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## Addresses

### THE TREATMENT BY REST, SECLUSION, ETC., IN RELATION TO PSYCHOTHERAPY.\*

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I have asked the privilege of speaking to this representative body of physicians in regard to rest treatment and psychotherapy. No book or important essay on this latter subject fails to deal also with a method which originating here has been everywhere accepted. Professor Barker wrote that "it has helped to bridge the gap between neurology and psychology." I feel free, therefore, to discuss in connection with psychotherapy that treatment of the minor neuroses which has been characterized as "most fertile in opportunities for psychic therapeutics."

You will, of course, understand that I am speaking of what in America is known as "Rest Treatment" and abroad by my own name; I never labeled it. This treatment gave to our art a definite basal method of treating disorders in which before its invention the treatment, too, was, to say the least, disorderly.

In 1888 it was said by an English physician<sup>1</sup> of distinction to be "the greatest practical advance in medicine made in the last twenty-five years." Here it needs no defense. A neurologist of distinction<sup>2</sup> has written of it: "It is difficult at this day, more than a quarter of a century after Dr. Mitchell's first utterance on the subject, to appreciate the importance and the radical character of this innovation in therapeutics."

No such revolutionary method escapes or should escape comment and critical examination by the masters of medicine. Thirty-three years have gone by, and as concerns the rest treatment I am now in the position of a man who at the far limit of a debate is allowed the final chance to deal with the intervening comments on his original thesis.

In January, 1874, I developed for a single seemingly hopeless case, literally at a woman's bedside, the treatment by seclusion, rest, massage, full feeding and electricity. The intellectual process by which I evolved in three or four visits the details of this treatment is not without interest. At first I hardly realized the value of what I had found. There was an element of luck in the fact that this patient's case was ideally suited to the treatment it suggested. When confident of my success, in 1875, I told in lectures of what I had done; and in 1877, when more secure of my position, the new treatment of the neuroses was fully given to the profession in a little book. Before and long after these publica-

tions my statement of results was received here with incredulity and with such personal comment as I can well afford to forget. It found for some three years none to test its value until Professor Goodell first and Drs. Sutton and Perry later accepted it with the good judgment of men whom its novelty did not alarm or prejudice.

Five years passed before William Playfair in England began to use this potent method. He said of it before the British Medical Association: "I have nothing to add to this method and nothing to take away." I do not myself think of it as a thing mechanically changeless. Nor do I understand how physicians can, as in some western cities, turn over their cases for rest treatment to nurses who conduct what are called "Rest Houses."

Between Playfair's praise and the discovery by some of the later psychopaths that the chief value of my treatment lay in its psychotherapy there have been numberless criticisms.

My book on rest treatment was soon translated into seven languages. If the later of the eight editions and the comments in my two volumes of lectures and essays on neural disorders had been carefully read, I might in some respects have been more fairly dealt with, although as concerns the profession at large I have no reason to complain.

In reading the many essays and books on psychic treatment, and their general acceptance of and sequent criticisms on rest treatment, I am struck by the tendency to exaggerate the value of some one of the agencies used. For one it is the overfeeding; others insist on the ward bed-curtain isolation in every case of neurasthenia and hysteria; for some, hospital economy dictates limitation of the use of massage; and in France mental treatment is so elaborately insisted on as an essential of my method in all cases that I wonder how it can be adequately administered in their crowded wards, for to use psychic influence requires careful study of the individual mind and long visits.

The use of electricity is the feature most generally, by agreement, to be left out. But, except Camus and Pagniez and Dercum, no one adds that I said in my book that it was not a necessary adjunct, but that in the rare cases in which massage can not be used electric exercise of the muscles may be of value. It is to be remembered that electricity causes contraction of the muscular masses, and is, therefore, different from and in this respect superior to massage as giving a nearer approach to actual voluntary exercise without demanding exertion by the patient. Its effect on tissue changes has not yet been studied.

Of the singular criticisms of Professor Dubois I must say something, because his widely read opinions on psychic treatment have, as I think, been such as to re-

\* Read before the American Neurological Association, Philadelphia, May 21.

1. William Playfair.

2. F. X. Dercum: *Cohen's System of Physiologic Therapeutics*.

tard rather than to advance rational mind treatment. After stating that my treatment recommends "rest in bed, isolation, overfeeding, and various other less important measures," he heads his next chapter: "Weir Mitchell Treatment; Modifications Which Ought to Be Made in It in Order to Be Efficacious." The "modifications" are somewhat complete.

M. Dubois says:

I found that the monotonous occupation of running an electrode over a patient's body was a bore. Sometimes I stopped, and soon I perceived that a little philosophic counsel was more precious than half an hour's faradization.

And so he himself personally used the electricity and was bored. I do not wonder. Had he also used the massage in person a like report might have been made. Massage he defines as consisting of "gentle rubbing of the large muscular masses." There is delicate food for humor in his further criticisms, and humor is rare in medicine, except in some of the essays on psychic restoratives. "Next," M. Dubois writes, "I gave up in many cases absolute isolation." So do I, so did I, at need. "When," he adds, "my patients had not at the end of a week made sufficient gain in weight I was not disturbed by it; I did not send away the masseuse." Why should he? "I simply advised my patient to eat more. After a while I came to even dispense with rest in bed when the nutrition did not seem to me sufficiently bad to require this measure."

He says:

This treatment, such as I conceive it, after having practiced it for a long time, is a treatment of psychotherapy made under the favorable conditions of rest, isolation and overfeeding. These measures are not always necessary, but are invaluable aids in serious cases.

In the comments which follow there is hardly a thought of value which is not somewhere in the successive editions of my book, even to my insistence on the use of milk at the outset as a preparatory diet, which he describes as having peculiar value.

I have read with care many other criticisms, but none quite so misleading as those of this cheerfully confident volume. It is pleasant to turn to the book on "Isolation and Psychotherapy" by Camus and Pagniez, pupils of Professor Dégerine. I am here dealt with more fairly and quoted fully.

Dubois regards rest treatment as chiefly an opportunity to psychically confess and influence a congregation of one, whom, meanwhile, you must feed in excess. Professor Dégerine considers that its best value is in the isolation it exacts and which is obtained in his wards by closely curtained beds, even in cases of ordinary neurasthenia. Here in the wards of the infirmary for many years we have isolated hysteria by screens—and that in such isolation there is novelty would amuse any former resident of the Infirmary for Nervous Disease. As concerns bed-curtain isolation a former patient, once hysterical, remarked:

I wonder whether a patient's eyes are tested before the curtain is advised or not advised. Compulsory close seeing enrages me. I am rested by blindfolding myself, but irritated by a limited field of vision.

Much too much, as usual in French books, is made of priority, and here it is in regard to isolation.

Charcot is quoted as claiming for its use in "*hysterie et des affections connexes*" precedence of invention, but neither Camus and Pagniez nor I can find proof of this in his books. He was given to such claims, and I have twice before suffered in like manner at his, Char-

cot's, hands. I think it just, less on my own account than to American medicine, that I a little protest for even Camus and Pagniez have thought it worth while to claim for French medicine the original application of isolation in nervous disorders. To sustain this claim, they quote Pinel and Esquirol, but nowhere in their works can I find any competent support for this statement. By isolation these alienists meant separation of the insane from friends and family, but not the complete personal isolation I was first to counsel for the lesser neuroses and for the early treatment of various forms of insanity, a treatment now in common use. I have read with care all that Esquirol says in regard to isolation. He speaks nowhere of isolating the lesser neuroses. Isolation meant for him transfer to an asylum. He argues for this at great length:

*On isole l'aliene dans une maison publique consacrees à recevoir plusieurs individus.* (p. 131, vol. i.)

*L'isolement des alienes (sequestration, confinement) consiste à soustraire l'aliene à toutes ses habitudes en le separant de sa famille: en l'entourant d'étrangers; en changeant toute sa manière de vivre.*

He thinks contact with other insane is useful, but that maniacal persons require to be kept alone. It is plain that confinement to the room, in bed, at rest, a measure so useful in many forms of mental derangement, was never in his thoughts. What he seems to have meant is that to isolate was to put the patient in a hospital. How all this can be construed into a claim for priority in the sense in which isolation is used in the rest treatment I can not see. It is, after all, a small matter, but one becomes a little impatient over these claims for originality with so little foundation. I made no such claim in my description of the rest treatment, except as regards a combination of several means to an end; but if there be value and novelty in having urged seclusion in the neuroses the merit is not French. With this mild reclamation, the first I have ever made in my life, I dismiss the matter with the remark that between isolation of the insane in asylums and that of hysteria and neurasthenia and grave mental disorders, as I advise it, there is in any point of view a difference so wide as to give originative value to my own insistence on the usefulness of personal seclusion.

In the recent flood of books and essays on psychotherapy I am credited by many writers as inventor of a methodical treatment in which there is no provision for the use of influential mind treatment, no positive directions. As concerns this I am more sensitive. To have added chapters of the commonplace advice of the big books on psychic medicine would have been to cloud my subject, insult the common sense of physicians and again illustrate the fact that as no surgical book ever made a surgeon, so none of these elaborate directions will ever make a psychotherapist. Mental medicine is most of it simple and yet temptingly open to elaborate description. I wrote of this adjuvant texts for sermons, but not sermons.

In my first edition I said:

All the moral uses of rest and isolation and change of habits are not obtained by merely insisting on the physical conditions needed to effect these ends. If the physician has the force of character required to secure the confidence and respect of his patient, he has also much more in his power, and should have the tact to seize the proper occasions to direct the thoughts of his patients to the lapse from duties to others and to the selfishness which a life of invalidism is apt to bring about. Such moral medication belongs to the higher sphere of the doctor's duties, and if he means to cure his patient perma-

nently he can not afford to neglect them. Above all, let him be careful that the masseuse and the nurse do not talk of the patient's ills, and let him by degrees teach the sick person how very essential it is to speak of her aches and pains to no one but himself.

In "Diseases of the Nervous System Especially in Women" I wrote:

With this first sense of ease comes the precious chance of the doctor for moral education. He can now point out that, however hard it was with failing powers to control emotion and suppress nervousness, it is easy to do all this when the physical condition is improving. This doctrine will be aided and enforced by the nurse, if a good one, and your patient will be constantly reminded that she is getting better physically and is expected to accomplish more and more in the way of self-restraint. If she fail you praise the effort. She is your whole audience, and this with an hysterical girl gives you great power.

It is a time-consuming business.

I said enough long ago of the immediate mental and moral influence of rest treatment as a whole. All treatment has more or less mental effect, but now we are to deal with what you say to the patient as well as what you *do*. There is first what the French book calls *suggestion*. What philologic perversity inflicted a new English meaning on a word which has in French a sufficiently bad character I do not know. Littré in his dictionary defines suggestion as "*insinuation mauvaise*. Or, 2, *Il se dit quelque fois enbonne part*," as "*suggestion de la conscience*." The synonym given is instigation. Johnson defines it: "Private hint, intimation, insinuation." Thus it means in French one thing, in English quite another. When you succeed in getting into a man's mind an idea or order which becomes influential without conscious thought on his part, that is the ordinarily accepted technical "suggestion" of some of the French writers. It is an unfortunate term. Beyond this lies the whole range of persuasion, counsel and many forms of appeal, all of which are more reasonably classed as suggestion by some writers.

In some crude shape the followers of Eddyism, mind cure, soul cure, faith cure, and so forth, find in suggestion, persuasion and variously reinforced appeals the means of occasionally relieving mild neurotic states or of inducing the victims to assert their belief in cures which have not been effected. Does this seem an incredible state of mind? I have seen it again and again.

There are, I find, not less than seven of these cults. They are alike in despising every other. Some exact precedent beliefs of one kind or another; others demand—nothing but a fee and attention. They are by no means to be ignored in our studies of mental phenomena. A vast mist of lies and suppressions of failure surrounds these people. When they rashly put themselves in print they are as of the dead for the logical minded; but the logical constitute a proportion of mankind I am unable to estimate arithmetically. Some of these means of influentially capturing belief and dollars appeal to my sense of the humorous. One is known as "soul massage." Between this and the delirious round of the Eddy lies a variety of creeds, well baited for the credulous, none without some sure appeal to folly, to the pride of untrained reason, to instincts of opposition, to love of mystery, or to vanity fed by the delusion that with certain fixed beliefs comes for the believer power to heal. These means no one can keep out of the hands of the charlatan and the mind healer; but surely it is an amazing fact that the undisciplined mind of the American so skeptical of Lourdes should have created under

the influence of a female charlatan a new and even less rational Lourdes sustained on a basis of such amazing absurdity that over it the judicious can but grieve and the humorous sadly smile.

Perhaps I may best state my own views, the outcome of much experience, by considering the application of personal influence in its varied forms when dealing with the three genera of so-called functional neurotic disorders—neurasthenia, hypochondria and hysteria.

As I read, and I have read patiently, the wearisome detail of psychopathic analysis and treatment, I find a gathering belief that neurasthenia is always a malady of the mind alone—a psychogenesis. I know that it often has a background or a foreground of hysteria or hypochondria, but I also know that there is a goodly proportion of neurasthenia which has no more psychic origin or symptoms than has a colic. There are purely bodily neurasthenias. Three sets of experiences have taught me this. During our civil war some men became more and more easily tired by marches, then they became exhausted, and at last gave out utterly. They were often good soldiers who resented the charge of malingering. They were more easily cured than our male neurasthenics to-day, being entirely free from delusions or obsessions and amazingly perplexed by their condition. It was simply bodily exhaustion and something gone wrong with the mechanism of repair. Most of them got well and went back to the army.

My second experience was too personal for full record. In 1872 I had an attack of neurasthenia with grave insomnia. It was rapid in its march, and so complete that I could not ascend three flights of stairs without sitting down on the way to rest. I had no depression that was abnormal or unreasonable. My surprise at my condition was great, but I felt that I had thoroughly earned disaster. My psychic treatment should have come beforehand.

Another physician, an eminent president of this college, was for three years asthenic, with serious limitations as to the length of use of the mind and the body, but without any of the graver psychic effects or defects sometimes seen in cases of brain tire. This trouble followed an attack of heat exhaustion.

I have treated a large number of neurasthenics and need hardly assure you that there are many cases which are simple and which intrusive psychotherapy would surely injure. There are also patients in whom the mental disorder is secondary, a sequence, not a cause of neurasthenia. When, in man more often than in woman, this disorder of asthenia falls on those who, by heredity or temperament, are emotional or nervously unstable, we may have it complicated by a host of troubles which are of the nature of obsessions, depressions, and the whole range of hypochondriac illusions. There is, then, need for all the physician can command in the way of bodily treatment and of the mental influences of which I shall presently and briefly speak. The true hypochondriasis is a mental disease, often incurable, never to be mistaken, and not very common.

It is difficult to state with brevity my practical conclusions in regard to the disorder we call hysteria, and of the true basis of which we know nothing. I once collected all the theories concerning this disorder. Vain search. And still they come. One reads each new book on hysteria and, interested or puzzled, hopes to find in every novel theory some practical guidance. There is, alas, much bewilderment in labels. An able physician from the west told me of late of the interested eagerness

with which he had read Janet's able lectures and struggled at last with the verdict of "disassociated personalities."

In certain cases of hysteria, insomnia, aphonia, bed cases, simulation of paralysis, a command, an order will sometimes produce abrupt cures. I have at times won these successes. Are they permanent? Rarely. A failure is apt to lessen confidence, and confidence in the physician is a valuable asset. For one success I have had many failures, but of failures we hear too little in the books on psychic treatment.

Besides the imperative order or assurance absurdly labeled suggestion, and which is presumed to imply no power or effort to discuss and decide, accept or reject, there is the whole gamut of human motives with which, as occasion serves, we may influence the minds of the neurasthenic, the hypochondriac and the hysterical. I said "as occasion serves." It is nearly always better to put off advice and long and helpful talks until the physical health is improving, for then we have hope with us, and because with return of bodily vigor there is always an increasing power of self-control over emotion. Then, at need, we may reason, implore, counsel, appeal to duty, affection, taste, desire for health and what it brings; and, as the case suggests, be a sternly judging moralist or the humorous comrade of the minute and despatch some sad symptom with the disguised counsel of a jest.

Neither is the highest range of appealing motives alien to my purpose. If I fail to dispel vain fears by reason, to make someone realize how certain attitudes of mind degrade character and how full of peril is the selfful attention to symptoms; if I fail thus, I see no reason why, if I do it honestly, I may not appeal to the highest code of conduct, or if I do not feel competent, why I may not call in the help of some one who can better make this forcible appeal. It is, as I see it, in such cases my duty as a physician to do the one thing or the other, and the physician who has never sought in such cases the aid of the clergyman must have missed some valuable assistance.

There is no scientific record of any case of organic disease having been cured by any form of influence exerted through the mind of the patient. It is clear that in all time in the past the lesser neuroses have been in some cases made well or relieved by influences exerted through the mind. As these influences never cure organic maladies nor true insanities, the miraculous, as an explanation may be excluded. Injurious physical, moral and mental habits help to create or keep up disease, whether organic or not, and whatever influence acting through the mind ameliorates these is in so far mental therapy, and thus whatever form of appeal aids a man to think and act rationally should come into use at need. One of the most powerful of those influences is for many a simple religious faith which teaches trust and belief in the physician and strengthens the will to do what is morally and mentally wholesome. The so-called suggestion used in induced hypnotic states is utterly outside of the true domain of the clergyman and if needed should be and remain a part of the therapeutic agencies in the hands of the physician alone.

Even the lower motives may be usefully employed. I have seen a woman who was starving herself recover appetite when told that being thin and wasted she was ugly, and that having been handsome she could again become so by eating largely. I find myself stating a

case; I meant to confine myself to unpicturesque generalities.

Another form of appeal is to the sense of pain. I speak here with unreserve when I say that I have seen obstinate masturbation in hysteria in the young cured by whipping. I have seen violent angers in a woman resulting in wild hysteria cured by infliction of physical pain when every other method failed. Again I have seen obstinate kleptomaniacs ended by like means. I have advised it in rare cases. Is this a form of suggestion?

In hysteria it is sometimes easy by an act, a word, a question, to cause, alter, transfer a pain, a dysesthesia, etc. To cause such symptoms when present to promptly disappear altogether by an order is for me at least unusual. The ease with which symptoms may be planted and thrive is seen in the readiness with which a slight accident, a too frank statement, or a surgical examination may serve to create symptoms. For a long while too much was said of the ovary. Then the pathologic criminals were derelict kidneys. Just now the hooded clitoris is indicted. So much for the surgeon; and for ourselves an epidemic of enthusiasm as concerns psychic medicine just now occupies whole books and is the talk of dinner tables. It is having, I fear, a tendency to create the disorders in full proportion to the cures. A woman writes: "I have felt for years my need of some influence. Now I know it is suggestion. Do you use it?" Numbers of physicians seem to have found in suggestion, so called, mysterious and easy means of cure. I repeat that I am not so fortunate. Neither do I admit that hypnotism and hypnotic suggestion are of enough value to make them for the day or keep them for the future largely useful.

When in 1846 my father, Prof. John K. Mitchell, proved that somnambulism and what he called induced somnambulism, i. e., hypnotism, were identical and both morbid products, he related cases in which hypnotism caused grave results and was of the opinion that its range of utility was limited. He finally gave up, save in rare cases, the use of this doubtful measure and predicted that it would come and go as a therapeutic measure, but never be a part of the available means at the command of the general practitioner.<sup>4</sup>

This is the judgment expressed in his essay. He adds:

Let me not, however, be understood as denying to mesmeric processes all medical value. Cases occur in which ordinary means fail and mesmeric action is useful. But they are few and far between. They are, so far as I can judge, functional affections of the nervous system of a temporary character or sympathetic irritations of a weak affinity. Exalted sensibility may be lessened or abated in a few persons by such means, and the ordinary feeling of a part may be so diminished in some cases as to admit of painless operations. The fewness of the "susceptibles" and the time and trouble necessary to find them must ever deprive mesmerism of a general value.<sup>5</sup>

I have in the past used hypnotism very often, but for many practical reasons neither in my clinic nor in my private practice do I now resort to it often. I find slower methods better and the results more lasting. Moreover, I have seen some rather appalling results from hypnotism, but there again I avoid detail.

4. Despite certain conclusions with which the modern observers disagree totally, Dr. John K. Mitchell's essay is invaluable for its singular examples of the power of suggestion in hypnosis, for the proof of the oneness of natural and induced somnambulism, and for the early demonstration of the existence of separate nerves for pain and touch.

5. Five essays of different dates by John Kearsley Mitchell, Professor of Medicine, Jefferson Medical College, 1859. In one volume.

It were easier to handle this much debated subject of psychotherapy at length than to put briefly, as I have here done, what I wish to impress on you as the conclusions of long experience; but for all new methods in this direction I have a hearty intellectual welcome and an open mind. I most gladly read the elaborate and novel studies in psychologic diagnosis, the laboratory aids, the association tests, the mind-probing examinations. They are interesting and even fascinating, although at times men do seem to me to reach by wandering ways facts in individual human history more simply to be discovered by less cumbrous methods. I am tempted to assign to Professor Polonius the invention of one of these methods of psychic diagnosis.

"Thus do we of wisdom and of reach  
With windlances and with assays of bias  
By indirection find direction out."

Much good will eventually come out of even the excesses of therapeutic enthusiasm, but who can as a practical physician fail of astonishment when a man like Dubois absolutely condemns all use of aperients in chronic constipation and in a chapter of singular folly tells elaborately how by mental attention alone to dispense with purgatives. When we are told also that for insomnia we are to rely on psychic treatment and are never to aid it with judicious use of drugs, one is apt to distrust the judgment of the writer as to other matters concerning which he is as positive. But here is where extreme psychotherapy has brought us. For the general physician the utility of much that has been written is doubtful, not because it is always valueless, but because in available forms it is already the mental property of men of common sense, or because no one can thus convey on paper any useful knowledge of the vast range of human individuality; for indeed the individual can never be so classified in books as to be surely fitted with his special psychotherapeutic needs.

Since speaking of the foreign critics I have read with interest a paper by Dr. Morton Prince on the use of educational methods in the neuroses. It is impossible for me to go at length into this paper. I have only space to say that I think a large part of the very kindly criticism of the rest treatment is answered by the thousands of cases of many forms of neurasthenia and allied disorders successfully treated by rest, etc., in the last twenty years by country physicians, men who knew no more about "educational treatment" and so on than is commonly known by intelligent and successful general practitioners. Here again I find a good deal which seems to suggest that the type of cases which fall into the hands of some men may have been different from the cases which fell into the hands of others, or, frankly speaking, was it locality? It is well to remember that there may be several ways of treating the various disorders of mankind. I have no doubt that very many cases of hysteria, neurasthenia with obsessions and the like have been cured by simple country doctors using full rest treatment and nothing else. You cure the body and somehow find that the mind also is cured. The histories of nerve wounds in war amply illustrate this truth. The hardy soldier becomes a timid, hysterical, petulant patient. With relief of pain and return of health of body and flesh and color he regains health of character—a common story, most illustrative.

May I be pardoned the emphasis of repetition if again I insist that my protest in this long paper is not against mental treatment, but only against exaggerated state-

ments of what is to be obtained from its use. Labels are deceptively alluring and psychotherapy sounds most alluring. I have said that the self-importance conferred by the belief of the disciples of some of the cults of mind healing that they are in possession of powers which lift them above their fellows is one of the bribes which fosters these perilous creeds. There is some such risk for even the educated user of psychic methods. I should perhaps have better said, Is there not risk that occasional brilliant results may lead to the adoption of too general and exclusive psychic treatment? The man who sees at his order sleep come, the headache of years vanish, aphonia disappear, must be better self-guarded than some men if, feeling the sense of power, he quite escapes the moral danger of this tempting contribution to intellectual vanity.

In one or another form it is a world-old business. Psychic medicine in an extreme form was advocated in Athens some two thousand years ago.

In Plato's conversations Socrates says to Charmides:

Even so there is no cure for the body apart from the soul; and the reason why so many diseases elude the physicians of Greece is that they know nothing of the soul, which ought to be their chief care, since if this be not sound it is impossible for any part to be well. For all things, both bad and good, not only in the body, but in every part of the man, have their starting point in the soul, whence they overflow in the same way as from the head into the eyes. First then and above all, the soul must be treated if the head and the rest of the body are ever to be made whole; and the cure of the soul is brought about by means of certain charms, which charms are good words. By these words temperance is begotten in the soul; and this once begotten and abiding there, it is easy to supply health to the head and the rest of the body. Let no one persuade you to treat him for headache with this medicine until he has first yielded up to you his soul to be treated by the charm, for just here the mistake is made in regard to men. They attempt to treat the body independently of the soul.

For "soul" we must here, I presume, read "mind" in the larger sense, but his general meaning is clear.

Therapeutics is subject to maladies, epidemic and endemic. I leave you to discuss my diagnosis; and a prognosis has already been more than hinted. Having said my say, I now obey the self-suggestion that I stop.

## COOPERATIVE SCIENTIFIC INVESTIGATION.

ADDRESS OF THE CHAIRMAN OF THE SECTION ON OPHTHALMOLOGY, AMERICAN MEDICAL ASSOCIATION,  
JUNE 2-5, 1908.

WILLIAM H. WILDER, M.D.  
CHICAGO.

I wish to express my appreciation of the high honor the Section on Ophthalmology of the American Medical Association conferred on me by electing me chairman for the present year. The Association is the largest medical organization in the world, and the Section on Ophthalmology has long been recognized as the best organized and most active and progressive of any of its numerous sections, and to be its chairman is an honor of which any ophthalmologist might well be proud. My illustrious predecessors in this office have set a standard of efficiency that is difficult to attain, and the steady improvement in the work of the section can be ascribed to the stimulus of the officers to induce the members to put into the section the results of their best work.