

The Psychotherapy of Professor Dubois.

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THE TREATMENT OF INSOMNIA.

We will now relate how Professor Dubois deals with the commonest symptoms of neurosis, beginning with insomnia, which, of course, he considers "of the greatest importance owing to its frequency, and to the injurious effect which it has on the patient's condition."

"Most neurotic patients sleep badly, though their state of mind during the hours of insomnia varies greatly. Some do not suffer at all; they state that they have not slept, but have not experienced any uncomfortable sensations. Others grow impatient, turn restlessly from side to side, get up, return to bed. Others have a melancholy insomnia; they see everything gloomily, pessimistically, living over the vicissitudes of their life, suffering from their failures; often these are noble souls who are dominated by altruistic preoccupations, or they are *intellectuels*, whose anxieties are of a philosophic order, or again, they have religious aspirations without being able to reach the faith which would save them. Finally, many attribute their sleeplessness entirely to the sufferings they experience, dyspeptic sensations, palpitations, a feeling of anguish. They feel that they would sleep if only they could be freed from these sensations. Others again do sleep, but are troubled by dreams, nightmares, which continually agitate them."

Dubois has found that the least serious of these forms of sleeplessness is that which is "melancholic in a slight degree, accompanied by preoccupations. Though it is very painful, it usually belongs to people who, by day, recover their psychical equilibrium: who are sensitive, emotional, delicate souls who suffer from the ugliness of life."

The more serious form is that where the patients pass sleepless nights during weeks and months, without being able to indicate what troubled them. These constantly present strange abnormalities—either psychical or physical: some like grey and rainy weather and dread sunshine. Others possess a strange indifference to cold, to pain. This borders on the insensibility of alienation; they are bordering on insanity.

Those who are agitated in their sleep, troubled by dreams, are usually hysterical, and are consequently in the category of "curable."

Dubois asks, "What is done to combat these

various forms of insomnia? Usually narcotics are given—sulphonal, paraldehyde, bromide; finally chloral, opium. . . . During 20 years I have never prescribed these medicaments. . . . I fear for the brain's cortical layer, its cells seem to me very fragile, and I feel a scruple in introducing into the circulation these *stupéfiants qui produisent le sommeil*. . . . I only use them cautiously with people who are normal mentally, when they are indicated for the suppression of pain; I fear them for patients who are psychically weak. . . . I might use them if I believed in their efficacy, but I have good reason for doubting it. My neurotic patients are all *chronics*, and have already tried these drugs without success—beyond a momentary relief."

Dubois at first tried to replace narcotics with baths, packs, etc. Sometimes with good results, but not sufficiently often to encourage him to continue them. So he gave them up also, and confined himself to pure psychotherapy; based on observations at the patients' bedside.

He begins by eliminating the physical causes of insomnia, such as too much noise or light (though combatting any "exaggerated sensitiveness to sensorial impressions, any psychical hyperesthesia") he also eliminates the intoxication due to excessive use of tea, coffee, tobacco: and then has recourse to psychical treatment, which "consists in suppressing the mental condition which prevents sleep, in establishing that spiritual calm—*calme de l'esprit*—which alone can bring the sleep of the just."

The causes of *agrypnia* are manifold: the doctor must ascertain if there be any real trouble—the loss of someone loved, justifiable remorse, real anxieties. In such cases, though sympathy may console, only time can efface the impression. Yet in the interest of the patient, the doctor must know how to wait, having no recourse to palliatives which *cannot act upon the cause*. Very gently he should explain the purely mental origin of the insomnia, showing the uselessness of physical measures, encouraging the patient to endure patiently.

With the majority of nervous patients, there is no very serious cause for pre-occupation. "They take as tragedy the slighter ills of existence. Seek to teach them that healthy philosophy, which consists in viewing things on their good side, and you will see calm restored and sleep return.

"But there is one pre-occupation which is especially fatal, and that is *fear of insomnia*. When one does not sleep and grows impatient at not doing so, tossing and turning, one creates a state of agitation which prevents

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