

*Mrs B. Carralli.
With the Author's Compliments.*

HYPNOTISM AND TREATMENT BY SUGGESTION

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PREFACE

The object of this small work is to explain in simple language the various treatments embraced in the term psycho-therapy. In the case of hypnotism I trust that a fuller knowledge of it will obviate the necessity of pleading for its more extended use in those distressing ailments which, having their origin in the mental plane, are unaffected by physical remedies.

The cases quoted in illustration have been drawn from my own practice; I have thought it better to give first hand testimony than to depend upon the experiences of others.

I trust that any crudeness in style or diction may be overlooked, as the book has been written in odd moments snatched from a busy practice.

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CHAPTER I

INTRODUCTORY

THE average man is repelled by the word hypnotism, and for a very simple reason : he associates it with a grotesque stage character like Svengali, or with some mountebank who possesses a power that is dangerous and wicked.

No misconception could be more lamentable in its effects, for beyond any doubt the ignorance and prejudice on which it is based have hindered the alleviation of incalculable misery. There may be something in a name and, like the great doctor Braid who invented it, I should like to see the name abandoned. The term is quite a misnomer so far as medical treatment is concerned, for, apart altogether from the prejudicial effect created, such a name implies wrongly that the patient is put to sleep. As a matter of fact, sleep is not necessary at all. I prefer the term mental suggestion, for that indicates more correctly the great force with which we have to deal.

With this qualification I use the word hypnotism throughout this little volume, and I hope that I shall be lucid enough to convince the reader that the power which has been despised so unreasonably is in reality one of the best and most natural methods we have for the treatment of many serious diseases.

Mental suggestion, under numerous other names, has

been practised all through the ages, but no advance in its understanding has been greater than that registered within the past twenty years. The work of patient thinkers is bearing fruit, and the cures which are being brought about tell their own story so plainly that the man who still remains a sceptic has no other excuse but thoughtlessness and lack of knowledge. The days when hypnotism was regarded as "the black art" have gone for ever; so far as intellectual people are concerned; we have reached a stage at which it is possible to show clearly and scientifically how this wonderful force works.

Thanks to advancing knowledge, psycho-therapists are now curing cases which formerly were regarded as almost hopeless. Mental suggestion is, of course, not a panacea for all diseases, but its utility is so varied and far-reaching in numerous ailments that its influence should not be under-estimated. Its strength, on the other hand, is such that there is no necessity for exaggeration.

Simply defined, mental suggestion means that we take advantage of the fact that when the conscious or critical part of the mind is at rest, or its attention is distracted, the deeper parts of the mind are very susceptible to suggestions made by the physician. If those suggestions are calculated to improve the health or well-being of the patient, the deeper or subconscious part of mind will readily accept them, and will bring to bear its enormous influences over all the functions and sensations of the body.

Everyone must be familiar with the influence that is exerted by the mind on disease. Fear undoubtedly leads to

many serious complaints. It is quite common for those who read clever advertisements to persuade themselves that they are suffering from the symptoms described, and the deception may be so thorough that the unfortunate victim is afflicted by a malady which otherwise would probably never have touched him. There are many cases chronicled of people who have dwelt so much on the physical misfortunes of others that the same disease has attacked them in the end. The publication of details concerning the illness of some Royal personage is often followed by an epidemic of the same complaint. There is an old story of a perfectly sound man whose friends for a practical joke told him, one by one, that he was suffering from a certain complaint. It preyed on his mind to such an extent that he fell a victim to that complaint.

Concentration was the power which acted so detrimentally in all of these instances, but by means of mental suggestion the same power which produces and develops disease can be made to work in precisely the opposite way, and lead to a cure. This is very much more than a theory; proof is being furnished daily in abundance.

The man who has great faith in an electric belt or pad, an anti-rheumatic ring or a similar contrivance, may easily persuade himself that a disappearance of the trouble which affected him is due to the particular article which he has worn. Instead, however, he has relied on nothing more than a charm, and the benefit in health which he received is to be attributed to the belief which he possessed in the remedy.

In other words, his cure has come merely from his own mind. Quack remedies of all descriptions gain their popularity from the belief of the patient that they will cure him without fail. The advertisers assert this so emphatically that he accepts their word. What matters it to him if the belt which has eased his pain is destitute of electricity, or the pills which have given him relief have no medicinal value? One should not be too ready to blame the public for so great a misapprehension as this, for it is only within the last half century that scientists have been able to disabuse themselves of similar errors.

Now, however, that the real agency (suggestion) is understood, there is no necessity to call it forth through the medium of things that are in no way essential. We might still be getting our roast pork by the cumbersome process of burning down the shed with the pigs inside had it not been discovered that there was a simpler method. The dissertation of Charles Lamb applies just as strongly to the case of hypnotism. The belief has been discarded long since that metals and magnets, or the animal magnetism of the operator, cause hypnotic phenomena: it is held now that the explanation is to be found in the mind of the subject alone.

As to the beneficial action of mental suggestion, there can not be the slightest doubt. Its practice goes far beyond the removal of symptoms: it definitely heals in many cases of insomnia, constipation, obesity, dipsomania, neurasthenia, obsessions, early melancholia, certain forms of asthma, etc. It is invaluable for the eradication of bad

habits of all kinds, for the treatment of writers' cramp, St. Vitus' dance, anæmia, paralysis, rheumatic and gouty pains, sea-sickness, stammering, overwork of the brain, and even stage fright. It has been tried with success as a substitute for chloroform at child-birth, and for gas in dentistry.

By means of mental suggestion, changes can be produced equal in many cases to those brought about by drugs, and in some instances superior. When a patient has a cold he is put to bed and perspiration is induced by drugs. He can be put to bed and have perspiration induced by hypnotic suggestion. In constipation the bowel can be made to act by physic, but every time a drug is used the constipation is intensified. Through hypnotic suggestion the constipation is cured naturally by re-establishing healthy functional activity in the glands secreting the intestinal juices. In insomnia, restless disturbed sleep can be induced by narcotics, with a probable headache following; by hypnosis natural sleep is assured, with a feeling of cheerfulness and activity the following morning.

Effects equally striking may be achieved in other directions. Suggestion can steady a palpitating heart equally as well as belladonna, or take the place of digitalis in heart disease by diminishing the number of beats and resting the heart muscles. The same agency can be used for lowering the temperature of the body or regulating the blood supply to any part: the skin can be reddened or blanched. Pain generally can be eased more effectively by means of suggestion than by drugs.

Obesity can be reduced by restricting certain articles of diet, but there is no drug to take away the craving for the forbidden food; with hypnotic suggestion it is possible to reduce the obesity and remove the craving.

In diabetes also the craving for life-long accustomed but now forbidden articles of diet can be reduced considerably, and in some cases replaced by indifference or absolute disinclination. Nocturnal incontinence has often been controlled and removed by hypnotism when all drugs have failed.

These instances serve to indicate how valuable mental suggestion can be as a method of treatment, and when it is realised that through the same agency fear, worry, and depression—for which there is not a single remedy in the *Pharmacopæia*—may be removed, it will be seen that the practice is in the highest degree beneficial to mankind.

The effects which may be produced on the physical senses are very striking. With regard to sight, Dr. Bergson records a remarkable case in which the patient read letters reflected from the eyes of the operator which were only a two hundred and fiftieth part of an inch high. By acuteness of vision, many subjects have been able to pick out a previously seen envelope from twenty or thirty similar ones. The sense of smell is greatly developed. I have had several subjects who, under hypnotism, could identify by sense of smell alone the owners of purses, keys, and other articles of personal use. In hearing it is well known that the subject can distinguish the faintest whisper of the operator inaudible to bystanders. Other powers are

equally strengthened. Minute difference in temperature can be detected, as experiments have clearly shown.

Twenty-seven years' experience has convinced me that with good subjects under hypnotism the acuteness of the senses can be increased to an extent approaching the acuteness of undomesticated animals. All of these instances enable one to realise the power of hypnotism to restore the proper working of bodily functions.

The real value of hypnotism lies in the fact that it provides us with an additional weapon, which is enormously important, in the fight against disease. Through it the subject is better able to control his organism in his own interest. He cannot realise too plainly that the force which is exerted comes not from the hypnotist, but from himself. It is from the inner self the change arises, the hypnotist simply awakens dormant protective instincts. The best results are achieved when the patient understands this, for he will employ in his waking moments the same agency as that resorted to by the operator under hypnosis.

One point, however, must never be disregarded, and that is the importance of leaving hypnotic treatment to those who are fully qualified to practice it. How absolutely essential this is may be gathered from the experience of the past, and the whole subject will be placed on a higher scientific level and command a much greater respect when public hypnotic entertainments are prohibited.

Exploitation of this kind is already forbidden in Switzerland, Belgium, and Holland, and Dr. Lloyd Tuckey, in his book, advances a powerful argument in this con-

nection. "The contortions and exclamations of a patient under chloroform," he says, "are often interesting, and might by some persons be thought amusing, but we should hardly choose to excite them for the gratification of idle curiosity or the entertainment of the multitude."

This, however, is what is being done to-day with hypnotism, and there will be a great public gain when such performances are made illegal. A little knowledge may be a dangerous thing, and I cannot emphasize too strongly the necessity of the practice of hypnotic suggestion being confined to those whose training enables them to see, not only whether a case is suitable for hypnotic treatment, but to what extent that treatment should go. In the hands of a qualified man hypnotism is absolutely safe and of the greatest service; in the hands of others it may be exceedingly mischievous.

CHAPTER II

HISTORICAL

THE history of hypnotism is very interesting. From time immemorial man has possessed the power to relieve or cure disease by firmly implanting in the patient's mind the belief that he is, or soon will be, cured. Countless methods have been employed. The ancient Egyptians healed by the art of making passes, and by the laying on of hands; in the temples of Isis, of Osiris and Serapis, hypnotism was daily practised. In these temples the priest treated the sick and cured them by mesmeric manipulation, or by other means producing somnambulism.

Hypnotic healing, or healing by means of touch or passes, was in vogue amongst all the principal nations of antiquity—the Hindus, the Parsi, the Chaldeans, the Babylonians, the Syrians, and the Chinese. The ancient Greeks had temples of healing in which the sick slept, and were told by the oracles in their dreams of something which would heal them. The Greek orator, Aristides, relates the whole process of his cure, according to instructions received in a series of dreams, by favour of the god Æsculapius.

In the temple of Amphiaraus near Thebes, the oracle was consulted chiefly by invalids who had the remedies for their diseases revealed to them in sleep, after being duly pre-

pared and impressed by the priests attached to the temple. The patient slept upon the skin of a ram which he had previously sacrificed, and was given oracular dreams which the priests interpreted after a day's abstinence. Every patient who consulted Amphiaraus respecting any disease, and who was satisfied with the oracle's prescription, threw a piece of gold into the consecrated spring before his departure.

The numerous temples of Æsculapius were of the same kind. Plutarch states that Pyrrhus, the celebrated king of Epirus, was able to assuage the colic and affections of the spleen, which he did by laying the patients on their backs and passing his great toe over them.

The early Christian saints healed the sick and restored sight, speech, and hearing by the laying on of hands. St. Patrick healed the blind by the same method. The Venerable Bede mentions frequent cures by the Christian bishops of England as early as the seventh century.

The Roman emperors Constantine, Vespasian, and Hadrian, healed by the same means. The kings of France and England healed strumous swellings—King's evil—by touch. In France it was claimed that the power commenced with Clovis, A.D. 481, and in England the first king who exercised this power was Edward the Confessor.

From the time of Henry II it was practised almost continuously until the accession of the House of Brunswick, when it ceased. The practice was in full vigour in the reign of Queen Anne. In the reign of Henry VII it was the custom to distribute golden angels to those who were

cured. This cost the Exchequer no less than £3,000 per annum. One side of the coin represented an angel standing with both feet on a dragon, with the inscription *Soli Deo Gloria*; the other side usually exhibited a ship in full sail.

In Germany the Counts of Hapsburg were credited with the power to cure King's evil by touch, and to cure stammering by a kiss.

Right through the ages to the present day an unbroken line of psychic healing has continued in most countries.

At the present time we have the miraculous healing at Lourdes and other shrines, the cures by Christian scientists, by practitioners of mental suggestion, and by the various psycho-therapeutic clinics throughout Europe—Liébeault and Bernheim in Nancy, Berillon in Paris, Van Renterghem and Van Eden in Amsterdam, Moll in Berlin, Wetterstrand in Stockholm, Von Schrenk-Notzing in Munich.

In England there is the Liverpool psycho-therapeutic clinic, which in 1912 was the first to be opened in this country on the lines of the great public charities, staffed by qualified physicians and supported entirely by voluntary contributions and services. London has since followed the lead, and has established its medico-psychological clinic.

The power to heal by simple touch, affirmation, or command, has mystified all enquirers, and many theories have been advanced to explain the unknown. The most primitive conception of disease was that of conflict between good and evil: God or Gods versus evil spirits. In some instances well-known diseases were attributed to special

demons: the Hindus, for example, had temples to the goddess of smallpox, and the Romans had shrines to the goddess of fever. This belief led to drastic measures being taken to expel the evil spirits, fumigations with the smoke from mixtures of sulphur, assafoetida, and other evil-smelling substances, exorcisms, starvation, beatings, and burning alive.

It led to poor harmless eccentric old women being tortured and burnt as witches. In one quarter of the year 1515, five thousand witches were burnt alive in Geneva alone. A celebrated informer "Trois Eschelles" denounced to Charles IX no fewer than three thousand so-called witches. In England the penal statutes against witchcraft were repealed only in 1736. This same belief led to the horrible neglect and torture of lunatics, the confinement, the chains, the cruelty which obtained until quite recent times.

An object lesson in the growth of human knowledge is afforded in a comparison between Hogarth's sketch of a lunatic prison and the present-day asylum. On the one hand is the blind unreasoning superstition—a semi-worship of the powers of evil, unmeasured cruelty and torture carried on far beyond the period which the most ferocious animal would play with its victim before ending its misery; and, on the other hand is the humane treatment of lunatics to-day, the pity, the kindness, the endeavour to save.

This belief in evil spirits entering into and taking possession of human beings still obtains in primitive races.

Africans have their Ju Ju worship, with its incantations and human sacrifices to propitiate the spirits of evil.

Twentieth century civilization shows traces of it amongst uneducated peasantry, and even in Paris in the revival of devil worship.

About the year 1530, Paracelsus advanced the theory that the heavenly bodies influenced mankind, and especially influenced their diseases. A few years later Van Helmont taught that man possessed a magnetic force capable of healing the sick.

World-wide attention was aroused by the teachings of Frederick Anthony Mesmer, a Viennese physician who in 1766 published his inaugural dissertation "De Planetarum Influxu" (on the influence of the planets).

His theory was that a magnetic element pervaded the universe and penetrated all bodies. In 1733, together with Maximilian Hell, Professor of Astronomy in Vienna, he cured by means of artificial magnets, some of his patients passing into a state of somnambulism. Later, after disagreeing with Hell, he evolved his theory and system of healing by what he termed "animal magnetism." He claimed there was a subtle fluid of a magnetic character penetrating everything, and capable of receiving and communicating all kinds of motions and impressions. This fluid he thought exercised an immediate action on the nerves with which it embodied itself, and by its means an immediate cure of nervous diseases and a subsequent cure of all other disorders could be effected. It was the vital principle, which sustained life: it could be made to

emanate from the operator and could be directed in any given direction by the will of the operator, and it exercised a physical influence upon the patient.

At first he made use of passes with his hands over the patient's face and body, believing that by this procedure he was enabled to pass magnetic fluid from his hands into the body of the patient. He taught that it was necessary to spread the fluid all over the body, and at the close of the sitting to free the fluid from the patient's head by drawing it down to his legs by means of passes over them. He taught that downward passes were magnetic, and the upward ones were not. Later on he believed he could pass the fluid into water, glass, cloth, iron, etc., and in this belief he constructed his famous "baquet." The baquet was a wooden tub with an iron rod placed vertically in the centre, around which were arranged layers of corked bottles filled with magnetized water: each bottle had an iron wire running through the cork and touching the central rod or conductor: the tub was then filled with water, pounded glass, sand, and iron filings, all well magnetized by means of passes or by breathing upon them, and a closely fitting cover was then placed on the tub. To the central rod were fixed woollen or cotton cords which the patients twined round their bodies. From the baquet projected soft iron rods which were directed against any desired part of the patient's body.

Soft music was played in an adjoining room, and the patients were arranged round the baquet in a dim light, staring at it in a state of highly strung nervous tension.

Mesmer and his assistants passed from one to another, and either touched them with the rods from the baquet or made passes over them. The proceedings were lengthy, and it is not surprising to read that many of the patients were convulsed. Mesmer thought these convulsions were a favourable sign, and termed them crises. He said there were no cures without crises.

It was not until 1841, however, that the true significance of the wonderful power which was the basis of all these practices began to be realised. The ingeniously-evolved theories that mesmerism was the result of a vital fluid which possessed curative properties capable of transmission from one person to another—the beliefs that magnets, metals and crystals contained the same force—were dissipated entirely. This was due to a Manchester surgeon named James Braid. He took up the study after witnessing a public performance of it. At first he accepted the theories of Mesmer, but later he discarded the supposition that magnetism was the agency. He found he could produce all the phenomena by inducing the patient to stare fixedly at a bright object, such as a polished lancet case held in front of and slightly higher than the level of the patient's eyes. He thus proved that so-called magnetic passes were not at all requisite, and that the state was subjective; that is to say, it depended upon something resident in the patient's own personality.

He defined this state as "Neuro-hypnotism, or nervous sleep, a peculiar condition of the nervous system produced

by artificial contrivance.” Later on, for brevity, he called it Hypnotism.

His researches attracted the attention of Dr. Liébeault of Nancy, who was so impressed by them that in 1864 he opened a dispensary in that town for the gratuitous treatment of the poor by hypnotism. He devoted his life unassumingly to this one purpose, and to him must be given the credit for the present world-wide interest in hypnotism and cognate subjects. Although Braid had stumbled upon the plain truth that suggestion was the determining factor in exciting the phenomena of hypnosis, it is to Liébeault that credit must be given for demonstrating beyond doubt that suggestion, direct or indirect, is the one factor in the production of the phenomena.

The passage of time has shown the demonstrable underlying basis of truth in this theory, and the thanks of all psychologists are due to Dr. Liébeault for having dissipated the mists of charlatanism, ignorance and mystery with which the subject had previously been surrounded and obscured.

Liébeault's theory, however, whilst marking a distinct advance in the understanding of hypnotic suggestion, did not explain the condition of mind necessary for the production of the phenomena. I began the study and practice of hypnotism in the year 1891, and I recall most vividly the perplexities with which I felt myself surrounded. I produced all the known manifestations peculiar to the hypnotic state—somnambulism, post-hypnotic effects, hallucinations, hyperæmia, blisters, etc.—but like other

investigators I was totally unable to form a theory of, or to explain the mental processes involved.

I knew that suggestion produced them, but why? Liébeault did not provide any answer, and it was not until the late F. W. H. Myers of Cambridge offered his working hypothesis (1891-4) that the next great advance came. His theory, given tentatively, was, that taking consciousness as a hypothetical level or limen, man possessed a supra-liminal or conscious intelligence and a sub-liminal or subconscious intelligence.

I would wish to emphasize here that this did not presuppose two minds, nor two separate intelligences, nor did it deny the correlation of intelligences; it simply postulated a division of intelligence as a basis for further investigation.

Myers held that the stream of consciousness in which we habitually lived was not our only one, and that it constituted but a small part of our personality. "Beneath the threshold of working consciousness," he said, "there lies not merely an unconscious complex of organic processes, but an intelligent vital control."

To-day Myers' theory of the dual functioning of mind is almost universally endorsed and accepted.

CHAPTER III

DUALITY OF MIND

To put it simply, the mind may be regarded as dual in character. One part of it is conscious, and the other part subconscious. By means of hypnotism, the attention of the conscious mind may be distracted, and this leaves the operator free to communicate with the subconscious. The latter, broadly speaking, is intent on the welfare of the individual, and when beneficial suggestions are made to it, they will subsequently be retained by the individual.

If, for instance, the patient is the victim of bad habits, hypnotism enables the operator to suggest to the subconscious mind that those habits are wrong, and very detrimental. On waking, the patient may have no recollection whatever of the healthy suggestions which have been made, but directly he or she is tempted to repeat the objectionable conduct there is a restraining impulse.

By consistent suggestions to the subconscious mind, the vice is cured. Results in many cases may be obtained without resort to hypnosis.

A common error made by those who have not studied psychological problems is the supposition that the mind is at rest during sleep. This is not so, for the subconscious part of mind is alert from the moment of birth to the

moment of death. The evidence of uninterrupted activity of the mind is conclusive. It is the subconscious mind which often awakens a man when there is a burglar in the room, or the house catches fire: it is the same medium which gives some people the faculty of awakening at a previously desired but quite unusual hour. Deep in conversation, a person may pass a pillar box without consciously noticing it, and yet, through the action of his subconscious mind, he will recollect that he has a letter to post.

Dancing in a ballroom supplies another example. While the conscious mind of the man is fully occupied in talking and avoiding collisions, his subconscious mind is actively following the beats of the music and guiding the actions of his feet in conformity with it. It is well recognised that no person is a good dancer until he is able to dance automatically: that is to say, without devoting conscious attention to it.

Civilised conditions have a tendency, during sleep, to reduce in the individual the protective force exercised by the subconscious mind, but amongst Red Indians or pioneer white men who are sleeping surrounded by unknown dangers, the intelligence is fully alert. Artificial conditions have had no opportunity, as in the city, to lull it into a sense of security. In animals this faculty is highly developed. We use a dog as a means of protection because "it sleeps with one eye open."

The man who is afraid of hypnotism gives as his reason the fear that his mind will be dominated by another. In reality there is no such danger. If he is foolish enough to

entrust himself to some unscrupulous charlatan, there must always be a certain risk, just as there would be to a man's wealth if he invested it in a swindling concern. If, however, he acts with ordinary prudence, and relies on a qualified physician, he need never have the slightest fear. His protection is the subconscious mind, which, as we have seen, is ever on the alert to safeguard the individual, and there is an immediate rejection of any hypnotic suggestions that are contrary to his well-being and moral fibre. The conscious mind has a controlling influence over the subconscious by means of direct suggestion or suggestive thoughts. For instance, the conscious thought that one has swallowed something harmful or obnoxious may have such an effect on the subconscious as to provoke nausea or vomiting; functions which are under the control of the subconscious part of mind only.

In the same way, unrestrained grief will take away the desire for food or cause it to be repugnant; while the thought or dread of sea-sickness may provoke that trouble without any other reason being present.

Fear, too, may have the effect of preventing the flow of saliva, and in India for many years a form of trial was based on the knowledge that the flow of saliva is prevented by fear. If two persons were suspected of a crime, they were each given a mouthful of dry rice to swallow; in the case of the guilty one, conscious fear would stop the flow of saliva, and he would, therefore, be unable to masticate and swallow the rice. It is well known also that fear will cause loss of control over bladder and bowel. In mediæval times

persons condemned to death were occasionally handed over to the Medical faculties of Universities for experimental or vivisection purposes. Such a criminal was handed over to the authorities at Montpellier University in France. His eyes were bandaged, and it was stated in his hearing that a vein in his leg would be opened and he would be allowed to bleed to death. As a matter of fact, his foot was simply pinched and placed in a bath of warm water; but when the bandage was removed the man was dead. Imagination had killed him.

This is perhaps an extreme case, but fear undoubtedly has a very marked influence over diseased conditions of body: it intensifies the ailment. Despair and fear, when allied to bodily illness, produce a state worthy of profound sympathy. To suffer and be in pain is sad enough, but to feel that one's suffering is interminable without ever a ray of sunshine or of hope, is a fate from which the stoutest heart might quail. This is the class of case which a psycho-therapist is called upon to treat daily.

To remove fear, to instil hope, to secure the beneficial effect that is produced on the body by unexpected happiness, for instance; to calm the stress and turmoil of an overwrought mind, is one of the highest and noblest aims of a physician, and if, by his personality, and by suggestion, he can achieve this result, carping criticism leaves him calm and confident. Good health has resulted by clearing away the nervous disturbances or pains which, in many instances, have been caused only by worrying thoughts of the conscious mind.

The conscious mind depends for its powers on the healthy condition of the physical brain; it is the home of reason, and is influenced only by knowledge acquired through education, experience, and the five senses. Actuated by this knowledge, it controls the powerful, imaginative subconscious mind, which perceives by instinct or intuition.

This reasoned control over the highly imaginative subconscious mind is very necessary, but trouble arises when the suggestions sent down from the conscious mind are antagonistic to good health. The subconscious mind, receiving them and possessing full control over the functions and sensations of the body, exerts an influence which is expressed in bodily ailments.

The task which the psycho-therapist has to accomplish is to remove those ailments by dealing with the agency which has brought them about. The conscious mind has placed a definite impression in the subconscious, and the full acceptance by the latter of healthy counter-suggestions will lead to a cessation of the complaint.

Many interesting experiments have been made to illustrate the activity of the subconscious mind. Dr. Wingfield quotes the working of the planchette, a toy which, by means of a pencil held in the hand, gives a written reply to a question. The operator may be quite unaware of the answer which is given to his question until he reads it. Many people have this gift of automatic writing fully developed.

“ I hypnotised G.,” writes Wingfield, “ and during somnambulism, I made him imagine that he was (1) riding with the hounds, (2) rowing a race in his college boat,

(3) that next morning he would put a boot on one foot and a shoe on the other. On waking, he remembered none of these things. I then made him put his hand on a planchette, and asked 'What did he do first?' After a few meaningless scratches it wrote 'hunting.' 'What, then?' I asked. 'Rowed in the races' was the answer. 'Did I tell you to do anything?' 'Boot one, shoe one,' said the planchette." But this particular experiment is so easy to make that I need not multiply examples.

"In making experiments of this kind," adds the writer, "I was struck by one outstanding fact: the knowledge possessed by the planchette was exactly commensurate with that possessed by the subject during somnambulism." It will thus be seen that any loss of memory after hypnosis is only apparent and not real.

Dr. Bramwell tells of one subject, a young woman, who under hypnosis was instructed to address to him a letter 12,500 minutes from the time at which she came out of hypnotism. She remembered nothing of the request on waking, but at the expiration of the time she wrote the letter. A large number of cases in support of this ability to measure time are recorded.

Just as extraordinary is the effect on memory. "There are cases," says Sir William Hamilton, "in which the extinct memory of whole languages was suddenly restored, and what is even more remarkable, in which the faculty was exhibited of accurately repeating, in known or unknown tongues, passages which were never within the grasp of conscious memory in the normal state." Hansen hypno-

tized an English officer who suddenly began to speak Welsh, which he had learned as a child but had forgotten. The Comtesse de Laval in her sleep talked in the Breton language, but could not understand a word of Breton when awake; she had heard no other language than this in her early infancy, but had not heard it spoken since. In old people, whose mental powers are on the wane, we find resuscitation of childhood's memories often most accurate and minute.

A realisation of these powers enables one to understand the cases of double personality that are so frequently chronicled. Nothing could be more interesting and instructive in this connection than the trial which took place recently of an elderly gentleman of good position, who was accused of having sent offensive anonymous letters to a young lady attributing to her drunkenness, thieving, immorality, etc. The evidence against him appeared so strong that he was kept in custody for some days, and was only then admitted to bail on condition that he kept forty miles away.

At the eleventh hour it was discovered by the merest chance that the young woman had unconsciously written these most abusive letters to herself, and on receiving them in her normal state of mind knew absolutely nothing about their authorship. This is a case of Dr. Jekyll and Mr. Hyde in real life. The young woman had two distinct personalities, a dual existence, and whilst she was living in her normal state had no consciousness of the existence of her other self.

There is the well-known case of the Rev. A— B—, who disappeared from his home, and who awoke one morning to find himself keeping a grocer's shop in another town under the name of A. J. Brown. On awaking he knew nothing of what had happened in the interval. He had been in a state of somnambulism for six weeks. When hypnotized by Prof. James and Dr. Hodgson he was able to recall all that had occurred during this state. Dr. Morton Prince has recently published an account of a most interesting case of triple personality. A Miss X. was ordinarily a sensitive, shy, hysterical young lady; she was sad and serious in her second state, but in her third state she completely changed her character; she was jovial, full of fun, and contemptuous of the dullness and seriousness of her other-selves. On one occasion, as X. 3, she tore up and threw away a bundle of bank notes. As X. 1, she knew nothing of this and thought she had been robbed. Under hypnotism, Dr. Prince brought up the X. 3 personality, and found she had deliberately destroyed the notes in order to annoy and distress her other-self. As X. 3, she was always highly amused at the woes and worries of X. 1, and if she could increase those worries she took a great delight in so doing.

Such cases as these strengthen F. W. H. Myers' theory of a conscious and a subconscious intelligence—a duality of mind.

CHAPTER IV

TREATMENT BY SUGGESTION

WHEN we bear in mind that almost without exception the patients who present themselves for treatment by suggestion are the incurables of all other known forms of treatment, the wonder is that psycho-therapy can heal any. When we consider that every previous failure to aid has increased the despair of the sufferer and has robbed him of hope and paralysed his every effort, the only wonder is that the last straw so often saves. The psycho-therapist, under present conditions, has not only to heal where others have failed, he has to carry also the burden of the other failures.

There are four methods of treatment in modern psycho-therapy: hypnotic suggestion, waking suggestion, auto suggestion, and psycho analysis. The last-named will be treated in a separate chapter.

It is fallacious to suppose that deep sleep, with loss of consciousness, is necessary before benefit results from suggestion.

The origin of this impression is probably to be found in the claims and ridiculous performances of self-styled "doctors" and "professors" of hypnotism on the music-hall stage. These men invariably try to impress the public that their subjects—mostly paid confederates—have volun-

teered to be experimented upon, and, at a glance or touch from the "doctor" or "professor" have been sent into a deep sleep and made to do all kinds of senseless tricks without being afterwards conscious of so acting. Psychotherapy, in many cases, cures without the patient having been asleep for one moment. Patients who have been in constant fear of sudden illness, or have had the obsession of heart disease, have insisted that there should be no attempt to hypnotise them, nor to induce nor even mention the word sleep. In many such cases I have obtained excellent results by waking suggestions only.

Several physicians claim that they obtain by this means results equal to those of hypnotic suggestion, but the method is slow, and is neither as effective nor as permanent in its results. It is better to get into touch with every level of mind and to leave no lurking doubt in any corner. The conscious mind should be dealt with by argument and discussion, and the subconscious by quiet, dogmatic assertions made in a state of drowsiness and then repeated in all stages down to the deepest sleep that can be obtained with the particular patient. By this means the patient's mind is more fully impressed, and the results are quicker, better and more permanent.

Although, however, this method is sufficient in itself, the objection at once arises that into it the personality of the operator enters too much, and conscious effort on the part of the patient too little, with the result that lapse of time may gradually lead to a lessening of the good results obtained.

For this reason, auto suggestion is necessary. The patient must take his share in combating the disease, and then he will understand that his cure has come through no other source but his own mind. He will be more likely to obtain a permanent cure by exercising this power, which is the foundation of successful psycho-therapy.

It may seem foolish for a person who is in pain to keep on repeating to himself "My pain is getting better," or "I have no pain." To act in that way would appear to be opposed to commonsense. A little reflection will prove that the hasty conclusion is a wrong one. The message which is uttered is being conveyed to a part of the mind which is incapable of controversial argument, and constant repetition will have its effect. That mind, prior to this, has implicitly believed its possessor every time he said "I am very ill." Why should it not be convinced even more by suggestions which are in conformity with the natural desire to be strong and healthy?

Faith is at the basis of it all—the faith in one's physician, which is a prelude to recovery—the faith which in the case of Christian Science may be so serviceable up to a certain point. Christian Science, in fact, when boiled down, consists in "I have no pain; I cannot have pain;" it is auto suggestion pure and simple.

The act of prayer, with faith in its efficacy, is in a measure capable of achieving the asked-for help. It is the highest and purest form of auto suggestion; the most powerful and direct instruction possible from the conscious to the subconscious to exercise its controlling influence.

over the health of the body. I trust I shall not be understood as denying Divine intervention in prayer; nothing could be further from my intention. I simply desire to point out that the act of prayer is in itself calculated to achieve, or help in the obtaining of, the wish. That we have been given this great controlling power, at one stroke lifts man far above animals. Man is superior to animals in that he has reason and conscience. He can guide his thoughts and restrain his impulses by reason: in other words, by the power of his conscious over the subconscious mind.

Auto suggestion is one of the most recent developments of psycho-therapy. Books have been written on it—books which have obscured the simple underlying principles governing it by their implied conditions that great concentration and will power are necessary for its exercise. Quacks have fastened themselves upon it with their promises of untold wealth and unlimited power, provided so many dollars—so very many—are paid for printed verbiage or personal instruction.

That its exploitation is remunerative is proved by their advertising expenditure. Who has not seen the expensive advertisements, illustrated by a face with staring eyes, and below it, a finger pointing at “You! You!! You!!!” and promising that if you will only write for a free pamphlet “You! You!! You!!!” will be able to hypnotise your employer out of his business and take it for your own dear self? What rubbish! And the pity is, the public swallow it. They read all about it in their favourite paper, and

they decide that it must be true. Can suggestion go further than this?

The trash they offer for sale conforms in great measure to the other style of quack auto suggestion, that of the hypocritical new religion monger. It is full of high moral principles and rules of conduct—so high that the average man, including the writer of the principles, is constitutionally incapable of reaching such sublime heights; if he were, he would not require such a book for his guide.

You will probably find in it another characteristic of the new religion monger, namely, a careful avoidance of plain, unmistakable language—a wrapping up of any meaning in a mass of specially invented words, which is a very clever and effective method of avoiding criticism. Of course, by the time you have imbibed the spirit of the teaching, you will understand the true inner meaning of the words—and, by that time your critical reasoning will have been disarmed!

As a matter of fact, auto suggestion is a simple natural law; it is choice, it is freewill, it is the controlling, guiding influence of conscious thought upon conscious action, subconscious thought, and subconscious control over sensation and function. It is man's highest prerogative. It makes him a free agent in his own domain, and to a great extent master of his own destiny.

It is the purest and best form of suggestive treatment when stripped of meretricious trappings. Its cures are permanent, for the reason that the patient carries the physician with him always in himself. And it so easy in

practice. No clenched hands, no struggle, no invincible determination are called for. It consists in simply leading one's own thoughts out of that groove of misery, pain and despair, into a healthier channel by quietly and persistently saying to one's self that one feels better, one has no pain, one is getting better.

It seems almost too simple and too good to be true. But it is true, and it is founded on the great law that the subconscious part of mind governs the physical body, and in its turn is controlled by reasoned suggestions from the conscious mind. It is not even necessary that the suggestions made in the first instance should be true: they may be quite contrary to fact and apparently opposed to all reason. By reiteration the desired effect is produced, and they become true. When a person in pain persists in saying "I have no pain," or an inveterate smoker in saying "I have no desire to smoke," the one is opposed to sensation and the other to fact. The effect, however, is soon apparent; the pain lessens, and the desire to smoke is diminished.

The suggestion "I have no pain" is not to be translated literally into a statement of fact. By so regarding it, critics have achieved the single result of exposing the superficiality of their knowledge and logic. If, however, it is regarded in its true light, as a conscious reasoned attempt on the part of the patient to use those powers which he possesses and which are his birthright to impress the idea on the subconscious part of his mind that pain has ceased and by such an impression to attain the desired result, then the wisdom of the effort becomes apparent.

Most persons speak glibly of the power of mind over matter, but when it is put to practical application they hesitate to accept it as true. What are the powers of mind over matter; what purpose do they serve if conscious effort is to have no place in the scheme? If the conscious mind has no control over unconscious or subconscious mind, where is the boasted superiority over animals of man with his God-like reason?

We educate our young people in the knowledge of what we consider right or wrong. We teach them to control all thoughts which are opposed to our sense of right or righteousness. We teach them to curb and restrain impulses or physical desires which we consider wrong or inadvisable. We go further. We instil into them, by repetition, trains of ideas, and habits of thought common to the particular country or community in which we live, and we teach them that their minds have power over their bodies. If all this does not produce a mental and a physical effect, why do succeeding generations continue the practice?

Yet, when a patient, who by brooding over his complaint has brought his thoughts into a state of fixed despair and fear, attempts to change the current of those thoughts and so free himself from them by the same means, namely suggestion, unthinking sceptics ridicule his attempts and dub his results imaginary. Either the effect of reasoned suggestion is real or man has no more mind than an animal, and all the talk about the influence of mind over matter is mere twaddle.

The subconscious mind is capable of deductive reasoning only; it cannot by a process of inductive reasoning arrive at the truth of a proposition. The suggestion or proposition can only be accepted or rejected. If accepted, then it will be accepted as true, and acted upon as such, no matter how much opposed it may be to logic and experience. It will never be accepted, however, if it is opposed to strong moral conviction.

For example, in experimental hypnosis, if it is suggested that the subject is made of glass, all his actions will be consistent with the truth of this suggestion; and until the suggestion is removed the subject will walk most gingerly, carefully avoiding contact with articles of furniture, and acting with the utmost deliberation in sitting down. In one experiment, the subject on being told he was about to sing in public, stood ill at ease on the supposed platform and made no attempt to do so. On my approaching and asking him the reason, he whispered that there was no accompanist to play the opening. I offered to do so, and sitting down at a table, drummed on it. He was quite satisfied and sang clearly, all his actions being consistent with those of a public singer. Instances such as these can be multiplied indefinitely.

It is worthy of note that it is not always suggestion alone which heals, but suggestion which is aided by deductive reasoning. The process of cure comes from the mind itself, as was strikingly shown in the case of a patient under treatment for heart trouble with attacks of difficulty in breathing. One day he asked casually if during hypnosis

I had ever suggested that he should not smoke. I answered that I had never made any direct or indirect suggestion concerning the matter. He then said that for some time past he had lost all inclination to smoke during the daytime, and was content with a cigar or a couple of small pipes at night. I had been satisfied with slowing the excited action of his heart so that its muscle could obtain rest between beats, and with removing the fear of breathlessness, but his subconscious mind had gone a step further than any suggestion of mine, and reasoning by deduction that smoking was not good for his heart had taken away his inclination for the weed.

In other words, his subconscious mind had accepted the task of strengthening his heart, and was carrying it out more efficiently than by means of suggestion alone. Many other instances could be given in support of the contention. For example, patients occasionally present themselves to a doctor stating that they have lost all desire for meat and that they prefer fish, which formerly they disliked. They are at a loss to account for this sudden revulsion. The reason, however, is that nature has taken upon herself the task of dieting the patient by removing the desire for meat. In many of these cases it will be found that albumen is present in the urine, indicating a diseased condition of the kidneys. As meat and eggs consist largely of albumen, their consumption would exercise a harmful influence on the disease. Nature, therefore, steps in and removes the desire for these particular foods. In this can be seen an unconscious intelligence at work, acting with a full

knowledge of the diseased condition of the kidneys, and endeavouring to give those organs rest and help in their attempt to re-establish healthy conditions by rules of dieting which are beyond the patient's conscious knowledge and education.

CHAPTER V

PSYCHO-ANALYSIS

VERY few sufferers from nervous disorders are aware that their condition may be entirely due to some incident in earlier life which the lapse of time has apparently obliterated from their memory. If they did, they would understand how important a curative agent is that part of psycho-therapeutic treatment which is termed psycho-analysis. Many persons broken in mind and a prey to terrible fears or chronic suffering are utterly at a loss to understand what has brought about their trouble. Psycho-therapists, however, approach such cases with a confidence that continually increases, because of the remarkable success which has followed the treatment adopted.

We owe psycho-analysis mainly to Professor Sigmund Freud, of Vienna, and while I am not prepared to accept the full measure of Freudian philosophy, I must acknowledge that in some cases the results are noteworthy in unearthing the original causes and removal of obsessions.

It will perhaps be clearer if its action is illustrated by quoting first the treatment by this method of a case of Claustrophobia (or dread of closed spaces). The victim was a young married woman who dared not enter a church or any public building as she suffered from an irresistible

desire to scream out aloud; psycho-analysis showed she had a morbid fear of water. Her husband confirmed this by saying that she could not cross a bridge unless he held her hand; when crossing on a ferry-boat he had to engage her full attention to prevent her seeing the water. Further analysis awakened the repressed and apparently forgotten painful memory that, as a child of six years of age, she was running hand in hand with an elder brother after a ball; in his excitement he dragged her into a small stream, and loosening his hold she fell face downwards in a few inches of water, and thought she was drowning until a man lifted her out. On reaching home an elder sister, in place of sympathising with her, scolded her and put her to bed. For some considerable time afterwards she suffered from nightmares of drowning, and then the incident remained apparently forgotten.

Twelve years afterwards, whilst overwrought and harassed at a telephone switch-board, she stumbled; she felt water rushing through her head; she heard the water and she had the feeling that she was being drowned; she felt as if she would have a fit or go mad if she did not scream out to give vent to her feelings. From that day she suffered as described. The stumble had awakened the partially forgotten painful memory.

I encouraged her to give a detailed circumstantial account of the occurrence. By so doing she brought these painful repressed memories up into consciousness and discharged them; or in other words, "got them off her mind." Relief was immediate and well marked; within eight or

nine days she was attending church and concert, and sailing on the River Mersey for pleasure. In a fortnight she returned to her home in the North cured of her obsessions. Had she been soothed and sympathised with at the time of the accident the probability is that the memory of it would not have remained like a hidden festering sore in her mind. She had had no opportunity of relieving her overwrought feelings at the time by talking of the accident, and the absence of sympathy must have awakened a sense of grievance in her as a child.

The recital of this case gives us some idea of what psychoanalysis is, and how it acts. A person may have a distressing experience with which is associated a strong emotion, such as sudden shock or fright, or possibly thoughts and desires arise of which he feels ashamed and which are opposed to his moral training. It may be a strong, insistent wish, which for some reason is unattainable. In every case there must be strong emotional basis. These memories or thoughts, rising up into consciousness, may cause pain or remorse; in psychological language, there is conflict between the emotion (complex) and the conscious mind. In order to avoid this conflict, this mental distress, the individual may try to forget the disturbing memory or thought: he tries to repress or submerge it.

In the case of the unworthy thought, instead of taking himself to task for it, in place of submitting it to reasoned control and dismissing it from his mind with contempt, he tries to hide it from his consciousness; instead of meeting

the situation with courage, he burkes the issue and tries to salve his conscience with simulated forgetfulness and refusal to own to himself that he had such a thought or wish : he practises self-deception.

This memory, thought, or wish, continually strives to rise up into consciousness, and is as often repressed. Failing an outlet, it pursues its own course independently of the conscious will; it strives for an outlet, and may eventually find indirect expression in an obsession or psycho-neurotic symptom.

Psycho-analysis is by no means so simple as the preceding account would imply, it is rather lengthy and difficult. Apart from some of Freud's theories, which lay too much stress upon sex, psycho-analysis in practice is of the utmost importance in the proper understanding and treatment of obsessions, phobias and psycho-neurotic symptoms. By means of test words, we can gain slight indications of underlying mental disturbances. About a hundred selected words, such as head, green, water, stick, long, etc., are mentioned one at a time to the patient, and he is asked to give the first thought which each of these words arouses in his mind. If the word possesses no significance to the patient, and does not awaken any latent memory, the answer is given readily, but if the word stirs up by association of ideas some deep emotional conflict, the patient hesitates to reply or gives an answer which may serve as a clue to the latent disturbing memory. By following up these clues we are enabled eventually to unearth the original experience or emotion which, by being repressed, gave rise

indirectly to the symptoms which the patient presents. This original disturbing emotion may be forgotten or apparently unknown to the patient. When the patient is encouraged to talk of this emotion (complex), the long-repressed and pent-up feeling associated with it finds vent by means of language. The feeling having been discharged, it no longer strives to release itself by indirect channels, and the symptoms disappear. The idea itself, stripped of its feeling, is no longer a focus of mental disturbance but is admitted into the general body of consciousness, and becomes conscious restrained thought.

Another case illustrates the havoc which may be wrought by an unattainable wish. A young lady suffered from neurasthenia of a most pronounced type, her symptoms being insomnia, lack of concentration and fear of going mad; all thoughts centred upon herself, worry, depression, feelings of lightness in her head, and her former merry, loving disposition changed to absolute indifference to the feelings and welfare of those nearest and formerly dearest to her. She felt as if she did not care if her mother and everybody else died.

These were the symptoms; now for the cause. Her father and mother were well advanced in years; she was the only unmarried child, and to a great extent supported her parents by her earnings. Her lover wished to marry her, and she was anxious to be married. She was torn between two conflicting emotions, a strong sense of filial duty on the one hand, and the natural longing for marriage on the other.

Then came the selfish tempting thought: if only her parents were dead she would be free to mate with her lover. There was only one way for her to harbour a desire so directly opposed to her religious, loving disposition, and she chose it. She assumed a cloak of absolute indifference to everyone concerned—her parents, lover, brothers, and sisters. The latter entered into the conflict because they had escaped her fate by prior marriage: it was unfair that she alone should have to carry the burden of the old people and deny herself the natural outcome of her sexual instincts.

This self-deception avoided direct conflict between all these opposing forces, but brought her no peace; she became a grumbler, was most unhappy, and took a positive pleasure in making all around her as miserable as she was herself. When she went to the chapel she was worried by the thought that her mother might die, and she prayed that this might not happen. To anyone versed in psycho-analysis this indicated the possibility of an unconscious wish that her mother would die, and it was the first indication to me of the underlying cause of her symptoms. In spite of apparent avoidance of conflict, the selfish wish that her mother might die kept forcing its way upwards, and was immediately repressed by her religious and moral training through the medium of prayer.

Had her love for her parents been greater than that for her lover, or *vice-versâ*, there would have been no distressing conflict, her actions would have been directed by the stronger emotion; it was the equality in strength of the two conflicting emotions which led to the impasse.

Stammering is a very prevalent complaint which may sometimes be eradicated by resort to psycho-analysis. In the case of a young man who suffered from that trouble, it became clear that his stammering had been caused by shock or fright in childhood. He emphatically disputed this diagnosis, and said positively he had never had a fright of any description; he had been so carefully watched and tended by his parents that such a thing was impossible. The diagnosis, however, was perfectly correct, for an insistence upon it made the man completely alter his countenance; a few moments later he seemed to pass into a trance-like condition, and staring at me he burst out suddenly, "I remember when I was a little child I was playing in our backyard, and a rag-and-bone man with a dirty face looked round the door and said 'Come here, little boy, and I will put you in my bag'; and I feel better now I've got it off my mind." All this burst forth unconsciously and in one breath. It then occurred to him that his mother had said his stammering commenced about this time, that is at the age of five.

This case is most instructive; it illustrates in a nutshell what psycho-analysis is; how it acts, and how it heals. A shock arousing intense and painful fear, deliberate repression and attempted cutting away from conscious memory of the incident in order to avoid distress; the contradiction of its occurrence; its persistence in subconscious memory, resulting in an irritating, nervous manifestation of stammering; and most instructive of all, the instantaneous relief experienced by bringing up into consciousness and discharging all of the painful repressed emotions

(complexes). "I feel better now I've got it off my mind" is the aim and justification of psycho-analysis.

Why did this complex fix upon stammering as its symptom? Probably because the child running to his mother could not in his fright command language and could only stammer "a-a-a man, a-a-a man." The association of ideas between the fright and the stammering became fixed, and the stammering became the means by which the repressed complex strove to gain expression.

In another case a gentleman was a victim of psychasthenia (neurasthenia with obsessions). He was obsessed with the idea that he suffered from heart disease, and was in constant fear of being taken suddenly ill. His life was a misery to him; he was a tax and a strain upon his relatives. He would not go into a crowd because he was afraid of being taken ill: would enter a theatre and in a few minutes rush out again, enter a cab, then stop it and get out; would enter a train and jump out just as it started; all caused by the thought that if he were taken ill he could not get out quickly. This is characteristic of claustrophobia. He would make appointments, and no matter how important they were, at the last moment would be in agony of mind and would refuse to leave his house. He dare not go out alone, and only rarely in company. He had been to many eminent physicians in London and the North, and all had stated that his heart was healthy; yet, in spite of this, he could not shake himself free from the obsession. Like many other patients with obsessions of heart disease, he had an objection to being hypnotised, and I had to treat him by suggestions given in his waking state.

After a few treatments it was possible to trace the original trauma or mental injury. At 12 years of age he was with some other boys in a stable loft where wild animals were stored for sale. He was standing close to a leopard's cage, and the animal catching him by his shoulder with one paw tore away part of his face with the other. The great glaring eyes and horrible face of the leopard remained indelibly imprinted in his memory. The other boys tore him away from the animal's clutch, and he had to descend from the loft by means of the usual stable ladder nailed against the wall. It is easy to imagine the mental and physical torture this unfortunate boy passed through in climbing down the ladder, blinded with blood, holding his torn face with one hand, and groping for the rungs of the ladder with the other. A point, the importance of which will be apparent later on, is that several rungs of this ladder were missing. His injuries necessitated six weeks' treatment at a hospital.

With the passage of time the memories attached to this incident appeared to die down, but it is noteworthy that he did not speak about his experience even to his nearest friends: this was probably a repression from consciousness because of the distress the awakened memories would cause. The incident became apparently closed, and he led a normal industrious life.

Now for the sequel. Eleven years afterwards he slipped when coming down a strange staircase. This probably caused a sudden uprush of subconscious memories and fears by the association of ideas attached to slippery stairs and

the broken ladder. A few minutes afterwards in the street he felt faint and ill, and asked a constable to direct him to a doctor. He was in a highly excitable, overwrought nervous state. He asked the doctor if his heart was diseased. The doctor unfortunately replied "You have not got heart disease exactly, but your heart is very bad." "Is there any chance of my being cured?" "Well"—a pause—"yes, come and see me to-morrow."

From that moment the patient became obsessed with the idea that his heart was diseased, and he had had this obsession for ten years. The fear of imminent death was awakened by the slip on the stairs, and with the characteristics of repressed emotion was ready waiting to fasten itself upon symptoms which would enable it to pour out its long pent-up feelings; through being denied a direct expression, it had chosen the most suitable indirect way. He at first would not admit there was any connection between the leopard and his obsession, and about this time a monthly magazine appeared with a most realistic leopard on the cover, he brought it to show me, and afterwards left it lying about his house to prove that he had no thought nor fear of his former experience. Within a few days he was compelled impulsively to tear it up and burn it, and then he began to realize there might be some connecting link.

The fears of heart disease, of sudden illness and sudden death are exactly similar to the sensations he must have experienced in the leopard's clutch. He was encouraged to talk of the leopard, and so relieve his feelings. Gradually he became free from his obsession, the other symptoms passed away and he made a complete recovery.

A frequent cause of obsession, or obsessive thoughts, is the feeling of shame or regret arising out of bad habits in early life. These obsessions are most intense, persistent and painful in character. In many cases they have their birth in the reading of quack literature, specially designed by clever, unscrupulous men to arouse feelings of shame and regret with fears of mental and physical degeneration. These writers care little if, in their attempt to rob young men's pockets, they rob them of their happiness and peace of mind by calculated lying descriptions of future untold miseries. No good purpose would be served by indicating the class of obsessions or symptoms arising from this cause; to do so might only increase that terrible feeling of being branded from which so many of the victims suffer.

For their consolation, be it stated that of all classes of obsessions this is probably one of the most easily and permanently curable. If psycho-analytic treatment had no other justification than in this class of case it would have fully justified its inclusion in psycho-therapy. By its means, and the power of classification which its practice gives, one is enabled quickly to expose the painful complex. The rest is easy. The patient is encouraged to give a circumstantial account of his former habits, his struggles, regrets, and the literature which first planted the seeds of fear and remorse in his mind.

The unburdening of the mind, the discharge of the pent-up, painful emotions, the feeling that the secret burden under which he has toiled for years friendless and helpless, is no longer secret, but shared with a sympathetic

listener ; the sum of all this relief is so great as to be almost incredible. This is no flight of fancy, it is a tragedy in real life. Only those who have suffered, or have heard the confessions of sufferers, can conceive the awful, ever-present remorse, fear and shame, haunting them night and day for years. It is probable that some cases of insanity and suicide are due to this cause alone.

I feel it my duty to speak plainly on this subject, even though the duty is not pleasant nor the topic pleasing. We stand appalled at the rapid increase of insanity amongst civilised communities. As a partial remedy, I would suggest the endowment of a chair for the study of pathological conditions directly traceable to civilisation, and I would further suggest that the first investigations should be directed to quack literature and other forms of lying advertisements, with the object of ascertaining how far they are directly or indirectly responsible for helping to fill our workhouses and asylums. We have endowed many chairs in Biology, Physiology, Bacteriology and all the other "ologies." Have we ever seriously grappled with the human parasite and his effect on the contents of our hospitals, workhouses and asylums? We have not. Until we are prepared minutely to examine every possible source of contamination we have no right to assume that an increase of insanity, any more than an increase of typhoid, is not preventible.

CHAPTER VI

PAIN

ALTHOUGH pain is a sensation which plays such an enormous part in the life of every individual, the general idea of what it represents is apt to be incorrect. To suppose that the eradication of a particular pain is to cure the trouble which called it forth is quite wrong.

Pain is not a disease; it is a symptom, and it is often the inarticulate cry of the subconscious mind to attract the attention and enlist the aid of the conscious mind in remedying the defects of the body. In many instances, the aid sought is rest from activity, such as voluntary movements in the case of an inflamed joint, or heavy meals in an ulcerated stomach. As this is so, the indiscriminate removal of pain may have the most serious consequences.

Ignorant magnetisers and Christian Science healers, having no anatomical knowledge or medical training to guide them, are unable to distinguish whether the pain is functional in character or indicative of underlying organic mischief; to them there can be no difference between pain in the eyes due to strain and that due to iritis or glaucoma, diseases calling for prompt and energetic treatment if the eye is not to be permanently damaged or sight destroyed in a few hours. Dr. Kingsbury quotes a case of gastric ulcer,

in which a Paris showman hypnotised the patient, and being ignorant of the cause of the pain told the man to go home and eat a beefsteak. The suggestion was acted upon, and the man died. Had this showman had a medical training the nature of the pain suffered would have indicated to him the probability of gastric ulcer; he would have been in a position to interpret the message from the subconscious part of the patient's mind that food must be withheld. Reasons such as these show the desirability of therapeutic suggestion being limited to persons who have had a full medical training.

The subconscious mind, in its endeavour to inform the conscious mind that there are unusual conditions in the body, can do so only by means of sensations, which represent pain or pleasure, tiredness or activity, repletion or longing. Many examples of the truth of this will readily occur to the reader. We are not conscious of the functioning of our stomach, of its pouring out of the gastric juices, of its movements, or its churnings; for all these are controlled independently of consciousness. We are conscious of our stomach only when we receive a message from the subconscious by means of sensation—the sensation of repletion or over-distension—which constitutes a distinct and direct instruction to us to cease eating. If we neglect the warning, pain will probably ensue, and the subconscious controlling force may even reject the food or part of it by means of vomiting, a function which is beyond our voluntary control. In the same manner the subconscious part of mind indicates the want of food by means of the

sensation of a gnawing or sinking in the pit of the stomach which gives rise to ideas of food.

These signals come to us as important messages which can be conveyed in no other way, and it will be seen to remove one of them, such as pain, without attending to the trouble which it proclaims, may have very detrimental results, just as stopping a bad cough may not always be an advantage to the patient if what it indicated is neglected.

The ease with which pain may be removed can be proved by anyone. When next a friend or relative complains of headache, toothache, or neuralgia, place your warm hand on the aching part, allow it to rest gently there for three or four minutes, and the pain will be considerably relieved if not banished. No verbal suggestion need be made; the laying on of a sympathetic hand to the painful part is in itself a suggestion to the subconscious mind. If the pain is not entirely banished by the simple laying on of a hand then gentle stroking with verbal suggestions, first that it is lessening and then that it has disappeared, will usually effect a soothing result.

Too often we believe that long continued pain has a physical basis. The fact that we cannot discover such a basis does not prevent our inventing one. We attribute the pain, for instance, to rheumatism, or exposure to cold, or suppressed gout. It is quite true that pain can originate in physical defect, but that does not justify us in saying that where there is pain there must necessarily be a physical cause. The confusion arises from general inability to appreciate the importance of functional, as distinct from

physical pain. The former class we are too apt to term "hysterical" and to dismiss with ill-concealed contempt. Reflection will show that such an attitude is unwarranted. Why should pain, resulting from a burn or a scald, be more worthy of study and investigation than pain arising from ideas and emotions? Emotion in the form of sorrow, for instance, may give rise to most intense and persistent pain.

Yet pains which are not physical in origin are said to be due to hysteria—a term to which I object, for it was used originally to cloak ignorance, and that constitutes its function to this day. While we continue to regard functional pain as hysterical, we shall be denied advancement in the understanding of many everyday disorders.

By dividing pain, or symptoms, into the physical and the psychical, much can be gained, for it enables us to set to work to study the various forms of psychical symptoms, and search for a psychical origin. It was at this point that Professor Freud stepped in. He saw in the neglected and despised hysterical symptom a way into the understanding of the psyche.

Incursions into psycho-analysis give one a broader conception of disease in the main. A lady suffered from severe pains in the legs, which had lasted for many years. These had been diagnosed as due to outgrowths of bone pressing on the nerves, but unfortunately for this diagnosis the application of X-rays proved it to be unfounded. The patient's attempts to obtain relief were completely unsuccessful. As a matter of fact, her pain was due to psychical and not to physical causes; she had a hidden

mental sore. In a very short time, with a little encouragement, I exposed a painful complex or emotion which was quite sufficient to account for the intensity and persistence of the symptoms, and the pain ceased. In another case of a chronic localized pain, in which the patient had had to give up his vocation, and was operated upon without any result beyond permanent physical disablement, I was enabled to trace a psychical cause dating from childhood and increasing with age. By giving free vent to the suppressed painful emotions, an immediate and marked benefit followed which has continued up to the present.

Instructive, too, is the case of a patient subject to what she believed to be chronic sciatica, which had lasted for eight years and defied treatment. The pain was in the shin-bone, and inquiry showed that the lady's daughter had suffered for a considerable time from a bone affection giving rise to exactly similar pain. She had entered a hospital, been operated upon and died there eight or nine years previously. The mother had been refused permission to see her on account of an epidemic of smallpox raging in the town at the time. This was a case of repressed painful emotion and grief finding indirect expression in the same painful symptoms from which the daughter had suffered.

Another case, with persistent pains in the head and symptoms, which might be carelessly classed as neurasthenic, originated through the fear of being murdered in childhood by a drunken father.

Is it fair to dismiss such cases as "hysterical" without any endeavour to ascertain and remove the cause? I agree

with Dr. Lloyd Tuckey when he states : “ I think it will be found that a much larger amount of chronic illness is due to shock than is generally recognised, and I know of no higher duty of the physician than the curing of such cases.”

Very interesting and informative with regard to pain are the experiments on reflex actions carried out by Professor Pawlow, of St. Petersburg. By means of these experiments, new light has been thrown on the powers and functions of the brain, and the remarkable contention is made that the sensation of pain may be changed into an entirely different sensation ; pain, for instance, can be changed into hunger.

Reflex actions are actions which are directly responsive to a stimulus and are involuntary. For example, the action of drawing one's hand away from a hot fire-bar or a nettle is reflex. The sensation of heat or pain in our hand is the stimulus, and the involuntary movement of the muscles of the arm is the reflex (or reflected action).

The sight of food is a stimulus to the salivary glands, and the flow of saliva into the mouth is the reflex. When we look at a bright light the pupils of our eyes narrow, so as to cut off part of the rays. This is a reflex, and the stimulus, or cause of the reflex contraction is the strong light. The experiments of Professor Pawlow were carried out on dogs, and the results are thus described :—

“ The reflex action he studies is saliva. The stimuli employed to provoke the reflex are various ; food or a dilute acid solution are given by the mouth, both of them active excitors of salivary secretion, and at the same time various external stimuli—heat, electricity, pain—are applied. In

the course of time the latter stimuli develop into infallible excitants of salivary secretion; what is more, they then cease to produce the reflex (fright, pain, or the like) to which they originally and naturally gave rise. In other words, the stimulus has been diverted from one region of the nervous system to another; and this power of adaptation must be regarded as one of the most important functions of the highest parts of the central nervous system. When the new reflex has been cultivated, if the skin of the dog is subjected to cutting or pinching or burning, the only result obtained is the manifestation of symptoms of the keenest appetite, and no evidence of fright or pain at all.” (*Brit. Med. Journal*, October 18th, 1913.)

“The skin of the dog,” explains Professor Pawlow, “can now be subjected to cutting, pinching or burning, and the only result we shall obtain will be the manifestation of what, judging from our own experience, we should call the symptoms of the keenest appetite; the animal follows the experimenter about, licks himself, and saliva flows in abundance. This fact has been demonstrated very frequently to large audiences, and to many of my friends privately, and the result can invariably be obtained.

“Its significance seems to me to be quite clear, for what other explanation is more appropriate than that the nervous impulse resulting from the stimulus, which formerly went to a particular region of the nervous system, is now directed to a different one? In this way we have been able to divert the impulse from one path to another, according to the conditions, and we cannot avoid the conclusion that this

represents one of the most important functions of the highest parts of the central nervous system.

“From the fact that the new reflexes can always be produced in a short time under suitable conditions, we may conclude that their production is a simple and easy matter.”

If Professor Pawlow finds it a simple and easy matter to play upon pain to such an extent, it is at least as easy for a patient to remove pain by quiet, persistent endeavour in impressing upon his mind the idea that pain is lessening.

CHAPTER VII

OBJECTIONS TO HYPNOTISM

IN the hands of skilled medical men the dangers of hypnotism are like the snakes in Ireland—there are none. In the hands of ignorant quacks and itinerant showmen it is not free from harm to the subject.

The harm may arise from ignorant tampering with organic diseases, as in the case of the showman previously referred to, who with fatal results ordered a patient with gastric ulcer to eat a beefsteak; and as in the case of the Christian Science healer who is alleged to have contributed to the death of a child because he was ignorant of the difference between diphtheria and mumps.

The second danger is the abuse of hypnotism, by showmen inducing, and sometimes repeatedly inducing, in their subjects states of extreme nervous excitability, such as leading them to imagine that they are in a house on fire, or in some other dangerous situation. To make matters worse, they often awaken their subjects suddenly, and without any attempt to quieten the excitability or remove the impression of the hallucinations they have provoked. Can it be wondered at that wilful and perverse use of such power should occasionally be followed by hysteria and other nervous troubles? Such exhibitions serve no useful purpose,

and ought to be forbidden in this country as they now are in France, Belgium, and Switzerland. The third source of danger is that due to amateurs inducing hypnosis for fun, without understanding the proper methods of managing or awakening their subjects. These are the dangers of hypnotism, and they are readily avoidable by restricting its use to qualified medical men and skilled scientific investigators. We would hold showman, Christian Science healer, or amateur, responsible for any harm they caused by administering poison or chloroform, and a different standard of responsibility should not be allowed to obtain in hypnotism, which calls for as much trained understanding of disease and of the potentialities of the remedy as in the other cases.

The next point to consider is whether the will of the patient becomes subservient to the will of the operator. The impression on the part of the public that this is so, is due to the manner in which this has been affirmed, and the whole subject of hypnotism exploited, by writers of sensational literature with an eye to cheap effect and a disregard of truth.

The novel "Trilby" is broad farce to a psychotherapist; it is full of contradictions and improbabilities; he knows that the power of a Svengali, or a dozen Svengalis, would be absolutely ineffective when pitted against Trilby's love for little Billie: he knows that hypnotic power has its limitations, limitations which are very sharply defined, and particularly so if he attempts to run counter to deeply-rooted instincts or moral convictions.

One of the most natural and deeply-rooted instincts in the human being is the mating instinct. A woman in love has this instinct fully aroused: she would leave parents, friends, country, to face untold dangers and sufferings in answer to the hungry love note in her mate's cry: she is happy in the thought of sinking her very self in him. Her life, her thoughts, her soul respond to the great law of Nature, and to maintain that the power of a Svengali can set at nought such primary forces is to me ludicrous. So much for romance. Now for facts.

For many years I studied hypnotism for purposes of research only. I made many experiments with the direct object of ascertaining whether the will of the operator was more powerful than the moral convictions of the subject. In every case I found that, no matter how deep the somnambulism, if suggestions were made contrary to the moral tone or upbringing of the subject they were indignantly rejected; if persisted in, the subject became distressed and obstinately refused to obey them. One fact stood out prominently, e.g. that hypnotic power was strictly defined and sharply limited. I could with many subjects go on and on, obtaining more manifestations and bringing up more and more latent powers of mind; I could go on increasing the acuteness of all the senses to the point of the phenomenal, demonstrating the power of the mind over body and bodily functions to an almost similar degree, and yet I came many times up against a dead wall and all my powers counted as nothing. A dead wall invariably faced me if I attempted to encroach in the slightest degree

on those ideas or emotions which were founded on conviction—moral, religious, or social.

I trust the reader will pardon the crudeness if for present purposes I define conviction as blind, unreasoning belief—a believing which is absolute in itself and neither asks nor seeks to strengthen itself by logic—a belief which accepts without demur, and refuses to submit itself to argument; which will strengthen itself by arguments tending to support it and will be blind to arguments which are opposed to it.

As Trotter aptly sums it up, “To the Conservative the amazing thing about the Liberal is his incapacity to see reason and to accept the only possible solution of public problems.”

To the Liberal, of course, the opposite point of view will obtain. He describes it as a fourth instinct, to which he gives the name of “herd instinct.” Convictions are based upon deep subconscious complexes or emotions.

Hypnotism is powerless when opposed to them. I could induce my subjects to accept illogical premises and they would reason deductively and act as if the premises were true, but I have failed whenever I have attempted the same course with convictions. It proves that the power of the hypnotist is subject to and limited by the acquiescence of the subconscious self. Moral convictions having become a part of subconsciousness, it follows, therefore, no hypnotist could make a moral woman immoral, an honest man dishonest. It answers the question why convictions are not open to reasoned argument. The subconscious mind is incapable of controversial argument; that is the function

and *raison d'être* of the conscious, educated, reasoning mind: convictions are not founded on reasoned knowledge; the majority of them have their origin in moral training and their habitat deep in the subconscious, and to subject them to controversial argument would only result in distress and turmoil of the subconscious self. A person will continue to argue on matters of reasoned or acquired knowledge without evincing much emotion, but how different is his attitude when the topic infringes or includes matters of conviction!

Have we never noticed how an otherwise amiable, peaceful, man becomes short-tempered and seems to lose control of himself so soon as cherished conviction—religious, political, or social—is touched upon or threatened?

The same rule applies to the power of a hypnotist, and in itself answers the question whether the will of the subject is subservient to the will of the operator.

One of my best subjects would carry out any of my wishes other than dancing. In order to test this very question I caused a piano to be played, several couples to dance, and a young man of whom she was rather fond to ask her for a dance. She was most obstinate in her refusal. Later on I discovered the reason. She had been reared in an orphanage, and the sister-in-charge had impressed upon the girls the desirability of avoiding dancing and dancing classes because of their attendant possible temptations.

At another time I had three subjects hypnotised, one of them being a teetotaler. I made a mixture of cascara and other bitter ingredients, telling a couple of persons who

were present that the subjects would accept and drink it as beer. Two did so. The teetotaller raised the glass to his mouth and energetically lowered it again; he repeated this several times and then refused point blank to taste it. On being awakened, he stated that he had heard my description of the drink and knew it was not beer, that he intended to taste it, but every time he raised it to his mouth he could smell it was beer and it became repugnant to him; then he thought it was not beer, and would make another attempt to drink it with the same result.

On another occasion I persuaded two young men subjects that they were respectively the leaders of the two great political parties engaged in a public debate: the third subject, who was in a state of somnambulism, took a great interest in the debate, which was really interesting, the arguments advanced being very lucid. I whispered to him to interrupt the debate with the cry of "Votes for Women"; he shook his head, and when I persisted he curtly refused to do so. In his waking state he held very strong views against Women's Suffrage. I could induce the very deepest state of hypnosis in this subject, but I was quite powerless to modify his deeply-rooted convictions with regard to Women's Suffrage.

In another instance, in order to demonstrate the resistance of religious convictions to adverse hypnotic influence, I asked one of my best subjects, a somnambule, to read a religious book belonging to a different denomination. She read it aloud. On my casually mentioning that it belonged to a certain denomination she threw it on the floor. She

remembered nothing about it on being awakened. Her clergyman, who was present, declared himself fully satisfied that hypnotism was incapable of influencing religious convictions.

My own experiences lead me to agree with Dr. H. E. Wingfield that the power of choice is practically quiescent though not extinct in somnambulism. "If the suggestion," he says, "happens to run counter to some latent but more powerful idea or suggestion already dominating the field, it may be refused; and often no amount of insistence can prevail over the denial."

It is important, also, to bear in mind the fact that consciousness is never entirely lost in the very deepest stages of hypnotism. On awakening a patient from a state of somnambulism there is apparent loss of memory of all that occurred during that state. That the memory is not lost can be proved by putting leading questions and encouraging the subject to remember what has passed. If this is done, it will be found that the loss of memory is only apparent and not real. Again, in a subsequent hypnosis, the subject will readily remember all that has been said and done in previous ones.

PART II

DISEASES AMENABLE TO PSYCHO-THERAPY

HAVING explained what is the basis of psycho-therapy, I propose to devote the second portion of this book to the various complaints which may be treated by this agency.

No psycho-therapist is foolish enough to guarantee cures in any case, but he can certainly attack a large number of ailments with a confidence which was not his before he studied this particular method of treatment. His strength has come from the thousands of cures that are being recorded, from encouraging results in his own practice, and from the knowledge that the number of physicians impressed by the potentialities of the science is every year increasing. Those of us whose experience has been lengthy are glad to see the barriers of prejudice giving way so steadily. The past twenty years have solved for us many big problems connected with mental suggestion, and by patient research the things which were incomprehensible have become clear. A great deal remains to be done; but our understanding of this great force is already so considerable that the outlook is most hopeful.

NEURASTHENIA

If there is any disease in which treatment by psychotherapy would appear to be indicated, it is neurasthenia. The victims to it, through the luxury and rush of modern civilisation, are innumerable. In place of a calm, steady round of labour, with proper periods of mental and physical rest, we are living in an age of ever-increasing hustle. We are darting blindly forward like frenzied gold-diggers, heedless in our greed of the weaker members lying helpless and bleeding under our feet. We invent what we flatter ourselves is labour-saving machinery, and in speeding it up we sacrifice our nerves and our peace of mind. We avoid healthy outdoor exercise, and flatter ourselves as we rush for an electric car to carry us a couple of streets away that our time is too valuable to enable us to walk so far. In our pleasures we demand the same feverish excitement. The theatre must give way to quick-change music-halls or eye-straining cinematograph pictures. Is it any wonder that the outstanding characteristic of the age is a rapid increase of nervous ailments?

We are the veriest spendthrifts of nervous energy, and, as to all spendthrifts, there comes a day when our capital is exhausted. The empty pocket of the spendthrift is represented by the empty, discharged nerve cell, with neurasthenia as a consequence.

The endless procession of broken-down business men, teachers, and other strenuous mental workers makes one wonder if such strenuous life is worth while. Prevention is

for each to stop the leakage in his own individual case; to look not at to-day, but forward; to weigh the consequence of prodigality in balanced judgment: and then to set one's self the task of reasoned control over one's expenditure of nervous force; to make it one's object to cultivate a calm disposition, and to refuse to give way to mental excitement, than which there is no greater drain on nervous energy. By taking advantage of auto-suggestion this result is more easily attained than one would think possible.

The cure of neurasthenia opens up a broad question, and can be best approached by a consideration of the main symptoms of the disorder. They are usually insomnia, complete lack of interest and energy, inability to fix the attention, despondency, irritability of temper, feeling of depression, together with a feeling of pressure on the top of the head or of a tight band round the forehead, constipation, flatulence, flashes of light or increased sensitiveness of the eyes, etc., fear of going mad, and very often neuritic pains throughout the body.

Insomnia in healthy persons may cause defective memory, lack of energy, inability to fix the attention, and hyper-sensitiveness of the eyes with hallucinations of sight.

A confirmed neurasthenic stated that he suffered from "disturbed and unrefreshing sleep, with bad dreams, causing feeling of utter exhaustion when awaking," and that fairly represents the usual condition. It is apparent, therefore, that in any treatment directed towards the cure of neurasthenia the obtaining of sound, refreshing sleep is of

paramount importance, and, in the obtaining of sleep which shall be refreshing, hypnotic suggestion easily surpasses all other means.

The next main group of symptoms are those of nervous dyspepsia, constipation, flatulence, sinking in pit of stomach, palpitation, etc. These are functional nervous symptoms which are as a rule very amenable to hypnotic suggestion.

The next group of symptoms is characterised by super-sensitiveness. The patients are extremely sensitive to noises, to bright light, to touch, to cold, to pain, etc.

It may appear paradoxical to state that increased sensitiveness is due to nervous exhaustion, but observation confirms the truth of this. If a healthy person is tired out or worried from overwork, he is apt to suffer from irritability of temper and acute sensitiveness to trifles; the least noise or contradictory assertion, or the slightest difficulty seems to jar his nerves and to give him a headache: affection and emotion are temporarily lessened: he is annoyed and irritated by trivial acts of omission or commission on the part of those dearest to him, and after a night's rest he feels ashamed of himself for such a display of temper, or want of consideration.

This is just the condition of the neurasthenic; he is tired out; the conscious mind craves for rest; and just as in ordinary life over-exhaustion denies us the sleep we long for, so does neurasthenia deny itself.

The subconscious mind requires no sleep, nor does it sleep, but the conscious mind must have full and undisturbed

sleep or very soon it becomes exhausted and its quiet, steadying control over function and sensation is diminished or lost, and exaggeration of sensation results. For the same reason the conscious will is weakened. A patient complained of absolute failure of will power and inability to do anything except mechanically: "any attempt to arouse action," he wrote, "generally brings about the pain in the head." Such a description would aptly illustrate the feelings of a healthy but overtired person.

If hypnotic suggestion has to justify itself, it must be prepared to take upon itself the functions of an exhausted conscious will; it must be ready to instruct and control those deeper functional and imaginative forces which are normally under the reasoned control of an educated, healthy conscious will: if its action is to take control of natural forces during the distraction of the conscious attention, it must be ready to assume the same control during functional weakness of the will. That calm, restful frame of mind which characterises the properly induced hypnotic state in itself has a soothing effect upon overwrought and exhausted nerve centres. When to this is added the increased sense of wellbeing; the displacement of despair by hope; and sound, refreshing sleep as the result of hypnosis, the most favourable conditions for recovery are attained.

PSYCHASTHENIA

Psychasthenia is neurasthenia plus obsessions. In some instances the neurasthenic symptoms are well marked, in

others the obsessions are the prominent features. Psychasthenia ought to occupy a position for itself and not to be classed under neurasthenia, for any neurasthenic symptoms are secondary to the obsessions or the causes producing them. In most cases a traumatic origin for the obsessions will be found if diligently searched for. In a few particular forms the obsessions have had a sexual basis. As I am not writing for purely medical readers, I will not attempt to define the class of obsession depending on this cause. In the great majority of cases the cause has been a sudden shock with real or imagined danger to life or health.

For this reason I would describe psychasthenia as traumatic obsession. Take claustrophobia, or the fear of enclosed spaces. The patient cannot stay in church, theatre, train or in a house if alone.

On investigation, this symptom will be found to depend in most cases on the fear of being taken suddenly ill. If that fear is in its turn subjected to careful analysis it will generally be found to have owed its origin in fright or shock.

A patient complained of the usual symptoms of neurasthenia plus fear of heart disease, fear of sudden death, and fear of enclosed spaces. She presented an unusual symptom: the dread of hearing a water-tap running. On investigation these fears were ascertained to be founded on the dread that she might be attacked from behind; the noise of the running water preventing her from hearing the approach of the attacker. On going carefully into her history, it appeared that sixteen years previously

she had been alone one night in a lonely country house which had an outer and an inner vestibule door. She heard a knock, and opening the inner door found a rough looking man standing there who had closed and barred the previously open outer door. She slammed the inner door in his face, and was in a state of terror for some hours until the arrival of other persons living in the house. After this experience she became afraid of being attacked from behind. This explanation, whilst satisfactory so far as it went, did not quite explain the associated fear of running water. Further investigation elicited the history that as a child she had been reared by an intemperate grandmother who had threatened to throw her into the canal at the bottom of the street. One night, when she was ten years of age, her grandmother ordered her to go upstairs and wait there ready dressed until everyone else had gone to bed, when the grandmother would come for her and would throw her into the canal. The poor child implicitly believed this, and stood at the side of her bed fully dressed for some hours awaiting in terror the fate that was in store for her. Eventually she fell asleep, and in the morning found herself lying on the outside of her bed fully dressed.

In many cases we can trace the origin of obsessions to severe mental shocks in early life.

We are too apt to classify obsessive thoughts with delusions, and cavalierly to dismiss them as evidences of a mind diseased. They are not.

In insanity the judgment is warped or wanting, and the delusions are accepted as true.

In obsessions judgment is not warped; the patient struggles against these thoughts, he does not accept them as true, but by their very intensity they force themselves continually before his attention in spite of his efforts to repress them.

The time is rapidly approaching when obsessions will be looked upon as the accidents of mental science and their causes searched for and removed.

It is apparent that hypnotic suggestion alone is scarcely sufficient for the treatment of psychasthenia, and that it should be aided by some method of psycho-analysis.

Fuller reference to this subject is made in the chapter on psycho-analysis.

NEURITIS

Neuritis is characterised by numbness, tingling, aching pains, and muscular weakness in the parts affected, frequently the hands and feet.

As the name implies, it is an inflammation of the nerve or nerves.

The causes are many; it may be due to noxious agents in the blood, as arsenic, alcohol, lead, or it may result from infective diseases, as diphtheria, typhoid, etc.

There is, however, another cause which does not appear to have received the attention which it frequently merits; I refer to those numerous cases due to the debilitating effects of overwork, or worry, or the exhaustion of prolonged nursing, or accompanying neurasthenia. It is with the latter class that this small work is most concerned.

In such cases mental suggestion usually effects an early and marked diminution of the pain, tingling, and numbness, and in a considerable number of cases effects a cure. Some cases of neuritis are more intractable, but even in these, suggestion lessens the severity of the pain and the symptoms.

NEURALGIA

Neuralgia being in most cases functional in character, yields readily to hypnotic suggestion.

In an obstinate case of tri-facial neuralgia which had resisted all forms of treatment for over two years, and in which an operation for the division of the nerves had been previously arranged for and declined at the last moment by the patient, I succeeded in giving temporary relief but failed to cure the condition. This was one of those fortunately rare cases in which operation alone holds out prospect of relief. With this exception, I have found hypnotic suggestion most efficacious in relieving this distressing complaint.

INSOMNIA

Drugs cannot cure insomnia ; on the contrary they increase it, making the sufferer's last condition worse than the first. They grant a temporary respite, but at what a price !

Psycho-therapy, however, is employed with very considerable success, and the benefit to mankind thus given can hardly be estimated.

Insomnia is a very serious complaint because of its far-reaching effects on the organism.

Sleep is of vital necessity to conscious beings and animals, more so than food. It may best be defined as the resting time of consciousness.

Miss Manacéine's experiments proved that puppies well supplied with food, but deprived of sleep for four to five days (ninety-six to one hundred and twenty hours), invariably died in spite of every care. On the other hand, puppies allowed to sleep, but entirely deprived of food for twenty days, might be saved if afterwards fed with precaution, that is to say, in small amounts often repeated.

In China forced deprivation of sleep was a form of torture and even of capital punishment.

The investigations of Professor Patrick and Dr. Gilbert, of the Psychological Laboratory of the University of Iowa, proved that hallucinations of sight might directly result from deprivation of sleep. An assistant professor at the University, under these conditions, had hallucinations of sight; the air seemed full of dancing particles like gnats, coloured red, purple or black—which he would try to catch. He had never had hallucinations before, and they disappeared entirely after the experiment was concluded. Acuteness of vision was found to increase. Memory became very defective, and power of attention was largely lost; one subject found it impossible to commit to memory in twenty minutes what normally took him two minutes.

It is an interesting question as to what extent many of the symptoms of nervous disturbances owe their origin and

continuance directly to insomnia. Take, for example, neurasthenia. The neurasthenic suffers from insomnia with defective memory, lack of energy, inability to fix the attention or lack of concentration, persistent pain in the head, and asthenopia or "irritable eyes" with flashes of light in them.

All these symptoms have been produced in average healthy individuals as the direct outcome of deprivation of sleep. In cases of early insanity, the question again arises as to how far the delusions and hallucinations arise from and are fixed by the ever-present insomnia.

The importance of directing our attention to sleeplessness is thus apparent, and there can be no doubt that a considerable proportion of the indisputable benefit derived in this class of ailments from treatment by hypnotic suggestion is directly traceable to the efficacy of hypnotism in inducing natural recuperative sleep.

One might go further and say that the induction of natural sleep, through its remedial effects, is one of the chief weapons in the hands of a psycho-therapist.

Fortunately, insomnia in the majority of cases yields readily to hypnotic suggestion. It is most obstinate in pronounced neurasthenia, but even then some amelioration is, as a rule, quickly obtained, and with persistency of treatment this distressing symptom is in most cases removed.

SOMNAMBULISM OR SLEEP-WALKING

The public is apt to consider that there is little or no danger attached to this terrible affliction. This is quite

a wrong impression; there is danger to the general health of the victim from a chill, and there is a great risk of serious or fatal accidents following upon the habit, as reference to the newspapers will easily prove.

There is no other remedy for this complaint but hypnotic suggestion. Fortunately this holds out an almost certain cure. Most hypnotic physicians state that they have cured every case which they have treated, and when one considers that the state is practically identical with that of hypnotic somnambulism with its increased susceptibility to suggestion, this is what one would expect.

AGORAPHOBIA OR DREAD OF OPEN SPACES

A gentleman consulted me for agoraphobia of fourteen years' standing. Prior to his visit, he wrote: "The knowledge that I am coming to an open hilltop, or the sudden realisation when there that this is the place, sets up the (quite unreasonable) panic."

The complex upon which the agoraphobia was founded was discovered, and he was treated by hypnotism and re-education of the will. It required several efforts on his part to stand and look at the Liverpool Cathedral, on account of its being situated in an open place. He was cured in fourteen treatments extending over a month. Seven weeks afterwards he sent me a picture postcard from Niagara Falls, with the words "Here—and quite happy."

I have found psycho-therapy most effective in all cases of this distressing obsession, which is not so uncommon as many persons imagine.

CLAUSTROPHOBIA

Claustrophobia, or fear of enclosed places such as churches, theatres, trains, etc., is generally accompanied by the fear of being taken suddenly ill, and is of fairly frequent occurrence.

In my experience, the primary cause is usually shock or fright. If the cause can be discovered, the results of treatment are often most excellent.

Claustrophobia is also considered in the chapter on psycho-analysis.

ACROPHOBIA

A bricklayer's labourer came under my care suffering from acrophobia or dread of high places. He suffered from gradually increasing panic in his work of carrying mortar and bricks up high ladders, so much so, that he had had to give up his work six months previously, and was on the verge of starvation. He was very susceptible to hypnotism, and after a dozen sittings he returned to his work free from his former dread.

A lady patient had an unreasoning dread of high places; if travelling in a train she was in terror during the time the train was crossing a bridge; she had a dread of being on a pier and seeing the water between the planks. As she made a quick recovery under hypnotic suggestion, psychological analysis was not needed, although it would have been interesting to ascertain the origin of the fear of water and how the fear of railway bridges had been grafted on this.

The number of cases of obsessions which have had their origin in fear of water is surprising.

STAGE FRIGHT

To the non-professional person stage fright appears quite a trivial matter, but to the artist, whose means of existence and future prospects depend on the impression he makes upon his audiences, it is something very real and tangible.

The artistic mind, by its very nature, is acutely sensitive, and slight indications of approval or disapproval which might pass unnoticed by others are by it magnified to undue proportions. If to this sensitiveness there is added a horrible fear of breaking down, with all that failure implies, one cannot help pitying the victims of it.

I have had several patients who have suffered agony whilst awaiting their calls, and have been utterly prostrated after their turns. The fear, however, usually disappears so soon as the real work on the stage begins.

Fear, in one form or another, is a common underlying cause of many of the conditions which a psycho-therapist is called upon to treat, and fortunately in most cases it is readily removable by appropriate suggestions. There is usually no great difficulty in curing the liability to stage fright by means of mental suggestion.

EPILEPSY

Epilepsy is an intractable disease, which in many cases defies treatment.

One would expect hypnotism to have a curative or at least a distinctly palliative influence over the attacks; yet in practice the results are rather disappointing.

For my part, I can claim only two patients as cured, one of whom has not had an attack for the past seven years. In several others, however, I have modified the number and the intensity of the attacks. These results fairly summarise the experiences of other hypnotists, with the exception of Dr. Wetterstrand, of Stockholm. Dr. Wetterstrand has had most remarkable results in this disease: several of his patients have remained free from attacks for many years. He keeps them in hypnotic sleep over very prolonged periods; in one case, with the exception of a few hours, he kept his patient asleep for a month.

Unfortunately I have had no opportunity up to the present of trying Dr. Wetterstrand's methods. In one of the cases in which I succeeded in curing the epilepsy, I first induced hypnosis during post-epileptic coma (reported in the *General Practitioner*, September, 1909).

This is almost unique, and the only reference of a similar procedure which I can find is in Dr. Milne Bramwell's work, where, speaking of the methods of inducing hypnosis, he writes: "One or two instances are also recorded by Esdaile and Schrenck-Notzing, in which post-epileptic and other forms of coma have been changed into hypnosis." I have found no difficulty in converting epileptic coma into quiet, hypnotic sleep, and the patients have awakened quite well and cheerful when commanded.

In the case just quoted the cause of the epilepsy was fright.

At 11 years of age, whilst running after a ball in a field, the patient ran into a moss-covered pit, thinking it was solid ground. She was in great danger, but was pulled out by a companion. That evening she had her first fit.

I am rather hopeful of the future prospects of psychotherapy in the treatment of epilepsy.

I have been impressed by two facts, that almost without exception the patient has seen a person in a fit prior to having had one, and that in all my cases there has been a dread of fits amounting to a morbid fear or even an obsession.

Fear and mimicry are weighty factors in the onset of epileptic seizures in some instances. Fright is believed to be an important cause. This makes me hopeful that, with increasing knowledge and experience in psycho-analysis, we may be able to prove that epilepsy in many instances owes its inception to psychical "traumata" or injuries, and having discovered these we may be able to remove them.

Another patient, when a child attending a private school, used to be sent downstairs to instruct the school-mistress's husband (an epileptic) to bring up coal. On several occasions she saw him have fits in the kitchen or coal cellar.

At 18 years of age, following serious family troubles, she began to suffer from epilepsy; she had a constant morbid fear of it and a constant dread of becoming insane. She did not like to speak or read of insanity or murders. One day she had a fit in my consulting-room. I hypnotised her

during the fit, and on awakening her she retained no memory of it.

A second before she was convulsed, she clutched her husband and cried out "Don't you go down."

When asked later on to explain this, she said she did not wish her husband to go down to the cellar and see the man in a fit.

It appears as if this particular attack was due to the rising into consciousness of painful subconscious or repressed memories.

Another patient, who had been in epileptic homes for four years, had had from childhood the dread of fits and insanity.

On an August Bank Holiday she saw a man being taken out of the water who had had an epileptic fit whilst bathing. She stood there fascinated by his horrible appearance whilst unavailing attempts at resuscitation were made. The following August Bank Holiday she had her first epileptic seizure; she did not have another until the next August Bank Holiday, and then they became frequent.

The sudden onset of the attacks and the subsequent loss of memory of what occurred during the attacks seem to indicate a psychical causation in many cases.

One must exclude from this tentative theory of causation, those cases in which epilepsy is caused by the irritating pressure of a tumour or a fragment of bone on the brain.

The cause in these cases is physical, but even in these, the interesting question arises: how is it that the pressure

or irritation being constant, the effects or attacks are intermittent?

These factors combine to make me take a hopeful view of the future utility of psycho-therapy in this disease.

HYSTERIA

Hysteria is a most perplexing form of nervous disturbance, the cause of which is quite unknown. The ancient theory from which it derived its name, that it was due to the wanderings of the uterus through the body, is now exploded.

Prof. Freud is throwing some light on the cause by showing that in many cases the despised hysterical symptom is really the effect of deep subconscious emotion striving for expression. Apart from Freud's discoveries, we have not the slightest idea of the causation.

Hysteria may evidence itself in innumerable forms and symptoms and it may mimic many diseases. The hysterical fit, the whims, the caprices are well known. In addition there are the various forms of pains, the morbid sensations, the exaggerated sensibility to light, sound, touch, on the one hand, and a decreased sensibility to touch or pain on the other. Then we have the various forms of contracted or paralysed limbs.

It is rather difficult to induce hypnosis in hysterical patients. The main reason for this difficulty is that the patients appear to be unable to control their wandering thoughts and to concentrate their attention. With

perseverance, however, this difficulty can be surmounted, and the patients then become very amenable to suggestion.

I remember seeing a case in my student days which illustrated most clearly the enormous power of suggestion in this disease. A boy was admitted into the wards of the Liverpool Royal Infirmary under the care of my friend and teacher, the late Dr. Alexander Davidson. He suffered from hysterical paralysis of his legs; he was unable to move them or stand upon them. Various forms of treatment were adopted without any result.

Dr. Davidson then decided to try the effect of suggestion, and calling his students to the boy's bedside gave them a little clinical lecture on the case, stating that there was only one absolutely reliable remedy for such a disease, and that was to borrow the late Queen Victoria's bracelet and fasten it round the boy's leg; the result of this would be an immediate cure.

The boy listened intently, but said nothing. A few days afterwards he asked if he might have "the bracelet" applied. He was kept in suspense for nearly a fortnight, being told solemnly he would have to wait for his turn. At the end of that period Dr. Davidson brought a large old-fashioned gold bracelet and dangled it in great glee before the boy, who implicitly believed it was the Queen's bracelet.

The boy was then blindfolded, and instead of the bracelet, a tape measure was placed round his thigh and covered with a bandage. He was told that he would be able to walk in twenty minutes. At the end of that time he walked perfectly. A couple of weeks afterwards he was again

paralysed. The same process was gone through, the tape measure being bandaged on the thigh. We waited in another ward for an hour, but no message came that he could walk; the experiment had failed. On looking at his leg the reason was apparent—unnoticed by the nurses, he had separated the folds of the bandage to gaze at the Queen's bracelet, and had discovered the tape measure! His faith was shattered.

CHOREA OR ST. VITUS' DANCE

The most generally accepted view of the causation of this affection is that it is a functional brain disorder. My experiences confirm this.

Thirty odd years ago under the old vicious system of payment by so-called results in elementary schools, there was quite a rush of cases in the wards of the Liverpool Royal Infirmary, and as a student I took an interest in investigating them, and found that in many instances the chorea had made its appearance immediately prior to, or after, the examination of harassed over-driven school children.

Chorea being in most cases functional in character, responds readily to hypnotic suggestion. The most pronounced case I have had was that of a lady who had suffered for many years. The facial contortions were so frequent and horrible that she would not venture out of doors during the day time. She was ashamed to ride in a tram or enter church or theatre, and only went out for

exercise during the darkness. A complete and permanent cure resulted.

STAMMERING

Dr. H. E. Wingfield has been very successful in treating this complaint by hypnotic suggestion. Out of twelve cases he has cured six and almost cured another two. Out of forty-eight cases treated by Wetterstrand, fifteen were cured, nineteen improved, and in fourteen there was no result. I have not been quite so successful as this. My experience has been similar to Dr. Bramwell's, that the patients seldom gave hypnotic treatment a fair trial. Many of them expected to be cured in three or four treatments, which is absurd; one patient expected to be cured in one treatment! I may fairly claim to have effected considerable improvement in all those cases which gave the treatment a fair trial.

One of the greatest sufferers I have had was a middle-aged sugar boiler, who had stammered all his life. He was quite unable to pronounce words commencing with G L. At the works where he was employed he had never been known to use the word glucose, he evaded it by calling it "syrup," and it was a standing joke there to tease him with the word. After his second treatment, on my suggestion, he astounded all the works by calling it "gluey glucose."

WRY NECK

A young man, aged 22, came under my care suffering from spasmodic wry neck.

The history was that he had suffered from neurasthenia for the previous nine months, together with difficulty in walking and moving the right side of his body. The patient walked slowly with his head bent over his right shoulder and with his shoulder raised. His head almost touched the point of the shoulder. He complained of pain in his neck and shoulder on walking. He proved very susceptible to hypnosis, and under it the muscles relaxed. I saw him on four occasions only. Five months afterwards his father wrote, "I am pleased to inform you that he has improved wonderfully in a short time, and sailed as violinist on one of the . . . liners last Thursday week."

INVOLUNTARY BLUSHING AND SELF-CONSCIOUSNESS

It is quite surprising how many persons suffer from morbid blushing and self-consciousness on meeting strangers.

In some instances I have known this to be a positive drawback to the patient's prospects of advancement in business; the blushing, the sinking feeling in the pit of the stomach, the self-consciousness have so upset him that he has been seriously hampered in his ordinary business dealings with strangers. In some cases the distress is so acute that the patient's hands and knees tremble, the power of speech is lessened and the dominant idea in his thoughts is to be able to run away.

These cases respond very readily to mental suggestion, and particularly so if the cause be traced and treated.

PARALYSIS

It is extraordinary that there should be such a general despondency about the treatment of paralysis. The appearance of that disease seems to deprive at once the patient, his friends, and the doctor of all hope and effort.

“Poor chap,” is the comment. “He’s paralysed.” The last word has been said, and in the opinion of all around him he is condemned to drag on a weary existence in hospital, bed, or bath-chair, and if he is fortunate, to aspire ultimately to the dignity of a pair of crutches. No real effort is made to bring the useless limbs into action again. He is put to bed for months or years, hope is killed, and his muscles have to contend not only with the original disturbing break in their functioning, but with the debilitating effects of non-usage.

We expect paralysed muscles to waste, and we take every precaution to ensure that they do waste; we carefully place the patient in bed or splint under all the conditions which would cause healthy muscle to lose its tone and become flabby; we instil into his mind with assiduity the fixed idea that he cannot move his muscles; we discourage every effort of his subconscious mind to find another track for nervous impulse to reach the temporarily paralysed muscle by our suggestions, spoken or implied, that such a thing is beyond the realm of possibility. Having thus lessened the chance of recovery, having flouted and discouraged nature in every conceivable form, we feel a glow of self-satisfaction in our prescience as we regard our handiwork in wasted muscle and useless limb. Notwithstanding the general practice, I hold

firmly the belief that paralysed persons should be removed from bed, and all unnecessary mechanical supports; and encouraged and helped in every way to attempt to regain the lost control over the limbs.

My practice has been in acute cases, such as hemiplegia or paraplegia, to keep the patient in bed for a short time only and then to encourage and train him by carefully graduated exercises to regain the use of his muscles. Success is frequently achieved. In chronic cases much can be done to restore the functions of the useless limbs; a lady patient recovered the use of her legs after being bedridden for seventeen years.

Hypnotism is one of the greatest value in the treatment of all forms of paralysis. By its means we can improve the tone of the muscles and the body generally; we can quieten the tremors, convulsive twitchings, rolling eyeballs of disseminated sclerosis, lessen or remove the lightning pains of locomotor ataxy, train the muscles to co-ordinate or work in harmony and so improve the power of balancing in locomotor ataxy, acute polio-myelitis (infantile paralysis), lateral sclerosis, etc. By its means we can lessen the nervous fear of falling, which invariably accompanies the loss of power in co-ordination, and this fear is the prime factor in preventing the patient from attempting to walk.

In many cases the muscles are in fairly good condition, but until the power of balancing is restored the patient is afraid or unable to lift a foot off the ground, and so he hobbles along for years on crutches. The art of walking is the art of balancing on one leg.

Sceptics may ask "Do you claim to be able to replace nerves or nerve cells which have degenerated?" My answer is in the negative, but I do think it is possible to a great extent to restore channels for nervous impulses to reach the extremities, or to form new ones by means of a collateral nervous circulation. Let me illustrate this.

Occasionally one meets cases in which the large artery supplying a limb becomes thinned in part of its course, and by the pressure of the blood within bulges out like a balloon; this is called an aneurism, and is a very grave condition. The surgeon in order to prevent this tumour from bursting, and to allow blood to clot inside of it and so strengthen the weakened part, ties the blood vessel higher up the limb, so cutting off the entire blood supply to the limb. What happens? All the blood supply has been cut off; why does the limb not mortify and drop off? The reason is this: all the arteries in the body give off branches, and divide and sub-divide until they end in microscopical tubes or capillaries (hair-like tubes). All these capillaries are in intimate connection with those nearest to them. Immediately the main artery is tied, the capillaries from that part of the artery above the knot swell out and carry blood into the empty capillaries of that part of the artery below the knot, and in this way bridge over the gap and carry the blood into the limb and into the same artery again at a lower level. This is called collateral circulation, or circulation by anastomosis of minute vessels, and is usually established within twenty-four hours.

Now let us see what obtains in the nervous system. Each nerve cell (or neuron) has a long tail-like process (axon or nerve) along which to transmit its impulses; it has also many short finger-like processes (dendrons) which touch similar finger-like processes from the surrounding nerve cells.

Now if the nerve from one of these cells is divided or degenerated, what is there to prevent the nerve cell from sending its impulses through its processes to another nerve cell and down its axon?

It is a beneficent law of nature which has been proved to apply to the circulation of the blood, and when the same intercommunicating arrangement is found in the nervous system, none can dispute the possibility of collateral circulation of nervous impulses.

On no other ground can I explain the many cases of restoration of usefulness to limbs hanging flail-like and helpless.

Is the nervous supply ever completely cut off from a limb, or even from a single muscle? I doubt it, and assert that if it did occur the muscle would die, and as dead flesh would be cast out of the body like the core of a boil or carbuncle.

Some nerve fibres are retained in every muscle of a paralysed limb, and it should be the endeavour of the physician to utilize and develop these remaining fibres so that they shall not only conduct their former impulses, but by means of collateral nervous circulation gradually take on the functions of those fibres which may have been hopelessly damaged.

Since writing the above, I have been considerably strengthened in my views by the experiments carried out by Professor Pawlow, of St. Petersburg, on reflex actions, which are referred to in the chapter on "Pain."

If nerve currents and impulses can be altered, or played with at the will of an experimenter; if pain can be trained into appetite, and fear into hunger, under the depressive conditions—to put it mildly—of a physiological laboratory, how can we deny the power of mind to produce equal or greater alterations in the direction of nerve currents under more favourable conditions? The human organism presents no instinct more powerful than that of the self-preservation and well-being of the individual, and probably under no circumstances, other than imminent danger to life, is this instinct so fully aroused as in the case of a paralysed person longing to be able to move and take his place in the world around him. Under these conditions the mind is capable of forming new paths and of restoring activity to partially-damaged paths, in order that the nervous impulses shall again reach the apparently useless muscles.

This is a position from which I am not prepared to recede. It is the result of a growing conviction steadily strengthened by many years' experience. It goes far to explain the display of crutches at religious shrines.

The evolutionist must either admit its possibility, or else repudiate the property of the living organism to adapt itself to its surroundings, to respond to new conditions.

To my medical brethren I commend a more optimistic attitude towards the poor paralytics committed to their

charge. Let the poor wretches come out of their prison cells. Carry them out; place them in carriage or bath-chair; and let them see and feel the pulsating world again. Let them feel the increase of desire to be one of the throng, to be free, to be in the hurly-burly again—and then help them. Help them by hope, by encouragement, and by your skill. Encourage them to move that toe, that finger; persevere and make them persevere, until you achieve the result; then ask for more and more, quietly, persistently, and hopefully. Put them on their feet, and now use all your skill to prevent the slightest risk of falling; watch them, guard them, and teach them to walk as a mother guards and teaches her baby to toddle. Remember you are opening new paths for nervous impulses to reach the weakened muscles, and at first the impulses will be weak and the resistances strong. Remember also that when the impulse reaches the muscle it probably does so by a channel formerly used for a different reflex, and your work is to train both brain and muscle to respond to the new conditions.

When you have done this, there is another task before you: to collect and assemble all these new impulses into a harmonious whole; to train them to give and take, and so maintain co-ordinate or harmonious action of all the muscles of the limb.

Bring your anatomical knowledge to bear upon the actions of the muscles, bring your heart and mind into the task, and last, but not least, a smile.

Try this in a few cases, try it fairly, and you will be agreeably surprised. You will not succeed in every case, but you will effect a great improvement in many.

You are not a psycho-therapist, and you do not believe in it. Well, try it without psycho-therapy.

Hypnotic suggestion removes fear and increases confidence; but you object to its use. Very well, then, try and achieve the same result with your optimism and your personality.

One last word; watch the mother instinct training the co-ordination of baby's muscles, see how carefully the mother places his back against the wall; how careful she is not to let him take a step forward until he has got his balance; how her arms instinctively reach out to save him from the slightest stumble, and how she is satisfied to teach him step by step. You cannot have a better guide than this great natural instinct.

PARALYSIS OF ONE SIDE (HEMIPLEGIA)

I have seen so many patients recover almost full use of their limbs in hemiplegia that I am of opinion such restoration should be far more frequent than it is. I had one elderly patient who had four "strokes" with subsequent full or partial paralyses extending over a period of about ten years, and during the whole of that time, with the exception of a few weeks, he went out by himself daily. For the last three or four years he could only walk slowly

and complained of being easily tired, but as I had so often pointed out to him the danger of allowing his muscles to waste from disuse, and he himself had proved so many times in his own person that persistence in attempting to use paralysed limbs resulted in the restoration of function, he continued to go out daily in all weathers in spite of the inclination and the temptation to stay at home and rest.

Another patient of mine continues walking after two strokes with subsequent paralyses.

Another was suddenly stricken with hemiplegia on board ship in Rouen. He had absolutely no power of movement in one arm and one leg, and his helpless condition necessitated four friends travelling with him to Liverpool. I had him carried downstairs daily and sent out in a carriage. In about a fortnight movement began in the fingers and toes; in two months he was playing billiards; and in three months he was perfectly cured, and sailed from the Mersey in command of a steamer trading to Cuba. I could give many other instances proving my contention that continued loss of function of limbs is often due to the absence of sustained effort to restore those functions. Were I to do so, in the present attitude of medical opinion, I might lay myself open to the charge of boasting.

What I have already written has cost me some effort, for I know only too well the attitude scientists, and particularly the medical section, take towards theories which happen to be somewhat in advance of what they conceive to be in the natural rate of progression.

PARALYSIS OF BOTH LEGS (PARAPLEGIA)

In paraplegia treatment is not quite so satisfactory. In hemiplegia the patient has one leg which is sound, and this inspires confidence in the first efforts towards walking. In paraplegia, however, both legs being weak and unreliable, fear of falling enters largely into the patient's mind and prevents his attempting the necessary movements. By guarding and encouraging the patient this fear can be gradually overcome, but the treatment is necessarily of longer duration.

A cab driver, aged 29, presented himself at the Clinic on June 29th, 1914. He had lost the use of both legs eleven months previously, and had been kept in bed in hospital for ten months. His mode of progression was to place his two crutches a few inches in front of him and make a little hop with his feet together: he could not stand without his crutches, nor put one leg in front of the other. On July 23rd he came to the Clinic with a walking stick, leaning on his wife's arm and placing one leg in front of the other. On August 13th he could walk one and a half miles with a stick in each hand. On December 10th he could walk two or three miles by himself with one stick: and had used one stick only for two or three months previously. In February, 1915, he came to the Clinic alone, and without a walking stick; shortly afterwards he resumed work and has been driving a cab in the city ever since. The patient and his friends had lost every vestige of hope that he would ever be able to work or walk again.

It was only by instilling hope in his mind and encouraging him to exercise his will-power that the result was achieved.

LOCOMOTOR ATAXY

In this painful and almost hopeless form of paralysis hypnotism may be of great service. By its means the terrible lightning pains can be assuaged; the patient's powers of balancing and walking much improved, and in some instances the progress of the disease can be apparently arrested. A combination of treatment by salvarsan and hypnotism has effected a striking improvement in some instances.

One of the most pronounced cases I have ever seen presented himself for treatment at the Liverpool Clinic. He could hardly walk, even with help; it required two persons to lead him and seat him in a chair; the pains were intense. Within a month he walked two miles to the Clinic; he walked with the aid of a stick only and refused his wife's arm.

He had learnt how to control his lightning pains so much that he was practically free from discomfort. Unfortunately, he was not able to continue treatment, as his wife had to go out working and he had no one else to bring him.

Lloyd Tuckey reports a case in which he obtained similar results, and for five years the patient continued fairly well and comfortable until the doctor lost sight of him. In quoting the case, he says: "The improvement I have seen

result from suggestion in several cases of locomotor ataxy would encourage me to try the treatment in organic cerebro-spinal diseases."

In a case of early locomotor ataxia sent to me recently, I succeeding in effecting a complete cure.

MELANCHOLIA

In the early stages of mental disorders psycho-therapy is of great value. I have been fortunate enough to cure several cases of melancholia. Hypnotism under favourable conditions can directly displace worry and despair, and replace them by cheerfulness and hope; this is the very core of its curative action.

If we can produce this attitude of mind towards bodily conditions, what is there to prevent us producing the same attitude in mental conditions? If we can displace melancholia plus physical disability, why should we stand in awe of melancholia itself?

We have in psycho-analysis a valuable means of discovering the root cause of obsession, and at times of delusion; of dragging that cause out of its hiding place into the full light of reason.

Beyond this, there is the fact that full and free discussion of a hidden grief or worry carries with it immediate relief of mind, and in most cases almost immediate disappearance of the symptoms. There is good work to be done, and a promising outlook for psycho-therapy in the field of early mental disorders.

I was called to see an old lady, 67 years of age, one Saturday evening about seven years ago. She was in a state of great excitement, and was being held down in bed to prevent her throwing herself through the window. She had neither slept nor eaten for several days. Her friends told me that when two of her grandchildren had been drowned four years previously, melancholia had set in. It gradually became worse and was aggravated by the death of another grandchild at sea and the death of his mother, about that time.

She had developed suicidal tendencies, together with delusions of her grandchildren being ill-treated, burnt, and murdered by their parents. For the previous six months she had never been left alone. I could not produce hypnosis, but I succeeded in quietening her, and producing slight somnolence.

That night she was quiet for the first time for a week, and she slumbered lightly in the early morning; this was probably due to large doses of narcotics which I prescribed.

The next day (Sunday) she kept mumbling my suggestions to herself; this encouraged me to persevere, for it proved the delusional ideas were no longer in sole possession of the field. I could induce only a somnolent condition, but she slept for two hours after my visit. That night she slept well with the aid of medicine. On Monday she commenced to eat well and was cheerful and happy; her delusions were gone and she recognised that they had been delusions. At night she slept well with one dose of medicine only. On Tuesday, I obtained deep hypnosis, and from that time

she made an uninterrupted recovery, sleeping well without medicine and eating well. She was quite rational, free from delusions, and suicidal thoughts.

On the Saturday she left me mentally sound, and went to her daughter's house in the country for convalescence. Since then she has led her normal life, attending to a small shop, and has only consulted me once when her head felt "moldered."

In another case I succeeded in removing the melancholia and delusions of being poisoned. In a third case the doctor had refused to continue attending, as the patient's friends would not consent to his removal to the workhouse hospital preparatory to his being sent to an asylum. He had lain in bed in a state of profound melancholic depression for the previous five weeks. I found him lying in bed staring vacantly out of the window. He took no interest in anything, his mind being apparently blank. To all my questions he replied he did not know. When pressed to think, he said he could not think. He had not the slightest memory, did not know how long he had been ill, nor the day of the week, nor the month, nor even whether it was morning or evening.

He was cataleptic: if I placed his arms or fingers in any position they remained fixed. I found him very susceptible to hypnotic suggestion at first, but as his memory and reasoning powers returned he became less so. In eighteen days he was walking out and his memory had returned. Nine week afterwards he took full charge of his business, quite cured, and has remained well for the last four years.

Such a case shows the advisability of treating cases of early insanity in clinics instead of asylums.

Dr. Milne Bramwell has cured many cases of melancholia, and so have Voisin, Forel and other psycho-therapists. The late Dr. Auguste Voisin, of Paris, recorded many cases of undoubted insanity cured by hypnotism.

In some cases the patients were so furiously delirious that he had to place them in strait-jackets and hypnotise them by holding their eyes forcibly open for two or three hours and compelling them to look at a magnesium lamp.

He kept his patients asleep for prolonged periods in the early stages of treatment (in one case he kept the patient asleep for twenty-three and a half hours daily), gradually reducing the number of hours of sleep as the patients became less violent in their waking moments.

Elliotson, Esdaile, Braid, Liébeault and many other authorities have recorded cases of insanity cured by hypnotism.

ALCOHOLISM

Alcoholism is a curse to the individual and to the community. Unfortunately it has been regarded by the public from two standpoints, neither of which is correct. One section looks upon it as a joke or a good man's failing, whilst the other section regards it as wilful and perverse sin.

We laugh at the drunkard or we send him to prison. There are indications, however, of a growing tendency to

regard the alcoholic as a sick man requiring treatment for his ailment, and this is the rational view.

Inebriety may evidence itself in two forms, either as chronic alcoholism—daily excessive drinking—or as dipsomania—periodical insane outbreaks of intoxication. The cure of inebriety is difficult and disappointing. The State with all its powers of restriction, whether applied to the sale of alcohol or to the liberty of the subject as in an inebriates' home, has signally failed to cope with the evil.

Philanthropic effort has had no greater success. Drugs are almost worthless; the very multiplicity of widely advertised secret remedies proves this.

The reason that the results of treatment are so meagre is to be found in the fact that many of the victims have no real desire to be cured of their craving.

Hypnotic suggestion appears to hold out the most promising remedy for this widely spread disease. Its results are encouraging but, like all the other forms of treatment for alcoholism, it is hampered by the fact that the patient often presents himself for treatment merely to please his relatives or salve his conscience, and he has not the slightest wish or intention to aid in the cure. If the patient has a real desire to be cured, but not enough will power to resist temptation, then hypnotic suggestion is of the utmost value; his will can be strengthened to resist temptation, his liking for drink may be changed into disinclination for it, and repugnance to it may be cultivated to such an extent that he will reject it by vomiting on every occasion he resorts to it. There are two condi-

tions necessary to attain this result—a desire to be cured and a willingness to be a total abstainer.

Attempts to convert excessive into moderate drinking invariably fail.

The only method holding out any promise of cure is to produce complete aversion to alcohol in any shape or form.

Hypnotic treatment has two great advantages over all other forms of treatment. Firstly there is no necessity to remove the patient from his home and business to an institute for a comparatively lengthy period of detention. Secondly, in the event of a relapse the patient is very easily brought under the beneficial influence of suggestion again.

The following example shows what an enormous influence hypnotism may exert in a suitable case. One Friday evening I received an urgent call from a nursing home for a case of delirium tremens, the patient being a passenger who had just been removed from a Transatlantic liner. When I reached the home I was shown the report of the ship's surgeon. It read as follows:—"Has had delirium tremens for three days. Hypodermic injections of hyoscine and morphia have been given without benefit, in fact it has made him all the more excited. Veronal has seemed to quieten him a little. He takes beef-tea well." The patient was in charge of two male nurses and in a pitiable condition. He was delirious, and when put on his feet collapsed to the floor.

The hypodermic syringe in my pocket was useless, so I decided to induce hypnotic sleep, and after half an hour

succeeded. I then woke the patient to enable him to be put to bed, and easily re-induced hypnosis. While he was in that state I suggested twelve hours' sleep with two or three short intervals for milk and soda; a return of appetite on awakening, a disappearance of all delirium and an absolute repugnance to alcohol in future.

He slept as ordered, and when I saw him the following morning he was quite rational, his memory had returned, he could walk well, his hands were steady, he had eaten three rashers of bacon and two eggs for breakfast, and his craving for drink had left him. He had Bovril and steak and chips for dinner, which was followed by a fried sole for his tea; then he had an evening walk.

This marvellous change had taken place within twenty-four hours, and on the Monday I discharged him cured and quite free from the drink craving. He had been a confirmed drunkard for seven years, and his father and grandfather had been drunkards.

Eight months afterwards I met his wife, and she assured me that he had not had the slightest return of his former craving. She said he had once been served with a whisky and soda in mistake, at a public dinner. In order to avoid attracting attention he drank it, and turning to her said it had not appealed to him in the least. That was the only alcoholic drink he had taken during the eight months.

This case is an exception, and I disclaim the ability to cure drink craving in chronic dipsomaniacs in three days, as a rule. I have yet to learn that we have a remedy in

the Pharmacopoeia that is of the slightest service in dipsomania.

ASTHMA

Asthma may be defined as paroxysmal difficulty in breathing. Under the heading of asthma various types of difficulty in breathing due to heart or kidney disease have been included, but most authorities are now agreed that the term should be restricted to the bronchial or spasmodic form. Sir Wm. Osler states "All writers agree that there is in a majority of cases of bronchial asthma a strong neurotic element. Many regard it as a neurosis in which, according to one view spasm of the bronchial muscles, according to the other turgescence of the mucosa, results from disturbed innervation, pneumogastric or vasomotor."

Carter says: "The suddenness both in the appearance and disappearance of the attacks unquestionably suggests a nervous origin."

My own view is that it is undoubtedly of nervous origin, and this is proved, I think, by the ease with which it can be controlled by hypnotic and by auto suggestion in many cases. Hypnotic suggestion alone has failed to give relief in this complaint, but when it has been combined with re-education of the will and conscious control through auto-suggestion, immediate and marked benefit in the same patient has followed. In many cases the asthma is increased by the ever present fear of attacks, and by the

gradual formation of faulty habits of breathing.

Many patients squeeze the last portion of air out of their lungs, and take so long in expiring it that they do not allow themselves sufficient time to take in their breath in a calm easy manner. The consequence is that, even during the interval between attacks, they inhale in a gasping jerky manner which increases the tendency to spasm in the muscles.

I have known patients to cultivate this style of breathing under the mistaken impression that it was the correct thing to drive all the carbonic acid gas out of their lungs. Medicinal treatment in this complaint is one remove from failure; morphia or cocaine may remove the spasm but they do not cure, and the patients have to resort to them with ever increasing frequency.

The fear and despair in the patient's mind perpetuate the excitability, the nervous tension, and the spasm.

So soon as the patient gathers that there is a prospect of relief, and that he can assist materially by his own efforts, he enters into the contest with spirit, and if he perseveres in correcting the faulty habit of breathing, and talking his complaint down, he succeeds in moderating or overcoming the disease, though it may have existed for twenty years or more.

A young lady, for instance, who had suffered for eighteen years, returned home a month later without any symptoms of the complaint, and has remained free for the past four years. A boy aged seven, who had had asthma since he was two years of age, was under my care for four

weeks. His condition at first was pitiable; he dare not run nor walk fast, nor speak loudly. He suffered from acute attacks of asthma four or five times daily. Within a fortnight, however, he ran, shouted, and played "Red Indians" as if he had never ailed. He had learned how to control his attacks by auto-suggestion, and if asked how his asthma was would reply: "I got no 'askma' now, I can send it away."

Another patient, who had suffered for several years, wrote: "I can talk it down; I seem to have forgotten asthma, I am well and strong and can work long hours without feeling fatigued. I used to spend half the day getting well to work the other half."

Many other instances could be given of the striking benefits obtained by suggestion in this complaint, but these must suffice.

In many cases the relief is early and considerable.

ANAEMIA

This disease is well known to the public on account of its frequency. It may be described as a diminution of the amount and quality of the blood; its victims are mostly young women. Many authorities regard it as a nervous disease. In numerous instances it is brought on by depressing emotions and surroundings, and many of its symptoms—the palpitation, shortness of breath, headaches, lowness of spirits, dyspepsia—are distinctly functional or nervous in character. Anæmic patients as a

rule are very susceptible to hypnotism, and the disease itself yields readily to this treatment.

Liébeault was so impressed by the results he obtained that he claimed hypnotic suggestion was an almost certain remedy in this disease, and the experiences of other authorities tend somewhat to confirm this opinion.

OBESITY

In obesity the results are very satisfactory. One of my patients lost eight pounds in twenty days, and within a couple of months was reduced to the desired weight.

By hypnosis one can remove the inclination for those articles of diet which perpetuate the condition, and not only this, one can establish a healthier functioning of the body generally with healthier habits regarding exercise, &c.

HERPES ZOSTER, OR SHINGLES

This is one of the most painful affections with which a human being can be afflicted. The pain may persist for a long period, and it has been known to be so intractable that in despair the patient has committed suicide. I have experienced it, and have cured it in my own person by auto-suggestion. After four or five days' agony, in spite of medicine and outward applications, I discarded all other treatment and set myself the task of curing it by repeated auto-suggestions that I had no pain and the vesicles were drying up.

I commenced about 4 p.m., and from then until bedtime the pains were very distinctly increased in severity, so much so, that it called for some strength of purpose, and faith in the ultimate efficacy of the treatment, to continue it. That night I slept soundly for the first time. The following day my pain was reduced by a good two-thirds. The next day I was quite free from pain, and remained so: the vesicles had dried up into small scabs which fell off without my attention being drawn to them.

Shingles, being a functional nervous affection, is quite a suitable complaint for suggestive treatment.

ANGINA PECTORIS

Angina pectoris is a paroxysm of sudden and acute pain in the chest accompanied by a feeling of choking and impending death. It is associated with disease of the heart or its vessels. I have used hypnotic suggestion in two cases.

The first case was beyond all medical and surgical aid; he had a very large aneurism (or bulging) of the large vessel leading from his heart—the Aorta. The tumour had pressed on a nerve, so paralysing one side of his vocal cords, and was eroding his spine, giving rise to intense pain. During an attack his agony was pitiful to witness. By hypnotic suggestion he was kept free from pain for several weeks prior to his decease.

In the second case, due to heart disease, I succeeded in removing the attacks and the fear; the patient enjoying apparently robust health for many months, prior to his decease.

Cheyne-Stokes breathing is a distressing condition in which the breathing ceases, then returns very low, becomes quicker and quicker and ceases again. It occasionally marks the close of heart disease. Hypnotism, like medicine, is powerless to cure, but it can relieve. I was called in to induce sleep in a case in which the medical attendant was afraid to give narcotics through fear that the patient might not awaken. I succeeded in quietening the attacks, obtaining a fair amount of sleep and making the sufferer's last few days more comfortable.

POST-HYPNOTIC SUGGESTION IN LABOUR

A few years ago I was asked by a doctor in a neighbouring town to hypnotise his wife in order to make her approaching confinement easier, as she had suffered greatly in previous ones. I paid but one visit to her, and could induce only slight hypnosis. A few days afterwards she was confined. Her husband wrote to me as follows: "It happened on Monday last. It was, in Mrs. . . .'s opinion, the easiest and least painful she has had. This is in spite of the fact that the presentation was occipito-posterior, while all her others have been normal. During the first stage she had very little pain, although the dilatation of the cervix went on rapidly. The second stage was pretty short, about two hours, and the uterine contractions vigorous. There was, so far as could be observed, no action whatever of the voluntary muscles, no pulling or straining or anything of that kind. Most of the time she lay per-

fectly still and apparently passive. Also both before and after the times during which pains could be felt by the patient the uterus could be felt to be firmly contracting. When these points are considered in connection with the diminution of nervousness it cannot be doubted that suggestive treatment was of great value in spite of the slight success in producing hypnotic sleep." In view of the fact that the patient was a stranger to me, was nervous about hypnotism, and only slightly susceptible to it, the diminution of pain due to one treatment is very satisfactory.

Many writers report cases of absolutely painless confinements during which the patients were kept in a state of hypnotic sleep. Dr. Dobrovolsky, of Switzerland, reports a case of post-hypnotic suggestion in which after three hypnotic treatments the patient had a painless labour.

PAINLESS DENTISTRY

Whilst hypnotism cannot compete with chloroform and ether in major surgery, it may with advantage be used in many cases of minor surgery, such as tooth extractions, removal of adenoids, excision of tonsils, opening abscesses, etc. Prior to the introduction of anæsthetics, Esdaile, Récamier, Broca, Cloquet, and many others, performed major operations painlessly by its means.

The introduction of anæsthetics displaced hypnotism because of the certainty of their action and their almost universal applicability.

Their administration, however, particularly in the case of chloroform, has caused hundreds of deaths, whereas hypnotism has never yet been known to cause a single fatal accident in skilful hands. Anæsthetics hold the field by their certainty and the ease with which they can be administered. On the other hand, the number of patients who can be hypnotised to the extent necessary to abolish the pain of a major operation is limited, and even these would in most instances require a preliminary course of training.

Minor operations, owing to their rapidity, can be rendered painless by hypnotic suggestion in a much greater percentage of cases.

Dr. Hudson, of Leeds, frequently used hypnotism to procure insensibility to pain in operations on the eye.

Dr. Milne Bramwell in the presence of upwards of sixty medical men and dentists successfully used hypnotism to abolish the pain of tooth extraction in four persons, removal of bony growth and part of great toe of a boy, removal of tonsils in a young girl, and a cyst from the side of the nose of a young woman.

I have employed hypnotism in several instances for dental operations. In one, a young lady of 17, who was hypnotised prior to each visit to the dentist, fourteen teeth were filled without the slightest pain being felt. In another, a boy of 10, I was present on each occasion whilst four teeth were prepared and filled. On one occasion he moaned slightly; he afterwards explained that he had felt no pain but thought that if he did not moan the dentist

would not be so careful and might cause him pain; the moaning was purely precautionary in character.

A few weeks ago a patient aged 46 presented herself at the Clinic saying she intended to have some teeth extracted and would like to have suggestions given that she should suffer no pain during the extractions; she had five treatments. Later on she wrote she had had three teeth extracted, and added "I am pleased to say without pain, also no ill after effects. I did not fall asleep in the dentist's chair, but soothed and comfortable and no distress at all."

WAR SHOCK

In no class of case is sympathy more aroused nor more deserving than in the victims of war shock in its various forms. To see an otherwise healthy young man deprived of the use of his legs by mere shock, or to see an apparently strong healthy middle-aged man tremble and cry like a child on slight causes, makes one realise in a dim way what awful experiences and what intensity of feeling the sufferers must have passed through.

The war has produced no new forms of nervous disease, but it has by its intensity increased the number of sufferers, and the gravity of their symptoms. Hypnotism, with its soothing restful effect, is undoubtedly the best method of treating such patients, and I have been struck by the ease with which deep sleep can be induced in them. Whether it is the desire to forget, or the effect of former military discipline, I do not know, but the fact remains

that at the Clinic hypnotic sleep is more quickly induced and is deeper in nerve-wrecked soldiers than in any other class of patients. In addition (and this is the experience of other psycho-therapists also), the results obtained are better.

Dr. M. D. Eder, in his book "War Shock," states that by hypnotic suggestion he has cured 91.5 per cent. and improved 8.5 per cent. of soldiers who had no nervous trouble before joining the army; that is to say, every case was improved or cured. Of soldiers with a history of nervous disturbances prior to joining the army he succeeded in curing 62 per cent and improving 27.6 per cent; 10.4 per cent. were unaffected.

He says: "The treatment par excellence is hypnotic suggestion."

Two soldiers have had their speech restored to them at the Clinic. One was a corporal; he was blown into the air at the Dardanelles by a high explosive shell that he called "a big Annie"—he was quite conscious and at the same moment he saw a comrade's head blown clean off his shoulders. The double shock caused him to lose hearing and speech instantaneously. His hearing returned in three and a half days. He was sent to the Clinic from one of the smaller military hospitals seventeen days afterwards. He was unable to utter a sound but could write well. At the first treatment he passed quickly into a deep hypnotic sleep, and at the end of the treatment he could say the word "No" in a faint voice. On the following day, during deep hypnotic trance, I assured him that his speech had returned

and told him he was in the barrack yard drilling a recruit; another patient, a private soldier, acted the part of recruit. With a little encouragement and telling him to speak up, his voice returned quite well, and he drilled the private, using the ordinary terms, such as "quick march," "right wheel," "'bout turn," &c., fluently. Telling him to continue the drill I then awoke him, and to his astonishment he found himself drilling his fellow patient.

The other patient was sent to the Clinic suffering from almost complete loss of voice; he could speak only in the faintest whisper. He had lost his voice fifteen months previously, and after eight months had been discharged from the army for neurasthenia and loss of voice. Electricity and other forms of treatment had failed. He suffered from attacks of shivering and trembling, and had fainted once or twice; he suffered also from pains in his head, loss of appetite, and depression.

After the first treatment on Tuesday his voice was a little stronger, and it was still stronger after the second and third treatments (on Thursday and Friday). On the Friday, during deep hypnosis, I assured him his voice would return within forty-eight hours. On the Sunday his natural voice returned, and he was so excited about it that he fell in a faint in the street twice during that afternoon. A couple of weeks afterwards he came to the Clinic quite hoarse; he had caught a cold and strained his voice canvassing in the parliamentary election for Abercromby division! I have restored speech to several civilians also; in fact, these cases readily respond to hypnotic suggestion.

A private, aged 33, was sent to the Clinic from a V.A.D. hospital; a sand-bag had been blown on to the back of his neck and he was unconscious for six hours. Afterwards he suffered from fits about twice a week, these being preceded by giddiness and sharp pains through his head; he had not suffered previously from fits. His head was continually shaking; his other symptoms were sleeplessness (average of two to three hours' sleep each night), loss of appetite, aching over heart, and sinking feelings in pit of stomach. He was under treatment for three months and made a good recovery. One of the Clinic patients, aged 20, suffering from abnormal shyness and slight fits at bedtime, improved under treatment and joined the army. In the army he began to suffer from fits in the daytime, and was discharged. He came back to the Clinic again, and has had no fits since, that is to say, for two years and four months.

A private, aged 18, was shot at the Dardanelles, the bullet entering behind his right ear and coming out at the back of his head; he suffered from loss of memory for a month. Three months afterwards he was sent to the Clinic complaining of "thumping" pains in the back of his head, sleeplessness, and loss of appetite. He made a good recovery within a month.

A discharged private, aged 22 years, who had been buried by a mine explosion and had been unconscious for two days, suffered from severe pain in stomach and sleeplessness, which soon yielded to suggestion.

A private, aged 38, had constant tremors throughout his body; he jumped at the least noise; the noise of a passing cart distressed him greatly, reminding him of "Jack Johnsons." In addition, he had buzzing in his ears, tingling of toes and fingers, sleeplessness, and loss of appetite. Under hypnotic suggestion he calmed down and made a good recovery.

No useful purpose would be served by merely multiplying the descriptions of cases treated, the shorter and better way would be to indicate the class of symptoms arising from the shocks and strains of war.

Such symptoms may be classified as physical or mental, according as one or the other set of symptoms predominate or engage the constant attention of the patient, but it must be borne in mind that the mental elements of anxiety, fear, or exhaustion enter into all the cases. Hemiplegia or paralysis of arm and leg was usually on the left side; this is in accordance with the experience of other observers. Fits were fairly frequent, but the majority of patients had been discharged from the army without being at the front. Insomnia was present in the greater number of patients, and was the commonest symptom. Depression, pains in head, loss of appetite and tremors were very frequent. Giddiness and the feeling of falling were fairly frequent. Self-consciousness and blushing were met with, but these were traced to causes operating before the war.

I have noticed no new symptom or form of nervous disease in those cases of war shock which have come under my care.

Almost every symptom encountered in men from the front has been met with in soldiers discharged from the army without having been at the front. Take the following instance :—A private, aged 30, suffered from insomnia, loss of appetite, fear of sudden illness, fear of going out of doors; his whole body was tremulous and he walked in a most peculiar manner—he jerked his leg forward feeling for, and putting the flat of his foot on the ground, and then he brought his heel down with a double tap on the floor, or else when his heel touched the ground his foot jerked outwards. Now this might be diagnosed as a severe case of shell shock but for the fact that the patient had never been to the front and had suffered from some of these symptoms at periods during the previous two years, that is to say, for nine months before the outbreak of war. The underlying cause in this case was fear, fear of falling. I had no opportunity of making an analysis to ascertain the origin of the fear; it would probably have been found in some intense shock in early life re-awakened by a later experience or the fear of having to go to the front. The feeling for the ground with the flat of the foot denoted uncertainty and fear. This fear of falling is not necessarily limited to the falling of the body to the ground, it might be symbolical, a fear of moral falling, an uncertainty of the inner self which found expression in the so-called hysterical symptom.

As he made an apparent recovery and walked well in a fortnight under hypnotic suggestion, no opportunity arose for an analysis of what might have proved a most

interesting case of the inner workings of the mind. Again, the "soldier's heart" is not necessarily due to "shell shock." I have had soldiers with all the symptoms of "soldier's heart" who have never been to the front—the feeling of exhaustion, the palpitation and increased pulse rate, the depression, and the obsession that the heart was diseased and had dropped so many inches, the feeling of the heart having missed a beat, the horrible dreams, the awakening in the morning unrefreshed, and the occasional morning vomiting.

This condition, like the preceding one, is due to anxiety or fear. When the fear itself is analysed it is often found to depend upon the doubt of self and its powers of resistance, to which, perhaps, may be added an element of remorse. Now in this atmosphere of doubt imagination runs riot, and if one adds to this on the one hand, the sustained terrors of life in the trenches, or on the other hand, the fear of being sent to such a life, the similarity of the symptoms can be understood. This is not necessarily cowardice; cowardice is a relative term; the super-sensitive person may show more moral courage in bracing himself to a minor blow than the grossly physical man to a much heavier blow. We cannot have it both ways, the keen sensitiveness of the intellectual, with the lessened sensitiveness to pain and impression of the purely physical type.

The moral courage which has kept men to their posts amidst a very hell of conflicting emotions and fears is greater than the mere indifference to pain in a moment of passion. Probably the fighting death is one of the least

painful; the attention is distracted by anger and the animal fighting passion, and pain is not felt. How different is it, when instead of the attention being distracted, it is focussed on coming events by an active supersensitive mind? And yet they call the results of all this concentrated agony hysteria! I do not like the term, and I do not know any medical man who does. The word functional better describes the condition than hysterical.

I feel strengthened in my plea for early and more energetic psychic treatment in cases of war shock because of the difficulty experienced in removing morbid ideas which lapse of time has allowed to become fixed and deeply rooted.

A month's treatment early in a case is more effectual than a year's treatment when the ideas have become stereotyped, when by haunting repetition the patient's resistance has been broken down and he is getting dangerously near to the point when he says these thoughts are true—a condition perilously near to delusions and insanity.

IMPERATIVE IDEAS

Of all forms of mental distress the most disquieting is that in which the patient is filled with a fear of being impelled to act against his will and reason. He passes his life in a state of tense haunting fear that suddenly, when off his guard, he may do harm to himself or others. To add to his distress he has the dreadful feeling that he is going out of his mind.

These obsessions are terrible in their persistency and intensity. Fortunately they can be controlled in many

instances by psycho-therapy in its fullest measure, that is by hypnotism, auto-suggestion, psychological analysis and re-education of the will.

A patient, aged 46, suffered in such a way after an attack of influenza. He was continually fighting down impulses to take knives and injure other people; he was obsessed with the thought of cutting a jugular vein. The sight of a knife created so great a panic in him that at his own request the knives were guarded, and at night he was locked in his bedroom in order that he could not get at them whilst others slept. Fortunately he came under treatment a few weeks after the obsessions appeared.

The disturbing cause was found by analysis, and under hypnotic suggestion he was relieved of these haunting ideas in three weeks. He has remained free from them for the past two and half years.

Another patient, aged 35, suffered from fear of insanity, fear of heart disease and fear of crossing bridges owing to the impulse to throw himself off the bridge on to any moving object below, such as a train; this was intensified by hearing of a man having done so. His business necessitated his visiting different towns, and if he came to a bridge the terror aroused was so great that he had to retrace his steps to his hotel and remain indoors trembling and incapacitated for the remainder of that day. On one occasion he was crossing a bridge on a tramcar, and this caused such intense fear that he broke down completely and two months later was still unable to attend to business. He had no depression and he ate and slept well. The

originating emotional conflict (or complex) was discovered, and it was of a character to induce the particular kinds of fear from which he suffered.

There are some interesting features in this case. The fear of insanity was found to be traceable to the fact that when he was young his mother told him both sides of his family had suffered from insanity. This preyed on his mind unduly: he could not refrain from speculating whether life had a similar fate in store for him: the fear developed into an obsession.

This shows us—and psychological analysis is proving it with increasing frequency—that in all mental aberrations other than those dependent upon actual physical alteration in the brain, there is always a reasonable cause which can be found by diligent and intelligent search.

The laws of cause and effect apply just as much in the mental state as they do in the physical. To such an extent has this been impressed upon me during the last few years that I feel confident the time is rapidly approaching when so-called insanity instead of being *terra incognita* will be mapped out and treated as physical ailments are, and with the same success.

In the case referred to, it may appear that the mere trivial incident of crossing a bridge on a tramcar supplies a wholly inadequate reason for a complete breakdown: there are some persons who would regard it only as evidence of incipient insanity, or, at least, of impaired reason.

Instead of jumping to so hasty a conclusion, however, ought we not to try to discover if any adequate reason existed for a breakdown in health under these particular

circumstances? The patient's fear of insanity had been induced by his constant reflection on what had happened to other members of his family; and it is quite fair to assume that in his mind a tramcar and a bridge were associated with something else exercising a certain terror over him.

Investigation showed a tramcar undoubtedly loomed large in his thoughts. Eight or ten years previously the patient had been in a tramcar accident. The vehicle, while he was riding outside, jumped the points, and this upset him so much that for three months he could ride only inside a car; he was afraid to travel outside until he recognized that his fear was associated with the former accident.

Apparently a bridge had played a similar part in his career, and had led to his fears; but, unfortunately, lack of time prevented my ascertaining anything on this point. Had sufficient opportunity been afforded, I feel convinced that a reasonable explanation could have been offered.

Now we begin to see the connection; the sight of a bridge evokes terror, and by association of ideas arouses the other terror—"You are on a bridge and outside a tram again"—the double terror was a breaking strain which his conscious mind could not resist. The fear of heart disease was due to the original emotional conflict; I assume this as I have seen fear of heart disease follow the same complex in many patients. Like most patients with obsessions of heart disease, he objected to hypnotism, and had to be treated by waking suggestions and psychological analysis. As the result of twelve treatments, he made a

complete recovery, and has been free from his obsessions for the past three years.

In other cases the fear has been of impulses to administer poisons to others, to throw oneself out of the window, etc.

Insane people suffer from impulses, but they accept and act upon them; the restraint, if any, comes from other persons—friends or attendants.

Quite different is the class of case which we are now considering. The patients have not lost their reason—their reason is up in arms against such an idea or impulse; they struggle against and restrain the impulse, but the thought returns again and again until they are filled with fear of its growing too strong for their powers of resistance.

In some the constant strain of holding themselves in becomes so wearying and the fear increases to such an extent that they plead to be put into some institution under restraint and out of possible harm's way; they fear their own powers of restraint giving way and beg for the assistance of outside restraint also. It is a pity there are no public institutions for such patients to enter voluntarily and without the stigma of lunatic. Is it wise, is it fair to leave borderline cases, or patients who fear they are approaching the borderline, to struggle on alone until some of them topple over the line, and become a charge upon the community for years, perhaps for life? Must we continue to say "If you are a lunatic come in and we will keep you and help you to regain your reason if possible, but if you have not yet lost your reason we cannot help you; go away and apply again when you are insane?"

ANXIETY NEUROSES

Anxiety neuroses may be defined as nervous manifestations induced or caused by prolonged mental anxiety. If this anxiety has been suppressed, if it has had no vent in sympathetic conversation with others, no unburdening of the soul, the pent-up emotion is apt to find expression in functional or so-called hysterical symptoms in persons whose nervous systems are somewhat unstable.

Anxiety is a more frequent cause of nervous derangement than most people suppose, and it may express itself in multitudinous ways from neurasthenia to paralysis. A young lady, aged 23, was sent to me suffering from hysterical paralysis of both legs and left arm, duration ten weeks; her other symptoms were depression, loss of appetite, and occasional fainting. Rest and medicine had failed to restore her. At the first interview I diagnosed her case as one of suppressed anxiety, and I reasoned to myself as follows: What is the most probable cause of such intense anxiety in a good-looking, healthy girl during war time? The first and most logical reply was worry about a sweetheart. I asked her if she was so worried, and elicited the following history: She and her mother (a widow) were practically alone in the world; she had a young man of whom she was fond, but her mother discouraged the affair and would not speak of him. He had joined the army and was about to proceed to the front.

One can enter into this young girl's feelings; she was torn with anxiety as to his fate at the front, and she had

not a soul in whom to confide; the only person she had for company and sympathy. sternly refused to discuss the matter; there was no possible relief for her emotion, and, as so often happens with suppressed emotion, it found vent in the so-called hysterical symptom. I pointed out the cause to the patient and her mother, I broke down the reserve that was between them and so re-established the intimate sympathy which had existed between them previously. The result? I have a note made five days afterwards: "The patient walks steadily and well without help. Grip of left hand strong." She returned to business in six weeks, perfectly cured; she could have returned in three weeks, but the firm by whom she was employed thought she had better first have a change of air.

Another young lady, aged 20, under similar circumstances, became very depressed with fear of insanity, and a haunting fear of being impelled to commit suicide.

In other cases the symptoms have included insomnia, stammering, fear of disease, nameless terror, trembling of limbs, loss of memory, headaches, neuralgic pains, dizziness, etc. Prolonged anxiety engenders doubt and then fear; doubt and fear combined may overwhelm a sympathetic conscious will. The calculating callous type of character, the cold-blooded, unemotional person may escape these consequences—his utter selfishness protects him—but on the other hand it is quite open to question whether such a mental attitude can ever know the real meaning of happiness, the inner peace of the soul, which alone springs from the consciousness of duty performed, of sacrifices made for

others. Mere life in which all emotion has been suppressed by calculated reason is a wasted and a bankrupt existence. It may command money, but never happiness; there can be no happiness, for there can be no real contentment.

The mere regarding of so many mansions and carriages with the thought "I made all these" may pander to self-pride, but when that still small voice whispers "How did you make them?" it is time for that voice to be stifled again; it is so inconsiderate, continually letting fall that one drop of gall to embitter what otherwise would be all sweetness. Then that other disturbing thought, "Will anyone miss you when you die?" Can there be peace in such a mind as this?

Let us not despise emotion, the soul of the world, the builder of hospitals and dispenser of kind deeds. Restrain it gently, if, like any other attribute of mind, it tends to extremes; recognize that if ailing it requires treatment, but do not crush it, for it is the flower and glory of life, the Divine in man, the morsel of Himself which God planted in us.

THE END.

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