

Melancholy, sad, hopeless—"the least thing makes child cry."

Sympathy for suffering of others intense.

Menses flow only in day—leucorrhœa only in night.

In burns—old neuralgia headaches. Drowsy—sleepy.

Rheumatic tearing pains which shift suddenly from place to place.

Paralytic tendency with weakness.

Antidote: *Guaiacum*.

—*Journal of the A. I. H., February, 1954.*

PSYCHOLOGICAL ASPECTS OF DERMATOLOGY

DR. G. GLADSTONE ROBERTSON, M.D., (GLAS.)

MR. PRESIDENT, LADIES AND GENTLEMEN,

Firstly, I wish to express my thanks and appreciation for the great honour, of which I am quite unworthy, entailed in the privilege of addressing this Congress.

My interest in the importance of psychological factors in the aetiology of skin disease was aroused initially by a conversation with Dr. J. L. Halliday in the course of which he described his findings in three consecutive cases of dermatitis. All three were men in late middle life. None had a history of dermatitis. In each the onset had been dramatic in the rapidity with which the eruption had spread over the body surface and the failure of the methods of treatment hitherto employed to bring about alleviation. The characters or personalities of these three patients contained similar features, and their experiences prior to the outbreak of illness were strikingly alike. They were upright good-living men keenly conscious of their own virtue and rectitude; the skin disease followed closely some disaster; and, in the belief that their misfortunes were

utterly undeserved, they harboured an acute sense of injustice. Halliday approached the problem by applying the principles of ætiology now associated with his name, and later labelled the condition, "Job's Dermatitis".

Many of you will no doubt be familiar with these principles and their value as a guide to the student of cause and effect. They contain these questions to be answered by the diagnostician who concerns himself with ætiology.

1. What kind of person is this?
2. Why did he take ill when he did.?
3. Why did he take ill how he did?
4. What purpose does the illness serve?
5. What is the prevalence of the illness?

This association of ideas—Job and dermatitis—was brought back to memory when some months later I encountered the following persons.

CASE 1.

A Jewish storekeeper, aged 66, had had extensive "eczema" for three years. Almost the whole of his skin had been involved at one time or another. The onset had been sudden, and the dermatitis had spread rapidly, accompanied by intolerable itching. In the first year he had consulted his family doctor and three or four dermatologists. In the past two years he had attended weekly at an out-patient department.

Life Situation.

He was living alone in a single apartment. Twenty-five years ago, at the age of 41, he had married a beautiful girl aged 17, an orphan without dowry. Five months after the marriage she had given birth to a daughter—not his child. He had forgiven her and brought up the child as his own. He had lavished kindness and money on both wife and daughter.

He had been successful in business and owned two retail shops besides having an interest in a wholesale estab-

ishment. Except for a few hundred pounds, he had placed all his assets, including his business, in his wife's name. Five years ago, when he was 61, she, then aged 37, had formed an attachment with another man, dispossessed her husband of his entire fortune, and sacked him from his own business. Litigation had followed and dragged on for two years. His capital had been exhausted, which prevented him from contesting the matter further. At this point his skin eruption had made its first appearance.

As he related his story, he repeatedly emphasized his goodness to his wife and the rectitude of his past life. He seemed also to link his past business and material success with his righteous way of living.

Treatment.

In the course of discussion I said to him. "You will no doubt have heard of Job?" He replied, "Doctor, I was born and brought up in Russia. I knew the book of Job almost by heart before I was 14 years old." I said, "Then you will remember that he was the most prosperous man in the land, and that he regarded his great wealth as no more than a just reward for his righteousness? And you will remember how thieves and robbers stole his flocks and herds and burned his crops, and how a whirlwind destroyed his seven sons and three daughters. You will remember also how his soul was torn in pieces. It was beyond his comprehension how such disaster could befall a man so good as he, who believed the tally of his riches was the measure of his righteousness. You will remember what happened to him. His body itched and oozed intolerably. So has yours."

He was greatly moved and said nothing for a few minutes. Then with tears in his eyes he informed me that I was the first person to give him some inkling into the real nature of his trouble.

Late in the evening of the day on which this interview occurred, his friend, who had sent me to him and who

vouched for the truth of his story, in a state of great agitation and indignation, informed me, that an hour or so after my visit, two psychiatrists, sent by the patient's wife, had called, certified him insane and removed him to a mental institution. This step was taken because of his behaviour on the previous day when he had hurled a brick through the plate glass window of one of the furrier shops formerly owned by him and where his wife was then attending to customers.

About a year later I learned that, after a flare up of the dermatitis during the weeks following my discussion with him, the skin condition had settled down and that there had been no recurrence. No medicine had been administered by me.

This case tended to confirm Halliday's hypothesis in respect of the first three fields of enquiry, namely, the kind of person he was, the time of onset and the mode of illness. Having experienced strongly and over a lengthy period of time an emotional constellation centred on the belief that he had been most unjustly wronged, his bodily reaction had apparently been dermatitis.

What of question 4—What purpose does the illness serve? After a period of rumination I asked myself one day, "Why do we weep when we do?" The answer seemed to be that, when we look at something too sad to bear, tears fill the eyes with the purpose of shutting out the painful scene, thereby protecting the integrity of the central nervous system in its highest and perhaps most delicate form of functioning. It seems reasonable enough, in the present connection, to advance the suggestion that dermatitis with its wealth of distracting unpleasant sensations could be viewed as a physiological mechanism, analogous to weeping, and evolved to preserve the sanity of a mind obsessed with an intolerable load of a mixture of self-pity and anger. If this assumption is correct one would anticipate an ebb and flow on the part of the eruption as the intensity of the feelings aroused by Fate's harsh blows were

forgotten or recalled to memory. This in fact occurred in this case.

Finally a correlation between the emotional state discussed above and dermatitis could not be fully established unless it fulfilled the law of prevalence, that is, gave an answer to question 5. Is it possible from the study of a series of cases of dermatitis to uncover in them a more than average incidence of resentment, self-pity and anger. From my own experience of patients with the disease I believe that this is so. For example, I know of no group of patients less disturbed by the likelihood of hurting the feelings of their medical advisers. They are foremost in suggesting to their general practitioners that they should be referred to a skin specialist, brazenly implying incomparably greater merit in such a personage. In quick succession they will consult one therapist after another, invariably being more ready to criticize than to praise his predecessor. When one dares, after history taking, to infer that the cause of the illness might lie in the patient himself, there are no patients so likely to demonstrate their high content of aggression in their being intensely allergic to the merest whisper of weakness in themselves. They do this not only by personal demeanour, often reaching rudeness, but by exhibiting an aggravation after interview.

INITIAL EXACERBATION AS RESPONSE TO PSYCHOLOGICAL APPROACH

In the early days of my association with homœopathy it had been put to me that the aggravation of symptoms, so often encountered after the administration of medicine, amounted to proof of the material activity of the infinitely small dose in a sensitive person. Indeed, it was claimed that this reaction of initial aggravation, not only went far to substantiate the basic principles of Homœopathy, but also showed a wise choice of drug. I saw no reason to doubt these claims until my experience with dermatitis.

It is my custom in treating a patient with chronic illness to instruct that the administration of medicine commence on the following morning. I found that many of these persons with skin disease exhibited a severe aggravation within seven or eight hours of case-taking, that is, before any medicine had been taken. During the middle nineteen forties when I was very interested in fitting dermatitis into an ætiological pattern, and so, of course, seeing many patients with this affliction, my two partners used to plead with me to lay off these dermatitis people unless I myself were on duty during the coming night! On over a dozen occasions, after I had spent half-an-hour in elucidating the life situation prior to the onset of dermatitis in a patient, there had been an aggravation within six or seven hours of such severity that whoever of us happened to be on night duty was summoned from his bed to attend the victim. Such experiences went far to persuade one of the validity of an emotional factor in dermatitis and to enable one to define the factor. It appeared that, in bringing back to a patient's conscious mind half-forgotten wrongs, his emotions relating to past injustice were kindled afresh with a resulting exacerbation of the disease. Although these skin patients were notoriously difficult to cure, it gradually became apparent that it was remarkably easy to make them worse.

The implications of this study pointed to the existence of a physiological mechanism as precise as many other well-known bodily mechanisms. The inability to describe, step by step, the processes involved, does not invalidate such a hypothesis. Correlations between sadness and weeping or embarrassment and blushing are universally accepted in the absence of complete knowledge in detail of all the mechanisms concerned.

EFFECTS OF PHYSICAL IRRITATION

Further observations seemed to provide additional confirmation of a physiological association between the emo-

tions aroused by a feeling of injustice and reactions of the skin, and to widen the scope of application. Forms of dermatitis, hitherto attributed to physical and chemical agents, became comprehensible if one could accept the view that the skin became sensitized by an emotional state to a degree that induced intolerability to contact with a material substance previously well tolerated.

Much has been written on the multiplicity of cause, but the common man attaches blame to the most variable factor in the picture. For instance, if a motor car mounts a pavement and knocks down half-a-dozen people, the unusual behaviour of the motor car is held to be the cause of the accident, and not the presence of pedestrians on the pavement. When, on the other hand, a young child rushes out on to a busy street after his ball and is injured by a moving vehicle, cause is linked up with the sudden and unexpected action of the child. Such a line of reasoning will often shift the responsibility for the occurrence of an illness from a material substance outside the body to processes operating within the body itself. In other words, if a hundred men working among lime all contracted dermatitis, one would unhesitatingly attach blame to irritating properties in the lime; but if only one man developed a skin lesion, the more significant relevant factor is his own highly personal exaggerated response to lime.

Many of us find that certain areas of skin, notably the backs of the hands, crack and even bleed during a spell of cold frosty weather. However, it is also common experience to find that after a few mild days the skin has regained its normal texture without any treatment whatsoever. The removal of the environmental cause of the disorder is sufficient to bring about cure. It seems curious that, when a patient complains of a skin disorder, accepted as being due to a physical irritant, such as cracks behind the ears which he attributes to the metal frame of his spectacles, the eruption may fail to clear up when he ceases to wear

the offending glasses, and may spread over large areas of skin. This occurred in the following case:

CASE 2.

A theatre manager, aged 40, complained of four weeks' irritation, followed by cracks, behind both ears. He attributed the cutaneous lesion to his metal spectacle frames but admitted that these had been worn by him for over ten years without previous trouble.

On my advice he temporarily discarded the spectacles. Medicine and an external application were prescribed. The fissures healed but soon reappeared and now seemed resistant to these and various other remedies. Later, dermatitis appeared on the back of the neck and the face.

Life Situation: He had married twelve years ago. Before marriage his wife had been a dancing instructress. She had an extreme mother-attachment, and he said that even yet he felt that her mother meant much more to her than he did. Like most such women she was sexually frigid. Her only pregnancy, ten years ago, was terminated on account of hyperemesis—as might be expected.

He did not usually leave the theatre at night until 10.45, reaching home about 11.15. It was his custom to telephone his wife when some untoward happening made it possible for him to come home earlier. About five months before the onset of his illness he went home one night at 9.30 without making the usual telephone call. On going upstairs he found a man, unknown to him, in his wife's bedroom with her. There was no definite evidence of misconduct, but he became obsessed with doubts and suspicions.

He was an uncompromising type of man, with a limited capacity for seeing another's point of view. He adhered to his own principles and standards, judging others by them; nor, having once formed an opinion, did he readily change his mind. Since the bedroom episode his wife and he met only at meal-times and rarely exchanged a word. He

maintained a cheerful exterior to his business associates but ruminated unceasingly on his domestic crisis. Providence had been unkind to him. For many years he had endured a wife who was not in love with him and who had now, perhaps, added infidelity to her shortcomings.

Progress: Although I knew this man socially I had no inkling of the above difficulties until they were disclosed in an interview about two months after the commencement of treatment. Following the disclosure he became covered in a few days with a papulovesicular eruption from head to toe. After further interviews and discussions he agreed that in all probability his skin disease was determined by his recent emotions, and that the present state of affairs should be ended, either by reconciliation with his wife or by a complete break. He took a month's leave, which he spent in his native town. After a week he reached a decision and instigated proceedings for a divorce. By the end of his month's holiday he was free from dermatitis. During the next four months, pending legal hearing and judgment, he had repeated crops of boils, but this affection also vanished soon after decree was granted in his favour. He resumed wearing his spectacles and has now remained trouble-free for many years.

INDUSTRIAL DERMATITIS

During the war years there was an increase in the incidence of so-called industrial dermatitis. The vast majority of the cases occurred among munitions-workers, and the oils used in the engineering industry have been blamed for them. Yet is it extraordinary that a person should be able to work with oil for months or even years without discomfort and then should develop dermatitis, which is rarely limited to the parts of the skin which come into contact with the oil. Moreover, if the oil was the sole aetiological factor in the production of the dermatitis, one would expect that withdrawal from the noxious agent would be rapidly followed by spontaneous cure, or at least by obvi-

ous improvement. But this never happens. On the contrary, the dermatitis, is liable to drag on for months to spread all over the body, and to resist all medicaments. During this period the patient becomes anxious about his earning ability, and, besides drawing his weekly compensation, often consults a solicitor with a view to obtaining a capital sum to reimburse him for the damage inflicted on his skin, "because, as everyone knows, the dermatitis may return at a later date".

CASE 3.

A male munitions-worker, aged 33, had four months' dermatitis affecting arms, hands, trunk and legs. He had been attended by one of my partners, but on his own request was referred to the outpatient dermatological department of a hospital.

He had been employed for 2½ years in an aero-engine factory. There was no previous history of dermatitis. The eruption, at first consisting chiefly of dry red papules but later tending to become vesicular and to weep, appeared originally on the backs of the hands and forearms. He was at once taken from work, but the disease spread all over his body, improving here and becoming worse there. The general severity had remained unchanged over the past three months.

Life Situation : He had been married ten years and had three children. He was a skilled engineer who was ambitious to "get on". His wife and he were well educated, but owing to his small salary had to live in a two-apartment flat, with an outside lavatory, in a poor quarter of the city. At the time of marriage their names had been added to the Corporation waiting list for a new house ; but, though new houses had been granted to others, they were still waiting.

At the outbreak of war he had been switched to aircraft engines. He had accepted his present job with fairly

good grace, though it entailed longer travelling to and fro, nightshifts, and longer hours of work, until six months ago, when he found that other men in certain factories were earning much more than he, with less travelling, shorter hours, and no night-shift. When he sought transfer to one of these factories, nearer his home, he came up against the Essential Works Order.

Progress: He admitted that his feelings of being unjustly balked and frustrated at every turn reached an extreme pitch four or five months ago. When I indicated that his dermatitis appeared precisely at that point of time, and inferred that his emotional state might have been a casual factor, he resented intensely the implication that there was anything psychological about his condition and asserted that he was determined to obtain his rights at last by making the factory pay handsomely for what he was suffering. Next day he complained to my partner that I was trying to swindle him out of his just and lawful compensation. His heightened sense of injustice was accompanied by such an exacerbation of the dermatitis that my partner removed him forthwith to the local hospital. However, his wife came to see me later and assured me that a more discontented man than her husband never lived and that she believed my interpretation of his illness to be correct.

After a few weeks he was discharged from hospital, but the skin condition dragged on for months much as it had been in the earlier stages. Eventually he received a sum of money in compensation. This was followed by steady improvement. Soon afterwards the authorities permitted him to enter the factory of his choice. Within a week the last vestige of dermatitis disappeared. He continued to work there for over two years and kept completely free from skin eruption though I believe, the composition of the oil used in this factory differs in no way from the oil used by his previous employers.

THE SITE OF THE LESION

So far I have laboured the theme of the existence of a physiological mechanism through which the skin alters in character in response to a specific emotional state. Case 1 illustrates a spontaneous skin outbreak in a person who had not hitherto suffered from dermatitis, when the implicated emotions had been felt strongly over a few years. It is noteworthy that he had worked with fur all his life, and without ill effect, until two years before the onset of dermatitis. Cases 2 and 3 illustrate the partial effect of physical and chemical irritation. In yet other instances the skin seems to be rendered vulnerable to microbial infection by the effect of emotion.

I now propose drawing your attention to three further cases with the suggestion that the field of inquiry may be narrowed still more by consideration of the site of the lesion.

(To be continued)

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PSYCHOLOGICAL ASPECTS OF DERMATOLOGY

DR. G. GLADSTONE ROBERTSON, M.D. (Glas.)

(Continued from page no. 400)

CASE 4.

When I was called in first to attend him he was 78 and very deaf. I visited him half-a-dozen times in the course of as many months, prescribed a succession of remedies and did him not the slightest good. Dermatitis was confined to the external genitals where it had been present in varying intensity for some 35 years. He had had a hydrocæle for a few years, giving his fiery red scrotum the appearance of a Belisha Beacon. After contemplating the affected parts for a few moments, I turned to his nurse with the observation that surely this man's reproductive life had received many hard blows at the hands of Fate. This was his story :

He had married at 22 begetting two sons and a daughter before his wife died after seven years of married life. He married again in a year. The second wife died six months later of miliary tuberculosis. In another three months his daughter died of tubercular meningitis. Soon he married for the third time, but she too died after a few years. Then when he was 45, in the year 1916, a telegram arrived informing him that his elder son had been killed in action. He was awakened during the ensuing night by intense itching in the genital region. The dermatitis which developed never extended beyond the genital area. Later, he married for the fourth time. This wife's death a year previously, that is, when he was 77, resulted in a marked aggravation of the then quiescent disease. A few years before his younger son had died in a home for inebriates after a life of drunkenness. This event too had been followed by an exacerbation of the disease.

He had had four wives and three children and outlived them all. His business had been prosperous, causing him

no serious anxiety at any time in his life, in contrast to his succession of domestic tragedies.

CASE 5.

This next case is taken from my own family practice. He is a lad of 25 who, at the beginning of this year, also contracted dermatitis in the genital region. Despite treatment the eruption, accompanied by severe itching, increased in intensity and extent until penis, scrotum, perineum and inner thighs were involved. Then after 3½ months it disappeared.

He was a person who was unusually attached to his mother, and became even more so after his father was killed, through military service, in 1945. Although a particularly handsome six-foot policeman, he had kept himself aloof from girls, apparently being quite content to share the home alone with his mother after the other member of the family, an elder sister, married four years ago. However, two years later his mother remarried. He hated his new step-father, refused to speak to him, and eventually found his presence so repulsive, that he applied for, and was successful in obtaining, a job in the Kenya Police Force. Unfortunately, he disliked the African environment and resigned in under a year. After his return home I had occasion to see him a few times, when he dwelt on his ever-growing resentment of his stepfather's intrusion into his life. When, early in January of this year, he first consulted me about his skin, he confessed that the sight of his dead father's clothes being worn by his stepfather had driven him to such depths of hatred that he could hardly keep his hands off the man.

Early in April his maternal grandmother, who lived next door, died. His mother's grief, her leaning for comfort on her husband, who supported her with an inexhaustible fund of tact and kindness, and her plea that there should be peace between the two men, all seemed to touch him. When towards the end of the month he demonstrated the

disappearance of the eruption, he also remarked that, somehow or another, he had come to rather like his stepfather.

CASE 6.

This last case is one of an unmarried girl of 27 who shared house with a widowed mother. She had suffered for four years from dermatitis of the face. The condition was absent or very mild during most of each month, but was characterized by redness, swelling and oozing during the premenstrual week.

This week, as you know, is the week in the menstrual cycle dominated by the elaboration of progesterone—the hormone concerned primarily with gestation or motherhood. I have found that when there is aggravation of symptoms during this week the patient is usually in a state of discord with her mother—the person from whom her own mother instinct received its main impetus in childhood.

Thinking of this factor and of the physiological association between embarrassment and blushing or red face, I continued the interview by asking the girl how she got on with her mother. She said, "Not very well". I then asked why she remained in her house. She explained that she had a little boy of four years old who was cared for during the day by her mother ; but, when she came home from her work in the evening, her mother insisted that she take over the charge of the child. If she ever expressed a desire to go out in an evening, her mother reminded her bitterly of the illegitimacy of the child and emphasized her unwillingness to risk the possibility of having a second on her hands.

This girl's disability settled down, but not until she began to relive a normal social existence after straightening out her relations with her mother, a matter demanding courage and diplomacy. She got better only when the resentment directed towards her mother, coupled with feelings of shame, were allowed to die through non-reinforcement.

INTERPRETATION

Since reference has been made to Job as a classical example of a type of illness associated with a kind of emotion, it is appropriate to indicate something of the views held by his contemporaries towards sickness in general.

In retrospect, it seems clear that the Ten Commandments, and the many additional injunctions enumerated in the Old Testament, came into being with the primary object of promoting the survival of the tribe, or race, so enjoined. The success of these laws in achieving that purpose is shown in the continued coherent existence of the Jewish people, and in the survival qualities of the many nations throughout the world who have been influenced by them. Now the rules of conduct laid down for the betterment or good of a community as a whole are termed ethics; and it is a serious, though common example of confused thinking, to fail to realize that medicine, which is essentially related to the health of the individual, may have little in common with ethics.

When Job lived there were no doctors in the commonly accepted sense. The current ideology was so strongly bound up with tribal survival values, and so little concerned with the individual, that the sick person was regarded as a transgressor—as one who must have sinned against the ethical code. He was considered to have made himself ill through erring behaviour. While readily acknowledging the high communal worth of this rather ruthless creed, we must realize clearly that sins against health are not necessarily ethical sins. Admittedly, he who spends half his income on alcohol, while his wife and children want for food and clothing, sins both in respect of his own body and his duty as a parent and citizen; but, what of the fighter pilot in the Battle of Britain? Ethically he merited the highest awards though the nature of his calling rendered a healthy prolongation of his life improb-

able. So it is with the house-wife who slaves eighteen hours a day to rear a large family. The excellence of her fulfillment as a mother is unquestionable, but it is often bought at the price of premature infirmity or early death.

During the last twenty centuries, and partly at least due to Christian teaching, the growth of interest in medicine has tended to parallel increasing compassion and sympathy for the individual, and particularly the weak individual, as compared to the State, and at the expense of its more virile members. The main function of the doctor was to succour the ailing and to make representation on their behalf to the strong. Unfortunately, even such laudable aims as these, if carried to the extreme, can constitute a danger to the continuance of the race as is shown in a pending crisis in our own country in this modern age. Here, over the past dozen years, the healthy have been persuaded not only to share equally their food with the sick but to grant them more than they apportion to themselves. The resources of the fit are being increasingly depleted on the demands of the unfit and their sponsors—the doctors, the clergy, and the politicians. Innumerable institutions are now occupied in maintaining and perpetuating the existence of hopeless imbeciles, while many a surgical ward is filled with semiconscious invalids of advanced years where, regardless of ex-expense, searching investigations and surgical procedures are carried out with the object of adding a few months to a life that has already run its full course.

It seems to me that much of the present unbalanced attitude to sickness stems from a development of medical science whereby the impression is fostered in the man in the street that an illness is a sheer accident, usually a haphazard assault by micro-organisms, for which the patient bears little or no personal responsibility. Psychology, and, more recently, the psychosomatic approach, are salutary correctives to such a viewpoint. Through these branches of medicine an effort is being made to assess the

extent to which a patient's own behaviour is a cause of his illness in the fields of both mental and physical disorders and diseases. It is, therefore, a matter of the utmost importance to have as clear and unprejudiced a concept of mind-body relationships as is humanly possible.

The investigations of many who are devoted to this problem are coloured by instruction they themselves had in the first decade of life. The interpretation of their findings is tied to a faith that the body of man is inhabited by a soul, psyche or some such supernatural element with the capacity, through conscious or unconscious processes, of adjusting the organism in its entirety to its environment. The logical sequence of this belief is that in illness the psyche deliberately produces a state of maladjustment or ill-health to serve an end. The psyche thus becomes a somewhat sinister creature for whom it is difficult to retain compassion with the result that psychoanalytical literature constantly exhorts a kindly and sympathetic attitude on the part of the analyst.

Now it is not my intention to waste your time with such highly controversial material as arguments for and against the existence of an immortal soul in the body of man; but I do ask you to consider on some future occasion, dispassionately and at your leisure, the impact on body-mind relationships of the most recent experimental work on the functions of the higher nervous centres as carried out by Pavlov and his followers. A physiological approach discounts the metaphysical and confines itself to what is known and demonstrable of the functions of the body and nervous system. In the course of this discourse I have repeatedly made physiological interpretations of mind-body interrelationships. Two further illustrations may help to clarify this method. First, if a dangerous reptile were to appear in this room, that part of mental activity which we think of as free-will could direct our voluntary musculature, notably the limbs, to take protective measures; but this free-will has no direct jurisdiction

over what kind of emotions we shall feel or what changes will occur in our endocrines and viscera. The emotions, which depend on inborn factors and the totality of our past lives, will vary from excitement in one person to terror in another; and the nature of these emotions will determine the visceral changes. It is not in accord with human experience to state that we have the power to remain calm or feel fear at will, or that the rate of our heart beat or activity of our kidneys is under our control. Such claims are based on primitive theological aspirations and are essentially efforts to glorify the psyche. The second illustration is of the dog, kept chained to a post in a yard for six months, where he is constantly teased by small boys who throw stones. The dog will gradually become vicious, growing especially allergic to small boys with handfuls of pebbles. The degree of viciousness will vary in different breeds of dog and, to a lesser extent, among particular dogs of the same breed. A human being so treated would tend to develop similar characteristics. The reason a teased creature becomes vicious is connected apparently with the presence of a physiological mechanism, which, like other physiological mechanisms, came into being in the first place because it had a survival value. When a mode of behaviour, like viciousness, is thus acquired by the conditions under which the subject lived it is not easily extinguished. The physiologist could not agree that viciousness in dog or man is the product of a psyche electing to be wicked.

So far as dermatitis is concerned, this disease could be viewed physiologically as a skin reaction to the repetitive effect, in some people, at least, of resentment, self-pity and anger. As, in all likelihood, the illness has a survival value, it is doubtful if the patient would be benefited by removal of the eruption, were this possible, before the offending emotional state had subsided. The problem is further complicated in long-standing cases by the possibility, perhaps through late infection by micro-organisms, of

irreversible skin damage which may maintain the eruption despite changes in the emotional tone.

TREATMENT

In the Oxford Dictionary treatment is defined as "action or behaviour towards a person" and as "management in the application of remedies".

Therapists of varying persuasions advocate many different methods of action towards sick persons, some with and some without the use of material remedies; and all claim, no doubt justifiably, a considerable measure of success. Although even those techniques which are most hallowed by time and by the greatest number of followers often appear mutually irreconcilable when taken at their face value, they will, I think, readily be seen to have a common factor when viewed in the light of the central theme of this paper. If it is true that a particular constellation of feeling tones is a salient cause of dermatitis, and that it results, not from psychical wishes, but as the response of a person to environmental forces, then any technique which reduces or abolishes the culpable feelings is likely to have a curative effect. Without intending to deprecate the views or claims of any therapeutic body I propose to examine critically a few of the techniques in common usage, and also to appraise the impact of the technique on the feelings and emotions of the patient.

Today the most popular method begins with the consultation when the patient describes his symptoms. This is followed by a physical examination carried out by the doctor which may be extended, if deemed necessary, by the aid of the hospital ancillary services. Finally, drugs are administered. These include vitamins (often in the absence of any known deficiency), inorganic salts (many of which could scarcely be absorbed by plants, let alone human beings), and a variety of stimulants and sedatives. In the good doctor-patient relationship, recalled by the taking of each dose of medicine and inspired by pains-

taking examinations, it is obvious that the patient experiences changes in feeling. The desire to achieve such changes is freely admitted, in fact, when a stimulant or sedative is prescribed.

Physiotherapy is another common technique. Here, over lengthy periods, and accompanied by physical exertion on the part of the therapist, the patient's body is the object of attentive care. Claims are made in respect of the curative action of heat, cold, forms of electrical energy and massage; but it is as clear as in the case of drug technique that these administrations produce changes in the sensorium. Much the same could be said of what the osteopath claims to do and what he actually does.

In the psychoanalytical field it is suggested that improvement depends largely on a lessening of tension achieved by repressed material being taken from the subconscious to the conscious mind. However, the analyst will be the first to concede the necessity for a good transference situation and the need for long hours of sympathetic communion, before those who have broken down at the higher levels are noticeably benefited.

In the homœopathic technique the therapist listens to the tale of the patient's every unpleasant sensation, and meticulously equates them with a remedy. In addition, an equally careful physical examination is performed. It would be a grave mistake to discount the effect of these procedures on the patient's state of feeling.

Then there are the great healers, usually outwith the ranks of the medical profession, who claim to heal the sick through spiritual agencies. These practitioners, though wanting in scientific knowledge or critical assessment, are often possessed of infinite compassion and pity for the weak. Through this great love an ecstatic exaltation is aroused in the patient akin to that experienced in a love affair.

In submitting to any of these techniques the patient has not taken active steps to alter the pressure of his environment in his favour beyond acquiring a relationship with

the therapist. He is cured, but relapses before long and must return to be re-cured. The situation closely resembles that of the young child when he recoils, bruised and battered from his contact with the outer world, back to his mother. She employs drug therapy, physiotherapy and psychotherapy in giving him a sweet to suck, in stroking and fondling his body and in murmuring words of love and hope. His feelings change from despondency to confidence and he is ready to re-enter the fray.

As the child grows older, however, the good mother tries to equip him more effectively to find for himself pleasure, satisfaction and success in his environment. She cannot improve his hereditary endowment by granting him a more attractive appearance, a keener intellect, a more virile body or a livelier wit ; but she can help him to make the best of the tools at his command. For instance, if he is unpopular with playmates and censured by teachers, she may enable him to gratify his need of esteem by advising him to admire the accomplishments of his fellows instead of boasting of his own, and of paying attention to his work in class and at home. (To be continued)

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PSYCHOLOGICAL ASPECTS OF DERMATOLOGY

DR. G. GLADSTONE ROBERTSON, M.D. (GLAS.)

(Continued from page no. 440)

The doctor's role is not dissimilar to the good mother's. He also is entitled to exploit the techniques of prescribing a medicine to be swallowed, of referring him to a masseur to be stroked and of encouraging him by the spoken word ; but if the cure is to have real permanence he must do more. He can learn much by prompting the patient to talk of his domestic situation, his work and his associates and can deduce from the information received and the way it was given something of how the patient feels and has been feeling. If it should emerge that the patient is in a predicament which renders a healthy attitude impossible, his escape from it should be the easier from an appreciation of its significance. Such advice as the doctor can advance stems from his own first hand knowledge of life itself, rather than from his technical training.

My own therapeutic career is strewn with failures. Its first ten years were spent in blotting out symptoms with drugs in accordance with the orthodox teaching of the time. Then contact with homœopathy led to the quest of the total symptom picture and stimulated an interest in the whole man ; but I could not stop short at the discovery of the drug which fitted the symptoms. When I learned, for example, that some women felt worse before, others during, and yet others after the menstrual period I had to seek a reason. Then came my association, and later, friendship with Dr. James Halliday while he was engaged in his work on psychosomatic concepts. For a time I viewed the psyche in the manner of the orthodox psychological school, and found it a Herculean task to engender a spark of sympathy for those misfits whose lives were punctuated with endless complaints, despite constantly muttering to myself, "Without Charity I am nothing". Latterly I

found peace in the belief that the chronic sick are the victims of circumstance. When they find themselves wed to an emotionally incompatible mate, or in jobs for which they are manifestly unsuited, they did not choose so and thus try to make their lives intolerable and their bodies the subject of biochemical imbalance and ever-recurring discomfort. They just lacked the wisdom or, perhaps, the good fortune to do what was best for themselves. The better we learn to know them, and the more effectively we help them to know themselves, the better we serve as doctors.

DISCUSSION

The PRESIDENT, in opening the discussion, said that the Business Meeting, which was to follow the discussion, was due to commence at noon, but he proposed to allow the discussion to continue until 12.30 as the Business Meeting was likely to be short. The discussion was to be opened by Dr. Ledermann. (Applause.)

Dr. E. K. LEDERMANN said they owed a debt of gratitude for the presentation of such a wonderful paper which covered a wide field. He had been privileged for some time to see skin cases in Dr. Benjamin's department at the Royal London Homœopathic Hospital. Undoubtedly, it had become widely accepted to think of psychological factors when treating skin diseases. Several papers had been published which surveyed skin cases, and it was found that a high percentage—as high as 78.5—of skin troubles were supposed to have a psychological significance. It was not only in cases of dermatitis that the psychological factor was important. Neurodermatitis, pruritus ani and vulvae, atopic eczema, rosacea, urticaria, cheiropompholyx, hyperidrosis, seborrhœic dermatitis, psoriasis, alopecia areata were other dermatological conditions in which it was well worth while investigating the patient from the psychological angle.

Consideration should be given to the outward ex-

pression by the skin of a mental conflict and in this connection it was necessary to give attention to two things. The first was the external circumstances which pressed upon the mind. The second was the inside constitution, the mind itself, and to what extent it was able to withstand such pressure. The history of a patient was important, and Halliday's approach helped one to understand the dynamic processes.

The cases cited in the paper were most illuminating. Was it agreed that they represented different types of problems? One type seemed to concern patients who were comparatively healthy from the constitutional point of view but who had been hit so hard that they broke down; the other type seemed to concern patients with a weak constitution for whom a comparatively slight injury would cause a breakdown. Such a distinction was important because it helped one to understand the treatment that was necessary. A German psychiatrist, I. H. Schultz, made this distinction a long time ago, finding some cases of neurosis to be exogenous and others endogenous.

In cases one and two in the paper, the people concerned were suddenly hit by the discovery that their wives were unfaithful. Case four described a man who had lost many relatives. There was a terrible fate here which was obviously the most important factor in bringing about the psychological disturbance. Those seemed to be examples of exogenous neurosis. There was then the case of the girl who had become pregnant and was living with her mother. When one heard such a story, one felt there was something else involved apart from the fact that the girl did not get on with her mother and had an illegitimate child. The girl must have experienced many difficulties and become a person who was very seriously disturbed. Why did she become an illegitimate mother? What had been her relations with her mother in the past? Such

questions were very important. It was not environment that mattered but the girl herself.

The man who felt great indignation when transferred to a job he considered he ought not to have been asked to do, seemed to be an "in between" case. He seemed to have resentment suspicion, to be a warped personality. There appeared to be within him something which was the most important factor.

Those who had a breakdown of the skin were anxious and depressed people. Some of them were hysterical, and those who were anxious, were also obsessive with traits of over-conscientiousness—they wanted to be perfectionists. This had been pointed out by Hall-Smith and Norton. There was something going on in those people concerning their own self-esteem. They were angry, intense people. All neurotics were self-centred and full of self-pity. How were they to be helped? From what Dr. Ledermann had seen in the dermatological department of the Royal London Homœopathic Hospital he was convinced that some of the homœopathic remedies in particular were most valuable. He spoke of *Ars. alb.*, *Staphisagria*, *Nux vomica*, *Ignatia*, *Aurum* and *Nat. mur.*

It seemed that the homœopathic doctors had the means of coping with the personality. However, as the paper stated, although homœopathic remedies had the means of covering the whole personality, there was an obligation to understand what had gone on in a patient's life and to understand that in relation to his present situation. How was that to be approached?

The cases indicated in the paper, showed that Dr. Robertson gave patients an insight into their trouble. The patients were not aware of how their illness had come about. They did not understand the mechanism which produced the manifestation of the disease, and therefore it was necessary to make an effort to make them aware of the cause of the trouble.

With a person who was fundamentally psychologically alright and strong, it was easier to bring about such insight. He would not fight so hard against it. Was it agreed, as regards treatment, that the person with exogenous neurosis was the easier type? It was not necessary to enter too deeply into the unconscious mind, which was an important practical point.

It had been said already, how many people were resentful when it was pointed out why they were ill. What could be done for them apart from prescription of the homœopathic remedy? The doctor had some power to make them see more clearly where they stood or how to alter their circumstances and to provide them with new surroundings, if that was possible.

What did Dr. Robertson think of psycho-analysis or treatment aimed at altering a person's attitude and style of life? Mention had been made in the paper of a girl (the last case cited) who had to change her attitude. Did Dr. Robertson agree that putting a person into a social and therapeutic club or group was valuable? Would he accept forms of occupational therapy and art therapy as a means of allowing people to express themselves creatively? Would he accept it as a means of making a person more mature?

With regard to the philosophical and ethical problem, on the one hand Dr. Robertson said he believed in Pavlovian materialism, an approach which was based upon reflexes and physical activity; on the other hand, he said that man should be made responsible for his actions and for his life. How were the two views combined? Materialism was based upon determinism, and responsibility was based upon indeterminism and freedom of will.

One wondered if the kindness and sympathy Dr. Robertson showed to his patients was not the most important factor in bringing about the resolution of their prob-

lems and if his own personality in seeking for truth was not the most vital factor in helping his patients.

Dr. Ledermann concluded by reiterating his thanks to Dr. Robertson for his most interesting paper. (Applause.)

Dr. BODMAN said that they were all very grateful to Dr. Robertson for his most aptly thought-out paper and for the challenge that such a paper presented. While not attempting to deal with the deeper philosophical implications of the paper, he wished rather to concentrate on its application as far as their own particular homœopathic interests were concerned. It seemed that at any rate the first three of Dr. Halliday's principles that were enunciated had a very great bearing on Homœopathy. After all, was one of the aims of investigation of the patient and of the homœopathic technique not an attempt to find out what kind of a person the patient was? Whether or not an attempt was made to find out the temperament or character or reactions of a patient, one tried to find out what kind of a person he was. One then tried to find out why he fell ill when he did. That was a question one tried to answer when assessing the patient's modalities, which might relate to temperature or climate or to emotional factors such as fear, grief and resentment. Finally, one tried to take into consideration, also, why the patient took ill in a particular manner—what was the localization of the symptoms, what were the parts of the body affected?

It seemed there were therapeutic answers to all these questions. There was a therapeutic answer to the kind of person the patient was in the constitutional remedies, and when the modalities were assessed there were therapeutic answers to them to be found in the *Materia Medica*.

The interesting thing about patients as regards psychosomatic reactions was that there were people who were unable to tolerate or control emotions beyond a certain strength and when their feelings of frustration or disillu-

sionment reached a certain point they began to break down. The breakdowns could be said to be due to the strength of the situation which provoked the disillusionment or frustration or to the weakness in the particular personality in relation to circumstances which other people could stand. However, the basic factors were the beliefs, one might say the fancies, a patient had about himself. It was often a patient's self-esteem which suffered a rude shock or which was so injured as a result of the slings and arrows of outrageous fortune. In a paper published fairly recently the author referred to the underlying fancies of these patients and said they were not so much neurotic as psychotic. They were somewhat allied to the fancies of a patient suffering from a mental illness.

The plan of treatment, therefore, had to be directed towards helping the personality. The mental strain of a patient might be almost unbearable and one had to give him some help in integrating the insight one was going to give him into himself.

In this connection it was useful to bear in mind the brilliant work being done in Birmingham by Professor Elkes, who was concentrating on the different levels in the brain at which some of the drugs commonly used in psychiatric practice did seem to be working. He had shown how one could almost pick out certain connections in the brain by the use of different drugs. If it was possible to demonstrate how fairly crude remedies could have a reasonably selective action, how much more could homœopathic doctors expect their own remedies to have a selective action.

It was possible to assist the patient with a badly integrated personality by helping him to strengthen the connections between the feeling parts of the brain and the thinking parts, by the use of such remedies as those Dr. Ledermann had referred to.

The paper had been a most stimulating one. It was

a challenge to them all, and it was to be hoped that they would all respond. (Applause.)

Dr. LISHMAN, who was asked to contribute, said she merely wanted to say how much she had enjoyed a "tremendously impressive paper" which had stimulated her very much indeed. (Applause.)

Dr. PATERSON said that there was one aspect of Dr. Robertson's paper in which he had special interest as he would be speaking about it in his own paper in the afternoon, it was about Dynamic Infection. Dynamic infection was the cause of chronic disease, and skin diseases came into this category. In the modern sense, the word "infection" suggested invasion of the body by a living virus or germ. That was correct, but it is evident that when Hahnemann used the term "infection" it also implied "affection". There is little doubt that Hahnemann did associate emotional stress as capable of affecting the body and producing the manifestations of disease.

The type of person (constitutional) was determined at the moment of conception, and thus the child inherited constitutional tendencies which would manifest itself under stress or strain. In a paper published in the *Medical World* January, 1953, it is stated that the adrenal hormone could keep an inherited tendency to disease in abeyance without abolishing the underlying abnormality; individuals might carry a latent disease which was kept in check by appropriate endocrine action and would manifest itself only when emotional stress had affected the activity of the adrenal gland. In other words, it was possible to conceive that an inherited skin disease existed, although not manifest until an endocrine breakdown under emotional stress.

While Dr. Robertson was presenting the cases, from the psychological angle, he had been trying to assess the cases from the homœopathic, and he would like to comment on the first three cases presented. There is a strik-

ing similarity, and in my opinion, indications for a common remedy.

In the first case, the patient had had a long period of mental strain; he was a person of a very sympathetic nature, and as a sequel to unrequited affection, he suddenly developed a skin eruption.

The second case had a vesicular eruption which also came out very suddenly and was associated with mental stress.

In the third case, the worker in the factory, there was the mental stress due to a sense of injustice, and a determination to obtain his rights.

You recall that Dr. Robertson's partners found that the patients were much disturbed and required their attention on the evening after consultation and psychological analysis. Does this clinical picture—resentment at being questioned, the sympathetic but determined nature, the sense of injustice and the sudden outbreak of skin eruption—noted in these three cases, not suggest to you that *Natrum muriaticum* might be the remedy, and to me the main characteristics I associate with the nosode *Proteus*.

He should expect, therefore, that by giving the appropriate homœopathic remedy in these three cases, to get good results.

If the emotional stress still remained there could not be complete cure, and Dr. Robertson had spoken of the benefit of the analysis in removing the emotional stress from the subconscious to the conscious with consequent relief. With mental emotion there was stress which could affect the glands causing bio-chemical imbalance and in these three cases the imbalance seemed to be in the sodium chloride metabolism. By restoration of balance the patient would be helped by homœopathic treatment.

The skin eruption was evidence of an attempt by Nature to correct this imbalance. He wished to thank Dr. Robertson for the paper.

Dr. SEXTON said how much he had enjoyed the paper. It had brought before them a matter which was becoming more important as they went on—the effect of the mind on illness. It was found in practice that a very large number of people had not much wrong with them but psychological trouble or neurological trouble. Homœopathy had so many drugs which had an effect on mentality and mind troubles and, therefore, if this question was investigated it would help them a very great deal in their work. (Applause.)

Dr. T. D. Ross said that the paper had stimulated quite a number of thoughts in him but it was difficult to express them because they were very disconnected. The paper had a wide scope and was very interesting. Also it had been read extremely well, and he felt proud of Dr. Robertson who was a colleague of his. They were students together thirty years ago.

To begin with, Dr. Robertson had thought him mad to go in for Homœopathy, and they had not spoken to each other for a few years, but later it had been a pleasure to tell Dr. Robertson something about Homœopathy. He had become interested in it, had developed an interest in "the whole person", and had been bitten by the "psychosomatic bacillus".

They must preserve a balance. Those who used Homœopathy very widely were particularly interested in the response to drugs, and one did not wish to embarrass the author by asking whether or not he considered homœopathic responses were chiefly due to the careful taking of case histories and examinations. Homœopathic doctors used a more or less constant psycho-therapy, but results varied according to other factors, the principal one being whether or not one could find a remedy which touched the spot and unlocked the door and balanced up the disharmony in the body.

Dr. Ross told of a doctor's wife who went to him with

an eruption on her fingers which was very distressing and prevented her from doing house-work. For some months he could not help her at all. Finally, *Causticum* was used and she was cured and subsequently needed only occasional doses.

This patient sent along to him a young man with dermatitis on the eyelids. All sorts of irritants would bring the trouble on and it was very distressing, although he was a happy person. He had a profound lack of confidence and there were indications for *Lycopodium*. Treatment by this drug remedied the trouble and one dose at very infrequent intervals kept him well. The dermatitis had been present for many years before.

Homœopathy could do a great deal for skins, but other factors were, of course, recognized. A good deal of emphasis must vary according to the patient. There was the almost entirely exogenous factor and, on the other hand, a very marked inborn sensitivity. Atopic types of eczema were obviously inborn. A lot depended on hereditary factors. The paper cited the case of a man who had suffered a great deal of distress concerning his generative life. His son was an alcoholic. The trouble did not seem to be due purely to environment; there was an environmental constitutional defect.

Dr. Ross was grateful to the author of the paper for touching on this No Man's Land between psycho-therapy and Homœopathy. It was very interesting. One could obviously affect skin and other body processes by psycho-therapy alone, and where the two aspects touched was a subject of great interest.

One point which should be faced was the return of skin symptoms under treatment in deep-seated internal diseases. One would like to hear others say they had seen this. It was in the books as one of the things that should happen. He had seen it on many occasions and always associated it with improvement, and the trouble usually

cleared up slowly. The eruption might be quite a nuisance at times, but it usually cleared up in the course of continued treatment.

The common method of altering environment must be realized to be not a cure. It was merely running away from the asthma or the eczema or the other sensitivity condition. Attempts must also be made to raise the resistance.

Dr. Ledermann's idea of exogenous and endogenous types was very interesting, but the two types must be recognized as two extremes of a sliding scale and not be entirely unconnected. (Applause.)

Dr. K. G. PRIESTMAN thanked Dr. Robertson very much for a most interesting paper. One of her patients was a man who had an accident at work. An iron bar fell on his foot and he was in hospital for many months suffering great pain. The foot became gangrenous and in the end had to be amputated. After spending much time in hospital, the patient was fitted with an artificial limb. He was subsequently reinstated by his firm, but in the drawing office instead of on the practical side, and at a much lower salary and with far fewer prospects. He developed a resentment against fate and against his firm, as well as against those who had kept him in hospital for so long. A very severe dermatitis of the hands and fingers developed and he had gone to see Dr. Priestman with every finger bandaged and with the backs of his hands, raw, red and bleeding, and with the eruption spreading up the back of the forearm.

Sulphur was given as the first remedy. An aggravation followed which lasted for about two weeks. Later he was given *Ars. alb.* and *Ars. iodide* over two or three years and the eruption finally disappeared. The healing took place although the man was still working in the drawing office with prospects which were still not much brighter.

Dr. PALMAN, after thanking Dr. Robertson and saying

how much his work was appreciated, asked how he tied up infant dermatitis and very nasty skin conditions in children with the work which was being discussed. (Applause).

The PRESIDENT said that before calling upon Dr. Robertson to reply he wanted to thank him very much indeed for his paper, and also those who had taken part in the discussion.

Was there any real psychological reason why, in citing case one in the paper, mention was made of the patient being a Jewish storekeeper? The race or religion of the other patients was not referred to. In law cases it was often mentioned if the person were Jewish! Why?

It had been said that upon removal of the irritating substance recovery never occurred. That was too wide a statement. It did very often occur and complete recovery could follow removal of the irritating substance.

Reference had been made to a case resisting all medicaments. Did that mean simply external applications? If so, such a situation was quite natural if the case should have been treated constitutionally.

It was perhaps a pity that the paper dealt with dermatitis only. It was interesting to consider the very varied dermatological conditions which were either produced or influenced by psychological conditions. Probably the most striking case the President had seen was one about two or three years previously, of an old lady with a papilloma of the finger. She was an extraordinarily anxious and nervous old lady, and had been advised to have the papilloma removed surgically. *Arsenic* was at first prescribed but was of no use. The state of agitation of this patient was such that she became almost hysterical at the thought of even having the finger looked at, though it was not a condition one would expect to be sensitive. Then *Argent nit.* 30, was given, night and morning; within two weeks the condition was shrivelling and in two months it had completely disappeared. (Applause.)

Dr. ROBERTSON, in reply, expressed his thanks for the kind words used by those who had taken part in the discussion—words which were out of proportion to any worth the paper might have. He proposed to deal with only a few of the points that had emerged.

The President had referred to special mention of the Jewish nationality of Case 1. Dr. Robertson attributed the reference to his own early religious training, the biblical connotation of the term, "Job's Eczema", given by Halliday to the syndrome, and to the fact that this was the first patient in whom he himself had unearthed an association in time between the onset of dermatitis and a series of undeserved misfortunes.

In answer to Dr. Ledermann's query on where he stood on the subject of Determinism vis-a-vis Free-will, Dr. Robertson felt that in the wider philosophical field it would be presumptuous on his part to pass judgment on an issue which had exercised many of the finest intellects of the age with so little unanimity of conclusion. However he considered that his clinical experience, as derived from the scope and range of general practice, had given rise to a viewpoint at variance with that embodied in orthodox psychiatric teaching. He did not believe, generally speaking, that an illness was the product of a conscious or unconscious wish to be ill. He aligned himself rather with the findings of experimental workers on the higher nervous centres who demed visceral imbalance to result from states of repetitive feeling or emotion induced by environmental happenings, feeling tones which occurred without the desire or control of the individual. Illustrative examples were given in the paper.

He also deprecated the hypothesis that "stress" in later life, irrespective of its nature, served merely to instigate a genetically predetermined type of illness. He believed that the preponderance of a type of emotion experienced during a part of life produced its own particular form of

illness. In support, he instanced nausea and vomiting in response to the stress of pregnancy. This disorder might be marked in a woman while she was married to a sexually incompatible husband but might be absent in later pregnancies following divorce and subsequent marriage to a satisfying lover.

In paying tribute to Dr. Ross for the part he had played in introducing him to Homœopathy some twenty years ago, Dr. Robertson spoke of a then revived interest in medicine. Initially he lost much sleep in attempting to assess the respective roles of reaction to the material effect of a carefully selected drug and the emotional change wrought by sympathetic and searching case taking. Eventually the problem seemed to lose importance. It is a good thing, he said, to be in a group, and for all practical purposes he felt closer to the homœopathic group than to any other. He suggested that the evaluation of homœopathic remedies as active chemical agents or as a series of useful symbols might be illuminated by future discoveries. He compared the problem to the bitter controversy, not unattended by bloodshed, which had long prevailed between the Roman Catholic and Protestant Churches on whether the sacrament was a symbol or something more. In the light of present knowledge, both sects were probably right. It is now demonstrable that the size of the atom is so small and its dispersal so great that it may well be impossible to swallow a glass of water without consuming a minute particle that had once been present in the body of the Lord Jesus Christ.

—*The British Homœopathic Journal*, Oct., 1953.
