CAMPAIGN TO HANDLE PSYCHOSOMATIC ILLS

A lecture given on
28 July 1964

Thank you. All right, this is the what of the what?

Audience: Twenty-eighth of July.

Twenty-eight July. What year?

Audience: AD 14.

AD 14. Hello.

Audience: Hello.

Now that you're here, welcome.

All right, you're about to hear today, not necessarily the opening gun, but certainly the first official opening gun, on a shot that's going to rocket around the world, that's for sure. And that is the campaign to take over and handle all psychosomatic medical healing in the world. The American Medical Association for some time has been asking for this and so we're going to give it to them.

There will be a textbook on this subject. A popular type, small textbook, which I have just now begun to design, and have it into its writing factors. I've got these various points which are extremely germane to the problem at large and exactly how it goes across and exactly how it fits in and how it can't be challenged in the field of physical healing.

Now, healing is nobody's monopoly. But if it becomes anybody's monopoly, it will be he who can heal who will be the authority. The person who is able to do this should be the boss of it. In other words, if you, an auditor, can heal and Jugblug the big, bad man from Witchdoctorville, with all of his sterling knives and his sterilized nurses—excuse me, that's a mental slip—and he can't do anything about it, why then it's yours, isn't it? It's not his, you see? Now, that isn't some rule that somebody lays down. That happens to be the way the world works.

All right, there's a fellow diddling around and monkey—businessing with a piece of carpentry. You know, hitting his fingers with the hammer and bending the nails and splintering

the boards and dulling the chisels and dropping everything and so forth. And a carpenter comes along and he picks up the hammer and he straightens the nails out and he knocks the boards back together again the way they should be and he fixes up the job and makes it look very, very neat. And anybody who wants any carpentry done, do they call the bum or the carpenter?

That's obvious that that's the way the world works, see? He who can do the job, does the job. And he who can do the job should be the authority for that job. Right? All right, I want to make one point very, very clear instantly and at once: that you know nothing, absolutely nothing, about osteopathy, mending up femoral arteries, pushing eyeballs back into the skull, chipping bones, plastic surgery. You don't know anything about these things. I want to make that point very clear to you. You just couldn't do this if somebody held a gun on you.

It's very interesting. Somebody's lying there with a compound fracture of the tibia—you don't know anything about putting a compound fracture together. You could put a splint on it from your first—aid book or something like that, but from that point on you'd be pretty powerless. Isn't that correct? I'm not being sarcastic.

Audience: Yes.

All right, let's keep that point firmly in mind because it means this: It means when there is an acute injury or illness, acute illness—this word "acute," don't hang up on it, it means immediate, right now, you know? It doesn't mean exaggerated or something like that. Medically, it sim—it means simply, you know, right now and rather temporary. "Acute" means temporary, really, it's—it comes up to a point and so forth.

Now, an acute illness then is one where you get a cold and you get well from the cold and while you have the cold that is an acute illness, correct? When you got a broken leg, something like that, why, you're acutely injured, don't you see? That's not using it in quite the right context, but you—I'm trying to show you where the medical thing is. Because the leg isn't going to be broken forever—the leg's going to be mended, see? You're going to heal; going to get well from it. When you've got—when you've run into a lamppost and so forth and you've got three busted ribs, why, you are acutely injured, don't you see?

All right. Now, if you have illness of an acute, temporary nature or injury of an acute, temporary (using the same word—"acute") nature, that's the job for a medico. You see, he may do it well, he may do it poorly. That's not the point. But he's the authority in that particular field. Nobody can do it better than he can, see? See, he might—he might be stumbling about it but he's still—nobody can do it better than he can. You've got a femoral artery that is pumping lifeblood, and if anybody's going to stop it at all it's going to be a medico, right? That's where he's trained. So in that field there, the medico is the authority and we should actually grant him that beingness.

Somebody comes down with cholera. All right, he's got cholera. Who is the authority in this field? All right, this person is physically sick. Whistle up the medicos. Maybe they've developed something over in the Pasteur Institute or something of the sort that you—that will check cholera. Maybe something has happened. He certainly will know the nature of the disease and know that it's cholera and not a bellyache. Do you see? All right, grant him that authority.

Now, where he errs is trying to take in terrain broader than his sphere of authority. And there he makes a serious error. Because he's a completely lost dog when you get on to the last two brands of illness. There are two other things which happen in illness. Now, I'm not even trying to give you the medical terms of these things, I'm just trying to give you English words that are very understandable. But there's the precipitation of the illness or the cause of the illness. What—Precipitation—what brings it about. What precipitates it. What causes it or what occurs before the person gets ill that makes them then be ill. Do you follow that?

Now, he's only faintly into that. He says, "If you have too much weight you may sooner or later have heart trouble." Don't you see? So he's just faintly into that, but he doesn't even really know that. See? He's faintly into that field. That's the precipitation of an illness.

Actually, the medical term for this is *predisposition.* A person is predisposed to an illness. Something predisposes this illness. The little kid goes out and gets his feet wet and gets a cold. Well, what got his feet wet? See? The rain. See? So this predisposes the child to a cold. But not all children get colds just because they got wet feet. But nevertheless it's predisposition. It doesn't even say that it's going to happen. It isn't bound to happen after this predisposition. But it may occur.

Now, the medico is only slightly into that field—only slightly. He speaks of "preventive medicine." Actually, this is really not in the field of medicine at all, but is in the field of public health and there are very few public health men that are medical doctors. Once in a while medical doctors get into the field of public health, but they're usually engineers and they've been to engineering school and they're public health engineers. And they're the people that see after the water supply and knock off the overpopulation of rats down at the dock and all that kind of thing, don't you see? They're trying to handle bits in the society which bring about illness.

See, if you—if you don't safeguard the water supply, it'll get contaminated. If you don't safeguard the water supply, why, it's liable to go wrong and nobody's going to know about it until half the city is dead, you see? If you don't keep the rats down, down on the docks and that sort of thing, why some ship with a bubonic plague infected rat (some Russian ship, in other words) ties up alongside the dock, why—that, by the way, is more than just a

crack at Russia or something of the sort. It's absolutely true that the public health authorities go stark, staring mad on the subject of trying to get the Russians to de-raticize their ships. Oh, man! And Russian ships are just as determined, "They're our rats. They're comrade rats!"

And they tie them up outside the breakwater very often and they won't even land their cargoes or come near and they try to give the whole harbor—they won't permit anybody aboard to de-raticize them and so on. They act like somebody's doing something horrible to them. They probably think the public health men are FBI agents in disguise or something like this, you know? They're completely mad.

The breeding area, the first waves by the way of—I always think this is amusing—the first waves of rodents in the world came from Russia. It's the steppes—was the genus area of all the rats you notice around. I think that's terribly funny and nobody's ever made any capital out of it. But the Russian today is still trying to hold on to his rats. And the public health men are out there and frankly there isn't a doctor amongst them. They're just engineers and so forth, and they go out and shoot the ship full of cyanide and every once in a while try to also de-raticize some poor stowaway or refugee that has been trying to escape from the iron curtain, just to escape into the hands of some public health service, you know? Crash. Of course, they're deader than mackerels. They bring them out stiff as boards, you know? Stowed away underneath the lifeboats and by the time the cyanide gas hits them, that's the end of it. Pretty grim.

All right, that's predisposition. That's handling the predisposing causes of disease. There are many of these, many of these. The reason garbage is collected in the cities, and so forth, is all under this heading.

Nobody cares that it doesn't look good and nobody cares that it doesn't smell nice. What it got down to is they found out if you had garbage in the streets and an epidemic started, the population had had it. It was, of course, this very thing I'm talking about which wiped out 50 percent of the population of England at one fell swoop here a few hundred years ago. They've still got pits around where they just buried bodies. And when that was over, England was no longer an agricultural nation. And she never has been since. She took to herding and she took to wool and it changed her whole economy. One bunch of rats walking down the side of a ship, down a mooring line, changed the history of England.

So this, of course then, is quite important and a great deal of attention is paid to this particular thing, but it's usually in along physical lines. It's physical, you see? They have to do with germs and water and climatic conditions and not permitting workers, for instance, to work on certain projects (like radium—radium, luminous—dial watch painting, don't you see) and making everybody come in through the society for tuberculosis x—rays and various campaigns of this sort. You've seen these things, they run all the time, all the time. Well,

that's about as far as the society has gone. And that is not the medical doctor, actually, in operation. That is the civic authority trying to prevent epidemics of tuberculosis, trying to prevent epidemics of various kinds and illnesses of various kinds, you see?

Now, let's take after. Now, you see you've got a fore—before; now there's an after. And now, what have we got now? We've got predisposition and then we've got an acute illness of some kind or another. That's two—two things. Now we've got a third thing. And this third thing is *prolongation.* Marvelous long word: prolongation. Perpetuation. They speak of perpetuating factors. They speak of the perpetuation of an illness. But that's the area that we will refer to as prolongation. The illness is prolonged.

Now, what makes a prolonged illness prolonged? Merely that it goes beyond the expected term. So any illness that goes beyond the expected term—and that's a very precise definition—any illness that goes beyond an expected term would fall into this category of a prolonged illness and into the general class of prolongation. You understand that now?

All right. Now therefore, what have we summated here? What have we summated here, before we go on talking about the prolongation? Let's take a look here. And here we have, over here, the situation of—let's say, this is time plotted forward, this way. And these are three periods of time. Indeterminate and we couldn't care less about what period of time this is as long as—for the benefit of man, we'll speak about it as a lifetime or something like this, you see. But in this particular instance, it would be the period of illness.

Now—but that still is not descriptive enough. You'll see why in a minute, because the period of illness can vary, you see? So we've got this period of time here and then we've got this period of time. The first one here is predisposition. This is the period of predisposition. That's predisposition. That's the period of it. All right, now this is the period of illness; acute stage. And this is the illness, you see, and this is acute. Simple as that. Illness, acute. Acute stage. See? And by the way, that is pretty standard. The guy's got a broken leg, they say six weeks, see, before he can—something or other. You see, that's fairly standardized.

They say, "If you have a cold it'll take three or four days to get over it," don't you see? "If you've got the measles it'll take a certain period of time," you see? You got the idea? So that is well established in the field of medicine, because it is their sphere. I bring to your attention they couldn't tell you when illness began to generate—beyond them, don't you see? They couldn't they had no means of any kind of establishing the point at which the person began to predispose toward an illness. Do you see? So this period is completely—this period of predisposition is completely indeterminate in the field of medicine. They have no means of any kind of determining it if they cannot establish it as a disease contact. "He went down to Soho," you'll find them doing this all the time, "He went down to Soho and had some bad fish and that gave him ptomaine poisoning."

All right, that's great. But actually, their statement, "He went down to Soho," does not concern them at all. And they don't know if it's true and they don't know if it's false and they don't know what. He might have got this at home. And you'll hear them going around this point of time of when the illness began to be predisposed, you see? When was he predisposed to the illness? What was the point of disposition?

Well, actually they could maunder around about this for some time. It actually was predisposed when he got the idea two or three years ago that he ought to go down to Soho occasionally and eat fish. But this takes it immediately out of the field of medicine. It's no longer in the field of medicine. Field of medicine begins with imbibing the germ. One germ, down the hatch, see? Now, if they could establish that point they've got it, you see? Then that becomes predictable. They can establish this. They can say that if you get yourself a lot of staphylococcus, why, you're going to have an infection. Do you see this? They then predispose their illness from the point of contact and therefore they could be fairly safe in the field of material healing.

So predisposition in the medical world begins with an indeterminate point where the fellow might have contacted a germ or something of that sort. For instance an injury: the fellow got drunk at a pub and drove too fast and had an accident. So they'll go back as far as saying, "Well, he got drunk at a pub." And they'll say that's—that's predisposition, don't you see, that's predisposition of injury, see? They don't go any further than that, because that's—I mean, point out what's the common denominator here. Even a germ is physical, see? The alcohol that he imbibed at the pub is a physical thing. So they're only occupied with the physical predispositions of illness. And that is the field of medicine in the field of predisposition—is physical. Physical predisposition. You understand, even a germ is physical. See, it has mass and so forth. It's a physical thing. You get enough of them together and they will dance on the head of a pin very nicely. See?

The alcohol at the pub—see, that's physical. It goes *glug—glug,* see? It has fumes. It's recognizable. You can put your hand on it. You can get shortchanged over it. See? You see that?

Male voice: Yeah.

So they're physical here, real physical.

Now, in the field of illness of an acute variety, this again is a physical illness in which the medical doctor is interested. Physical. You're running a high temperature, see? The leg bends in the wrong direction, see? The skull when fractured left a detectable depression. The measle bug bit and now in two weeks this person should be out of the woods or something like this, see? That should be all over, but the bug is—they've even gotten it down to where it's a virus. See, it's a different kind of smaller bug. But it's still physical and all of these

things in illness must be reduced in the field of medicine—and quite rightly, because that's the observable fact—are reduced down to physical illness from physical causes. It's not only that it's a physical illness, it also has physical causes. That's very important. It's a physical illness with physical causes. Remember, on your predisposition I've just told you that you've had—you've had this—predisposition was physical.

In other words, that what began it. The *glug—glug* in the pub, see, that began it. The bug bit, that's what began it. The mosquito went *bzzzzzzn, nnoww—boomp!* Malaria, see? He's got it all figured out, see? So therefore it's a physical illness. Now, let's take up this next long line. I'm beating this to death with you because what I'm actually giving you is not something of interest; I'm giving you something that you going to be using for a long time. And if you don't understand this right on the ball, you're going to be a complete patsy in trying to discuss it with a medical doctor. And that's who you'll be discussing it with. And you may even occasionally be discussing it with a legislative body or a judge. You understand?

So get this down, see. Write it down there in small balls of fire just back of the inside of the skull. Because this is how we make the breakthrough. This is our dissemination breakthrough I'm describing to you. And I'm describing you the elements that make this possible. The frame of mind and the belief of the people associated with this—I'm describing those to you. These things are observable. These things are believed. These things are carried forward very, very hard in the society, and the laws of the society relating to healing are based on what I am showing you at this minute.

Now, prolongation is this next period. Now, this is all very neat. The fellow got well and it all stopped here. And this is why I am—didn't keep talking about prolongation; because you have now run most of the gamut of the medical profession. If he had one operation too many, if they shouldn't have operated, they might have prolonged the illness. The improper treatment, improper care, might have prolonged the illness. And their whole idea on the subject of a prolonged illness would be whether it was treated soon enough, whether it was treated properly and whether or not it developed complications during the period of acute illness. That's what they assign any prolongation to, see?

But they've had it as soon as they get into that field. They've had it. If an illness enters this stage, it's only within very finite limits that they can control it. He had measles and developed complications and went blind or something. And you'll see medical doctors, they all sort of stand with their hands in a reverent attitude: "It's all in the hands of God now. Who could have told that that would have happened," see? That's—that's their attitude toward it. This is the area of total apathy.

What happens after this little boy has had measles for a couple of weeks and all the other little boys that have measles are up there bouncing about and they're all full of snap and

ginger, and it's even got to a point where their mother isn't even being nice to them now, saying, "Oh, Willie, go out and play," you know? What happens? So this little boy—and he's had the measles and he didn't get well. He's lethargic. He's sleepy. He's kind of stupid.

They put this under the head of "aftereffects." But in this particular lineup that is unusual. And at that moment it steps on the banana peel and goes out from underneath. In other words, improper treatment or the absence of treatment and so forth would prolong the illness. Yes, yes, the doctor has that in the field of prolongation. And that's as far as he goes into prolongation. He gives no further thought to this, really. He'll tell you, "Well, you should take a rest," see?

He gives it that much attention and he knows these three factors which I've been talking to you about exist. He knows these factors exist. These factors. And he knows best that a person becomes predisposed to an illness by, let us say, contact with infected persons, by irrational imbibing of alcohol and running his car into a lamppost. You understand? That's how he gets there. Injury, illness is predisposed by physical contact by physical means. That's his educational line. And the illness during a certain period is called an acute illness. He refers to it as acute, not meaning that it is desperate, but simply meaning that it is at—it's going over its temporary peak.

Now let's move this over into the field of Scientology. You'd say the cycle of action of an illness, according to a medical doctor, would be from the period of its first physical contact to the expected recovery. And any illness that follows that cycle of action is well within the medical doctor's control—that is, if he knows what the treatment of it is—it's well within the medical doctor's control. He can do something about it. This he understands. It's that—just that one cycle of action, from the moment of physical contact sliding right on over into the point of expected recovery. Johnny has measles, he expects Johnny in a couple of weeks to be up, popping about merry as a cricket, see? Now, that is his cycle of action.

Now, his cycle of action complicates into just one little additional stage. Sometimes complications occur by reason of absence or poor—absence of or poor—healing. In other words, he assigns prolongation to healing. The fact that an illness is prolonged, extended, moved out into the future—he said, "Well, it was absence of treatment or it was improperly treated or something occurred or some complication occurred." Once more, physically. But at this stage he rather tends to wash his hands of it. He's not quite sure what to do about this. He'll carry on with it. You'll see every once in a while these boys go into a desperate fit in a hospital. I think they did it with MacArthur—General MacArthur. The expected recovery was not there, see? MacArthur reached this period and complications set in. So you'll see them every once in a while do this. They'll go into a hectic fury of new operations. And you'll see operation following operation following operation and they've got him back in the operating room carving out the tibia, see? You understand?

You've seen instances of this. They—at this point, when the individual was first ill of whatever it is, if it was surgical treatment that they were going to engage upon, they said, "Well, that's very easy, you remove the *splene* or something, and then they normally, why, it's expected the person recovers quite nicely. That's expected."

Yeah, but they removed the *splene* and the guy didn't recover. In other words, they've arrived at this point, they've mispredicted in some fashion or other and they've arrived at this point up here without the expected result. And they say, "What I do now?" Well, the poor bloke is in a desperate state because once you've prescribed the treatment and that has run its course, or you've done the operation that's supposed to produce the desired result and that has run its course, you've just run out of textbooks.

Now, you'll see a little addenda occasionally, in the text, and it'll say, "In case—in case the patient turns green, it's because the gallbladder was also infected," see? You'll see once in a while a little notation in the text, but that's about as far as it goes. It doesn't tell you how the operation is going to fail. So this leaves him up riding on his own and here is his point of experience and his point of hope and that sort of thing: it—these things just have to be thrown on the operating table again. So he does another operation, you see? And then that didn't work either; his expected point of recovery didn't come about so he now has to do another operation, do you see? And then he does another operation and unfortunately by this time the patient, under that much operative shock, kicks the bucket. And he's never really noticed that he was fighting shock and mental reaction all the time anyway.

To him, he doesn't even have a word for shock, except a physical thing. Shock to him is a physical thing. It's something happens to the nerves, that's what shock is. A person is startled, or medically—if you—if they try to explain to you what operative shock is, what operational or what they call "postoperative shock" or something of this sort, well, they try to explain it in terms of "Well, the anesthetic must have been too much or it's some physical thing occurred here," see? But he's out of his element. He's gone out of his element. He not only can't prevent operative shock, he can't do anything much about it. The blood lakes in the center of the body, all sorts of weird things occur. The arteries no longer pump blood properly, and they leak and everything starts going to pieces like a punctured carnival balloon, see? What is this? Well, he tries to describe it physically.

Now, his route then is a physical address to the situation from the beginning to the end. So when you speak of illness, how does this register on the medical doctor to whom you are speaking? You say illness and you say healing—you say these two words and the medical doctor at once, instantly and at once, translates this into physical address. That's his basis of understanding.

Well, let's give the bloke some credit for this: Most of them, those certainly that have had experience and are not trying to hold a public front and trying to shake down a government for a whole bunch of shekels that they are going to waste, know they are up against it when they hit this word *psychosomatic.*

Now, psychosomatic is the most abused, misunderstood, turned—upside—down term that anybody ever eared to have anything to do with. Psychosomatic: It means, actually, purely, but not in general usage "the psyche experiencing or in pain," or "the psyche suffering." Do you see that—what they're trying to say? But of course psychology has gotten rid of the psyche very nicely by saying, "Well, we don't use the word anymore and as a matter of fact we don't even know what it means." That's in their own texts. Calling themselves at the same time psychologists, which is quite remarkable because that's based on psyche. *Psyche* is—means "a thetan." It's the Greek word for a thetan. Stop and think about that. It's the spirit. It's the being himself. Not badly misunderstood in the days of Greece, but misapplied since.

So when you say psychosomatic healing, this translates in some wild way to the doctor that you're going way out. He knows that this sort of thing exists. Now, how he comes to believe that it exists, how he comes to believe that there is psychosomatic illness, and how he comes to believe that there's psychosomatic healing, is more than I know since it has never been proven or demonstrated in the entire history of medicine. Field of hypnosis; yes, yes, quite weird. Fellow has a headache, you hypnotize him, say, "You haven't got a headache' " it disappears. Nobody did anything physical to this man. Let's look at where we depart. See, we depart at that exact point where there is no physical contact. Where there is no physical contact, we depart into a realm the medical doctor really knows exists.

Now, what fault does he find with this field? Well, he finds the fault with this field only this: That it encroaches upon his field. He finds the fault that he doesn't understand it and it encroaches upon his field. He doesn't know what it is and yet it's in his road. But I will tell you that the arguments which they use are quite real.

I'll give you an almost verbatim quote from a medical doctor explaining that a psychosomatic practitioner was very dangerous. "The chiropractor," he says, "adjusts the spine. Of course, what these things are," he explains glibly, "are slipped disks." This is an oversimplification if I ever heard one because there's not just disks in that spine, there's about twelve neurones that go down that spine and any one of those can get crowded and perhaps maybe it's all slipped disks which are crowding the neurone, but in actual fact there's a lot of wild things going on. You talk about a spine—of all the complicated pieces of engineering, a spine has got them all beat, see? And a stress analysis study on the spine makes it impossible for one to exist, see? It's got communication cables running through it and everything else, while supporting the body and the head in an erect state. It's quite interesting.

But he says, "The chiropractor fixes up these slipped disks and in six patients this was all right, but the seventh patient has tuberculosis of one of the vertebrae, and the chiropractor adjusts the spine and the patient becomes a paralytic for the remainder of his life. Therefore a chiropractor's dangerous." This is a direct quote, now. The man who said this was just out of medical school so he had the fresh dope.

Their objection to psychosomatic healing only stems from the fact that the psychosomatic healer very often overreaches himself and enters the field of physical healing in which he is not trained and prohibits treatment of physical illness when it exists. And that is the entire argument of the medical doctor against the psychosomatic healer. He has no real other argument. He's got an argument of an economic nature, of course. The fellows might take some money away from him and so forth. But this is his—this is his professional objection.

In other words, the psychosomatic fellow carries too far. He carries over too far into this sort of thing and gets out of his own field and gets into the field of medicine and then throws that aside because he's not trained and doesn't recognize anything in that field. Do you see that? That's his sole objection, so put that down with an underscore, because it's the sole objection. He has no real other objection, except the psychosomatic practitioner attempts to handle things and thus inhibit the proper handling of things which would surrender to physical healing. And that's his sole argument. He hasn't got any other arguments.

But he recognizes, he recognizes something else: That when he gets into the field of healing by the psyche he is in a never—never land he knows nothing of. And part of his argument in this direction—well, a British trained doctor, for instance, has been given six careless hours of instruction in psychiatry. That's as close as he ever came to it. In some hospital, some drafty hospital, standing around, amongst the insane, gibbering and screaming, why he's given six long hours of precise instruction on the subject of this and thus Parliament gives him the right to treat the insane—on six hours of instruction. Now, that's pretty grim.

What do you think of some bloke that has been trained in Scientology for six hours? It would be with contempt, wouldn't it? But give the medical doctor his due—he recognizes his limitations. He knows he doesn't know anything about it.

But he thinks when you speak of healing that you're speaking of physical things. But if you point out to him very carefully that you are speaking of healing by mental means or mental aspects of healing, he instantly gets a very strange look in his eye because he's somewhere else now. You've taken him out of the safe area of "He took a drink at the pub, the drink made him drunk, it upset his perceptions, he drove his car into a lamppost, and that's why he's lying here with three cracked vertebrae in his neck," see? "Now, we have bound him up in plaster and we've given him some sedatives and we've shot him full of B1, and in the course of four or five weeks he will be all right—we hope!" That's healing.

Now, you have these same things. But they are not physical. They are not the same physical actions. Now unfortunately, an auditor, or fortunately, an auditor really can't do anything with somebody who's running a temperature of 104. I don't know if you've ever tried to process somebody with a temperature of 104 and try to get anyplace with this bloke. His present time problem is so howling, his ability to as—is things is so poor, he's so far down the Tone Scale that you practically can't have a process sufficiently simple to undercut his illness. It's almost impossible to get that far down the Tone Scale. You can make maybe Reach and Withdraw from the pillow. But quite ordinarily, because the processing of this person is at a much higher grade, auditors quite commonly don't ever bother to take it down to these lower grades but try to finish off something or get at the source of the thing or something. And they lay a terrific egg. It's something I won't do. Somebody's running a high temperature, I will try to put them into communication at some very, very low level. And if I don't get an immediate and direct response, I simply leave it alone.

In other words, if I can't make my E—Meter howl and sing and needle bang both sides at once and the pc suddenly go, "Oh, that's why!" you know, big cognition and so on, well, if I can't cut in on that at some low level of auditing I just leave it alone. A good way to fail is to try to process an acutely ill person. The reason why is the PTP will inhibit a case advance. And the other reason why is the person has gone far below his common, ordinary or average grade. You see that? He's way down below his ordinary tone level. He's not living now at the same level he was living at. He's very hard to reach, he's hard to get in communication with, you'd have to treat him as though he was a kid or something to get anything at all and he has a hard time as—ising things and so forth. But he's got this howling present time problem.

If you've ever processed a pc for twenty—five hours with a present time problem without happily helping out the PTP or straightening out the PTP on the pc, then you had a stuck graph. That graph didn't move. It didn't go up one iota. And he's more prone to an ARC break while being distracted by a present time problem, so if you also ARC broke him, the graph went down. And that is prognosis of treating people who are acutely ill: very bad. The word *prognosis* is just expecting what will happen—predicting what will happen, see?

Some guy says, "I have a—I—I—I just—I just got this—this—this awful cold, and I'm coughing and wheezing." Well, I've done something for colds, I'll try to do something for it—at a very, very light, light, light level. The cold at once doesn't start to clear up, why I tell him to go take a rest. See, because I know what I'm up against.

Now, you would be very wise in your pcs to whistle yourself up a type of doctor who gives insurance examinations and if somebody wants some auditing from you, so forth, tell them, "Go—good, go on and get a physical examination." The doctor sends him back and he says, "This guy's got acute lumbosis; a howling ease of acute lumbosis." What's your

course of action? All right, he's got a howling case of acute lumbosis. You going to get anyplace processing him? No.

Yes, you could probably fool along with it. Yes, you could do something to it and so forth. But you're—you're taking the long road. This person's actually physically ill, you understand? It isn't the person has migraine headaches, everybody knows this is a psychosomatic illness. The doctor isn't going to even label that. He says he's come back here with acute lumbosis which, as you know, is a peculiarly medical illness.

What you going to do? See, this person ought to be in a hospital, man. You say, "All right, Doc, put him in a hospital. Could—" I'd say, "could you do anything for him?"

"Well, yes, we'd have to feed him up on sum—whum and we have to do a bum—sum."

"All right, good. How long will he be in the hospital?"

"Oh, we'll have to have him in the hospital a couple, three weeks."

You say, "All right, put him in the hospital. Good." Very relaxed, cooperative attitude. Not from any fear of you, but this bird, if anybody can get him over this phase of illness by change of environment by sending him to the hospital or by some other means—fine. That's three weeks we're not going to have to process a pc going uphill the whole way while he's sitting in the chair coughing and sneezing and shivering and shaking and taking his pills every fifteen minutes. You follow my re—line of reasoning

So that's three weeks of auditing you haven't wasted. And whether you can do something for it or not do something for it. The medico says he's got acute lumbosis.

"Is there any cure for acute lumbosis?"

"Oh, yes, we give him—we give him whizzle sticks to *wuff—wuff* on, you know?"

And you say, "Well great, great, great, go ahead by all means, give him whizzle sticks to *wuff—wuff* on." Expected prognosis, three weeks. Good. Fine. "Thank you, doctor."

I'm not telling you this because it's insidious, which it is. This is simply very good sense. Very good sense. You'll have a lot of—lot more wins in auditing if somebody's around that'll take over acutely ill patients or something like this, why fine. Fine. By all means. By all means.

Now, that doesn't say—the guy broke his leg, it doesn't say that you shouldn't drop up at the hospital and give him the Touch Assists necessary to have him recover in two weeks instead of six, by removing the trauma by giving him the Touch Assist, don't you see. That doesn't say you shouldn't do that. This medico says he's got acute lumbosis. "All right," you say, "good." You don't have to know what acute lumbosis is, beyond this fact: Has it got any

prognosis?—and that's the question you have to ask—is there any prediction by which we can get this point, this point—the end point of the illness. Does this end point?

"No," he says, "Well," he says, "tuberculosis of the spine," he says, "the fellow's had it."

"Well, what should happen?"

"Well, he should go to a sanitarium."

"Well, what's—what's the—what's the prediction?" That's what you're looking for, see. "What's—what's this point of recovery?" See?

"Well, there isn't any."

You say, "Well, there isn't any particular reason to treat him either, is there?"

He'll agree with it, "Yeah, that's right. Relatives feel better if you do."

"Well, I wish you'd make it plain to this fellow's mother what the score is, doctor. Let them make up their mind what they're going to do about it. But there's no point of—no—no point of end for this illness."

Don't try to shove it down his throat and give him big sales talk on how you're going to get point of end on that illness because in the first place you're not talking the same language and you're not talking in the same field. So it's utterly pointless for you to say, "Well, I can process this person and get this person over this," and we'll get to talking about this in a minute. It's pointless. It's stupid of you to do so. I don't know why you stand around and yammer at him. You're not talking about the same kind of healing he's talking about, and you can't help but get into a disagreement with the bloke.

He says, "You're going to stand over this guy with hot packs and you're going to give him the shot in the gluteus maximus that's going to get him well?" That's—this is the way it's translating in his head, see? "I just told you that I can't do this and produce a result, and you're going to stand around there with these hot packs and the mustard baths, and you're going to get him well and that? Well, I know it's impossible. So therefore you're a fake. You're a—you're a dunce."

You see, that's his whole attitude. It's just the attitude of outrage. And your attitude will be outrage: "What do you mean—what do you mean I can't process this guy and get a—and get a few things straightened out in his skull plate and get him up on his feet? What the hell's wrong with you, you silly boob? Of course I can. . ."

Well, you're not talking the same language, so of course you're going to get in an awful argument. You're talking in the field of psychosomatic healing. And he's talking in the field of physical healing. That's like a Martian talking to an Earthman about a pretty girl. I don't

know what's a pretty girl to a Martian, see, and he sure wouldn't know what a pretty girl would be to an Earthman. We just wouldn't be talking the same language.

He'd say, "What I really like, what I really like—those lovely claws." And you say, "Claws?" And you say, "The—the—wh—."

And he says, "These beautiful sweeping antenna." You say, "Well, I like nice hair too." And he says, "Hair! *Oooohh!"*

So you don't yammer around like that with one of these boys. He says, "Well, the guy's got tuberculosis and no expected physical recovery." I would go as far as to correct one if he was being too mean to me, I'd say, "Well, you're absolutely right, there is no expected *physical* means of recovery—there's no means of *physical* recovery," you see. I might go that far. But I wouldn't just play dead dog with my paws waving in the air, don't you see. But I'd say, "No, well, I agree that there's no physical—no physical treatment possible for that, is there? Well, then it doesn't matter then whether we really hospitalize him or not, does it?"

"That's right."

"All right. I wish you'd write the family and write me a report to that effect, would you?"

He will. Hell give you a nice factual report. And if you're very clever and you're rather polite, and if you get down these points Ill be teaching you on the subject of these various aspects of this very broad field of healing and the difference between the physical address to healing and—the difference between that and the mental address to healing—if you get these points all down, you'll be pretty slippy. And he'd probably write you in medical terms that will break your skull. Well, go write him back, when you give him a report, well write him back a report with Scientological terms that would break his skull. Don't give him any idea that these are understandable to him. Of course, his Latin wasn't understandable to you, either. I know, I've received some lately. "The *dippajalus went glubla booglegum."* You talk about terminology, man.

Of course, these are the names of things with them, and they're the names of significances and so forth with us. So that even the field of terminology has this vast difference between them. Do you get what I'm talking about?

The guy says to you then, "He's going to kick the bucket, and we can't do anything for him." That's not the time for you to stand and look at him and balefully, and say, "Well, with processing, why, I can do something for him." He knows very well that you're saying "With physical healing I can do something for him"—this is the way it translates, so you're just calling him a no—good practitioner. He knows it's impossible, you say it's going to be—you're going to do it, so he knows then you're a bum. See? Just like you'd know he was a

bum if he was pretending he could do something in the field of psychosomatics. I'd laugh at his face. As a matter of fact, that's why I laugh in his face. Because he pretends in this field today. And he shouldn't pretend. But addressed as an individual in straight vis-à-vis, and even addressed on an association basis, these guys say, "Psychosomatic medicine, that's right, we don't know very much about it. New field." But that's what you're into when you're into the field of prolongation.

Now much more subtly, you're into the field of psychosomatics. Why didn't the guy recover? And this is where your argument with the medical doctor will take on a very interesting note with him. "Why didn't he recover? What is this factor of prolongation of the illness? What is this factor of prolongation? What made this occur?"

And you say, "Well, in actual fact, that belongs in the field of psychosomatic healing. That's where that belongs—an unexpected prolongation."

The old girl had some illness about two years ago and she's never recovered. She got a cold about two years ago and she's still got a cold. The doctor's just given this up, see? He's reached this point. You got it? He's reached that point. The expected point of recovery up here where illness acute is ending, and the person didn't end cycle. Bah! "Now what do I do?" Well, he's got nothing he can do. And there's your wide—open door.

You say, "All right. The reason you can't do anything, of course, is this goes off into the field of psychosomatic healing. And that, doctor, is a very specialized field. You have to be an expert in that field, and you have to be terrifically well trained," which is all very true. "You have to know your business. There's probably some mental condition which is holding the illness in place."

And the doctor will say with a beautiful oversimplification, "Oh, there is some more reason the person doesn't want to get well."

And I wouldn't put up with that or even be a good fellow about it, I'd say, "Well, you could put it that way, I suppose. Actually, it's more complicated than that, doctor."

Oh, he'd agree with that, yes. "Oh, I see, it's more complicated."

He'll be giving you all the patients whose illness has gone back and beyond the expected term of recovery; the people who have moved through this illness acute part of this band, have reached the end of this and have gone right on being sick. Prolongation—right on being sick from there on that he cannot do anything about. And that's got him buffaloed, because it is something that is running forward that he can't stop. It has exceeded his cycle of action so therefore he has become the effect of it. His cycle of action didn't end.

Little Willie had measles. Two weeks, he should be up and merry as a cricket. Two weeks go by, three weeks go by, four weeks go by and little Willie is not merry as a cricket.

Now he has entered this field of prolongation. He's up against this problem of prolonged illness. Not that it's merely a long illness—don't get that in crosswise. It's going on too long. It's going on beyond the time it should have stopped. Why? And of course, the answer is in our hands. See, the answer is directly and immediately in our hands. There are psychosomatic elements—psychosomatic elements that's entered into this case. He can't do anything about it. The immediate response, if you could do something about it, or even say you could do something about it, he'd give you about a third of his patients. They're the ones that don't worry him and don't pay him. He's not doing anything for them, man. They make him feel like a complete fraud. It's those that make him feel like a fraud. Those he can't do anything for. And that drives him right on down Tone Scale. And if he had any help in that direction he would take it that fast. And if you're the expert in psychosomatic healing, in the severest definition of the word—healing by the psyche—medical doctor will say, "Well, why do you suppose this is?"

"Well, I'll tell you, the reason the broken leg there is going on—going on, doctor, is the person for some reason or other has fallen out of communication with the area. The circulation is very bad in that area. He doesn't want anything to do with the area. He actually can inhibit the responses to the area, mentally. He can inhibit blood flow to the area. And if you shift his attention around a little bit on that he might cease to do it, and he'd get—this broken leg would get well, doctor."

Don't try to explain it all the way to him, of course. "I am simply—I'm oversimplifying it. It's more complicated than that," which it is. "I'm just trying to give you a sort of an idea of what, you know, you might See wrong. Just like I can't understand what you did in there with the—with the mallet and so forth, well, I don't expect you understand what I would be doing with the psyche. You see, us specialists have our own compartments. But it's just that he won't have anything to do with the bust, where it's broken there. And we could probably get him to have something to do with that. We'd go into the matter, do an analysis of the thing, straighten it out, figure out what's wrong. And we would get the thing squared around."

Well of course, you yourself have come to realize the complications of the Touch Assist. Well, how many factors are involved in one of these little Touch Assists that we toss off at Level I, you see? What is this Touch Assist all involved with, man? Well, it's involved with GPMs in the first place. There's root words "to reach," and root words "to withdraw." All kinds of things, you see, involved with this thing. We call it very simply a Touch Assist. Actually, one leg will become sympathetic with the other leg. And if you put his attention on the opposite member—you must never give a Touch Assist on just one side of the body; you must give it on both sides of the body—and you find that the opposite side of the body has gotten a block up on the right side of the body. You find these various things where you're

working. Just in the process of working Touch Assists on people you'll discover something very interesting.

A swelling will reduce, reduce, reduce, and then cease to reduce. And then very brightly you say, "Oh well, I remember Ron says you had to do it to the other hand," you know? "Well, we'll do it to the other hand is what we'll do." "What the hell! It went on reducing," see? It was somehow or other locked up against the opposing member of the body the—on the opposite side. And you can't help but observe these things, and you say, "What's going—what's going on here?" And you give a few of these things and pretty soon you'll find out that the bird really didn't have a backache, he had a headache, you know? And then if you were stupid you shifted off to the headache. Of course, if you'd gone on treating the backache he would have gotten the backache back, too.

You have to study things called shock patterns. You have to study—a person is hit in the leg and the shock of being hit in the leg in the engram actually traveled up to the top of his head. And he's still got a picture of the shock, you see, and he's still holding the shock from going up his leg. So as you process him, naturally, you run this engram. And he actually isn't actively doing this, he's merely got the picture of doing this and the picture starts to discharge. And the shock wave that should have gone all the way through and did go all the way through—but he wouldn't have anything to do with it because he'd already decided to stop it, you see—that he didn't, of course, put him into apathy about it. He's still got a picture of all of this, and all his emotional expression. You've got the whole pattern of the actual shock wave that went through his body when he was hit in the foot.

Naturally, you do a Touch Assist on the foot, the guy will sooner or later, if this was a very bad blow in the foot, he'll have a headache somewhere during that period of the Touch Assist. The pattern of the shock waves and so forth run out because, of course, they all occurred. Time didn't stop, he's too deep into his GPMs. Just because he said, "I'm going to stop that pain right at the ball of my foot," well, let's look it over. Did he? No, he didn't. But he put a stop in the engram that's stopping the pain at the ball of his foot, and there's where he's held in the incident. So, you start doing a Touch Assist, you take his attention off of that, you discharge that part of the incident, naturally the shock wave, which actually did occur sometime in the past, then traces on through the remainder of its pattern. And it goes on and runs out. If you run the Touch Assist too long, you put him back at the beginning of the engram again. And it'll run all the way through again.

Touch Assist is a very laborious proposition if you were to run everything out all the way with a Touch Assist, see? And yet it's very safe to do. But if you knew everything there was to know about a Touch Assist and tried to communicate it to a medical doctor—is the only point I'm trying to make to you—while you're standing on either side of this bird's bed, I think he'd be there for some hours. So the best way to do it is just say, "Well, of course, this

is in the field of psychosomatic healing and so forth, and just like I don't know what you did on the operating table with that to begin with, not that you didn't do it all right, of course you wouldn't know what I would be doing to adjust his psyche. And these are both specialized areas and they're very complicated. Just let me simplify it to a point of saying the fellow's fallen out of communication with that member of his body. We maybe have to restore it, maybe there's some ancient trauma there, there may be—may be something there that doesn't quite meet the eye. But we're not trying to get you to understand all this, doctor, because we're not treating you, we're interested in the patient. And we'll see if we can't end this cycle of action on this illness so that it really does reach its end period."

Aw, hell, if you could do that he'd think you were a magician, see? He'd look on you with some awe. You understand what you're doing. Now, you're going to learn this well, because all Scientologists are very interested in this particular line and this is a line that back in Dianetics had more pcs per square inch than you could shake a stick at. And this is what people at Level I are always complaining about. And if you're a very slippy auditor in this particular direction, man, you've got it made all the way through. So you might as well enter the field of psychosomatic healing and work with it.

It isn't a matter of "it's a good way to get patients or make money" and so forth—it's a way that we ourselves have been avoiding. I'd never worked out exactly where we belonged in this particular field. Well, let me point out to you that we do not belong here in the field of physical precipitation of the illness. See, the predisposition, physical predisposition of the illness—that we don't belong in. Physical, see. We don't belong in this period of the acute illness; definitely not in that period. Definitely, definitely not in that period. Guy's got a roaring temperature, we're going to process him—got rocks in your head, man!

If he didn't respond to a little communication and touching the pillow and so forth, leave it alone. You're just going to make him worse. Don't try to process a very ill pc. That goes way back when. It's very reasonable. Why'.? It isn't that you could eventually do something for him, that isn't the point. If you went on on the subject of what has he done for this illness, perhaps you would break through. But actually every question he's answering, he is so distracted. If there's any possibility that in two or three days this person will feel better, well, let's leave it for two or three days till he feels better and then let's straighten it all out. See what I mean? You don't belong in this period of illness, acute.

And as far as prolongation of the illness is concerned, when an illness is prolonged by medical treatment, such as insanity commonly is with electric shock—that insanity is being prolonged because there is the medical doctor trying to enter the field of mental treatment, which he described more or less as treating the insane. We don't care whether we're in that field or not. But he's again got a physical idea that the brain is deranged in some way and he's got to do something physical to meet this physical Condition, don't you see? And he just

misreads this across the boards. He has no right to be in that field at all. And the psychiatrist, of course, is somebody that the medical doctor really doesn't want anything to do with.

The psychiatrist is in the terrible minority. He could even be neglected as a factor in the community. All the psychiatrists in South Africa could be—have been gathered in my small office in Johannesburg. You see, what are these mobs of psychiatrists that we're all talking about now? You'd have had to stack them in there kind of tight, and they'd have all been standing up, but they could have been packed into my office.

The medical doctor's the boy. He knows the psychiatrist is a failure. The psychiatrist is a failure because he never solved the problem of prolongation for the medical doctor. It isn't that psychiatrists can't cure illness—insanity or not cure ill—insanity—an illness he calls insanity. It's not that the psychiatrist can't handle his own field of insanity. No, that—the medical doctors: "Ah, well, that guy's raving, picking bugs off himself, go lock him up in a cell someplace, just get rid of the problem. Get it out of sight of the community and so forth." The psychiatrist more or less follows this Tradition.

But it's that the psychiatrist couldn't come in and take Mamie Glutz who was sick for five weeks when she should have been sick for two weeks and say, "Now Mamie, what cooks? How come you're sick for these additional three weeks? What's worrying you, kid?" The illness is actually now not an acute period. It's died down. It simply didn't end. See, she's still sort of bedridden. She's still lethargic. She isn't up and about and at it. How come?

All right, the psychiatrist did not solve that point for the medical doctor, so therefore the medical doctor has no great love for the psychiatrist and would feed him to the lions at the least excuse. And actually, if you made your position completely clear, and if the Scientologist and Scientology at large made its position completely clear to the medical doctor, and if it agreed to this degree: that somebody's bleeding from a femoral artery is no time for psychosomatic healing; that's for the—the time for somebody with the tourniquet (if it's even possible to apply it) and that you needn't go around trying to treat an obvious physical damage such as a bashed skull with a bone sticking out of it, with a Touch Assist—all you have to do is to agree with that point and then your viewpoint becomes totally real both to you and the medical doctor, see? Do you follow?

And all you've got to do for the medical doctor, as a service, because this over here has another whole chapter with regard to it—predisposition: How do people come—become predisposed to illnesses? You actually know quite a bit about that. You could even go back here and find the point where the fellow made the postulate to have the illness. See, you can do all kinds of wild things on this side of it. But it's no help to the medical doctor.

As a matter of fact, if you knocked out all the predisposition, he'd starve to death. That's no real help, and he—that wouldn't be real to him at all. But this is real to him, he has

his hands on this every day: There isn't a day when he's industriously in the office, on taking calls and so forth, that he doesn't run into this prolongation in some fashion or another.

There's this old lady who is still nagging him. She came to him to get cured of these lumps and she's still got these lumps. And well, he operated on the lumps and he did this and he did that and he finally just got sick and tired of her because she's still got lumps, see? And she's complaining about it and she's yammering and she does show up on his roll books, and so forth. She even pays him money. He'd rather not have the money. He'd rather not have anything to do with this old babe. He's starting to get cross with her, as a matter of fact, and he's getting upset with her and so forth because he can't help her. And yet he's a medical doctor so somehow or another he's got himself into a position where he has to listen to all this, you see? He's supposed to do something about it; makes him feel like a failure and a fake. There's a certain percentage of the practice of every medical doctor is in that Condition.

I'm not saying that you should take over that section of the practice. No, no. I should say you should take over the field and take authority in the field of "psyche—somatic" healing. Psychosomatic healing. Psyche—healing with the spirit and the mind.

It, by the way—just as a slight historical note on the end of this here before I end this lecture—happens to be the oldest kind of healing there is, oddly enough. Magic and so forth all traces along this line. Putting the—painting a stone with the symptoms of a headache or something like this, and then busting the stone or something like this, and very often the fellow's headache would disappear. Treatment by symbological means and all of this sort of thing. It's an old, old, old Tradition. You actually are the old—timer, in actual fact, and the medical doctor is the newcomer.

When Ug was down there alongside the river with a busted leg, the first thought his companions had around him was that an evil spirit must have struck him down and they all cut and run for the hills and they left him sitting there with his broken leg, see? And pretty soon some specialist amongst them, some specialist amongst them would go down—would develop, and he would say, "Well, evil spirits. All right. He must have been struck by an evil spirit. All right." And he would go down and cast the various spells necessary to knock out the evil spirit or something like that, and what do you know, sometimes Ug didn't die. After all, somebody had come back to see what happened to him.

No matter how faint, in other words, their means were and no matter how unreal they were, no matter how effective or ineffective; and remember, they've very often been effective. Actually there are records that show that the healing done by the Amur tribes' medicine men and the shamans and so forth—they got a higher rate of healing in certain illnesses and so forth than has—is commonly achieved in the Western world, you see? So they're not really bum. But they've gone up and down along the line and so on, and you are in the oldest Tradition.

You're in the oldest Tradition. Of course, naturally it's the oldest Tradition, because it's the Tradition of the spirit. And therefore there is a great basic truth sweeping behind your Tradition that—that's all there is there. And you're saying that can heal, see? That's what you're saying.

And the medical doctor's saying, well, he can't do anything, there really isn't one there and there's nobody around, there's nobody doing anything about it. And you've got to shift the parts around. If you shift the parts around and you're lucky, why, they'll go back together again and it will all be all right.

But you are in the older Tradition. And there's no reason why you should not take over. This is just one small section of it. And of course you have areas also whereby the individual is predisposed to feeling crazy and feeling pretty batty and downhearted and depressed, and then this didn't go away for quite a while so you did something about it. Well, don't get your own cycle of this mixed up with the medico's physical cycle of this, you see? And prolongation is where you belong, because that's what worries the world today. That—if you want to do any psychosomatic treatment, why then, the proper course would be to get the individual examined by the medical doctor to find out if he's acutely ill and if anything can be done for that acute illness which is rather easy to do and which comes to a positive end. Do you see?

And then, if you've ruled that out and so forth, why, you pick it up from there—whether you've ruled it out or ruled it in, see? At that point you pick up the case and fix him up so that he doesn't keep on getting these spells or something of the sort. That's psychosomatic healing, you see?

It's a very, very broad field, and we are so broad that we very often fail to realize that there is a field we don't have. We are too cocky in our total ownership of everything and there's a field which we really don't own and that is the field of keeping the artery from pumping when it is severed, and that isn't part of our field, you see? Ah, yes, we can go up along the line and say, "Well, all right, Operating Thetan came along he could fix that up." Well yes, he could mock up a new body for the guy. Do you see, it could—it can go that extreme.

But in the field of the workaday world of the little guy going to work and coming back again and that sort of thing, when he breaks his leg, he wants his leg put back together again fairly straight, he hopes. And there are some people in the society who do that. And we want to know why this guy broke his leg, well, all right, we could inquire why. But we are really not vitally interested and the medical doctor's not vitally interested until that leg, which was broken, failed to heal at the expected period of time. And when that occurred, then that door is wide open to us with a crash, because we are actually the only hope anybody has from that point on. Ninety percent of the broken legs heal, *whir—pop*. And the rest of them, the guy

just goes on limping and limping and he has pains and he has ghost pains in it and he doesn't know what it's all about.

So now I'm not talking about the field of general Scientology practice in this lecture, let me make that clean to you, too. I'm not talking about the whole field of Scientology. I'm talking about just a little particularized field of Scientology that we could call psychosomatic healing. And that's where we belong in the field of psychosomatic healing, that's where we could be of service in the field of psychosomatic healing and that's where we would be accepted—in the field of prolongation of the illness.

Thank you very much.