

SCIENCE.—SUPPLEMENT.

FRIDAY, DECEMBER 18, 1885.

THE MIND-CURE.

THE attraction of the mysterious is proverbial ; and, as no satisfactory explanation has yet been offered for the series of phenomena which are included in the term 'mind-cure,' it is not surprising that the general interest in it keeps alive. The facts are both too old and too new to be ignored. From the time when Moses lifted up the brazen serpent in the wilderness, and assured those who had been bitten by the desert scorpions that if they looked fixedly at it they would recover, down to the present day, when the faithful Catholics visit Lourdes in crowds, religious, psychological, and medical records have contained 'authentic' accounts of mind-cures. The facts have been heralded under different names, — 'miracles,' 'mesmerism,' 'animal magnetism,' 'spiritualism,' 'expectant attention,' the 'faith-cure.' They have always aroused attention, they have given rise to many theories and endless disputes, and they have baffled explanation. The last attempt to solve the problem¹ is no more satisfactory than others. What are the phenomena with which it tries to deal?

If you fix your mind upon one of your fingers, and look at it steadily for five minutes, you will become conscious of sensations in that finger which were previously unnoticed. If the finger happens to be cut, the pain will become more acute, and it may begin to bleed. If it does bleed, and you feel alarmed, you will breathe more rapidly, your heart may palpitate, and your face will turn pale: you may even faint away. This is a simple series of phenomena which illustrate the interactions of mind and body. If you happen to have overeaten, and in consequence begin to suffer from indigestion, you will notice not only a physical discomfort in the stomach, but also an indisposition to mental effort, an undue weariness on slight emotion, a growing inclination to look upon the dark side of things, and, if the dyspepsia becomes chronic, a decided persuasion that your financial affairs are becoming involved. Niemeyer relates a story of a very wealthy man whom he treated for chronic catarrh of the stomach. During the disease he thought he was near bankruptcy, and

left unfinished a building that he had begun, because he thought he had not sufficient money to continue it. After spending four weeks at Carlsbad, his old strength and feelings returned, and he finished his house with great splendor. Probably there is no one who cannot recollect some instance equally striking of an influence of bodily condition upon mental action.

The facts of central localization of late established, have been thought to bear somewhat upon this subject. Every portion of the body sends in a set of nerve-threads to a corresponding portion of the brain, so that an imaginary map of the organs and surface can be pictured upon the surface of the cerebral hemispheres. The changes in any organ are therefore communicated to the part of the brain which presides over the organ ; and, conversely, changes in that part of the brain may be communicated in turn to the organ. If we accept the theory that when the attention is directed to an organ its part of the brain is thrown into activity and becomes highly receptive and highly potential, we have simply advanced from one set of facts to another without at all touching the problem of how the interaction is brought about.

There are certain affections, however, which can be explained satisfactorily only on the theory that the disease lies, not in the organ which is supposed to be affected, but in the part of the brain which corresponds to it. If my finger is receiving impressions of heat or cold which pass unnoticed until I think of the finger, it is conceivable that my attention might be held so closely to some startling sight, that even a severe and painful impression in the finger might be unheeded in my interest in the terrible spectacle. Soldiers in battle have been known to go on fighting, though wounded, without perceiving their wound. Here a true mental loss of sensation has been present. Conversely, I may be in such a state of expectation regarding an organ, that a slight sensation in that organ may be misinterpreted and exaggerated till it corresponds with the expected feeling. At night, in the dark, how our youthful fears have been excited by a slight noise in the room! The story goes, that a French convicted criminal was told that he was to be bled to death ; and when his eyes had been bandaged, and his arm touched with a cold iron, drops of water were allowed to fall into a basin at his side, where he could hear them. He gradually became more and more pallid, and at

¹ *Mind-cure on a material basis.* By SARAH E. TITCOMB. Boston, Cupples, Upham, & Co., 1885. 8°.

last it was impossible to resuscitate him, though not a drop of his blood had flowed. Here the mental sensation was so intensified by attention and expectation, that general bodily effects of a fatal character ensued. The experiments of Mesmer and Braid are familiar to the older generation. To the younger the miracles of Lourdes are equally well known. They all correspond to the facts already cited, and simply increase the weight of evidence in favor of the proposition that mind and body interact.

The question will at once arise, Are there any limits to this interaction? It is just here that parties divide. A scientific physician will affirm that even in certain organic diseases, where perceptible changes have gone on in the tissues, nature can effect in her slow but steady way most wonderful repairs. But that there are limits even to the powers of nature, is equally well proven. He therefore cannot believe that mental action, however strong, can restore an organ which is hopelessly destroyed, or can hasten the process of repair to such an extent that in an instant changes are produced which ordinarily require weeks. He is, however, familiar with the fact that many diseases whose mental effects are as evident and distressing as in the former class are not attended with organic change; that in these the organ lies quiescent, ready to do its work at any time under the proper stimulus; and that here an instantaneous cure of the disease is possible under certain circumstances. In a word, he believes that functional diseases may yield to mental influences, but that organic diseases cannot be greatly modified by them. On the other hand, the 'Christian scientists,' among whom Miss Titcomb may be classed, do not admit this distinction. Taking for granted the existence of thought-transference, they hold that "the cure of disease is affected by the idea of health becoming, unconsciously to the sick person, the dominant idea in the sick person's mind by transferred thought. Thus the mind-curer's mind is concentrated upon the idea that the sick person has no disease; and this idea being transferred from the active brain of the mind-curer to the passive brain of the sick person, it becomes there the dominant idea, and the sick person becomes well" (p. 13). A number of successful cases are related (pp. 46-48), but in none of them are there inherent evidences of the existence of organic disease. Asthmatic attacks, as is well known, come on at night, and pass off in the morning. It proves nothing, therefore, to state that such a patient was treated in the evening, and "when visited the next day was found to have recovered entirely" (p. 49). Further, "A gentleman residing in the same street with the

writer was very ill with Bright's disease. He had been delirious for weeks, and all hope of his recovery had been abandoned. On passing the house one day, the writer gave the patient, whom she had never seen, a 'treatment.' She found afterward, upon inquiry, that the patient had recovered from his delirium almost immediately after the treatment was given. She continued to treat the patient, unknown to him or his family, for a fortnight, when she learned that he was able to be up and about the house" (p. 50). Now, aside from the facts that delirium rarely occurs in Bright's disease, and never 'for weeks,' and that the majority of cases recover spontaneously, according to a high authority, the query arises, whether the 'treatment,' which was given in this manner, had as much effect as the medicines the man was probably taking — especially as the 'treatment' seems to have consisted simply in a 'concentrated thought' on the part of a party unknown to the man. This reminds us of the tales of witchcraft, with a somewhat heightened degree of improbability. *Post hoc* with Miss Titcomb is equivalent to *propter hoc*. But a sober criticism will not hesitate to condemn such statements, because they assume not only the universal action of 'unconscious cerebration,' but also the possibility of general thought-transference, — a fact which is disproved both by the English and more strongly by the American society of psychical research (*Science*, July 3, 1885). If the logic of such reasoning is questionable at the start, the conclusions are hardly worthy of a mention. But this is a fair sample of much of the reasoning which has resulted in so-called explanations of the mind-cure. Start with a theory not based on facts to explain certain phenomena which have not been established as facts. It is evident that for an explanation of mind-cures we shall have to seek further.

That there are authenticated cases of sudden recoveries from serious affections of a functional nature, is admitted by all. That the intimate connection of mental and bodily action in health and disease exists; that such connection has a basis in anatomical structures, which are chiefly nerve-fibres; that nervous influences may pass over these fibres from the organ to its corresponding brain area, or in the opposite direction; and that under great mental strain or excitement the passage of such influence may be either suspended or greatly increased in intensity, producing unexpected effects at either end of the transmitting-fibre, — are facts which are proven by experiment and observation. To go beyond the facts is to venture into a maze of theories, none of which can satisfy a logical mind.

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