ON PSYCHO-ANALYSIS.*

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I.

THE past few years have been uncommonly fruitful in psychological research of use in clinical practice, more especially in enriching our meagre store of methods of investigating and treating many of the everyday cases of psychical disorders. It is to one of the most helpful of these methods that these two lectures will be devoted.

To begin with, it may be recalled that these disorders have been classified as (1) psycho-neuroses, (2) neuroses, and (3) psychoses. The first named never have any but psychical origins—perhaps long since passed out of mind—and their symptoms are the end links of an unbroken psychological chain stretching back to the starting point. They are, from first to last, exclusively psychical, and can be cured only by tracing the cause and removing it like a foreign body from the mind. With the neuroses, on the other hand, the primary cause is physical, the symptoms lasting only so long as the cause continues to act, and, needless to say, they cannot be remedied by psychical methods alone; to this group belongs, among others, neurasthenia. Lastly, the psychoses result from toxic influences on the brain matter, the best known being the polyneuritic psychosis (Korsakoff's psychosis) associated with alcoholic peripheral neuritis.

As the psycho-neuroses alone are of interest to us here, the only additional specification that need be made is that this class is itself divided into three clinical groups—hysterias, phobias (horrors and uncontrollable fears), and obsessions (fixed ideas).

With this outline in our minds, it goes without saying that psycho-neuroses are not to be treated without an understanding of psychology, that is, of the science which, to quote the definition of the term, is concerned with "the nature, functions, and phenomena of the human soul or mind." The clinician, therefore, who proposes to treat psycho-neurotic patients must base his work on a deeper insight into the human mind than is afforded by the experimental psychology which deals with sensory stimuli, motor reactions, and the like. And, in contemplating this departure, he need not hesitate for fear of being drawn into metaphysical or theological speculation; on the contrary, he will find no occasion to move outside the firm ground of practical medicine.

Nevertheless, every new development in science, while its facts are as yet few, stands in need of a working hypothesis to help it to further observations. As to what hypothetical conception of the mechanism of the human mind will best serve psychology in the long run opinion is likely to differ, but, thanks to Professor Freud, one is already to hand which has proved itself at once a key to the nature of many psychical disorders and a guide to their cure. This work of Freud's, or, rather, that part of it on which is based the clinical method of psycho-analysis, will now be considered, any apparent dogmatism of statement in the following account being attributed, it is hoped, to the necessity of compressing a large subject within the limits of a lecture.

II.

At the springhead of human nature is feeling, pleasant and unpleasant, which shapes itself into desires, themselves the motive force to action; and once action has been taken gratifying a desire, the feeling it embodies is discharged. Feeling (psychologically "affect") of the one kind or the other is attached in greater or less degree to all ideas. Moreover, when a new idea seeks entry to the mind, the kind of feeling bestowed upon it is not a matter of chance but is determined by the kind already attached to similar ideas previously entertained—a precedence of events leading back ultimately to the emotions and ideas of childhood, and conferring upon this age a hitherto unsuspected importance in moulding the affective attributes of the adult.

This influence of the past on the present mental life is of cardinal importance. For, suppose we postulate in every individual a mind that is two-storied—an upper chamber, small and furnished with the thoughts and feelings of the moment, and a lower, large and filled with the thoughts and feelings which, in the past, after serving their brief purposes above, have been put away as memories—we have a picture of a consciousness which is transitory, and a subconsciousness which reaches back through an unbroken series of states of consciousness to the beginning. This subconsciousness will contain the entire panorama of the past.

The contents of consciousness pass down into subconsciousness, where, as memories, they wait to be recalled. These memories prove to be arranged, not haphazard, but on a system which keeps together those most nearly related, either in point of resemblance or of time or of both. Further, these memories preserve their vitality indefinitely, no matter how deeply buried beneath the ever-growing mass of subsequent memories. It may be concluded, therefore, that the subconscious mental life is continuous, consecutive, and indestructible from childhood onwards.

But this conception needs elaborating, more particularly in its affective bearings. Subconsciousness is the source from which feeling is drawn to be imparted to every new idea. But since, as has been shown, the choice of the kind of feeling lies with past experience, the mind will, as a rule, approach every new experience under the influence of past feelings—an act of mental prejudice which consciousness habitually acquiesces in, or, rather, never suspecting the bias, is at no special pains to render null. In fine, consciousness, rarely permitted to approach a new matter without subconscious prepossessions, is overruled (or guided, as the case may be) by what has gone before, a conclusion once again emphasizing the psychological importance of childhood.†

The operations of the faculty of memory are made possible by the orderly arrangement which associates every memory with kindred memories preceding and following it, so that when the wish to recall some particular memory arises the method is to lay hold of the near end of the chain and to draw it link by link into consciousness until the required memory is found. Memory, therefore, is essentially a process of mental association.

It is not to be supposed, however, that consciousness is powerless to regulate the admission of memories. On the contrary—and here we come to another phenomenon of the greatest practical importance—it exercises habitually a censorship, a janitor's office, the door being freely open to pleasant recollections, but closed to others whenever possible. Furthermore, memories which are peculiarly distressing will often be forcibly pent up in subconsciousness—a psychological act known as "repression"—and never be permitted to invade consciousness.

But apart from all conscious efforts to remember and to forget, there are means by which memories can find their own way into consciousness, whether wanted or not, though only under the impulse of strong feeling. During sleep, for example, when the control of consciousness is withdrawn, thoughts and feelings, more especially such as have been repressed, may emerge from subconsciousness to occupy the theatre of the mind with dreams. On such occasions several desires or fears, the heritage of many years, will often crowd into one and the same dream, where they figure in fantastic and extravagant disguises, symbolic of their real meanings. The task of psychologically interpreting this symbolism, though not easy, discloses the subconscious influences that mostly dominate the dreamer's waking life.

III.

The outlets, when a wish or desire presses upon the mind, are three—two healthy, one morbid. The average individual, in these circumstances, first recognizes the existence of the desire (psychologically, he accepts the idea with its feeling into his consciousness), and then decides on one of the two healthy courses open to him. Either he determines to gratify it, in which event the feeling, finding a natural outlet, is discharged, and he is rid of his desire. Or, weighing the benefits of this simple

*The substance of two lectures delivered at the Polyclinic, London.

† On the vast majority of occasions the superior control of the intellect is not invoked, and never on the occasions that count in producing a psycho-neurosis.

release against various criteria—prudential, social, ethical, religious, and so on—he decides against gratifying it, whereupon these opposing considerations swamp the feeling, and again he is rid of his desire.

But the psycho-neurotic, though no doubt following one of these courses on most occasions, adopts a third in respect to some wish (or fear), which becomes of great significance in his mental life. A wish, for example, enters his mind, which he either finds unattainable or is unable to bring himself to the point of action to gratify; but, at the same time, the thought of its realization is so pleasant to him that he equally fails to turn upon it those intellectual or moral forces which could quench it. Instead, he retains it in his consciousness, to play with it in his fancy. But, with it pressing all the while for gratification, a psychical situation may follow which, at first unpleasant, ultimately becomes intolerable. Should this happen, some escape must be made. And this, if both the healthy courses are still rejected, is by way of forcibly thrusting or repressing the desire into subconsciousness. Here, however, though it is no longer thought about, its feeling, never having been discharged, struggles for recognition, and demands an outlet. A state of psychical conflict is the result, the pent-up feeling contending against the repressing forces of consciousness. In the end a compromise is effected, the feeling being diverted into a morbid channel, along which it flows to make its reappearance as a psycho-neurotic symptom. If it emerges blended with some bodily process, it stands henceforth as a hysterical symptom—headache, tremor, vomiting, etc. Moreover, the symptom, by relieving psychical tension, expresses subconsciously the gratification of the repressed wish, and on this account affords the patient satisfaction.

By what psychological mechanism in this deflection of feeling brought about? Briefly, the desire (that is, idea plus feeling) has been dealt with by forcibly separating the two parts. The idea, no longer buoyed up by feeling, sinks out of sight to the bottom of the mind. The feeling, liberated and unattached, is not thus easily disposed of, however, but is transferred to some other content of consciousness which, now supported by an unwonted amount of feeling, rises prominently and insistently before the mind. If, as is often the case, the normal feeling thus added to is derived from a bodily source of feeling, the region of the body thus concerned will become invested in consciousness with abnormal feeling, figuring conspicuously in the mind and becoming a symptom of hysteria. But if the liberated feeling is added to some purely intellectual idea, this, equally buoyed up with excessive feeling, projects unduly into consciousness, and what was originally, perhaps, a trivial thought becomes an obsession or a phobia.

It is to be particularly emphasized that any such psychological disturbance, though apparently subsiding, leads, in point of fact, to a definitely morbid state of mind. The patient, far from gaining real relief, has merely shifted the burden from consciousness to subconsciousness, and henceforth labours under a psychical disorder which, inevitably interfering with the healthy functioning of his mind, handicaps him, more or less, in his daily life.

At the same time it must be recognized that a natural tendency towards a return to health is never wanting: *vis medicatrix naturae* is as potent in mental as in bodily complaints. In the former it aims at terminating the psycho-neurosis by withdrawing the feeling from the morbid channel into which it has passed, and sending it up into consciousness, there to be got rid of by one of the two healthy courses. The repressed feeling, therefore, is always ready to attempt to break forth from its confinement, however slight the provocation. Often this is some trivial occurrence which in ordinary circumstances would, by the association of memories, recall the repressed thought. Some such passing incident is enough to set the repressed feeling in commotion, with the result of renewing the old psychical conflict and determining a return or an exacerbation of the hysterical symptom. In all these attacks the resistance still comes from consciousness which successfully withstands the attempted invasion.

It should be explained that any mass of feeling thus repressed is spoken of as a "complex." The psycho-neurotic, therefore, lies at the mercy of his submerged

complexes (in many cases more than one complex must be reckoned with), and these feelings, at no time under control, are all the more formidable for working subconsciously. The essential pre-requisite to the cure of a psycho-neurosis is the identification of the complexes. The practical means to this end will be described later.

With regard to the important question of the starting-point of the psycho-neurotic habit of mind, Freud has identified this with a derangement of the sexual feelings in childhood. He has shown that, contrary to the general assumption, these feelings assert themselves, not at the time of puberal change but in very early life, at least as soon as the pleasurable sensations to be derived from the genitalia are apprehended. They cannot fail, therefore, to be of great account among the affective influences of childhood, and least of all are they to be overlooked in the problems of morbid psychology. The treatment of this aspect of a case requires to be handled judiciously, and it would be incorrect to assume that every psycho-neurosis, before it can be cured, must necessarily be traced to an infantile sexual origin. Freud himself records a case in point ("The Case of Miss Lucy R.," *Selected Papers on Hysteria*), where a successful result was attained without carrying the investigation into the patient's childhood, and in an example I shall give later a cure was effected without any reference to sexual matters. Nevertheless, the weight of evidence is that sexual feeling (using the term not in its narrower meaning but to include also the various manifestations of love—filial, maternal, etc.) plays the leading part in causation, and the treatment, therefore, may not be efficacious until the condition has been traced to its source.

IV.

Turning now to practical methods, let us suppose the attention of the mind to be bent upon some one thought. Before long another thought will be found to rise in its place, and this in its turn will be succeeded by another, and so on—a sequence which, never fortuitous, follows the lines of subconscious associations. This mental process of passing from thought to thought without any conscious direction is known as "free association." As it plays a leading part in psycho-analysis, the following simple example will not be out of place. In putting together the notes for these lectures I had occasion to call upon my memory for Professor Janet's views on hysteria, and was working over them step by step, when suddenly there flashed upon the screen of my mind a picture, vivid as life, of a military statue bathed in sunshine; at the same instant, though no inscription was visible, I knew that it commemorated General Buller. The mental connexion between this obtruding thought and Janet's views on hysteria was completely hidden from me until traced by free association. The thought which then succeeded that of Janet's views was of his book of lectures on the *Major Symptoms of Hysteria*. Next came the recollection that these lectures had been delivered (as stated in the preface) before a medical gathering in the United States. This in its turn brought to mind another medical gathering—of the British Medical Association—which I myself had attended to read a paper some few years ago at Exeter. And then, once again, up came the statue of General Buller. I now recalled myself on the top of an electric tram at Exeter, passing, on my left hand, this statue, which at the time was in the full sunlight of a summer morning.

If this method of free association is employed by a psycho-neurotic, some of his chains of thought are bound to lead, sooner or later, and generally sooner, towards a submerged complex. In fact it offers the surest means of rapidly tracing the disorder to its origin; sometimes, indeed, with its help, a morbid conflict twenty or even thirty years ago, and altogether forgotten, will be brought to light within a few minutes. On the other hand, not every thought can be thus relied on, and, unless much time is to be wasted in unproductive associations, some means of preliminary selection is needed. What is wanted is a ready method of exploring a patient's mind to ascertain in what directions the complexes are to be sought. Just as, with a case of an organic disease, it is customary to make a routine examination of all the systems, to be amplified by a more detailed investigation of any organ that appears to be not healthy, so, in a psychical disorder, a general survey of the mind is indispensable if the

thoughts associated with complexes are to be speedily recognized.

This need is met by the "word association" method first made known by Jung of Zurich. A series of words ("stimulus words"), not fewer than 100 in number and preferably 200, is prepared from among the nouns, verbs, and adjectives in everyday use, care being taken to include, so far as possible, references, direct and indirect, to all the human emotions. These words are then read over, one by one, to the patient, who has been previously instructed to listen attentively and to reply to each as quickly as he can with the first word that occurs to him. His "reaction words" are noted, and the time taken to reply measured by a stop-watch. At the end of the test it is commonly found that, while the replies to many, probably most, of the stimulus words have been made without difficulty and within two or three seconds (the average reaction time being 2.4 seconds), the result in the minority of instances is very different. The reaction time may be 30 or 40 seconds or even longer. Sometimes a reply is not forthcoming or it is merely a repetition of the stimulus word. Yet again, it may take the form of a question or an explanation, the patient forgetting his instructions.

The practical value of this method is as great as its *rationale* is simple. It hangs on the fact that words in ordinary use establish different associations in different minds, so that each stimulus word tends to awaken the memories which happen to have clustered round it in the patient's past mental life. Should any word in the list have become associated with an emotional experience, this latter is likely to be stirred; but, on the other hand, if it is an experience which has been repressed by a psychoneurotic, its readmission to consciousness will be stoutly resisted. For all that, however, the stimulus word being unexpected by the patient, his consciousness, taken off its guard as it were, is not quick enough to prevent the subconscious feeling from being set in commotion, and in an instant the old opposing forces are arrayed against each other, with the result that for a few moments the patient's attention is distracted and he forgets his instructions. Perhaps the first word that rises in his mind will be rejected, since it would lead perilously near to the complex, and another has to be sought and, if found, substituted, the reaction time being, of course, prolonged. Not infrequently the stimulus word will be found to occasion obvious agitation or mental confusion, which the patient may endeavour to hide from himself by hastening with an explanation or a question. In fine, the word association method is a rapid means of testing the patient's feelings on one or two hundred subjects; it is like the ringing of a handful of sovereigns to detect any that are unsound.

The following example, taken from a case of hysteria, will illustrate the application of the method.

Stimulus Words.	Reaction Words.	Reaction Times.
Water	River	1.8
Child	Boy	1.6
To pay	Money	1.0
Finger	—	26.0
Cold... ..	Fire	1.2
Sad	The first word I thought of was "wise," but that hasn't any connexion, has it?	12.0
Pride	Vanity	2.2
To fall	To hurt yourself	0.8
Fur	Coat	1.4
Dear	—	34.0
To quarrel	Yes, but it's so silly. A boy.	30.0
Big	Man	1.4
Family	Mother	3.0
Contented... ..	Mind	1.4
Nice... ..	—	44.0

It will be noticed that while the replies to the majority of these test words were given well within the average

time, five of them were delayed for from twelve to forty-four seconds. In three of these no reply was made, and in the other two the responses were wide of the instructions. It could be concluded, therefore, that each of these five had impinged upon a submerged complex. Without superfluous detail it may be explained that the patient in this case was a hysteric, and proved to be the subject of, amongst others, two complexes. One was connected with her engagement, which, though she was in love with her fiancé, she had broken off on account of his habits of life. The other was related to a lifelong series of unpleasant experiences with drunkenness. Her fiancé, a couple of years after becoming engaged, took to drink. A few years previously her brother, convalescing at home after a serious illness abroad, fell among dissolute companions, and the patient was involved in many distressing scenes when, to screen him from their father, she used to go to his help on his return in the small hours drunk and incapable. Earlier still, when she was only a child, her father himself would come home occasionally from business under the influence of drink, at these times showing violence to her mother, and her experiences at that age proved to be the starting point of the drunkenness complex.

To return to the five words; two of them, "dear" and "to quarrel," proved on association, as might be expected, to refer to the patient's engagement complex. The significance of the other three, "finger," "sad," and "nice," was quite obscure until the method of free association was employed. The association to the first ran: "finger," "ring-finger," "wedding-ring," and thence direct to the engagement complex. The second brought the following: "sad," "sad news," "sad news in a letter," after which the patient called to mind the particular letter from her fiancé, soon after their engagement was ended, telling her that he was leaving England for good two days later; and this recollection led, in its turn, to that of a parting interview the next day, which had been followed, on the next day again and at the hour he sailed, by an attack of hysteria. Lastly, the associations to "nice" were "nice," "nasty," "nasty habits," "Why can't you doctors cure people of drunken habits?" and so immediately to the other submerged complex.

V.

Jung's method, therefore, indicates the associations to be followed up without necessarily disclosing the nature of the complexes. These are to be found, as in the case just mentioned, with the help of the patient's free associations to such of the stimulus words as caused psychoneurotic reactions. In passing to this stage it is important to realize that the associations, implying as they do the re-entry of repressed thoughts into consciousness, will not be readily followed up by the patient, whose resistance, on the contrary, becomes stronger the more nearly a complex is approached. Not that this defensive attitude is deliberate; the patient is probably only too anxious to assist, but, when it comes to the point, his morbid habit of mind proves too strong and he finds himself unable to speak what is entering his mind. This resistance is, perhaps, the greatest obstacle in the way of psychoanalysis, and is to be overcome only by perseverance, patience, and sympathetic handling. To some extent it can be weakened by first explaining the method to the patient, giving him an account of normal psychological processes and the manner in which a psychoneurosis develops. At the same time it is often well to point out the difficulties in his path, however anxious he may be to avoid them, and to let him understand that they can be and, if a cure is to be made, must be overcome.

The resistance is to be looked for in various guises. Most commonly it shows itself by a sudden check in the flow of associations, the patient affirming that no thought now rises to his mind; but though this will sometimes be true, it is more often a signal that a complex has come into sight. Again, some unpleasant thought that has entered the mind may be withheld and another offered in its place. Here, however, the break in the sequence of thought may attract notice. On yet other occasions, when an association is being pushed against resistance, the patient will make little of the matter, suggesting it is not worth following up. Not a great deal of experience, however, is needed to recognize these subterfuges. In fact, it

may be said that, within limits, the more readily an association is forthcoming, the less likely is it to be leading towards a complex. Nevertheless, the resistance once overcome, and the complex forced up into consciousness, the patient is willing enough, as a rule, to fill in the details. This applies, however, only to the particular experience under analysis, the resistance being renewed, perhaps as vigorously as before, as soon as the next stratum of subconsciousness is about to be opened.

When a few of these word-associations have been investigated, light will probably be thrown on several others, and fresh lines of advance suggested. Finally, as the case is gradually worked out, a significant fact can be expected to unfold itself, namely, that the first emotional experience to be brought into consciousness leads to an earlier, and this to others still earlier. Indeed, in most if not all cases it will be found that the complexes date back to some emotional disturbance in childhood.

As supplementing the word-association method, the analysis of the patient's dreams is invaluable. Without any attempt to go at all fully into this aspect of the method, it may be said that though, as was explained in a previous lecture, repressed desires and fears are ready to disclose themselves in dreams, even here a certain resistance is encountered—the janitor sleeps with one eye open. Consequently, it is by no means unusual for a desire to appear so disguised by symbolism as to be recognizable only after analysis. Most dreams, therefore, present a twofold meaning, the one superficial and apparent, the other underlying and real; psychologically speaking, they comprise a “manifest content” and a “latent content.” The latent content—which alone can elucidate a psycho-neurosis—is found by free association to the manifest content, the patient filling his mind with some detail of his dream, more especially one connected with feeling, and following up its associations.

When at last a complex has been traced to its origin, how is it to be made away with? This can only be done by bringing it well into the patient's consciousness, talking about it, discussing it, looking at it this way and that, the patient for his part setting loose the feelings so long pent up, no matter how painful the scene. In this way the morbid deflection is righted, subconsciousness is unburdened, and the mind put in the way of resuming its healthy functions. Already the analysis will have traced for the patient the steps in the development of his morbid symptoms, and now the reasons must be put before him for the resistance which has kept the feeling in repression. Finally, since long habit will have left him but little practised in consciously recognizing his feelings and desires, still less in submitting them to control, he needs must remodel his attitude towards his own mental phenomena—on the one hand accepting feelings as an integral part of the mind, indispensable, indeed, to its full development, on the other acknowledging the higher faculties of reason and judgement as the final court of appeal against their impositions.

To bring the subject to a close, a few words must be said on the actual procedure to be followed in the consulting-room. The case having been diagnosed, the first visit should be allotted to an explanation of the method of treatment, together with a general outline of normal and morbid psychological processes. The second may be devoted to the patient's own account of his life-history; and though, as subsequent analyses almost invariably prove, he will pass over or, at most, touch only very lightly on the matters of greatest moment in his mental life, this visit is by no means time lost, but serves to establish confidence and mutual understanding. The third visit may be set apart for the word association test, and the subsequent progress will be planned according to its results. The patient, when freely associating, should lie on a couch, his eyes closed, the better to keep his attention from being drawn elsewhere, while the physician takes up a position behind the head of the couch, where his presence is least likely to be obtrusive. In the earliest associations—at any rate before the patient has grown accustomed to the method, and perhaps, is still a little sceptical of its success—the following plan may be adopted to start each refractory association. The patient is warned that pressure is about to be made, for a few moments, with the hands upon his forehead, and that, when this is released, a thought or a picture will rise to

his mind. As soon as this has been done, he is asked, “What thought has come to your mind?” or, “What picture do you see?”

VI.

As may well be supposed, the reports of cases investigated on these lines often run to some length, but the following two examples are chosen as being short and representing the most prevalent variety of psycho-neuroses, the phobias. The first illustrates the use of free association, the second the value of dream analysis.

In the first the patient was affected by the very common phobia of darkness, her fear dating back as long as she could remember. Though of middle age, she was unable to venture out alone after dark without being dogged by fear until she was safely home again, while even to go upstairs at night, if the lights were out, was an ordeal to her. For many years she had never trusted herself to sleep without a light burning in her room all night.

On associating to the thought of this fear she recalled various occasions when it had specially affected her, and finally came to one which, she felt assured, was the starting point. As a young girl she was on a visit to a schoolmate in the country, and one afternoon the two walked to a neighbouring village to call on some friends. At tea she felt herself growing anxious lest their return should be delayed until after dark, but, though she urged her companion to leave in good time, they lingered talking and did not set out until after night had fallen. During their three-mile walk home along dark country lanes the patient was filled with a vague but intense fear, and to this experience she attributed her phobia.

Two points in this account suggested the need for further analysis. First, her anxiety showed itself at tea-time when it was still light; obviously, therefore, the fear antedated this evening walk. Secondly, it is open to question whether any one goes in fear of darkness *per se*; this phobia, when analysed, commonly proves to be, not a fear of darkness, but of what may happen under the cover of darkness. The analysis, therefore, was continued, the real, though unsuspected nature of the phobia being speedily unmasked. She recalled that she was afraid, not of the darkness itself, but of the dark country lane, and, next, that this fear was really a fear of meeting some one in the lane. But this, again, resolved itself into a fear, not of merely meeting, but of being spoken to by some one. Finally, she found that the real fear at the back of her mind was that, meeting some one in the dark lane who should stop her under pretence of speaking, she would be attacked and murdered.

This conclusion necessitated a free association to the thought of being murdered. At once an incident came to mind from her early childhood, when she had listened to a conversation between her father and mother about a railway murder which had been committed—in Yorkshire, she inclined to think—as the train passed through a tunnel. This was the first murder she had known of, and the account terrified her; she particularly remembers the impression made upon her by the fact that the murderer waited for the covering darkness of a tunnel before attacking his victim. From that time she has harboured the fear of being herself murdered in some dark place, though, until the phobia was analysed, she had not consciously distinguished it from a phobia of darkness. When, after this short analysis, she was made to understand that because some unknown individual was murdered a quarter of a century and more ago in a Yorkshire tunnel, therefore she kept her bedroom light burning, and generally went in present fear of being murdered in the dark, the phobia speedily passed under control, and within a week or ten days was dispelled.

In the other example, illustrating the value of dream-analysis, the patient was profoundly and, indeed, painfully influenced in her daily life by a morbid horror of death and everything connected with death; not its least distressing aspect being a dread of live burial. Unable to remember a time when the thought of death was without these feelings, she had come to regard them as almost natural, but, nevertheless, so completely was she at their mercy that her fervent wish had always been to set herself free from them. As might be expected in these circumstances, she was unable to offer any explanation of the origin of the psycho-neurosis.

On one of her visits, however, she mentioned a dream of the previous night. It was quite brief. In it she saw her mother lying dead; she regarded the spectacle with the utmost composure. With the help of free association to the thought of the dream, she recalled first an identical dream some six months ago; then another of the same sort about a year before the second; and from this passed from one such dream to another (occasionally her father, but usually her mother figuring in them as dead) until it became evident that this particular dream had recurred at varying intervals for more than twenty years. Finally, she recalled an instance from her very early teens. Instead, however, as seemed probable, of continuing the series back to her earlier childhood, she now said that a picture rose before her mind. She saw herself as a little child of four or five, playing on a hearthrug, while, close by on a couch, lay an old gentleman. She recognized him as a friend and near neighbour of her parents. She remembered that she used often to be allowed to go to his house, and would play on the hearthrug while he, presumably an invalid, reposed on the couch, talking to her. She also remembered that on these occasions the wife was never present, and, looking back on these visits, she was inclined to think that she was sent to be company for the old man when his wife went out.

Asked to associate to the thought of this neighbour, she at once recalled how, on going to the house as usual one morning, she was met in the hall by the wife, who told her that the old man was dead. And now followed the incident which was the cause of her lifelong phobia. The wife led her upstairs into the death chamber. The child said she was afraid, but the other, telling her there was nothing to be afraid of, crossed the room and drew back the sheet from the figure on the bed. This frightened her the more. The wife, thinking, it must be supposed, to act reassuringly, then compelled the little child to approach the corpse, to put out her arm and touch its cold cheek. The sensation filled her with penetrating horror. For days she could not get it out of her mind. Then, child-like, she began to reason with herself. If, she argued, her old friend had died, as they called it, and grown cold, other people probably died and grew cold. In that case her mother (for whom she bore great affection) must die and grow cold. The thought of this took hold of her, supplanting the recollection of the icy feel of the dead man, but at the same time drawing to itself the intense feeling of this earlier experience; and thereafter, so the patient recalled, whenever she was alone she brooded on the thought of her mother's death, at night crying herself to sleep with the same thought. This went on for several years until, when she was in her very early teens, her mother became seriously ill and the child was packed off to relatives in the country. Here, where no one knew the fear that was eating out her heart, no one troubled to keep her too well informed of her mother's progress. And then, for the first time, she dreamed that she saw her mother lying dead, but the sight moved her not at all.

The result of this illness was to leave her with an intensified horror of everything suggesting death. About this time, moreover, she learnt, from a conversation between an elder brother and sister over their school lessons, the story of the Black Hole of Calcutta, and the thought of the fate of Surajah Dowlah's victims haunted her until she imagined a similar end for herself. This new terror, working on the old, engendered yet another monstrous fear—namely, that she might be buried alive, and, reviving in her coffin, be suffocated to death.

For brevity, this sombre history has been given only in outline, but, in conclusion, the following fact, which was gradually established by the analysis, though hitherto unknown to the patient, must be added. When any incident in her daily life touched, all subconsciously, this death-complex—such as passing a funeral in the street, calling on a sick friend, or seeing an actor die on the stage—the effect was a severe headache, very often violent enough to incapacitate her.

THE late Professor Duhring has left about £16,000 to the University of Pennsylvania and the hospital connected therewith. Part is to be applied to the foundation of a museum of cutaneous diseases, and a sum of £10,000 is allocated to the hospital for the maintenance of wards of free beds for the treatment of skin diseases.

OBSERVATIONS ON THE TOXAEMIAS OF PREGNANCY, AND ON EUGENICS FROM THE OBSTETRIC STANDPOINT.

Being part of a Valedictory Address delivered before the Section of Obstetrics and Gynaecology of the Royal Society of Medicine by the Retiring President.

BY

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EUGENICS, or the well-being of the race, is now one of the prevailing instincts of our generation. The value of the potential mother and her unborn babe as a national asset is becoming increasingly recognized. I propose to examine the subject very shortly from the medical and the social point of view.

1. THE MEDICAL IMPORTANCE OF EUGENICS FROM THE OBSTETRIC STANDPOINT.

The crux of the whole question is the safety of the mother and child during pregnancy, labour, and the puerperium.

The facts that over 3,000 women (3,179 in 1909) die every year in England and Wales from puerperal septic disease and accidents of childbirth, and that in the same year 99,430 infants died during their first year of life, and that in addition there were about 19,000 stillbirths, make this statement a self-evident truth. It will not be possible to speak now of many of the causes of this maternal and infantile mortality, but I would like to say a few words on the efforts being made to unravel the pathological mysteries of the toxæmias of pregnancy which directly or indirectly cause a large proportion of this terrible waste of life.

The Toxaemias of Pregnancy.

In my presidential address of October, 1911, I alluded to several diseases, both in obstetrics and gynaecology, the etiology or pathology of which was to a large extent undecided, and amongst them I instanced in obstetrics the toxæmias of pregnancy, ectopic gestation, phlegmasia alba dolens, pyelonephritis of pregnancy, and hydatidiform degeneration of the chorion, with its not infrequent sequela, chorion-epithelioma.

As regards the toxæmias of pregnancy, I drew attention to the increasing recognition of the fact that investigations should be made by physiological and pathological chemists regarding the auto-toxaemias, if our knowledge of the etiology and treatment of hyperemesis gravidarum, chorea gravidarum, albuminuria, eclampsia, acute yellow atrophy of the liver, and puerperal insanity is to be increased. In printing my address, the BRITISH MEDICAL JOURNAL¹ published a leading article, entitled, "Where Chemistry and Medicine Meet," and the *Lancet*² also published an article on "The Return to Chemistry," both expressing their cordial concurrence with my views. These leading articles helped materially to stimulate interest in the subject. There is no doubt that during these last two years more progress has been made in our knowledge of the functions of the placenta and of the function and interaction of the ductless glands, including the ovary and its lutein tissue, than was previously possible. Dr. Blair Bell and Miss McIlroy have been working on these lines for some years, but a whole army of experts are now engaged in this form of research.

If the foreign journals are examined, more particularly the German, it will be seen that this chemical investigation and the effects of injection of glandular extracts upon animals is becoming increasingly prominent.

As further evidence of the interest now attached to the chemical aspect of the toxæmias of pregnancy, I would allude to the large numbers of books recently published on the "internal secretory organs" or on "the function of the ductless glands," in every case dealing with the influence exerted by the secretions of these organs upon menstruation, pregnancy, lactation, and the puerperium in both animals and man.

The clear advice in the report of the Royal Commission on the University of London as to the need of the perfect equipment of the "hospital unit" is only another indication that it is now being generally recognized that clinical