

chical conversation" he discovered the existence of a preconceived idea, which showed him that he had not yet attained his object. The patient explained that there was another reason for her having slept well, her period had commenced, and she invariably had a cessation of palpitations whilst menstruation lasted, though they returned immediately on its cessation.

He answered: I perfectly understand that there has hitherto been this regular coincidence, that you are correct in your observation of it. But, I implore you, break loose from this most disastrous relation of cause and effect! So long as you believe in this inevitable succession of phenomena and expect a return of the palpitations directly your period is over, so long will you have them.

Never mind what you have hitherto observed, however logical the sequence seems to you. Hold to this simple syllogism: I am young and healthy. I have no disease of the heart, nothing wrong with it organically, therefore, I cannot die from it. Your heart will then cease to beat violently, the feeling of panic will disappear, and you will sleep like a child.

This time the patient understood; and though she remained a month in his clinique, Dubois never found any cardiac irregularity. The palpitations did not disappear completely at once. The patient woke sometimes with the old sensations of anguish which formerly necessitated medical intervention, but she had learnt how to combat them successfully herself, and never once did she even ring for the Night Sister. I had my palpitations last night, she told the Professor the following morning, but I soon got rid of them by remembering what you told me—that one *could* not die of nervous heart-beats—and I quickly fell asleep again.

In this treatment of the various functional troubles of neurotics, there is undeniably an element of suggestion, and Dubois draws attention to the fact, adding: It is a matter of supreme importance to implant the conviction of curability in the patient, and I cannot always prevent my patients from reaching this conviction by blind faith; (all are not sufficiently intelligent to grasp his reasoning), but the fault—if fault there be—is on the subject's side. On my side, I am careful that everything I affirm has a rational basis, I never tell my patients anything which is not deduced from my own psychical or physiological observations. I endeavour to enlighten them, to make as clear as possible to them the influence which mental representations have on organic functions.

The hypnotiser also suggests a cessation of symptoms; but he does not explain to the patient *why* they will cease, he usually keeps his patients in a state of dependence on himself. Professor Dubois, on the contrary, aims invariably at rendering the patient self-dependent, at making him understand how he became ill, and how he can become well. His patients often say to him: Now that you have explained it to me, I see how simple it is, and I am astonished that I did not myself discover it.

*C'est là l'unique secret d'une psychothérapie rationnelle. Expliquer avec patience et douceur, en variant ses discours suivant les facultés de l'interlocuteur; lui faire comprendre les choses, exercer ses facultés logiques afin qu'il trouve lui même le chemin de la vérité.*

In conclusion, I will give the account of Professor Dubois' treatment of a most serious case of multi-symptomatic neurosis.

The patient, a lady, forty years of age, was sent him by a foreign colleague, as a hopeless case. Very intelligent, but morbidly emotional and imaginative, her life had been unhappy; her marriage had ended in separation. After the birth of her daughter she became subject to nervous crises; fatigue and emotions combined in creating a psychopathic condition, with hysterical symptoms, frequent astasia-abasia, contractions, and various pains and paresthesias. Several times she had had phases of delirium.

During nearly nine years she had tried every variety of cure; five years previously, arguing that hysteria is of genital origin, they had extirpated uterus and ovaries; with the only result of increased psychopathy! During the last year they had given strychnine hypodermically. The patient was so feeble that she had to put off the journey several times, travelling finally in a reserved compartment, and arriving in a condition of complete exhaustion.

The first examination showed that the patient was well nourished, and that none of the symptoms complained of were based on organic disease. It was most clearly a case of psychoneurosis; with the following symptoms:

1st. Complete astasia-abasia; without regular symptomatology of paralysis. Only, in the dorsal position, a certain weakness of the lower limbs, but with sufficient energy of movement to permit standing.

2nd. Impossibility to sit up; partly due to amyosthenia, partly from dread of pain in the back.

3rd. Asthenopia, preventing reading and writing.

4th. Photophobia, compelling the patient to draw the curtains and turn a mirror to the wall

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