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Psychogenic factors in chronic Disease in Childhood

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Consideration of the attitude of mankind towards disease and physical suffering, shows the existence of two streams of thought. In early days religion and, in savage peoples, the witch doctor regarded disease as the punishment of sin, and the measures taken to combat it were measures concerned with the spiritual condition of the sufferer. Parallel with this conception, common usage and the outlook of the barber surgeon interpreted illness as the logical result of mistakes in diet and in the hygiene of living.

The great development of physical science, which has taken place during the past century, has given rise to a formulation of medicine as the observation and mastery of physical law in its relation to human physique. The researches of Harvey, the work of Lister, Pasteur, or of MacKenzie have presented the physician with a defined series of observable facts and provided a training in the observation of fact out of which the science of modern experimental and clinical medicine has grown. It would at first appear that we have here the whole of the situation as regards present-day man's attitude to disease, but the existence of Lourdes. the work of Charcot, of Janet and of the Faith Healers maintain a tradition of "interest in the possibility, at any rate of the mind and emotions of the patient as a causative factor in disease. The fact that the study of insanity and of mental defect comes among the subjects proper to the curriculum of the student of medicine, has kept the door permanently open in orthodox medicine for ultimate inclusion within its province of the study of mental and emotional processes of other than insane and defective persons. More- over, the stress that has come to be laid recently upon the Binet-Simon and other similar tests for intellectual gradation, and the success that has attended their use, has made more possible the idea of a relevance between the study of normal psychology and medicine.

During the past fifty years attention in adult medicine has increasingly been drawn to the interaction of emotional and bodily conditions, and this is now very generally admitted. But in the regions of children's disease this is not yet the case. The absence of any instrument for the intelligent estimation of the emotional situation of the child, and the impossibility of cross-questioning of the infant, is in part probably responsible for this state of affairs, and has resulted in heavy emphasis being laid in all considerations of children’s disease upon the objective factor. Particularly is this true of organised medicine as it is applied to paediatrics, *vide* the proceedings of the third International Paediatric Congress held in London in 1933 whose transactions have just been published. It will be noted, for example, that although "Diastolization for nasal blockage” and a consideration of apples in diet occur as separate entries in the subject index, there is no mention of any

theme even remotely suggestive of the study of emotional disturbance in childhood. Children's medicine, which has made surprising strides during the past half century, has become a subject in which full use is made of the armoury of methods of physical investigation that have arisen during the last century, but among this armoury as it is at present -conceived, and with the single exception of Dr. Winnicott’s book, no place exists for psychological considerations.

It would seem absurd to suggest in the larger number of -cases of acute disease in infancy, that anything in the nature of emotional considerations could have the smallest bearing upon the case. The age of the patient, the acuteness and complexity of the disease, the small margin of life, and the only too frequent obscurity of the aetiological factors, render it in the highest degree unlikely at the first glance, if not actually grotesque that these diseases, their course, their prognosis or their cure could be in any degree influenced by such intangible subtleties as the emotional or psychological condition of the child. Nevertheless in certain groups of phenomena such as asthma, the epilepsies, eczemas, failure in eating, in defaecating and in gaining control of the bladder, the existence of an emotional factor has long been admitted. Kinnier Wilson in his study of the epilepsies, and O’Donovan and many others in work upon skin diseases, now freely admit that some connection exists between the conditions that they are studying and the emotions of the patient, and that without some consideration of the emotional actor, the physical condition cannot be understood. It is an extension of this point of view that I now wish to put before you.

In 1915 and again in 1929 it was argued by Cannon that strong and primary emotions are accompanied in the body by general physiological changes. He states for example that in one experiment four out of nine medical students, all normally without sugar in their urine, had glycosuria after a hard examination, while only one had glycosuria after an easier examination. Furthermore that in an examination of twenty-five members of a football squad immediately after a final and very exciting contest, sugar was found in twelve cases, five of whom were substitutes who had not been called upon to play. A similar study was made upon second year students at a women’s college with analogous results. In another section of his work he demonstrates the pouring into the blood stream, with all the far reaching effects that such an output would cause, of an increased amount of secretion from the adrenal bodies during strong emotion. He presents data showing that such stimulation as in the unanaesthetised animal would cause pain, and also such emotions as fear and rage are capable of greatly shortening the coagulation time of blood; and shows that after emotions such as fear and rage the erythrocyte count in the blood increases. Not only can changes of this kind be scientifically demonstrated, but even very low types of savage in the presence of a stranger with whose language they are entirely unfamiliar, are able by observation to tell an angry man from a peaceful one, a hostile from a friendly visitor. That is to say that there are definite and regular physical changes of no insignificant kind that can be relied upon to show themselves as the concomitant of well-defined emotional states in all individuals under suitable stimuli. Very little attention is paid, particularly within

the realm of medicine, to these facts, yet the common intercourse of mankind is conducted upon the basis of this common knowledge and assumption. Whether we know it or not. It is implicitly agreed by everyone in the common Conduct of their everyday life, that the muscles of the face, the colour, shape and behaviour of the eye, general tone of the body muscles, the colour of the skin, take a characteristic and changing stamp from the emotions passing through the individual owning them.

If this fact be carefully considered and the physiological paths by which such a change can be brought about, be taken into account, such as for example the inhibition of the salivary' glands in fear, the contraction and expansion of the terminal blood vessels in rage, fear or modesty, it will not seem to be altogether so far fetched a proposition that there should be a very intimate and widespread connection between mental phenomena such as emotion may be considered to be, and the actual physical or physiological behaviour of the body tissues. If to this line of observation we now add those facts which can be observed and used in connection with the action of the endocrine secretions, the association of lethargy and anxiety with hypothyroidism or insufficiency of adrenal secretion, the excitability of hyperthyroidism and the sexual disturbances of progeria or of Fröhlich's syndrome, the ground will be prepared for at least a consideration of the possible interaction of physical, and emotional states at all ages.

Where adult medicine is concerned means have already been found for investigating the emotional circumstances and tendencies of the patient. In children it would appear that such investigation would be impossible, and, in the series of cases, which I wish to set before you, a method of examination of the emotional situation and tendencies of the patient has been undertaken which it is outside the scope of this paper to describe. Certain indications will be given in the course of the cases themselves, but any full description, dependent as it is upon consideration of the nature of the emotional life of the child and of the theories of play upon which this treatment is based, is impossible in the present paper. The cases I wish to submit are cases of children treated at the Institute of Child Psychology and taken from the notes made on the child during the course of treatment.

Richard and Joyce Harris were referred to the Institute Of Child Psychology in September, 1927, by the School Care Committee. Richard was stated to suffer from nervousness, trembling of the hands, and "getting dull." Joyce for night terrors. Richard was 10 and Joyce 8 and both were the children of a respectable young widow of 32.

The history behind the complaints was as follows: Mr. and Mrs. Harris had married in 1912 and Mr. Harris died in 1923. There was one other child of the marriage Mary, now 12 years old. The following history of the parents was obtained from Mrs. Harris.

Mr. Harris was British and had been brought up by an aunt. Went to work early and became a coal carman, an exceptionally fit and strongly-built man. He early married a widow with one child Ted, and his wife died soon

after. About three years later he married Mrs. Harris. He was two and a half years in the Army during the War and attained the rank of Lance-Corporal and during the last part of this time began to complain that his legs felt numb as if wrapped in puttees. After a time he went to see his panel doctor, who arranged for him to be admitted to the infirmary. Here he remained one year and a diagnosis was made of “Locomotor Ataxia resulting from Congenital Syphilis ” although a negative result was obtained from a Wassermann. Richard was at this time one year old. After a year he discharged himself to go home and two years later in 1923 he was taken ill with pneumonia and died in hospital one week later.

Mrs. Harris was British and the eldest of a family of ten of whom all were living. She had a hard childhood and owing to the economic straits of her parents was brought up largely by the grandmother, a woman of stern and puritan views. She married very young and took over the care of her husband's stepson and was happy with her husband. Four years after he died she had unpremeditatedly an illegitimate child with a man she did not see again, this being her one lapse from chastity — this child subsequently died at three years old, of pneumonia. The family have always been very poor and at the time of the children's arrival at the Institute their economic circumstances were distressingly bad. Of the three children of the marriage, Mary was a healthy well-grown, thick-set child, with a round face, bright eyes and a brisk and capable manner. She is sturdy in health and nerves and maintains a reasonably good position at school.

Of Richard’s early life we obtained the following account: During the pregnancy Mrs. Harris had vomited persistently and suffered from faintness. Richard was jaundiced at birth, development was normal and except for bad sleeping there was nothing to note for the first four years. At this date he fell down the area steps and cut his head badly enough to carry a permanent scar but does not seem to have suffered from concussion. At five he was admitted to St. Mary Abbot’s Hospital with pains in the abdomen, hips and legs, which seem to have accompanied by a pseudo-paralysis. A dog had shortly before given him a severe fright and the doctor thought that the condition was associated with this. He was sent away for convalescence and made a complete recovery. He had chicken-pox at 2 ½, c whooping cough at 3 and measles and pneumonia at 3 ¼. It was difficult to get a history of the onset of the tremor, his mother only being able to state that it had steadily been getting worse; he is said never to have had a sense of balance. His hands fumble badly first thing in the morning and improve later, chiefly noticeable when handling small objects. He had steadily been growing duller at school.

Joyce was also jaundiced at birth; there was nothing to note during the mother's pregnancy and labour was spontaneous. She had diarrhoea and bronchitis while teething; whooping cough at 1 and German measles at 7. Was subject to tonsillitis. Went to school at 4 ½ and did very well. Night terrors began at 7, two-three times weekly between 11 p.m. and 5 a.m. and had grown steadily worse. She had a tendency to fall to the right side and during the first few weeks of her attendance had a permanent bruise on her right temple. She was a round faced little girl with very bright-coloured deep-

set eyes and a determined chin. She was a cheerful child, always happy and smiling, intelligent and painstaking, devoted to Richard and they played well together. She is finicky over food but otherwise quite ordinary and normal in behaviour.

When Richard was examined large pustules were discovered on either buttock and ankle jerks were doubtful, otherwise nothing definite was discovered. The tremor was indistinct and variable and followed no rule.

In Joyce the knee jerks were not elicited, her skin was found to be rough elasticity diminished and much fine hair over the whole body; no pathological signs were found to suggest a cause for her condition. Both children appeared highly nervous. Both were duly admitted to the playroom of the Institute for observation. During work in the rhythm room the rhythm mistress drew attention to the peculiarity of the gait of both children in that both appeared to walk as if the soles of their shoes were too thick and showed a curious rubbing movement with each foot.

It was decided that both children should be referred to the Consulting Neurologist to the Institute. His report was that both children showed some degree of incoordination to special tests and light ankle jerks and concluded that the condition was undoubtedly organic indicating early and slight degeneration of the posterior columns and direct cerebellar tracts of the spinal cord. Blood was taken from all three children and the mother and the elder girl examined; she was found to be quite normal. An examination was also instituted into the exact nature of the father's condition. The Wassermann reaction of all members of the family was negative, and re-examination of the father's hospital history suggested Friedreichs Ataxia, and this appeared to confirm the original diagnosis made for the children of early heredito-familial ataxia.

From 23.9.29 to 7.4.30 Joyce attended the Institute, coming twice a week for two hours. Richard from 21.10.29 to November 1933. Joyce showed herself quick and intelligent, interested in her work and particularly in colours and shapes. She was very neat and tidy, totally lacking in initiative and very suggestible. When the other children became rather boisterous she was wide eyed with astonishment that such behaviour should be allowed and did not join in. On 14.10.29, her fifth attendance, a change showed; she became slightly destructive and made a mocking grown-up figure, enjoying the absurdity of it very much, and gradually began to loosen out, and by 7.11.29 we had definite evidence of quantities of pent-up emotion connected with her brother. She would turn to him compulsively whenever he was in the room and seemed to have a constant guilty feeling in connection with him, and would suddenly take to beating a doll with persistence and vindictiveness. Richard on the other hand had a more obscure reaction to Joyce; although apparently devoted it was noted by all workers that on all occasions when the possibility occurred he threw blame for any small *contra-temps* on Joyce. Much violent emotion began to come up in the playroom. About this time Mrs. Harris reported great improvement, no screaming attack for 3-4 weeks, sleeping well except for talking and giggling in her sleep.

Richard was then sent away to a convalescent home and we had Joyce alone and her general behaviour began to change. She became very rowdy, knocking things about and making much noise, became very boisterous, wanting to play and romp all the time and showing a marked lack of any kind of concentrated attention. It was found also that at school she was working beyond her powers and talked and muttered of her work in her sleep. January 27, 1930, she said she wished she was a boy and could go and fight, and by March we had the picture clear. On one side of her she was good, obedient, timorous, inert, but when this gave at all she became boisterous, destructive and unmanageable. About this time their dilapidated, noisy and verminous rooms were exchanged for a flat in one of the new flat dwellings. It was noted on 14.2.30 that falling was very much improved both at home, at dancing, and at school. The night terrors which had already greatly diminished in force and frequency before the family's removal, ceased altogether after they settled into their new flat, no new falls were reported and as Joyce seemed in every way normal, in the middle of April, 1930, six months after her referral to the Institute, she was discharged to come again in six months and report.

Richard in the meanwhile had been away from home and returned in March, 1930. In the playroom a number of curious characteristics appeared in this boy; he was fascinated by water and sticky clay, developed a ritual of repeated movements, talked with great affect at odd intervals of religion and seemed to be suffering from some deep-seated emotional disturbance. His mother clearly adored him to the detriment of his sister, and he seemed to be out to grasp everything he could and to turn it to his own advantage. It seemed possible that the tie between him and his sister was as much the fascination of hate as love. His absence away from home and the family move did much towards mollifying this tie. When he came back he drew violent pictures of the devil, which he turned into a dragon and showed obscure signs of interior struggle. His tremor had disappeared on his return, and as his general condition was good, it was not possible to keep him any longer.

In November 1930, both children were examined by Dr. Leonard Findlay and were found to be absolutely normal; this finding was confirmed on 23.10.33 by the neurologist who first saw them. The final report runs:

“Richard in the first place now shows that his knees-jerks (formerly not elicited) are quite definitely present, especially on reinforcement. Further, in 1929 his arm-jerks were not elicited, but they are now quite definitely present; further, his co-ordination, previously defective, is now comparatively normal.”

“As regards Joyce, the only abnormalities noted in 1929 were absent ankle-jerks and some degree of incoordination. Her ankle-jerks though still very sluggish, can now be obtained. There is no definite abnormality of coordination."

Both children were therefore discharged and up to the date of writing have remained well.

Arthur Marsh was referred to the Institute by a physician from a London Chest Hospital on 16.1.33 for eczema which had lasted since birth and asthma of more recent origin. Arthur was a boy of 12 and brought to the Institute by his mother. His history was as follows:

"He was the middle of three boys of a moderately well-to-do artisan family and according to his mother's account had suffered from eczema since birth. He was born in hospital and his mother states that when she took the baby home the inside of both heels were raw where they had been rubbed and that his buttocks were also raw. When three weeks old there was a skin outbreak in front of both ears which continued for several months. He attended hospital for this and it ultimately cleared up. He walked at 13 months and shortly after this eczema started behind the knees and he was taken to the doctor. At 18 months as he was no better he went to Hospital for treatment for his skin but once again without result. A private doctor took an interest in him and for two years took a very great deal of trouble over his treatment, doing for him everything that he could think of. During these years for a period of three weeks after his whole body had been covered in ointment and bandages for some considerable time the eczema disappeared but at the end of three weeks it reappeared as badly as ever. Throughout the period between this date and that of his referral to the Institute he was under constant treatment from Hospitals and private doctors but with no appreciable result.

When he appeared at the Institute he was a tall well-grown boy with bright eyes and a good colour, red nose and ears, good physique, pleasant appearance and good teeth. The whole of his skin was dry and thick with patches of eczema on the hands and the popliteal spaces. The knees were bandaged and the question of their bandaging and her hopeless attempt to prevent the boy scratching the skin occupied the whole forefront of his mother's mind in regard to him. The asthma was of more recent date. It had appeared first when he went to the seaside on a school journey in 1931 and at rare intervals since; the attacks were apparently associated either with the seaside or with a boy friend who had been with him when the first attack broke out. The parents were very confused about these attacks and constantly contradicted one another. In addition to these there were other symptoms of an undue sensitiveness of constitution; he had diarrhoea or else a bout of loose stools whenever emotionally upset, he tainted on the slightest provocation such as the sight of any obnoxious object or being in impure atmosphere. His sleep was poor and at one time his restlessness was so bad that his parents had hardly more than three hours' sleep at night owing to the constant need to go into his room and pacify him. In character he was a somewhat morose child with a tendency to break out into violent attacks of irritability. The Binet-Simon test gave his IQ as 97.

His family history yielded the following facts: The paternal great-grandfather had been a severe drunkard; the paternal great-grandmother had had eczema for twenty-five years; a great-uncle had had hay-fever for many years and among the other uncles and aunts there was acute rheumatism and

also a fatal case of tuberculosis. The father was healthy, slightly rheumatic and in his youth had been a great athlete; on the mother's side the great-aunt had had eczema, another aunt migraine; one great-cousin had been tubercular and an aunt was very nervous. The social situation was good, the home was comfortable and clean and reasonably large. The economic situation was adequate. The emotional atmosphere of the home was good; the father was kind, easy going and jolly, but with somewhat set views about the children. The mother kept herself very much to herself, mixed very little with her neighbours and concentrated all her attention upon the family situation, her main interest is needlework.

Of the children, the elder boy, Harold, aged 15, was a thorough success, a jolly, friendly boy, clever at school, quick to make friends and liked by everyone. Bertie, the third child, aged 7, is also a success, a cheerful, jolly little boy, not as good at school as Harold, but popular and contented. Arthur got on reasonably well with Bertie, but quarrelled perpetually with Harold, and hours are needed after each quarrel to quieten him. At school, Arthur was unexceptional.

On his first appearance at the Institute, Arthur was a very quiet and polite, well-mannered boy. It was noteworthy that when asked for an account of his asthma or for particulars of his eczema, he began always with the words, “Mum says . . ." and then would follow an account of his mother's opinion concerning the situation. He was quite incapable of giving an account of his own troubles on his own initiative. Conversation with his mother revealed that she was at the end of her patience with the boy, and that the condition of his skin had been for some time an obsession with her. She stated that she got on well with the other two boys but that Arthur exasperated her beyond bearing, and that she could see no reason for his quarrelsomeness and general tiresomeness. The general method of the Institute was then explained to her and she promised all the co-operation of which she was capable.

Work began in the playroom Arthur being asked what sort of things he most liked to do. The answer was meccano and later careful drawing of ships with a ruler. During these occupations his manner was meticulously polite, he spoke little, always said please and thank you and was courteous to all the grown-up people; the other children he hardly seemed to notice. About the end of three weeks he was invited to join a group of other children who were playing charades and quite suddenly an astounding change came over the boy. As soon as the smallest part was given him or he was asked to take a share in any group physical movement he lost all control of himself, began to make peculiar noises more like an animal than a human, to throw himself about and to become entirely unmanageable. At this time his imaginative work was exceedingly poor, he gave the impression of being unable to do anything spontaneously. Outside the Institute his favourite occupation was cycling, which he preferred to do alone. There was always a reason why he could not do anything that would bring him in contact with other people. Inside the Institute the same general attitude manifested itself: he could not play with sand it would hurt his fingers, he couldn't do something else because he

wasn't good at it. He was difficult to please and hard to move away from meccano. It was found very difficult to reassure him concerning the Institute and the very small physical treatment (monthly injections of old tuberculin carried on from his favourite hospital) being given him. After some time more imaginative work began to appear. About this time a new type of drawing appeared, very free, done in single heavy colours, usually of grotesque or obscene figures, the drawing of the figure accompanied by coarse bursts of laughter. In this mood it was impossible to allow him to mix with the other children as he became so coarse and boisterous. It was necessary to restrict his play with them to very short periods of time.

We then had by the end of his second month's attendance a record of an almost complete double type of behaviour. On the one hand a quiet well-behaved, well-mannered boy, speaking in a low voice, behaving politely and doing meticulous work of a stereotyped kind. On the other side almost an animal creature, full of primitive interests, coarse laughter, rowdy behaviour and an uncontrollable excitement in company. When sufficient material has accumulated with regard to this contrast to make the situation clear its existence was pointed out to Arthur. He was very much astonished but after a time he accepted the truth of this statement. At the same time the eczema began to improve and his mother reported that he was very much easier to get on with at home. His imaginative work developed and was of an extraordinarily fantastic nature: jungles where snakes are frightened by a man with a big nose and enormous ears; where hippopotamuses rise through the air and make a noise like an aeroplane, where possible and impossible objects are mixed and the boy seems unaware of their inappropriateness. As his freedom in developing these phantasies increased his shyness began to go. The anxiety over the physical side of his treatment diminished and finally it was possible to stop it altogether. About this time (fourth to fifth month of treatment) it became possible to get the following additional history from the mother: 1. The earliest outbreak on his skin, at three weeks, had not been irritating. It seems very unlikely that this was eczema, as the main characteristic of the later condition was its extreme irritation. 2. As an infant he had been an eager sucker with an enormous appetite and for the whole of his infancy a good sleeper. It was when he began to run about and come into active competition with his brother that the eczema began. The elder boy was adored by his mother and had never given trouble, Arthur had nocturnal enuresis until four, and having found that calling out to his parents when his eczema first began to irritate him at night brought them in to him and gave him control of the situation, he increased this to such a point that he had to be taken away by an Aunt periodically, in order for his mother to have a night's rest. It seemed pretty clear that the eczema was related to the emotional situation within the family.

By the seventh month after beginning of treatment, the eczema had entirely disappeared and the boy had become practically normal in behaviour, both at the Institute and at home. During the summer holidays, Arthur went to a summer camp of boys of better social status than himself and had felt acutely interior. The eczema returned and he had an attack of asthma, but of short duration, the emotional origin of which he was himself able to see. Again

the double-sidedness of his nature reappeared and it was possible to point this out to the boy, and for him to accept it. By the ninth month the eczema had entirely -cleared up and the boy's behaviour was normal; this continued until after Christmas, when it was decided to wean him from the Institute. At this time an outbreak of scabies occurred on his hands with a recurrence of the anxiety concerning treatment on the part of his mother. The Easter holiday supervened and he returned to the Institute with a recurrence of eczema. A refusal to accept this on the physical basis induced an examination into the psychological situation and revealed a hidden state of exasperation over recent incidents at school, which he had not allowed himself to express. A thorough working through of his feelings concerning the situation and a readjustment of his hobbies and other outlets has been followed by a disappearance of the eczema and the boy feels confident that in future he will be able to control the condition. He is now anticipating his discharge to work from school on reaching the age of 14 and is .a cheerful and normal boy of average temperament and behaviour.

No medicinal treatment was used after the termination of the injections at the end of the fifth month at the Institute.

Bessie King was a little girl of 5 ¼ who was referred to the Institute of Child Psychology in the spring of 1930 for persistent wetting of herself both day and night. Born in December 1924, she had had measles at 1 year, chicken-pox at 1 ¼ years, whooping cough at 1 ½ years, gastric influenza at 1 year 10 months; mumps at 3 years, German measles at 4 years, influenza at 4 years; and in between had had bronchitis. Her wetting of herself had persisted since birth. In appearance she was of normal height but markedly underweight and with dark rings under her eyes and an appearance of constant strain. Her voice was so low as hardly to be audible at all, and when in company with other ordinarily noisy children she would make no move at all. Careful medical examination of the Child revealed no organic disease but hypo-tension everywhere, marked lack of vitality at every point and hypoplasia of the teeth. The mother was an anaemic, excessively depressed individual, and the economic position such as made any radical alteration of her general hygiene and environment impossible. She was therefore as hard a case as we could put to ourselves for the study of this kind of condition. The study of the family history revealed that the maternal grandfather had died of a stroke in 1921, and the maternal grandmother was alive and working but chronically ill with heart disease, this with gallstone trouble making her nervy and irritable. She lived with the Kings. Of the paternal grandfather little was known, the paternal grandmother had died of tuberculosis in 1916. The father had a poor physical heredity, and himself suffered from a persistent cough (the result of a cold caught on war service) for which he refused advice or help. When finally persuaded to consult a doctor he was found to be tubercular and sent to a convalescent home for 3 months. He then felt better and insisted on coming home against orders (this at about the time of Bessie's birth), and 5 months later had a relapse and died. Before this Mrs. King had lost her father and her second child (a boy) at 10 months of T.B. meningitis. There were two other children, both older than Bessie, and both boys. The home was poor but very clean. They occupied two rooms at the back on the ground floor, and the

grandmother lived upstairs. Though poor and overcrowded, they obviously did all they could to keep the rooms clean, bright and attractive. The atmosphere of the family was good. Bessie was breast fed for one month, a happy baby who developed normally, was exceptionally clean (except that she had never been successfully trained of napkins), quiet, intelligent and shy, anxious to go to school, but did not do well when there owing to excessive shyness and worry over her bladder trouble; even-tempered and persevering, adoring her elder brother and teased by the younger; had never been to the country or sea or had any contact with animals or younger children.

When she first came to the Institute, she was a neat, well-mannered little girl, clean and well-kept, with a soft shy little voice; showing no reaction to anything and taking everything as it came with the same demeanour; easy to manage and settling down wherever she was put. She was quiet, only spoke when spoken to, and seemed afraid of saying the wrong thing; did not seem particularly interested in anything that she did, but seemed to be observing everything. My theory of this child was that the extreme quiet was associated with the lassitude and failure to resist disease, and that release of one would improve the other.

After her first few attendances the Institute closed for the Easter holiday, and though her diet was altered as much as possible to benefit her vitamin and calcium deficiency, and a week's rest in bed was given her, after the holidays Mrs. 'King reported that her enuresis was as bad as ever though she had been better at the end of term. She was still shy and uncommunicative, but found evident pleasure' cutting up plasticine, and in June began to co-operate better with other children and to seem less like a baby and to do things on her own initiative, and with her change (by request for the first time) to sand and water and making a "world," she had four dry nights, the longest period of dryness since birth.

It was clear that part of Bessie's difficulties was the absence 'in any part of her conscious and expressed emotional life of the aggressive tendency which had shown distinct evidence of being present.

She had a relapse following a fright caused by a thunderbolt falling near the home, and diurnal as well as nocturnal enuresis appeared. At the same time questions about birth and babies and the meaning of physical differences began to give themselves form in her play. She became decided in her opinions, determined as to what she wanted, and successful in. obtaining it, and began to fend for herself and become aggressive. During August we managed to secure a holiday for the family, and Bessie was dry for some time and much better physically, but enuresis recommenced again before the beginning of the autumn term. Her work now began to change, to show observance and a spirit of mockery and she became freer in movement. Her physical condition showed all-round improvement, and Mrs. King reported 'that she was showing interest in things generally and particularly in books and reading. Her school report in November stated that she had improved a good deal and was becoming more friendly and trusting; at the Institute she began to chatter and play easily and to be boisterous, and at the end of

December had the first dry week. In the eleventh month of treatment, the energy release reached its peak and the building up of control was begun, and in June 1931, she was a healthy sturdy little girl, and resisted successfully several epidemics that were prevalent in her street, but the enuresis partly remained.

I became convinced that this arose out of the deep-seated imaginings that she played with inside herself, and which related themselves to her relationships with the family, and this turned out to be the case. She began to do phantasy work, and to draw, and by working out her two phantasies embodying her need for reassurance particularly in regard to her fear of men, (due to the absence of a father and to another terrifying male who existed in her life) she became conscious of them. The enuresis showed marked improvement, and for a while spasmodic vomiting took its place (this was in November, 1931). In March, 1932, just two years after admission, the father appeared for the first time in her play, in which at last the maleness began to vanish and "ladies" to enter into it. At home she was becoming naughty and boisterous. The enuresis returned, further exploration showing 'its root to be real shrinking from the brothers' teasing; this was dealt with and proved the last obstacle. The mother was given a holiday and came back well and cheerful, and Bessie was discharged from regular attendance. She came back to report a short time later and was friendly and independent and self-confident; her imagination flowed freely from one idea to another, and she chattered confidently.

The last report received last month stated that she remained entirely well, had had no illnesses at all, no return of bedwetting, and was getting on well at school.

It will be noted that there are certain common factors in these cases:

(1) The very ordinary nature, the Harris's excepted, of the physical complaint involved in each case and its chronicity.

(2) The absence of any startling aetiological factors in the heredity of the cases.

(3) The fact that these conditions have arisen alongside of and to a certain degree in spite of the use of ordinary, and in some cases even of special, measures for their cure.

(4) The fact that they have all responded to treatment along a combined medical and psychological approach, and that this improvement has been maintained.

It now becomes necessary to examine in some detail the probable nature of the curative process which has taken place, and to see what can be deduced from our observations as to the possible relation of psychogenic factors to chronic disease in childhood. There is no easy answer to the question as to the nature of the process that has been at work, and to pretend

that I can put before you anything complete or defined is to assume a knowledge that we are very far from possessing. The practice of medicine has always found a marked disproportion between the certainty with which a favourable outcome for any given line of treatment can be deduced, and the accuracy and knowledge of the processes by which improvement is brought about, nor are we here in any different case. The tentative hypotheses that I wish to put before you have been drawn from a fair number of years of experiment with this method, and of comparison and standardisation of results gained both in private and in the Institute of Child Psychology, but I can claim only for the theories that I put before you that they are a tentative hypothesis.

In order to put before you this hypothesis, it is necessary to go back a little and to discuss very briefly certain facts concerning the nature of emotion itself as it occurs in childhood. Emotion in childhood has certain peculiar characteristics. Whereas the adult is convinced that the material things of life are real and solid and is apt to give to his emotional experience a second place in the scale of reality, the child feels his emotions as the real world and the only world with which he is familiar and tends to regard the constantly changing outer world instead as unreal. The emotional life and experiences of children fall into three groups: (1) Direct likes and dislikes, hates and loves. Of these the child himself is aware and gives to the observer direct evidence by word and gesture. (2) Intimate and changing actions and reactions between the child and the members of his family group and those with whom he is brought intimately in contact. Of part of these the child is aware, but much of his emotional life in relation to his most intimate circle is hidden in regions below his personal knowledge of himself. Upon these reactions and inter-reactions his later relations to society will be built up. (3) Needs and hungers concerning the world around: him which are implicit in the child's situation, and of which he is unable to give an account. Their existence needs to be deduced from the general facts and behaviours of child life. Such a need for example is the need of the young infant for physical security in early days and emotional security in later life: or its need of reasonable consistency and firmness of handling. No child can state to himself or to any adult that he needs security or dislikes a loud noise, yet recent work shows that absence of loud and sudden noises in infancy and quiet and secure handling are cardinal requisites for development of successful reactions to later life and confidence in it.

Emotion is a universal experience both in mammals and in man. and the life of a child consists in the passing continuously from one emotion to another. An emotion arises in answer to a stimulus which itself comes either from outside, as a sound heard; or an object seen; or from within the body or mind, as a hunger, or a thought; an instinct stimulated or a memory aroused. Once roused, emotion causes in the individual a feeling of tension; tension being unpleasant, seeks for itself an appropriate action by which the force inherent in it may be discharged. Once found the tension disappears and the whole being sinks to- quiescence again. The stimulus may be strong or weak, and emotion aroused over-powering or so insignificant as hardly to pass the threshold of consciousness; the response of the total personality can be of infinite variety; but the pattern of events is always the same. Let us take for

example the simplest form of such a sequence. A gnat bites one, irritation is felt, a quick motor movement and the gnat is eliminated.

In all small children, the paths by which in an adult a charge of emotion can be dispersed, deflected or its direction changed. .are not yet formed. Consciousness is rudimentary and dissimulation has hardly come into being. Strong emotion therefore, when it occurs in childhood has very few lines along which discharge is possible, and the physiological concomitants to emotion, noted by Cannon, have their maximum effect. Indeed, so striking is this fact that all wide-awake observers of childhood have continuously noted that a bout of diarrhoea, vomiting, or a rise of temperature in a small child can be as easily brought about by jealousy or acute disappointment as by the onset of one of the exanthemata. Furthermore, the impact upon a child of adult disapproval cannot be met as it can in later life from within the child by criticism of the disapproval or a reassuring counter-approval of the self. Lack of experience, the small stature and helplessness of the child, the over-powering authority -of its elders, suggestibility and fear combine to make the child utterly helpless in the face of condemnation. Such condemnation produces within the child a disproportionate disapproval of the self, or a violent reaction against authority as represented in the -disapproving adult; both emotions consistently accompanied, as -can be seen in manic and depressive states in the adult, by physiological changes.

Here again a universal psychological law comes into force. It is a common experience of all of us that however much we may ourselves disapprove of appetites or desires that exist strongly within us, or however these may meet with external disapproval, the disapproval, while it may entirely restrain us from outward expression of the desires or hungers in question, is totally incapable of changing or of materially altering the force of the wish itself. Whether in consciousness or unconsciousness this desire persists, and until some way of discharge is found, remains a permanent part of the individual's emotional life. Now, if the wish remains, the emotion connected with it remains also, and by definition, with it the physiological concomitants. On the other hand, so urgent is the child's need for approval and for the reinstating of himself in family life, that all the forces of his nature are ultimately brought into play to bring about in normal children some approximation to the outer conduct desired by authority. By this means the wishes themselves that run counter to the standards prescribed by authority are pushed deep into the unconscious regions of the mind. It is, however, a tenet of all modern dynamic psychology that whether they come to expression or not, such wishes persist in the deeper regions of the mind and exert there a continual and characteristic pressure. It is at least reasonable to assume that the physiological concomitants remain in operation also, and as continuously exert their characteristic pressure. Unless some form of discharge is found, this pressure will continue and will gradually bring about actual changes in the self.

The rationale of all these cases then is the same. The child, faced with a situation, which normally arouses strong emotion, finds himself in a situation in which the emotion aroused conflicts with another emotion of equal strength,

both- seeking expression. Expression to either would involve the annihilation of the other, a satisfactory solution is not possible. The general feeling of the situation becomes that of acute tension and exasperation against life, such an exasperation as might well be expressed by drawing one's nails as it were down the face of life. But the mere concept of such a wish or the idea of such an injury carried out against members of the family to whom he is bound by all the ties of love, habit and affection, would immediately call out a condemnation of such a desire. The child, forced to attack someone, behaves as a small child who is seen slapping herself or her doll in imitation of Nanny's condemnation of herself. Prevented from scratching others by his love of those others, the child turns upon the self that harbours such a desire, and inflicts upon it, in detestation of it, just that punishment which one part of the child wishes to inflict upon its surroundings.

It will remain for the biochemistry of the future to explain by what paths the cellular condition of the skin can be so altered by chronic emotional tension and the inevitable concomitant, chronic physiological stimuli that an irritative eczema could result. But the fact remains that once the emotional tangle lying behind the eczema, for example, is brought to light, realised and exploded, the eczema dies away, and the child states himself as having come into conscious possession and therefore control of the mechanism which gave rise to it.

Every individual child is only possessed of a certain amount of total energy. Energy which is absorbed in the maintenance of desires which remain unexpressed within the personality, is energy withdrawn from normal life. If much of the instinctive and primary emotional energy of the individual be denied expression, a great part of the remainder of the energy of the child is occupied in keeping this insurgent section of the personality under control, and the result is the child with whom we are so familiar, who is limp, bored, open to all infection, unable to be interested for long in anything. Skilful teaching may modify this condition, and alleviate the child's own sense of dryness, but it does not do this any more than temporarily, the fundamental inertia remains. The one thing that can be satisfactory is a removal of this condition, and the restoration to the total conscious economy of the child of that part of the mental energy, which has been withdrawn from it by emotional conflict. It is this restoration to the total economy of the personality of energy that has been withdrawn by interior emotional conflict that is the role of psychological medicine in the diseases of childhood.

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