

HYPNOTISM AND SUGGESTION

A PRACTICAL HANDBOOK

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“ Will not that be a thing worthy of doing ; to deliver ourselves from quacks — sham heroes ; to deliver the whole world more and more from such ? ”

(*Carlyle—“ Past and Present.”*)

C O N T E N T S

CHAPTER	PAGE
I. INTRODUCTORY.	1
II. METHODS OF INDUCING HYPNOSIS.	20
III. THE EARLY PHENOMENA OF HYPNOSIS.	36
IV. THE DREAM-STATE.	50
V. SOMNAMBULISM.	56
VI. MUSCULAR PHENOMENA.	82
VII. SENSORY PHENOMENA.	90
VIII. POST-HYPNOTIC INFLUENCE.	95
IX SUGGESTIVE THERAPEUTICS.	104
X. THE SCOPE OF SUGGESTIVE THERAPEUTICS.	112
APPENDIX	
I. THE INDUCTION OF HYPNOSIS.	121
II. THE USE OF PASSES.	128
III. THE STAGES OF HYPNOSIS.	131
IV. THE INDUCTION OF HYPNOSIS BY DRUGS	133

INDEX



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P R E F A C E

The object of this book is to explain the technique of **Experimental Hypnotism and Suggestive Therapeutics**.

In the following pages I have endeavoured to divest the subject of the air of mystery and secrecy with which it is popularly invested, and to show that by careful attention to certain practical rules the phenomena of hypnosis can be investigated by any intelligent person. The difficulties and possible dangers are carefully pointed out, and the scope and limitations of Hypnosis and Suggestion in medical practice defined.

It has not been my intention to discuss very deeply the problems of hypnosis, as the subject has been so adequately dealt with from the theoretical standpoint in recent years. But when taking up hypnotic work I felt that there was great want of a practical hand-book written by a medical man for medical men, and it is that want which I have striven to supply.

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INDUCTION OF HYPNOSIS BY BRAID'S METHOD.

CHAPTER I.

INTRODUCTORY.

IT is a curious thing that the majority of people at the present day imagine that Hypnotism is a weird and occult art, the secrets of which are kept in the hands of a few adepts whose powers are terrible and unlimited. Moreover, it is still more curious how little they attempt to free themselves from such a superstition, without troubling to see if the wonders of this 'black magic' can be explained by the application of a few elementary psychological principles. Unfortunately there is a fashionable tendency at the present time to dabble in any pseudoscience to which the term 'psychic' can be applied; hence the spectacle of crowds of drawing-room 'psychologists' venturing into their beloved 'borderland'; playing with fire as they fancy—in truth the willing dupes of a horde of 'mediums' and 'psychists' of all kinds who batten and prosper exceedingly because they understand the enormous influence of Suggestion in everyday life, and use this knowledge to their own advantage.

Another popular fallacy is the belief that the condition of hypnosis is necessarily one of sleep in which all initiative and personal will has gone, so

that the hypnotic subject is entirely at the mercy of the operator. Certainly the word "hypnosis," which essentially means "sleep," is sufficiently misleading to account for this belief, and it would be a good thing if it could be replaced by some expression which more readily indicates the implied state.

However, before proceeding with an explanation of the mental states comprised by the term hypnosis it will be as well to define what we mean by Suggestion. And I think this may best be described as *the insinuation of an idea into the mind.*

Verbal Suggestion.

Now it is obvious that of the many ways in which an idea can be implanted in a person's mind the most powerful is by the direct method of verbal expression. For example, a man might glance out of a window and note that the sky was overcast; this would give rise to the idea that possibly it was going to rain, that is, would act as a "suggestion" of a possible storm. But this new idea would be of little intensity and would quickly vanish under ordinary circumstances. Suppose now that a friend had entered and said "It is going to rain, the sky looks very black" then the idea of an oncoming storm would be much more potent and would definitely arrest his attention. Again, a person for some reason may have the idea that he was not quite well; possibly this has been suggested to him by a feeling of lassitude. But he may dismiss it from his thoughts and occupy himself with other

things. On the other hand, suppose he has met a friend who said with emphasis :—

“By jove, you *do* look ill” !—Then the idea of actual illness would have become much more intense so that the associated idea of treatment or of consulting a doctor would soon present itself.

In everyday life the influence of suggestion, both direct and indirect makes itself felt to an enormous extent. And chiefly because no idea of any intensity will exist alone ; it of necessity in turn “suggests” other ideas which are said to be “associated” in reference to the original idea. Thus at certain times a feeling of hunger suggests the necessity of a meal ; a similar idea may be originated by the sight or smell of palatable food, and in turn these ideas start in the mind a host of other ideas associated with them. It is extraordinary how everybody associates certain ideas, for example many people object to the smell of certain flowers because they associate them with funerals. Indeed the very basis of memory itself is the power of associating ideas.

The key-note of a diplomatic triumph is usually if not always—Suggestion. Gradually leading up to a desired objective by an association of ideas in the mind of his opponent, one man tries to get the better of another. The one who is most adroit in the methods of insinuating the necessary ideas is the victor in the mental struggle. This is what is popularly known as a contest of “wills.”

Almost everyone will associate certain music,

places or occurrences with past experiences, and the association is the more intense the greater the impression made by the particular experience. I recently came across the case of a lady who had some time previously been attacked and sadly mauled by a mad dog; for years afterwards she could not see a dog without experiencing a severe shock. The association of the idea of a dog with the idea of her terrible experience was of course very intense; so much so that it was a very long time before she could sufficiently inhibit the associated idea as to move about the streets in comfort.

Suggestion and Hypnosis.

Now one very important difference between a person in hypnosis and the same person in normal life is that whilst in hypnosis he is peculiarly responsive to suggestion. He may be quite conscious of his surroundings and of all that is going on, but he will respond to suggestion in a way that he does not at ordinary times. One says to a friend suddenly "You cannot move your left arm"—he laughs and shows you that he can. If he be hypnotised to even a slight degree and you repeat your statement, he will find that *he cannot move his arm*. And so much does this increased response to suggestion distinguish hypnosis from the normal that Bernheim proposed to indicate the condition by the expression

"A State of Exalted Suggestibility."

What then constitutes the difference between

this state of exalted suggestibility and the ordinary mental state?

Hypotheses to explain Hypnosis.

A vast number of hypotheses have been put forward in answer to this question. Of these, the most satisfactory have been based either on the Theory of Dual Consciousness or on the principles involved in the mental mechanism of Attention. The duality of mind has been very strongly insisted on by a great number of investigators and supported by a vast amount of evidence collected by the late F. W. Myers. At the present time this hypothesis is unhesitatingly accepted in many quarters. Its essential principle is the division of mind into a conscious or objective part which is in immediate relationship with our environment and represents mental life as it is commonly known to everybody; and a subconscious or subjective part which is not manifest to us in the ordinary course of events. Myers expressed this by naming the mentalisation that rose above the *threshold* of consciousness—the Supraliminal Mind, and its complement—the Subliminal Mind. The hypothesis states that the Subconscious Mind is of enormous importance in that it is in direct relationship with all bodily functions. It is moreover, credited with being possessed of far greater power over these latter than the Conscious Mind which masks it; and further is a store for the memories of everything that has occurred in the life of the individual.

Yet the Subliminal Mind is lacking in initiative and its potentialities are only manifested when the Conscious Mind is in abeyance.

It has been argued that possibly the lower types of animals such as the earthworm have their consciousness restricted almost entirely to the processes of physiological life. And that types higher in the zoological scale have an increasingly complicated relation to their environment so that a special mental mechanism is developed to deal with it. In this we have the beginning of conscious life as we know it,—that is consciousness in relation to environment. Certainly in ourselves the control of vital processes is entirely relegated to lower brain centres which work subconsciously, so that in health we are oblivious of such processes as digestion, respiration, and circulation. Again we know that many routine acts of daily life are automatically carried out without our actually being aware of them; such acts as walking, eating and dressing are largely supervised subconsciously. Indeed it is marvellous what an enormous amount of work is in some cases relegated to the lower subconscious centres. And the more a person is accustomed to exercise his objective mind with intellectual problems the more does *he trust his subjective self* to look after the routine work of daily life. We have only to observe people who are lowly in the intellectual scale to see what a business they make of the lowly things of life; the peasant is greatly excited by the writing

of a letter,—the savant dashes off sheets of manuscript and is scarcely aware of the manual work he thus performs.

Physiological experiment has established the fact that there are in the brain definite higher- and lower-level centres; the processes of conscious and subconscious cerebration can be explained by a reference to these. Of course to explain the problems of telepathy and clairvoyance it is necessary to credit the Subconscious Mind with a greater personality, but my present purpose does not permit a discussion of these so-called “higher phenomena.”

Considering now the hypotheses which deal with the principle of “attention” we find that they explain the phenomena of hypnosis as being due to a fixation of the attention on some particular idea to the exclusion of all others, that is by a process of monoideism. However, it can be clearly shown that the whole attention is not necessarily fixed on one idea, and it is surprising that the originators of the attention hypotheses supposed that a process of monoideation was essential.

It seems to me that hypnosis and its effects can be best explained by a hypothesis that takes into account the mechanism of attention in relation to the various strata of consciousness.

Attention may be defined as mental activity which raises certain ideas in point of intensity and completeness with a corresponding lowering of

simultaneously presented impressions. A process familiar to everybody in daily life. How many people habitually close their eyes when they wish to fully appreciate music, striving to subordinate all impressions to those of sound, the appreciation of which thus rises in intensity.

In the fixation of attention we have, I am convinced, the key to the problems of hypnosis.

The attention being fixed on some point, for example a bright disc, it is then readily transferred to the ideas suggested by the operator. If it be *completely* fixed on one point the stream of thought is necessarily arrested for the time being and the subject becomes unconscious of everything except the dominant idea. The Conscious Mind is in abeyance and the Subconscious Mind is in a way unmasked and left free to deal with any suggestions that may be given. In deep hypnosis then any suggested idea has the field to itself and acquires a high degree of intensity,—in fact becomes dominant for the time being. And further in its turn suggests or calls up a train of associated ideas, so that an original simple suggestion will cause a subject in deep hypnosis to carry out a complicated series of actions that will be continued until both the originally suggested idea and the concomitant associated ideas have worked themselves out. For there is no doubt that every idea tends to work itself out, that is it tends to

become an actuality ; so that it has been well said that *the idea of an act is the act potentially*. It is thus assumed that the brain changes underlying the idea of an act are those which initiate the act. And it is this principle which is made use of in controlling symptoms by suggestive therapeutics. The operator endeavours to combat the idea which is represented by a morbid symptom with an antagonistic suggested idea that shall in time overcome its opponent. In deep hypnosis the morbid idea is for the time being in abeyance and the suggested curative idea becomes dominant.

Action of Suggestion.

Now the cortical changes of which this new idea is the expression, must be necessarily of a converse nature to those which underlie the morbid idea and consequently if the new idea can by repeated suggestion be raised to a sufficiently high degree it will win the battle and remain dominant. Of course in the early stages of hypnosis concomitant impressions are not absolutely inhibited but merely lowered in relative intensity ; and so suggestions in light hypnosis require to be more urgent, and take longer to become effective, than those given in deep hypnosis. Indeed it is apparent that if a morbid idea be not very strongly fixed it can be removed by repeated suggestion without any attempt at inducing hypnosis. Hence we frequently see symptoms relieved during hypnotic treatment before a state has been induced in which the definite phenomena of hypnosis could be obtained.

And as the difference between the normal mental state and hypnosis depends to a great extent on the direction of attention it is impossible to define exactly when the latter begins.

It would be very much better then if we could find some other word to designate the condition, a term which would express a state of exalted suggestibility due to fixation of attention. It is obvious that the term hypnosis —essentially meaning “sleep”—is a misnomer.

Of course it may be said we have no proof that any thought is represented by chemical and other changes in the cells of the brain cortex. But arguing from physiological analogies it is more than probable that these changes do occur, although they are too delicate to be detected by our present methods of examination.

To sum up, Suggestion in the waking state tends to act beneficially in the manner just described, but it is liable to the distracting influence of concomitant and associated ideas. Suggestion in hypnosis *has the field to itself*, and can control both concomitant and associated ideas so that the curative idea becomes dominant.

Effect of Subconscious Thought.

In the principle just explained, I think we have a reasonable working hypothesis for a system of suggestive therapeutics. But as a matter of fact in actual practice the application of suggestion is

not always as simple a matter as it would appear from the above explanations. The effect of suggestion depends very largely on the Subconscious Mind of the subject, and tends to act more readily along lines of least resistance in this respect. The Conscious Mind is always changing, testing various opinions, learning to suit the requirements of the individual to his environment, sifting and selecting certain ideas, discarding many but reserving others which are then handed over to the subconscious centres to be stored away for future reference. So that the Subconscious Mind represents the true character of the individual, having fixed in it those ideas which have been retained as being of the greatest worth. Consequently if we seek to implant an immoral suggestion in the mind of a person who is accustomed to lead a moral life, it is immediately *vetoed and refused* by the subconscious centres ; on the other hand a suggestion that is not harmful will be *accepted*, and a suggestion that may be curative of some symptom is *readily seized upon* by those centres. Naturally under ordinary circumstances the mind does not resist any suggestion for the good of the individual. Hence, although it might be possible to successfully suggest criminal acts to a subject who has led a life of crime, it is impossible to make an ordinary subject do anything that is in opposition to his moral sense. The question of hypnotism and crime is discussed at length in a later chapter. This greater action along lines of least resistance explains the extra-

ordinary effect of therapeutic suggestions in patients who have previously given no response to simple experimental suggestions.

Now it is obvious that an impressionable person who wishes to see or experience certain things may very readily be duped by anybody who understands the use of Suggestion. And I am afraid that at numerous séances people are made to see visions and hear voices that really obtain through the medium of their Subconscious Minds; they desire to communicate with a "spirit-world" and they are convinced that they are so doing.

Auto-Suggestion.

And not only are such people the victims of the artful suggestionists who act as seance-mongers, but they are frequently the victims of their own Subconscious Minds. Because it is well-known that ideas from the subconscious levels may suddenly appear in the Conscious Mind; there is not only the constant passage from the supraliminal to the subliminal but sometimes a reversal of transfer. In this way many hallucinations and visions can be explained; for example, — a person may have recently lost by death a near friend, and the mind both conscious and subconscious has been largely occupied by thoughts of the deceased; gradually however the things of the world occupy the Conscious Mind so that it dwells ever so much less, perhaps scarcely at all, on the recent sad issue. Not so with the Subconscious Mind, in which thoughts of the departed friend may still attain a

high intensity, which may even be increasing by the process of unconscious cerebration. Suddenly an idea of great intensity, and representing the image of the dead man is thrown back from the subliminal to the supraliminal with such force that the Conscious Mind of the subject actually perceives the picture as if through the medium of the eyes. *He has seen a spirit!*

And unfortunately he is only too likely to find more people to agree with him as to a spiritual manifestation, than will be able to give him a rational explanation on the principle of subconscious ideation.

This is what is usually known as Auto-suggestion; and it is a process which may be turned to great advantage in suggestive therapeutics because the Conscious Mind can be made to repeat many times the required curative suggestion which thus attains an ever-increasing potentiality in the Subconscious Mind.

For if we agree that every idea takes form in both the Conscious and the Subconscious Mind and further that every idea is represented by certain cortical changes, then it follows that by powerful ideation actual organic changes might be brought about in the peripheral organs; for according to Hughlings Jackson's law, all parts of the body are represented in the highest cortical centres and can be definitely influenced through them. And if these highest cortical centres constitute the physical basis

of mind, the latter must necessarily be able to influence the various organs through the nervous paths which connect them with the brain. To what extent organic changes might be effected by intense suggestion it is impossible to say; certainly one can readily influence the vasomotor nerves in some susceptible subjects so as to produce flushing or pallor of any region and in this way a considerable indirect effect might be obtained.

Certainly in this way various systems of so-called "psycho-therapy" in which patients are trained to concentrate their whole attention for so long daily on the disordered area have achieved some remarkable results.

There is no doubt that when we are more familiar with the methods of controlling ideation and the subconscious centres we shall make advances in this direction which will be a revelation to most of us who are accustomed to regard organic diseases as entirely beyond the scope of suggestive therapeutics.

The Question of Specific Personal Influence.

The object of this book is to emphasise the fact that a rational system of mental therapeutics, based on the application of the simple principle of suggestion, is ready to the hand of every practitioner who cares to make himself familiar with the technique necessary for its use; yet the question of a specific personal influence exerted by certain persons over their fellows is so constantly cropping up in connection with hypnotism that I am compelled to briefly discuss it.

A large number of investigators believe that the condition of hypnosis, especially that degree known as Somnambulism, can be more readily obtained by what are called "mesmeric processes" than by the methods of suggestion and fixation of attention which are used by hypnotists. They believe that in mesmeric methods, of which passes are the chief characteristic, a vital emanation of some kind proceeds from the operator and affects the mind of the subject. Moreover, this influence is supposed to be capable of action at a distance and to be possessed of healing properties. A great point on which the supporters of this "mesmeric hypothesis" rely is the fact that from the most ancient times certain individuals have now and then appeared who possessed to a remarkable degree the gift of healing by touch. Everyone is familiar with various miraculous cases recorded not only in the Bible, but in many works relating to the history of the Church. There is no doubt that various Saints in early times were accustomed to heal by means of touch, and not only they but certain rulers and authoritative persons at various times have been supposed to possess this healing power. Many of the cures effected by the Saints are recorded in the New Testament. The Emperors Constantine and Vespasian are also said to have performed wonderful cures by the laying on of hands. In later times we read of Valentine Greatrakes and other marvellous healers who obtained enormous reputations in this direction.

Now the ardent exponent of suggestion at once tries to explain these facts by the application of his favourite principle. And there is no doubt that the greater majority of these recorded cures are the result of suggestion acting in functional diseases. Granted that a person obtains a sufficiently great reputation for relieving pain, then every sufferer who goes to him is primarily influenced by an indirect suggestion that he is going to be cured: consequently he is in the most favourable mental condition for a cure to be effected, as it most probably will be if his disorder is functional and not associated with organic changes. This explanation is strongly supported by the fact that not only have Saints been able to relieve suffering by the laying on of hands, but in many instances their *relics* have been found to be possessed of similar power. And it must be obvious that any specific vital influence possessed by the living Saint, must have departed when he himself left his earthly habitation.

Yet the reputation he had obtained would enable cures to be obtained by contact with his relics, by a process of indirect suggestion. This must be the basis of every system of "faith cure" that is practised at the present day. Not only of these but of the relief apparently afforded by very widely advertised nostrums which have an enormous popular reputation. In all these instances it is usually certain functional disturbances that are benefitted; no bread-pill however widely advertised could really

make any difference to organic disease, any more than direct verbal suggestion could cure appendicitis. One has only to observe the number of people who wear what are known as "Rheumatic Rings," and who aver in the strongest terms that their pain has been relieved by these rings, to estimate what an enormous influence a popularly trusted remedy can exert by indirect suggestion.

Let us see what can be said in favour of there being such a thing as a "magnetic force" which can be exerted by one person over another. I fear that the most ardent supporters of the mesmeric hypothesis can adduce very little direct evidence of any value in support of their contention. Still it is well known that certain individuals are indeed possessed of an enormous strength of character, such as seems to exert an indefinable influence on everybody with whom they are brought into contact. It is easy to say that this influence can also be explained by suggestion—possibly it can—but in these dominant persons we have some glimpse of a vital force which carries them forward in their irresistible march through life. If such a force exists, it must be there to a greater or less extent in all of us. But it is surely ridiculous to suppose that it can be developed and applied by *anyone* for curative purposes; let us grant an individual vital force or "magnetism" to all men perhaps, but it is characteristic and inherent, probably unalterable by any method of training. Yet there are numerous "psychic schools" that claim to be able to

develop the curative properties of their clients ; this is chicanery that should be exposed. If everybody possessed or could develop in himself the powers of magnetic healing all disease would cease at once, it could not exist in the face of the enormous force that would be directed against it by millions of human beings, every day, nay, every second of time.

The property of magnetic healing presupposes the existence of a telepathic communication between the operator and his subject. Telepathy is at present "non proven." It probably occurs rarely to any appreciable or utilitarian extent. As rarely as the inherent vital force that is powerful enough to heal the sick. These things are outside the field of simple hypnosis and suggestion. Time will show if the "magnetists" can prove their hypothesis. For myself, as I have indicated, I do not deny the existence of a "personal force," an "aura" which is indefinable, and inherent in each of us, but I consider that it is very rarely powerful enough to influence even functional disease, and certainly such a method of cure is *not* ready to the hands of everyone. But I take it that no amount of training could produce a powerful natural "healer," if the supposed vital energy did not in the first instance attain a considerably greater strength than that which we may assume it does in the average person.

In connection with this question I am aware that I may be accused of dismissing summarily

and with some want of reverence those cases of "healing" in which the Church or its Founders have participated. But I have carefully avoided a denial of the possibility of what I may term extraneous spiritual intervention under certain circumstances, such as the "laying on of hands" by an ecclesiastical dignitary both in ancient and modern times ; although I have hinted that the possible explanation of many "miracles" lies in—Suggestion,— However, who can say that in these instances the underlying principles of suggestive therapeutics may not represent the medium through which a Higher Mind influences the Subjective Minds of suffering humanity.

CHAPTER II.

METHODS OF INDUCING HYPNOSIS.

As will have been concluded from the explanations given in the preceding chapter, the essential point in the induction of hypnosis is the distraction of the subject's attention from his surroundings so as to arrest his conscious stream of thought; in other words, to place the Conscious Mind in abeyance so that the Subconscious Mind is allowed free and unhindered play. From the earliest times the principle underlying all methods of obtaining this distraction has been the same.

There is no doubt that in ancient times the priests in Egypt, Assyria and other eastern countries made use of hypnotism in their rites. Devotees were made to see visions by gazing into mirrors floating in water, or into bowls of dark liquid. In all times sorcerers, seers, and soothsayers, have made use of a knowledge of this science to produce visions for their clients, who no doubt ascribed enormous value to their hallucinations.

Hypnotic methods may be roughly divided into two groups, those in which the attention is fixed on some bright object until all other ideas become indistinct and the subject gradually falls into a

state of hypnosis ; and those in which passes are relied on to produce the necessary somnolence and allow the attention to be withdrawn from surroundings.

Now although it is undoubtedly true that a certain number of people will be hypnotised if either of these plans is followed without their being aware of the anticipated results, yet in the majority of instances the idea that a condition resembling sleep is expected will generally aid in the production of hypnosis.

This admits the principle of "suggestion," which as has been explained creates a mental state of *expectant attention*, followed by a realisation of the idea suggested.

So that reduced to its simplest terms the most efficacious method of inducing hypnosis consists in telling the subject to prepare for a condition of "sleep," (that is abeyance of higher faculties), and giving repeated suggestions to the effect that this condition is about to ensue, continuing until the required result has been attained. And of course with such a simple method suggestions might have to be kept up for hours ; but it is probable that it would ultimately be effective in most cases.

As a matter of fact this is the method advocated and practised for many years by Liébeault in his clinique at Nancy and followed by Bernheim and many other modern practitioners.

Susceptibility

Before describing in detail the methods employed by various operators it will be well to consider what conditions are favourable to a successful result, and what sort of people the student should make use of in his early experiments. It is obvious that the mental state of the subject is of even greater importance than the beginner's personal knowledge of hypnotic methods and skill in applying them. For it needs the confidence and tact acquired by experience to overcome the agitation and inability to fix the attention so often shown by patients at their first hypnotic sitting.

On the other hand there are a large number of people who are able to "stop thinking" and to fix their attention at will. Such persons are usually in the best of health, unaccustomed to worry over trifles, and do not know what it is to have disturbed sleep, or difficulty in getting to sleep. They are "susceptible to hypnosis," and may be found most frequently in the healthy working male population, between the ages of 15 and 30 years. The experimenter should find such a subject and explain to him the nature of the proposed experiments. It is a very bad thing to begin with people in feeble health, or who are "neurotic." And on general grounds male subjects are preferable.

Experiments should be carried out in a quiet room in which the appointments are not such as to distract the subject's attention from the busi-

ness in hand. For example—a loudly ticking clock will sometimes prove fatal to a successful issue. Moreover the subject should be placed in a position of absolute rest, avoiding all muscular strain; this is possible with many reclining chairs in which a semi-recumbent position is obtained. A detailed list of such advantageous conditions is given in the summarised course in the Appendix and if due attention is paid to these details it will be found that the majority of people can be hypnotised to a greater or less extent.

I will now describe in greater detail some of the methods in vogue since Mesmer's revival of the science in Europe in the early part of the eighteenth century. Having done so, I will explain the method I have found most suitable both for experimental and therapeutic purposes.

Mesmer's Method.

Mesmer, who created a considerable sensation in his time, made use of passes, which he made with his hands from the shoulders of his patients downwards, lightly touching the limbs as he did so; sometimes he held the patients' thumbs firmly in his own hands whilst he gazed steadfastly into their eyes. In this way he was very successful in obtaining the deeper phenomena of hypnosis. He believed that some subtle fluid was transmitted by this means from the operator to the subject; hence arose the term "Mesmerism," and at the present time a large number of experimenters believe that

in Mesmerism we have a process quite distinct from that of Hypnotism.

As will be seen later the deeper phenomena of hypnosis can be more readily obtained by contact-passes than by other methods, to which they are therefore an extremely useful adjunct. But it may be that this is because the process is a very slow and soothing one, and consequently tends to get the subject into a state of mental calm essentially suitable for the realisation of the deeper stages.

Esdaile's Method.

Esdaile, who held a surgical appointment under the East India Company in the middle of the last century, was so successful in his application of mesmeric processes that he persuaded the government to give up to him a small hospital in Calcutta which became known as the Mesmeric Hospital. Here he treated an enormous number of cases both surgical and medical by "mesmerism"; the official reports giving an account of several hundred operations, major and minor, performed whilst the patients were in a condition of hypnotic anaesthesia.

Esdaile was a firm believer in the transmission hypothesis, and to that end placed his patients in a darkened room and made passes with contact over them until Somnambulism was produced. Frequently this did not occur for three or more hours, and so he trained assistants in his methods and kept them "mesmerising" patients for as many hours as was necessary in each case.

When we read the detailed account of Esdaile's work we must marvel at the extraordinary patience he showed in his early attempts at producing surgical anaesthesia ; those who have kept up passes for even two hours know that the physical strain of this method is very great indeed.

Braid's Method.

The mesmeric hypothesis was almost universally accepted until James Braid investigated the subject about the same time as Esdaile, and demonstrated the purely subjective nature of the observed phenomena ; showing that hypnosis could be induced by making a person stare fixedly and with full attention at some bright object. In this, the "mind influence" or "will" of the operator obviously played no part.

Braid's original method was to hold some bright object such as his lancet-case, a short distance in front of the patient's eyes and well above the line of horizontal vision. The subject was told to concentrate his whole attention on this object. Braid then made passes from the object to the patient's eyes which tended to close and often closed immediately. Passes were repeated until this happened, the patient being told to keep his eyelids fixed in the original position. In his late practice he admitted the importance of Suggestion and reduced the gazing to a minimum, most of the induction being carried out by repeated verbal suggestions.

The method of fixed gazing has the disadvantage of causing aching and congestion of the conjunctiva. But as an initial step in fixing a subject's attention, gazing at a bright object for a few moments before the eyes are closed is of great use.

It will have been noticed that in the preceding methods the principle of Suggestion must have played a very large part in the older mesmeric and hypnotic processes. In almost every instance the subject has known that a somnolent condition is expected. Many operators denied the importance of this principle, whilst others, such as Braid in his more experienced years, admitted it as of the greatest importance.

Liébeault's Method.

But it was Liébeault who first applied the method of direct suggestion in its simplest form to the induction of hypnosis, with the result that he found he could influence all but a very small percentage of his patients. Having seated a patient in front of him Liébeault asked for his attention and told him that he would shortly fall asleep, adding suggestions to this effect. The suggestions first indicated that the patient's eyes were becoming heavy, the lids closing, that the limbs were tired, and eventually that sleep had occurred.

Bernheim followed this method in the Nancy Hospital with remarkable success. It is note-

worthy that these operators usually began by getting their patients to look at them, and so tacitly admitted the importance of a fixed gaze as an invaluable aid to fixed attention.

At the present day the majority of hypnotic practitioners use Liébeault's method with but slight modifications. Except that in some cases a considerable time—anything over half-an-hour—may be required to produce the desired effect with this purely suggestive process, it has no disadvantages. On the other hand its advantages are many.

There is no tiring or subsequent congestion of the eyes, there is nothing to alarm or disturb the patient's mental equilibrium, and moreover, the personal element is reduced to a minimum. This last point being of great importance at a time when so many people fear lest permanent personal control will be obtained over them by the hypnotic operator.

In this application of simple suggestion will be found the best means of obtaining the deeper experimental phenomena and of getting the best therapeutic results. But there are more rapid processes which lend themselves favourably to certain purposes. For example, in testing the susceptibility of a fresh subject, for demonstrating the condition to students, or under conditions which are not very conducive to a successful issue owing to various distracting causes being at work.

Rapid Induction.

A very useful means of rapid induction is to make sudden pressure with one's hand on the subject's head, at the same time giving commands in a loud and decisive voice. There are various ways of doing this ; for example, having placed the subject in a comfortable position, one stands in front of him with one hand held some distance above and in front of his face. Then rapidly bring the hand down so that the thumb rests in the centre of the forehead. Firm and increasing pressure is made by the thumb in a downward direction and one says in a firm manner :—“ *Now you cannot open your eyes* ”—or makes some other similar suggestion. In many instances an early stage of hypnosis will be obtained at once and the suggestions accepted. In others several trials will be necessary ; sometimes after many attempts only a transient influence can be obtained—if any.

Other ways of thus rapidly inducing hypnosis are numerous, such as pressing the palm of the hand on the subject's head, or less conveniently by sudden flashes of light, or unexpected noises ; everyone knows the “paralysing,”—that is *inhibiting*—effect of an unexpected crash of thunder. The sudden passing of an electric current through an unsuspecting person has been known to induce the condition.

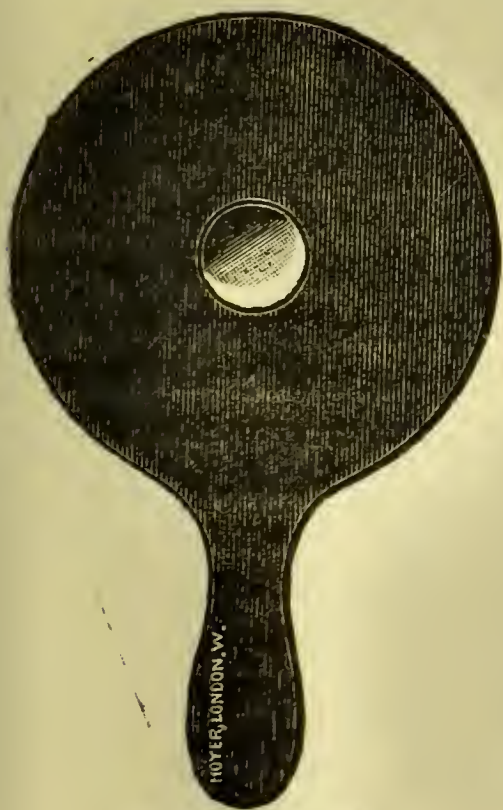
An interesting case was brought to my notice in which a man was spontaneously hypnotised whilst undergoing an ordinary shampoo.

These rapid methods although in some respects very showy are not as a rule productive of the deeper stages and the more important phenomena of hypnosis. Neither are they suitable for therapeutic purposes, serving rather to alarm a nervous patient than to inspire confidence and mental calm.

Author's Methods.

In ordinary routine hypnotic work I have found it best to hypnotise both subjects and patients by a method that embodies the principles of fixed gazing and suggestion, aided by the soothing effect of passes. For experimental purposes it is necessary to bring out various phenomena at different stages, but for the purpose of therapeutic suggestion the patient must not be disturbed by

any so-called "tests," as it has been found that the depth of hypnosis is not really of very great importance. The preliminary fixation of gaze is obtained by telling the patient to look steadily at the bright disc of a hypnoscope designed for this purpose, and consisting of a small concave mirror about one inch in diameter set on a dead black ebonite surface about six inches across. The eyes of the operator may be



HYPNOSCOPE

used as the point of fixation ; but this method has the disadvantage of too markedly introducing the personal factor.

If I want to induce hypnosis in a fresh subject, I first seat him in a very comfortable chair with his back to the source of light. I carefully make certain that neither his limbs nor his neck are in any strained position, and that every muscle is in repose. I then explain the method of procedure and tell him that he will certainly pass into a state of restfulness and somnolence and will act on verbal suggestions given by me,—that possibly he will actually sleep ; if so, that he will at once awaken on a given signal. *It is important to tell your subject that he is to awaken when you clap your hands, or at some other signal, both before inducing hypnosis and in the early stages.* In this way you may avoid trouble in subsequently rousing your subjects, as occasionally one finds people who otherwise drop into a condition of “lethargy,” or even “hypnotic coma,” which may persist for some hours.

After the preliminary explanations I stand in front of and a little to one side of the subject and hold the hypnoscope so that the light-reflecting disc is about twelve inches in front of his eyes and just above the line of direct vision. Verbal suggestions are then given after some such plan as the following. One says :—

“Keep your whole mind and attention fixed on the disc—very soon your eyes will feel heavy and

your eyelids will tend to close——resist the desire to shut your eyes as long as possible——but when I make a downward pass in front of your face with the mirror, then close your eyes and sleep——now you are getting drowsy——your surroundings become confused——now, (*making a downward pass*) close your eyes——you are very drowsy——your thoughts are leaving this world——get more sleepy——*sleep!*”

With one hand short passes are now made over the subject's face, lightly touching the skin; or else the forehead is lightly rubbed with the finger tips.

The fixation of gaze is limited as a rule to three or four minutes——rarely longer, and suggestions and passes are kept up for half-an-hour or so before the depth of hypnosis is tested. But with susceptible subjects a fairly deep stage, such as the “dream state” can be produced in a very few moments. If the condition is tested too soon by telling the subject for example that he cannot lift his hands, although he will probably be able to do so for some time yet, the effort if allowed to go on will undoubtedly arouse him, and may so disturb his attention as to frustrate all further attempts at getting the deeper stages.

For therapeutic purposes this method has given excellent results, and it will be found of great use in all kinds of hypnotic work. Such a method includes no process that is likely to alarm

or disturb one's patient, it reduces the personal factor considerably, and the fixed gazing is not kept up long enough to cause any ocular discomfort. Whenever an operator uses his face or eyes as the point of fixation there is a considerable feeling with many people that such a man will gain great personal control over his patients from which they will subsequently be unable to escape ; but by using a hypnoscope this is obviated, hence I mention reduction of the personal factor as an advantage in my method of induction. Of course in some refractory cases it may be useful to overcome resistance by allowing one's personality to come into the subject's notice. Some people can only be influenced by giving very decided *commands* rather than suggestions, and with these a firm look from the operator may be more effective than a very long time spent in gazing at some bright point. Similarly I have found that some patients can concentrate their attention more readily upon a ring I wear on my right hand than on the hypnoscope.

It is most important for the beginner to pay the greatest attention to every detail in his early experiments ; later on he will have learnt by experience how important are the technical details of hypnotic work and will need no reminder of the attention due to them. For example, a grotesque picture, or hideous ornament, or ill-assorted piece of furniture may utterly vitiate all attempts to induce hypnosis. One subject is found to be en-

tirely refractory, except in artificial light ; another until he reclines on a sofa, and so on.

Once hypnosis has been induced in any subject it can always be re-induced with very much less trouble. And if the deeper stages have been once reached the student will have no difficulty in again hypnotising that particular subject, always provided that the latter does not become suddenly averse to the process.

It is the first attempt that requires the greatest tact and patience, and many trials may have to be made before success is obtained. The expert is used to this and makes subsequent trials with the same confidence and manner as the first. But the beginner is very apt to lose confidence and get nervous if his early attempts are unsuccessful. In this case it is best to postpone the experiment. No good result will come to an operator who is not confident and is apprehensive in manner. But a student of the subject who is very careful in his regard of minutiae, who chooses suitable subjects and times for experiment, and who exhibits neither loss of confidence nor impatience of manner, will be rapidly successful in his results, and will soon learn how to obtain even the deepest stages.

A summary of the chief points to be noted in the application of the above method will be found in the Appendix.

The Use of Passes.

A description of the methods of inducing hypnosis would be incomplete were not some account given of the significance of passes, which have been from time immemorial popularly associated with hypnotic and mesmeric processes. And there is no doubt that the widespread belief in the importance of passes in the induction of "hypnotic sleep" is largely responsible for their real efficacy.

A series of gentle and monotonous passes made over a patient is of itself soothing; and when the patient himself believes that passes are of great importance in the induction of hypnotic sleep, and the operator is at the same time making suggestions of sleep, we have the centralisation of the forces of suggestion and auto-suggestion in the passes themselves. Consequently these movements become an important adjunct to all hypnotic methods, certainly in the production of the deeper stages.

But I have shown on several occasions that 'passes' could be made over a subject who knew nothing of what was intended, for two hours and more, without any appreciable effect,—whereas if the same subject is afterwards told that they will send him to sleep, passes will soon make him very drowsy. On the other hand the "mesmerists" and "magnetists" attribute a specific influence to passes; believing that by their use a vital force is

transmitted from the operator to his subject. The possibility of this occurring with certain individuals was discussed in the preceding chapter.

A summary of the chief points in the use of passes forms part of the practical course outlined in the Appendix.

For a more detailed discussion of the Induction of Hypnosis, *vide* paper by the Author in the "Lancet" of August 25th, 1906.

CHAPTER III.

THE EARLY PHENOMENA OF HYPNOSIS.

A great number of gradually merging stages characterise the state of hypnosis; and it is unusual for the inexperienced operator to traverse the entire hypnotic scale in his earlier experiments. Now from the practical standpoint the chief things a beginner has to decide are, firstly, what phenomena he wishes to obtain, secondly, what method he is going to use to produce the desired result. Consequently it will be best now to discuss in detail the various stages of the condition, deciding what definite results are to constitute sign-posts on the way to hypnosis and what phenomena will tell us that the goal has been reached.

If the essential condition in hypnosis is fixation of the attention on some point or idea to the exclusion of all other ideas then it is obvious that there can be no definite line of demarcation between the natural state of wandering attention and the induced state of fixed attention; because in the majority of instances complete fixation of attention will not occur spontaneously, but the point of

fixation will gradually rise in ideational intensity above concomitant points of thought with the eventual exclusion of these latter from the conscious field. And as this happens so is hypnosis gradually deepened; waking attention giving place to hypnotic attention.

This reasoning will apply equally well to other hypnotic hypotheses because the artificial condition is in the first instance induced gradually from the normal. Hence the first stage of hypnosis is usually described as a state of drowsiness in which the subject is perfectly conscious and aware of all that is going on about him, and moreover can move his lips or open his eyes, or even terminate the condition whenever he feels so inclined.

It will be at once asked, is any person who becomes drowsy through dwelling at length on some idea in an early state of hypnosis? *Of course he is* — using the term in its broadest sense and not reserving it for those states in which definite phenomena can be obtained. However, it seems that it will simplify matters very much for the student if the term hypnosis be so reserved; in which case it will be advisable to distinguish the preliminary drowsiness as representing a “Pre-hypnotic State.” And this plan will be followed in the succeeding chapters.

It is this gradual merging of one “stage” into the next, corresponding to a replacement of the natural by the induced state, that makes a classi-

ification of the stages of hypnosis so very difficult. And it is essential that some broad attempt be made in this direction, otherwise it will be impossible to explain the condition, or the methods of inducing it so that students can obtain a reasonable idea of what to expect.

The result of such attempts has been that nearly every writer on the subject has arranged some new classification with the hope of making himself quite clear to his readers, so that the beginner is confronted with a host of classifications which must confuse rather than aid his researches. But as a matter of fact every system is really founded upon the same essential principles, and differs from other systems in expressing to greater or less extent the *details* of the observed phenomena.

Definitions.

Before comparing these systems of classification it will be advantageous to discuss a few of the terms used in connection with the experimental phenomena of hypnosis.

Catalepsy is a condition of muscular rigidity produced in a hypnotised subject by appropriate suggestion. It can be referred to any particular muscle group, or affect the whole muscular system so that the body becomes as stiff as a bar of steel.

Flexibilitas Cerea is a term applied to a peculiar wax-like responsiveness sometimes noticed in

the limbs of hypnotised subjects. The limbs can be bent at the joints as if moulded in wax and will maintain any position in which they are put. All such movements of course have to be compatible with the anatomical structure of the joints concerned.

These and other muscular effects will be thoroughly discussed in a later chapter.

Somnambulism is a condition which closely resembles so-called "sleep-walking." In it the subject will describe various places in which he imagines himself and in many cases will perform actions in accordance with his ideas as if he were in the waking state and actually present in these hallucinatory scenes. As a rule the subject keeps his eyes closed, and is oblivious of his real surroundings. Often there is a complete loss of memory (amnesia) for all that has occurred in the somnambulant state.

Lethargy is characterised by the irresponsiveness of the subject in hypnosis. He does not respond to suggestions and will not speak to the operator. The limbs fall heavily when raised and then released; catalepsy cannot be obtained. Very often there is some difficulty in rousing the subject from this state of torpor. The term "Hypnotic Coma" has been applied to this condition in certain instances, when the subject was quite out of suggestive

control and could not be roused for a long time.

Such cases, however, present no danger, as the subject will spontaneously return to the waking state in a few hours. Indeed it is much better to let this happen than to attempt to rouse him by violent measures.

The Stages of Hypnosis.

Now as to the various stages of hypnosis described by some of the more recent investigators. Liébeault of Nancy divided the condition into six stages, namely :—

1. *Simple Drowsiness* - subject is quite conscious of all that is going on around him and can terminate the condition at will.
2. *Drowsiness* - suggestive catalepsy possible. Subject is unable to open his eyes when told he cannot do so. Is quite conscious of surroundings.
3. *Somnolence* - surroundings are becoming indefinite and he is oppressed by a great sleepiness. Will automatically continue suggested actions.
4. *Sleep* - in which he is oblivious of surroundings, but remains in relation to the operator's voice.
- 5 and 6 - early and late conditions of *Somnambulism*.

It is obvious that the classification depends on the amount of detail in results obtained to characterise each stage. The second stage is an exaggeration of the first, and the later stages appear as the subject gradually withdraws his attention from his environment.

Bernheim paid even more attention to detail in attempting to divide hypnosis into definite stages. So that he described in all nine degrees on the way to somnambulism, agreeing with Liebeault and others that the first stage was one of simple drowsiness, with no cognitive phenomena. It is this preliminary drowsiness that constitutes the "Pre-hypnotic State" already spoken of.

Bernheim's grouping included every known phenomenon that can be obtained with hypnotised subjects, but as it is unusual for any one subject to exhibit all of these characteristics, this classification could only apply to an exceptional and ideal subject. Hence for practical purposes and from the student's point of view it is much too complex.

On the other hand a large number of writers content themselves with dividing hypnosis into two stages, depending on the maintenance or loss of relation with surroundings. Braid, the Manchester surgeon who was largely responsible for bringing hypnotism into repute before the English Schools of Medicine, followed a similar plan, adding however, a stage which he designated "Hypnotic Coma" to include those cases in which

a very deep sleep is obtained, with no response to suggestion, and considerable difficulty in restoring to the normal.

Dr. Bramwell gives the following classification, which has the great advantage of being succinct and not confusing the student by a superabundance of unnecessary detail. It is based on Max Dessoir's plan of describing two large groups of phenomena, which differ in the extent to which the neuro-muscular system and special senses are affected.

Bramwell's division is into :

1. *Slight Hypnosis* - changes in the voluntary muscles can be induced.
2. *Deep Hypnosis* - here in addition changes in the special senses can be obtained.
3. *Somnambulism* - in this condition, while a large variety of hypnotic reactions (many of them characteristic of the 'alert stage') can be evoked, the waking consciousness is unable spontaneously to revive what has occurred.

This certainly is a very clear grouping, readily appreciated by anyone accustomed to hypnotic experiments ; but does not give the inexperienced operator sufficient help in his query as to what does not and what does constitute hypnosis.

Now it seems that a detailed description of the results to be looked for in experiments will be more helpful to the beginner than any ideal classification of phenomena.

What happens in practice.

Having selected a subject and obtained the conditions mentioned as being favourable to a successful issue, the student will attempt to induce hypnosis by one of the described methods. Supposing that he has selected a susceptible subject and has decided to hypnotise him by the method I have described at length in the last chapter. After gazing at the hypnoscope for a minute or so the subject is told to close his eyes and sleep. About this time various twitchings will probably be noticed in the face muscles as well as much flickering of the eyelids ; sometimes these facial movements find expression in a sudden smile which is very disconcerting to the early student of hypnotism who takes it as a sign of amusement rather than of influence obtained.

He can now tell his subject that he cannot open his eyes or move a certain limb ; the subject as a rule will *not try to do so* without being told to, and his attempts at doing these things may be successful after great effort, or may fail entirely. If the commands are resisted, especially if the subject is roused thereby, the whole process of induction must be repeated ; and if after several trials it is found impossible to produce motor inhibition by suggestion it will be as well to endeavour to produce a deeper stage such as the Dream-state or Somnambulism.

On the otherhand if these early suggestions are effective it is most likely that Catalepsy can be produced by gently stroking a limb and telling the subject that it is becoming quite stiff, so that he will be unable to move it. Continued automatic movements can usually be obtained at this stage; for example if a rhythmic or waving motion be given to one arm the subject will continue the movement indefinitely and be unable to stop it until told he can do so. From this degree the somnolent or dream stage will be easily obtained with the majority of subjects.

The Dream-state will be described in detail in a subsequent chapter, and it will suffice here to say that it is a half-waking condition in which the subject accepts suggested scenes and actions and sees them as in a dream, returning to a partial consciousness of his surroundings when the dream has worked itself out, which in most instances it will do quickly unless kept going by verbal suggestions. Some subjects see the suggested scenes as if in a picture before them rather than in a dream, but as the condition deepens the suggested scenes have a dream-like character.

The next stage is that of Somnambulism which is but seldom obtained until several experiments have been carried out with any particular subject.

So that the usual state obtained by the successful beginner is one in which various movements

may be inhibited, or started beyond the subject's control, and perhaps "dreams" may be suggested. In this state the subject is quite conscious of his surroundings, until he loses himself in a dream-scene when he temporarily loses contact with the outer world.

I can best illustrate these points by extracts from my notes of the large series of experiments I have carried out at various times. It is very noticeable how the results vary with different subjects, some dropping into the deeper stages of hypnosis almost at once, others being refractory and remaining for a long time in the very early stages. As a rule the rapid processes of induction will rapidly give showy motor phenomena, but they are not good methods for producing somnambulism; while the slow process although excellent for obtaining the deeper stages is not a good method if motor phenomena are particularly wanted. I must repeat that once hypnosis has been definitely induced, that is, once the pre-hypnotic stage has been passed, it does not much matter what method is used in later experiments with that particular subject.

Subject F. *Man aged 19 years.*

I. He was told to hold the hypnoscope in front of him with both hands and to stare at the bright disc until he became drowsy. After about five minutes he became very drowsy and fixation of the eyelids and rigidity of one arm were readily

produced. He was readily aroused and had complete memory of all that had occurred.

II. Quickly fell into a somewhat deeper stage than during the first experiment. Was very responsive to suggestion and became analgesic. Told him that when he awakened he would have "pins and needles" in his right hand. This occurred. He remembered part of what had happened during the experiment but did not attribute the "pins and needles" to my suggestions.

III. Passed into a stage in which hallucinations were produced. He afterwards described these as occurring *like a picture in a distant part of the room*, himself remaining aware of his surroundings whilst his eyes were open.

Subject E. *Boy aged 13 years.*

By using the rapid method of induction and pressing with my thumb on his forehead I almost immediately rendered him unable to open his eyes. I then told him to look at my ring and to sleep when I made a downward pass in front of his face. This he did, and responded readily to various suggestions, mostly of visual hallucinations. Analgesia and catalepsy were also produced. He awoke immediately when told to do so. Said that he remembered a good deal of what had occurred, such as seeing a cat and stroking it, "feeling stiff all over," and so on; but he felt unable to offer any resistance.

Subject C. *Man aged 21 years.*

Gazed unflinchingly and for a long time at the disc without feeling the least drowsiness. By placing my hand on his forehead some stiffness of the eyelids resulted at suggestion and on several occasions there was a distinct difficulty when he opened them against my commands. Urgent suggestion made him sleepy, but on no occasion was any rigidity or stiffness of muscles produced and he always remained to all intents and purposes quite awake. It is difficult to say that such a subject has been influenced, yet according to the fixation of attention hypothesis, he was in the earliest stages of hypnosis. The term "pre-hypnotic state" is applicable here as no definite phenomena of hypnosis could be obtained and yet there was some passivity and drowsiness.

Subject N. *Man aged 32 years.*

On several occasions travelling hypnotists had tried to hypnotise him without success.

I. Rapid method.—He was unable to open his eyes at first attempt when told he could not do so. Later he succeeded after considerable effort. Became somnolent in response to suggestion with passes—said his "mind became a blank." Was very drowsy and confused for some minutes after being roused. Curiously enough he expressed considerable doubt as to whether he had been influenced.

II. By hypnoscope.—Eyes quivered and eyelids dropped spontaneously after a few seconds. The following were obtained by suggestion, catalepsy—analgesia (not anaesthesia)—automatic movements—various “dreams.” He lost sight of surroundings whilst dreaming, afterwards described all he had seen. It was found that very expressive muscular phenomena could be obtained with this subject at the second sitting.

Lethargy and Coma.

Such notes as I have given explain better than any description the sort of thing that is to be expected in hypnotic experiments. Occasionally however, as I have already mentioned, a subject or patient will be found who drops off into a deep sleep in which he is not responsive to suggestions, will not walk but tends to fall into a heap when placed upright, and is very difficult to restore to the normal. Sometimes it is found that one of these subjects cannot be roused and has to be allowed to sleep until he spontaneously wakes. The term **Lethargy** can be well applied to such cases; and those who will not rouse in spite of all efforts can be said to have passed into a state of **Hypnotic Coma**. These two terms have been sanctioned by long usage, so it is well to define exactly their meaning. As a rule if such a subject is found it is possible during the early stages of the next induction to suggest that he will awaken at a given

signal. This is usually successful and saves a good deal of trouble and possible anxiety to those who do not understand the condition and fear the subject will never wake again ! I do not believe that there is any danger in such a state per se ; but I am confident that great harm may be done by using forcible means to rouse the sleeping person, such as by cold douches, shouting and so forth. These measures may produce a considerable subsequent mental disturbance. If preventative suggestions are of no avail in this respect it is best to refrain from hypnotising that particular subject.

A boy suffering from *Enuresis Nocturna* was brought to me for hypnotic treatment recently and at the first sitting he passed into a state of lethargy in which I could do nothing with him. He was roused after considerable difficulty ; as the situation was not convenient for letting him sleep himself back to the normal. On subsequent occasions I had the same difficulty ; he seemed absolutely irresponsive to suggestions, therapeutic or otherwise, and I felt that it was advisable to discontinue the treatment for this reason.

A summary of the "stages" as observed in experiments and expressed in the preceding notes is given in the Appendix.

CHAPTER IV.

THE DREAM-STATE.

It has always seemed to me that most writers give but an inadequate description of their subjects' mental state in the transition stages from early hypnosis with full consciousness of surroundings, to somnambulism in which environic relationship is lost. It is a state in which the subject's mind wanders away from present conditions returning every few minutes as if from a dream, and wandering off again into a fresh dream. Moreover these dreams can readily be controlled by the skilful operator, who is careful not to bring the subject back to full consciousness of his surroundings by some disturbing noise or suggestion.

At first the subject is conscious that his dreams are happening in the course of an experiment, later this knowledge becomes less definite and eventually he is, whilst dreaming, entirely oblivious of present conditions. The state is very like the one which many people experience after being roused in the morning ; there is semi-consciousness of the fact that they have been asleep, — they keep dropping off to sleep, — and dream fitfully. It is

not an unpleasant feeling and is well-known to people who are accustomed to doze after dinner, or who do not get up readily in the mornings.

It will be sometimes found with the slower hypnotic methods that such a condition is more readily obtained than one in which motor phenomena are easily evoked. And in many cases where such would be unnecessarily alarming to the patient the dream-state is taken as first evidence of hypnosis.

With those who are good visualists the dreams are most readily obtained, tending often to be spontaneous, and out of the operator's control; usually however, appropriate suggestions will give them the desired direction. Occasionally one finds people who soon pass into this state and persist in following out their own dreams in spite of urgent suggestions given by the operator.

I have given the name "dream-state" to this intermediate stage of hypnosis; the term seems to me to apply better than that of "somnolence" or "light sleep" which is given to it by some writers. Somnolence is scarcely distinguishable from drowsiness, and we have something more than that in this state; on the other hand it is not a condition of actual sleep, and moreover, when sleep is really induced the state has then merged into Somnambulism.

As already mentioned when this dream-state is first induced the suggested scenes will often appear *as a picture* which the subject sees in front of him,

and this may occur when the subject has his eyes open and be made to persist by urgently repeated suggestions. It is a true suggested visual hallucination, tending to become a dream when the eyes are kept closed, so that the subject imagines himself actually in the hallucinatory scenes rather than as a spectator of them.

Production of the Dream-State.

The Dream-state is best obtained by slowly inducing hypnosis and telling the subject to think of some place very familiar to him, such as the room in which he is accustomed to work or to sleep. Tell him to picture to himself every detail; if the operator knows the details of the suggested scene he should suggest them slowly and with emphasis. Gradually the scene rises in ideational intensity until the subject sees it as in a picture, and eventually it so occupies the mental field that the subject imagines himself in the suggested scene.

Of course success is not always attained at once, and it requires some experience to deal skilfully with a subject in the dream-state. For example, he may have described a scene that has been suggested to him,—you ask—“And what are *you* doing?”—when the unexpected reply “*Oh! I'm here,*” may prove disconcerting. But it simply means that your subject has not lost touch with his surroundings, and knows that his fancies are just the result of an experiment.

Let me illustrate what I have said by a reference to my notes.

Subject B. *Man aged 29 years.*

The early phenomena had been produced on several occasions and I then made some experiments with a view to investigating the deeper stages.

- I. Went into a "light sleep" but seemed to be quite out of touch with me. When roused he had been *dreaming about his wife and child*. At next attempt he went into a sort of trance in which I could do nothing with him. It was not lethargy although he would not move out of his chair, for he awakened readily.
- II. Was nervous and had some difficulty in fixing his attention as there were several witnesses present. Eventually he went to sleep and it was suggested that he was in my sitting room putting coals on the fire. He awakened when told to open his eyes. He said he had been dreaming that he was in my sitting-room *reclining in an arm-chair in front of the fire*.

On the next occasion I could not keep him in the dream-state, and he passed on to somnambulism. As a matter of fact the distinction between early somnambulism and an advanced phase of the dream-state is sometimes hard to make. It will be found that a subject at one

minute appears to be in the dream-state and a little after gives evidence that he is in somnambulism.

Apart from the visual hallucinations which can be produced during this stage, and which seem to represent a sort of mental image of the suggested dream projected in front of them, hallucinations of hearing and smell and alterations in general surface sensibility can often be produced. The latter will be especially dealt with later.

Production of Visions.

Visual hallucinations can be more readily produced than auditory, and no doubt were made great use of in ancient times by various seers and sorcerers who duped their victims into crediting these visions with enormous importance. It is quite easy to get a person in this stage to see before him the face of some departed or absent friend as if in a picture, and people have told me these visions are extraordinarily distinct and life-like. On several occasions I have been asked to bring back in this manner the face of a friend or relative who had not been seen in the flesh for many years. To do this one induces the dream-state and then tells the subject to concentrate his whole mind on thinking of the person he wishes to see. Eventually the almost forgotten image rises in ideational intensity to a sufficient degree to cause the projection of a picture before the subject, so that on telling him to open

his eyes at a time when your suggestions have become most earnest, he will see the face of his friend in the mirror or disc you hold in front of him. Sometimes even without this latter aid.

We see then that these intermediate stages are characterised by the great amenability of the subject to suggestion, combined with a partial consciousness of surroundings. It is this stage that gives some of the showiest results if subjects are to be demonstrated, and also makes the most impression on the sceptic who offers himself as a subject. The visual phenomena are most striking and one has to take care to let people know that in conjuring up the faces of the past one is not dealing with black magic and is not in league with the spirits of darkness. In such an age of superstition as this one cannot be too careful !

CHAPTER V.

SOMNAMBULISM.

On examining the deeper stages of hypnosis we are confronted with some of the most fascinating problems in psychology. We see a person pass through a semi-conscious dream-state into a condition apparently of sleep, and yet differing from sleep in that although he has lost all sense of his actual surroundings he is en rapport with the operator, and is responsive to suggestion from without. Apart from such suggestion the subject's mind remains as a blank page on which many things may be written. So that any suggested idea may become dominant owing to want of competition, and will work actively along associated lines of thought, until both it and its derivatives have worked themselves out. When this has happened the mind is again a blank and the subject continues in a state of mental inhibition, somewhat akin to sleep. According to statistics between ten and twenty out of every hundred hypnotised persons reach the somnambulic stage after a few sittings. Such figures may be taken as applying to patients of all ages and not to healthy subjects of the type indicated as suitable

for hypnotic experiments. Of the latter class a very much larger percentage can be influenced to the deeper stages ; it is very difficult to accurately estimate the proportion.

Phases of Somnambulism.

For descriptive purposes it seems best to divide somnambulism into two phases, *Passive* and *Active*. It will be found that as the dream-stage deepens a condition resembling sleep is gradually approached, so that the subject instead of returning from dream-land to a semi-consciousness of his surroundings in the intervals between the dreams, remains in an unconscious state until some fresh idea is suggested. Hallucinatory scenes may be presented to his mind and he will describe with great definiteness the things he sees and the part he is himself playing. This is an early stage of somnambulism, and to it the term "passive" can be applied with advantage. For as the suggested ideas become more dominant the subject will accompany his hallucinations with appropriate muscular actions, at first slight, and afterwards complex, so that he may walk about and talk and have all the appearance of being in a waking condition, except that he usually keeps his eyes closed and is obviously living in imaginary surroundings. This is Active Somnambulism, and with some subjects the hallucinations are so complete, the suggested ideas are so dominant, that they will walk about with *open eyes* and carry on conversations with various

imaginary people, in a condition almost impossible to distinguish from the normal. But on closely observing such a person he will be seen to be quite out of relation with his surroundings, and to be an actor in an hallucinatory scene; he will fall over furniture or endeavour to walk through the wall if those objects do not correspond with his imaginary environment. In many instances the hallucinations are combined with illusions; that is to say the subject will make furniture or people correspond to his imagined environment by giving them an illusional value.

It is often said that the depth of somnambulism, that is the intensity of the dominant idea, is further determined by the acceptation or refusal of suggestions referring to post-hypnotic life. Subjects in the deeper stages being more amenable to post-hypnotic influence than those not so deeply hypnotised. Personally it has always seemed that this depended rather more on the individual than on the depth of somnambulism. Because people in quite early somnambulism will often carry out

An Hallucination is a sensation produced by the mind, whether through the sense of sight, hearing, smell, taste or feeling without any external cause capable of producing it.

An Illusion is an erroneous perception having an external object as its basis. For example:—In a dim light a piece of furniture may be mistaken for a human figure.

A Delusion is briefly an hallucination or illusion credited by an individual as realistic under conditions in which reason and experience ought to forbid such belief.

(Vide—Hack Tuke, "Dictionary of Psychological Medicine.")

commands referring to subsequent waking life with the greatest readiness, whilst on the other hand every hypnotist must have seen such suggestions refused by subjects exhibiting the most active phases of somnambulism. Experiments to determine this point must be conducted with very great care, for unless complete amnesia on waking is assured then, however much the subjects are to be trusted, it can always be objected that in responsive instances they are merely carrying out commands actually heard whilst in the hypnotic state. Discussion of the question of post-hypnotic influence is reserved for a later chapter.

Fully developed somnambulism then is a condition in which the subject has completely lost contact with his surroundings, owing to a fixation of attention which has resulted in a temporary inhibition of the normal stream of thought. It is a condition in which the attention has been so thoroughly distracted from present things that cutaneous stimuli are no longer appreciated by the Conscious Mind—somnambulic analgesia and anaesthesia.

Early students of hypnotism frequently find that their efforts to get the somnambulistic stage are unsuccessful. This is because they try to

Analgesia—is loss of sensation to painful stimuli.

Anaesthesia—to all cutaneous sensory impressions both of touch, pain and temperature.

Amnesia—is loss of memory.

Hyperaesthesia—is increased sensitivity.

make too sudden a leap from the early phases of the dream-state to active somnambulism and in doing so rouse their subjects from hypnosis. It is best to proceed gently and carefully, gradually letting the dream of some familiar place take such hold of the subject's mind that he becomes more and more dominated by the idea presented. Then when consciousness of present surroundings has gone, it may be suggested that he is acting in some particular manner, until eventually he follows the suggestions by a corresponding muscular action. Such a suggested action should in the first place be simple, as if complex the effort to carry it out will often break the spell and restore him to the normal.

An appreciation of the process of inducing somnambulism will be better obtained from notes of actual experiments than from any prolonged description.

I will first quote from my notes of experiments with a man who became somnambulic after a very few sittings.

Subject G. *Man aged 21 years.*

Had been a hairdressers' assistant.

I. Fatigued his eyes with disc. Did not produce sleep but merely stiffness of lids. Then made several attempts to induce hypnosis by fixing his gaze on my ring. This was eventually successful, so that about half-an-

hour from the commencement of experiment he was in a condition of early somnambulism. I was *unable* to produce rigidity of arm,—said he had not felt me touch his arm—also that he thought he had been “quite asleep” for a little while.

Again produced hypnosis—this time very readily. Then I suggested—

(1) That when he opened his eyes he should find himself in the last shop he had worked in. *This was successful*, he described “the wheel” —I found he meant the apparatus for hair-brushing. Could not describe anything else. So I closed his eyes.

(2) I then told him that he should hold the disc in front of him and that when he opened his eyes he would see the place where he had been recently working at the Church Army shelter. *This was successful*. He saw various bundles and stacks of wood. Again closed his eyes.

(3) Told him to open his eyes and asked him where he now was? To my surprise he said—“the shop”—responding evidently to the first suggestion. Moreover, he now had a much clearer picture of the place. He walked across the room and turned “the wheel” when told to do so. Having returned him to his chair I asked the address of his shop and he said “Tooley Street, London Bridge.”

I then gave him pencil and paper and told him to write his name and occupation which he did. He now, to my surprise, said that it was difficult to write as *his arm was somewhat stiff*. I had previously *failed* to obtain suggested rigidity.

However I was now able to produce stiffness or slackness of his right arm at suggestion, according as I stroked it down or up. Also produced analgesia to a pinch on left hand and attempted to produce hyperaesthesia of right hand. I am doubtful as to whether this was successful,—although he said that he could feel ever so much better on the right than on the left.

I closed his eyes and told him that in future I should always be able to hypnotise him at once by making a pass in front of his eyes.

He awakened readily but seemed somewhat confused. His eyelids were heavy and he was very drowsy.

Remembered—

1. The shop with the wheel. Actually thought himself *in the shop*—not merely *saw a picture*.

2. The wood yard.

But said he had no recollection of—

1. Turning the wheel *in the shop*.

2. Writing his name and address.

3. Production of rigidity in arm.
4. Production of altered sensitivity of hands.

He was very surprised to find he had written his name, etc.

II. Detailed Experiment :—

Eyes closed after about 60 seconds gazing at my ring. Opened them again in a few seconds. I told him to close eyes and sleep deeply. Tried to produce rigidity in arm —failed. But arm *remained* in position I placed it.

Told him now that he was in Hospital in front of fire, (where he had been previously waiting for me.)

Successful, he said he saw a Nurse going backwards and forwards.

Saw a *cat* (at suggestion) which he imagined he took on his knee and stroked. Whilst doing this took great interest in some object. On enquiry said he was looking at a young woman who had cut her hand, —(this without suggestion.)

He was now analgesic on both hands and forearms and became anaesthetic at suggestion.

Told him to sleep deeply and dream of his home in the country and that he was to describe his dreams to me later on.

He was sleeping whilst I made above notes. Muttered occasionally, just like a person talking in his sleep.

On telling him to open his eyes and describe his dreams he said they were about "home."

And curiously, when asked where he now was, said "In the new house." And explained further, that his father having just got married had moved into this "new house" which was "larger than the old one."

Also said, he had not seen his brother lately, that his father was a pensioner of the police, that the town was Plymouth near Devonport in Devonshire, that it was too far from the sea to hear the waves. I suggested that a band was passing, *he agreed*, said it must be the boy's brigade, and that they were playing some march.

Slept again at suggestion. Told him that on waking he would feel happy and bright and that he would go up to the piano and say that he would like to play it some day.

Before waking him tried to produce rigidity of arms and failed,—but they dropped by his side in a flaccid condition.

Legs — somewhat rigid, and remained stretched out, but readily bent when flexed.

But I could not produce anything like the *cataleptic* rigidity that I expected.

Also told him that on waking he would *see a cat on the hearthrug* and would watch me let it out at the door.

I then told him to wake up when I blew on his face. He opened his eyes at the signal, but appeared to come back to first stage of experiment, saying *that he was still in the hospital* and volunteered the statement that "there was a cat on the rug".

So I closed his eyes and told him he was not at St. Mary's Hospital, but in my rooms. On again waking he said,—"*Yes, I am now, —the cat's still there though*".

This is somewhat curious, apparently showing some confusion of ideas.

He said that though awake he could not move his right arm, nor his legs, and that his left arm was stiff.

This I corrected by passes and suggestion.

It is noteworthy that I had produced a definite *paralysis*, in attempting to produce *rigidity*.

He then watched me let an imaginary cat out through the door. He was convinced that there was an actual cat, large and black, and that I *did* let it out.

Slight persistent heaviness of eyes similarly removed by an upward pass. He said it felt as if "something was removed from inside his eyes."

In a few minutes felt quite himself and much brighter than before the experiment. Did *not* respond to my suggestion re piano. Was positive that he remembered absolutely nothing of the experiment.

On careful examination he agreed that he remembered "the shop" and the "wood-yard" of last night. But has no similar memory of to-night.

I gave him most urgent suggestions that he should have no subsequent memory of the experiment.

Experiment 3.

Fell asleep almost immediately. *Suggested*—hallucination of street near Westminster. On opening his eyes he leapt out of his chair and quickly moved away, turning round as he did so. *Said*—"that was a 'bus!"

Described some of the buildings he could see, among them the Abbey—could see the clock but could not make out *the time*—until asked if it was 12 o'clock, when he quickly assented.

I was able to induce a *feeling of surface warmth* immediately. *Rigidity*—successful in legs, not yet complete in arms.

Anaesthesia and Analgesia rendered complete by suggestion.

Post-hypnotic—that he should strike a note on piano 60 seconds after waking; and then ask me why he had done so. *Result*: Struck several notes 45 seconds after waking, and then said “I don’t want to do that, do I.”

Am now able to induce Analgesia and Anaesthesia, with rigidity, *by suggestion in the waking condition.*

Experiment 4.

I. 1. Rapidly hypnotised. After a few minutes I suggested that he was in the Hospital waiting room. *Agreed*, described forms and a fire. Said it was the “Casualty Ward.” Warmed his hands at the fire. Talked about various things. Said after some minutes it was “St. Mary’s Hospital.”

2. Asked if he remembered a letter of recommendation I gave him? Said *he did not*.

After further urging he remembered it and took it out from several papers and *gave it to me* at my request.

3. I played a few bars of “Valse Bleu.” Told him that he would now be able to do the same. But his efforts were hopeless—he struck notes haphazardly with both hands.

However, he seemed to think that he was playing the piece *quite well*. I told him that

he could now play alright—and told him several things to execute—which he performed in a similar manner. Being all the time confident that he was doing well.

4. Told him he was now a music-hall artiste about to sing “God save the King”—with a dance.—

He found himself on the stage when he opened his eyes. He started the song—then said he would prefer a “comic”. Which he gave without accompaniment, and with a dance at the end. Also gave an encore in response to applause.

N.B. Then “slept”—suddenly started clapping and applauding—said he was at the “Middlesex”.

5. Told him he would come on Thursday at 8 o'clock. Also that he was to write “Thursday at 8 o'clock” *ten minutes after he was awakened.*

6. Told him he was a cock in a yard. He imitated the actions of a rooster excellently.

7. Woke him instantly by blowing on his face. He said he felt all right and knew where he was—then rose from his chair—asked for paper and wrote—“Thursday 8 o'clock.”—so that suggestion had taken effect ten minutes too soon.

On enquiry said he had my letter in his pocket—could not find it—was extremely worried about having lost it. There is no doubt that he had no idea what had become of it.

II. Tried next to obtain hypotaxy.

Stared fixedly into his eyes—told him he could not resist—he then followed me round the room imitating my actions at suggestion. Recovered himself when I closed my eyes. Afterwards he said he had no recollection of leaving his chair.

These experiments give a very fair idea of the sort of thing that may be expected with a fairly susceptible subject. The memory of past events was very imperfect in this case, and the Subconscious Mind seemed to be somewhat untrained. The difficulty in obtaining catalepsy is worthy of notice as I have often found that with subjects who rapidly becomesomnambulic the early motor phenomena are frequently imperfect.

The next example shows how somnambulism may be induced by careful suggestion in a somewhat refractory subject ; a gradual insinuation of an idea into his mind at length resulting in its domination.

Subject K.—*Youth aged 18 years.*

There was some difficulty in influencing him at first but once hypnosis had been induced he soon

passed into the dream-state and various hallucinations were readily obtained. During the fourth and subsequent experiments I endeavoured to produce somnambulism, with the following results.

Experiment 4. Attempts made to induce somnambulism—in part successful. Hypnotised several times. By association of ideas—viz., that he was in bed sleeping, he just entered the somnambulic stage.

Performed actions—— somnambulic——but awakened after a few seconds.

The difficulty was that he was very readily roused at any time. E.g., if I attempted to produce catalepsy, the effort to bend his arm wakened him.

When told he was painting a room he agreed—and said it was “in Farringdon”. Told to go on painting, he imitated the actions of a painter but did not move from chair. On being told to go across the room to paint on the other wall he partly got out of his chair and then awakened.

Similarly when told he was in bed and that he was to get up. He moved as though moving aside the bed-clothes and then woke up. Did not feel a pinch on dorsum of either hand when analgesia was suggested.

N.B. It seemed probable that the deeper stages of somnambulism would follow in due course.

Experiment 5. Now rapidly passes into a condition which is very receptive for dreams.

When asked where he was etc., said he was in Praed Street and (at suggestion) in Paddington Station. Described train at platform and its departure.

Did not hear guard's whistle as suggested.

(b) Attempt to produce rigidity of right arm failed and awakened him. Slight stiffness was produced for a few seconds.

2. Readily produced dream-state.

(a) Analgesia of hands produced.

(b) *Illusions of smell*—(with tobacco smoke). Took it for (1) Petrol fumes (2) Pitch and tar smoke.

(c) Effort to repeat a stanza from memory—failed.

Experiment 7. Deeper stages produced. He has now amnesia as regards experiments.

1. Rigidity of arm—more definite and more lasting. *Attention first directed to that limb.*

2. *Change of personality attempted*—suggested that his face and hair had become that of a negro. He agreed as to the extraordinary change in his appearance—surveyed himself in an imaginary mirror (illusion) and was greatly worried.

But, was absolutely certain he was not a

—“nigger”—thought something remarkable had happened to him—but was *not* Sam Jones as suggested.

At suggestion—saw his normal appearance return,—was greatly pleased at this.

On waking had *no recollection of conversation*. In the *waking* state had a *temporary view of black face*—in supposed mirror (a printing frame)—at suggestion.

I will now give notes of an experiment which shows how, by suggestion a scene from a person's past life can so vividly be recalled by the Subconscious Mind that he will re-enact a scene and carry out details of such acts that must almost of necessity have been forgotten in the waking state.

Subject B.

Man aged 29 years who had been a combatant in the last Boer War.

He was deeply hypnotised and told that when he opened his eyes he would find himself back in South Africa serving with General Buller's force. He opened his eyes when told to do so and then began to act in a remarkable manner. His actions indicated that *he was trying to take cover from an enemy's bullets ; and evidently was using a rifle*. On being questioned he described the battle scene minutely, saying that he was one of the men in charge of a gun. He further suddenly called out that

“Porter” was wounded; he seemed greatly distressed and started to go to his friend’s help. He did not respond to a suggestion that he himself was wounded. Indeed it was only with difficulty that I could make him conscious of my presence, as of course I had no place in the hallucinatory scene; and when I did so he evidently took me for an officer as he immediately rose to his feet and saluted.

I ended the “dream” by placing my hand over his eyes and telling him to sleep.

These notes however, do not bring out the remarkable manner in which some subjects in somnambulism will argue with the operator about suggestions, and definitely refuse them as distasteful. When this is done the subject usually gives the operator some place in the hallucinatory scene. I will now give a verbatim report of an experiment performed with subject K, especially to illustrate this chapter. K had been in a volunteer corps recently.

I hypnotise him and tell him he is at the drill-hall. He sits up in his chair and the following conversation is carried on between us.

E.A. What do you see?

K. Chaps waiting to drill. (He laughs suddenly).

E.A. What is amusing you?

K. Two chaps wrestling there.

(I find he is analgesic and anaesthetic ; evidently is in a state of passive somnambulism).

E.A. Did you feel anybody touch you ?

K. No—there's no one near me.

(He continues laughing and starts talking.)

He says—"You can't wrestle in ju-jitsu style—you don't know what to do, do you ?

No, I won't have to go to-night.

E.A. Who are you talking to ?

K. Talking to this chap 'ere, Brown—he thinks he can wrestle (laughs.)

(Suddenly stands up and moves as if taking off his hat).

E.A. What are you doing ?

K. That's an officer—didn't you see him ?

E.A. No, I wasn't looking.

K. Well you ought to have been. You'll get into trouble if you don't take your hat off when you see an officer.

(He goes on talking to various imaginary people who are apparently trying to persuade him to wrestle.)

E.A. Are you in uniform ?

K. You see I'm not in uniform—not in uniform to-night.

(Goes on talking to imaginary friends.)

E.A. (Suddenly) Attention !

(He stands up suddenly at attention.) Who was that ?

K. That's an officer just gone out.

E.A. All in uniform to-night !

K. What do you say all in uniform for ? That's all those who are going to drill I suppose.

E.A. Yes, you're going to drill too !

K. Me ! Sergeant ! That's a funny order, isn't it ? Always drill in civilian clothes these nights. Mondays, Wednesdays and Fridays for drill—but not in uniform—unless there's a concert or something going on. *You* ought to know that (laughing) I ought not to be telling you.

(Goes on talking in same strain. Talks to sergeant about going to wrestle with a man.)

E.A. Who do you think I am ?

K. Who's that spoke ? I don't know you old chap,—did you speak to me ? No, I don't know you, never seen you before, have I ?

After further conversation, says :—

All right I'll wrestle with him.

E.A. You know I'm a corporal, don't you ?

K. You're not a corporal of my company, E company, not seen you before—(eyes closed all the time), funny—perhaps he's changed from some other company.

E.A. Never mind, take this chap on!

K. All right, come on. (Addressing an imaginary opponent) How do you wrestle? ju-jitsu, do you.

I give you to understand that I don't wrestle in Hackenschmidt style—catch-as-catch-can.

(I then persuade him to wrestle with this opponent to-night—he talks a lot about ju-jitsu.)

E.A. Now then, stand up.

K. Well we won't hurt one another! Just a friendly!

(Wrestles with an imaginary opponent.)

E.A. Now you've got him! Hit him hard—hurt him!

K. No, I don't want to hurt him. (Sits down) I thought *you* could wrestle, wouldn't have taken it on if I knew,—(to opponent.)

E.A. What's happened?

K. Got his coat and put his chin on his stomach!

E.A. What's that?

K. (Standing up to reply.) Well, I got hold of his coat at the stomach (waist), I put my hand on his chin and held him over until I got my foot on his two feet, and held him there until he “tapped” then he was done.

(On enquiry explained that “tapped” meant “gave in.”)

E.A. Do you see that chap over there, he’s making faces at you. Go and punch his head.

K. (Refuses this idea, laughs a good deal,—he is a good-natured chap—and refuses all suggestions that he should hurt the other man in any way.)—Says I’m “Steve Barton.”

E.A. Come and have a drink?

K. No, I don’t feel like drinking to-night Steve; Besides you know I never drink.

E.A. Never mind, here’s a glass of whisky and water. (I put an empty glass into his hand.)

K. (Smells it.) It’s whisky, makes me sick the smell of it, give it to the sergeant, he’ll drink it—what won’t he?

(And so on,—no persuasion will make him drink it—I offer him five pounds to drink it.)

K. Well of course anybody will do it for a fiver? Some fellows would for a shilling.

(After being given an imaginary fiver and some argument, he drinks it, and then mocks at whisky as an unpleasant drink.)

E.A. You'll be drunk now! You'll be giddy when you stand up.

K. (Stands up and reels round the room—laughs, is surprised and asks for something to pull himself together. Recovers when told he is all right).

I now attempt to change his personality.

E.A. You think you are a man—but you're not, you're a dog.

K. Who is?

E.A. You are.

K. Dog, eh?

E.A. Yes, you are going to walk on all fours—you can get up and see—you'll bark and not be able to speak properly.

K. (Gets up and immediately flops down on all fours).

E.A. What do you think now?

K. Barks repeatedly and imitates a dog in every way with an accuracy of detail, such as he never could attain in the waking state.)

(I banish all these suggestions and then rouse him.)

This experiment shows how a subject may resist suggestions distasteful to him and opposed

to his moral sense. No amount of persuasion or command will make him injure his imaginary opponent in any way. But this does not mean that granted a subject were criminally inclined, various malevolent or immoral suggestions might not be made with success by an expert operator. The Subconscious Mind will always act best along the lines of least resistance, that is,—of greatest mental habit.

A man who was accustomed to pilfer might very readily be persuaded in the hypnotic state to rob someone, but a man who is honest would at once refuse such a suggestion.

The change of personality so that K. barked like a dog, shows to what extent harmless suggestions can be given with success. And in all somnambulistic impersonations the most perfect representation of the imagined character is given; an extraordinary knowledge of detail being exhibited, in a way that could not obviously be manifested by the majority of subjects in the waking state. It is very easy to make comparative experiments showing this. Ask a subject in the normal state to imitate a man driving an omnibus and notice his clumsy actions; now induce somnambulism, tell him he is driving an omnibus, and see how he handles the imaginary reins, talks to the horses, makes jokes at the expense of passers by, and generally behaves as if he had driven an omnibus all his life.

The phenomena of somnambulism are infinitely variable ; and the only way to become thoroughly acquainted with the condition is to constantly make experiments with somnambulic subjects, always remembering to remove all hallucinations by careful suggestion before terminating hypnosis. It is possible that some suggested idea may become fixed and appear later as a delusion if it is not removed at the end of the experiment. This is one of the points against hypnosis being induced by inexperienced operators ; as it is not always easy to get rid of a delusion when it has once become fixed. On the other hand all suggested fancies will vanish at command during hypnosis.

CHAPTER VI.

THE MUSCULAR PHENOMENA.

It is as well to say at once that the majority of operators at the present day do not consider that there are any muscular changes or reactions characteristic of hypnosis ; but that various phenomena can be obtained in response to suggestion with such regularity, that their exciting cause was for a long time overlooked.

The first evidence of hypnosis usually looked for is a muscular phenomenon, namely the flickering closure of the eyelids with subsequent difficulty in opening them. But as Dessoir pointed out this muscular action is the consequence of the methods of inducing hypnosis so much in vogue, especially when a great point is made of the idea of sleep. Whereas it will be found that a good many subjects can be hypnotised and remain in the condition with their eyes widely open. I described in the last chapter how a somnambulist might keep his eyes open throughout an experiment.

Catalepsy.

The muscular condition that is always sought after by beginners is that known as Catalepsy. It can be produced in every subject who has definitely passed the pre-hypnotic stage. That is to say if the experimenter can effectively prevent the subject from opening his eyes, he can further produce catalepsy if he is careful in his procedure. The readiest and most certain way is to direct the subject's attention to a limb by holding it or stroking it, at the same time telling him that it will probably become stiff and will remain fixed in any position the operator gives to it. Here we have the action of direct verbal suggestion strengthened by directing the subject's attention to the limb it is desired to render cataleptic. A simple way is to tell the hypnotised person to place his arm in a certain position, and obtain catalepsy by further verbal suggestions.

Once the idea of rigidity has entered into the subject's mind catalepsy can nearly always be subsequently obtained by simply placing a limb in the required position. If in the first instance passes have been used, then catalepsy will result as soon as a limb is stroked, usually not until. But so amenable is the hypnotised subject to suggestion that in many instances rigidity can be induced in the first experiment by simply raising an arm and stroking it in the new position ; if the limb drops,

holding it up for a few seconds often produces the desired result. This happens especially when one subject has previously seen catalepsy induced in another. I remember on one occasion having to hypnotise a series of children, taking one at a time whilst others waited their turn in the same room; the condition was tested by raising an arm and seeing if it remained in the new position. It was remarked that several children who had witnessed this, on falling into hypnosis immediately *raised an arm* and on examination the limb was found to be cataleptic. So powerful may be the influence of indirect suggestion; for in these cases the idea of raising an arm which was to have been fixed had not been directly presented to the children's minds, but had become insinuated there subconsciously whilst they were *watching* their comrades being hypnotised.

All grades of catalepsy are found, almost every subject at first presenting distinctive features with regard to this phenomenon. The early inability to raise the eyelids is a simple cataleptic phase, and may occur without any direct suggestion to that effect. Because a very large number of people are aware of the fact that in hypnosis the subject may not be able to open his eyes, and they subconsciously act on this knowledge. At first catalepsy may be merely represented by a temporary fixation of the limbs in a given position; in some cases the limbs respond to passive movements as if they were

part of an articulated doll, and we have the wax-like condition known as *Flexibilitas Cerea*, which is a phase of catalepsy and not a distinct effect.

Tetanic Catalepsy.

The most advanced stages of catalepsy present such a definite rigidity that Bernheim used the term 'tetanic' to express its extent. This tetanic condition is not easy to obtain at the first sitting, but may be increased by suggestion at each succeeding experiment, until it is possible to produce a fixation of limbs that can only be overcome by rupture of muscles or ligaments. Or the whole body may be made as rigid as a steel bar so that it may be rested with the head on one chair and the feet on another, and heavy weights placed on it without the rigidity yielding.—We sometimes meet with people who say that the subjects of this rigidity are not in the hypnotic state. If such sceptics had any real acquaintance with the question they would know that it may be as difficult to know that the subject is *not* in the "hypnotic state" as that he is. In this instance we know that it is not a difficult matter for many trained people to voluntarily render themselves so rigid that they can be supported for some time as in the experiment just mentioned. But let anybody who is not used to gymnastic or similar exercises see how long he can maintain such a position voluntarily; and compare this with the fact that after a few experiments (sometimes at



'CATALEPSY.

once), this steel-like catalepsy can be produced in even the feeblest people by suggestion.

I think such a person would feel convinced that hypnotic catalepsy is a condition much more readily obtained than voluntary rigidity, and is maintained with incomparably less muscular strain to the subject. But as certain athletic individuals can of their own free-will produce in themselves a similar state, no one would think of adducing "catalepsy" as evidence that a subject was under hypnotic influence.

Increased Muscular Action in Hypnosis.

It has been found sometimes that during hypnosis a person can be made to lift heavier weights than during ordinary life, or to exert greater pressure on a dynamometer. This is not to be wondered at considering the force that suggestion has with regard to muscular actions; if a powerful suggestion can suffice to keep a limb fixed against all resistance surely it can bring out the greatest possible powers of any muscular group. But such an increase of power is of course limited by the inherent functional capacity of these muscles, and the increased work that can be got out of them is not remarkably great. It is well-known that in ordinary life we but rarely use our muscles to anything like their fullest capacity. On the other hand no reasonable experimenter would assert that he can give his subjects unlimited muscular powers

by suggestion ; no weakling will become a Hercules in hypnosis. His muscles are inherently incapable of great deeds.

Automatic Movements.

As by suggestion the limbs may be fixed in any given position, similarly any particular movement communicated to them will be kept up as long as the idea of that movement is kept alive by suggestion. And although the sight of a subject wildly waving his arms about is not proof to spectators that he is doing it involuntarily, yet the inability to keep his limbs at rest is very convincing to a sceptic who has previously expressed disbelief in the powers of suggestion, and has offered to prove his contention by personal experience of hypnosis. All these motor phenomena are as a rule much more readily obtained by inducing hypnosis by one of the rapid methods and keeping the subject in the intermediate stages, than by a slow induction. Of course they can be readily seen in somnambulism, but we have seen that that condition is not always to be obtained without considerable trouble.

To effectively demonstrate the motor phenomena with a fresh subject it is well to rapidly induce hypnosis and to keep him in a semi-conscious condition with all his attention directed to his muscular system. With a moderately susceptible subject it is not hard to obtain considerable control over his muscles even during the first experiment.

The Saltpetrière Classification.

Although this book has been written from the purely practical stand-point some reference must be made to the views held by the Saltpetrière school as to the muscular phenomena of hypnosis.

Charcot and his followers of this school taught that there were three definite phases of hypnosis to be noticed, with characteristic motor effects. These phases being :—

- (1) *Lethargy*—in which there was complete cerebral inhibition, want of response to suggestion, and anaesthesia. It was said to be accompanied by a definite “neuro-muscular excitability,” so that any muscle excited by pressure or light friction immediately contracted; similarly pressure on a motor nerve would produce contraction in the muscles supplied by it.
- (2) *Catalepsy*—induced from the first phase by forcibly raising the subject’s eyelids. The phenomena of this cataleptic condition correspond to those of the suggestive catalepsy just described.
- (3) *Somnambulism*—obtained from the second stage by lightly rubbing the crown of the subject’s head. This condition corresponds to that already described in the chapter on Somnambulism. The eyes were now closed again, and if the lids were raised the subject returned to the second or cataleptic phase.

These three phases constitute what was called "le grand hypnotisme" and were said to represent the typical phenomena of hypnosis.

Now as Bernheim has conclusively demonstrated, these phases do not occur with healthy subjects. My own experiments have entirely failed to produce anything like the sequence just described. On the other hand Charcot experimented with hysterical subjects who were demonstrated a great number of times so that by "mental training" the phases desired were obtained. No account was taken of the fact that *Suggestion* was responsible for the appearance of these extraordinary phases. As a matter of fact the complete sequence is said to have been obtained with only a few patients, and these had been demonstrated for years. I can do no better than to quote Bernheim on this point. In his work on Suggestive Therapeutics he says:—

"Once only did I see a subject who exhibited perfectly the three periods of Lethargy, Catalepsy and Somnambulism. It was a young girl who had been at the Saltpetrière for three years, and why should I not state the impression which I retained of the case?"

Subjected to a special training by manipulations, imitating the phenomena which she saw produced in other somnambulists of the same school, taught by imitation to exhibit reflex phenomena in a certain typical order, the case was no longer one of natural hypnotism, but a product of false teaching, a true *Suggestive Hypnotic Neurosis*.

(Vide Herter's Translation.)

It is certain then that the phases of Lethargy, Catalepsy and Somnambulism really represented the results of suggestion given to hysterical patients who had been hypnotised to the degree of somnambulism. It is possible to obtain them all in any somnambulic patient, and it is not to be surprised at that Charcot in making use of hysterical patients for repeated demonstrations should have produced an entirely artificial sequence by neglecting the importance of the suggestions that were being daily given to his subjects directly and indirectly, by imitation and without intention.

Neuro-muscular excitability can be readily obtained by suggestion, but otherwise it will certainly never be found. Similarly with regard to described alterations in the deep reflexes. We can for example make the knee-jerk just what we like by direct suggestion affecting the muscles or the skin. I tell a hypnotised subject that when I tap his "knee" he will feel nothing, and that his leg will not move; the suggestion produces anaesthesia and muscular contraction so that the conditions necessary for the production of the knee-jerk are lost. On the other hand I suggest that his leg will suddenly "jump" when touched—and it does so.

CHAPTER VII.

SENSORY PHENOMENA.

It will be as well to consider the **cutaneous sensory phenomena** of hypnosis before going on to a discussion of the effects that can be produced through the medium of the special senses. And we must at once distinguish between sensory alterations due to the actual condition and those that may be produced by suggestion.

In early hypnosis there may be slight blunting of cutaneous sensibility, but it is as a rule, not very noticeable and requires careful testing with an aesthesiometer before it is ascertained. But as the dream-state is entered this diminution in sensory acuity becomes much more marked so that a sharp prick may be felt merely as a touch; until when somnambulism has been induced the skin is quite insensible to all impressions,—there is complete

An Aesthesiometer is simply a compass with a screw-adjustment and scale so that the distances between the two points can be accurately measured. The minimum distance at which *two* points can be felt is found for any part of the skin and compared with that found for other parts. Wide differences are normally obtained; for example—between the palmar skin of the fingers and the back of the hand.

anaesthesia and analgesia. Hence operations of great severity can be performed on a patient in the somnambulic state.

The sensibility of the skin can be recalled by appropriate suggestion and even made abnormal—hyperaesthesia ; so that it is possible to have in the same subject one hand insensitive and the other so hyperaesthetic that the subject starts with pain when it is even lightly touched. And similarly by suggestion various subjective sensations may be produced, such as tingling, numbness, “ pins and needles”, feeling of heat or cold, of crawling insects and so on. However, this is but another instance of the fact that in somnambulism the subject will accept any suggestion that is not antagonistic to his moral sense if it is adroitly given.

And as suggestion is not nearly as efficacious in the early or intermediate stages so we are not able to influence the sensory functions of the skin in these stages to anything like the extent to which we can in somnambulism. It happens that in some subjects sufficient blunting of sensibility can be produced to enable a tooth to be drawn, or some minor operation to be performed whilst the subject is in a conscious condition. But analgesia in the early stages is unreliable, and I should not advise the use of hypnosis as an anaesthetic in the case of any patient who was not somnambulic.

Use of Hypnosis for Surgical Anaesthesia.

Granted a patient in whom somnambulism has been induced we have present the conditions of an ideal anaesthesia. All the disturbance and discomfort associated with the preparation for and administration of an anaesthetic are avoided, there is no possible danger from its effects; the anaesthesia can be prolonged indefinitely without risk to the patient; there are no unpleasant or dangerous after-effects. Indeed it seems ridiculous if not culpable to administer an anaesthetic drug to any patient who has once been hypnotised to the somnambulic state. With an expert hypnotist there is no danger of the hypnosis terminating inadvertently, and the advantages I have mentioned should be sufficiently obvious of themselves. But on the other hand with patients who have not been hypnotised there are the very real disadvantages that several preliminary sittings will be required before anaesthesia deep enough for surgical purposes can be obtained. Moreover, in any particular case it may be found impossible to induce somnambulism or suggestive anaesthesia within a reasonable time.

So in hospital practice where a large number of cases are operated on daily it would be absurd to try and make hypnosis take the place of the usual anaesthetics. Much time and trouble would be wasted without adequate gain, except that a certain proportion of cases would have the advantage of a luxurious and ideal anaesthesia. A waste

that would not be justified, considering the fact that with chemical anaesthesia there is very little danger in skilled hands. Where operation is urgently and immediately needed the process is of course out of the question. Still there remains a very large field for the use of hypnotic anaesthesia. In private practice if there is no immediate hurry for operation it would seem advisable to offer the patient the chance of an ideal anaesthesia ; and in both hospital and private practice in cases where there is any contraindication to the use of anaesthetic drugs such as advanced cardiac or pulmonary disease, hypnosis should not only be advised but urged if an operation has to be performed. Hypnosis has been recommended for dental work, but for the majority of cases it has no advantages over nitrous oxide gas which is undoubtedly an almost perfect anaesthetic in this field. But here again one meets with people who are very much afraid of anaesthetics, or in whom there are definite contraindications to their use. And in many instances the length of the hypnotic anaesthesia would be of great importance to a dental surgeon. So that although hypnosis is not resorted to, and indeed could not in the present state of our methods replace the usual anaesthetics, yet there is undoubtedly a very large number of cases in which it could be used with advantage to obtain anaesthesia.

Special Senses.

With regard to the special senses—sight and

hearing seem to become very acute during deep hypnosis, especially when the subject's attention is directed to those receptive channels. The whole question of the reality of this sensory acuity requires careful investigation and a discussion of it would be beyond the scope of this manual. Suffice it to say that the influence of suggestion when a subject is in hypnosis is so very subtle that in some cases increase in sensory acuity may be only apparent and not real; resulting from the acceptation of suggestions direct or indirect.

Hallucinations have been fully discussed in a previous chapter.

CHAPTER VIII.

POST-HYPNOTIC INFLUENCE.

The fact that during deep hypnosis an idea may be imparted to a person, so that it will be acted on some time after the termination of hypnosis, has been responsible for a great deal of public misapprehension in regard to the advisability of using hypnosis as a therapeutic agent. The more so as the subject of such a suggestion may be quite unaware that it has been implanted in his mind. Of course the great interest of this phenomenon lies in its criminal possibilities. It would be a very serious thing if any somnambulist could be made to carry out criminal acts against his will, or could be made the victim of criminal impulses which would arise so suddenly as to overthrow his mental balance before he could call into play the normal mechanism of inhibition. But as a matter of fact this post-hypnotic influence is very limited in the majority of instances,—although in most somnambulant subjects it can be considerably developed by a process of mental training in amenability to suggestion.

My experience is that somnambulism has to be considerably advanced before any suggestions

given will be acted on in after life. That is say on the first occasion on which a subject becomes somnambolic he will not be found to respond to so-called post-hypnotic suggestions*. But by giving very simple suggestions in this direction, the Subconscious Mind gradually becomes accustomed to retain such imparted ideas and to act on them at a given time. For example a somnambulist may be told that on waking he is to get up, go across the room and open the door. On waking him there is no response. The suggestions have not taken root. If he is again hypnotised and something more simple tried, a successful issue may occur. Suppose he is told that on waking he will ask some person the time ; he will very likely respond. Once response has been got to some simple suggestion in this way, the Subconscious Mind will soon learn to retain more complicated ideas. But it is remarkable how suggestions that are incompatible with the subject's moral sense, frequently with his dignity even, are at once rejected. In many cases the mere incongruity of the act suggested is sufficient to prevent its completion.

Criminal Possibilities.

Yet on the other hand one cannot deny the fact that an expert hypnotist may find a subject so sus-

*As I have frequently pointed out, (*Lancet*, *January 27th, 1906*, etc.) the expression "Post-hypnotic Suggestion" is a misnomer, because the suggestions are given *during* and not after hypnosis ; hence "**Post-Hypnotic Influence**" is a better phrase.

ceptible that after many experiments he would be unable to resist even criminal suggestions. The combination of a criminal thoroughly versed in scientific hypnotic methods and theory, with a subject of extraordinary susceptibility who permitted himself to be hypnotised by the said criminal an indefinite number of times, must be very rare indeed. Still it is possible, and a certain number of cases in which post-hypnotic influence has been used with criminal intent has been recorded. But I must repeat that the peculiar knowledge required, and the difficulty of finding a sufficiently susceptible subject who could be persuaded to allow himself to be hypnotised, together with the time it would take to develop his post-hypnotic responsiveness to the necessary degree, and moreover the uncertainty of success when all these things have been attained, must render hypnotism practically useless for criminal purposes. The criminal possibilities of hypnotism are certainly not sufficient to militate against its use as a therapeutic agent. When one considers that for curative purposes it is in most cases unnecessary to induce somnambulism one sees that it is absurd to speak of post-hypnotic influence as a constant danger which ought to be considered before advising hypnotic treatment. To the practitioner who is accustomed to be dealing with cases in hypnosis every day, such an argument against its use is obviously ridiculous.

Examples of Post-hypnotic Influence.

The notes I give show that as a subject in somnambulism may refuse a suggestion because it is distasteful to him, so is he even more able to inhibit incongruous or distasteful impulses due to post-hypnotic influence; but will readily accept suggestions that are in accordance with his wishes, or have a curative direction.

In the notes of experiments with subject G, in the chapter on somnambulism, a reference was made to post-hypnotic influence. This subject was very amenable to suggestion but I did not succeed in making him perform any given act *the day after* the suggestion had been given. With subjects who are accustomed to post-hypnotic control the indicated act may be postponed days or even weeks if necessary. And the accurate post-hypnotic appreciation of time by the Subconscious Mind is very remarkable. Dr. Bramwell recorded a very large series of experiments bringing out this point with great clearness. It is a phenomenon that is difficult of explanation.

Subject B.

A porter in a public institution.

1. During hypnosis was told that after the sitting he was to go into a certain room, ask for pencil and paper and to write "God save the King." On being roused he made his way to the room in question and in a very confused way asked for pencil and paper and carried out

the suggestion given in every detail. Having slowly written the words "God save the King," he looked at the paper in his hand, and laughing amazedly said—"Well, I seem to be getting jolly loyal." He could not explain why he had acted in this way.

2. On another occasion he was told in hypnosis that on waking he would go up to the main corridor and turn out the electric light. It was about 9.15 p.m. I roused him and then carefully watched his movements without his being aware of it. He went into the main corridor and stood looking first at the electric light and then at the clock. This hesitating attitude was maintained for some minutes. On approaching I found that he was quite dazed and drowsy. I asked him what he was doing and he said he had just had a very curious impulse to switch off the light. He said this idea was somewhat extraordinary as it was not his duty ever to turn off that light, and in any case it would have been an absurdly early hour at which to do so.

Here we see the refusal of a suggestion on account of its *incongruity* by a subject who was really extraordinarily amenable to suggestion.

3 He carried out a simple act 14 hours after the hypnotic sitting in which the idea had been suggested to him, a night having intervened.

I have had many opportunities of observing this subject's manner when he is under post-hypnotic influence and it has always seemed to me that as the suggested idea becomes dominant in his mind he spontaneously enters a condition of deep hypnosis. This is naturally the case, for as I have throughout endeavoured to show, the condition known as hypnosis depends on the dominant intensity of some particular idea, on which the attention is for the time being fixed.

Subject L. *Man aged 19 years.*

During 4th experiment became somnambulant, but suggestions had no post-hypnotic influence.

Experiment 5.

Became actively somnambulant. Hypnotised three times with a view to obtaining post-hypnotic influence.

(a) Was told during hypnosis that he was to :—

1. Strike a note on the piano on waking.
2. 5 minutes after waking to go to sleep in chair.
3. Wake again on hearing the piano struck.

There was no response to either suggestion.

(b) Hypnotised, and told that on waking—

1. He would be lame in his right leg.

2. He would then strike a note on the piano.
3. That this act would cure his lameness.

Result :—

1. He was lame.
2. Did not strike the piano.

He said his leg was “stiff through sitting in a chair.” On asking him if he thought striking a note on the piano would do him any good, he at once replied :—“*Did you tell me to strike the piano?*” —It appears that he had had an impulse to sound a note but “did not know whether it would be right.” Having let the idea work itself out in completion the stiffness of his right leg disappeared.

(c) In hypnosis he was told :—

1. To ask the time on waking.
2. To stand up and salute when he had been told the time.
3. To say he felt cold.

Result :—

1. Asked the time after a short interval.
2. Then jumped up and stood at the salute.
3. No response, But on enquiry said he felt cold.

This subject exhibited nothing like the post-hypnotic responsiveness of B, but responded to

simple suggestions in a way that can be looked for with any ordinary somnambulist. The limitations of post-hypnotic influence soon become apparent when a few such experiments are made.

It often happens that during these experiments a subject on being roused will at once say that he is trying to get hold of some idea that continues to elude him. I have frequently been asked by subjects if they had been "told to do something". In these cases I always advise most strongly that the idea be enabled to work itself out. This may be done by giving hints to the subject, and if that be not sufficient, by *telling him* what he is trying to formulate in his mind. Otherwise a good deal of mental strain may result and the subject worried for some time by the elusive idea.

Somnambulists who do not readily accept suggestions during hypnosis, or who are inclined to argue with the operator, offer a corresponding resistance to post-hypnotic influence.

Some reference must be made to the condition of subjects on being roused from hypnosis, especially from somnambulism. It will frequently be found that directly after rousing a subject he is still amenable to suggestion so that characteristic hypnotic phenomena can be readily produced. But as a matter of fact, *if the subject has been completely and properly restored to the normal* he is no more amenable to suggestion in the waking state after hypnosis than any other person. If his attention

has not been unfixed, so to say, he will of course, still accept suggestions as he is really in hypnosis. Occasionally it may happen that hypnosis is *re-induced* by a sudden command or suggestion given before the subject has thoroughly regained his mental balance. It is important to distinguish this phase from that of the true post-hypnotic influence that has just been discussed.

Production of Instantaneous Hypnosis.

Post-hypnotic influence may be used for the purpose of obtaining instantaneous hypnosis. If when a subject is in deep hypnosis he is told that he will always fall into the condition at a given signal, on future occasions it will be only necessary to make that signal to induce the condition. Usually one says:—"In future when you look at the hypnoscope, (or at my hand), you will become sleepy,"—and so on. It will be found that such suggestions answer admirably and much time is saved at subsequent sittings.

CHAPTER IX.

SUGGESTIVE THERAPEUTICS.

It has always been noted by hypnotic practitioners that a considerable number of neuroses have been benefited by Suggestion before it has been certain that hypnosis has been induced. That is to say the preliminary sittings of a course of hypnotic treatment have frequently been found to have achieved all that was necessary from the therapeutic standpoint. Now considering the psychological principle underlying the action of Suggestion as explained in the introductory chapter, it is not surprising that if a morbid idea be not fixed by long standing it should be overcome by an opposite suggested idea even when there are present distracting ideas that occupy the mind in ordinary life. On the other hand the more fixed the morbid idea the more necessary it is to raise the antagonistic suggested idea to a point of very high intensity. This being done in suggestive therapeutics by so fixing the patient's attention on this new idea that all accompanying ideas attain a relatively low intensity ; if the fixation of attention is complete

we have seen that the stream of thought is inhibited and the mind entirely concentrated on the idea that the physician wishes to implant, in other words, "a state of exalted suggestibility"—hypnosis—has been produced.

It is found in actual practice that the morbid ideas of the patients in themselves are sometimes so distracting that it is impossible to induce the deep stages of hypnosis; but that fortunately curative suggestions can in most cases reach an adequate intensity when given in the early stages, that is when concomitant distracting ideas are slightly lowered in intensity without being utterly abolished.

So that in carrying out a course of suggestive treatment two principles have to be borne in mind, namely, to attempt the induction of an early stage of hypnosis and to begin giving curative suggestions as soon as the patient has become so used to the novelty of the method that mental receptivity is ensured. As I have insisted throughout "induction of an early state of hypnosis" means the fixation of the patient's attention so that one particular idea has a greater relative intensity than the rest.

When these points have been explained to a patient all fears of hypnotic treatment will usually vanish. The more so when he understands that he will be conscious of all that happens during the sitting, and that it is not necessary to send him

into a deep sleep. Later on if it is found that the suggestions given have been inefficient it will be desirable to raise them to a point of higher intensity by inducing somnambulism, and this should not be done without explaining to the patient what is intended. But as has been mentioned, it is by no means easy to induce somnambulism in people whose attention is constantly distracted by morbid ideas.

Technique Recommended.

The plan recommended when carrying out a course of suggestive treatment is to first thoroughly explain the process to the patient and then proceed in the usual way to induce hypnosis by the modification of Braid's Method described at length in a previous chapter. It is better not to attempt the induction of hypnosis at the first interview; but to endeavour to get the patient into a tranquil state of mind before the treatment is proceeded with. For the apprehension and even fear with which some people approach hypnotic treatment is very great, not to say remarkable in these days of scientific exposition.

The first sitting for the actual induction should last about half-an-hour, and a good result may be anticipated if the patient becomes very drowsy or evinces a state of definite passivity, that is, disinclination to move or open his eyes when told to do so. At the end of half-an-hour during which frequent suggestions of sleep have been made,

aided by slow rhythmic passes, the majority of people are more or less amenable to simple suggestions such as those inhibiting muscular action or conjuring up simple dreams.

During the second or subsequent sittings curative suggestions may be made and if these are successful within a reasonable time all that was required has been done. If they are not then some cognitive stage of hypnosis must be sought for.

Now it is a very difficult matter to test the depth of hypnosis without alarming the patient; if somnambulism has been obtained of course it can readily be tested by the presence of analgesia and anaesthesia, and further by the response to suggestions and subsequent amnesia,—if the latter has been suggested. But with nervous patients in an early stage it would be undesirable to demonstrate muscular control; such patients would be terrified if they suddenly found they could not open their eyes or move their limbs.

However, according to the fixation of attention hypothesis there is no boundary between the normal state, and hypnosis,—the state of exalted suggestibility. And after all the aim of suggestive therapeutics is to alleviate symptoms and not to induce a condition of such receptivity that various experimental phenomena may be demonstrated.

Considering these things and the efficacy of simple suggestion *without hypnosis* in so many cases, it has always seemed to me that the exact depth

of the condition induced is a matter of small importance unless the disorder does not yield readily to the treatment. In such cases it is best to explain to the patient that it is proposed to increase the depth of the hypnosis and to test it by various means. By the time this is necessary he will have been seen several times and will have become so accustomed to the procedure that he will not take alarm at these further measures.

When dealing with localised symptoms the significance of passes is an invaluable aid to keeping the patient's attention fixed on the affected area. For example—suppose it is desired to deal with localised pain, then having induced light hypnosis it is well when making suggestions that the pain is about to cease, *to gently stroke the part that is the seat of the pain*. In this way the ideas of “pain” and “no pain” are brought into direct conflict, and the expert suggestionist will make the latter predominant so that the pain ultimately ceases.

To summarise then,—in every case proceed as if for the induction of deep hypnosis and begin therapeutic suggestions as soon as the patient has accustomed himself to the technique of the treatment, that is, at the second or third sitting. If this is unsuccessful endeavour to obtain the deepest possible stage of hypnosis during subsequent sittings.

The Practice of Self-Suggestion.

The connection between the Conscious and Subconscious Minds and the way in which suggestion influences disease through the latter have already been discussed. A further reference must be made to suggestion that *originates* in the Conscious Mind and is then transferred to and acted upon by the Subconscious Mind. This is the principle of **Auto- or Self-Suggestion** and is of enormous importance in suggestive treatment. Thus, supposing the physician is endeavouring to remove some symptom by Suggestion, in addition to the method of treatment already described he should instruct his patient to rest in a reverie for a certain time each day and during this time *to concentrate his whole mind on the obnoxious symptom, and repeatedly formulate to himself the idea that it is about to be relieved.* In this way the suggestions given by the physician are strengthened and supported by the Self-suggestions of the patient. Surely there can be no more natural method of treatment than this which makes use of an inherent power—namely the working of the Subliminal Self. We have in ourselves a great natural mechanism which if exerted will relieve a large number of pains and ills. Unfortunately we have not also a natural instinct to tell us which ills will be relieved by Self-suggestion and which will require more material measures. Now pain is a great danger-signal in most cases, therefore it would be foolhardy to always

attempt its relief by self-suggestive therapeutics, that is until one has had the opinion of a medical expert.—No physician has any right to forbid or to disagree with the practice of Self-suggestion by his patients if they understand that they are not the victims of gross organic disease. If any person carried away by the simplicity and beauty of treatment by Self-suggestion disregards the advice of his doctor, say in regard to early cancer or acute inflammation, then he deserves to pay the full penalty for his foolishness. And it is here that the student of Suggestion comes into contact with the fatal fallacy of certain systems of “Mental” or “Faith Healing”. These systems are unwittingly based upon the principles of Suggestion and Self-suggestion and so are able to relieve a vast amount of suffering due to functional derangements,—and continually do so. But they are for the most part practised by people who are absolutely incapable of scientifically diagnosing any form of disease, and so are quite unable to realise which cases will be benefited by their treatment and which may bring down upon their heads a verdict of “Manslaughter” from their indignant countrymen.

In this connection a word with regard to Christian Science may not be out of place. There can be no more powerful means of backing up and rendering efficacious simple suggestion *than by a religious ceremony*. And when in addition to this the patients are elaborately taught to apply to

themselves what is really a system of Auto-suggestion, we can realise what an enormous amount of suffering of a certain kind the Christian Scientists are able to relieve. And moreover how it is that numbers of functional cases daily pass from the care of a profession that as a whole does not understand the principles of suggestion, to a body whose members are particularly skilful in its application.

CHAPTER X.

THE SCOPE OF SUGGESTIVE THERAPEUTICS.

At the present time the principles of Suggestive Therapeutics are quite new to the majority of people, and unfortunately every new method of treatment is very soon judged to be either a panacea or a hocus-pocus. If only a median line would be taken so that the public and the profession would realise that such a system as that of hypnotic treatment only applies in certain directions, a great deal of good would be done and a great deal of unjust criticism avoided. It is surprising what a number of unsuitable cases the hypnotic practitioner is called upon to treat, and how astonished people seem when told that hypnosis is not an infallible cure for all ills.

As a matter of fact the scope of suggestive treatment is very extensive. Because by this means various distressing symptoms can be relieved in connection with a great number of diseases ; and apart from these there is a very large class of cases for which Suggestion is the only rational remedy.

Of symptoms such as I have just referred to surely **pain** is one of the most important. And perhaps the chief rôle of the hypnotic practitioner is to relieve pain. It may indeed be said that hypnotic suggestion will always relieve pain, if it will not entirely abolish it. Only the method is not applicable if the pain be associated with acute inflammatory processes of such a nature that surgical interference is obviously indicated. For the pain associated with certain forms of neuritis and some chronic muscular affections hypno-suggestion is the ideal remedy. It does away with the fear of contracting such a habit as that of constantly taking morphia, and hypnosis can always be re-induced at a future time should there be a recurrence of the pain. As a rule it is very difficult if not impossible to hypnotise a patient suffering from *acute* pain; but there are usually intervals in which the necessary mental state can be secured. Some practitioners recommend a preliminary administration of morphia to allay the pain sufficiently for hypnosis to be induced. It stands to reason that an acute localised pain will thoroughly distract a patient's attention from the process of inducing hypnosis.

Next to the relief of pain hypno-suggestion gives the best results in that class of cases popularly known as "**nervous breakdown.**" This is seen in persons possessed of delicate nervous systems who have been compelled in the stress of modern life and competition to put excessive strain on their minds

with the result that such a disturbance of balance occurs as to render them for the time being unfit for ordinary life. They become a prey to various morbid ideas, and suffer from indefinable aches and pains ; they have no energy and are always tired, but at night they fail to get the unbroken, refreshing sleep that is essential to their welfare. Physician after physician is consulted and each one's advice as to rest and careful living is, as a rule, neglected. Not really willingly but because they have not the initiative or will to look after themselves properly. They fall a natural and easy prey to any quack who happens to meet them with some imposing apparatus that is guaranteed to cure all "nervous diseases." And sure enough a large number of them are cured—by reason of the *indirectly expressed suggestions of cure that are given with such methods of treatment*. These are so many one has only to look through any newspaper or magazine to find the most glowing accounts of all that they do.

If suggestions given *indirectly* through the medium of advertisement columns by people who have not the least notion how to diagnose between functional and organic diseases, or between pain due to cancer and pain due to a temporarily disordered system, are efficient, how much more effective must be suggestions given *directly* to a patient in hypnosis. And in hypnotic practice it is remarkable to see how these unfortunate "neurasthenics" lose many of their unpleasant symptoms,

regain the habit of natural sleep and are able to live fairly comfortable lives after a course of suggestive treatment. Unfortunately by Suggestion we can only regulate the misdirected nervous energy, we cannot build up a delicate nervous system so that it becomes proof against the strain of modern life ; but much can be done to alleviate the sufferings of those who are amongst the most unfortunate. The beneficial effect of Suggestion in cases where there is **insomnia**, alone entitles this method of treatment to a place in our armoury.

Similarly when a person is the **victim of a morbid idea or obsession** suggestive treatment offers the best chance of relief. It is a very rational thing to thus combat one idea with another. The only difficulty is that in many cases the condition has been left so long before the suggestionist is called in that it is very hard work uprooting the fixed idea ; and of course in some cases it is fixed beyond all hope of removal. If this is so there has probably occurred some permanent change in certain brain-cells which obviously cannot be altered by suggestion. And it is this change or degeneration of cells that renders suggestion practically useless in the treatment of actual insanity. In this field it is only applicable in certain forms of chronic mental disorder in which it may be hoped that no gross brain change has as yet occurred. The morbid ideas associated with various **drug habits and chronic alcoholism** are particularly

amenable to treatment by Suggestion. As a rule the treatment has to be continued over a considerable length of time, and preferably away from the patient's usual surroundings; if care is taken in regulating the patient's life whilst he is undergoing hypnotic treatment there is a very considerable prospect of a successful issue.

It is surprising what a number of children are the victims of certain vicious and morbid ideas which affect not only their habits but their whole future lives. Such children may or may not exhibit the customary stigmata of degeneration, and if they do not there is all the more hope of doing them permanent good by Suggestion. In this category may be placed those cases of **nocturnal enuresis** which are not due to gross causes; and with certain cases which are kept closely under treatment for a short time remarkable results can be obtained. On the other hand in institutions where it is not possible to establish a firm rapport between the operator and the large number of children to be dealt with the results are not very encouraging. It is most important that in certain children morality and moral ideas should be implanted as early as possible in life. To those not acquainted with the psychology of children many things are not noticeable which to the eye of the expert betoken a moral taint which may lead to unfortunate consequences in later life. It is customary in this country to shun all discussion of sexual questions, but we cannot shut our eyes to the fact of their fundamental

importance in life. And if by careful treatment of a morally tainted child we can ensure freedom from vice in after life surely this fact ought to be brought home both to the public and the medical profession. We see and hear of only too many examples of taint in such directions affecting later life. Whilst hypno-suggestion applied in early life could certainly have corrected the perverted instinct, later it may be only able to tone down the morbid impulse so that it becomes controllable. A certain number of cases have even been permanently relieved by this method after years of suffering in which the victim has been helpless against the over-powering idea.—It is unnecessary to speak more plainly; but I would urge the importance of fully considering the suggestive education of certain children in connection with this question.

The scope of Suggestive Therapeutics is therefore a wide one and the technique can be used with advantage in all cases exhibiting functional disorder of the nervous and mental centres. And as it can be applied by anyone possessing the necessary technical knowledge—which up to the present has for the most part been entirely ignored by the medical profession,—we have the unfortunate presence in our midst of “healers” whose treatment is based on these principles but who have not the requisite knowledge to diagnose between an hysterical paralysis and the paralysis due to some gross organic lesion such as a cerebral hæmorrhage.

And until the medical schools introduce a compulsory course of psychology and the principles of Suggestive Therapeutics into their curriculum the public will ever remain a prey to the numerous charlatans who infest every community. Of course there are a number of hypnotists who have striven to work as instruments of the recognised medical practitioners, but it is probable that on the whole theirs has been a thankless task, as our conservative profession is still inclined to ostracise hypnotic methods without trying to understand them, and I fear would never have the generosity to consider in a favourable light any hypnotic practitioner who was not "qualified" in the medical sense.

The chief limitation of the influence of Suggestion is actual organic tissue change or the presence of such metabolic disturbance as is associated with microbic infections. No understanding practitioner of suggestive treatment would apply it in the case of carcinoma or acute infections although he might reasonably apply it to the relief of the **pain** which occurs in such diseases.

In conclusion then, I repeat that Hypnotism and Suggestion are invaluable adjuncts to routine therapeutic measures; that they are based on the simplest principles of psychological science, and not dependant on mysterious factors of "influence" or "magnetism." If this hand-book does something to render these points clear to other members of the medical profession my object in writing it will have been attained.

A P P E N D I X

I. The Induction of Hypnosis.

II. The Use of Passes.

III. The Stages of Hypnosis.

IV. The Induction of Hypnosis by Drugs.

APPENDIX I.

THE INDUCTION OF HYPNOSIS.

(A). General conditions which are advantageous.

1. Quiet room with perfectly dark walls and furniture.
2. Comfortable arm-chair — with rest for head (cushions etc.)
3. Warmth—temperature should be over 60°.
4. Light should not be glaring (e.g., direct sunlight) nor directed on to the face of subject.
5. First subject should be if possible a youth from 18 to 25 years of age.
6. Subject must not feel nervous and should be quite willing to lend himself for the experiment.
7. At first it is best to have no other person present—(unless of course, the subject is a female).
8. The subject should be conversed with for a few minutes preceding the experiment and assured as to the harmlessness of the proceeding, and that nothing will be done which will make him in any way ridiculous.

N.B., (a) However willing a subject may be there is usually some slight feeling of diffidence as the experiment begins, and especially a fear of being made to do something silly.

(b) Of course on the other hand care must be taken not to originate the subject's fears by suggesting things he has not thought of. For instance—it is unwise to say to a subject who has really no qualms at all:—

“Now I am not going to make you drink poison or make a fool of yourself.”

One might thus bring up in his mind the very ideas one wanted to avoid.

9. There must be nothing in the room to distract the subject's attention—e.g., a loudly ticking clock.
10. *There should be no hurry.* It is useless to attempt an experiment if you have only just half an hour to spare.
11. Any persons present must keep in the background and not converse with the operator or make the slightest criticism on what they see.

That is :—*helpers are a nuisance* and do far more towards preventing success than in assisting.

12. *Do not avoid the trouble of attending to all details.*
13. The subject should have had no stimulant immediately before the experiment—(i.e., tea, coffee or alcohol).

14. The later hours of the day are better than the earlier.

When as many of these conditions have been attained as possible, the first experiment may be attempted.

(B). Induction of Hypnosis.

With the first method it is often found that the attempt to open his eyes rouses the subject.

By using Braid's method of fixed gazing a deeper stage is more readily reached in the earlier trials and the hypnosis may be still further deepened by suggestion without disturbing the subject.

Any small bright object will do as a point of visual fixation—e.g., an electric light bulb, or a nickel-silver hypodermic case. The instrument used most often by myself is a hypnoscope designed for the purpose, and consists of a small concave mirror set on a dead black surface. (*Vide Chapter I.*)

Directions for using Braid's method with Suggestion.

1. Seat the subject in a chair with back to light.
2. Make sure that his head and limbs rest *comfortably* and that there is no muscular strain on any part of the body.
3. With head resting back let him hold the hypnoscope at arms length in front of him.
4. Tell subject :—

- (a) to concentrate his attention *wholly on the bright disc* ;
- (b) that in a few moments his eyes will become tired and tend to close,
- (c) that he will then get very drowsy and feel inclined to sleep,
- (d) to resist the inclination to close his eyes as long as possible,
- (e) that he is not to bother about what you are saying to him, but to think of nothing but the disc and of going to sleep,
- (f) to let his eyes close should you tell him to.

5. Let him gaze at the hypnoscope for about 15 minutes.—and all the while keep talking in a quiet firm voice, telling him that his eyes will shortly close and that in a little while he will sleep.

The eyes may close in a few minutes and the arms fall gently ; if so, notice if the breathing has become slow and deeper, and if there is any flickering of the eyelids. If so *it is probable that a light state of hypnosis exists.* If not then —

- 6. Tell him that you are going to take the hypnoscope from him, but that his attention is still to be fixed on the disc, and further that he is to follow its movements very carefully.
- 7. Now taking the hypnoscope move it slowly

upwards and towards head of subject, until it is in such a position that the disc is about 12 inches from his eyes and somewhat above the line of horizontal vision.

N.B., (a) the eyes are now turned upwards and converge slightly ; this position rapidly produces the requisite fatigue so that closure will soon occur spontaneously.

(b) If this is not successful in five minutes return to first position ; subject holding disc in front of him for another 15 minutes.

(c) With refractory subjects it may be necessary to let them gaze at the disc for 30 minutes in the first position and 15 minutes in the second. At the same time verbal suggestions must be kept up in an increasingly decided manner.

8. The subject being in a drowsy condition with eyes closed, you must now attempt to deepen the hypnosis so as to produce if possible a condition of actual sleep.

This is done by repeated verbal suggestions of the following character—“*Now you are getting drowsier and yet more drowsy—you will soon get so sleepy that you will lose all idea of your surroundings—and merely be conscious of me and what I am saying to you—now sleep deeply, do not resist—you are sleeping,*” and so on, for five minutes or longer if necessary.

(N.B. These suggestions can be repeated from time to time throughout the experiment.)

9. Emphasize your remarks by placing one hand firmly but lightly on the subject's forehead, or by gently stroking his face.
10. You will now (in a moderately susceptible subject) have obtained a condition of hypnosis in which he is not actually asleep, but is dimly conscious of his surroundings and in which *every sense is peculiarly alert*, so that everything you say has peculiar force and vividity.

N.B. It is this stage which is so useful for therapeutic suggestion ; the patient is aware of everything that has happened and has considerable powers of initiation, yet suggestions adroitly given have remarkable effect.

It is found that most people who object to treatment in hypnosis do so on the ground that it is always a condition in which there is complete loss of consciousness and volition. But if it is explained that an early stage such as just described is all that is needed these objections will usually disappear.

11. The presence of hypnosis is easily proved by the experienced operator, but certainty is very difficult to beginners. It may be tested roughly, (and in a manner which may rouse the subject if he is not well under control), by making

passes along a limb, telling subject that rigidity will ensue. If catalepsy readily occurs there is no doubt that a fairly deep stage has been reached. If not and you want to make certain you must produce as much rigidity as possible by stroking and suggestion, and then suddenly tell subject that he cannot bend that particular limb.

Various effects will be seen from absolute inability to move it, down to slight difficulty only.

The *effort* observed will be very noticeable and in itself constitutes a *definite sign of hypnosis*. With some subjects it will probably lead to complete awakening.

12. Rouse the subject thoroughly by telling him first that he will wake when you fan his face. Then give him that signal.
13. Complete the awakening by making several upward passes in front of subject's eyes. Fanning in an upward direction generally relieves this.

Repeat the experiment until successful.

APPENDIX II.

THE USE OF PASSES.

1. Hypnosis can be induced by passes provided that the subject is aware of what is intended.

N.B. It must be rare for hypnosis to occur however, when passes are made, if the subject is quite unaware that a condition allied to sleep is required.

2. The method of passes takes *longer*, but induces a deeper stage, and better pre-supposes to acceptation of suggestion than any other method.

3. Passes are of various kinds—the most important being :—

- | | |
|----------------------|----------|
| (a) Long. | } Either |
| (b) Short. | |
| (c) With contact, or | } |
| (d) Without contact. | |
| (e) Centrifugal. | |
| (f) Centripetal. | |

The long passes should be made as follows :—

- (I) Stand in front of the subject and bring your hands together with palms downwards, just above his head—
- (II) Now make a downward sweep with the hands diverging, and passing in order over the face, shoulders, arms, trunk and legs.
- (III) Now let the hands travel outwards, (away from the subject) and turning them so that the *thumbs point downwards*, bring them rapidly up to the first position.

N.B. This upward movement must be at *the side of* and not *over* the subject.

- (IV) Repeat above at approximately the same rate as the subject's breathing.

The short pass is similar but only extends to the hands or even merely over the face of the subject.

With contact :—absolutely necessary in most cases. The finger tips whilst making the pass should *lightly touch the subject*.

N.B. A pass *without contact* is unavailing if the subject does not know it is being made.

Centrifugal and downward passes should be used :

- (1) To provoke catalepsy.
- (2) When making suggestions for the *relief of pain*.

(3) To increase the depth of hypnosis.

Centrifugal and upward passes—to remove any phenomena or to terminate the condition.

N.B. Passes act as a useful means of fixing the attention, e.g., in stiffening a limb.

APPENDIX III.

THE STAGES OF HYPNOSIS.

The following scheme represents the "stages" of hypnosis as they have been seen to occur in the course of experiments, and as described in the preceding pages. It must be remembered that there is no line of demarcation between one stage and another; and that the easiest way to picture what occurs in the deepening of hypnosis is to think of the gradual distraction of attention from the world at large to some particular point or idea.

Pre-Hypnotic State.

Drowsiness.

Passivity.

Slight tremor of eyelids may occur.

Therapeutic Suggestions more efficacious than in ordinary waking state.

Early Hypnosis.

Increased drowsiness.

Noises not so clearly noticed.

Muscular control can be demonstrated., e.g., subject cannot open his eyes against command.

Sensory changes may be effected if subject is very susceptible.

Hallucinations possible.

Dream-State.

Incomplete consciousness of surroundings.
Therapeutic suggestions very potent.

Somnambulism.

Conscious Mind in complete abeyance.
All suggestions have great potency.

APPENDIX IV.

THE INDUCTION OF HYPNOSIS WITH DRUGS.

Certain narcotic drugs are sometimes made use of to induce hypnosis in refractory patients. Of these **Chloroform** and **Cannabis Indica** are the most important. In connection with the first, a large number of experiments have been performed by Professor Herrero who holds that with it he is practically always able to obtain a state closely allied to somnambulism. Undoubtedly in the very early stages of chloroform inhalation there is a transient period in which the patient is very amenable to suggestion; on several occasions I obtained cataleptic rigidity after a few breaths of chloroform had been taken. So far this means of inducing hypnosis has not been extensively used in this country.

Schrenck Notzing has experimented very largely with **Cannabis Indica** and has shown that it may very greatly aid in the induction of hypnosis. He recommends the administration of a dose sufficient to produce early toxic symptoms; as a rule about one or one and a half grains of the extract are required. Some two hours after the administration there is

noticed a stage of excitement soon followed by a condition of drowsiness ; if suggestions are now given they will act as in hypnosis.

It seems that more advantage might be taken of these drugs in hypnotic practice ; but we undoubtedly need more experimental knowledge as to their action in this direction.

APPENDIX V.

THE RATIONAL USE OF SUGGESTION IN TREATMENT.

Although the uses and limitations of suggestive therapeutics have been dealt with in Chapters IX and X, there are a few difficulties in the practical application of this method of treatment that deserve separate mention. In the first place, one has to get over the aversion so many patients have to "being sent to sleep," so that it is better in routine practice to make use of the principle of Simple Suggestion without any attempt at inducing true hypnosis, reserving the latter condition for the cases that will not yield to the simpler method. On reading reports of successful results with the Suggestion Treatment, both in our own medical press and in the medical papers of other countries, one cannot help noticing that deep hypnosis is reported as occurring in but a small proportion of cases. And, as I pointed out in a paper entitled "On Treatment by Suggestion Without Sleep," (communicated a few months ago to *The Hospital*), the majority of cases in which suggestive therapeutics is indicated will yield to the simpler system.

Another difficulty in actual practice is that patients placing themselves under the Treatment by Suggestion are impatient of results, and lose confidence in the methods if their symptoms have not been relieved within a short time. So that one should always make it clear that relief is frequently not obtained immediately, and that some time may elapse before the Suggestions given can take effect. There are, of course, a few people who profess to understand this and yet get impatient and show signs of losing confidence if they are not relieved as quickly as they think they ought to be ; and, in my opinion, it is well to terminate a course of treatment should this happen, as such patients are so constituted mentally that they will rarely obtain benefit from Suggestive Therapeutics. A third point that requires careful consideration before beginning a course of Treatment by Suggestion is in connection with the general condition of the patient. I am sure that many of the bad results that inexperienced practitioners obtain with this method are due to the fact that the patients selected *have not been suitable*. It is useless to attempt the removal of some functional symptom whilst the general system is in an impoverished condition.

To obtain good results with Suggestion it is essential to improve the general physical condition as far as possible before commencing treatment. Frequently one has to deal with anæmic debilitated individuals upon whom Suggestion alone would

have little effect ; the result is very different after appropriate medical treatment has got them into a fit state to have their functional symptoms relieved by Suggestion.

In rational practice, Suggestion and ordinary routine methods should go hand in hand. We should not expect too much from either alone, but recognise that together they form the basis of successful treatment.

My conclusions in regard to the rational use of Suggestion are summarised in the paper just referred to and in a letter published in the same journal, *The Hospital*, on August 10th, 1907. To quote from the former :—

“The method I now use exclusively is that of fixation of attention with repetition of verbal suggestion, without any loss of consciousness or will on the part of my patients. At the same time, I insist on this treatment being carried out under the most advantageous conditions, and am always very careful to build up an impoverished system by due attention to dietetic and hæmatinic measures.”



For article by Author on "The Treatment by Suggestion Without Sleep" vide *The Hospital*, July 6th, 1907.

INDEX.

A

Action of Suggestion, 9.
Aesthesiometer, 90.
Alcoholism, 115.
Amnesia, 59.
Anaesthesia, 59.
Analgesia, 59.
Appendix, 119.
Attention, 8.
Author's Methods, 29.
Automatic Movements, 86.
Auto-suggestion, 12, 109.

B

Bernheim's Classification, 41.
 ,, Criticism of Charcot, 88.
Braid's Method, 25.
Bramwell's Classification, 42.

C

Cannabis Indica, 130.
Catalepsy, 38, 82.
Change of Personality, 78.
Chloroform, 130.
Christian Science, 110.
Coma, hypnotic, 48.
Conscious Mind, 5.
Crime, in re hypnosis, 96.
Cutaneous sensitivity, changes in, 90.

D

Definitions, 8, 38, 58, 59, 96.
Delusion, 58.
Dentristry, in re hypnosis, 93.
Directions for Braid's Method, 121.
Dream-State, 50.
Drug Habits, 115.
Dual Hypothesis, 5

E

Early phenomena, 36.
Effect of Subconscious Thought, 11,
Enuresis Nocturna, 116.
Esdaile, 24.
Experiments :—
 B, 53, 72, 98.
 C, 47.
 E, 46.
 F, 45.
 G, 60.
 K, 69, 73.
 L, 100.
 N, 47.

F

Faith-healing, 110.
Fixed gazing, 29.
Flexibilitas Cereae, 38.

H

Hallucinations, 58.
Hearing, 94.
Healers, 117.
Hyperaesthesia, 59.
Hypnoscope, 29.
Hypnotism in ancient times, 20.
Hypotaxy, 69.
Hypotheses, 5.

I

Increased Muscular action in Hypnosis, 85.
Induction of Hypnosis, 20, 120.
Illusion, 58.
Insanity, 115.
Insomnia, 115.

L

"Lancet," references to, 35, 96.
Lethargy, 39, 48.
Liébeault, 26.

M

Magnetism, Animal, 17.
Mesmer, 23,
Mesmerism, 23.
Mesmeric Healing, 15.
Methods of Inducing Hypnosis,
20.
Moral education, 116.
Muscular phenomena, 81.

N

Neurasthenia, 113.
Neuro-muscular
excitability, 87, 89.

O

Obsessions, 115.

P

Pain, 113.
Passes, 34, 128.
Phases of Somnambulism, 57.
Post-hypnotic influence, 95.
" " , Examples of, 98,
Practice of Self-suggestion, 109.
Pre-hypnotic State, 37, 129.
Production of the Dream-state,
52.
Production of instantaneous
hypnosis, 103.
Production of Visions, 54.

R

Rapid Induction, 23.
Refusal of Suggestions, 77, 99.

S

Salpêtrière, classification, 87.
Scope of Suggestive Therapeu-
tics, 112.
Self-suggestion, 12, 109.
Sensory Phenomena, 90.
Sexual questions, 116.
Somnambulism, 39, 56.
Specific Personal Influence, ques-
tion of, 14.
Special Senses, 93.
Stages of hypnosis, 40.
Subliminal Mind, 5.
Suggestion, definition, 2.
Suggestion and Hypnosis, 4.
Suggestive Therapeutics, 104,
Technique, 106.
Susceptibility, 22.

T

Technique of Suggestive Thera-
peutics, 106.
Termination of Hypnosis.
Tetanic Catalepsy, 85.
Time, appreciation of by the Sub-
conscious Mind 98.

U

Use of hypnosis for surgical
anaesthesia, 92.
Use of passes, 128.

V

Verbal Suggestion, 2.

W

What happens in practice, 43.