



PSYCHOLOGY AND MEDICINE.

An Historical Survey and an Interpretation of
their Interrelation.

by

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PREFACE.

Being myself by nature a typical introvert, I was conscious even in my youth of inhibitions to thought and action which were not amenable to reason. Towards the close of the War, and after, I had considerable objective experience of the same problem. I read psychological and medical works but the nature of these functional disabilities was a mystery until I managed to grasp some of the meaning of Freud's works. These revealed the nature of the mental processes involved but not a complete explanation as the agency of the 'Censor' as described appeared to resemble that of Socrates' demon rather than that of psycho-physiological processes, and no attempt was made to correlate the symbolism of the repressed idea with the physiological factors underlying the symptom. A diagram in Professor Bergson's "Matière et Memoire" (p.108) suggested an idea, which, in conjunction with Professor Sherrington's explanation of reflex function, gave the clue to what appeared to me to be a satisfactory hypothesis. This was presented in a paper read before a meeting of the British Medical Association in 1920. I was following up

the subject but I developed symptoms of cortical irritability whenever I had indulged in reading demanding concentrated attention, and I abandoned the attempt. These symptoms have relented in recent years during a new approach to psychology by way of anthropology. In the meantime I continued to take a practical interest in nervous disorders. During the past year I have read as widely as time and opportunity have permitted in order to see if my ideas had any virtue in relation to modern thought.

The main links of the hypothesis were: (1) The physiological characteristics of reflex and emotional responses are the same. (2) An emotion is a complete response of mind and body. (3) Memories and ideas are organised primarily in "layers" in relation to varying emotional tones which have physiological reflexions in the body. (Bergson's diagram is of depths of memory with reflexions in reality). (4) Conflicting emotions, in addition to mixed effects of excitation, may cause inhibition in bodily functions, and mental processes (= Freud's 'Censor') producing unadapted and irrational responses. (5) These effects normally are evanescent but become 'fixed' by a vicious circle of events.

I have found that: Link (1), due to Sherrington, has been insisted upon by Pavlov. Link (2) was proposed

by John Hunter, and defined by Professor Ward. Link (3) has been presented more or less by many authors from the time of Thomas Brown. Link (4) is a proposition which Professor Sherrington denied in regard to the reflex. My defence of it is given on page 64 of this thesis, in the same terms which were included in the manuscript of my original paper. The idea of this proposition originated with Herbart. It has appeared in the writings of modern authors as a general assumption without any statement of the fact that in regard to motor phenomena it clashes with Professor Sherrington's conclusions. Link (5) I have not found expressed in the course of my reading. Professor Janet's conception of dissociation is that of a static process which makes it essentially dissimilar.

The hypothesis as a whole, as far as I can discover, is a novel one. It is the basis of the present interpretation of the nature of functional nervous disorders, which brings the analytical and re-educational methods of psycholotherapy into one system.
