

where the pigmentation is usually on the parts compressed and other covered portions, axillæ, mouth, etc. Yet at the autopsy extensive fibrosis of the suprarenals was found, there being little suprarenal tissue remaining.

The cases led to an interesting discussion, in which two similar cases of hyperostoses of the skull were cited by Drs. E. S. SIMPSON and T. W. DAVIDSON.

Dr. ELIZABETH C. EAVES (Sheffield University) then read two notes:

(1) "The Possible Significance of Stainable Fat in the Nerve-Cells in Epilepsy." Chromatolysis and the appearance of stainable fat in the nerve-cells are two conditions found in epilepsy. Numerous experimenters have found that the first condition may be brought about by fatigue. Dr. Eaves produced convulsions in decerebrate animals by faradizing the midbrain after injection of strychnine. The nerve-cells from the experimental animals showed stainable fat, whereas those from control animals exhibited none. The conclusion may possibly be drawn that in epilepsy the large amount of fat in the nerve-cells is the direct result of the convulsions.

(2) "Pathological Examination of the Ductless Glands in a Case of Mongolism." All the ductless glands were comparatively normal in size and histological appearance with the exception of the pituitary. The latter weighed about half the usual amount and showed considerable fibrosis in the pars anterior.

It was decided to hold the Spring Meeting in April at the Gateshead Mental Hospital, Stannington.

#### PROF. G. M. ROBERTSON ON PERSONALITY, MAGIC AND MEDICINE.

At the July graduation ceremony of the Edinburgh University Prof. G. M. Robertson, the promotor, addressing the gathering on "Personality, Magic and Medicine," said:

My first duty is a very pleasant one. It is to congratulate those who have to-day achieved the high honour of becoming graduates of this University. In a short time many will be engaged in practising medicine, and others will have scattered to distant parts of our wide Empire.

In the name of the University, I wish you all God-speed.

Your course of professional study has been a long and arduous one, and during it you "scorned delights and lived laborious days." Do not take this too literally, for promoters, like poets, enjoy a certain licence. I have no doubt that many of you, without detriment to your studies, have found time "to sport with Amaryllis in the shade." Gone, alas! are "the tangles of Neaera's hair." Since Milton wrote these lines fashions have changed.

You have all known what it is to suffer under the dark shadow of professional examinations. Such anxiety is a deadly poison to intellectual effort, but you have found an antidote in the magic of the Vice-Chancellor's touch, and of the cabalistic words which he has pronounced over every graduate. These graduation rites, however, are much inferior in picturesqueness and romance to those of a bygone age. A thousand years ago, at the famous medical school of Salerno, the Chancellor, or Rector, placed a crown of laurel on the brows of the successful graduate. Then he placed a ring on the graduate's finger. And finally, to mark the climax of the proceedings, the learned professors kissed the graduate. Even in those far-off days there were lady medicals!

No one has a good word to say about examinations. They are disliked by the professor who examines only less than by the student who is examined. They seem to be a sort of old-man-of-the-sea, of Chinese descent, who has fastened himself on the shoulders of our academic life. The Chancellor of the University, Lord Balfour, calls them "soul-killing institutions, bad for the teacher and bad for the taught." Now, if they are absolutely necessary in order to test your fitness for the practice of medicine, is it not strange that no test is applied to that which is the master-key to success as a physician, namely, "personality"? It is difficult to say what this personality is. Your patients know by instinct, as we are told in the well-known rhyme about Dr. Fell:

"I do not like thee, Dr. Fell,  
The reason why I cannot tell,  
But this I know and know full well  
I do not like thee, Dr. Fell."

I make no imputations, but it is only fair to the medical profession to explain that Dr. Fell was a Doctor of Divinity.

Personality is described by some in poetical language as personal magnetism. By others it is regarded as a miraculous gift of Divine origin, the gift of healing. We are assured on the testimony of good people, like bishops, that there are persons, quite unequipped with any medical knowledge—indeed one might correctly say unhampered by any medical knowledge—who work miracles of healing. Such gifted beings are called “Healers” in order to differentiate them from medical men fashioned of common clay, whose little learning has been laboriously acquired, and whose power of healing, unlike theirs, is subject to definite limitations. The difference in the methods employed by the healer and by the doctor is that which exists between magic and science. As the philosophy of healing is obscure let us investigate for a few minutes the problems connected with magic and medicine, giving, of course, the place of honour to magic, by right of seniority.

There is no Chair of Magic in the University of Edinburgh. This is most unfortunate, because a knowledge of the history of magic helps us to understand the development of the human mind and also of science. Who can tell what chemistry owes to the search for the Philosopher's Stone—and pharmacology to the pursuit of the Elixir of Life? The Earl of Gowrie, who was killed in 1600, studied magic at Padua, but whether he did so in intra-mural or extra-mural classes we are not told. Sir Walter Scott, however, informs us that at the University of Toledo there was a Chair of Necromancy.

Although there is no special Chair of Magic in Edinburgh, this important subject probably survives in one or another of the existing Chairs. In the Faculty of Arts, the Chair of Natural Philosophy includes much that would have been regarded at one time as magic. Consider the applications of electricity alone. Last year when Wembley was opened thousands of persons in Princes Street Gardens heard a voice from the clouds repeating the Lord's Prayer, and then another voice, that of the King, addressing the people. Had King James VI, who founded this University, been present on this occasion, he would most certainly have regarded these as manifestations of a magical character, for he held strong views on witches and witchcraft.

In the Faculty of Medicine, magic, under a disguise, is also to be found. The preservation of life by insulin and the painless sleep of chloroform are, in a sense, magical. The protection from typhoid of millions of our fighting men during the war was in a sense as magical as the action of Moses when he made a serpent of brass, and it came to pass that all who beheld the serpent lived.

Magic consists not only in the performance of rites invoking occult agencies, not only in the employment of materials possessing supernatural power and virtue, but also in a certain habit or attitude of mind towards inexplicable phenomena. Now, there exists to-day a curious and most amazing difference, in the way that people have of looking, on the one hand, at phenomena of a physical kind, and, on the other, at phenomena connected with the treatment of disease—a distinction actually fostered by the Church. No educated person now believes that the applications of physics are magical. They merely illustrate the progressive unveiling of the forces of Nature and their subjugation to the uses of mankind. But it is not so with regard to the employment of remedies in disease. The element of magic in this sphere has never disappeared. No theory of disease is too fantastic, no line of treatment too futile to be accepted even by the most cultured.

The sick person has some excuse for his actions and beliefs, as he is never at his best; he is always off colour. He is more emotional and more suggestible. He is an easy prey to fears of ill-health, and he clutches eagerly at any remedy that chance brings within his reach. His mind is in an ideal condition to be worked on by magic. In colloquial language, “he is simply asking for it.”

Next, let us see how readily the symptoms of disease lend themselves to treatment by magical methods.

However unpleasant symptoms may be to the patient, almost all pass away naturally in course of time. And if we exclude physical conditions, such as broken bones, we find that symptoms are almost exclusively mental. Pain is the basis of every symptom; malaise and discomfort are merely lesser varieties of it. And pain is a simple state of mind, just like the sensation of colour.

It seems to be felt in a particular region of the body, just as colour seems to be the property of an external object, but both the sensation of pain and the sensation

of colour are experienced within the brain and in the mind. Because of this localization of sensation within the brain, pain may still seem to be felt in the foot although the whole leg has been amputated.

Pain is sometimes called real and sometimes imaginary, but to the patient both forms are real, and both forms are amenable to treatment by mental suggestion, whether magical or otherwise. Toothache, for example, due to an organic cause, such as the decay of a tooth, is, of course, "real" pain, as we can all vouch for, yet it sometimes happens that when the hand of a patient suffering from toothache touches the dentist's front door bell all pain suddenly vanishes.

Suppose now that a patient desires treatment of a magical kind. He may go to a Christian Scientist or to a Spiritual Healer; he may consult a plausible charlatan; or he may seek the vendor of a secret nostrum. In many cases he will benefit: and why not? The majority of symptoms pass away spontaneously; the treatment he receives is mental and therefore suits the symptoms exactly; mystery is invoked, and this appeals to the superstitious elements lying latent in the patient's mind; and lastly, the patient comes with a child-like faith in the treatment for which he asks.

As honest seekers after the truth we must face these facts. Look at Christian Science and its incredible development in America. It is a very simple therapeutic system, from which diagnosis is excluded, and it employs one remedy. Painfully inadequate as it seems to us, it has succeeded in founding cathedrals and in comforting millions. It has built seventy-four churches in this country and hundreds in America. Would that some of the money thus subscribed by grateful patients had found its way into the empty coffers of this University! Why do we not receive this grateful help? Is it because we have converted healing into a cold science instead of leaving it an impressive mystery and a passionate faith? For it has passed through these phases. Have we, like Martha, been careful and troubled about many things, material, but missed the one thing, psychic, that is needful?

Men and women hunger after the mystic and the wonderful; they are just big children in matters connected with illness; and their craving for miraculous cures will not cease till the progress of the science of medicine has rendered such cures superfluous.

Or the patient may consult a regular practitioner of medicine, and what follows? Almost inevitably the doctor will prescribe certain vegetable or mineral products, and the patient will derive benefit from his prescription.

Is this almost exclusive reliance on the physical action of drugs, when we know to what an extent symptoms are mental, either logical or scientific? How much of it is due to a mere desire to gratify the patient's faith in medicine out of a bottle? Or is it unconsciously derived from the pursuit of the "elixir of life"? We all know that traditions die hard, as witness the obsolete prayer to Jupiter, concealed in the symbol that heads our prescriptions.

Drugs undoubtedly possess pharmacological actions which are invaluable, as, for example, the effect of quinine in malaria, but symptoms are mainly mental, and medicines largely depend for the benefits they confer on the confidence of the patient in the physician and faith in his prescription. If this be so, then the drug treatment of minor ailments does not differ so very much from those other forms of treatment that consist merely of mental suggestion, though called by another name.

What distinguishes the doctor from the healer is his undeviating rationalism. His recognition of the mental element in disease, whether as a cause, as a symptom, or as a cure, is deficient. He has a horror of introducing mystery into his treatment, even though his patients have not yet emerged from the darkness of superstition, and his practice would probably increase if they believed that the letters M.B. after his name indicated that he was a Bachelor of Magic. And he could always assure for himself and his family a respectable livelihood among the credulous, who form the majority of the population, if we could honestly assert that the letters Ch.B. were conferred upon him because he was a Bachelor of Charlatanism.

It is not in the alleviation of symptoms, nor in the treatment of minor ailments, that medicine impresses us. It is in its confident challenge to the diseases that kill that the science of medicine reveals its greatness. Witness the attack on cancer, and the results just obtained by a graduate of this University. What also could be more convincing, what more impressive, than the simple statement that during

our life-time the death-rate has fallen from 22 per thousand to 12, and that the expectation of life has risen from 40 years to 55? The people of this country and of this generation have, through medical science, experienced in their own persons the fulfilment of the promise conveyed by the Prophet Isaiah to the dying Hezekiah: "I have heard thy prayer, I have seen thy tears: I will add to thy days fifteen years."

In conclusion, recoveries are effected by magical methods, by religion, by charlatanism, and by nostrums. The importance of these is not to be minimized because they occur in minor ailments, for once a neurosis or other illness has begun, no one can foretell how serious the end-results may not be. The medium of cure in all these cases is the mind. The body cannot get away from it any more than the body can escape the action of the force of gravitation. Its power is great both as a causative and a curative agent. It can produce organic changes; it can hasten or retard recovery.

In the next place, at the beginning of the Christian era the science of medicine was in its infancy among the Jews, who believed that disease was directly inflicted by God, or caused by evil spirits. In this, the twentieth century, can science accept such primitive pathology? The sphere of the Church is spiritual and moral; and the clergyman is honoured in every household and welcomed in times of sickness and sorrow. But the healing of the sick is a sacred trust of the physician, as absolutely so as the study of the heavenly bodies in their courses is the sphere of the astronomer, although Science can never forget that the Church did not concede even this point till Galileo had suffered.

In the last place, the most valuable asset of the physician is personality. Its influence in sickness is mental healing, and it is of greatest value when trained and directed. The methods of employing such healing are infinite, for they vary with age and sex, with race and religion, and with circumstances.

Unquestionably, you, who have graduated to-day, are members of the only class fit to be trusted with the exercise of these great powers of healing. Your Alma Mater relies upon you because she knows that you possess a knowledge of the science of medicine, and because you follow the highest ideals of professional conduct. The superstitious and the ignorant are drawn, as by a magnet, into the pitfall of charlatanism.

Although you have passed no professional examination on this subject, you all have within you a psychic influence more powerful to relieve and more helpful in sickness than all the drugs in the British Pharmacopœia. This magical force is personality. It is this possession that makes medicine greater than a science. Go forth and use it wisely.

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#### THE NATIONAL COUNCIL FOR MENTAL HYGIENE.

SECOND ANNUAL REPORT OF THE COUNCIL, 1924-1925.

[An extract.]

In our first report brief mention was made of the initial work of the Council, which consisted mainly of the framing of bye-laws in order to establish the working arrangements of the Council. Under the articles of association the affairs of the Council were left entirely in the hands of an elected Committee of Members with power to delegate all or any of its powers to subsidiary Committees.

It was felt that the General Committee, meeting as one body, could not conveniently undertake the work of the Council, and that the wide field covered by the aims and objects of the Council would call for the setting up of appropriate sub-committees, composed of members with special knowledge and interest in the various sections of the Council's work.

Furthermore, the Council, to be truly national, should aim at embracing the whole country, and not be merely a metropolitan body with its offices and meetings in London. It was necessary, therefore, to set up machinery for the formation of local branches in the provinces, which would ultimately become the roots of the Council and form a network of endeavour for the furtherance of mental hygiene throughout the country, bringing the influence of the Council into the homes of the people.

So far one local branch only has been founded, but efforts in this direction are being made in other districts.