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THESIS.

**" TREATMENT BY HYPNOTISM AND
 POST-HYPNOTIC SUGGESTION".**

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Chapter 1- Apology.

When the present writer was acting as House Physician at the Royal Infirmary, there was in the wards to which he was attached, a girl who suffered from very intractable Hystaeria. An Assistant Physician making his visit one day, casually remarked " That would be a case to try with Hypnotism!" The suggestion was an interesting one but the Physician refered to did not offer^{to} induce hypnosis, nor did he seem to have very clear ideas as to how it was to be done. The House Physician on the other hand knew nothing of the subject, except what memories had been retained of certain mysterious mesmeric entertainments visited in childhood! certainly he had read nothing of the subject in his text-books, much less had he heard a single reference to it during the five years he had attended lectures, still less had he ever seen a case so treated in hospital. The result of the incident then was that the patient in question continued as before to be treated with Mistura Diabdica, but the House Physician carried away a resolve that as far as possible he would look into this question.

Since those days a certain amount of spare time has been devoted to the literature of the subject; a great deal of contradictory evidence has been met, but enough reliable evidence to convince the present writer that among our recognised methods of treatment Hypnotism deserves a place—whether an humble place or a chief seat in the therapeutic synagogue, let others say.

The present writer is of course perfectly aware that the public and the Profession alike look upon the whole subject with ill favour; with the former such an attitude is both comprehensible and, considering the example of the doctors, excusable; but with the latter it is neither excusable nor comprehensible. It is not excusable because as will be shewn later, it has been condemned without a fair hearing; it is not comprehensible because in all other things and with regard to all other methods of treatment the attitude of the Profession is the true scientific attitude. Take for example the position of the average practitioner towards the subject: he will glibly tell any layman who asks him that "there is nothing in it", and will strongly

dissuade any patient of his whom he has failed to relieve from submitting to any one who has offered to try hypnotic treatment. And why this attitude? What has he read on the subject? Probably nothing. What has he been taught on the subject? Nothing. What practical experience has he had of it? Certainly none. In such circumstances the only attitude for the reasoning mind is one open to conviction, and the only attitude for the scientist is a desire for further evidence and knowledge of this thing. Abroad, — in France, in Germany, in America — able scientists are giving their time and energies to research in this line, and reputable practitioners are using hypnotism in its place as a therapeutic agent, but in Britain — because the showman, the quack and the charlatan have got into the field before us — we salve our wounded "amour propre" by branding such methods as quackery, and when a little stir is made by the reputed cures of some itinerant layman, we feebly whine for "legislation"!

Such thoughts then have determined the subject of this thesis, — a subject of fascinating interest and of considerable obscurity, with an unfortunate past and, it is possible, a brighter

future. If this feeble effort could claim the title of a Critical review of the present position of Hypnotism in relation to Medicine, it would have fulfilled all the writer can hope for it.

It is hardly surprising to learn that

CHAPTER 2. HISTORY.

The history of this subject might almost be sketched from its terminology, beginning with Mesmerism and down through Braidism, Electric Biology, animal magnetism to the modern "Eddy-ism," the followers of which, by way of emphasising the two qualities of which, they are obviously devoid, have been pleased to arrogate to themselves the modest and exclusive title of "Christian Scientists".

The father of the science- if indeed it is justifiable to give it the title as yet- was Mesmer, a physician of Vienna who in 1778 settled in Paris and practiced the methods which have borne his name. His treatment became very fashionable being conducted under auspices so impressive and emotional as to appeal to the ^{sensational} sensitive Parisian temperament. Thus he made his patients sit in a dark room, round a table

on which was the "Baquet"; from this wires were led to each patient; impressive music was discoursed in an adjoining apartment, while the physician himself walked round touching and pointing to one or other patient with a metal wand. It is hardly surprising to learn that many of his patients had convulsions, nor is it to be wondered at, that fashion, being in Paris even more fickle than elsewhere, deserted him. Denounced by the Medical Faculty of Paris and condemned by a Royal Commission, Mesmer turned his back on Paris in 1784 and spent the rest of his life in less electrical surroundings in his native land.

In 1820 a physician at the Hôtel Dieu, named Du Potet, practised treatment on somewhat similar lines. His work was investigated by the Academy and favourably reported on, but the report was suppressed. In 1837 he came to London and obtained a disciple in Dr. Elliotson, on the staff of University College Hospital. In 1838 however the Governors of the hospital condemned the practice of Mesmerism, with the result that Elliotson resigned. Five years later he published a work entitled "Surgical operations in the mes-

meric state". The abuse to which Elliotson was subjected was vehement and virulent, both in and out of the profession.

In 1841 Braid, a Manchester surgeon, took up the practice of mesmerism. Whether he was influenced by Elliotson is not clear; certainly he had begun such treatment before Elliotson published his book. Braid's work was of great importance, for, discarding the original methods, he induced the condition by causing his patients to stare fixedly at an object held near the eyes. He exploded the electrical theories, and introduced the term "Hypnotism" to replace those of Mesmerism and Animal Magnetism previously in vogue. He used hypnotism considerably in the production of anaesthesia for surgical operations, and in 1843 wrote a book on "Neurypnology, or the rationale of nervous sleep." His method found some favour with surgeons of the day and is said to have been used by Liston, while Broca published a series of 24 operations performed under the influence. Such was Braid's influence on the subject and its use that it was suggested to apply the term "Braidism" to the condition.

In 1845 Esdaile, who had graduated at our University in 1830, began to use hypnotism in Calcutta. He obtained very satisfactory results in anaesthetising natives for operation, and later the matter was investigated by order of Government. The commission reported strongly in favour of this method of anaesthesia, and Esdaile was put in charge of the Hoogli hospital specially for this purpose. In 1846 and 1850 he published works containing a record of 250 operations painlessly performed, including amputations and the removal of tumours.

Ten years after this a professor at the University of Nancy opened a dispensary for the treatment of diseases by Braid's methods. It was Liébault who had been influenced by the work of the Manchester surgeon, and who now added to it what is generally considered the most important method for the induction of hypnosis-- that of verbal suggestion.

And now in modern times we have Liébault's pupil, Bernheim, practising at Nancy with a record of more than 10,000 cases treated; we have Charcot's work at La Salpêtrière, together with that of his pupils Binet and Féré; we have Luys at

La Charité, Forel at Zurich, Krafft-Ebing, Renterghem and Van Eeden, and many in America; while a commission was appointed to investigate these questions by the British Medical Association in 1891.

A few words here as to the work that has been done by these last named observers.

At Nancy, Liébault and Bernheim have obtained splendid results and have amassed an immense amount of scientific evidence of the utmost value. Charcot's work has been doubtless very good in itself, but, it must be confessed, quite valueless from the point of view of practical hypnotic treatment. He has worked only on hysterical women and hystero-epileptics, with the natural consequence that his results differ vastly from those of a man like Bernheim who does not pick his cases. Thus, for instance Charcot's school make a great deal of the state of "Lethargy", which, as described by them, no other observer has been able to produce.

The work of Luys is also of a special nature consisting as it does in the treatment of disease by "transferring" it to a healthy hypnotised subject. As these experiments belong more to

the department of Clairvoyance than of hypnotism proper, and as certain observers who have seen Luys at work doubt the reliability of his results no further mention will be made of the research at La Charité.

Renterghem and van Eeden at Amsterdam work by verbal suggestion alone, being the only operators who dispense entirely with bright objects, convergence, passes, etc.

The American school of hypnotists follow Liébault for the most part, though the device known as Luys' revolving mirror is used by some.

The Committee of the British Medical Association reported entirely in favour of the use of hypnotism, and recommended legislation on the subject.

CHAPTER III --- OBJECTIONS.

Only a few days before penning these lines, the writer was asked in all seriousness by a patient,— an intelligent electrical engineer to boot,— whether it was quite certain that hypnotism had no connection with the Powers of Darkness! That this is the attitude of many to what our transatlantic cousins call occultism, cannot be doubted. It can only be hoped that these supposed manifestations of evil will have ample opportunity in the near future of commending themselves to the good sense of even the most prejudiced .

The race that Sir James Simpson had to deal with has not disappeared yet, for we still hear the pious argument that pain, having been sent by the Almighty, should not be interfered with.

But to come to some objections less egregious in their absurdity: it has been urged by some, — and indeed is very commonly held today — that hypnotism makes the subject weak-minded. This is purely the fiction of ignorance, and is very far from being the case. Sage has investigated a considerable series of professional sub-

jects, who have travelled with professional entertainers and submitted to constant hypnotisation— twice a day for ten years, in one case. In not one of them can he find the slightest evidence of mental deterioration, though he admits that several of the subjects were not particularly intelligent. However, the nature of the employment accounts for this as it is hardly to be expected that men of any ability should choose an existence so monotonous and uninteresting.

It is often maintained that the operator gains a certain subtle and lasting influence over the victim whose "will he has conquered". It cannot be too emphatically pointed out that this is absolutely without scientific proof; the most reliable and experienced writers agree that this does not occur, and indeed it would be hard to explain if it did, for every writer on hypnotism states that the cooperation of the subject is necessary for the induction of hypnotism—excepting only Charcot, whose work, as we have seen, is somewhat special. Furthermore it is utterly wrong to look upon the process as a conflict of will power; if this were so the weak-minded and weak-willed would contribute the most favorable class of

subjects -exactly the opposite of what actually obtains. In fact all writers agree that strong minded people -in so far as they have superior mental concentration-make the best subjects, and that even after frequent hypnotisation the operator gains no permanent power over the subject .

Again a very common cry against the use of hypnotism is that the operator obtains complete mastery over the subject. This is in a sense true for by a suggestion given during deep hypnosis a subject can be made to perform extraordinary and sometimes ridiculous things many hours afterwards. But though post-hypnotic suggestion will over-ride the subject's sense of humour, his respect for conventionality, his ordinary prejudices-yet it will not, as has been amply proved, overcome a deep seated moral sense.

For instance however deeply a subject may be hypnotised the suggestion that he should murder someone will not only fail to take effect but will in almost every case wake the subject up instantly. The only evidence against this is that of Luys who claims to have made his subjects shoot their mothers(with unloaded revolvers)

etc. As all Luys' experiments are made upon professional subjects who spend their lives and gain their livelihood by doing what they are told in his laboratory, it is patent that his evidence must carry very little weight against the negative evidence of men like Bernheim whose experience is with ordinary dispensary patients only.

Another objection that is sometimes raised is that an unscrupulous operator might take advantage of the hypnotic condition for immoral purposes. Of course Chloroform and all other anaesthetics are equally open to this danger, and the very simple precaution which is usual with them, that is of insisting upon the presence of a witness, meets the objection satisfactorily.

But perhaps the most awful dread which the lay mind entertains is that the subject may never wake. It certainly is a most appalling prospect and one calculated to damn hypnotism for ever, if there were the vestige of truth to support it. Fortunately there is not. All hypnotised subjects wake spontaneously if left to themselves; very few present the slightest difficulty in dehypnotisation even to the unskilled

amateur; none suffer from the least evil effects even if allowed to continue in the condition till spontaneous awakening occurs. Sage has reported three cases in America; in one spontaneous awakening took place in three hours, in another in six, and in the third case a doctor who had studied hypnotism, was called in and had no difficulty in dehypnotising. In all three cases it is reported that the subjects felt the better for their sleep.

A lady who was expressing rather strong views on the subject a few weeks ago, brought forward as incontestible proof of the undesirability of hypnotism, that French naval surgeons had been forbidden to make use of it. This was a little startling, but the writer has since been able to satisfy himself that, though the statement is perfectly correct, it has no bearing on the medical applications of hypnotism. What had become a nuisance in the French navy and what had to be condemned was the practice of some of ~~some of~~ the surgeons of hypnotising the men for entertainment and not for therapeutic purposes.

Before leaving the subject of popular objections to hypnotism reference may be made to a safe-

-guard which few people recognise. What is meant is the process of "locking". This consists in giving post-hypnotic suggestions whereby no other operator will be able to hypnotise the subject, or by which a certain other operator will be unable to influence the subject, or again by which the subject will never again be liable to hypnotic influence either from the actual operator who is giving the suggestion or from any other. It must be confessed that this department of the subject needs further investigation; Liébault and Bernheim have described cases, but there seems to be no conclusive evidence as to whether this acquired insusceptibility is absolute or only relative, and whether the subject can counteract it at all by voluntary co-operation when the hypnotist against whom he has been locked endeavours to influence him. This subject will be referred to again under the chapter on the medico-legal aspect of hypnotism.

So much then for the objections to hypnotism and the evil of which it is supposed to be capable. These evils, be it said again, are founded on very fragile, if any, foundation of truth;

none of them can be substantiated by scientific evidence. On the other hand the absolute safety and harmlessness of hypnotism in the hands of a skilled physician is asserted by Liébault, Voisin, Krafft-Ebing, Moll, Jong, Renterghem and Van Eeden, Sage, Lloyd-Tuckey, Kingsbury, Wharton and many others.

(1) Suggestion.

(2) Exhaustion of brain cells.

(1) SUGGESTION, in its narrower sense, is the special method introduced by Liébault and not adopted universally either in combination with other methods or alone as at Amsterdam. It consists in making to the subject such verbal suggestions -- in a monotonous voice -- as "Your eyes are heavy -- they are closing -- you can't keep awake -- you are bound asleep, etc."

In its wider sense, however, suggestion may be taken to include everything which is dir-

CHAPTER IV --- METHODS.

The methods of inducing hypnotism are endless, in fact their number is only limited by the number of hypnotists who have written and practised. Each one has his own method or combination of methods, and to reduce these to any classification or to systematise them is not an easy task.

Leaving out two special methods, to which reference will be made later, there appear to be two headings which will include all the published methods. These are:

- (1) Suggestion.
- (2) Exhaustion of brain cells.

(I) SUGGESTION, in its narrower sense, is the special method introduced by Liébault and now adopted universally either in combination with other methods or alone as at Amsterdam. It consists in making to the subject such verbal suggestions — in a monotonous voice — as: "Your eyes are heavy — they are closing — you can't keep awake — you are sound asleep, etc."

In its wider sense, however, suggestion may be taken to include everything which is dir-

ected to produce in the subject a psychological attitude of expectancy -- beginning with the mere desire to be hypnotised, the reputation of the hypnotiser, the quiet surroundings, etc.

(II) EXHAUSTION OF BRAIN CELLS is a method of producing sleep at all times. Thus the rocking of the cradle, the monotonous lullaby, and even the two o'clock lecture (unless the lecturer succeeds in interesting different brain centres) have all well known soporific effects.

Arranged under the different centres involved, the most commonly used devices are the following:

1. Visual Centre. Bright object.

Revolving mirror (Luys).

Fascination (Donato).

Passes (probably).

2. Auditory Centre. Music (Mesmer).

Verbal suggestions delivered in a monotone.

3. Tactile Centre. Rubbing of the skin.

Passes touching the body.

4. Centre for }
Muscular sense. } Convergence of Optic axes
 (Braid, Nancy, etc.)

5. Olfactory Centre Musk (Binet and Fere).

Mesmer's method then consisted of a combination of suggestion, (not verbal), and exhaustion of the Auditory Centre.

Braid fatigued the centre for the muscular sense by making the subject stare at an object held close to him. Professor Macalister has explained that the inward and upward position of the optic axes is the one which causes greatest strain on Tenon's capsule, thus increasing intra-ocular tension. Lasegue hypnotised by exerting steady pressure on the eye-balls, a fact which certainly supports this theory, but until more is known of the physiology of sleep this cannot be accepted as an explanation.

Donato, an Italian physician, produced hypnosis solely by fascination, i.e. he made the subject stare into his eyes until hypnotised.

Binet and Féré have induced hypnosis by tiring the olfactory centre with musk.

Richet of Paris uses only passes in hypnosis in his work. It must be confessed that the action of these passes is difficult to explain, and likewise is their value difficult to ascertain; professional showmen of course use them constantly, but whether for the sake of the subject or of the aud-

ience, it is difficult to ascertain. A Swiss hypnotist of considerable experience has told the writer that he invariably uses them, and that though he considers them useless, he continues to use them "Just like zat— to please ze patient." Possibly this is the key to their general use.

The method introduced by Liébault, and followed by the Nancy school is as follows:

The operator stands facing the patient, holding two fingers of the left hand about eight inches from the patient's eyes, and a little above them. He then proceeds to suggest in a monotonous voice the various symptoms of sleep, thus "Your eyes are heavy — my voice sounds distant — you cannot keep your eyes open— you are falling asleep— you are asleep— sound asleep—" etc. When deep hypnosis has been reached such suggestions as are appropriate are made with frequent commands of "sleep— sleep." interspersed. This method then involves verbal suggestion, optic convergence, and the exhaustion of the visual centre as well.

Two methods remain to be noted which are so inexplicable that no attempt has been made to

classify them.

Professor Berger of Breslau induces hypnosis by warmth — that of the hand, metal bodies etc. held to the head.

Charcot induced hypnotism in his hysterics by fright alone — the sudden clang of a gong, for instance. It must however be noted that no observers except Charcot's pupils have confirmed this, and that there is no confirmation of Berger's method.

Such is a very brief outline of the main methods of inducing hypnosis; as the subject is better investigated we shall doubtless be more able to explain the manner of their efficacy. In the meantime it appears that a combination of methods, varied according to patients and circumstances, will act best.

The lightest degree of hypnotic influence generally produces a cataplectic condition, in

The influence of suggestion in the waking state is almost too well known to need mention. The oft-quoted experiments on certain condemned criminals in France and Russia are cases in point. Authenticated cases of cures subsequent to pilgrimages to various shrines are undoubtedly to be explained in this way, and every physician knows the value of a hopeful prognosis in neurotic, if not in all, cases.

Bernheim defines hypnotism as "the production of a psychical state in which the readiness of the mind to receive, and its ability to carry out, suggestions are greatly increased".

Suggestion he defines as the "act by which an idea is introduced into the brain and accepted by it as true". During the hypnotic state volition, reasoning and memory may each be suspended or remain unaffected, so that many different stages are produced, varied according to the idiosyncrasies of the subject and the methods of the operator.

The lightest degree of hypnotic influence generally produces a cataleptic condition, in

which cerebation and memory are unaffected while volition is suspended. The subject will retain any position in which he is placed; he will keep his eyes open unless the hypnotiser closes them for him; he is perfectly conscious of all that is going on around him, and knows that he is unable to move; when the influence is removed he remembers all that passed during the time he was under the influence.

A stage which is very similar to this is characterised by unimpaired memory, apparent consciousness, and obedience to the hypnotisers instructions. In this stage the phenomenon of imitation may be seen, when the subject imitates every action of the hypnotiser, or that of "continued movement", in which a movement started by the hypnotist is kept up indefinitely until checked by him. In this stage also all sensations are perceived in an exaggerated degree,— colours appear brighter, sounds louder, etc.

When the patient is falling more completely under the influence, he feels drowsy, his eyelids close, and he passes into the actual hypnotic sleep, characterised by complete suppression of memory, reasoning, and independent volition.

But while the subject remembers nothing of what he has heard, done or felt during the hypnosis, the permanence of the brain impressions may be evinced in two ways. First, he will carry out many hours or days later an order given to him during hypnosis; and, secondly, he will recall the impressions of the first hypnotisation when hypnotised again. For instance, A hypnotises B, and makes a post-hypnotic suggestion to him that at a certain hour next day he will visit a certain friend. At the given hour he goes to see the friend; he sees nothing peculiar in his action and resents the suggestion that it needs explanation; he strenuously denies that his action is in any way connected with the previous day's hypnosis. We will now suppose that B is hypnotised by C, a third party; when asked why he called on his friend at such an hour he will at once explain that A made him do it; and further, he will be able to recall anything else that happened while A was hypnotising him.

During the deep hypnotic sleep the subject can be rendered anaesthetic to almost any degree; as has already been mentioned anaesthesia sufficient for major operations has been produced.

The patient will also obey any command given to him with such exceptions as have already been referred to. Further he can be rendered anaesthetic on one side of the body only, so that a pin-prick will not be felt on one side, while on the other it will instantly awake the patient— probably with a scream. Professor Pitres of Bordeaux gives some extraordinary cases of unilateral hypnotisation, which have occurred in very neurotic subjects. Thus he gives the case of Paule C., 20, milliner, markedly hysterical, with complete right hemianaesthesia. She is easily hypnotised by fixing the eyes; if only one eye is fixed she is hypnotised on that side only; when only the left eye is fixed, the left side becomes cataleptic while the right remains normal. If spoken to on the right side she answers in her normal voice that she is awake, and suggestions fail to produce hallucinations; whereas if spoken to on the left side she replies in the typical hypnotic voice that she is asleep, and she can be influenced by suggestions. If she is told that she is in a garden and may pick the flowers, she will look surprised and angry if the suggestion is made in the right ear, but when the same sugges-

tion is made into the left ear she will at once bend down and go through the actions of picking flowers. Such a case belongs rather to the domain of pathological than of physiological hypnotism.

Again, in the hypnotic sleep a patient may exhibit increased muscular power, being able to lift weights wholly beyond his strength when awake.

The difficulty of explaining this phenomenon will be referred to in a later chapter.

Another curious manifestation in deep hypnotic sleep is that termed by the French "Rapport". By this is meant that when A has hypnotised B he can transfer the influence to C, so that B ceases to execute A's commands, and only obeys the suggestions he receives from C. Nor can A dehypnotise him until C has retransferred the influence.

But for practical therapeutic purposes, the most important phenomenon of the deep hypnotic sleep is the susceptibility to post-hypnotic suggestion. By this, analgesia may be produced which will last for an indefinite period after the hypnosis; hallucinations may be caused; sleep may be procured at a given time and for a

given period; moral aversions may be ^{im}planted and the performance of almost any action ensured. Examples of such suggestions in the treatment of disease will be given in a later chapter.

Here an instance of hallucination may be cited only. It is suggested to a subject during hypnosis that his hair has turned red; when awakened he ^{re}mbers nothing and if asked what colour his hair is will truthfully say that it is black; but the first time that he sees himself in a looking-glass he will turn pale with horror at the appalling transformation. If friends assure him that there is no change he merely infers that they are colour blind, and his painful delusion can only be dispelled by a counter-suggestion when hypnotised again.

But the effect of these suggestions is not limited to the perceptions, nor does their therapeutic value lie in their application to neurosis only.

They may be used, to an extent difficult to realise in controlling the functions. Thus it has been pointed out by several observers that a postage stamp and a cantharides blister will respectively produce vesication and no result if a suggestion to this effect has been made during hypnosis.

Similarly peristalsis, micturition, and even haemorrhage have responded to treatment by suggestion.

The principal features of the hypnotic state have now been described. To enter into the varieties of phenomena which have been described by various authors, and which cannot be called typical, would supply material for bulky tomes and is outside the compass of this work. The next question will therefore be considered, that of dehypnotisation.

It will be convenient to discuss this subject under three heads, to which may be given the names of spontaneous, automatic and immediate awakening.

By spontaneous awaking we would mean such cases as are left to themselves to "sleep off" the hypnotic influence. The time in which this occurs, and the absence of evil after-effects have already been referred to in dealing with the objections to hypnotism.

The term automatic we would apply to awakings produced by hypnotic suggestion, but not at the time of the suggestion. For instance during hypnosis the subject is told to repeat the

alphabet, and at the same time a suggestion is made that at the letter E he will waken up. Or else he is told that when he hears a certain song he will wake at the end of the second verse; or simply that he will awake in ten minutes, and so on. It may be mentioned here that several observers remark the extraordinary accuracy with which time is gauged under hypnotism.

Immediate awaking would include the ordinary methods of dehypnotising, such as commands to "Wake up!", fanning, clapping the hands, etc.

In dehypnotising subjects hypnotised by another operator, the ordinary methods sometimes fail, in which case it is necessary to arrest what may be called the hypnotic attention and enforce obedience to one's commands, after which a suggestion may be made that on hearing three counted, for instance, he will wake. The hypnotist then counts and as he reaches three claps his hands loudly, perhaps shaking the patient at the same time.

Patients on waking from hypnotic sleep sometimes complain of feeling cold, giddiness, headache, etc. Though this is unusual a wise precaution observed by most medical hypnotisers, is

to suggest, before waking the patient, that no unpleasant after-effects will be experienced, but that a general feeling of warmth and refreshment will succeed.

A very interesting form of hypnosis remains to be discussed, namely that of Auto-hypnosis. It may be defined as the induction of the hypnotic state by voluntary suggestions on the subject's part. It may be produced by convergence, and many people can induce sleep in a dark room by merely keeping the eyeballs strained upwards and inwards. Again, it is no difficult matter to put oneself to sleep by rhythmical tapping on the top of the head, and some persons find ~~that~~ the repetition of sleep formulae, combined with the concentration of the attention on the idea of sleep, to be sufficient. To call this sleep hypnotic is probably incorrect; Bernheim's criterion, which we have adopted, cannot be applied, for the heightened receptivity of the brain only exists towards the suggestions of the Ego who is now asleep. It ^{is} ~~thus~~ obvious that the value of this sleep is only intrinsic, and that the extrinsic worth of post-hypnotic suggestion is lacking. Many persons however who

have taken the trouble to acquire the art of putting themselves to sleep, have found it of great service.

It will be convenient to discuss at this point two questions of the ^tmost importance—

Who can be hypnotised? and Who can hypnotise?

First, as regards the proportion of persons who are susceptible, the evidence is conflicting.

Thus various writers place the percentage at 30, 70, 80, 90, while 95% is claimed by Renterghem and van Eeden, and 97% by Liébault.

Bernheim, Sage, Tuckey and many others give 90% as their experience. In considering these statistics certain points should be borne in mind, and first of all, that the number of persons hypnotisable at the first sitting is very far below that of those who are hypnotisable at perhaps the third or fourth sitting; then it must be remembered that the class of patients among whom the statistics are collected probably influence the percentage. Great scepticism has been shown towards the high figures that are quoted by the best hypnotists, but it must be remembered that hypnotising is an art in which great practice is needed to acquire the maximum of skill. Many

who have begun to practice hypnotism, discouraged by the high percentage of persons whom they could not influence at the first sitting, have laid the blame on hypnotism itself, and published their failures as incontestible evidence of the worthlessness of this method of treatment. As an example of the necessity of persevering in some cases Sage records a case of a lady who had to undergo an operation and who was not considered a fit subject for chloroform. The Surgeon failed to hypnotise her, as did several physicians who tried. Sage failed to make the slightest impression after 30 minutes, but when he had repeated the attempts daily he induced deep hypnotic sleep on the 7th. day and on the 8th. the operation was painlessly performed.

It appears that sex has no predisposing influence, and the fallacy that the weak-willed and weak-minded are more easily affected has been previously dealt with. Age has a definite influence on susceptibility: from Liébault's statistics it appears that from 7 to 14 the percentage of susceptibles is a 100%. From 14 to 21 and from 56 onwards the largest number of unsusceptibles are found and from 21 to 56 the percentage is 92% of sus-

-ceptibles.

Some professional entertainers, in selecting subjects from their audience, use certain physical tests to single out those who will be most easily influenced. These tests consist in making the subject lock his hands and then by vigorous suggestions while still awake preventing him from opening them.

Finally in answer to the question "Who can hypnotise?" there is probably no one who could not hypnotise. The process needs skill and tact but requires absolutely nothing that cannot be taught to a person of ordinary intelligence; it demands perseverance, as we have seen, but no special gift and no extraordinary will power. As to the question of amateurs and hypnotism, it appears that in a very small number of cases they may do some harm, and on this account the amateur should be discouraged, but at the same time the wholesale havoc of his friends nervous systems that we hear attributed to him is absolutely out of his power.

CHAPTER VI --- TREATMENT UNDER HYPNOSIS.

Before dealing with the therapeutic applications of hypnotic sleep, reference must be made to treatment by suggestion in the waking state.

That benefit is to be obtained by this method in certain cases, cannot be doubted. Many of the cures of the Faith-healers were genuine cures, obtained by a method which deserves its place as a therapeutic agent in that it is in accordance with a law of Nature which we recognise. At the same time the Faith-healers' strength lay in their weakness; if only the genuine cures had been boasted of, their achievements would have appeared so inconsiderable that their patients would have come with much less "faith", and their suggestions would have lacked the support of the expectant mental attitude, and so would have worked fewer wonders. Exactly the same thing may be said of the Magnetic Healer of today, whose methods, though presented in a different setting, are exactly the same as those of last generation's Faith-healer—namely, suggestion in the waking state. And here too we may find a clue to the explanation of the benefit derived from suspen-

sion in Locomotor Ataxia, the satisfactory results of treatment by gold salts, the glowing testimonials (if genuine) in favour of Electro-pathic belts, and so on.

Treatment during hypnotic sleep almost reduces itself to the production of anaesthesia.

As an anaesthetic hypnotism has the primary and all-important advantage of being absolutely safe.

No death on the operating table has ever been recorded when the anaesthetic was hypnotism.

Furthermore, there is no sickness, nausea or headache liable to follow its use; by suitable suggestions shock is greatly reduced, and finally, a period of analgesia, after consciousness has been restored, may be ensured. Though the amount of evidence with regard to hypnotism as an anaesthetic is unfortunately small, these points seem to have been clearly demonstrated. On the continent this use of hypnotism has not been practised to any great extent, but in America at the present time it is largely adopted. To suppose for an instant that it can wholly replace our present anaesthetics, would be absurd; for to be reliable time must be given for at least two or three preliminary sittings, in order that the patient may

become accustomed to the process, and in order that the hypnotiser may learn the idiosyncrasies of the patient, and have absolute confidence in his power of producing anaesthesia. Another limitation of its use as an anaesthetic is that, obviously, it is powerless when the patient is stunned, insane, intoxicated, distracted with pain, or even deaf.

In the minor surgical operations there can be no doubt that this is a satisfactory anaesthetic. Specially does it seem applicable in cases of urethral stricture; there the pain is often intense and the operation of dilatation has perhaps to be repeated every day for a fortnight; it is not desirable to administer Chloroform, and local anaesthetics are valueless. In such a case one would think that the surgeon would find it well worth his while to hypnotise the patient, the process occupying but a minute or two after the first two or three attempts.

Dental surgeons have used hypnotism to a considerable extent in America. Here it seems unlikely that its use will meet with general favour. The anaesthetic now used by dentists is so thoroughly satisfactory that one would hardly

suppose preliminary sittings for hypnotic anaesthesia worth while. At the same time Nitrous Oxide gas produces only a very short period of anaesthesia, and it is conceivable that in difficult and tedious extractions the dentist might prefer his patient to be hypnotised.

In Obstetrics we have a field in which hypnotism appears to stand unrivalled as an anaesthetic

In the first place no trouble should be experienced in securing a few preliminary sittings; in the second place the anaesthesia may be continued during the whole labour without doing the least harm; in the third place by appropriate suggestions the action of the abdominal muscles can be eliminated and then brought into play, (and to greater effect) along with the anaesthesia; fourthly, analgesia may be secured after the delivery, and finally, some claim that Post-partum haemorrhage may be influenced by suggestion. Certainly these are advantages which no other anaesthetic can claim, and it seems certain that in the hands of a skilful operator, even a difficult labour may be rendered painless without prejudice to the course of the delivery. A very remarkable case of this kind is recorded by Kingsbury and

will be found in a subsequent chapter.

In gynecological practice the advantage of unconsciousness and of complete relaxation make an anaesthetic often desirable; here again there seems to be a place for the harmless anaesthetic and in such cases as gradual dilatation of the os for stenosis, hypnotism would offer special advantages.

In conclusion, it seems just to say that as an anaesthetic hypnotism deserves a fair trial in our country; such a trial would involve no risk and would appear to offer hope of satisfactory results. Certainly it would be a safer field for those gentlemen who are at present experimenting with Cocaine in their patients' spinal cords.

CHAPTER VII --- TREATMENT BY POST-HYPNOTIC

SUGGESTION.

In the preceding chapter an attempt has been made to shew that in certain circumstances hypnotism, as an anaesthetic, excels any drug at present used. If this is true of hypnotism it is still more the case in regard to treatment by post-hypnotic suggestion. Not that such a treatment is in any way a panacea for human ills, but the unanimous evidence of all the best writers puts beyond question the efficacy in many classes of disease, of suggestive treatment. Fortunately this efficacy is most marked where our present drug treatment meets with least success—namely in the neuroses, drug-habits, moral depravities, neuralgias, and so on.

The simplest use of post-hypnotic treatment is in the treatment of Insomnia. In such cases the patient may be hypnotised in bed and told to waken at a certain hour; or else by suggestion given in the consulting-room, he will begin to feel drowsy at a specified hour, and sleep for a given number of hours. Or again, he may be given a sleep formula, or even the physician's card in

an envelope, and told that whenever he looks at it he will fall asleep. Kingsbury gives several cases in which this plan worked infallibly.

The remaining cases in which suggestion seems to act well, appear to fall into two groups — those in which the pain-perception centre is paralysed, and those in which inhibition is strengthened. This classification does not include quite all the cases written about, but it is near enough for our purposes.

Of the first group there are the neuralgias, arthrites, ovarian pains, pleurisies and others.

In a subsequent chapter instances of these cases will be cited. At present let it suffice to say that here the suggestion produces pure analgesia with no drowsiness nor impairment of tactile sensation—marked advantages over most of our analgesic drugs.

Among the diseases benefitted by increased inhibition hysteria, in its countless forms comes first. Charcot's school consider this the only disease amenable to hypnotic treatment, but the mass of evidence opposed to this leaves no question in the matter. Babinski and Pitres have both studied specially the uses of

hypnotism in treating hysteria, and both give many cases of great interest. They agree however with Bernheim and Charcot who state that the benefit is not likely to be of a permanent character in all cases of hysteria, as the patient is not anxious to be cured. But a serious case of hysteria cured at the cost of renewed hypnotisation every few months, would satisfy most practitioners.

It must be borne in mind however that some hysterical patients are hard to hypnotise, owing to their inability to concentrate their attention.

On the other hand Charcot could hypnotise some of his hysterical patients by merely clapping his hands.

Passing from hysteria we find that post-hypnotic suggestion has cured cases of neurasthenia, railway spine, fixed delusions of the milder types, melancholia, masturbation, dipsomania, morphinomania, etc.

If it is scientifically correct to say that a disease of co-ordination is cured by increased inhibition, we may also class stammering in this group, in connection with which many very satisfactory cures are recorded.

Another disease which might come under

this group if we understood its aetiology more thoroughly, is asthma. Some obstinate cases of this disease have yielded most satisfactorily to treatment by suggestion.

CHAPTER VIII --- SOME RECORDS OF CURES.

The following cases selected almost indiscriminately from numerous records available, cannot be taken as typical of all forms of disease successfully treated by hypnotism, but may nevertheless afford some idea of the scope and application of these methods.

1. Labour. The following is a synopsis of Kingsbury's case, published in the British Medical Journal of Feb. 28th. 1891.

V. S., aged 14 years 7 months, was brought to me in Nov. 1890, being in the seventh month of pregnancy. She was of stunted growth and the labour threatened to give trouble. The parents consented to her being hypnotised, and in all she was hypnotised twelve times, at intervals of a week, before the labour. Labour began at 7p.m. on Feb. 17th. She was hypnotised and told to sleep until wakened, and to bear down whenever a pain was felt. The pains steadily increased in violence and frequency, and as each came she groaned loudly; but all the time assisted herself as directed. At 11p.m. she was delivered of a

female child weighing $8\frac{1}{4}$ lbs. absolutely without aid. The placenta followed in ten minutes.

I awakened her at 11.30 p.m. by blowing on her eyelids; she opened her eyes instantly, and said she felt "all right"; that she had no recollection of what had happened and that she was positive she had had no pain. She made a good recovery and the baby is doing well.

2. Neurasthenia. The following case is from Bernheim's "Suggestive Therapeutics".

Mlle. X--. 27, generally enjoys good health. She is intelligent and has never been neuropathic, until, in August 1885, she had two nervous crises in consequence of some unpleasantness.

The first lasted two hours, the second appeared four days later and lasted from 9 to 4 in the afternoon, being characterised by severe convulsive movements and strangulation without loss of consciousness.

The crises have not been repeated. Mlle. X. was nervous for some time and impressionable. She had no appetite. Then a visit to the country restored her to her usual health.

Since November she has again felt a good

deal of discomfort: complete loss of appetite, gloomy ideas, general demoralisation, insomnia, often she does not sleep until daybreak; if she sleeps she has nightmare, and for about ten days she has had vertigo, especially when in bed.

Constant tremor agitates her limbs to such an extent that she can hardly pour out a glass of water. This nervous condition has resisted all treatment: bromide, ether, and other antispasmodics.

Mlle. X. who is very courageous, tries in vain to regain her self-control.

After long hesitation she comes to consult me on Feb. 15th., with the idea of trying hypnotic suggestion in spite of her scepticism.

I hypnotise her easily; she goes into profound sleep; post-hypnotic hallucinations can be induced.

I suggest the disappearance of all the morbid symptoms and sleep at night.

After two scéances on the 15th. and 16th., she no longer feels the slightest discomfort; no more tremor; she sleeps until six o'clock in the morning without any disturbance, her appetite is better than ever, her melancholy has disappeared,

the cure has continued up to the present day.

3. Melancholia. The following case is from "The practice of hypnotic suggestion", by Kingsbury.

Mr. B. W. aged 30, had, owing to a series of disappointments, become quite morbid, and wandered about all day, pondering on different methods of suicide.

He had lost his appetite, and complained of a feeling of constriction across his chest, and various obscure pains about the umbilicus, and want of sleep.

One sitting, in which he became slightly cataleptic was followed by a wonderful difference in him, and he remained bright and cheerful for several days, eating and sleeping well and free from pain. As he expressed it himself, "the world was changed and he felt as happy as the day was long."

As there were slight threatenings of a relapse, it was necessary to repeat the hypnotism several times. He was called away from Blackpool, but left a firm believer in hypnotism, and as I understand keeping well.

After a lapse of several months, this patient

called upon me and reported that he had not had any return of his morbid feelings.

4. Epilepsy.

Alphonse L---ⁿ is a weaver, 40 years old. He has epilepsy. He came to the hospital on Oct 21, 1884. there is no direct hereditary history. Between the sixth and thirteenth year he had glandular abscesses in the sub-maxillary region. When he was eight years old he had his first attack, without any aura. Four years afterwards, if his memory is correct, which is always doubtful in cases of epilepsy, he had the second, preceded by a burning sensation which went through his head, by a blow upon the head, epigastric weight, and alternate flexion and extension of the thumb. He was pretty well, except for slight attacks, until he was twenty years old. Since then the attacks have been more frequent. Four years ^{ago} he broke his arm by falling. His wife says that he sometimes has three or four attacks a week. For the last twelve years he has ^{never} gone more than two months without having an attack. For the last seventeen days he has had three attacks a day, after having passed eight

days without one . the week preceding his admission to the hospital he had three attacks. He often has three or four attacks during the day, with intervening coma. He has sometimes bitten his tongue . On the 18th, at eight O'clock in the evening, he had an attack, and had two during the next day, the 19th, and one in the evening; the next day he felt too weak to go to work. Each attack is followed by tremor which lasts several days. Further, for the last two years he has had convulsive shocks nearly every night. Before or after the attacks, sometimes after an interval of eight days, he often has wanderings and transient hallucinations.

We find that his intelligence is somewhat dull, his temperament lymphatic, and his constitution delicate. There is slight tremor in both hands which has existed since the 18th. The right hand gives 22 by the dynamometer, the left 37.

23rd.— Tremor still continues. He says that his upper limbs were rigid during the day.

24th— Condition same. Neuralgia. Hypnotization; light somnambulism. Suggestion. Upon awaking the neuralgia has disappeared. The next night

the patient sleeps well, which he has not done for eight days. The tremor has also disappeared. On the 26th, a new suggestion; the patient still feels better; the tremor, which was very decided before the first séance, has not reappeared; and the patient sleeps well.

On the 31th, the right hand gives 30 by the dynamometre, and 47 after a hypnotic suggestion.

The left hand gives 27 before and 37 afterwards.

On the 1st of November, the right hand gives 40 before, and 51 afterwards; the left still gives 37.

On the 2nd the patient is still doing well.

He has had no Paroxysms and no tremor. The right hand gives 37 before, and 43 afterward; the left hand 39 and 46. The patient stays until November 9. He no longer complains of anything and asks for his discharge.

5. Alcoholism. The following case was reported in the "Hypnotic Magazine" by Professor Keyes of Chicago.

July 20, 1896.— Mr. H. G., aged 54, lawyer.

A continual drinker for the past twenty years.

His friends said that they could truthfully

say that he had not drawn a sober breath for five years. He has had two attacks of Delirium Tremens and when he was presented for treatment was in a very nervous condition. He was put into the somnambulistic state, and suggestions made to the effect that it would make him vomit to think, smell or taste whiskey or beer.

The patient improved in general health rapidly, the craving for drink entirely disappeared, and he reported that he could pass saloons without a desire to go in. The patient remained well for one year when I lost track of the case.

6. Rheumatic Paralysis. Bernheim gives the following case.

G—, 49 years old, a labourer, was in a café on June 21, at six o'clock in the evening, when he suddenly felt that he could not lift his right hand. The fingers and the lower third of the fore-arm were anaesthetic and felt dull and heavy. Seven years ago he had articular rheumatism, localised in the upper limbs; the pain and swelling lasted four days then disappeared; but the arms were paralysed for six weeks. G— works in a damp atmosphere. Diagnosis: Rheumatic paralysis.

He came to the dispensary for four days, and electricity was used without result.

He then went to consult my former chef de clinique, Dr. Elime Levy, who found complete paralysis with anaesthesia of the limb. The patient could not make the slightest movement.

Dr. Levy hypnotised him (profound sleep).

Upon waking sensibility was restored, and the patient could again lift his hand.

After the second scéance, the movements were still more pronounced. Dr. Levy sent the patient to my clinic on June 30. We find the right hand slightly swollen. The middle, fourth and little fingers are bent into the palm of the hand at an angle of 120 degrees. The patient can grasp well with the hand. He straightens the wrist, but with some difficulty. No anaesthesia.

After two hypnotic séances, the patient opens his hand easily, and straightens his wrist perfectly. The cure is complete.

7. Asthma. From "Hypnotic suggestion".

H. M., aged 51, had for a number of years suffered from asthma every winter. When I first saw her she had had three particularly bad nights, unable



to lie down or sleep, and had not dared to go to bed. She was gasping, and her face quite dusky.

She was only very lightly hypnotised, but felt her breathing greatly eased, and was able to go to bed at once and lie down; she slept soundly all night.

Two days later she was again hypnotised, the urgent symptoms having entirely subsided she was ordered a quinine tonic; and after two months she called upon me to say she never had felt so well in her life, and that though it was still winter she had kept free from anything like a severe attack of asthma.

CHAPTER IX -- THE THEORIES OF HYPNOTISM.

The effects of hypnotism are fairly obvious to those who look for them, but the manner of its working is still the mystery it was in the days of Braid. Round the questions of sleep and of subconsciousness are ranged the most interesting and profound problems of psychology, and now there must be added to these the great group of problems which hypnotism has brought with it .

What has been written so far does not seem to be very satisfactory. Braid attributed the condition to the eyes being tired. Liébault propounds a theory of accumulated nervous energy, but it must be admitted that, though unimpeachable with regard to the observation of facts, the founder of the Nancy school is not convincing when he theorises. Heidenhaim formulated a theory which he afterwards discarded, that anaemia of the brain was the explanation we seek for. Though he was doubtless perfectly right to discard this as a theory of the causation of the condition, the experiments of Mosso of Turin, seem to make it clear that cerebral anaemia is a concomitant phenomenon. For his first theory Heidenhaim

substituted one of inhibition of the ganglia of the cortex. Bernheim builds up his theory on heightened receptivity and suggestion. James in his book on psychology, merely refers to the subject, and looks forward to the time when careful study will be given to the psychological aspect of hypnotism.

These and kindred explanations help us but little. If we look into the question, we have to place the phenomena of hypnotism in that important and comparatively unexplored borderland between the cerebral reflex and conscious cerebration. The facts we have to explain are something higher than the cerebral reflex for they demand a certain amount of cerebration of a kind.

Then they are independent of,— we might say behind— the primary consciousness, for when the patient wakes he has no memory of what has taken place; then they form their own store of memories and brain associations, which remain isolated from the ordinary trains of conscious memory— and yet the store of these associations and memories can automatically unlock itself, so to speak, as in the case of post-hypnotic suggestions timed for a certain hour. Furthermore, these impressions

let loose on the waking consciousness can command the volition, and yet stifle Reason's usual question: Why is this being done?

Again in the hypnotic state motor energy can be directed into almost any channel in an extraordinary way; thus the hands of a patient in the cataleptic stage are placed above his head; awake he could perhaps keep them there for three minutes; hypnotised they will remain perhaps thirty. In other words, by suggestion, (in this case placing the hands in the position) motor energy has been directed out from the cortical cells commanding the arm; this has continued to flow out for a much longer time than would have sufficed to exhaust the cells in the waking state; nor has the individual been able to check the output of energy, for he was unable to relax the arm, nor yet could he direct it into other channels to innervate other muscles. Similarly in the automaton stage the phenomenon of "continued movement" is really a continuous output of energy, from not one set, but a series of nerve cells in rotation; here again the subject can neither check the outflow nor alter the order in which different groups of muscles are energised. This

increased output of nerve energy is what Liébault would explain by his theory of accumulated nerve energy, assuming that the parts of the brain which are not functioning give up their energy to increase the output of the cells, or groups of cells, still in action. This would explain the phenomenon noted in a previous chapter, of subjects being able to lift far heavier weights than they could move when awake.

The matter of analgesia produced by suggestion, must depend on a paralysis, or better, an isolation, of the pain-perception centre, or of one side of it, or of any given local area.

The production of hallucinations is interesting, but the case exemplified in a previous chapter is one of a most interesting group of hypnotic hallucinations, where the hallucination is made to come through one of the senses. That is to say, the victim of the red hair delusion, obtained his delusion only through the avenue of the sight, so to speak.

In speaking of the exaltation of the sensations, an English author mentions that touch may be more sensitive during hypnosis, the points of a compass being distinguished at a much small-

er distance. We are prepared to believe a great many things in hypnotism, but surely this, if true, is a most astounding phenomenon! Do the tactile corpuscles draw together under hypnotism, or do Paccini's bodies undergo a temporary multiplication? Otherwise how can the fact be explained?

3. Nevertheless, we shall gladly accept even this, as we always have to accept the inexplicable in hypnotism, if it receives confirmation.

4. That it can be variously induced.

5. That in all cases the co-operation of the

subject is necessary (disregarding Charcot's

hyper-susceptibles, whom he estimates at 1 in

20,000).

6. That all persons are capable of being hypnotized.

7. That to a skilled operator 90% of some persons over three years are hypnotizable.

8. That no permanent or absolute control over the subject is obtained by the hypnotizer.

9. That strong-minded persons as a rule constitute the best subjects.

10. That dehypnotization is easy, and instantaneous, and is not influenced by harmful effects.

11. That there are no dangers except from over-

CHAPTER X --- CONCLUSION.

In conclusion, what has been proved and scientifically demonstrated, with regard to hypnotism?

1. That hypnotism is a genuine natural phenomenon.
2. That it consists in a state of heightened receptivity.
3. That hypnotic sleep is beneficial.
4. That it can be variously induced.
5. That in all cases the co-operation of the subject is necessary (disregarding Charcot's hyper-susceptibles, whom he estimates at 1 in 10,000).
6. That all persons can acquire the art of hypnotising.
7. That to a skilled operator 90% of sane persons over three years are hypnotisable.
8. That no permanent or absolute control over the subject is obtained by the hypnotiser.
9. That strong-minded persons as a rule constitute the best subjects.
10. That dehypnotisation is easy, and spontaneous waking certain, unattended by harmful effects.
11. That there are no dangers except from unscrup-

ulous operators.

12. That as a therapeutic agent it is useful in certain neuroses, and particularly in the treatment of drug-habits.
13. That as an anaesthetic, it has limited applications, but presents great advantages in certain cases.

Hypnotic and post-hypnotic treatment have a future of usefulness before them; that future will not be realised in our country until exhaustive reports on their applications to disease have been made by skilful hypnotisers; as long as the medical profession accepts the evidence of hypnotists whose experience and skill are not sufficient to ensure the best results, so long will the profession deny to these methods the place which they deserve as therapeutic agents.

Is it too much to hope that some facilities will be afforded to the rising generation of medical men of acquiring that skill, without which their opinion on hypnotism must necessarily be valueless? Is it too much to hope that the Profession will give to this subject that impartial hearing which it invariably accords to all other

medical innovations, and which it has as invariably refused to hypnotism?

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