Hypnotism and its therapeutic uses

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I propose in the following pages to give an account of some of the phenomena of hypnotherapy and of its use as a therapeutic agent, and to describe shortly some of the cases which I have treated by means of it. I shall for the most part confine myself to the relation of facts observed by myself in the various cases I have treated. I shall make no systematic attempt, either from the physical or psychical aspect, to offer an explanation of the phenomena or series of phenomena now classed under the term of hypnotherapy, nor shall I avail myself of the literature on the subject. I may say that my attitude towards the subject, even before I attended Dr. Liebeault's Clinique, was one of decided support to the theory of the so-called Nancy school and since then I have seen no reason for change.

In dealing with a subject like this one has to face at the commencement the difficulty of not having a proper vocabulary of terms to express the various states and phenomena of hypnotherapy. It is, as a science of quite recent date, not only ill provided with a proper terminology, but it has had to make itself
free from much of the jargon and charlatanism which the public exhibitors and "mesmerists" had clothed it with. Owing to this paucity of terms one is forced to a constant repetition of some words. To avoid ambiguity even in these, I shall attempt to define some of them.

The word "hypnosis" is now used to include all the phenomena of the hypnotic state, and of the study of these phenomena—in fact as a generic term to designate the whole science. The word "hypnosis" is applied to the particular psychical state induced by the various methods and is limited to this. It is synonymous with "being in the hypnotic state" "induced sleep" (a term used by Liebaut) corresponds in meaning to hypnosis, and is due to the idea that hypnosis is only sleep artificially produced.

The "subject" is the person in whom the hypnotic state is induced.

The "operator or hypnotizer" is the person who is the means of bringing about hypnosis in another.

"Awaking" is the term generally used to designate the rousing of the subject out of hypnosis. It is hardly accurate, for, although the...
words "wake up" are generally used inrousing the subject, this process does not correspond to the waking of a person out of natural sleep. Suggestions are ideas of various kinds which it is sought to impress on the subject's mind while in the hypnotic state.

The hypnotic state is a certain psychical condition capable of being induced in various ways. It has been known for probably thousands of years but was only brought prominently before the notice of the modern age at the end of last century. Since then both in England and on the Continent, it has been enthusiastically hailed by a few as a curative agent but dismissed contemptuously by the majority as a refinement of charlatanism. Since 1860, however, owing chiefly to the labours of Esbeault-Charest and Bernheim, it has been investigated in a scientific manner and its phenomena and uses are defined that there is no risk of it again being allowed to relapse into oblivion as was done in England 50 years ago even after the striking successes of Braid and Elliotson. But even yet, it is regarded with suspicion in England. It is to be hoped that the report of the Commission appointed by the British Medical Association will do much to dispel such suspicion.
At present, little has been settled as to what the hypnotic state really is and how it is induced. Liebault argues (Le Sommeil prodigue) with great ingenuity and some show of reason that it is nothing more than sleep artificially produced, and in practice as a matter of convenience many have adopted his phraseology. I always talk to patients of "inducing them to sleep" or in the course of this thesis shall use the words sleep, induced sleep, etc. But though there are many points of similarity between hypnosis and natural sleep, they are not, I believe, the same thing brought about in a different manner. Perhaps the definition which is most satisfactory is that of Békheit's—hypnosis, or more accurately the hypnotic state is a special psychical state in which there is an increased capacity for receiving suggestions. And the point out that the state itself is brought about by suggesting the idea of sleep, which shows that suggestion must be effective even in the waking state. This is true means that the explanation of hypnosis is to be sought in the power that ideas suggested to the mind—or suggestions—have to bring about other mental operations.
or produce certain psychical states.

The various investigators at Nancy have all accepted this as the underlying principle in hypnosis, and from it deduce explanations of the many and different hypnotic phenomena. All my observations convince me that this is a perfectly satisfactory hypothesis, and as well, the only one which will comprehend and throw light on some of the peculiar and otherwise inexplicable phenomena of hypnosis.

The states observable in the so-called hypnotic condition are so many and various that were it not for this fore-mentioned underlying unity there would be difficulty in classifying them under one generic term. This common basis is increased capacity for receiving suggestions. The mode of production of all the states is generally the same. It is the fashion to classify these states by arranging them as ascending degrees of intensity or depth of the so-called hypnotic sleep. Though I believe this classification to be arbitrary and not always borne out by experience, it is convenient and satisfactory enough till a more scientific one is decided on. My experience has led me to determine three stages which
can be differentiated from each other with some accuracy. Each of these stages may be divided into two by distinctions which are, however, of not much importance.

I. Light sleep
   Somnolence
   (a) In which the subject can open the eyes easily.
   (b) In which the eyes cannot be opened or only after prolonged effort.

II. Ordinary Hypnosis
    (a) In which the subject is cataleptic but does not obey suggestions for automatic movements.
    (b) In which there is both catalepsy and automatic movements.

III. Somnambulism
     (a) Ordinary without power to carry out post-hypnotic suggestion.
     (b) Where post-hypnotic suggestions are carried out.

Lébeault has seven degrees and Bernheim nine, but it seems to me that—and in the latter especially, there is an over-refinement.
Of division. Doubtless the degrees he makes can be found, but many more might be made if every slight difference were enough to justify additional subdivision. For all practical purposes, the division I have made is, I think, quite satisfactory.

The slightest degree of hypnosis differs so little from the ordinary waking state that it can only be recognised by its effects. The subject shuts the eyes which, however, can be opened with ease; or the operator closes them and keeps them so. There is nothing in his state to distinguish him from a wholly uninfluenced person. He will say he is not in the least drowsy, he can converse as usual, will perhaps repudiate the idea that he is at all influenced. But if some part of the body is gently rubbed, or if the hand is only placed on it to direct attention to the part, and a suggestion is made that a sensation of warmth should be felt there, he may admit in a short time,—in some cases almost immediately,—that it is so. If the part indicated has been the seat of pain, or a further suggestion as to its sensation, the pain will probably be lessened in intensity or may disappear altogether. This will prove that a slight degree of
hypnosis is present. Of course it may exist without these results being achieved, but if so, as no therapeutic purpose can be attained with that degree, it is a matter of no consequence to determine if hypnosis is present or not. There are a few cases in which results may be obtained though this sensation of warmth cannot be induced.

The second subdivision of the first stage is in the main identical with the first, but here the eyes can only be opened with great difficulty, if at all. In the majority of cases this result without any suggestion as to the impossibility of opening the eyes being given, but sometimes a suggestion to that effect is required. The subject may feel drowsy and disinclined to move, yet he may deny that he does so and that he is not able to open his eyes. But he will make no attempt either to move or open the eyes, saying he prefers to lie still. In some cases the subject lies still, keeps the eyes closed and admits that he feels sleepy, and yet the eyes can be opened at once. These two states are so distinct from those that follow and so similar to each other that I have classed them under the one heading of light hypnosis (or slight).

The next stage—that of ordinary hypnosis
is marked off from the preceding by the appearance of a new and striking phenomenon, that of catalepsy. This catalepsy varies much in different cases both in extent and in intensity. In some, if a limb is raised in the air, it will be maintained there for an indefinite time, while in others, in a few seconds it will begin to shake and then slowly descend to its place. In some subjects all the muscles of the body can be affected and a state of almost Opis thotonos produced. I have thought this about in a good many cases. The mode of production of the various cataleptic attitudes is a matter of controversy. Charcot holds that the cataleptic is one of the states that may result when a subject is hypnotised. He would separate it entirely from the so-called somnambulistic state. He describes it as a state by itself while really it is only a sign of a particular degree of hypnosis. It is even only potentially present in this degree, and requires suggestion to bring it actually about. Thus if the arm of a subject who has reached this degree for the first time be lifted in the air on being let go, it will probably drop immediately.
If however the subject is told it is fixed and he cannot move it, it will remain in the position it has been placed in. In some instances the limb may remain fixed even though no verbal suggestion has been given but this can be easily explained. The subject interprets from his arm having been placed in such a position, that it is the operator's wish that it should be kept there and therefore it is. This catalepsy is always well marked in children even when the degree of hypnosis produced is not high. In their case too, whether from a greater susceptibility to suggestion or not, the cataleptic condition of a limb may be generally brought about without verbal suggestion as above described. As a rule the cataleptic condition of a limb ceases immediately a suggestion is given to that effect or when the limb is restored to its original position. This can be done in nearly all cases at this degree without any resistance on the part of the subject. But occasionally the cataleptic condition persists even after a suggestion to the contrary has been given and there is resistance to any attempt to
move the limb from the position in which it is placed. This resistance is usually slight and can be overcome by repeated and firm suggestions. It is in the deeper stages that this last-mentioned phenomenon is more strikingly seen.

The further development of this stage (ordinary hypnosis) is seen when the subject is made to perform some special movement, the continuance of which is enforced by suggestion. Any movement may be suggested, one of the most definite being the turning of the hands round each other. Thus, if the operator take the subject's hands and makes them revolve one around the other, at the same time telling the subject, he cannot cease from doing this, the motion of the arms may be continued for an indefinite time. In some, as in the cataleptic condition, the suggestion soon seems to lose force and the subject and the subject returns the arms to their ordinary position, while in others the movement goes on for a long time. As far as my experience has gone, this stage is not often seen in adults, and if it is the movements soon cease, or require frequent loud suggestions to ensure their continuance. In the
This hand most children who are influenced show this phenomenon. I do not think that this
degree of hypnosis can be classed as more
advanced or deeper than the cataleptic.
This is done by Liébeault and Bernheim with
whom they are the third and fourth steps of
their classifications respectively. It seems to me
that this automatic movement is only a phen-
omenon which some of the subjects in the cata-
leptic stage exhibit. It is certainly not a
transitional stage between that which is dis-
tinguished by catalepsy, and that of so-called
somnambulism. Many subjects pass gradu-
ally from the former to the latter without ever
exhibiting the automatic movements.
The amount of genuine intelligence in this
second stage (marked by catalepsy-automatic
movements) varies much. In some, notably in
children, there seems to be little alteration from
the awake state. The subject speaks, hears and
answers questions, and moves his limbs about
when he is asked to point out a painful spot,
as if he were uninfluenced. But if left to himself
he will not move, or speak, and will either open
his eyes soon, or pass into natural sleep from
which he awakens after a certain time.
In this case the mental faculties are more in abeyance as Liebeault put it, the greater part of the attention (or conscious attention) is withdrawn into the mind, so to speak, and accumulated or concentrated on the idea of sleep, leaving little of it free to become occupied either with external stimuli or other ideas. When such is the case, the subject will not answer unless he is spoken to loudly and repeatedly and then the answer will be indistinct or confined to yes or no. Only movements which may be called partly reflexible as the scratching of the skin if it is tickled will be made.

The third division I have made, called by some the somnambulistic stage is much less frequently brought about than the previous stages and therefore I have not had such opportunities of studying it. It is characterised by all the phenomena of deep sleep. The subject is completely lethargic unless suggestions are made to the contrary. There may or may not be catalepsy and the performance of suggested automatic movements, and— which is perhaps most important of all, there is in the majority of cases no remembrance on waking of any-
said or done during hypnosis. Both the marks of this stage sharply from the others by this absence of recollection on waking. This fact I have found to be fairly constant but by no means an invariable rule. The majority of my cases remembered nothing, but there were others who had a faint recollection of all that had passed or remembered distinctly some one thing that had been said to them. These subjects carry out suggestions made to them much more readily than those in the preceding stages and in them alone can various hallucinations or illusions be caused. Thus all the subjects employed by the so-called mesmerists or magnetisers in their public entertainments are influenced to this degree. The exhibitor while inviting any from the audience to offer themselves to be mesmerised finds out in a few minutes those who are hypnotisable to this degree, and keeping them for the performance rejects the others. I have generally found that this stage of somnambulism is attained to the first time the subject is influenced. I think it only happens very rarely that subjects by repeated hypnosis or by
being allowed to remain influenced for some time, pass from the first or second stage into this latter. It is true hypnosis is produced much more easily after the first time, and subjects if not roused from the first or second stages often pass into what seems to be the somnambulistic state, but this, I think, is really natural sleep. It is proved, I think, by the subject being easily roused by a noise, and by not responding to any suggestions by whomsoever made. I believe in many cases the first stage may be converted into the second by suggestion and repeated hypnosis, and even deep sleep may result from suggestion made to subjects in either of these stages, but as I said before, this suggested sleep is probably natural sleep too.

In this somnambulistic state, I have found that the subject may or may not be in rapport—as it is called—with the operator. One or two of my subjects have shown the phenomenon completely, being quite unaffected by any suggestion made by any person other than myself. But in most cases the rapport does not seem to be complete.
The subject would obey commands given by others, but always more slowly than when I gave them myself and after a certain lapse of time. In other cases, the subject would receive the suggestion, but, instead of carrying it out, would seem to manifest his unwillingness to do so by shaking the head, and assuming a displeased expression. I am led to believe that the "rapport" of which so much is written, can generally be broken down by loud and repeated suggestions given by some one other than the person who has induced hypnosis.

At this stage, as far as I have seen, the subject will never speak, or do anything spontaneously. And they will only, as a rule, commence to answer questions after the first one has been repeated several times. Once they begin to speak, replies are given much more readily, but they are usually curt though sometimes the subjects exhibit a remarkable heightening of the perceptive faculties. A young woman whom I used as a medium in some experiments on the "transference of disease" often gave answers, which in some instances showed a power of deduction she did not possess when uninfluenced. This intensification of the sense-perceptions has been much studied on the Continent and has shown...
to exist sometimes to a marvellous degree. And this affords an easy explanation of many of the cases of Clairvoyance, thought-reading, etc., which have hitherto been often quite inexplicable.

But the subjects will not only speak, but will perform movements or rise and walk about if told to do so. In fact it is easier to induce them to do this than to respond to a question. The eyes are generally kept closed even though the subjects move about, and they manage to walk without coming in collision with anything. They turn when a wall is reached, and go in another direction, and they will return at once to their seat if ordered to. I do not think that the sense of sight is used at all in these cases. The subjects walk slowly and hesitatingly as if they feared to run into some thing, and sometimes they come to a halt and refuse to move further, and have to be led back to their seat. I have also made experiments to try and ascertain if the subjects were using their eyesight. I told them to awake immediately, I stood before them and made passes, or held a coin before their eyes, but this has had no effect. On the other hand, if they were told to wake when they felt a
...oin pressed on the forehead, they would do so at once. I have had a case where the man, on being told to walk, opened the eyes immediately he arose, and shut them again on sitting down. If subjects are told to keep the eyes open, it often has the effect of causing them altogether. At this stage the subject would wake by themselves and if left unroused pass into natural sleep.

But the most extraordinary phenomenon occurred in the somnambulistic stage, and one which distinguishes a small minority of the cases is the so-called realization of post-hypnotic suggestions. I have met with only a few cases of this character, and one or two alone showed the phenomenon to the fullest extent. In the completed form, not only does the person after waking perform any act which has been suggested to him, but he can be made the subject of positive or so-called negative hallucinations and illusions. Perhaps the most curious thing about this phenomenon is the way in which the subject addresses reasons for his actions when asked why he did this or that. However ridiculous the action may be, he will bring forward a reason which is apparently quite satisfactory...
to himself. One of my subjects however, after on
several occasions having supplied reasons of
her own for carrying out these suggestions
either by induction or by being informed of the
modus operandi, on the next occasion, said
that a voice, which she thought was mine,
had told her to do what she had done. At this
time she said the voice was that of another doctor
who was present, though I myself had
given the command and had also sugges
ted to her that she should remember nothing on
waking. This led me to believe that she had
penetrated the real cause of her acting thus,
though her natural inclination was to believe
that she had determined on the action her
self. This same subject could be suggested
the delusion that a person who was in the
room was not there. On being caused and
asked if such a one was in the room, she
would declare that he was not. The curious
thing was that if she were told to look
round the room for the person, she would
carefully avoid turning her eyes in the
direction in which he was,—giving some
support to the theory of one observer that in
such a case, the subject—is quite aware
of the presence of the person whose absence is suggested, but to please the operator, will not see. There seems some probability in the idea that though the subject is focused, there is a lapse back into the hypnotic state when the time comes to carry out the post-hypnotic suggestion and thus all so-called post-hypnotic phenomena take place when the subject is hypnotized. I have found that some of my subjects, on being told "to awake, carry out some suggestion, and then go to sleep again," on being roused the second time, have completely forgotten what took place in their former "waking" state, and yet the process of awakening was identical with the time.

On the other hand, sometimes the subject, in carrying out such post-hypnotic suggestions, is undoubtedly perfectly conscious and uninfluenced. One interesting case of mine was a woman who carried out an elaborate post-hypnotic act, and who a month later, finding herself without my intention or knowledge in precisely similar circumstances, went through exactly the same act—proving the persistence of suggestions in some subjects.

These post-hypnotic phenomena present a large and intensely interesting field for psychological research.
My first experiment in hypnosis was made in November 1889. I had been attracted to the subject by a read of some cases treated by Dr. Lloyd Tucker. At that time I knew nothing of hypnosis by verbal suggestion but was aware of the method of induction of the state by fixing the eyes on some object. In the first case that I tried, hypnosis was induced in about five seconds by making the patient look at my forefinger, having previously told him that by doing this he would go to sleep. Till I attended Dr. Liebeault's clinic, I always used this method, making the subjects stare at an object held close to the eyes till the eyes closed of their own accord. I made no suggestions as to sleep coming upon them, though I assured them before beginning that the staring at the object would induce sleep. In several cases the eyes did not close till after the lapse of 10, 15 or 20 minutes. This often made the subject complain of waking that the eyes were strained, and I found it very fatiguing holding an object so long in one position. I have used various objects—glass buttons, silver coins, etc.
and found that they inspired more belief than
the mere looking at one of my fingers.
I was impressed by Dr. Rubault's induction of
hypnosis by verbal suggestion. He hardly
ever uses any other method, only in obstinate
cases resorting to fixation. But, though impres-
sed, I believe that hypno-fascism are not so
easily influenced as the more excitable and
nervous French. What seemed to me a proof
of this occurred while I was at Nancy.
An American lady, a most intelligent and
highly educated woman had come there
to try if hypnosis would have any effect
on the migraine from which she had suf-
fereed all her life, and which had re-
sisted all other treatment. She was not
anxious to be hypnotized and had attended
Dr. Rubault's Clinique for some days and
seen him at work. On one of the days I was
there, he essayed to hypnotize her. He closed
her eyes and for about twenty minutes
made various suggestions to produce hyp-
nosis but without avail. That same day
I got her to try fixation method, using a
knife on my watch, and in two minutes
she passed into ordinary hypnosis.
since my visit to Nancy, I have induced hypnosis with remarkable ease in children by verbal suggestion, but with one or two exceptions have failed to do so with adults. My method now is to cause fixation of the eyes for a minute or two, at the same time suggesting the oncoming of drowsiness and sleep, and at the end of that time to depress the eyelids with my fingers. If they are raised again, I direct the subject to continue the fixation, and after a short time, again close the eyes. In nearly all cases this is sufficient. I find now that half a minute is often a sufficiently long time for the fixation to continue, and the eyes can be closed then. Sometimes when the eyes continue to open after they have been closed, it is well to keep them shut by the fingers for a short time and at the end of it, or removing the fingers, the eyes will remain closed. After a person has been once influenced, the subsequent induction of the state are brought about much more easily. In many cases the mere closing of the eyes accompanied by the command to go to sleep, is sufficient.
In every case, it is well to persist for at least ten minutes before giving up the attempt to induce the state by fixation. Some cases are refractory on the first attempt but yield to the second or subsequent attempts. I have found it wise however, to try every means to induce hypnosis on the first attempt, because, if it is abandoned as useless at the next trial, the subject is influenced by a counter-suggestion to the effect that he cannot be hypnotised and this may increase the difficulty of doing so. Various other means may be tried such as passing friction on the forehead or gentle stroking of the face, which latter I have found very useful. But I have found that the most potent means for bringing about hypnosis is to show the subject the process in another individual. In many cases, the difficulty in producing hypnosis arises from the person believing that they cannot be influenced, or that there is some quackery in the matter. They perhaps fix their eyes for a minute or two, and then assure you that they do not feel in the least sleepy and that they are sure they cannot be influenced. The auto-counter-suggestions
cannot be overcome by your attentions and the attempt has to be given up. But show them the induction of the state in another person and get the hypnotised subject to describe to them his feelings while being sent to sleep and during the sleep, and probably, being convinced of the reality of the thing, they will be easily influenced. Then next the attempt to do so is made. This is especially true of the uneducated who have never heard of hypnotism or even "mesmerism or animal magnetism" and to whom the idea of being sent to sleep by looking at a button, is absurd. On the other hand it is in many ways an advantage that the subject to be hypnotised be ignorant of the process. One who hears of it for the first time and accepts it as a new way of going to sleep is much more easily influenced than another who has read alarmist articles on mesmerism or seen public exhibitions of the same and who is afraid that his will may be taken away" or that he may not be able to be awakened.

Nervousness which leads to the subject being unable to concentrate the attention is one of the chief counter-suggestions which prevent
hypothesis. If a patient is very nervous, it is better not to press the matter, but to explain the simplicity and harmlessness of the process, and then allow him a day or two to think it over. He will probably by that time consent willingly to be hypnotized. If another person can be hypnotized and then awakened in his presence, it will do much to remove any fear. Even if a subject is influenced to the stage of ordinary hypnosis, the nervousness may persist, and to a certain extent may antagonize any therapeutic suggestions. As a rule after the state has been once induced, there is no difficulty in reproducing it. I have had, however, one or two cases who have been less influenced after the first time.

On the other hand, some cases become very susceptible to the suggestion of sleep. I have had patients all of whom were females, who would pass immediately into profound hypnosis if I waved my hand before their eyes, or if I merely gave them the command to go to sleep. This susceptibility, when increased to such a degree, is not without its dangers. Such a person might be easily influenced by anyone or might
fall spontaneously into the hypnotic state by the chance fixing of the eyes on some object. Some of the women used as mediums at Dr. Luigi's Clinique pass into hypnosis at the command of any stranger, and have been known to do so while gazing at some object in the street. This susceptibility to be influenced by anyone might be guarded against by giving the subject while hypnotised the suggestion that he or she cannot be "sent to sleep" by anyone but the hypnotiser himself. Bernstein recommends that this should be done in every case to safeguard the subject and with it the further suggestion that no one, not even the hypnotiser will be able to influence him (the subject) unless he consents to it. This ensures to the subject his perfect freedom of will however deeply he may be hypnotised, and does away with one of the most serious objections to hypnotism from the legal point of view.

I have ascertained practically that this protection of the subject from outside influence is perfectly effectual. I have tried without avail to influence a very susceptible subject who had been hypnotised many times by Dr. Lloyd Tucker, but who had been told this
while in hypnosis that no one else could send her to sleep. I have seen the same in one of my patients. However, it is only those who reach the somnambulistic stage who are really concerned for with the others who are in the vast majority it is impossible to get suggestions they object to carried out.

With regard to environment while producing the state, many subjects can be influenced anywhere and with almost any surroundings, as for instance, sitting upright on a chair among a number of people. It is best, however, to have the subject in as comfortable a position as possible where all the conditions are conducive to sleep. In many cases too in which hypnosis is gradually coming on, only a very slight stimulus will bring the subject back to the waking condition. Thus if the eyelids are touched by a cold hand, or the operator speaks in a loud voice the intervening hypnosis may be banished. Sometimes too, in a case where the subject is sitting up, the relaxation of the muscular system which comes on causes the head to drop forwards or backwards and this makes the subject start and wakes him. And it is often impossible to induce hyp.
on that occasion after the subject had been thus once roused. Again, the presence of a certain individual will sometimes render it impossible to bring about hypnosis in a subject and altered surroundings may have the same effect. Thus two patients whom I had often before hypnotized, I failed to influence when determined to do so in the consulting room of Dr. Hack Tuke where I had brought them to illustrate some of the phenomena of hypnosis. But the most obstinate and insurmountable obstacle to the induction of hypnosis is a certain unconscious and unentrollable opposition to it on the part of the subject. I have observed this in several patients and have studied it somewhat minutely. These patients have either been sceptical about hypnosis or at some time have been strongly prejudiced against it. But at the time the attempt is made to influence them they are willing even anxious to be hypnotized, and carry out strenuously and patiently all they are instructed to do. There is seen in them what might be described as a combat between the parts of their nature—the will which is submitting itself to be influenced and a certain autonomic force, the seeming
result of the former hostility or scepticism. Thus, after a certain period of fixation of the eyes, the subject, from fatigue, feels compelled to close them, and were it not for this opposing influence would probably pass into some degree of this of hypnosis. But the closing of the eyes seems to release the latent opposition and the eyelids may be rapidly raised or partly raised. This may occur again and again. If the eyes are closed by the operator, this appears to pro-

The resistance more than ever, and if he keeps them closed by his fingers, he can see and feel the strenuous efforts made to raise the lids. If the subject be influenced to far as not to be able at the time to raise the eyelids, a verbal suggestion to help more deeply, or to do something will cause the eyes to be opened again. If it be attempt-
ed to move one of the limbs, the subject, even though influenced will, unlike the ordinary case, resist strongly, and yet all the time he will assure you that he is sensible of being hypnotized. In some of these cases the opposition grows less on repeated attempts, and the subject yields at last, while in others it augments, and thus renders all
attempts at hypnosis ineffectual. It is always well, after the subject has been hypnotised, to give him the suggestion to be quite composed and comfortable, especially when there has been nervousness which continues to manifest itself after hypnosis. This places the subject in a favourable condition for receiving therapeutic suggestions.

The so-called “awakening” of the subject in the great majority of cases presents no difficulty whatever. The command, or rather the suggestion to awake—to open the eyes—is nearly always obeyed at once. In most cases too, the so-called “awakening can be brought about by others as well as by the hypnotiser himself. If anyone calls the subject by name, he will probably awake if he is only in the slightest stage of hypnosis. If the hypnotic state is deeper, the suggestion to awake will have to be given though it matters not by whom, and it is in the somnambulistic stage alone, that the subject can only be roused by the person who hypnotised him. I have had several cases in which the suggestion had to be repeated a few times before the subject was roused. All these cases had reached the third
stage and had no recollection on waking. The explanation of this seems to be that the mind of the subject is concentrated on some idea which has been suggested to it, and thus takes no notice of a new suggestion. It is only when this latter is repeated and emphasized that attention is paid to it. In two or three cases of mine, the subject has awakened but has not been able to open the eyes. He has fully comprehended the suggestion to awake and is therefore no longer under hypnotic influence, and yet the eyes will not open. It is ludicrous to see the attempt to open them and the subject himself realizes fully the absurdity of it, laughing and saying that the eyes will not open. Here it is well to suggest to the subject to do something, such as to count up to five, and that then the eyes will open. In these cases, the reiterated command to open the eyes will usually fail. I do not know if this phenomenon is seen oftenest in subjects who have been hypnotized by suggestion, but it may be due to the eyelids being fatigued and so causing an unconscious suggestion to the effect that the eyes cannot be opened.
which suggestion persists for some time even after waking. In many cases, if the subject is awakened suddenly, he complains of feeling tired and drowsy. In some I have had, the subject said the legs were weak, and in one or two there was profuse sweating on awakening. When hypnosis is induced by fixation and has occupied some time, the eyes may be very strained and tired. All these and any other bad effects that might arise can generally be avoided by making suggestions as to their absence before the subject is awakened. Thus I tell every patient I influence, before ending the hypnosis that he will be quite happy and comfortable when he wakes, will not be in the least sleepy or drowsy, and that the eyes will not be tired. This may not entirely remove these bad effects, but it reduces them to a minimum. I have found it most satisfactory to awake the subject by the method recommended by Bernheim—to tell the subject to count ten to twenty, preferably aloud, and then awake, or to awake after the hypnotizer has counted up to a certain number. This seems to allow the subject to prepare, so to speak, for awakening
and to rouse himself instead of being roused. The same contrast is seen when a person is roused suddenly out of natural sleep, and when he is allowed to awake spontaneously.

Siebeault finds his patients faces tell him at the same time to awake, but they often look dazed. In the majority of cases, however, it is best, if possible, to allow the patient to sleep some time before he is awakened, or to let him sleep till he wakes spontaneously. This I have found happens in from ten minutes to three or four hours after hypnosis has been induced, unless suggestions have been made as to the duration of the sleep. It is agreed that suggestions are retained more firmly when this is done. The longer the mind is diverted from all other impressions and thoughts, and directed solely to one idea, the more firmly this idea becomes impressed on the mind.

In many cases, however, it is impossible to allow the subject to sleep on. It cannot be done in the consulting room, or the patient may not be able to afford the time. In some cases the operator wishes to ascertain at the time what effect has been produced, and so has to rouse the subject.
An important question is what is the degree of hypnosis necessary, before therapeutic suggestions can be given with the hope of their producing an effect. Bernheim and the Nancy school hold that results can be obtained even in the very slight degrees and that in some cases suggestion actually is effectual without hypnosis. I am inclined to think that while a few cases of rheumatic and neuralgic pain can be benefited though only the slighter stages are induced, as a rule a deeper hypnosis is necessary. Unless the subject is unable to open his eyes when it is suggested that he cannot do so, I would not consider the hypnosis sufficiently deep, in most cases, for therapeutic purposes. There is no doubt, however, that the subject may be influenced and yet perfectly able to open the eyes. In the former stage the subject often declares he is uninfluenced, and is much surprised when he finds he cannot raise the eyelids however much he may strive to do so. While this stage may possibly be sufficiently deep therapeutic results are obtained sooner if the hypnosis is more profound and to it is always well to try to attain to a stage of
greater intensity. In cases where the primary hypnosis is slight, it can, as a rule, be deepened by suggestion. The subject should be told to sleep more deeply, and the addition of some prolonged gentle stimulation of one or other of the senses aids the suggestion. Thus the hypnotizer can keep repeating in a monotonous voice—"go to sleep" or "sleep deeper," accompanied this by slight friction on the forehead or stroking the face with the hand. The mere continuance of the hypnotic condition generally also intensifies the sleep. While the patient is hypnotized it can also be suggested to him that at the next seance he will sleep more deeply and this often follows. Though the first and second stages are usually sufficient for therapeutic purposes, there are some cases in which no result can be obtained with the subject only thus far influenced. These cases should not be given up till an attempt has been made to induce somnambulism. If this can be attained to, a cure may be effected in cases which remained quite obstitute to suggestion before. As I have already stated I do not think that subject, who in the first seances only reach the first or second stage
Often on subsequent sances, pass into somnambulism. But if the sometimes do, and when required, it is well to attempt to bring it about. This in adults, may sometimes be done by moving one of their arms to and fro for some time till it becomes an automatic action on their part. This production of automatic movement seems to have an influence in deepening the hypnosis.

An important point is to be able to distinguish between hypnosis and the simulation of the state. This simulation may be conscious, as I have seen it in children who became tired of the fixation of the eyes, or who did not wish to be treated. Or it may be unconscious. This last occurs in subjects who are perhaps very anxious to be cured, and so wish strongly to be influenced. They may have seen other subjects hypnotised, and think that if they imitate them, the hoped-for result will follow. Thus they may close their eyes, maintain their limbs in any position they are placed in, continue some automatic movement suggested to them, and after going through a process of seeming awaking, affirm that
they feel better. This may be done in some cases too from a desire to please the hypnotist. It is by no means easy in some of these cases to decide if the hypnosis is genuine or assumed. There are, however, some indications which may be of help in determining this matter. When the subject is hypnotized by the fixation method, the upper lids drop in a slow hesitating manner, and may be raised several times before they close finally. There is a peculiar fibrillary twitching in the upper lids, which seems to me to be helpful to a certain extent in determining the existence of hypnosis, though Moll and other authorities think it has little significance.

In the first stage where the subject ought not, if influenced, be able to open the eyes, he may be told to try and do so. The stimulus will probably open his eyes slowly as if he found difficulty in doing so. In hypnosis determined efforts may be made to open the eyes, the corrugator supercilii is contracted, the eyebrows elevated, and the forehead wrinkled, but the eyelids are not moved. In some cases after repeated attempts the lids may be raised a little, but a renewed...
suggestion as to the impossibility of keeping them will cause them to fall again. In the second stage, simulation may generally be detected by the impossibility of a person uninfluenced maintaining his limbs for any time in a position which entails great muscular strain. If a subject in catalepsy is lying on his back, both the legs may be raised in the air, and will remain there for a long time without causing much apparent muscular fatigue. The uninfluenced person will not be able to do this for long and will do it with evident effort, the limbs trembling. If this does not seem to furnish sufficient proof the whole body may in some cases be thrown into catalepsy and then the subject may be raised perfectly rigid by one person supporting the head and another the feet. This would be a convincing proof that the subject was hypnotised as no uninfluenced person could maintain such a position. In the deeper stages it is sometimes impossible to produce catalepsy but then there is generally anaesthesia of the skin or mucous membranes either existing spontaneously
or capable of being produced by suggestion. This can be tested for by pinching the skin, by introducing something into the nostrils, or by making the subject inhale the vapours of ammonia. But it is by no means an invariable rule that there is spontaneous or suggested anaesthesia even in the deepest hypnosis.

On the other hand, one is sometimes apt to be misled, and to think that the subject is shamming when hypnosis really exists. A person in the lighter stage of hypnosis is quite capable of answering and even of asking questions and of directing the operator's attention to any painful spot. In the deeper stages the subject can open his eyes, as if awakened—though usually he does not, but if observed his look will be seen to be a vacant stare. He may laugh if he be tickled, if any ridiculous suggestion be made to them, or some unique form that seems to him the absurdity of the process. It has often been hastily concluded from this that the subject is simulating. I had a boy under treatment who used to keep his eyes closed when I was near, but if I directed my attention elsewhere, he would open them.
and laughed to a friend in another bed. Yet immediately after this, he passed by suggestion into a perfect catalepsy. In some cases too, though the subject is influenced to the second stage, the suggestion to perform any movement such as walking or lifting a weight will cause them to awake. If in these cases the eyelids are closed with the fingers and the suggestion given to sleep on, the subject will return to the hypnotic state. There are other cases where the subject seems to awaken spontaneously without any suggestion having been made. When this happens, it is usually when the operator has ceased making suggestions, and it may be that the subject interprets this into a suggestion to awaken.

It is important to ascertain what proportion of people are capable of being influenced. If only a small number can be, then hypnotism would necessarily play a very small part as a means of therapeutic treatment. It has been maintained and is still done so by Charcot, that only those with a hysterical tendency are able to be hypnotised. Were this so, it would reduce the people who might be treated by this method to an almost insignificant
number. From what I have seen, the facts seem to point to the exact opposite. Far from hysterics being the only ones it is possible to influence, I have found that in general, they are more difficult to deal with than any others. In the first place, it is generally hard to hypnotise them. The attention in such cases is easily diverted from the suggestion of sleep, making it difficult to bring about hypnosis. This difficulty is met with to an even greater extent in the case of the insane. In one case of melancholia with functional dumberes which I endeavoured to treat by this method I found it impossible to make the woman attend to what I was saying or keep her eyes fixed for more than a few seconds. I have generally had a similar result in cases of hysteria or insanity. In the other hand I cannot induce hypnosis with great ease in intelligent middle-aged men whose it would be ridiculous to suspect of any tendency to hysteria. But even were it true that hypnotism was only applicable in hysterical cases it would be a valuable addition to the treatment of a disease which often baffles every endeavor of the physician.
My belief is that if the suitable method be employed nearly every individual is capable of being influenced to a greater or less degree. It has often been hastily concluded when one method has been tried and has failed, that the subject is incapable of being influenced, and yet by another method, or by another operator, hypnosis could have been easily induced. I think the percentage influenced depends greatly on the operator. While it is recognised now that the induction of the state is not due to any subjective (or as it used to be called magnetic) influence of the operator, the fact remains that the dexterity and confidence of bearing won by experience, place one operator at a great advantage over another who may be unacquainted with many of the little details necessary for success. The observer states that he cannot influence more than 2 p.c. of the individuals he tries. Bernheim and Lillicraft influence nearly 90 p.c. of their patients and often have been even more successful. When I commenced to practice hypnosis, I failed in many cases to bring about the state and in others I only succeeded after repeated attempts and long tedious seances.
Now I never try, unless compelled by circumstances, to influence a patient till I have shown him the induction of the state in another individual, and in the last fifty cases I have had, I have never, with one exception, failed to produce hypnosis at the first seance. All my failures have been in cases where it was not possible at the time to show them the process in other cases, and some of these have been early influenced later, after being present at a seance. But even in cases where it is not possible to demonstrate hypnosis in another, I have found that experience has enabled me to induce the state much more quickly and certainly than when I began to practice it. Most authorities agree that children between the ages of eight and fourteen, with hardly an exception, can be influenced, and in my experience I have found this to be the case.

It is right now to consider the objections to hypnosis. Even though it is beginning to be admitted that striking results may be obtained by the use of hypnosis as a therapeutic agent, so many objections have been urged against it that the present attitude of the medical faculty and the general
public towards it is one of suspicion and reserve. The objections, as far as I have made out, group themselves into two classes, dependent on whether the individual is influenced by himself or his attitude toward the public is considered.

As regards the individual, it is held that hypnosis is detrimental to the mental faculties of the person influenced. At the 1896 meeting of the British Medical Association, Dr. Norman drew a terrible picture of the appalling results that had followed the limited and would still more follow the general use of hypnosis — the asylums crowded, the hospitals filled and crime springing up on every side. As the subject has been so little studied in England since the time of Braid and Elliott, there are not much data to prove that such assertions are utterly unwarranted. But those observers in France, Holland and Germany, who are entitled to speak with authority on the subject, utterly repudiate that hypnosis, if properly conducted, causes injurious effects to the mental powers. My experience in over 120 cases leads me to the same result. I have never yet observed
anything or heard any complaint from a patient which would make me think that the mental powers had been disturbed in any way. I always ask the patient—though taking care not to give them even in the waking state a suggestion to that effect—if they have felt giddy, pained or disturbed in any way after they were awakened, and with one or two exceptions they have answered in the negative. Sometimes subjects have felt heavy and drowsy for a short time but that soon passes off. One boy complained of a pain in the head after he had been hypnotised but that was quickly removed by suggestion. Beyond these immediate and trifling effects, I have never had any complaint or seen any reason to derive from the treatment by hypnosis of any patient. One case which I shall mention later made me rather anxious at the time, but I am not sure if my fears were not unnecessary. It has been stated that attacks of hysteria epilepsy might come in in hysterical women while in the hypnotic state. But I have never seen any indication of such a result in the cases I have treated. But even though this be true, as it is said to be also in true epilepsy, where hypnosis...
is stated to sometimes precipitate a seizure, it had
not be laid stress on, if, as often actually, happens
much benefit is derived from the treatment. It
is quite reasonable to suppose that disquieting and
disturbing suggestions could produce a state
of excitement which might lead to serious
disturbance of the mental balance, but such
suggestions are never called for in therapeutic
hypnosis and should never be given.
Many instances are recorded in which much
harm has been done to individuals by so-called
magnetisers who have compelled them to
perform all sorts of ridiculous antics in pub-
lic, or have given them exciting and terrifying
suggestions, or in deeply influenced subjects,
have made do things against their will
post-hypnotically. In the few cases I have had
where post-hypnotic suggestions have been
continued, there have been no subsequent
bad results, though Dr. E. Tucker has told
me that often the realisation of these sug-
gestions is followed by a sense of depression and
fatigue, and the patient has been sleepy
and unsettled for a day or more.
There is apt to be some confusion between
suggestions which are realised post-hypnoti-
cally
and those which are so to speak projected from the hypnotic into the waking state. The aim of all therapeutic hypnosis is that the effects of all suggestions given during hypnosis should continue after the state is ended, but this is quite different to the giving of a suggestion that some specific act should be performed after waking. For example in the former case, a lame patient would be told that on waking he would be able to walk better, while in the latter, the command would be given him that he should get up and walk after he came out of hypnotic. The first would receive only an impression which in many cases he would not be conscious of getting or possessing, while the second would at once perform a definite act which might be entirely against his wishes. In addition to any bad results there is the danger however small it may be, that the subject is trained in the realization of post-hypnotic suggestions which is an objection much made of against hypnotism.

The objection to hypnosis as regards the community arises from this possibility of a subject being compelled to perform some
act post-hypnotically, even though such an act be repugnant to his feelings. Crimes have been committed and a defence advanced that the accused performed them against his will while under hypnotic influence. And Bemstein has shown this to be quite possible. However, this need afford little occasion for alarm. The percentage of those who realize post-hypnotic suggestions is very small (in my cases not more than 5%) and the majority of these again would utterly refuse to carry out any suggestion which was distasteful to them. A person who wished to commit a crime by such means would have to be at immense pains in selecting a subject which could only be done by experimenting with a large number of individuals, and then, if he found one to suit, he would have to train him (or more probably, her) carefully, and in the end could not be sure if his plan would not miscarry and he find himself betrayed. As regards outrages committed on a person when in deep hypnosis, this is a more serious consideration, and should certainly be guarded against. No female should be hypnotized without some witness being present.
This is equally true, however, of chloroform, nitrous oxide, and the other anaesthetics, but has not been employed as an argument against their use. It has led to the administration of them being guarded by legislation, and this is what is necessary in the practice of hypnosis too.

I come now to the more important part of my subject—the therapeutic uses of hypnosis, or more properly of hypnotic suggestion, for the state of hypnosis in itself is rarely of use as a curative agent. This might seem doubtful for suggestion so-called and practised has only been known for a short time since Sébault first established it on a scientific basis. And on the other hand, hypnosis as such, or under the guise of mesmerism, magnetism, electrodynamics etc. has been used extensively and successfully in the treatment of disease. But in the treatment by these variously named methods, it is found that suggestion always though unconsciously was brought into play. Thus the patients of Mesmer, Farina and others always passed into hypnosis with the idea firmly forced in their minds that they would be benefited by the
"Sleep" and this to a certain extent acted in the same way as a suggestion made during hypnosis. Braid seems to have slightly recognised this though he was never able to formulate it. The modern theory is that in most cases hypnosis is only a means to an end. It seems to me that in some ways there is a strong analogy between it and Chloroform. Both to a certain extent suspend the subject's volition, or even consciousness. Chloroform produces anaesthesia and hypnosis in some cases does the same, and both by themselves and as an end are only of occasional value. But Chloroform as a means is indispensable in surgery and hypnosis to a less extent in all medical practice and hypnosis is necessary to make suggestion of any avail. It is true that there is suggestion without hypnosis but its sphere is too vague and ill-defined to be considered here.

But hypnosis by itself has a sphere though a limited one. In the older books it is much insisted upon that the "mesmeric sleep" has a calming and refreshing influence. I have met a man who whenever he felt fatigued or worried hypnotised himself by gazing at a metal disc and he stated that on waking
he felt much benefited by the sleep. It would not

clearly be concluded that it might be useful in
cases where ordinary sleep is desirable, and
experience proves that it is so. Thus in intu-
nic hypnosis when it can be induced, is
much safer and in many cases more efficac-
ious remedy than any drug. This is especially
true in cases where the insomnia is due to
chronic pain. But as a rule the hypnosis
must be backed up by suggestion for the
hypnotic sleep does not generally last longer
than from half an hour to two hours. But even
this amount of sleep is valuable in the case of
a person exhausted by severe pain or nervous
excitement. I treated one case of hypochondria-
tics and slight melancholia for a short time
by hypnosis alone after all drugs to produce
sleep had failed. The patient was benefited
by the sleep, but improved more rapidly and
felt better when I added suggestion to the
hypnosis. In another case of a woman who was
apparently suffering from the passage of a gall
stone, having unbearable pain over the region
of the liver and intense jaundice, after urea
in large doses both by the mouth and hypo-
dermically, had failed to produce sleep or
relief, sleep was brought about speedily by the
fixation method and lasted for two hours,
and on waking she felt much better. These two
cases were among the earliest in my hypnotic
practice before I was acquainted with the use
and power of suggestion. Afterwards I always
embodied suggestion with hypnosis to have
no more need of cases treated by hypnosis
alone. There is, however, still another way in
which hypnosis by itself might be useful. In
a certain small proportion of those hypnotized
there is anesthesia, partial or complete. In
25 cases where I examined for this pheno-
menon, complete anesthesia was present in three
and partial in one, all of them being influ-
ced to the second stage, or bordering on the
third. This anesthesia was present imme-
diately hypnosis was induced and was not
brought about by any suggestion. This hypnotic
anesthesia was taken advantage of by the
older hypnotists who in suitable cases
performed various surgical operations by its
aid. E. daile of Calcutta published a record
of upwards of 250 cases—operations some of
them of a very serious character which
were performed under the influence of hypnosis,
I have examined a woman with ovarian disease where the parts were exquisitely tender, but who lay quite still after being hypnotised, while a thorough examination was being made.

I now pass to the consideration of the treatment of disease by hypnosis and suggestion. It is only of late years that the potency of suggestion in the hypnotic state has been discovered and its value as a therapeutic agent recognised. Even yet the attitude of the majority of the medical profession in England is either that of suspicion or scepticism.

But both in this country and more especially on the Continent, the subject has been thoroughiy investigated and its value as a means for the alleviation or cure of disease firmly established. It is true that at first thought the procedure in the treatment by suggestion is of a nature to invite ridicule or scepticism. To take, say, a man suffering from severe rheumatic pain or a child with chorea, and a certain mental state being induced in the patient, to cause the pain to disappear or the choreic movements to stop by merely telling the patient that such will happen, seems absurd.
But a little consideration will prove that this is unwarranted. It has always been recognized that the mind, or the part in man which is conscious, exercises a great influence over the various organs and tissues of the body. Physiologists have proved that not only are the functions of organs regulated by nervous influences which proceed mostly from the brain, the seat of the mind, but that there is an intimate connection between the nervous system of the body and every cell of which the body is composed. It has been proved that an influence called trophic which is generated in the central nervous system is essential to the growth and vitality of the cell, and if this influence be withdrawn as in the case when the nerve supplying a part is divided, the nutrition and vitality of the part suffer. This is due, to a certain extent, to the vaso-motor disturbance caused, but the loss of the so-called trophic influence is equally important. Closely bound up with this is the subject of reflex action. This is the mechanism which unconscious regulators most of the functions of the body. It is a mechanism too which for the most part is altogether beyond the control of the will. Thus the beating of the heart, the peristaltic movements
of the stomach and intestines and the contraction of the iris, etc. are entirely involuntary and uncontrollable. Over other functions again, there is a limited influence of the will as in respiration, where the movement can be arrested for a short time. Some of these reflexes are involuntary in infancy as those which are connected with the sphincters of the bladder and anus, but come under control of the will in the course of time. Again, there are individual cases in which one of the normally involuntary reflexes is under will control. There is the famous case of Colonel Townsend who could not only regulate the beating of his heart, but on several occasions stopped it altogether for a few seconds. I know a doctor who has perfect control of the mechanism of vomiting and can bring his food back from the stomach into the mouth if he wishes to do so. This peculiarity also appears in his son. This control of reflex functions can be acquired in some instances by training. Thus, the Indian fakirs, the ascetics of Shiva, fast and prolonged burial in a vault are perfectly authenticated, are said to be able to gain by long training, such a control over the functions of respiration and of the heart that they can cause them both to
a certain extent to be in abeyance and thus render it possible for them to perform these feats. These and other instances go to prove that the various reflex functions can in some cases be brought under the control of the will. It can easily be understood that where this power exists important departures from the physiological function of an organ could be brought about, and vice versa where such departures exist and there is disturbance of the normal function of an organ. This same power might a priori be presumed to be able to restore the function to its physiological state.

And as the result of my observations I have come to the conclusion that this is a satisfactory theory for the modus operandi in some of the cures by hypnotic suggestion. It has been proved that by suggestion while the subject is hypnotised, nearly all the reflex functions of the body can be influenced. In deep hypnosis even without suggestion, some of the reflex phenomena may disappear. In some cases the skin may be pricked or the mucous membrane of the nose tickled with a feather, and yet not the slightest movement will be forthcoming. But even in the case of these surface
and muscular reflexes, it is through suggestion that the most effect may be obtained. In many cases this striking anaeasthesia can be produced by it, though it is not present on the induction of hypnosis. I found it in nine cases out of twenty-four in which I searched for it. The mechanism which governs the action of the bowels is one of the easiest to influence. By suggestion they can be made to act in many cases as if an aperient had been given. In the same way, diarrhoea can be checked. This explains the action of drugs in sealed tubes which were stated at the Academy of Medicine of France to produce their physiological effect if brought near the body. Purgatives were among these drugs which gave the most striking results, but various alkaloids produced to a certain extent their physiological action. It was a fine notion however that the patient should know what the drug was and have some idea of what was its action. But the functions of other organs besides the intestines can be influenced. The movements of the heart can be affected. It is possible in some cases to reduce the contractions a good many beats in the minute, and in the same way the heart can be accelerated. Even more interesting are the cases in which the
temperature can be lowered appreciably by suggestion. The respiratory function can also be profoundly influenced as a case of my own proved. This was a woman of 35 whom I was called in to see and found suffering from an acute attack of asthma. She was in bed propped up with pillows and her breathing was very laboured. As I had been successful in previous cases in controlling asthmatic dyspnoea I hypnotised her and suggested that she should breathe quietly, keeping my hand on her chest to enforce the suggestion. The breathing commenced at once to be easier. I continued the suggestion till I discovered that the woman was not breathing at all. As this lasted for more than a minute I began to be alarmed. I pressed her chest to start the respiratory movement again giving also suggestions to breathe hard and wake up. The breathing commenced rapidly and faintly and she opened her eyes. The dyspnoea returned again in two or three minutes. I may have deceived myself as to the actual stoppage of respiration though I am convinced I did not. But at any rate the breathing was imperceptible in answering this. I have the precedent of a case of Heidenhain's--his own brother, where he had to desist from further suggestions as to the lowering
of the heart or a fatal result would probably have ensued. This proves that in some cases the inhibitory functions can be brought under control and even, as in the case quoted, overstimulated.

It also points to a possible source of danger which must be reckoned on and guarded against, though I think it hardly possible that any serious result could be brought about.

Along with these instances, may be classed the curious phenomenon of the production of bullae or patches of inflammation on the skin by the application of ordinary adhesive plaster coupled with the suggestion that a blister will be produced.

This experiment has been performed again and again, though I have not succeeded with it. Reflex action is only one of the factors in its production. The sensation caused by the adhesive plaster is conveyed to the consciousness, but there it is, by the intervention of the suggestion, wrongly interpreted, and the effects which follow when the ordinary cauteries plaster is produced at the spot. It is possible that such a result could be brought about by simple suggestion without anything being applied, but I am not aware that this has been done. But though suggestion is able in this way to modify many of the reflex
functions of the body, it is not possible to ascribe all the cures effected by it to their particular mode of action. In some, perhaps the majority of cases, there is no alteration of function in the body, but the effect produced by suggestion is purely mental, being none the less effective, however, for this. Here the suggestion of the hypnotic state just causes a heightening of that mental susceptibility which all men to a certain degree possess of yielding assent to outward suggestions, of affirming what they strongly conceive, and of acting in accordance with what they are led to expect. In this prepared soil, suggestion works. Here the procedure consists in fixing in the mind an idea which shall combat a negative some other idea which is tending to bring about a departure from health. This may either be some hypochondriacal and depressing idea which is reacting on the general health or a sense-idea of pain produced by some physical morbid condition. This may be said to be the region of psychical therapeutics or psycho-therapeutics as the art of healing by hypnosis and suggestion has been sometimes called. This same process is seen without hypnosis, most doctors treating their patients with suggestions which tend to cause a return to the normal.
Huxley pointed out that this was the probable explanation of the successful cures by hypnotism; this method of treatment succeeding best in cases which doctors had "given up." The way in which a sense of pain can be ignored or forgotten is seen sometimes in cases where persons suffering have their attention distracted by some other idea, especially an exciting one, and for a time the pain disappears. Instances are the cessation of toothache or going to the dentist; the recognition of a wound only after the battle is over and many others. Here the mind is so concentrated on one subject that it cannot for the time being attend to other ideas. In the treatment by hypnotic suggestion, a patient who is in pain—or in psychological terms—has the sense of pain after being hypnotised, is given the suggestion: the idea that there is no pain, that it has ceased and will not return. If the hypnotism is not very deep, before suggestion the patient will probably feel the pain almost as acutely as when he is uninfluenced. Hypnosis per se—unless it be deep enough to bring about a state analogous to sleep, will have little or no effect on the pain. It is the suggestion which influences the pain. This May
be entirely abolished or it may only be lessened. The amount of success depends on two things—on the stage of hypnosis attained, and also the particular degree of suggestibility possessed by the individual. Thus a pain of a certain intensity may not be affected if the person is only in the first stage of hypnosis and yet disappear immediately if the second stage be attained. Again, a pain of equal intensity will be made to disappear in one person at a certain stage of hypnosis, while in another individual influenced to the same stage, it will not be affected in the least. Again, the manner in which the suggestion is given and the frequency with which it is repeated, are often of importance. A person who is in pain may be hypnotised, and though the suggestion is given as to its cessation, he will declare that it has not been affected. This is sometimes seen in hypochondriacal and hysterical patients, who are loath to part with their malady, or in those who are sceptical beforehand of the efficacy of the method to relieve them at all. In these cases, where the suggestion is resisted, it often is only necessary to give it in a louder more commanding tone and repeat it thus several times. This seems to break
down the opposition, and by imprinting the suggestion firmly on the mind, negative the pain. When the pain is negativized, so to speak, by suggestion, many of the other symptoms of a morbid condition may disappear. Perhaps one of the best illustrations of this is seen in lumbago, several cases of which I have treated with marked success. The patient has excruciating pain in the loins and sits perfectly still, with his elbows resting on his knees, not daring to move, almost afraid to speak or cough. With even a very slight degree of hypnotism the pain disappears in some cases. The patient on being aroused, finds the pain gone or almost so, and is amazed to discover that he can now move with ease. The muscles which have been kept almost involuntarily firmly contracted to avoid any painful motion, have been relaxed. This is seen also in rheumatic affection of joints where the rigidity and fixed position will disappear when the pain has been removed. In such cases there is no doubt that the physical cause which produces the pain is not removed suddenly but its effects are ignored, and in addition the suggestion has probably some efficacy in hastening the return to the normal state. Sometimes the pain is only partly controlled.
by suggestion. The patient on being roused says that the pain is less, but is still there. In other cases, it returns after a certain time which may be minutes or days. As an example, I had a patient—a man who suffered from most intense pain in the head and face. Before I began to treat him, it had existed continually for several weeks. He was influenced to the second degree and the suggestion was given that the pain should cease. On being roused, the pain had completely gone, but it returned as acutely as ever. He was hypnotised four or five times subsequently, and on each occasion the pain was removed, but only for from half-an-hour to two hours, after which it was as bad as ever. This man was afterwards cured by iodide of potash, a specific having been discovered. That this is a likely theory of the action of suggestion on pain seems substantiated by some cases of malignant disease treated by me in which hypnotic suggestion was of signal service in alleviating the pain. In one case, that of a woman with carcinoma uteri in whom hypnosis was generally produced by taking some "cold magnetite" (something which she was assured would bring about relief)
the pain for a few hours was more effectively controlled than by large doses of opium or morphia suppositories. In all cases the action of suggestion in the waking state was seen for on a few occasions when sleep was not brought about though the ‘case magdstic’ was taken. The patient nevertheless declared that the pain was hilled immed-

Again there is a close similarity between the negativing of pain by suggestion and the production also by suggestion of anaeesthesia of some part of the body. Only this latter process may be called the autotheer of the former. In the former the pain is actually present and has to be combated by the suggestion idea – in the latter the idea that pain shall not be felt is first impressed on the mind and if this idea is more potent than any painful stimuli that can be applied the anaeesthesia is as perfect as if chloroform had been given. But if this hypothesis of the action of suggestion in abolishing or alleviating pain is admitted as reasonable, the question next arises as to the permanence of such sug-

stions.
If the suggestion-ideas by which the pain is counteracted are only of temporary duration then the sphere of hypnotic suggestions in such cases is limited to a palliative and temporary relief. I have found great differences in the degree of permanency of suggestion-ideas in different individuals. In some, they may fade so to speak, soon after the patient is roused, and in others they seem to be indelibly engraved on the mind. This is true whatever the degree of hypnotism may be though as a rule the more deeply the subject is influenced the more lasting will be the suggestion. So too as during a seance a suggestion can be forced on a subject by repetition, a suggestion by being given at successive hypnotisations becomes more fixed. My experience leads me to these conclusions. When the cause of the pain is some gross organic lesion, suggestion can only act as an anodyne like opium or chloral. It certainly can relieve the pain for periods of various length and is sometimes more efficacious than opium and the pain may not re-appear for days or even weeks. It is here a valuable palliative agent and should
be tried on such cases. It is when the pain is due to some functional derangement or to some cause which is temporary and removable, that the most striking results of the treatment are seen. In many cases of such a character, a few or even one séance will be sufficient to bring about a complete cure. In most of these cases, the pain if untreated would cease of itself in a few days and evidently therefore the suggestion has been sufficiently lasting to act, so to speak, the pain and thus prevent its recurrence. When the treatment is continued on successive days, it will be sufficient if the suggestion lasts during the intervals between the séances. It is probable too that pain has by reflex action a depressing influence on the tissues to which it is referred and its cessation or non-perception will allow these tissues a more favourable opportunity of returning to their normal condition. These are the various ways in which hypnotic suggestion probably acts in influencing abnormal conditions. It now remains to be discussed in what particular disorders hypnotism can be of use as a therapeutic agent.
From a priori considerations it might seem as if it would be of value in a large number of abnormal states, especially in those of the so-called nervous or neurotic variety, and that it would not be of much avail in cases where there were gross pathological changes, or even where there was any tissue change at all. But while from observation of its physiological and psychological action such a deduction can be made it is only by clinical study and careful induction that the efficacy and value of hypnotic suggestion can be ascertained.

I come now to an account of the cases treated by myself. I shall first give an outline of most of them, going into detail in only a few of the more striking cases. I cannot claim any brilliant record of successes such as is recorded by Dr. Tuke in his book (though these are pickled cases), and I think the reason lies chiefly in this. My subjects have been mostly from the very poor class in the East End of London. Among them the various nervous disorders—nervous exhaustion, excitement etc. are by no means so common as they are in the wealthier and more cultured classes. Such luxuries
cannot be afforded here, and so the sphere for treatment by hypnotherapy is more limited. Again, the conditions under which I have to treat them are not favourable. They are generally hypnotised in my consulting room, sitting upright—on an ordinary wooden chair—and they have to be raised in a few minutes. This being all the time I am able to devote to each case. Then some of them who are only slightly benefited by the first one or two sittings, try some other remedy, and others who are benefited, cease attending the dispensary, and so I have no means of knowing what has been the ultimate result of the treatment. Those individuals who have been treated in various ways for their complaints, but have not been benefited, are generally very willing to try hypnotherapy when it is proposed to them and are the cases in which the most satisfactory results are often obtained. On the other hand, those who are receiving medical advice for the first time, generally only reluctantly allow themselves to be influenced and are loath to confess that they have been benefited even though they actually have. To the ignorant, medical treatment without large draughts or boluses seems unworthy of the name. But in spite of all these disadvantages...
I have had enough success to lead me to believe that in treatment by hypnotic suggestion, there is one of the important additions to medical therapeutics of this century. It is not easy to attempt a classification of the various disorders and diseases which I have treated by hypnosis with more or less success. The easiest one would be a classification according to symptoms, as in many cases, treatment can only be directed towards these. But this would bring many and widely different diseases under the same heading, and this would be useless for a scientific classification. I have therefore divided my cases into three groups, the first of which includes all those of so-called nervous diseases, the second, gouty rheumatic affections, and the last embraces all other ailments. From this method, it will be seen that while one class is composed of the nervous diseases which was to be anticipated, another is reserved for the gouty and rheumatic cases. The reason of this is that as far as my experience goes, it is in such cases perhaps, that the best and most permanent results are obtained. As far as I have seen, one other class is sufficient to encompass all the other conditions which I have found amendable to hypnotic treatment.
Class I - Nervous Diseases.

In this class, the distinction must at once be made between diseases which are functional in their nature, and those in which gross organic changes are present. This is a distinction always made in medicine and is sometimes based on the fact that the functional diseases are eminently amenable to treatment, while the others have, up to the present, been mostly pronounced inurable. Thus in diseases like catalepsy, ataxia, general and spastic paralysis, paralysis agitans, practically nothing can be done by ordinary medical treatment. The same distinction holds in the main in nervous diseases treated by hypnotism, but this reservation can be made that many of the symptoms which arise in the course of organic nervous diseases can be combated by hypnotic suggestion. And this alone in view of the powerlessness of ordinary treatment, would entitle hypnotism to a high place in medical therapeutics. The following are the cases of organic nervous disease have treated by hypnotism.

1) Old Hemiplegia

Mrs. Gibson (58) married, four children. She on Nov. 9th, 1869. Four years before hemiplegia of right side and aphasia after confinement. Right power
of movement returned in right arm; hand useless. Speech indistinct, ability to read completely lost. Fingers of right hand flexed in palm; partial anaesthesia of skin on lower part of arm.

This patient was hypnotised on the third attempt and passed into profound somnambulism. She was influenced six times. Unfortunately, knowing at that time little about suggestion, I directed all my attention to the arm and hand, and overlooked the leg where most improvement might have been gained. Results were that the anaesthesia almost disappeared of the arm and fingers became slightly more mobile. One curious thing was that when hypnotised she could read a little which she was perfectly unable to do when awake.

(2) Mrs Benjamin (50) widow, three children, seen on December 10th 1890, five years ago right hemiplegia and anaesthesia, with aphasia and insensibility for some weeks. Speech and feeling in side regained, and slight use of leg. There had been no improvement for two years. It could only walk if supported and could not lift arm from side. Had continual pain in right side, and often severe headaches.

It hypnotised with care and passed into profound somnambulism. Has been influenced about 20 times and is still under treatment. Carries out post-hypnotic suggestions and receives hallucinations in almost complete rapport with hypnotiser.
This pt has been much benefited. Pares gradually returned in leg, till now she can walk a mile and go up stairs. The arm can be raised freely from the side, but the flexion of fingers is no better. The pain in breast and head have disappeared, and pt says her general health is much improved. I am of opinion that as much as is possible has been gained by the treatment and that she will not improve further.

3. E. Wyborn (24) single, seen on Dec 10th 1870. Three years ago ptosis of left eyelid and loss of power in foot. 18 months ago loss of power and anaesthesia in left hand. This pt was hypnotised five times, but on no occasion passed beyond the second stage. This was not sufficiently deep, and beyond the arm being a little more flexible no good was done. Pt however was eased by suggestion of vicarious.

4. R. Fordeye (46) labourer, seen on 6th Feb 1871. Loss of power in right foot and leg, arm not affected. This pt was only influenced to second stage, and was not benefited, except in the way of sleeping better at night. While hypnotised, the exaggerated palpebral reflex in affected leg could be almost abolished by suggestion. The fact that these two last cases which were not deeply influenced, were only slightly benefited seems to point to the conclusion that in such cases hypnotherapy must be reckoned as of much avail.
With regard to such cases, it has often been pointed out that when there is a central nervous lesion, not only is there permanent damage done to a part of the brain structure and through it to the parts of the body which it controls, but there is also a certain amount of disturbance and loss of function persisting for more or less time in the centres contiguous to the part that has been destroyed. This is proved by their being in the majority of cases of hemiplegia, a gradual return of function to parts which at the first are utterly powerless. This process is often a very slow one, extending over several years, and often it is, I believe, not complete. Some of the nerve centres, though not organically injured, never again become active either from these functions being so long in abeyance, or because there is no call on them to resume work. The value of hypnotherapy in these cases lies in the fact that by its means the resumption of function is hastened in many cases, and as much can be accomplished in a few days or weeks as would take months or even years if left untreated. I have not yet had any personal experience of such cases, as in all mine, the paralysis has been of long standing, and many of the disorganised functions have returned to their normal condition. In all, very sign of further improvement had ceased and
The patients themselves expected no more. But in all of them except one, there was a certain further improvement. This was most marked in the movements of the leg and upper arm. No appreciable difference could be observed in the power of motion in the fingers. This may be due to the fact that more attention would be bestowed on them, and more will power directed to the attempt to try and use them, and thus they had gained the maximum of their possibility of recovery.

That this exercise of the will is conducive to promoting the recovery of lost movements is illustrated by a case quoted by Dr. Bayou Maxwell. The pt. had had a hemiplegic attack and had almost completely lost the power of the arm, but he by persistently willing to make certain movements, succeeded in regaining to a large extent the use of the limb. If such a recovery is possible from the mere exercise of will-power, it seems reasonable to expect that the concentrated will, which is induced by hypnosis, will be more potent in accelerating and bringing about even better results. It is my opinion that all cases of hemiplegia should, after all signs of any active or inflammatory process within the brain have disappeared, should be treated.
by hypnotherapy. In this way the muscles for which an uninjured nerve supply, though temporarily disorganised, was forthcoming, would be prevented from wasting, and no time would be allowed for habit of reaction, so to speak, to become fixed. The other cases of organic nervous disease are one of locomotor ataxia, and one of opastic paralysis.

1. C. White (53) seen on 28th Oct. 1890; disease began 12 years ago. Was treated in several London Hospitals; has been entirely confined to bed for five years. He is extremely emaciated. The disease has been characterized throughout by the persistence and intensity of the pains in the abdomen and feet. For some years back he has been in almost continuous agony. There was most obstinate constipation.

This pt. was influenced on the third attempt to second stage, and this was repeated daily for a fortnight. The effect was seen from the very first. In nearly three weeks the pain was almost entirely absent, the bowels moved with fair regularity without purgatives, the appetite improved, and the pt. was able to sit by the fire for a short time—a thing he had not done for years. After this time I was not able to visit him regularly, and the pain returned.
though not so continuously as before. For some time the pain was combated by "can magnetis" which produced hypnosis, and relieved him, but this lost its effect in time. But even now when he has a severe attack of pain he seeks for me, and however great it be, he passes into hypnosis at once. He is left sleeping, suggestions having been given, and on waking the pain is gone or greatly relieved. This has sometimes taken 3/4 of an hour in a day, but this did not relieve the severe pain. Locomotor ataxia is a disease in which hypnotic suggestion seems to be particularly applicable. Dr. Tuckey records a very remarkable case of benefit by treatment, and so do several of the Continental observers. This case of pain was perhaps the most aggravated one I have ever seen so I should expect even better results from cases of not such long standing. The case of spastic paralysis was one of the diseases in its final stage. The man passed into somnambulism, and seemed much benefited after the first seance. This however did not continue and further treatment was of no avail, except that a pain in the chest was relieved.
I come now to the functional neuroses among which is the field where hypnosis in its chief use and most marked success. Many of them are caused by excessive strain on the nervous system leading to nerve exhaustion. And from this exhaustion proceed the various neuralgias, headaches, nervous dyspepsia and the many forms of ill-health not actually illness which are characterized by an atomic state of the system, the patient feeling depressed, listless, easily fatigued, with no appetite or desire for action. Hysteria and hypochondria are included, and the other disorders which the imagination and the will play such large parts in bringing about. But, contrary to expectation, the treatment of the last named conditions is not nearly as satisfactory as might have been anticipated. This is probably due to the fact that the subjects of these conditions have little or no desire to be cured though they may profess to have and therefore there are persistent counter suggestions to any therapeutic suggestion that may be given. In some of these cases, the patient may really be anxious to be cured, and yet the treatment may be negatived by unconscious and uncontrollable counter suggestions similar to those I have described before as preventing the induction.
of hypnosis. My experience in several cases of this kind leads me to conclude that in these hysterical and hypochondriacal conditions, treatment will only be successful if an advance degree of hypnosis can be brought about. The treatment by hypnosis of these disorders brought about by nerve exhaustion is to a certain extent empirical and unscientific. The rational treatment would be by rest, change of air and occupation, a sea-voyage, etc., in fact by getting away from the surroundings which have caused the condition. But in perhaps the majority of cases, it is useless to advise such as they cannot be carried out, and so hypnosis is valuable in alleviating, and in many cases curing the disordered condition. Leys states that "he has many patients—brain-workers who, when they feel fatigued, come to him—some quite regularly—to be hypnotised and find themselves much benefited by the hypnotic sleep alone. But it is where actual pain is present that the effects of hypnotic suggestion are most marked. The action in pain is very remarkable. No matter what be the character—from the slightest pain to unendurable agony—in most cases it can be thoroughly controlled by hypnosis. Of course this also is open to the objection that it is only
a treatment of symptoms and that the cause may remain untouched. But most analgesic
drugs would come under the same category and anything which strengthens the power of the phy-
sician to deal with pain should be thankfully received.

The following are cases which may be included under the heading of functional nervous disorders or neurasthenia.

1. A. Milburn (17) seen 26th Nov. 1889. She was a confirmed sleep-walker and had to be locked into her room at night. On one occasion she was found in her nightdress about a mile from home. She was also nervous, and complained of pains in stomach. She was easily influenced to 3rd stage, and four doses sufficed to put a stop to the somnambulism.

2. A. Simpson (18) seen 5th April 1890. A very hysterical, badly-nourished girl. For about 18 months she had complained of severe pain and tenderness in the left iliac region and had had a series of hysterical phenomena. She rejected nearly all food, cried during a great part of the night and was quite unfit for domestic duties. On examination, the uterus was found badly developed, but the ovaries seemed
normal. She had been treated in various ways without any benefit. The doctors under whose charge she was consulted a leading physician in Sydney about her, and they were contemplating an exploratory abdominal incision. I had the opportunity of treating her, and hypnotised her with ease. She was influenced to 3rd stage. The painful spot was rubbed, and suggestion was given that pain should disappear, that she should sleep well and have a good appetite, also that she should go out and walk, and bestir herself generally. She began to improve at once. The hysterical crying stopped immediately and the sleep well all night. The appetite improved, she took outdoor exercise and after eight days, she was nearly well, there only being a slight tenderness left in the line upon which I left Australia shortly afterwards. So was not able to follow the history of this case.

3. A. Johnstone (32) seen on 27th Oct 1893. Four years before had abortion, 10 days after which she got a fright and thereon lost control of the bladder, and this continued till I saw her. The urine flowed away while she was sitting and especially if the moved. She was treated at several hospitals, but with no result, and she was
in my charge for some weeks without benefit. She was influenced to the 2nd stage in a few seconds. After being hypnotized twice she was able to retain the urine for three or four hours, and could venture outside—what she had not done for years. She continued well for several weeks, and then relapsed—which was partly due to drinking, I think. She was never, however, so much troubled as she had been before the treatment was begun. She refuses to be hypnotized any more, so I have lost sight of her. I believe had the treatment been continued, she would have been cured.

(4) M. Roy (9) seen on 25th Feb. 1870. Had suffered all her life from incontinence of urine. Wet the bed every night. Was treated for some time with large doses of belladonna with no effect. This was the first child I had attempted to influence and I found great difficulty in doing so. Only hypnotizing her on the second attempt and after about 10 minutes suggestions were made that she should not wet the bed, and that if she wished to make water she should get up to do so. This patient was influenced five times, and a complete cure was effected. She only wet the bed once or twice after the first suggestions had been given.
On the Continent the most constant of the successful results from hypnotic treatment have been in cases of incontinence of urine. I had an opportunity, on a large scale, of testing its efficacy in such cases, and was rather disappointed at the result. The patients were boys in an Industrial school near Edinburgh, 24 in number, of ages ranging from nine to fifteen. Most of them were habitual offenders in this respect, and neither persuasive treatment or punishment had had any effect on them. It was necessary to have a separate dormitory with beds adapted for this dirty habit. Only treated those who were most addicted to it. The first case was hypnotized by friction, the other patients looking on. The rest were nearly all, influenced with remarkable ease by verbal suggestion, the mere closing of their eyes and telling them to sleep being sufficient. They all, with one exception, passed at least to the cataleptic stage—some of them to the somnambulistic. Hypnotized most of them nine times, and during that time the results were most encouraging and seemed to point to about fifteen
of the twenty-four or more than 60% being cured. Three of the worst cases, boys of a vicious disposition who evinced no desire to be cured, were quite untouched by the treatment and in the remainder the periods between the relapses of the bed were lengthened. I left Edinburgh however, feeling that the treatment had not continued long enough, and so this proved to be. After a month all with the exception of one had relapsed. Four or five had wet the bed only once during this time—a great improvement on their former condition, but the others were as bad as ever. These cases though rather disappointing prove I think that the condition is amenable to hypnotic treatment. I believe its failure to do good in the majority of the cases was due to its not being carried out for a sufficient length of time, and to the fact that no other treatment was combined with it. Had the diet, and the emptying of the bladder before going to bed, been attended to, the results would, I am sure, have been much more satisfactory. Since then I have treated one other case of the kind—a girl of eight, but here too, the result was, in no way, satisfactory.
These cases are interesting. I think, in showing the ease with which children can be influenced, thus admitting the general application of the treatment when desired.

6. A. Martin [unreadable] on 24th Dec., 1890, came about some other complaint, but was treated by suggestion for stuttering. This condition had lasted all his life, and was of an aggravated type, the movements of the lips becoming choreic every three words or so. He was influenced to 2nd stage. His tongue was pulled about and lips rubbed, and he was told this would benefit him. He both read and spoke much better on being roused. He was influenced four times and the condition was much improved. He, however, discontinued coming, so I cannot be sure if he would have been cured. I have treated another case of the same—a boy of 16, and there has been improvement, though not so decided as in the first case.

7. J. Lawrence (11) seen on 26th Dec., 1890, was suffering from attack of urticaria which was general over body. Treatment by drugs and lotions did no good. Pt. easily influenced and passed to 3rd stage. Suggestion removed the intense itching immediately and it did
not return for a day. The eruption disappeared entirely about three hours after suggestions to that effect were given, and it only partially reappeared. The itchyness returned to the feet and persisted there off and on, in spite of suggestions for three or four days. The suggestion seemed only able to remove it for a time.

S. G. Russell (57) sailor, seen on Feb. 3rd 1891.

Before coming to me, this patient had been treated in hospital for acute incontinence. While there he had a severe attack of Herpes Zoster. The eruption was very complete, extending exactly half around the body. It had been painted with collodion. When I saw him, he was complaining of intense pain in the ulcerated surfaces the eruption had left. He was only influenced to the slightest degree, could close his eyes with ease, and I was about to give up the attempt to influence him. When it struck me to try whether the sensation of warmth in the part could be suggested. The suggestion was responded to at once along with the further one that the pain should cease. This case was completely cured in one session, and the pain has never returned.

It is known how tedious and futile is
ordinary treatment, the cases of neuralgia following Herpes Zoster are, so I am warranted in regarding this as a proof of the extraordinary efficiency of suggestion.

Q. W. Burge (36) seen Jan 9th 1891. At for five weeks had had insomnia, sleeping only about an hour a night. Morphine in large doses had no effect. He had pains over body and was depressed and weak. He was influenced to 2nd stage, and was influenced eight times. The first night he slept four hours, and afterwards averaged from 3½ to 5 hours a night. Suggestions failed to make him sleep longer or to prevent him waking at 2 or about 4 A.M. So this was not a typically successful case of insomnia treated by hypnosis.

10. E. Russell (51) seen on 21st Feb 1891. Was then suffering from an asthmatic attack of bronchitis, heart very weak, and tubes blocked. He was greatly exhausted and wearied from want of sleep due to the incessant coughing. Owing to the state of the heart I was afraid to give her any hypophenine, and therefore hypnotised her. She passed to 2nd stage, and was told to sleep. This she did for nearly four hours in spite of the cough, and awoke...
much refreshed and strengthened. I repeated this six times, on two occasions twice in the day until her condition began to change for the better. The first time I saw her she had been two nights without sleep, and was utterly broken down through it. It is questionable if the relief she gained from hypnotism did not save her life.

11. E. Farrel (43) seen on 28th Feb 1891, complained of neuralgia in neck and back of head which had lasted some weeks. The peculiarity of this case was that she was nearly blind and so could not be influenced by the ordinary fixation method. She was, however, easily hypnotized to the third stage on listening to the ticking of a watch. She was influenced twice by this means and the pain entirely removed.

I have treated a good many cases of neuralgia—facial and otherwise (vide list) and found that the majority of them were quickly relieved, at least for the time, by hypnotism. This is especially the case when the neuralgia is quite recent. When it has lasted for a considerable time, it is usually not so amenable to treatment.
Class II - Rheumatic & Gouty Cases

As I have said before, some of the best results from hypnotherapy can be obtained in these cases. It is perhaps in the slighter and more chronic forms that the success is most evident, but occasionally a very aggravated case will yield to the treatment in an almost marvellous manner. The case following is an example of this.

1. E. Millan (31), seen first about the middle of October 1890, had suffered for twenty years from rheumatic affections of various kinds. The left knee had been affected for three years. She had been treated for it as inpatient at the London and St. Thomas's Hospitals, also in workhouse infirmary, but the condition of the knee had not improved in the least. When I saw her first, the knee was much flexed so that the foot could not be put to the ground. It was very painful and the pain was increased by the slightest movement. The joint was also tender and was slightly inflamed. During the three years this condition had lasted she had sometimes been able to get about on crutches, sometimes was confined to bed. I treated her for a month with salicylates, iodides, limonums, etc.
without any effect. On 21st Nov. she was hypno-
thesized and passed into profound somnambulism.
with no recollection on waking. The knee was rub-
bod and patient limped a few steps. She was
again influenced on the 22nd Nov. and while
so, I straightened her leg and keeping it
straight, caused her. She was much surprised
not to find the leg straight. The pain was less, but
she still had to use the crutches. On the 23rd the
condition was still further improved, and on the
24th I met her on the street—walking quickly
and with ease. The joint has continued well
till now with the exception of slight occasional
pain in it. She has not since used the crutches.
A few weeks later (13th Dec) a severe pain in the
ankle was completely removed by suggestion.

(2) Abbott, Mary (49) seen on Dec. 1st 1890. pt
complained of severe pain in right shoulder-
joint. The part was tender, and very painful
on active or passive movement. She was early
influenced to 2nd stage, the arm was moved
about and suggestions given. She was com-
pletely cured in one séance.

(3) Sharp, S. (70) dock labourer, seen Dec. 14th 1890.
pt was suffering from lumbago of five days'
duration; pain very severe, especially when any
Movement was made. Pt sat in typical crouching position. He was only very slightly influenced by being able to open the eyes with ease, but the heat reaction was obtained, and he immediately said the back was better, and sat up straight in the chair. He was also able to bend down easily, a thing he could not do before. The heat reaction was so marked that he said he felt as if a hot iron were being put over the place. The pain was almost completely removed in two sittings.

(4) Millar, R. 63, seen on 13th Jan 1871. Pt was intelligent well-educated man; had had severe lumbago for a week; had been treated with no result with drugs and liniments. It was a more aggravated case than the one mentioned before, and the patient thought willing to be influenced, said he thought he could not be, as there had been several attempts to mesmerise him without success. He was however easily influenced to the second degree and completely cured in two sittings. During the second sêance, the suggestion was given him to sleep well that night as he had been troubled with insomnia and next morning he reported that he had slept-
7 hours without waking - a thing he had not done for years.

(5) Martin E. (39) an engineer, seen 12th Feb. 91.
It was strong, healthy, man upwards of five feet in height; had suffered about three weeks from lumbago and pains in the left knee. The lumbago was improved when first saw him, but the knee was still affected causing him to walk with a limp. He was easily influenced to 2nd stage, and was completely cured in one séance.

(6) Buxton (Mrs) (43) seen on Jan 30th 1891, was complaining of rheumatic pains in the right arm, wrist and thumb. The pain had been constant for more than two years in the thumb and extended up the arm. The hand was weakened, and the condition seriously interfered with her work by which she gained her livelihood. She was not benefited by liniments and internal remedies. She was easily influenced to 2nd stage, and the pain completely removed at one séance. The hand has since been much stronger.

(7) Cot (Mrs) (34) seen on Jan 21st 1901. Pain lasting for some days over scapula. Influenced to 2nd stage, pain completely removed.
(8) Hewitt E (34) seen on Dec. 17th 1890. Pt had suffered for some years from rheumatic gout; had been six weeks in St. Bartholomew's Hospital about a year before the right foot being affected. When I saw her the right foot was again affected. The whole foot was painful, especially on active or passive movement and tender. There was a particularly tender spot on the dorsum of the foot, and the middle toe was more painful than the others. Pt was very slightly inflamed, but the heat reaction was obtained, and the pain nearly entirely removed. When I visited her next day, there was no pain in the foot, and patient could walk.

(9) Hegas Mrs (40) seen about 20th Jan. 91.

Pt had severe pain in dorsum of foot, especially in big toe. The toe was red and inflamed. There was history of continued alcoholic excess. The ordinary remedies for gout did little good. She was much benefited, though not entirely cured by one feaee.
Class III - I have included in this some of the other disorders which I have treated by hypnothum, and which cannot be referred to either of the preceding classes.

1. M. Reid (20) seen December 1889, was then suffering from an acute asthmatical attack, and had frequent attacks for some years back. At that time could not lie down and had not slept all night. She was influenced to 2nd stage in a few minutes. She was made to lie down and suggestions were given that the breathing should be easier, and that she should sleep for some time. The breathing actually became much quieter, and pt slept for more than two hours awaking much refreshed. About a month later pt had another attack and was again relieved by the treatment.

2. M. Young (22) seen first in January 1890. Pt had suffered for ten years from asthma. For some years back she had not laid down in bed at night, but slept propped up with pillows. Sleep was always very broken. Pt had acquired the habit of smoking stramonium cigarettes and usually did this several times during the night. Pt was in very debilitated health, was greatly emaciated, and quite unfit for domestic work.
After treating her by the ordinary remedies for some time without avail, I hypnotised her one night in bed, made her lie down with only one pillow under her head, and gave suggestions as to sleeping all night etc. She slept from 9.30 P.M. to 3 A.M., then awoke and had to smoke a cigarette and be propped up. She was hypnotised six times in about a fortnight and at the end of that time was much improved. She slept well, had given up the smoking, and did not require to be propped up. A month later, she had still further improved, had gained greatly in weight and was assisting her mother in the household work.

(3) J. Meade (34) seen on 21st Feb. 1891. This pt. was suffering from a very severe attack of nervous asthma. Her breathing, when first seen, was extremely laboured, she was easily influenced to the 2nd degree. I began at once to suggest to her to breathe more easily, and the breathing (as I have already recorded in this case) became quieter and quieter till at last it seemed to me to stop altogether. After observing this for about a minute, I became rather alarmed, roused her, pressing on
her chest and telling her to breathe at the same time. Breathing was re-established and continued quiet for about five minutes when the laboured respiration set in again. I did not feel myself justified in again hypnotising this case so was not able to follow it up.

(4) E. Dartford (22) seen on Nov 14th 1890.

Pt. had been ailing since infancy; had then had a fit and lost power in left side. When seen there was partial loss of power in left leg and ataxia in left hand. Pt. came complaining of what she called "fainting fits and windy spasms". These were hysterical manifestations. She had also been troubled with obstinate constipation for some years; the bowels only moving when strong purgatives were given. She was easily hyposthenic and passed into a peculiar lethargic condition in which it was impossible to rouse her intelligence. She gave no indication of hearing any words addressed to her and would reply to no questions. Still she was not anaesthetic and would move about her head if her nostrils were tickled. She passed into this state immediately she was
told to sleep, or even if I told her to look at me.
The command from another person had the
same effect though suggestions against such
a thing had been given her while influenced
Infact, after I discovered this, I thought it
not advisable to go on hypnotising her, as
she seemed one of the exceptional cases that
could not be protected by suggestion from being
influenced by other operators. The hysterical
conditions were improved. She remained at one
time quite well for six weeks, and I was
hoping that she was cured, but a sudden
shock caused a relapse. She was not known
as bad as she had been before treatment.
The point in the case however is that after
suggestions to that effect, the constipation
disappeared, and the bowels have moved
since with the utmost regularity without the
use of medicine. This alone has had a very
beneficial effect on the general health.

(5) Benjamin W (21) seen on Feb 4th 1891. He
complained of severe pains in head and
constipation. The bowels always required
strong purgatives to move them; pt influenced
to 1st degree only. The pain in head was
benefited, and the bowels moved a few
minute after the first suggestion was given and twice again that day. It was influenced four times and for several weeks the bowels continued to move with fair regularity. She is at present in the country and I believe the constipation is returning.

(6) F. Casey (21) seen on Feb 4th 1891. It was a hunchback, very badly developed and nourished. For three or four years he had suffered from severe diarrhoea. The bowels were moved from ten to twenty times a day often with straining and pain. It would remain on the stool half an hour at a time. The desire to go to stool came on immediately any food was taken. It was easily influenced to 2nd degree and suggestions as to cessation of diarrhoea were given, the abdomen being well rubbed. The bowels had already moved five times that morning. They only moved once again that day. On the 5th Feb suggestions repeated and bowels moved twice. On 6th Feb bowels moved several times early in the morning. On 7th Feb suggestions repeated and bowels moved twice. They continued to move twice a day for a fortnight and twice then have generally been only moving once.
Pt's general health has improved a good deal. Dr. Floyd H. Tucker quotes a case very similar to this only of much longer standing in which he was able to effect a complete cure. This lad has now been free from his bowel trouble for nearly three months, so I am in hopes that the cure is permanent.

(7) M. Evans (43). Married, seen on 23rd Nov. 1890. Pt had suffered from menorrhagia for six years; had very severe pain before the flow came on. As a rule there was much discharge for five days, then cessation for two days and then return for a day. Pt also complained of severe pains in head, giddiness and general malaise. Pt easily influenced (2nd stage). The flow at that time had lasted two days. Suggestions were made that it should cease that night and that the headache should disappear on being roused. The headache had gone. The flow ceased next morning, and did not return for two days and then only so slightly as to be hardly appreciable. Her head however continued to trouble her a little. At next menstrual period, the effect from suggestion was not nearly so marked, being probably due to the Pt not being influenced regularly.
since then she has ceased coming to see me. This is the only case of this kind that I have treated, but most observers report much success in the treatment of menstrual irregularities, especially in amenorrhoea.

(8) T. Day (54). Dock labourer. seen on Feb 1st 1891. He was suffering from severe pain in precordial region and behind left shoulder blade due to aortic disease. He also had insomnia. He was treated for a few days with drugs without being benefited. He was hypnotised (deeply in 2nd stage) in about 30 seconds. Suggestions given that pain should disappear and that he should sleep well. He waking the pain had entirely gone. He slept much better that night. After being hypnotised four times, pt was much relieved and slept much better.

(9) T. Hill (43). seen on Dec 10th 1890. Pt was suffering from serous fluid of left mamma of six months duration. There was great pain only slightly controlled by morphia. He also had insomnia. There was also severe pain in right side. Pt was easily hypnotised (2nd stage) and suggestions made as to cessation of pain and good sleep at
night. Next day I ascertained that the pt had slept well that night, that the pain in the left breast was much less severe, and the pain in right side had gone. From this time till her death, about three weeks later the pain was partially controlled, and sleep produced by a method I shall describe after the next case.

[O. E. Short (34) seen on Nov. 3rd 1870, suffering from carcinomatous uterus of about four months duration. Pt was then unable to take morphia by the mouth and even suppositories caused much nausea and vomiting. In the first few sances, pt was very slightly influenced, and little good was done; but afterwards she became more profoundly influenced, and the pain was partially controlled.

In this case, in the preceding one, and in the case of locomotor ataxy I have related, after having hypnotised them personally a certain number of times, to save myself the necessity of visiting them constantly, I had recourse to the following method of inducing hypnoses. I took to them some Tincture of Valerian (chosen on account of its pungent odour and taste) in a green bottle.
Labeled "10 drops as directed" and assured them that when they took a dose of this, sleep would be produced at once. Then gave them a dose, told them to shut their eyes, and in each case the desired result was obtained at once. I felt that this innocent deception for producing hypnosis was preferable to instructing the relations in the method for doing so. In subsequent occasions when I was not present, the effect of the drops was quite as successful. Hypnosis was produced and natural sleep and cessation of pain resulted from a sort of auto-suggestion caused by the remembrance of former suggestions. In the case of ataxia, however, after some weeks hypnosis was not always produced, especially when the pain was severe, and the patient on several occasions increased the dose. I found by doing this he was enabled to go to sleep. Cases like these prove the entirely subjective causation of the hypnotic state and also I think uphold Bernstein's theory that hypnosis is due to suggestion. They also throw some light on the modus operandi of bread pills, homeopathic doses.
cures for cancer and many other ills. I refrain from giving any more cases as I think the preceding are typical of the conditions I have treated.

To conclude, if there is anything which will retard the spread of the knowledge of hypnotism and minimise its usefulness as a therapeutic agent, it is the existence of two rival schools (Paris and Nancy) holding such widely divergent and even contradictory views on the subject. Already the influence of this is seen in the literature on hypnotism which has appeared in this country. The name of Charcot is one to conjure with, and many are ready to receive without questioning anything which is vouched for by him. And so it happens that his theories have been widely circulated in England, have gained many adherents and this hypnotism has been put aside as a curious psychological fact which can have no bearing on practical therapeutics. I think it of the utmost importance that Charcot's theories should be embattled and shown to be unwarranted by facts. I have sought...
diligently for some of the phenomena on which Charcot lays so much stress — for instance, the three distinct stages of catalepsy, athetosis, and somnambulism and their mode of production, the increased muscular irritability etc., but in no instance have I been able to find them. This is not only my own experience but that of Dr. Lloyd Tucker's with whom I have attempted to obtain such phenomena. I purpose trying to train a subject by suggestion to fall into all these various stages, which I think is undoubtedly the way by which Charcot's subjects arrive at them.

As for the idea that only hysterical subjects are hypnotizable, it has been given up for the most part even in Paris, but still many labor under the mistake that the hysterical are the most fitting subjects and are most easily influenced. While it can be said dogmatically that this is not the case, it has not yet been determined what are the limits of hypnotic treatment and in which cases it is most applicable.

I am of opinion that at least, it might be tried in all cases where other treatment has failed, and I believe there are many
conditions in which it is indicated as primary treatment. But much clinical research will be necessary before these conditions can be scientifically determined. I believe too that hypnosis may, in the future, play an important part in the treatment of the morally incapable. I have not had an opportunity of testing it myself in such cases, but I have seen cases of nymphomania and sexual perversion treated by other practitioners with marked success.

Along with all who have studied the subject, I believe that some restriction should be placed by law on the practice of hypnosis and that public exhibitions of it should not be permitted.

Lastly, I have to express a wish that some of the leaders of the Medical profession in Great Britain may interest themselves in this subject, and by research determine what place hypnosis is to hold in therapeutics.

Owing to an attack of influenza, I have not been able to add the list of cases I had intended to.

R. W. H.  
April 28th 191.