of opinion arose. She broke off the engagement and immediately returned home. She took a "nervous breakdown" with fits of weeping, suppression of menses and loss of weight and was unable to follow her vocation for six months.

At the age of 26 years she married a man with whom she had been on friendly terms since childhood, but only after making it clear that she did not love him. She did not know what it was to experience any feeling other than aversion from sexual relations. She remained fond of him and they continued to be good companions. At first she had fear, almost horror, of going to bed at night but her feelings never reached the point of disgust. However, that phase soon passed, leaving her passive with some moderate degree of aversion.

Examination / -

Examination showed a small uterus with no other detectable pelvic abnormality. The telling of her story in reply to questioning was followed by a discussion.

PROGRESS: M.P. 24: 2: 39. 3 days. scanty.
M.P. 19: 3: 39. 6 days. scanty.
M.P. 12: 4: 39. 11 days. Profuse. This period was followed by physical desire and orgasm for the first time in her life.
M.P. 6: 5: 39. 6 days. average loss.
Her menstrual periods have remained normal and regular since. No pregnancy has supervened but one year later her husband informed me that her sexual appetite had reached no mean proportions.

COMMENT: Restoration of uterine function after 8 years of suppression following emotional disturbance.

Appearance of normal sexual life after 6 years of marriage.

These patients were grateful - to say the least of it.

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CASE 28.

Mrs. A.S. Aged 41 years. 3: 8: 41. Married 10 years, No pregnancies.

COMPLAINT: Dyspepsia, abdominal distension, noisy eructat-:ions of wind, flatulence and nausea, inclined to be more marked just after the M.P. - duration 5 or 6years, but worse for the last eighteen months. During the past few months she has been specially bad, and there has been a tendency to incontinence of faeces with the flatus.

EXAMINATION: Her husband was unemployed throughout their married life until one year ago, when he joined one of the Services. During the early years of their marriage / -

marriage she was anxious to have children but when her husband started drinking about six years ago, and drank away most of their unemployment relief money she lost this desire. She had never experienced any physical desire for her husband but was not conscious of any strong feelings of aversion and repugnanceto sex relations until the drinking commenced. This aversion and disgust have been acutely felt of late during his periods of leave.

She was always extremely devoted to her father. He took ill in June 1940. The day he was removed to hospital she took a severe uterine haemorrhage. Her menstrual periods had previously been regular and normal. From the cessation of the haemorrhage (in a few days from its onset) until the death of her father on 1:1:41, she had complete suppression of menses. M.P. reappeared soon after that and have been normal and regular since.

PROGRESS: Her symptoms were greatly ameliorated after a discussion of the time association with relation to their onset.

COMMENT: Frigidity and aggravation of symptoms just after M.P. - father fixation.

Commencement of husband's drunkenness - onset of rejection dyspepsia.

Flatus and faecal incontinence - disgust became extreme.

Suppression of uterine function - father's illness.

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CASE 29:

Mrs. J.T. Aged 29 years. 10;10:41. Married 5 years.

COMPLAINT: Pregnancies, 2; L.M.P. 31:7:41. To attend during pregnancy and confinement.
Fits, diagnosed as epilepsy.

HISTORY: / -

HISTORY: Her father was killed during the last war. She is devoted to her mother whom she visits three or four times a week, although she lives some distance from her home. Her first child died when three days old after a normal labour in hospital. Early in the first pregnancy she commenced taking fits and up to the termination of the pregnancy they occurred three or four times a week, nearly always at night, and accompanied by involuntary urination and usually biting of the tongue. Since the first confinement, a little over three years ago, she has ardently desired a second pregnancy. During these three years fits have occur-:red, always between 4 and 5 a.m., only just before M.P., and, during the few days before M.P., she has also had a right sided headache with a sensation of swelling in the right side of her throat with chokiness. Fits have been more frequent since this pregnancy com-:menced. She rarely went out of doors unnecessarily and saw few friends apart from her mother.

EXAMINATION: No physical abnormality could be found. She was by no means a highly sexed woman but seemed to have led a fairly normal married life.

PROGRESS: She had no further fits after the first con-:sultation and had a normal confinement on 15:5:42

COMMENT: Nothing of a particular nature was elicited in this case to account for the fits, the right sided head-:aches, the sensation of swelling in the right side of the throat or the choking. However, her attention was drawn to the fact that these symptoms appeared just before the menstrual period and that I had observed a tendency for unpleasant symptoms to precede the onset of the period in women who were unduly fond of and dependent on their mothers. It was suggest-:ed that she might benefit by diverting her attention from her mother and by occupying herself in other activities.

She / -

She agreed to do her best and her co-operation was followed by immediate improvement.

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CASE 30:

Mrs. M.P. Aged 36 years. 10:2:42. Husband 45 years old.

I believe that in conducting a General Practice it is advisable to accept midwifery cases on a large scale. In 1941 my partner and I were employed at over 150 confine-:ments and I personally attended over 90 of these. Never previously, among rich or poor, have I encountered such elaborate preparations made for the new arrival as in the case of this Mrs. M.P.

Her husband earned about £300 a year, and they had been engaged for about ten years before being married, saving as much as possible during the whole period. They purchased a small bungalow before marriage a year or so ago, and set aside one room for the coming baby. A pram, costing £18: 18/- three different sizes of cots and every conceivable necessity and luxury for a baby were all wait-:ing ready in that nursery.

Delivery was uneventful, but the child was a mongol with hydrocephalus, a congenital heart and a haem-:orrhagic diathesis. Large subcutaneous haematomata appeared wherever any part of the body was subjected to pressure, such as over the back after contact with the mattress in lying. Bleeding occurred from every orifice except the eyes, and included mouth, nose, ears, urethra, vagina and anus. A specialist who was called in consult-:ation, agreed that the child had no prospect of long life and indicated that, while it might be possible to control the immediate danger - bleeding - it was probably best to let / -.

let nature take her own course. The parents were definite in desiring the baby's death in preference to a defective child. Meantime the baby was unable to retain any food in the stomach for longer than a few minutes and added to the miserable scene was incessant crying of a loud, pene-:trating order. The mother after a few days was showing signs of upset in nervousness, insomnia, and absence of appetite, and after a few days the baby died.

On the third day after the confinement Mrs. M.P. complained of pain in the large toe of the left foot. On the fourth day the pain was worse and on the fifth day, when the baby died, extremely troublesome. No physical abnormality (temp. veins, etc.) could be detected and she had never suffered from pain in a toe before. I related to her an example of a psychosomatic illness and pointed out how acute emotion concerning the loss of a child had been known to result in pain in a toe of the left foot.

The pain disappeared overnight and did not recur.

COMMENT: Pain in the great toe of the left foot is observed in circumstances where the emotions of grief from the loss of a new-born child and resentment towards Provid-:ence were thought to exist in unusual intensity.

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(9) SUMMARY: GROUP OF GYNAECOLOGICAL CASES.

These four cases, 27 to 30, describe a few features extracted from the gynaecological and midwifery aspects of general practice. CASE 27 is an example of suppression of uterine function over a period of eight years and frigidity throughout a married life of six years. An emotional dis-:turbance was noted in relation to the onset and both dis-:orders cleared up after psychotherapy. In CASE 28, where a father fixation existed, the commencement of the father's illness was accompanied by uterine haemorrhage and followed by amenorrhoea which persisted until the father died some six months later. Menstruation then became normal. CASE 29 is an example of fits and other disorders occurring just before the menstrual period and to a more marked degree dur-:ing pregnancy in conjunction with mother fixation. CASE 30 concerns pain in the great toe of the left foot following the birth of an abnormal baby. The emotional crisis, as indicated by elaborate preparation for the reception of the child, is thought to have been unusually severe.

Additional psychosomatic disorders are:-
Rejection dyspepsia and flatus with faecal incontinence in association with extreme disgust - CASE 28.

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(10) A GROUP OF GOITRES.

CASE 31:

Mrs. J.W. Aged 43 years. 15:12:41. Married, 2 children, Aged 16 and 14 years.

COMPLAINT: Wakes frequently during the night in fear and trembling with a sensation of swelling, tightness and pulsation in her throat.
Insomnia, loss of energy, flushes and profuse sweats.
Tremor, tachycardia (P.100) - all of nine months' duration.
Dyspepsia, abdominal distension, noisy eructations of wind, nausea at sight or smell of cooking food - three months' duration.

EXAMINATION: She was an old patient and I had attended her on various occasions since 1929 but had not been consulted by her for a little over a year.

Her digestive difficulty was an old one which had first appeared after marriage and was associated with sexual frigidity. It had been treated with success many years ago but had a tendency to recur from time to time.

Her other symptoms suggested something more than merely the menopausal picture - an over activity of the thyroid suggesting an early Grave's disease.

I knew her husband well. He occupied a good position in the railway services and they lived with their two children in a suburban area. On enquiring into events associated in time with the onset of her trouble, she told me that he, in company with three or four other men, had yielded to the temptation of stealing a considerable quantity of goods from a railway truck and had been convicted and sentenced, nine months ago, to six months' imprisonment. Her first news of these dealings was through the Police and the affair was a great shock to her. She was filled with horror and shame, coupled with fear for their future as he was dismissed from his employment. Her mind was occupied with these feelings to the exclusion of all else for some months. After serving his sentence he was able to obtain other employment but at a reduced rate of remuneration. It was not until / -

until he came home that her old stomach symptoms recurred to a marked degree. She admitted that the renewal of marital relations was obnoxious to her.

COMMENT: A group of emotions where "horror" predominated resulted in a clinical picture of the Grave's disease type. Gastric disturbance, in a frigid woman, reappeared on the return home of the husband.

It is interesting to note that she settled down to a normal state of health in the course of two months under psychotherapeutic treatment.

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CASE 32:

Mrs. C.B. Aged 41 years. 19: 9: 41.

HISTORY: She was married at the age of 22 and has three children aged 17, 11 and 6 years. She is four months pregnant.

Her present illness commenced six months ago with nervousness. Three months ago a diagnosis of exophthalmic goitre was made. This was confirmed a month later in a Glasgow Infirmary. Two weeks ago it was suggested that the uterus should be emptied. She was desirous of having the child.

EXAMINATION: Tremor, tachycardia (P.110) and a suspicion of exophthalmos and goitre were present. She was easily startled by the slightest unexpected noise. There was a tendency to palpitation and there had been loss of weight.

Eight months ago her husband was working in Rosyth/ -

Rosyth and she and her husband were resident in Edinburgh. One night during an air-raid, a tower less than one hundred yards distant was struck by a bomb in her full view. She had omitted to take her children to a shelter and viewed the spectacle from an open window. She realised that her children might have perished through her negligence and shortly afterwards was aware of a lump in her throat, a choking sensation, and palpitation. These sym-:ptoms tended to recur as night after night while she lay awake she pictured the flash and the noise of the explosion. Within two months they became constant and she began to feel nervous and lost weight.

On being asked to analyse her emotions immed-:iately after the bomb burst she said she was not so much afraid for her own life as horrified at what might have happened to her children.

PROGRESS: Within one month her pulse rate dropped to 76 and within other three months all her symptoms had passed off.

COMMENT: It is doubtful whether a true toxic goitre had established itself here in view of the rapidity with which the condition cleared up. However, the appearances were those of exophthalmic goitre and an acute emotional state, where "horror" predominated, and preceded the onset.

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CASE 33:

Mrs. E.S. Aged 32 years. 13: 6: 41. Two children 11 years and 9 years.

COMPLAINT: Psoriasis 20 years' duration - since the age of 12.
Exophthalmic goitre - 3 years' duration.

EXAMINATION: / -

EXAMINATION: Psoriasis appeared first in an acute form and involved parts of her body, face and limbs. It was kept under control with external applications but her adolescence was marred by a consciousness of inferiority.

She married at 20 years and was very happy. Her skin condition varied with the seasons. During parts of the year it almost disappeared, while at others it was very troublesome.

A little over three years ago her husband formed a sudden attachment for another woman and left her and her two children. She described her feelings on learning what had happened as first sheer horror and then as fear for the future of her children and herself. There was also a sense of inferiority, inasmuch as she had not been able to keep her husband, not unmixed with indignation, anger and grief. She felt a lump in her throat and her heart palpitating. She became very nervous and in six or seven weeks consulted her doctor. Within a few months her nervousness became worse and a swelling made its appearance in her neck. A diagnosis of exophthalmic goitre was made and she was referred to the Western Infirmary. Seven months after her husband had left her an operation was performed and a large part of the thyroid gland re-:moved.

After the operation she improved very con-:siderably and her weight, which had decreased, returned to normal. Six months ago she decided to take proceedings to obtain a divorce. Legal advice was sought and formalities opened. Her case has not yet been called for hearing but she has been very worried and upset about it during the last few months. Her nervousness, loss of weight, tremor and palpitation have been gradually returning.

At the time of examination pulse was 100, tremor, exophthalmos and goitre were present.

PROGRESS: An endeavour was made to assure her that the condition had arisen as a result of emotional upset and this she readily believed. It was also pointed out that if this were so then a stability of emotion should be followed by cure. This was not so easily appreciated.

Her condition remained stationary until after / -

after divorce was granted. During the ensuing few months there was marked improvement.

COMMENT: Grave's disease first made its appearance after events leading to emotional upheaval. Her feelings were mixed but perhaps horror was the most outstanding. An in-:feriority, due to chronic skin disease, perhaps played some part.

Her symptoms subsided after operation but recurred under impending legal action. Marked improvement followed the winding up of court proceedings.

The psoriasis was not materially affected by either the first or second attacks of goitre but latterly cleared up, temporarily at least,with the use of Cignolin which she had not previously used.

When she was last examined, a year after her first consultation, her weight was nearly normal and pulse 80.

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CASE 34:

Mr. J.M. Aged 36 years. 1:5:42. Wine & Spirit Merchant.

HISTORY: He first consulted me in 1933, when 27 years of age, after returning from Capetown, his people having recently taken up residence near my home.

One year previously he had contracted a nervous breakdown and after being treated by his doctor under the guidance of a consultant was finally advised to take up residence abroad. As he had relatives and hope of employment in Capetown, this area was selected. As his condition deteriorated instead of improving, in / -

in the warm climate, he returned home after one month's residence in South Africa.

On examination he exhibited tremor, tachycardia, P.110, and slight exophthalmos; and complained of dyspnoea on exertion, weight loss, palpitation, sweat-:ing, headache with a variety of nervous symptoms. At that time I was neither as experienced nor interested in psychotherapy and was satisfied in making a diagnosis of exophthalmic goitre. He was put to bed, given Lugol's solution, and his future was discussed sympathetically. He improved and was able to resume work in a few months in charge of one of the public houses owned by his father. The only emotional disturbance I was able to elicit at a later date in association with the onset of the illness was a mixture of horror, disgust and fear towards drunks and drunkenness. He had been sent into the licensed business six months before breaking down. The change from employment with an Insurance Company had come about after he had formed an attach-:ment for a girl, as a prospect of considerably increas-:ing his earnings was thereby afforded. Previously he had felt some repugnance towards his father's business.

During the ensuing years he kept fairly well but any minor ailment, such as influenza, would cause a relatively severe reaction with high fever and keep him in bed for two or more weeks. On account of phimosis he was circumcised by a surgeon prior to marriage in 1934. Eight days after operation he developed erysipelas which spread upwards to the umbilicus and downwards almost to the knees. He remained acutely ill for some weeks.

In 1940 he was called up and allocated to the Ground Maintenance Section of the R.A.F. He was keen to go but I induced him to present a certificate at his medical examination, stating that in my opinion he was suffering from a mild form of exophthalmic goitre and was unsuitable for military service. The certif-:icate was discounted and he was graded A.1.

Three months after donning uniform the aerodrome where he was stationed was subjected to a heavy bombing raid. Some men in his proximity were killed or wounded, He commenced/palpitation, sweating and headaches, re-:ported sick and was admitted to a military hospital. While there he took recurrent attacks of epistaxis and developed a persistent nasal catarrh. After six months in hospital he was passed on to a nose and throat surgeon / -

/suffering from

surgeon and antral infection was found. The surgeon recommended operation and somewhat reluctantly - after hearing from the patient some of his past history in-:cluding the sequelae of the circumcision - opened into the antrum by the buccal route. Subsequent to the operation the patient became acutely ill and nearly died. After six months convalescence he developed fibrositis, involving neck, shoulders and back. A long period of massage followed. Hospitalisation continued and he passed through the hands of a legion of medical officers.

In March 1942, on the request of his wife, a further certificate was issued, indicating my opinion of him. A basal metabolic examination was made and Grave's dis-:ease confirmed. He was finally discharged on pension in May 1942. His weight had dropped considerably in the course of his military career and goitre symptoms were present on discharge, including tachycardia and tremor, but his chief complaint was stiffness and pain of neck, shoulders and back, which made it impossible for him to turn his head or stoop with any freedom.

PROGRESS: A few discussions took place during which his successive emotional states were investigated and he was sent off for a holiday with his wife. Early in July he was able to play golf without pain, nearly to his previous handicap of four, and resumed business.

COMMENT: The onset of his first illness in 1932 followed six months of work as a publican. He was afraid of the re-:sponsibility of running the shop and of handling men under the influence of alcohol. He experienced the emotions of horror, fear and disgust. Later he gained confidence in the work and overcame his early aversion. Prior to the outbreak of War he had acquired two shops of his own, was stimulated by his cap-:acity to run them successfully and was able to maintain a considerable daily output of energy over long working hours.

Emotional strain, associated with horror and fear and absence / -

absence from wife, child and home, resulted in a reappearance of illness. When epistaxis and nasal catarrh appeared he was aware of a longing for wife and home and it is possible that the well known connection between sex and olfactory organs played some part in this condition.

His fibrositis appeared when he was in a state bordering on despair and having a feeling of marked resentment. He was not anxious to have his nose operated on, wondered what was going to happen to him next, felt that in passing through the hands of so many doctors he was being pitched from pillar to post; that none of the doctors had a full comprehension of him and his illness and thus he was filled with loss of con-:fidence and apprehension.

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CASE 35:

MRS. E.C. 40 years. 18: 3: 40. Married 2 years.

COMPLAINT: Attacks of flushing followed by profuse per-:spiration.
A sensation of a lump in the epigastrium after eating, with nausea and wind.
Sensation of lump in the throat with chokiness.
Dyspnoea on any exertion.
Vertigo, burning pain in the head, insomnia.
M.P. regular in time sequence but irregular in quantity lost.
Itching of vulva.
Frequency of urination with burning pain in urethra.
Palpitation / -

Palpitation, tachycardia, tremor, exophthalmos.
All symptoms worse during the week after M.P.

EXAMINATION: B.P. 150/100, P.140, Urine - no sugar, no albumin. She had always been devoted to her father, being much fonder of him than of her mother.
Aged 35 (5 years ago) her mother died of a cerebral haemorrhage. A few months later her elder sister died suddenly of a heart condition associated with the menopause. After her mother's death she was left alone in the house with her father. He was very much upset by his loss and commenced drinking very heavily, although previously the most abstemious of men. She said that the sight of him coming home night after night in a drunken state filled her with the most profound horror and became unbearable. The loss of her mother and sister gave her a feeling of fear and apprehension for her own physical future, but these emotions were superseded by horror for alcohol and at the deterioration of her father. Indeed, she said that this was the chief reason for her marrying.
Her illness commenced with insomnia about this time and gradually became worse. She was, however never fully incapacitated from her duties of keeping house for her father and herself. Her stomach did not commence to trouble her until after her marriage She was sexually frigid. Her husband was a temperate man but once or twice a week would drink a small quantity of beer or wine. The smell of alcohol always drove her into a highly nervous condition. At present she was unable to perform her house duties and required to rest in bed most of the day.

PROGRESS: She was advised to lie up altogether, Lugol's solution was administered and her history taken, a little at a time, over the ensuing few weeks. However, four weeks after my first attendance she took a coronary thrombosis while still in bed. B.P. fell to 80/60. She remained in bed for about five months longer. In March 1941, a year after she first attended me, she was performing her full house work and relatively free of symptoms. During the past year her B.P. varied from 200/110 to 170/95. Lugol's solution was only employed on one occasion, over a period of two months. Pulse has kept steady at under 80.

COMMENT: Following acute emotional disturbance where

horror / -

horror seemed most prominent she developed Grave's disease. Other emotions were present and symptoms were many and varied. Although now at the menopause, she has settled down to a fair degree of health with a minimum of drug treatment. Undue attachment for father is observed to be followed by frigidity and aggravation of symptoms after M.P.

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CASE 36:

Mrs. I. K. 62 years. 7: 12: 39. Married 40 years.

SYMPTOMATOLOGY: Bronchitis, moderate, cough at night, frothy muco-purulent sputum, wheezing, dyspnoea. Tachycardia, P.120, palpitation, B.P.205/110. Tremor of hands, slight exophthalmos. Dyspepsia and flatulence. Seborrhoeic eczema behind ears and occipital scalp margin.

These symptoms had appeared intermittently since the age of 28 years. I had attended her occasionally during the past 4 years when one or more of her organs were giving trouble, but at this time recrudescence of the whole picture occurred.

EXAMINATION: She was married at the age of 22 years. Her only pregnancy took place at the age of 25 years. The confinement was a difficult one. Delivery finally was performed in hospital. The child was a healthy girl / -

girl but the mother was left with a recto-vaginal fistula and some degree of bowel incontinence. She had little control over bowel flatus. Dis-:appointment and anxiety were acute but it was not until an operation for relief of the condition was unsuccessful, at the age of 28 years, that she became stricken with horror on contemplating the future life in store for her.

She became afraid to mix with people, afraid to go into any company, afraid to visit any place of amusement or entertainment. Mingled with horror was a sense of injustice at such a fate.

She developed Graves' disease; seborrhoeic eczema appeared and later, bronchitis with wheez-:ing. She was more or less under constant medical supervision for three years, but ultimately her condition settled down. In response to the various vicissitudes of her life she relapsed in one dir-:ection or another from time to time. The present flare up was the most severe exacerbation since the original illness.

A month before, I had been called in to see her husband, as he had become unable to follow his employment. At first he complained of little more than utter exhaustion, but in the course of a few weeks his condition deteriorated, he took fits of weeping followed by violent behaviour and a few days ago was removed to a mental institution suffering from senile, arterio-sclerotic dementia. A poor prognosis was given. This illness on the part of her husband reproduced in her emotions of horror, grief, injustice and fear for her future material welfare.

PROGRESS: On each occasion I had attended her the immediate complaint was discussed in relation to past and present worries. The practice was con-:tinued now. Her condition gradually settled down. However, a certain amount of tissue damage of an irreversible nature has taken place over the years. For instance her B.P. rarely falls below 200/105 and a haze of albumin is always to be found in her urine.

COMMENT: She contracted Graves' disease, cardiac malfunction, bronchitis and wheezing, and seborrhoeic dermatitis / -

dermatitis of the neck at a time when she experienced in acute form the emotions of horror, fear, shame, injustice, and a sense of having a burden to carry through life. Treatment carried out along psychotherapeutic lines has been successful in keeping her condition under control. When she first took ill at the age of 28 years her doctor treated her much as I have done in more recent years.

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(10) SUMMARY: GROUP OF GOITRE CASES.

These cases 31 to 36 are six examples of goitre. The duration varies from nine months in CASE 31 to thirty four years in CASE 36. In all cases an acute emotional phase preceded the appearance of symptoms. In CASE 33, where operation had been performed, symptoms again flared up after a second period of anxiety. CASE 34 was graded A.1. for duty with the R.A.F., but broke down readily when subjected to stress.

Circumstances and to a lesser extent emotions varied over a wide range, but an element of horror seemed to exist and perhaps even to predominate in all cases. Psychotherapeutic treatment was successful in alleviating clinical symptoms, but the patients were liable to recurrence on meeting fresh difficulties.

Additional psychosomatic disorders were:-

(a) Rejection dyspepsia and frigidity - CASES 31 and 35.

(b) Nasal catarrh and epistaxis (emotions undefined but associated with longing for wife and home) - CASE 34.

(c) Extensive fibrositis of neck and shoulders with despair and resentment - CASE 34.

(d) Dyspepsia, nausea and wind with disgust at her recto-vaginal fistula - CASE 36. (Bronchitis and wheezing were probably in large measure due to cardiac insufficiency in this case.)

(e) Aggravation after M.P. and frigidity, with father fixation - CASE 35.

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(11) UNCLASSIFIED CASES.

CASE 37:

Mrs. I. McC. 52 years. 7: 3: 41. Married, four children

COMPLAINT: Bronchitis with cough and wheezing, worse in winter; sensation of water running down her back - duration 3 years.
Pain in the right side of the chest following a strain which occurred when wringing clothes 14 months ago.
M.P. ceased one year ago.
Fear of thunder dating from the birth of her first child, who wasborn in Valparaiso during an earthquake when she was 19 years old.
Fear of confined spaces; fear of leaving her home and garden; great attachment to her home and family; rarely leaves her home even to shop, and on this account has not been for a holiday for over ten years.

EXAMINATION: At the age of 17 years she became engaged to a man whom she married on the following year. Shortly after the engagement he left this country to take up a business appointment in South America. In the mean-:time she fell in love with an officer in the Merchant Service, but although anxious to do so, she did not break off her engagement owing to pressure exerted on her by her parents. However, when she set off to be married she sailed on the ship in which her "new love" was employed. During the voyage they saw much of each other and she decided to ask to be released from her engagement as soon as she reached shore. She did this but her fiance induced her to postpone her final de-:cision until she had seen something of South America and the city where he lived. After spending a few weeks with him she again changed her mind - possibly as a result of his better financial position - married him and settled down in Valparaiso. A year later her first child was born. During the confinement a severe earthquake occurred and, as her house rocked and she heard the noise of neighbouring buildings collapsing in ruins, she became panic-stricken and commenced choking and gasping for breath. Her labour was normal and lasted about ten hours. During the following few weeks / -

weeks she suffered from wheezing, a tendency to attacks of choking and a persistent cough with clear frothy sputum. The condition was diagnosed as bron-:chitis and was attributed to a chill contracted just after the birth of the child. Similar attacks recurred at frequent intervals during the following few years and then comparatively rarely until three years ago. Cough, wheezing, attacks of choking and clear frothy sputum have been much more persistent during the last three years.

Although she has four children and has been an affectionate wife during her thirty four years of married life, she admitted that only on rare occasions had she experienced any physical fondness for her husband as, she said, she felt that she had 'given her heart' to the other man.

On the death of her father eight years ago, her mother, a domineering type of woman of whom she had always been rather afraid, came to live with her and remained in her house until her death fifteen months ago. Fourteen months ago one of her sons, aged 18 years, stole some of her money and disappeared for two weeks. Until he returned home she was in a state of distraction. Pain first appeared in the right side of her chest on the day after he left the house. She blamed it on a strain which she thought she must have got when wringing a few clothes on the previous day. This pain had persisted in spite of courses of massage and a considerable amount of treatment.

After much questioning she admitted that she had met "the other man" three years ago. This was the first time she had seen him since her marriage. The meeting was quite accidental, but it had brought back memories of South America and on the night after it she had taken her first recurrence of wheezing. She had not been quite free from bronchitis since that night.

She is a fairly heavy cigarette smoker and chronic bronchitis of moderate degree was found to be present in her chest.

PROGRESS: The right sided pain and wheezing soon passed off. She has still some tendency to bronchitis, does not readily leave her home and is unwilling to go into / -

into confined places (such as an underground air-raid shelter), but she enjoys good health with general physical wellbeing.

COMMENT: Wheezing and bronchitis appeared at a time when she was in fear of death, having recently experienced strong emotions. They recurred in response to a happening which stirred her memory and brought back events related to the onset. Her chest was now the organ of "inferiority" and worry concerning her son resulted in pain in the right side.

Fear of confined spaces was a natural enough sequel of her earthquake fright. No ill effects resulted from this phobia and she had previously full realisation of cause and effect herself. She had taken no steps to avoid the formation of a mental habit - fear in an enclosed area.

Desire to stay around the house and to exert meticul-:ous care for the wellbeing of husband, family, and home, were perhaps associated with a guilt complex, a sense of having denied something of herself to her husband and a wish to make it up to him.

In this case, unlike Case 26, there was no question of wondering whether treatment was worth while. Her general health and peace of mind were greatly benefitted and un-:pleasant symptoms were removed. This patient had extracted a good deal from life in spite of her difficulties, had not merely regret for missed opportunities to look back on.

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CASE 38.

Mrs. A. McC. 55 years. 21: 11: 41. Seven children.

She and her family have been included in my ordinary general practice since 1926, but it was not until this attendance that I took the opportunity of drawing from her something of her past history, and this was the first time she appeared to benefit to any noticeable degree from con-:sulting me. A definite effort is involved in unveiling the things that matter in a patient's life. One must promote an atmosphere of sympathetic understanding, must forget about the existence of the waiting room and keep hurry out of the picture. The number of cases one can deal with per day in addition to the usual demands of a general practice is thus strictly limited and one is frequently stumbling on a person like this, whom he has attended for years but suddenly feels he knows for the first time.

I have brief notes of her complaining of bronchitis in 1926, neuritis in 1927, dyspepsia and headaches in 1928, headaches, constipation and hernia in 1929, right sided tonsillitis and earache in 1931, and so on. In 1932 fuller notes were made. Pain in the right side of the throat was practically constant and involved the right side of the tongue and right ear. There was a burning pain in the right side of the face and a right sided headache of a bursting character. I referred her to the Victoria Infirmary for tonsillectomy. This was performed early in 1933 but without noticeable amel-:ioration of her symptoms. She continued to attend the In-:firmary and at the end of 1933 injections of alcohol were made into the right trigeminal nerve. As this procedure was not followed by improvement, in 1934 an open operation was performed and the ganglion destroyed. She now had her fill of doctors and I lost sight of her for some years. However, she returned in 1939 and 1940 with all her complaints as marked as ever.

COMPLAINT: 21: 11: 41.

Vertigo with tendency to fall forward.
Pain right side throat, extending to right ear.
Pain, burning, right side of tongue.
Pain, bursting, right side of head.
Pain, burning, right side of face.
Tightness across chest with difficulty in taking a deep breath.
Sensation of nervousness, centred in the stomach, with / -

with heartburn, abdominal distension and flatulence. Pain of a neuritic type with numbness in the right arm.

EXAMINATION: Heart, lungs, urine, abdomen apparently normal.
B.P. 150/80.

Her husband was a drunkard and she left him 17 years ago when he was put into jail for one year - six months for assaulting her and six months for assaulting the police.

She was able to recall that her dyspepsia, heartburn and wind appeared when she took a physical loathing for her husband. The exact emotions associated with the onset of her other symptoms could not be remembered, but they all commenced during years when she was intensely worried about getting money to bring up her young family and felt uncertainty as to what line of conduct she should pursue, divorce, separation, etc., and how she could earn enough money. During the succeeding years she was never entirely free from symptoms, but realised that they always became much more marked when she was faced with some worry or had some decision to make. The flare up in 1939 and 1940 followed the conscription of first one and then the other of her two remaining unmarried sons. Both sons had been recently drafted overseas, one in September and the other this month, hence her present aggravation.

COMMENT: A detailed analysis of symptoms related to emotions is impossible in this case, but right sided complaints appeared in association with anxiety about her future support, headaches with indecision and dyspepsia with feelings of repulsion towards her husband.

The encouraging feature is that all her symptoms subsided, though perhaps only temporarily, after this story had been unfolded and her complaints discussed in relation to psychological causes.

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CASE 39:

Mrs. L.M. Aged 33 years. 1: 12: 41. One child 3 years.

COMPLAINT: Inability to take a deep breath, a sensation of a band round her chest, much worse just after the M.P.
Loss of interest in her home, bored with everything.
A feeling of exhaustion after 8 p.m.
All symptoms of about one year's duration.

EXAMINATION: No cardiac abnormality could be detected. She had chorea when 3 years old and been told that her heart might be affected. She married at 28 years but had never had any physical desire for her husband. She had not had any strong aversion to marital relations, just put up with it.

Her mother had died when she was young and she had grown up with a great devotion for her father. He had meant more to her than her husband. He died in January 1941 from an attack of angina. Her symptoms had commenced just after that event.

PROGRESS: It was not difficult to bring her to under-:stand that her breathing trouble was hysterical in nature, taken from her father. It was also pointed out that it was not a good thing for a girl to love her father at the expense of her husband; that it was an infantile phenomenon, a sign that she had not yet grown up.

She rapidly lost her dyspnoea and improved all round, even to the extent of ceasing to be troubled with malaise after M.P.

COMMENT: This is another example of aggravation after M.P. being associated with father fixation and frigidity. The father attachment is further demonstrated by a hysterical symptom, tightness round the chest, dating from her father's death which was due to angina. Her own heart was her organ of inferiority resulting from belief of rheumatic heart dis-:ease in childhood.

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CASE 40.

Mrs. P.I. Aged 34 years. 26:9:40. Married 9 years, one child, 8 years.

COMPLAINT: Phthisis pulmonalis - duration 6 years.

EXAMINATION: She was born and brought up in the Hebrides. She was fond of the violin and came to Glasgow at the age of 16 years where she stayed with an aunt with a view to making a musical career. She returned home as often as possible to see her mother, to whom she was greatly devoted. When 17 years old, her music teacher, a man of about 45 with a son of 18, attempted to seduce her and she said she took a deep aversion to men from that time. At 24 years of age both parents died within four months of each other. She felt that something in her died with her mother and she has not played a note on the violin since that day. She felt herself choking for breath after receiving the news of the death, and soon afterwards developed a cough. She often wheezed afterwards but never took true paroxysmal asthma. A year later she married but admitted that she would not have been in the least moved if her husband had not turned up at the wedding. She has never been other than sex-:ually frigid but sex relations occur seldom and have never bothered her.

After four years of coughing and spitting she was X-rayed and tuberculosis diagnosed. She spent nine months in a sanatorium and gained some weight there. Cough and spit have persisted but her general condition has varied little during the last five years. She has always felt worse, generally, and as to her complaints, during the few days just previous to the M.P.

An examination of her chest showed scattered rales and wheezing, which suggested the asthma-:bronchitis picture rather than the tuberculosis.

PROGRESS: She has attended me at intervals of four or five weeks up to the present. Her history was elicited bit by bit and with difficulty. She says she feels "much better" and her weight has increased a few pounds, but there is little apparent change in / -

in her condition. She is not very willing to co-operate and, e.g. refuses to play the violin again.

COMMENT: This case, though diagnosed and treated as one of tuberculosis, conformed clinically much closer to the asthma bronchitis type. Chest trouble commenced just after her mother's death. Aggravation of symptoms before M.P. and frigidity are noted in association with mother fixation.

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(11) SUMMARY: GROUP OF UNCLASSIFIED CASES.

Psychosomatic disorders and accompanying emotions of CASES 37 to 40 include:-

(CASE 37) Choking, wheezing, bronchitis in association with fear of great intensity following on previous emotional disturbance - marriage with one man while being in love with another; a recurrence of respiratory symptoms many years later following emotional stress; pain in the right side of her chest following anxiety concerning one of her sons; claustrophobia following fear during an earthquake; extreme attachment to home and family in conjunction with a guilt complex.

(CASE 38) Headaches, right sided tonsillitis, right sided trigeminal neuralgia, respiratory disorder, flatulence, dyspepsia, constipation and neuritis of the right arm associated with emotions produced by a drunken husband, financial stringency, the upbringing of a large family and the conscription of sons on whom she had come to rely for her support.

(CASE 39) Dyspnoea and tightness in the chest following on the death of her father; aggravation of symptoms after the M.P. and frigidity with father fixation.

(CASE 40) / -

(CASE 40) Choking, wheezing, phthisis following on mother's death with self-identification of her mother; aggravation of symptoms before M.P. and frigidity, with mother fixation.

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(12) FURTHER OBSERVATIONS.

(A) TEETHING BRONCHITIS.

A commonly recognised disease is the attack of acute bronchitis which frequently appears in very young children during dentition. The illness may recur during the eruption of one or even all of the remaining teeth and may progress on occasion to broncho-pneumonia. Children with this tendency are especially liable to lung complication when affected with measles or whooping cough. My observat-:ions on this group of children include the following:-

Gastro-intestinal disorder and allergy have been named as causal factors but usually the affected children exhibit no other dyspeptic or allergic signs. The condition is not closely allied to syndromes of vomiting, diarrhoea or skin lesions, nor is it necessarily followed by a tendency to bronchitis, asthma, skin disease or hay fever in later life. As a rule acute catarrh of the respiratory tract is the only apparent organic affection.

An examination of these children from the psycholog-:ical aspect is not devoid of interest, and various phenomena have been noted. Boys are more commonly affected than girls.

Loud / -

Loud crying, irritability, sleeplessness, restlessness and sweating are met with in the majority. One often gathers the impression that the child simply cannot bear the pain, that he is in a state of frenzy. It is my considered opinion that more children contract broncho-:pneumonia and die from it on account of previous in-:sufficient sleep than from lack of adequate nourishment. In the small one or two apartment house, where pneumonia is so often found, the child shares the same room with the adults in the evening. Distractions in the form of light, movements and noise, including speaking voices, abound. Other factors being equal, such a child falls asleep at a much later hour than one who has a room to himself. He is also more intolerant of pain than the well-slept child. Sleep-want brings about poor morale towards pain - in babies as well as adults.

I have noticed that acute bronchitis during dentition, as well as broncho-pneumonia in general, were most frequently found among children manifesting irritability and intolerance to pain, whether in virtue of an inherited temperament, a history of insufficient sleep, or other cause. If these observations are correct a considerable proportion of re-:spiratory disease in the very young might be classified as psychosomatic / -

psychosomatic - a finding which if confirmed would have practical implications on the treatment and prevention of this disease. I have found that the firm though kindly handling of babies, especially boys, and strict attention to sleep requirements seem to have resulted in a marked decline in the incidence of teething bronchitis in my own practice.

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(B) PEPTIC ULCER.

A study of my case sheets of peptic ulcer patients exhibits some interesting features. In a very high proportion a state of emotional disturbance was found to exist preceding the onset of the disease. This emotional disturbance tended to be of a particular type - an anxiety concerning the future material welfare of the patient and his dependents. The anxiety was usually in connection with his occupation - his means of earning a livelihood - and was sometimes due to a growing fear of bankruptcy, a gradually declining business, or fear of unemployment. On other occasions a business anxiety was found to be present even when the patient was prospering financially. These patients appeared to be in a constant state of hurry. They either did not permit themselves sufficient time from their business activities to have regular meals, or during their periods of eating they were anticipating immediate and future problems. They were in a constant state of tension. Examples of occupations prone to the anxiety of hurry are those of commercial traveller and doctor. Another group comprises conscripted soldiers discharged from military service on account of peptic ulcer. As a rule these men were not subjected to any form of enemy action / -

action and frequently commenced suffering from digestive disorder within a few months of leaving their homes. An investigation of their states of mind prior to the onset of the digestive trouble revealed anxieties, such as the following:- anxiety concerning the immediate well-being of dependents; anxiety concerning the future welfare of de-:pendents, especially in the event of serious injury to themselves from enemy action; anxiety for their future, relative to their civilian occupations; dislike of their lives in the Army, including the monotony, the routine, the discipline, the lack of privacy, strange companions, camp life and the food; loneliness,especially from the absence of wife and children. Very rarely was there anxiety for their own personal safety.

Practically all the peptic ulcer patients showed evidence of an anxiety which had produced tension and which had per-:sisted over a long period. Indeed, with the exception of some of the discharged soldiers, the state of tension was still in existence when the patient sought treatment.

Another interesting feature was noted with regard to the aetiology of peptic ulcer - I have no record of any patient developing a peptic ulcer after becoming unemployed if he had no previous history of digestive disorder. I have gathered / -

gathered the impression that tension brought on by anxieties, such as those detailed, is not usually sufficient to bring into being a peptic ulcer unless it has been accompanied by the expenditure of considerable intellectual or physical effort. A recognition of both factors, emotional tension plus intellectual or physical fatigue, may be of importance from the aspect of treatment.

The following case is not without interest. A commercial traveller, aged 46 years, suffered from a small duodenal ulcer for upwards of ten years. There was no stenosis and he had been advised by surgeons against oper-:ation. During eleven months of the year, when engaged in the pursuit of his business, he experienced pain after every meal unless an alkali was taken, in spite of rigid adherence to a diet. During the remaining month, when on holiday, he took no medicine and was able to fish, golf, and consume beef steaks, fried potatoes and whisky, and yet kept entirely free from pain.

Relative to this case a word of criticism may be permitted on the popular method of treatment - complete rest in bed with rigid control of diet. While this technique is effective in many patients, there are others in whom it is of little value. It is agreed that rest is essential, but / -

but a study of the individual patient may show that a procedure which brings about rest in one man may fail to do so in the case of another. Often it appears that certain parts of the organism can be most effectively rested by occupying other parts. A business man, jaded and tired after a year's work, finds his energy and sense of well-:being renewed after a month's holiday, often spent most arduously in the pursuit of sports such as mountaineering, ski-ing, swimming, etc. A change of activity appeared to give rest where rest was required. It is improbable that he would have derived so much benefit from a month spent in bed. Some consideration of the patient to be treated rather than adherence to any one form of routine treatment has seemed to me to be helpful. Nevertheless I have not found results to be uniformly good and there has been a tendency for a number to relapse. It may be that return to the previous environment is followed by a reappearance of the causal factors, including tension. In a few cases where it was practicable, a complete change of occupation turned out to be the most satisfactory solution

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(C) GENERAL AGGRAVATION OF SYMPTOMS BEFORE and AFTER MENSTRUATION in ASSOCIATION WITH MOTHER and FATHER FIXATION.

This interesting and by no means uncommon phenomenon was first appreciated about eighteen months ago following three successive consultations. The first two patients complained of marked aggravation before menstruation, were noted to be relatively frigid, and emphasised their devotion to their mothers; while the third had an equally marked aggravation of her symptoms after her period, was completely frigid and professed utter devotion towards her father. Reference to case notes in my files seemed to confirm this association and it has been further confirmed by observations on some ninety to a hundred patients. Mother fixation has been found to occur approximately five times as frequently as father fixation and is accompanied by partial or total frigidity, while father fixation has always been found in conjunction with complete frigidity.

An appreciation of this phenomenon has been extremely useful to me. It is encountered frequently in one form or the other; when present it emerges at an early stage in the taking of a case, and points a directing finger to what is often the fundamental feature of the patient's disorder. I wish to lay emphasis / -

emphasis on this observation as I have seen no mention of it in medical literature and conversations with professional brethern, including psychologists and gynaecologists, have failed to reveal anyone with knowledge of it.

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(D) ADDITIONAL DISEASES CONSIDERED TO BE FREQUENTLY PSYCHOSOMATIC.

In many other states of ill-health, such as chronic nasal catarrh, rheumatoid arthritis and sciatica, an emotional happening was discovered which appeared to be of greater significance than either physical or biochemical factors in giving rise to and maintaining the disease. However, examples of cases of these disorders were not described, as one or more of the necessary conditions were absent. These conditions were, that throughout a reasonable number of patients suffering from the same disorder there should occur consistently (1) an emotional disturbance in relation to the onset of the illness; (2) that each disorder should be associated with the same or a similar emotion; and (3) that psychological treatment should usually result in alleviation or removal of the disorder.

Many cases of chronic nasal catarrh fulfilled conditions (1) and (3), but I have not yet been able to detect one form of emotion consistently running through a series of cases, although recently I have often noted nasal catarrh associated with "apprehension" in girls and young men expecting to be conscripted to the Services, when an emotional tie to one or other parent existed.

In rheumatoid arthritis cases I have failed to find consistency in any of the three conditions. Sometimes when an / -

an emotional upset in association with onset was revealed, fresh exacerbations of the disease seemed to cease. However, restoration of function was unsatisfactory and results of treatment generally were poor.

Sciatica cases, on the other hand, were much more encouraging and some of even a number of years' standing cleared up in a relatively short time. Probably this is mainly due to the fact that the lesion to the sciatic nerve is accompanied by an incomparably lesser degree of destruction of tissue than is usually found in rheumatoid arthritis. During the last few years I have not encountered many cases of sciatica. Psychological factors were not always elicited and when discovered did not indicate to me a constant type of emotion. To what extent particular emotions enter into the aetiology of these and other disorders is open to conjecture and can be determined only as a result of observations on numerous patients.

In attempting an investigation of this kind it is difficult to consider more than a limited number of groups at any one time, and while I am led to suspect that the psychological factor is of importance in many other conditions, I have as yet, little evidence to put forward. For instance, the reason usually accepted for Mr. A.'s pneumonia, viz., that he sat in a draught or had his feet wet on the preceding day, seems / -

seems inadequate and unlikely to be the whole explanation. Should one find that his pneumonia is right sided and was preceded over the course of a few years by half a dozen other right sided disorders, wet feet, as the solution becomes still more unsatisfactory; and it is permissible to form a suspicion that something in the patient's psyche may have contributed to the onset of the illness.

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DISCUSSION.

The aim of this thesis is to illustrate the practical value of applying the psychosomatic viewpoint in general practice. The psycho-physiology and psycho-pathology of these illnesses remain obscure in detail, but there is reason to believe that the autonomic nervous system and the endocrine complex are intimately concerned in their manifestation. A discussion of this aspect is, however, outwith the scope of a contribution which is devoted to experience derived from everyday private practice.

From the doctor's standpoint, the application of this outlook increases his interest both in medicine and in his patients. It gives a sense of power and provides a further reason for his continued existence! By studying his patients in a sphere which is peculiar to general practice - that of personality and domestic environment - he has opportunity of acquiring knowledge which endows him with increased guidance for action. In short, he finds a domain for research analagous to the hospital in the case of the consultant.

From the standpoint of the patient, much suffering, including many operations, may be avoided. The first group which / -

which gave me a demonstration of good results following psychological investigation happened to be psychoneurotic patients who were largely married women. I was surprised at the high incidence of frigidity which, by means of this approach, was found among them and which seemed to be a prominent cause as well as symptom of their disorders. It appeared that many operations, notably curettage and colopexy, were often unnecessary. It was apparent that my ignorance on the subject was shared by many others.

Insurance morbidity statistics show an increase in prevalence of these disorders throughout the period elapsing between the world wars. To practitioners this is understand-:able in the light of forces such as unemployment and in-:security, and by the trend away from religious faith; by loss of independence with increased reliance on the State, and a general loss of aim in both this world and the next. A notice-:able decline in these disorders has been observed since the commencement of this War, and this is probably traceable to the high pitch of occupational and emotional energy released in the War effort. In their effects on the community, this generalised activity and lack of time for meditation appear to outweigh the anxieties and sorrows which have fallen to many. If a marked rise of psychosomatic illness is to be avoided in the post-war epoch, the necessity for the establish-:ment / -

:ment of a definite aim in life and freedom from insecurity can scarcely be magnified.

I have given a personal account of how I came to adopt this additional viewpoint. To Homoeopathy in particular, I owe a debt, as through it I was introduced to a different outlook and to a vast number of syndromes in the form of drug pictures. I have indicated that in the treatment of psycho-:somatic illness there may still be something to be learned from unorthodox practitioners who can claim, not without foundation, to be pioneers in this department. To a certain section of the public, dissatisfied with treatment received from doctors in the past, the Christian Scientist supplies a want, though the main reason for his power may well be the obstinacy of his faith. Having been influenced by ideas derived from many and varying sources, I ultimately evolved a form of practice divorced from the mystical and yet, I believe, in keeping with the traditions of scientific medicine. In this presentation of the psychosomatic viewpoint in general practice, I may have failed to convey its many practical im-:plications, but as with any technique, full appreciation can only be acquired by personal experience of the method.

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SOURCES /-

SOURCES and BIBLIOGRAPHY.

Like most general practitioners, I have been influenced by lectures, articles in journals and periodicals, conversation with colleagues, fragments from a number of books, and the application of these in practice.

I am therefore indebted to many people and many occasions, rather than to any directed academic bibliography. Some of the persons and happenings which have influenced me are mentioned in the text.