

SCOTTISH DIVISION.

THE AUTUMN MEETING of the Scottish Division was held in the Royal College of Physicians, Queen Street, Edinburgh, on Tuesday, November 21, 1922.

Prof. G. M. Robertson, the President of the Association, occupied the Chair. There was a good attendance of nearly 40 members.

The minutes of last Divisional Meeting were read and approved, and the Chairman was authorised to sign them.

The Business Committee was appointed—consisting of the Nominated Member and the two Representative Members of Council, along with Dr. R. B. Campbell, Dr. W. McAlister, and the Divisional Secretary.

Dr. Donald Ross and Dr. Neil T. Kerr were nominated by the Division for the position of Representative Members of Council, and Dr. Wm. M. Buchanan was nominated for the position of Divisional Secretary.

The following candidates, after ballot, were admitted as Ordinary Members of the Association :

(1) Ian Christie Robertson, M.B., Ch.B.Glas., Assistant Medical Officer, Lanark District Asylum, Hartwood. (Proposed by Drs. Kerr, G. D. Robertson, and Buchanan.)

(2) Susan A. Binnie, M.B., Ch.B.Edin., Assistant Medical Officer and Pathologist, Mental Hospital, Bangour Village, West Lothian. (Proposed by Drs. Keay, Crichtlow, and Buchanan.)

(3) T. M. Murray Lyon, M.D.Edin., 46, Palmerston Place, Edinburgh. (Proposed by Drs. G. M. Robertson, Orr, and Buchanan.)

(4) Edwin Bramwell, M.D., F.R.C.P.Edin., Professor of Clinical Medicine and Physician to the Royal Infirmary, Edinburgh. (Proposed by Drs. Robertson, Kerr, and Buchanan.)

(5) James P. Thorne, M.B., Ch.B.Edin., late Senior Assistant Physician, Royal Mental Hospital, Edinburgh, 5, Douglas Crescent, Edinburgh. (Proposed by Drs. Carlyle Johnstone, G. M. Robertson, and Buchanan.)

(6) The Rev. Claude O'Flaherty, M.B., Ch.B.Edin., 41, Castle St., Edinburgh. (Proposed by Drs. Ninian Bruce, G. M. Robertson, and Buchanan.)

(7) John McAskill Henderson, M.A., B.Sc., M.B., Ch.B.Edin., Assistant Physician, Craig House, Morningside, Edinburgh. (Proposed by Drs. G. M. Robertson, McAlister, and Alexander.)

(8) William McWilliam, M.B., Ch.B.Glas., Assistant Medical Officer, District Asylum, Inverness. (Proposed by Drs. T. C. Mackenzie, G. M. Robertson, and Buchanan.)

(9) Fred. Wilson, M.B., Ch.B.Aberd., Assistant Physician, Aberdeen Royal Mental Hospital. (Proposed by Drs. Dods Brown, Anderson, and Buchanan.)

(10) John Robert Beith Robb, L.R.C.P., L.R.C.S.Edin., L.R.F.P. & S.Glas., Senior Assistant Medical Officer, Gartloch Mental Hospital, Gartcosh. (Proposed by Drs. Parker, G. M. Robertson, and Buchanan.)

(11) Malcolm Brown, M.B., Ch.B.Glas., Assistant Medical Officer and Pathologist, Gartloch Mental Hospital, Gartcosh. (Proposed by Drs. Parker, G. M. Robertson, and Buchanan.)

(12) Arthur J. Brock, M.D., Ch.B.Edin., 8, Rothesay Place, Edinburgh. (Proposed by Drs. G. M. Robertson, Kerr, and Buchanan.)

(13) Harry Torrance Thomson, M.D., C.M.Edin., 3, Hillside Crescent, Edinburgh. (Proposed by Drs. G. M. Robertson, Kerr, and Buchanan.)

(14) Thos. Reginald Carwardine Spence, M.B., Ch.B.Edin., 30, Comeley Bank, Edinburgh. (Proposed by Drs. G. M. Robertson, Kerr, and Buchanan.)

(15) Andrew Allan Bell, M.B., Ch.B.Glas., Pathologist and Assistant Medical Officer, Hawkhead Mental Hospital, Cardonald. (Proposed by Drs. J. H. Macdonald, McKinley Reid, and Whitelaw.)

The Draft Memorandum on the Asylum Officers' Superannuation Act, which had been circulated prior to the meeting, was then considered. While the terms of this were discussed in some detail, no definite decision regarding it was arrived at.

On the suggestion of the President, consideration of his letter suggesting "the establishment of clinical centres of the Medico-Psychological Association for the special discussion of clinical work and clinical cases" was delayed till next meeting.

Address on Auto-Suggestion by M. Emil Coué.

A large number of medical men and women, the guests of the President, then joined the meeting, and M. Emil Coué delivered a short address on "Auto-Suggestion," which was followed by a demonstration of the methods employed in treating a few patients.

The PRESIDENT: It is with great pleasure I see so large an audience in this hall this afternoon. It is an indication, if this were needed, of the interest that is taken nowadays in psycho-therapy, and especially in auto-suggestion. This meeting, as you are all aware, is held under the auspices of the Medico-Psychological Association. It is one of the ordinary meetings of the Association, and we are fortunate this year in receiving through The Rev. Claude O'Flaherty an offer from M. Coué to address us on the subject of auto-suggestion. M. Coué, as you are no doubt aware, is not a medical man, but that fact makes no difference if he has got any new truth to offer us. Science, we are told, has no boundaries; it is not bounded by mountain ranges or by rivers or by nationalities, nor is it bounded by professions, and it is fortunate that that is so. Many years ago a fellow countryman of M. Coué, named Pasteur, made certain observations. At that time there were a certain number of medical men who chose to ignore those observations because they were not made by a medical man. Fortunately there was one man, who afterwards became a Professor in our own University, named Lister, who thought differently. He applied the observations of Pasteur to the symptoms of disease, and as the result of this there have been untold blessings to mankind. Now, if M. Coué has also made observations in the domain of mental science we will all be very pleased indeed to listen to him. The subject, more especially of auto-suggestion, which he practises, is a subject which is already described in our books on psycho-therapy; it is a subject which has formed the subject-matter of discussion in some of our medical societies. It was discussed at the Annual Meeting of the British Medical Association in Glasgow, and accounts of it have also appeared in our medical journals. Finally, whether M. Coué teaches us anything new or not, or whether he merely places in a new way knowledge of which we are already aware, I am quite certain that his presence here this afternoon will be followed by benefit, because it will direct the attention of all medical men and women to the great part that ought to be played in the treatment of disease by means of mental suggestion. All successful medical practitioners practise mental suggestion, although the vast majority of them practise it quite unconsciously.

I may say that it is thirty years now since I went to Nancy to study hypnotism and suggestion under M. Liebealt and Prof. Bernheim. It is a visit of which I have the most pleasant recollections. It was a visit which, I think, in the space of a few days did as much for me in my knowledge of the treatment of patients as anything I learned during the whole time of my medical curriculum. It is therefore a very great pleasure to me to see here another inhabitant of Nancy, and I hope we will receive from him as valuable instruction as I received from Prof. Bernheim.

M. Coué (who was greeted with applause), said: Ladies and Gentlemen,—I hope you will excuse my bad English, but as I am a Frenchman, and I never lived in England, it is difficult for such a man to speak English as well as you; nevertheless I hope you will be able to understand me. First of all, I must thank your President very much for the honour he has conferred on me in letting me speak to you and place my ideas before you. What I have to say is nothing new in itself, but what is new in my methods is this, it is to teach people to use auto-suggestion, which they have used all their lives long unconsciously, and very often badly, sometimes well. You must know it as well as I do—better than I do—that in every illness there are two illnesses, the true one (the physical one) and the psychic one, which comes after the first one, and very often the psychic one is very much greater than the other. If the real illness is not present, the psychic one can be represented by one, two or hundreds of symptoms, and it is impossible to let the second illness disappear all at once. Before speaking to the patients, I must observe that they must not see in me a healer, because there are no healers. People who think they are healers are not healers; their whole part is to bring about auto-suggestion in these people. My part is not to cure people, but to show them how they can do it for themselves. I do not mean that they must not use medicine, because

medicine and auto-suggestion are sisters; they help one another. I have made some experiments and tests which show that there are two principles in my theory. The first one is that every idea we have becomes a reality in the domain of possibility, namely, if the idea is realism it takes place, and if it is not realism it does not take place. If we have a leg cut off and we imagine that the leg will grow again, it is probable that it will not take place, because we are not able to accomplish such a miracle. Perhaps it will come later. But if we are suffering from a pain in the shoulder or the leg or the hand, if we have bad ideas, if we have organs which do not function well, and we get into our unconscious mind the idea that the pain will disappear, the organs will function better and better, and bad ideas will also go away; it will take place because it is possible. The idea of sleep creates sleep, the idea of sleeplessness creates sleeplessness, the idea of constipation creates constipation, the idea of asthma creates asthma, the idea of nervous crisis creates nervous crisis, and the conclusion we can draw from what I have said is this—if every idea we have in our unconscious mind becomes a reality in the domain of possibility, then being ill, if we put into our own mind the idea of feeling well, healing takes place if healing is a possibility; if it is not possible one obtains the greatest improvement it is possible to obtain. The second thing is that it is not the will which is the first quality of man, but imagination. Every time there is a conflict between will and imagination, it is always imagination which has the best, without exception. I will show you by some examples that what I say is true. For instance, I speak first of insomnia. If a person tries to sleep, makes efforts to sleep, he will not sleep. The more a person tries to sleep the more he is excited. The more, in certain circumstances, we try to find the name of Mrs. "What's her name," the less we can find it. (Laughter.) The more we try to prevent ourselves from laughing in certain circumstances, the more we laugh. The more a cyclist tries to avoid an obstacle which is before him, fearing to go to it, the straighter he runs to it. The more a person who stammers tries not to stammer, the more he stammers. What is the state of mind of the person in such cases? In the case of the person suffering from insomnia, he says, "I will sleep," in the sense "I wish to sleep, but I cannot." In the same way a person says, "I will find the name of Mrs. 'What's her name,' but I cannot." "I will keep from laughing, but I cannot." "I will avoid the obstruction, but I cannot." You see it is always "I cannot." It is always imagination. It is a very important thing to know that. Imagination is stronger than will. It is a very important thing to know, and if one knows how to profit by the consequences of it, one can become master of oneself. You know that we have in our being the conscious being which we know, and the subconscious or unconscious or imagination as you call it. The subconscious or unconscious being is the second one. Our will cannot make our organs work. They work under the influence of the subconscious. This applies also to the mind as well as the body. It is the unconscious which leads us, and if we learn how to lead the unconscious we lead ourselves. Having given these explanations I will make some experiments to let people feel what I say is the truth. I do not say people believe me because I tell them to believe me; they believe me because I show them and let them feel why they must believe me. I will make some experiments with people who are here and who are patients. In the experiments which I will make the success does not depend upon me but upon the person; I will teach them how they must do it, and it is not what I shall say which will take place, but what the persons think. If they will think what I tell them to then it will take place. If they think the contrary the contrary will take place.

[M. Coué then demonstrated his methods on a number of patients, and concluded his address by reading the exhortation he delivers to patients, which is the essential part of his treatment.]

The PRESIDENT: We are very grateful to M. Coué for having given us this demonstration this afternoon of his methods. I think it will be necessary for us after we go home to think over what he has been saying, and what he has been doing. In the first place his method is called auto-suggestion. We have all been familiar for a very long time with suggestion and with hypnotic suggestion. Those of us who practise hypnotic suggestion—Bernheim, for example—are aware of the fact that the suggestion is entirely within the mind of the patient; there is nothing emanating from the person who hypnotises; and whenever I have lectured on hypnotism, the first point I have made is that there is nothing

emanates from the person who hypnotises another—that the whole process is done through the patient who is hypnotised. This was demonstrated a long time ago when Mesmer started mesmerism. So many people came to be mesmerised that he mesmerised certain trees and told them to hold hands round the trees and they would become mesmerised. But they held hands round trees that were not mesmerised, and they became mesmerised! Now, the principal point of M. Coué's treatment is this, that he seizes hold of this particular aspect of the question, that the good is not done in its main part by the person who gives the suggestion, but it is done by the patient who accepts the suggestion, and receives it by the auto-suggestion. He has accentuated that aspect of the treatment and has developed a technique, and he has also introduced certain experiments to impress this upon the minds of his patients, which enables him to do a great deal of good to the patients. Although great stress is laid by M. Coué on auto-suggestion I still think, and I think he agrees with me also, that the other form of suggestion, the suggestion by another, is much more powerful, especially if that person has a reputation. For example, people come great distances in order that M. Coué himself should give them the suggestion, and then they feel better, but if M. Coué's argument was received by these people it would not be necessary for them to come to M. Coué. So that really after all the more powerful form of suggestion is that suggestion given by some person who is held in respect and admiration, and in whom the patient has confidence and believes, and fortunately the patients have that in M. Coué. But he wishes the patient to believe that he himself has nothing whatever to do really with their cure. He impresses upon them the fact that they themselves have the means of cure in their own hands, and all they have to do is to carry out his suggestions in the way he indicated this afternoon. There is another point I wish to bring to your notice which M. Coué I do not think has brought to your notice sufficiently, although it is in his own mind, and it is this, that he has said—the words were rather poetic—that medicine and auto-suggestion were sisters.

M. Coué has no intention whatsoever of minimising the necessity of the examination by the doctor. He realises fully that it is only in those cases in which the patient suffers pain or something superficial that the greatest benefit is received, and that it would be exceedingly wrong indeed to attempt auto-suggestion in the case of a patient who was suffering from a serious organic disease. I had the pleasure of lunching with M. Coué to-day, and I put this case to him: Supposing a patient awakens up during the night suffering from a severe pain over the appendix, and supposing that person suggests to himself there is no pain there—"It is going, it is going; it is gone," and it goes, and after a time the pain occurs again, and he repeats this, and in the course of 24 hours he becomes seriously ill, and the appendix has burst and that patient dies—in such a case, of course, auto-suggestion, instead of being a blessing, would be a curse, and he entirely agrees with me. Is not that so, M. Coué?

M. Coué: Certainly.

The PRESIDENT: The idea that M. Coué has is that this form of treatment is not to be divorced from medicine; it is not to be conducted separately from the medical man. The medical man is the man who should see the patient first, and diagnose the case and say that it is not a serious or organic condition in which we need not expect recovery, or in which we cannot expect recovery or which will become seriously ill, but it is one of the less serious conditions in which auto-suggestion may be applied; then auto-suggestion may be legitimately applied in these cases. But there is one point which is not usually understood by the medical man, and it is this, that in organic disease you have a large psychological element. In fact, the chief symptom of disease is pain—pain in one form or another; it may be acute pain, and it may be localised in a part. On the other hand, it may be a vague pain which may be very diffuse, what we call malaise or discomfort, and it is on account of this discomfort and on account of this pain that the patient always goes to the doctor. He does not go to the doctor because he has got what is called a consolidated lung; that he knows nothing about; he does not go because he has some inflammation of the surface of the pleura; he goes because he suffers pain. The doctor may diagnose that he is suffering from pneumonia and pleurisy. He goes for his pain, and it is the psychological element for which the patient almost invariably goes to the doctor, and the psychological element can always be treated by auto-suggestion. The pain in the whitlow is not felt in the

whitlow. If you divide the ulnar nerve it has gone. Therefore it is a mental process which can be moved. All the symptoms of disease which make disease unpleasant for the patient can be removed if the patient goes to the doctor and receives suggestions, because what he suffers from are mental symptoms. That, you may say, does not cure the disease. It does not, but you can readily understand that in a critical case where life and death are hanging in the balance, if you are able to tell a patient, suffering from pneumonia, as I saw Bernheim do at Nancy—if you are able to tell the patient that he is happy, that he is comfortable, that he is going to recover, that he has a good appetite, that everything will be all right, that he will pass a pleasant day, and so put hope into the patient's mind, that patient may recover, whereas a patient who suffers distress the whole day long and who is sleepless might not recover, so that even in the cases of organic disease the treatment of the mental symptoms, which really are all the symptoms the patient complains of, the removal of those mental symptoms by means of auto-suggestion may in these cases decide the question of life or death. Now, there is no doubt whatsoever that medical men have not considered this question of the psychological element of disease, which is the main element of disease, nearly as much as they ought to have, and I think that one of the great advantages of hearing this address from M. Coué is that it will impress upon every member of this audience the importance of this element of treatment, and also in the symptomatology of disease. M. Coué treats 15,000 cases a year. They come to him sometimes in batches of fifty, and he has four or five of these batches a week, and he sends away the vast majority of these cases improved, with their pains relieved and the symptoms ameliorated, because even in the cases of impairment of movement, there is a very, very large psychological element involved. You can understand the large amount of experience M. Coué has had, and if he has been successful by these simple means in all these cases, why should not we also in our practices, not neglecting what we have been taught by the pathologist as regards disease, but looking at the clinical symptoms of the disease more from the mental side than we have ever done, in addition to our other forms of treatment, introduce this additional method and thus benefit our patients? Ladies and Gentlemen, in your name I have great pleasure in asking you to give a hearty vote of thanks to M. Coué for having come here to give us this address, and for the instruction which I hope we have received from him this afternoon. (Applause.)

M. Coué: I must thank you very much for the attention you have given me, and I thank the President for his kind words. My greatest desire is that the study of auto-suggestion should be introduced into the programme of the School of Medicine in France. It will be a very good thing for medical men and for the patients if this thing was accepted, because the one and the other would profit by it. A great wish of mine would be to receive in France the kind reception I have experienced here. (Applause.)

M. Coué then left the meeting.

The paper and methods were thereafter discussed by the PRESIDENT, Dr. T. C. MACKENZIE and Dr. McRAE.

A vote of thanks to the Chairman terminated the business.

A well-attended dinner was held in the evening in Messrs. Ferguson and Forrester's restaurant.

EDUCATIONAL NOTES.

The Maudsley Hospital.—The lectures and practical courses of instruction for a diploma in Psychological Medicine, fifth course, 1923, are announced as follows:

Part II.—Six lectures on the Pathology of Mental Diseases, including Brain Syphilis, its Symptomatology and Treatment. By Sir Frederick W. Mott, K.B.E., LL.D., M.D., F.R.C.P., F.R.S. On Mondays at 2.30 p.m., commencing January 8, 1923.

Eight Lectures on the Psychoneuroses. By Bernard Hart, M.D., M.R.C.P. On Mondays at 4.30 p.m., commencing February 5, 1923.

Eight Lectures on Morbid Psychology and Six Demonstrations in Clinical Psychiatry. By E. Mapother, M.D., M.R.C.P., F.R.C.S. On Tuesdays at 2.30 p.m., commencing January 9, 1923.

Eight Lectures on the Practical Aspect of Mental Deficiency. By F. C. Shrub-sall, M.D., F.R.C.P. On Wednesdays at 2.30 p.m., commencing January 10, 1923.