two measures—augmenting the receipts and diminishing the expenditure, will, I hope, lead to your recovery."

This one letter had a decisive effect. The girl, who had hitherto refused to see a doctor, went at once to Dubois, and when he began to repeat and enforce his encouragement, she answered that it was not necessary, *for she had understood.* She would remain in bed, in solitude, because she saw the necessity. She would not vomit any more, and would take all that he ordered her.

The usual cure was carried out, and not once did she vomit. The point in this story is that the patient had tried the same physical treatment in another clinique, keeping her bed, and taking milk in small quantities during several weeks' time; but she had *not ceased to vomit;* hence her refusal to come to Dubois before receiving his letter. The failure in the first case was due to her *not having understood*: the doctor had not known how to implant the conviction of recovery in her, had not succeeded in showing her clearly what were the means to obtain it.

What led to the cessation of vomiting and the possibility of hypernutrition was, therefore, the change in her mentality, which was obtained quite rationally by the professor's explanatory letter.

The Professor pursues the same mental treatment with other forms of dyspepsia, dilatation, acidity, flatulency, etc. He is convinced that there is no "*nervosisme stomacal*: *le nervosisme n'est pas localisé dans un organe, il est mental.*" It is not, though, that in the majority of cases, these functional disorders do not exist as facts—on the contrary, not only dilatation, but also hyperchlorhydria and hypochlorhydia are frequently present, but all these troubles are secondary; they are the results of the nervous depression.

Sometimes, of course, it is not possible to form a sure diagnosis of the nervous origin of dyspepsia. The gastric symptoms are so pronounced that it is necessary to go through the usual examinations—percussion, palpation, lavage, analysis of vomit, etc. But Dubois maintains that to the practised eye, "a careful scrutiny of the *whole personality* of the patient, easily reveals when the origin of the evil is neurosis: *lorsqu'on est bien familiarisé avec les dyspepsies des névrosés, il est rare qu'il soit nécessaire de recourir à un examen de l'estomac.*"

As a matter of fact, doctors are usually struck at once by the strange contradictions which neurotics lay open in conversation. "If asked, 'Have you any appetite?' the answer varies. One says, 'I should have it, only I am afraid of eating.' Another says that his appetite is uncertain, capricious. A third explains that some days he can eat a hearty meal, whilst on others he cannot digest even the lightest. Many patients, of their own accord, point out the influence exercised on them by any moral emotion: it is worry which really harms me, they say, with me everything affects my stomach.

"On enquiring as to their intestinal functions, you will find that the greater number of these patients suffer from constipation. Occasionally they nave diarrhœa, especially as the result of an emotion. Sleep is usually agitated, or there is insomnia. . . This series of symptoms is rare in gastric affections—cancer, gastric ulcer, organic dyspepsia.

"But there are still other symptoms which cannot be put down to organic dyspepsia. The patient has headaches which suddenly leave him, to be replaced by the whole gamut of dyspeptic troubles, or vice versa, the dyspeptic symptoms disappear, and for days, weeks, or even years, the headache torments him. Or else, the patient complains of palpitations, and no cardiac lesion exists; he has *dés angoisse qui rappellent l'angoisse précordiale.* He is emotional, irritable, easily fatigued. . . In many cases the purely hypochondriacal condition is evident, examination proving the normal functioning of the stomach and intestines: but in the majority of cases *the dyspepsia is real,* though of nervous origin."

As soon as the doctor is convinced that he is dealing with a neurotic, he may go safely ahead, ordering the triple treatment of rest, isolation, and hypernutrition.

It is rarely safe, however, to put these patients at once on full diet, though Dubois—with his immense experience—occasionally ventures to do so. But, as a rule, it is wiser not to risk running up against old-established auto-suggestions, but to order a short preparatory milk cure. "Do not continue it beyond six days," is the Professor's advice, however, "that would be an abuse of the patients' goodwill. Six days I have always found sufficient to prepare the stomach for hypernutrition. Do not mind if the patient says she is unable to take milk. Tell her—as is true—that milk is the most complete and most easily digested of foods. Do not ever wound her by saying, 'That is an idea of yours; you only imagine you cannot take milk.' Simply encourage her by quoting cases which have proved the truth of your conviction. *Nothing by force, all by gentleness* should be the psychotherapath's motto."

previous page next page