

THERAPY OF PERSONAL INFLUENCE

*An A B C of Treatment by Personal
Influence, Suggestion, Medical
Hypnosis, and Psychomagnetic
Methods*

By
EDWIN HOPEWELL-ASH
M.D.

1929

Published privately at BM /ELHA, London, W.C.1

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CHAPTER I

ON TAKING UP PSYCHOTHERAPY

THE practice of treatment through personal influence, suggestion, and psychomagnetic methods is so interesting in its scope, so satisfactory in its results, and so accessible to everyone that it is surprising how few medical practitioners take it up. This may be because the details of such practice are, by force of circumstance, hidden from all except the few who are immediately concerned with this special branch, and because there are so few facilities for doctors to get into contact with practical psychotherapy. It is on this account that I have decided to publish some record of my work, as I know how helpful the experiences of any specialist practitioner can be to others who want to take up the same kind of practice. In the beginning I had great difficulty in obtaining assistance when learning the technique of treatment through personal

influence, suggestion, or medical hypnosis ; and, had I not felt strongly an individual aptitude for this kind of work, and, moreover, found results came fairly readily, I should not have gone very far in that direction. Hence I do not intend this little book to be a thesis, but just a guide and friend to students of mind-healing and of all the treatment by personal influence or suggestion that goes under the general term of psychotherapy. It does not deal with psycho-analysis. I hope readers will be kind enough to regard it as just a simple story of how one medical man—myself—approached the question of this special treatment in the first instance, what kind of results he obtained, and how his thought and technique have developed. By summarising my own experiences of treatment during the last twenty-five years I feel that I can best give the kind of help to students and fellow-practitioners that I found so difficult to obtain when starting practice myself ; it is my sincere hope that fellow-workers will find in this story just that kind of help that would have been invaluable to me in early days, for I am of opinion that even now it is not readily

available from reading current text-books on psychotherapy. It is the first steps in practical treatment that I want to make clear ; in fact, my wish is just to write an A B C of treatment.

The wide use of such treatment as that now being reviewed can be best illustrated by describing some practical events, and I must emphasise the point that practitioners interested in it cannot do better than study the experiences of others, if they wish to become proficient in its use. In that way, confidence will most quickly come to them when first undertaking treatment. As with all medical practice, it is at the outset that the practitioner is in urgent need of support and confidence ; with increasing experience the self-reliance so essential for sustained success comes readily enough. As an example of the kind of thing that the tyro may meet with straightway, I call to mind that in my own early days of practice, when I was anxious to secure successes by special treatment, I had two particularly difficult tasks set me by doctors whose good opinion I was very anxious to secure. I will relate the circumstances.

**Case of Mental Excitement, with Sleeplessness,
Hallucinations, and Inability to Keep the
Eyes Open**

The first of these was the relief of a middle-aged woman who had been undergoing treatment in a large general hospital for an intractable nervous condition ; she suffered from repeated attacks of mental excitement with hallucinations. Her distress was further increased by inability to keep her eyes open ; also by coarse tremors, weakness of the back, general nervousness, and difficulty in sleeping. The picture presented was one of extreme nervous unrest and distress, with incapacity for work. It should be noted that this patient had, through character and diligence, succeeded in obtaining a business position of considerable responsibility ; and that previously to her breakdown she had been fulfilling her duties to the satisfaction of her employers. It must be admitted that here the outlook was as unpromising as it could be to a comparatively inexperienced psychotherapist. Nevertheless, I tackled the situation boldly, and was at once successful in giving relief ; indeed, in about a

fortnight the patient was able to get about, keep her eyes open, and sleep well. In all, less than twelve treatments were given before the patient was considered to be thoroughly convalescent. Subsequently she returned to work, and thereafter continued in the successful administration of her duties, to the satisfaction of herself and her employers.

Viewing it as a nervous case with a strong element of hysteria, it may be said that this was not a difficult thing to accomplish ; but it must be remembered that it is just this type of so-called hysterical patient who is most difficult to help by the usual routine methods. And in institutions and private houses intractable cases of this kind abound, often to the misery of themselves and their relatives.

Case of Mental Depression, with Suicidal Impulse

The second of my early difficult cases was of an entirely different order.

In this instance the patient was a young woman, who, after becoming acutely depressed, had attempted to put an end to her troubles by taking laudanum. Fortunately, she had

taken so much that she became sick, and so got rid of most of the poison before it could be absorbed.

The position was serious, and certificates of insanity were being discussed. However, the doctor in attendance had some conversation with me about the possibilities of psychotherapy and called me in to treat. Again I found that the patient was in such a state of mental unrest that the induction of any kind of sleepy state or of definite medical hypnosis was out of the question; nevertheless, I succeeded in obtaining a rapid improvement and so successful a result that within six or eight visits the patient had returned to the normal.

These cases, both of which appeared so unpromising and yet ended so satisfactorily, taught me two important lessons. The first was that a successful result could be hoped for even under very difficult circumstances; and the second that, as regards the technical process employed, **nothing resembling hypnosis, and far less anything akin to the popular conception of hypnotism, need come into the matter.**

As to method in detail. In the first case I endeavoured to concentrate attention, but the patient's unrest was such that for all practical purposes she did not attend to what I was saying ; and in the second case circumstances were much the same.

So what the actual process of treatment amounted to was that in each instance I stood or sat by the patient, placed one hand on her head, and made what I then considered to be proper suggestions for recovery whilst trying at the same time to induce a more restful state of mind. I believed at that time that the success of the method depended entirely on the question of verbal suggestion ; but, in view of subsequent experience and my present conclusions about our natural forces in relation to the constitution of matter and the ether of space, I feel quite sure that there is an X-factor to be considered in such work.

Painful Hip

To take another instance : a surgeon asked me to see a young woman who, after an injury to her hip and subsequent treatment which

had apparently relieved the physical injury, still suffered from neuralgia about the site of the original bruising, the pain being severe and disabling. I was assured that every reasonable examination had been made to eliminate an organic lesion and told that consequently the case should be simple from my point of view ! And so it proved. Asking the patient to sit on an ordinary chair, and taking a little instrument designed for the induction of hypnosis in my right hand, I placed my left hand on her head and made several sweeping passes across the painful area, **but some inches away**. Almost immediately the pain ceased and did not return.

Insomnia, with Mental Crisis

Yet another kind of happening. Late one night I was asked by a medical friend to see a distinguished doctor who had broken down from over-work and whose lack of sleep, even after sedative drugs, had brought about a serious mental crisis. In fact, he was in such a state that he had declared that he could not go on living under the circumstances. Conditions were not promising. I found the patient

in bed, thoroughly depressed and highly sceptical of the kind of treatment proposed; submitting to my visit only at the urgent request of his doctor and wife. It was not a time for argument or discussion; I was there at the request of the physician in charge of the case to do my job if permitted, or otherwise to go away. However, I was allowed to proceed, and, having asked the restless sufferer to relax as far as possible, to close his eyes, and to let me place my right hand directly on the skin of the epigastric area, I rested my left hand on his forehead and, closing my own eyes, assumed what I knew would be a helpful mental attitude. After a time I gave one or two simple verbal suggestions, and left at the end of some twenty or thirty minutes. The previously distressed doctor slept well. A satisfactory habit of sleep was restored and the patient able to go away for convalescence.

An interesting example of what can be achieved by personal influence and suggestion in restoring self-confidence occurred in the case of a famous boxer who, through an unexpected defeat, had lost his nerve and found it impossible to "come back." I found

him to be a magnificent specimen of humanity from the physical point of view, but quite unable to visualise further victory. However, after a course of some ten or twelve treatments, he took part in a big fight and knocked his opponent out without difficulty. I thought this a most interesting occurrence.

Personal and Explanatory

In explanation of my personal interest in psychotherapy, I must point out that from my school-days I have been a keen student of mind-power, personal influence, and mental or spiritual healing ; books on these subjects have been familiar to me since the age of fourteen or earlier. Later I turned to medical studies, largely because through them I anticipated increased knowledge of the practical application of will-power and personal influence to human affairs. Then, as a medical student, I learned the elements of brain physiology, and was taught a little about the physical machinery of mind in action. I had to depend on my own reading and research for studying the practical side of mind-power in relation to treatment, as such subjects as suggestion,

medical hypnosis, and psychotherapy were not included in the orthodox courses of lectures and study. Nevertheless, opportunities came to me for wide discussion about the problems in which I was specially interested, for knowledge of my interests spread amongst my fellow-students, and often in smoke-filled studies did some of us dispute about the human ego and the relations between our minds and our bodies. Still later I began to give little lectures and demonstrations. One given to the East Sussex Medical Society, followed by a similar lecture-demonstration at St. Mary's Hospital, London, in 1906, called a good deal of attention to my work.

CHAPTER II

ABOUT METHODS

WHAT the student of treatment through personal influence and suggestion wants to know is, of course, just what are the details of technique that he must carry out to bring about such successful results ; but it is by no means easy to give as readily helpful verbal or written instructions as one would like. I am dealing with an art, and not with a science. There is, of course, a scientific basis for the methods indicated just as there is a scientific basis for the technique of painting or of instrumental music ; but just as mere experience in technique does not always bring about success in painting or in music, so with psychotherapy far more is needed than technical proficiency to bring about first-class results. And I would emphasise this fact, that anything I may say about technical detail, and any apparently rigid system I suggest in the

elaboration of treatment, should be regarded merely as a framework on which to arrange such methods as will arise out of experience. True as it is that in all forms of medical or surgical practice nothing makes for proficiency so much as experience, I do not think there can be any branch of our profession in which experience is so essential for successful treatment as that with which I am now concerned. I believe that many of the disappointments that have come to would-be practitioners of treatment by personal influence, suggestion, and medical hypnosis have been due to the fact that they have attempted the treatment of difficult cases long before they were really conversant with the necessary methods to enable them to have any reasonable chance of success. My experience has been that medical men and women cheerfully take up the treatment of quite difficult cases after very few talks or lessons about practical details with an experienced psychotherapist. I think they do this because they feel that their medical training in some way qualifies them for rapid understanding of the basis of mind treatment and puts them in a particularly

favourable position for carrying it out. Speaking for myself, I can only say that I have found nothing in the elaborations of medical training that has in the least helped me to be more proficient in the actual carrying out of personal treatment ; neither have I observed that any other successful psychotherapist has gained very much, if anything, in expertness from his medical surgical equipment. Naturally, it is enormously to the advantage of a practitioner to be acquainted with the bases of diagnosis and to be familiar with the natural appearance and usual course run by the various common diseases to which mankind is prone. Indeed, it is almost essential for the honest carrying-out of a great work in treatment that the practitioner should be able to recognise both these acute crises in health for which surgical intervention is urgently needed, and those terrible progressive maladies for which operation or radiology are the best measures ; but, when it comes to the point of actual treatment, a medical practitioner by virtue of his general training is no more qualified to carry out difficult procedures of personal treatment than he is qualified to remove a stomach, open

a brain abscess, or deal with a cataract. I must go further and say this, that the very confidence which medical practitioners assume on the strength of their special training frequently leads them to follow such avenues of approach that from the outset they court failure rather than success. Were there no difficulties in effecting that contact between therapist and patient that enables not only suggestion to have weight, but the X-factor and "personal magnetism" to help in renewing the health of invalids, there would scarcely be any need for a special study of methods.

Many of the practical books written on psychotherapy during the past twenty or thirty years have dealt exclusively with the suggestion factor, and so considerably minimised the importance of the personal factor, that the latter is to-day being neglected in treatment. Nevertheless, as can be noted by anyone who impartially reviews the various methods advocated for treating by suggestion and medical hypnosis, the successes recorded undoubtedly depend as much, if not more, on the personality of the practitioner than on the method observed. One man relies entirely

on the simplest plans ; another on elaborate technical details which often lose their value when carried out by someone else. The fact is that everyone has the same object in view, whether or not they are clearly aware of it, and this object is to bring about a definite contact between physician and patient and to accentuate all the powers of the former to give help ; whilst, in addition, it is hoped to induce what, for want of a better term, can quite well be called a state of receptivity in the latter. The whole question of personal contact through mind and of dynamic healing influence is too often shelved by modern psychotherapists, who cling to the ideas of suggestion and "increased suggestibility," as if it were wrong to expect that other influences could be at work.

A Useful General Method

As an example of treatment by personal influence and suggestion in its simplest form, I will now describe a method which is very easy to carry out, and yet can give most satisfactory results in many instances. It requires definite co-operation on the part of those

treated, and is not suitable for patients who definitely refuse to be quiet and whose mental excitement prevents them from keeping still. But it is a mode that is particularly useful as a first treatment, and has the additional recommendation that it can often be used as an aid to revelation and diagnosis in cases of nervous disorder depending on obscure conflicts. It is very suitable for psychological autognosis.

To carry this out, place your patient in a comfortable chair or on an adjustable couch and instruct him **to get into the most restful position he can**. See to it that his head is comfortable, that there is no restriction of breathing; make these desirable conditions more sure by asking him to take his coat off or loosen his collar if this seems likely to help matters. Also make certain that your patient is warm, not exposed to draught, and, if necessary, throw a light rug over him, for nothing is so disquieting as feeling cold.

Then you yourself should draw up a suitable stool or chair and sit by the patient, preferably on the right side of the treatment couch, when it will be easy for you to take firmly hold of

his **right wrist** with your right hand. Make it a rule to grasp wrist rather than hand, and it is a sound plan to make your grip firmly over the back of his hand with your right thumb. If your own hands happen to be cold, **warm them** before beginning treatment. Let your own position be as comfortable as possible, and if you are sitting see that your own chair and attitude are as restful as may be. **Particularly see to it that your own breathing is free and unhampered.**

Now your patient is resting comfortably and you are easily sitting by his side, having taken a firm grasp of his right wrist with your right hand. Just ask him to close his eyes and go on being comfortable. Ask him to think of something pleasant and cheerful if he can, and particularly **not to listen to what you** say or attend to what is going on in the treatment. Instruct him to "think away from" the treatment as far as possible, but to make no effort or strain of concentration. If the patient says, "What shall I think about?" answer quietly, "Why not go over your last game of golf?" or say, "Just call to mind a favourite walk, picturing familiar

objects of interest." Or again say, "You were shooting the other day—well, just quietly recall incidents of the day—what happened, how you got on, and so forth." It is usually easy to persuade a man to take mental refuge in remembrances of scenes and pastimes ; for a woman it is not always so easy to call up something so interesting that it definitely captures attention, and, if nothing can be found in her daily routine or habits of life to act as a "fixation point," then rely on passivity and do not bother your patient to carry out an unfamiliar mental exercise.

If you have previously discussed the symptoms for which relief is sought and **definitely stated** what relief you propose to effect, **very little need be said in the course of the actual treatment.** But, if you have not made this clear, then after some five minutes give definite verbal suggestion, but do not labour it. Let your suggestions be short and to the point ; repeated not more than three times aloud—and by all means repeat if **you feel that it gives you confidence as well as your patient.** And I will here assert my belief that all suggestion—and all thought treatment—

should be based on a threefold plan ; let there be :

Assertion of helpful conditions.

Denial of the inevitableness of the trouble.

Affirmation of attainment in positive terms.

Think of a switch being turned, letting through " power " or " suggestion," or whatever you like to call it ; or, metaphysically, imagine a process in action for **cancelling an error or negative** and **setting up a positive**. In any event, let the treatment be reposeful ; do not distract your patient unduly ; do not excite yourself. On the other hand, I am not at all in favour of treatment being carried out in dim and shaded rooms ; I like my surroundings to be as normal as possible. There is no reason why you should not move freely in the room, avoiding sudden noises or jarring happenings. It is an excellent plan to leave your patient alone for a while, you yourself sitting quietly, or preferably writing a letter or looking at a book ; although certainly doing nothing to excite your thoughts. If you have realised clearly the need of your patient and the kind of **positive** thought and influence

required to help him, then I am quite sure that, apart from the benefits of the direct treatment, whatever there may be in the X-factor of psychic contact—or psychomagnetic influence or transmission of thought—will act all the more strongly when you are quietly occupied.

The general method just described should be taken as a form of treatment which can be modified according to particular circumstances and special indications ; if the beginner strictly adheres to the method as described he will certainly get good results, but with experience there will come an understanding of how to modify the process, or to emphasise particular phases of the treatment. I advise students to regard this simple method as foundational ; it is useful as a mode which can be used at once—that is, as soon as some definite practical understanding of the subject has been obtained. Also it contains a number of important practical elements which can be emphasised, discarded, or elaborated as experience grows and grasp of technique becomes strengthened. Thus I have used them with success in such cases as the following : an elderly man of delicate physique complains of

fatigue, indigestion, and sleeplessness ; he finds that exhaustion follows comparatively little mental or physical work, appetite is very poor, and any substantial meals cause flatulence, discomfort, and heartburn ; at night he may get to sleep fairly soon, but wakes in the early hours and has difficulty in getting any further rest ; his nerves are all to pieces, and his general sense of incapacity is accompanied by mental depression and subjective sensations of various kinds ; whilst he is oppressed by constipation with colicky pains, signs of mucous colitis, and spinal sensitiveness.

This is a type of case in which the general method can give excellent results, and in which the suggestion part of the treatment can be directed to the three chief needs—namely, increased nerve tone, sleep, and digestion. Where there is a special demand, or the patient's doctor feels that physical remedies should be used, the treatment will go very well with whatever else is being done ; but it is desirable that if possible the psychotherapeutic part of the treatment should be carried out by someone who is not dealing with the digestive medicines, sedatives,

massage, injections, or other physical measures that are being employed ; with this exception, that if it be used as part of a psycho-electrical modality then the psychotherapist can use some particular electro-magnetic method to effect the required ends, but even then he should leave local electrical processes to someone else. My " General Method " also answers very well in cases of menopausal ill-health, and can be used as a preliminary treatment in almost any type of case, although it may be desirable to modify it or substitute one of the other methods described.

Modifications of General Method : Intensive Verbal Suggestion

A useful modification of the general method is that in which intensive verbal suggestion is mainly relied on. A rest-state is first obtained, and then verbal suggestion without contact made use of. Treatment on this plan will be found particularly suitable where there is specific loss of power, or want of self-confidence. In dealing with functional aphonia, paralysis, local anæsthesia, or patches of abnormal sensation this method has many

uses ; also sometimes in the treatment of enuresis nocturna it will be found to secure success where other modes have not been successful. Again, there are some cases of alcoholism, morbid conduct, and anxiety that react well to the dominant note of **intensive verbal suggestion**.

Appropriate suggestion, repeated in an earnest, somewhat monotonous manner, with intervals, for the space of five or ten minutes, will effect wonders in the right sort of case ; the appeal being made not to the reason, but to the sub-conscious or sub-attentive mental field, which, according to the suggestibility of the patient at any particular sitting, accepts the suggestions and stores them up.

Always remember that if negatives are associated with positives—denials with affirmatives—the results will be better and the work done more quickly than if positives alone are employed.

Let me give another example of **intensive verbal suggestion** to emphasise this important point of double-suggestion. I have used it many times to relieve impediments in speech, and so will take a case of stammering for my

present illustration. Quietude and receptivity having been obtained, achieve a dominant note in your voice and give intensive suggestion as follows :

“ Rest—Relax—Let Go.

Go on resting ; pay little attention to what I am saying.

There will be **no more difficulty,**
no hesitation,
no nervousness ;

but, on the contrary,
complete control of speech,
easy speaking,
absolute self-confidence.

And then :

no stammering—but—freedom of speech,
no difficulty—but—perfect ease,
no nervousness—but—confidence.”

In this method some such suggestions, and grouped in such way, should be repeated a number of times at short intervals ; say, for three minutes on end. And then again at the end of five minutes' interval ; and yet for a third time to a treatment lasting about **twenty minutes** ; and I may say here that the

intensive verbal suggestion method should be **short**—that is, from ten to twenty minutes in duration.

Method of Silence with Contact

Another modification of the general method is to make the process a silent one. An **open, silent method with contact**, that is to say, holding one of the patient's wrists or placing the hands on the patient's head, frequently answers very well in highly nervous patients whose thoughts are running away with them, and to whom verbal suggestion acts as an irritant rather than a sedative. There are some patients in whom verbal suggestion calls up antagonistic thoughts at once; their critical faculty is roused by the method and they cannot rest under it.

The "silent method" helps to give rest and enables whatever has been said before the treatment—particularly if it has been carefully put in the form of terse suggestions—to incubate and to come to fruition. Another great advantage of the silent "method" is that it enables the personal X-factor to come into play with special weight, and the student

of psychotherapy will soon find that he becomes aware of certain circumstances in which it is felt that this personal factor is going to be the best agent for giving help and relief in particular instances.

Desk Method

Personally I am all in favour of simplifying the actual technique of treatment ; when we are ill, and particularly if we are suffering pain or mental stress, elaborate technical processes confuse and even harass us. Patients should be encouraged to "give up" stress, strain, enquiry, and criticism ; they should be encouraged to "let go" for treatment and to allow the therapist to do his job with as little discussion, argument, or technical details as he can. Certainly give one, or more than one, ample opportunity for "hearing the whole story" ; that is important, but endeavour to cut out all unnecessary conversation and verbal side-play. It is sometimes helpful to strengthen and support simple **treatment at the desk** by leaning forward and asking your patient to place the palms of the hand flat downwards on yours and to keep up definite

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pressure whilst you are treating. Or, instead of palmar contact, to hold the patient's hands or wrists firmly in your own. This contact need only be maintained for four or five minutes ; although, with repetition and pauses, a treatment usually lasts from fifteen to twenty minutes. If this kind of process is disturbing to a patient and you still wish to go on with it, ask the invalid to sit in a particularly comfortable position, to breathe easily, and to close the eyes.

All these modes of treatment are based on elements emphasised in my general description of a general method.

With confidence and experience, many "cures" can be obtained without the physician leaving his desk, or the patient leaving the chair of consultation, which is so familiar by our desks in professional consulting-rooms. In what I call my open method of treatment the patient is not asked to do anything ; not even to close the eyes. I do the work entirely myself by reciting my treatment-formulæ in the three or four stages indicated in my description of a general method—namely, in the form of **declaration, denial, affirmation, confirmation.**

The following cases occur to me as having been striking examples of **successful treatment rapidly effective** on this plan :

- (a) Somnambulism.
- (b) Alcoholism.
- (c) Obsessions.

Medical Hypnosis

In all methods of treatment by personal influence and suggestion the therapist's endeavour is to allay nervous unrest and to ease physical discomfort ; he tries to get rid of all disturbing factors and render his patient as receptive as possible to treatment benefits. The only reasonable object of medical hypnosis in particular cases should be to increase this receptivity ; in any case, there need be no attempt to control the patient's will, nor should there be any interest in displaying the more striking phenomena of experimental hypnotism during such treatment. Confusion between the legitimate objects of medical hypnosis and the spectacular events of experimental séances has caused much misunderstanding, and undoubtedly has often prevented

both patients and doctors from having anything to do with this form of psychotherapy. My advice to the student of psychotherapy is to keep strictly to the necessities of treatment in the matter of medical hypnosis ; that is to say, that where it is desired to make use of this altered state of consciousness he should restrict himself to inducing a quiet rest-state ; in this amnesia will be the characteristic which will tell him subsequently that the required state has been obtained. Further, he will get the best results by using suggestion to induce hypnosis after the manner of the so-called Nancy method. Actually, what the therapist has to do in this method is to lead the patient's attention and activity away from the ordinary distractions of daily experience towards a condition of mental and physical abstraction so deep that consciousness is lost for the time being just as in sleep. Any attempt to test the depth of hypnosis by experiments will disturb the treatment and probably embarrass both doctor and patient. After a successful induction it will be found that the patient has been oblivious of something that has happened in the room, such as the striking of a clock, a

knock on the door, or the doctor's movements about the room. At any time during the treatment the patient would have responded at once to a disturbing incident and would have replied if called on ; but, left to himself, he has enjoyed a sense of deep restfulness with memory-gaps just in the same way that we enjoy resting dreamily in an armchair at the end of the day's work. But, inasmuch as the state of hypnosis thus obtained is one of increased suggestibility, it has its uses in treatment, and in particular instances may secure brilliant results. Nevertheless, apart from its special usefulness in certain cases of hysteria and where it is wished to call up lost memories, I am of opinion that as regards routine practice the induction of medical hypnosis is really limited in its application. Certainly it has not the immense advantages and wide scope for successful treatment of the more general personal methods I have outlined. But, in view of the interest to students, and the importance of its special applications, I have outlined in *An A B C of Medical Hypnosis* the methods of induction advocated by its most successful practitioners.

Psychomagnetic Methods

I developed my psychomagnetic methods through searching for intensive ways of focusing personal influence in treatment without the use of hypnosis. In *The Practitioner* (July 1913) I described a method of psycho-electrical treatment in which a definite "suggestion treatment" is associated with a stimulating charge of static electricity.

Briefly, my psycho-electrical treatment (P.E.T. or P.E. method in notes of cases) is carried out as follows. The patient is seated on a comfortable, reclining chair, insulated or on an insulated platform, connected with a static electrical machine. He is then requested :

1. To assume a position of relaxation and comfort.
2. To close the eyes.
3. To breathe evenly, and a little more deeply than usual.
4. To refrain from making any unnecessary movements throughout the treatment.

The electricity is generated in the usual way,

and, as a general rule, the apparatus is so arranged as to give a mild "head-breeze."

The object in view is threefold.

Firstly, to obtain a state of mental rest and relaxation.

Secondly, to bring about a state of increased suggestibility for the purpose of therapeutic suggestion.

Thirdly, to produce the physical and tonic effects of the electricity.

Recently I have brought within the scope of my psychophysical methods those rays which are now so popular in modern therapy. I have worked with ultra-violet rays, white light rays, and various colour rays, heat radiations and infra-red rays, using each and all at times both from their purely physical effects and in attempts to incorporate them in my psychophysical system. The results have been most interesting, and I propose to give an extended account of them elsewhere. For the present I may say this, that I am now continually using rays from the red end of the spectrum and infra-red rays with the most satisfactory results in combined treatment. Whilst ultra-violet rays have not

assisted me very much from my special point of view, **useful as they are as treatment adjuncts**, orange, red, and infra-red rays help me a great deal. Having tried the effects of applications of these rays to the head, to the neck, to the spine, to the body generally, and to the solar plexus area (abdominal skin), I find that their judicious application in the latter region is extraordinarily useful in the production of states of receptivity to treatment. By the right use of this method patients who otherwise might be impossible to deal with can be steadied and soothed and strengthened by the rest state obtained and the personal influence exerted. I am not at all sure that in the future I shall not find that along these lines methods will develop that will ultimately supersede my original psycho-electrical method altogether.

I use the term "psychomagnetic" for such methods as the preceding and others described in this chapter because they depend on a combination of personal influence and suggestion with electromagnetic processes. For particular modes the term psycho-electrical is perhaps more appropriate. But, inasmuch

as all the forms of energy used on the physical side in this relation are theoretically dependent on vibrations—waves—or rays in the ether of space, and are electromagnetic, I favour the expression psychomagnetic as being more generic.

CHAPTER III

SOME RESULTS

As an indication of the varied interest to be found in treatment through personal influence and psychomagnetic methods, I will now describe in some detail **a case which presented exceptional features.** Improvement of vision is always a dramatic happening, and such cases as the one I have in mind compel me to believe that medical men could often give substantial help in "eye-cases" by methods other than medicine, local applications, or operations if they realised more fully the frequency with which functional disability aggravates organic disease in ophthalmic maladies. To go on with my particular example :

There had been preliminary correspondence about a patient suffering from some kind of eye trouble which made it impossible for her to read or to earn her living, and it had been

suggested that I might be able to help ; having consented to see this patient, a middle-aged woman was shown in wearing dark glasses and being guided by a companion. To all intents and purposes she was nearly " blind." The outlook was not promising and the situation worse than had been hoped for. However, I agreed to give six or eight treatments on the understanding that if she obtained no benefit the case was to be considered definitely beyond my scope ; there appeared to be an organic condition present which might well be expected to prevent a successful result. However, I asked the patient to rest quietly on a couch, to close her eyes, to be as restful as possible, and told her that the object of my treatment was to bring about such a readjustment of " nervous " reactions that her sight might be given back to her ; but that she was to keep an open mind, not to be too anxious about recovery if she could possibly help it, and, above all things, not to allow herself to be crushed by disappointment if, after all, she remained blind. After three treatments she came in able to walk without assistance ; at the end of a week she was able to go about

the streets alone. And she soon returned to her work perfectly satisfied, and wonderfully grateful for what I had been able to accomplish.

The most interesting point about the whole thing was that there was an organic and apparently progressive retinal disease present ; I could define it myself with the ophthalmoscope, and even whilst the patient was undergoing treatment this diagnosis was confirmed by an ophthalmic surgeon of distinction, who assured me of the utter hopelessness of the outlook and the futility of my proceedings, as the patient was suffering from retinitis pigmentosa. Probably the explanation of this "cure" is that a functional amblyopia supervened in the course of the trouble and rendered this patient blind long before the progressive organic lesion would have done so.

Chronic Diseases

Persistent headache, neuralgia, and insomnia constitute a familiar group of maladies which frequently resist routine medical methods, and yet yield many successes to personal treatment. I refer, of course, mainly to cases in which there is no evident organic condition,

or, at any rate, no definite organic condition that can be readily relieved by operation or absorbed by medication. But I would not limit the use of psychotherapy and psychomagnetic methods to functional cases only because the relief that can be given by such can be invaluable even in cases of progressive organic disease. I think that it is in this group that the public is often deprived of a ready means of help owing to our very strict attitude about the difference between functional and organic disorders in response to treatment. We medical men are so jealous of professional honour that we deprive patients of help they might possibly obtain because we fear to be put into the position of promising too much ; we quite rightly hesitate from competing with those unscrupulous individuals who recklessly suggest that they can cure where, according to experience, disease will be progressive. Nevertheless, I think that our attitude should much more often be one of a cheerful optimism which permits the patient to try new methods hopefully, instead of emphasising the "hopelessness" in very difficult cases.

I feel that one is quite justified in saying, for example, "In psychotherapy (or similar methods) we have a treatment that will give you relief; by all means try it. Leave the question of absolute cure and be content with what is being done for you." If we do not adopt this hopeful attitude patients will quite likely go and obtain a similar kind of help from those who are not best fitted to give it, and whose training is amateur compared with that of properly qualified psychotherapists. I recall with regret that in the early days of practice I refused to treat many patients to whom I now know that I could have given relief, and this because of a mistaken idea of professional rectitude. To-day I feel that whenever one is asked to help one should do one's best to relieve, whilst not being led to make rash promises. "To do one's best and leave the rest" must be the attitude of the wise physician who is asked to help by psychotherapeutic or psychomagnetic methods in cases of serious and progressive illness.

One of the most striking illustrations I ever had of the correctness of this attitude is to be found in the relief that I was able to give

to an old doctor whose last weeks were rendered miserable by a malignant deposit somewhere in the neighbourhood of the spinal nerve roots. The treatment that I was glad to give undoubtedly afforded such relief that the general condition was more bearable, and it was found that much smaller doses of sedative drugs thereafter kept the pain within bounds. A memorable feature of the first treatment was that not only was the patient a medical man, but three of his doctor sons were present in the room, and I asked them all to maintain a particular attitude of mind whilst I carried out my technique. There were thus five doctors taking part in the process of mental healing on this special occasion. There was a wonderful atmosphere of confidence, sympathy, and desire to help. At the end of the treatment one of the medical men present said, "It is an extraordinary thing, but there seems to be something spiritual about a treatment of this kind."

There are a host of chronic maladies which can be relieved by proper psychomagnetic methods, and there are countless thousands of patients whose conditions resist routine

medicines and operations ; it is surely time that some non-systematic effort should be made to bring this help to them.

Indigestion and the Chronic Abdomen

Disorders of digestion and bowel action bring many sufferers to the consulting-room, and where the condition present is not that of actual ulceration, acute obstruction, calculus, or cancer, psychomagnetic methods are most likely to give permanent relief. I do not say that recovery cannot be aided by a variety of aperient remedies, but I do say that the want of elasticity and proper nerve control, which is so characteristic a feature of all diseases of the digestive tract, can be better combated by psychotherapy than by any other process, and I say this after many years experience of the various remedies in popular use, including drugs, vaccines, and so forth. Perhaps this does not sufficiently describe what I feel about appendicitis. So I will say at once where an appendix has become inflamed and definite attacks of appendicitis are occurring I hold that there should be no hesitation about having

the diseased organ removed by operation. But with regard to the many cases labelled "chronic appendicitis" I have been able to relieve so many by psychomagnetic methods, whereas after operation painful symptoms have so frequently returned, that now I am in favour of giving the former a fair trial.

The problem of the chronic abdomen is one of the most difficult for the practitioner to tackle, but I note with interest that many surgeons who some years ago advocated various operations for "slinging up" the colon, "shortening the peritoneal ligaments," "removing a chronic appendix," and so forth are now much more inclined to say the patient requires rest, and his problem is largely a "nerve" or "psychological" one.

Alcoholism

To turn now to an entirely different class of case, I will give some illustrations of the treatment of alcoholism.

A patient was sent to me because he was subject to terrible bouts of drinking; these attacks lasted from ten to fifteen days, at the

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end of which he was a wreck and during the course of which he was a terror to his wife and a nuisance to his friends.

I worked hard with him and failed to cure him. This was disappointing. But, on questioning him closely, I found that his attitude towards me was this : he came to me because his friends and relatives wished him to—he did not consider that I had any right to try and influence his drinking—he considered that he had a perfect right to drink when and what he liked, and he thought that the medical part of the affair really consisted in his being, as he called it, put right after the attack was over. In other words, he submitted to the treatment to save more fuss with his relatives, but with a mental reservation not to attempt to derive any benefit from it and certainly not attuning his mind to the idea of self-control. I have had other cases like that.

On the other hand, I call to mind the case of a young man, successful in his profession, who was addicted to alcohol, with appalling results when the taste seized him. I treated him, and almost from the very first day he stopped drinking ; according to later reports

received from his doctor, he remained well over an indefinite period.

One case reminds one of another, and I now remember being asked to treat an elderly lady of means who was just coming out of an attack of delirium tremens, and not the first one at that. When she was well enough she came down to see me, and never touched another drop of drink after the first interview. Men and women of all walks of life have consulted me about alcoholic habits, and I have often put them straight and frequently enabled them to keep their addiction well in hand, even if they cannot quite overcome it.

Hallucinations of Hearing

To take another class of case, the reaction to treatment of which has always interested me greatly ; that distressing form of mental disorder in which patients "hear voices." These voices are always irritating, sometimes insulting, and often menacing. They torment the patient as he is dropping off to sleep and when he awakes in the morning ; they appear to come from all parts of the neighbourhood, from above and from below, and in his distress

the sufferer frequently thinks they originate from malicious persons who hide outside doors and windows. I have frequently heard it asserted that one of the things that psychotherapy cannot do is to check this kind of hallucination, but, as a matter of fact, I have often found that treatment by personal influence and the right kind of " suggestion " will not only bring these voices within bounds, but get rid of them altogether. A very early case in my experience was that of a young man who was much tormented by voices and who within six treatments became free from them. It is quite true that I have always found these highly successful results to occur where the voices have not been troubling the patient for very long, but that, of course, is an added argument for the systematic use of psychotherapeutic treatment in the early stages of mental disorder.

In several cases my difficulty has been that, although I have succeeded in quieting the voices, patients have refused to believe that they should take care of their mental health or in any way alter their routine mode of life. Indeed, often enough they have been unable

to do so. Consequently, as soon as stress and strain have once more worn down resistance, "voices" have again given trouble. And even then I have found that occasional treatments have sufficed to enable mental balance to be maintained in spite of voices.

Similarly with delusions of persecution, whether accompanied by voices or not, I have found that in early stages it is often possible to give considerable relief. But my impression is that the true delusion of persecution is not anything like as easy to handle as the "voices" problem. Unfortunately, most people who definitely suffer from a delusion of persecution are not inclined to think that they are mentally ill, and consequently they are disinclined to treat the question as a matter for treatment. Their inclination is for advice from the psychological point of view, whilst accepting treatment more as a tribute to one's own wishes in the matter than as an expression of their sincere feeling.

Obsessions

There are few nervous conditions which cause so much distress to their victims as

obsessions. It is particularly aggravating for individuals to find that their lives are governed by such an obsession as, for example, that of being in a closed space. No medicine has ever been found to relieve these conditions, although some sedative and nerve tonic preparations may assist the sufferer to cope with them—nevertheless, in psychotherapy there is a means of relief which is remarkably successful where sympathetic co-operation is secured between physician and patient.

Claustrophobia—fear of being in a closed space—torments many persons, and until it is cured there is a definite lessening of energy, capacity, and fitness for work. Success in life has often been built up or frustrated by these obsessions. My own experience has been that, whilst “suggestion” will help some cases, by far the majority are more quickly relieved by a definite psychomagnetic method.

Curious Habits

Allied to obsessions are a variety of curious habits, the only cure for which is some form of constructive treatment that frees them from what is practically automatic subconscious

control in regard to that particular matter. Many of the obsessing habits that occur are not of sufficient importance to warrant the expenditure of time and energy in getting rid of them, but sometimes they are very troublesome. I remember some years ago seeing a man who had grown into the habit of making little spits from side to side both as he walked about and as he sat in a room ; it is true that the spitting did not amount to much, although I think it was sufficient to have brought him within the scope of these notices we sometimes see in public places about spitting being prohibited and subject to a fine of forty shillings. At any rate, it was an objectionable habit and very distressing to his family. I proposed to cure him by psychotherapy, but, strangely enough, he refused help and went off to live by himself away from his relations. Such a condition is quite out of the reach of medicines and can only be relieved by personal treatment. One of the most extraordinary habits that I ever came across afflicted a school-boy ; he was about ten years of age, and persisted in plucking out hairs from his head from a particular area, with the result that he

had completely denuded a spot of about the size of a five-shilling piece, the bald patch thus resulting being very conspicuous. It looked just like one of those bald patches one so commonly sees occurring in cases of alopecia areata. Fortunately I was able to effect a cure within a few treatments.

Paralysis and Loss of Power

Again another type. A man limps into the room on crutches. He is, for all practical purposes, paralysed below the waist ; his legs dangle stiffly and there is no useful movement in them. The story is one that was only too familiar some years ago. I ask him to sit in an easy chair with his head thrown back and to close his eyes. I place my right hand on his head and say firmly and in a loud voice : " I know exactly what is the matter with you—trust me and I will give you back the strength in your limbs—rest quietly, simply be confident, and even in a few moments I will have you walking. Your paralysis is not permanent, it is temporary and caused by the shock of explosion. Be comfortable, trust me, power is already coming back. Now,

quick, when I say one, two, three, hold on to me and walk." And he does so. But, of course, this kind of happening was familiar to many medical officers during the Great War ; the relief of functional conditions of this kind was easy enough where the condition had not become too fixed by emotional stress or duration. Were the illnesses of everyday civilian life so lightly fastened on their victims, treatment would be a simpler matter than it is.

Loss of power, varying from weakness to complete paralysis, brings many patients whose readiest means of relief are through mind and the finer forces and not through medicines. Apart from any question of directly applied psychotherapy, the cure of hoarseness and loss of voice—aphonia—has been wrought time and again by simple methods in which, after the application of an instrument to the throat, the patient has been persuaded to speak ; even the placing of a clinical thermometer in the mouth has been known to be followed with return of voice in patients who had no idea of the significance of that useful instrument, but who consciously or sub-consciously attributed to it voice-restoring powers !

During the war loss of voice—functional aphonia—was a very common thing one had to treat, both amongst shell-shocked combatants and civilian patients who had been shocked by bombs. I remember one unfortunate woman in a frequently air-raided district who used to seek out my services to bring back her voice every time the streets round about her own house had been severely bombed ; at first I had to see her several times before the reluctant speech returned. Subsequently I used to restore her power almost immediately. I think the reason it is so easy to restore the power of speech in this kind of nervous aphonia is that the patient is so greatly helped by a natural tendency to imitate the voice of the person treating ; therefore, if with sympathy and tact the suggestion is conveyed to imitate the sounds one is making, whether whispered or spoken, cure is greatly facilitated.

When it is a question of restoring power to paralysed limbs, even in the absence of an organic lesion there may be great difficulty, however experienced the physician ; and the response to treatment as a rule decreases with the length of time that the paralysis has lasted.

The longer the disability goes on the more set does the system become to any reaction to it, and the more difficult it is not only to loosen the patient's ideas about the hopelessness of the condition, but to stimulate—shall we say to infuse with more active psychomagnetism—the sleeping nerve-cells which have been out of work for so long. In this class of case sometimes the shortest cut can be found by treating the cure as a psychological or psychomagnetic operation and giving the patient an anæsthetic; ether is the best anæsthetic for this purpose; and after unconsciousness has been obtained the patient should be allowed to “come round,” and before being quite awake should be given a strong suggestion about moving the paralysed limb, whilst if possible the limb itself should be put in some position that enables the half-awake patient to realise its possibilities of moving into new positions.

I demonstrated the success of this method very strikingly in the case of a young girl who, following an injury to her hand at games, lost the use of the fingers of the right hand in such a way that that hand became useless for

ordinary purposes of writing, using a knife and fork, and so forth. After going into the case, I told her parents that I would either effect a practically instantaneous cure or should probably not be able to relieve the condition. Then, having called in an anæsthetist and explained what I wanted, I took hold of the patient's hand while she was coming round from the anæsthetic and, folding her loosened fingers round the neck of a large and heavy water-bottle, gave her a strong suggestion to hold on and not to drop it. Automatically her fingers grasped more strongly the heavy carafe, so that a few moments after, when she opened her eyes and came to herself, she found herself holding up a heavy bottle full of water, and **holding it with her hitherto paralysed hand.** The cure was complete. The interest of this was to some extent increased by the fact that she had previously had treatment from a variety of other practitioners, including neurologists, orthopædic surgeons, a famous bone-setter, and a well-known Christian Science healer.

Much on the same lines are those curious cases of "imitation" joint diseases which

certainly in the past have often puzzled experienced surgeons. Judging from my own experience, I do not think that this class of case occurs quite so frequently as it used to, or perhaps it is that X-ray examinations enable surgeons to judge more accurately as to whether a nervous element is present or not. The sort of happening I have in mind is well illustrated by a patient I saw in the early days of my practice. A young woman had been sent up to London from the country for the express purpose of having a leg amputated at the knee-joint. She had to stay with friends for some days before going into hospital as arranged, and in this interval someone who knew of my work persuaded them to bring the girl to me. On examining her I was quite at a loss as to whether disease was present or not, but I decided that the gravity of the situation was such that it was my duty to tell the surgeon who was going to operate that I thought she should have a chance of treatment before irrevocably losing her leg. On enquiry the surgeon turned out to be the late Maynard Smith, whom I knew quite well and whose knowledge, sympathy, and breadth of mind

made it easy for him to consent to my treating this case as a last resort before he admitted her into hospital. This was one of the first cases in which I devised a psychomagnetic, as distinct from a purely psychological, method of treatment, and I remember using a small battery with the object, apparently, of inducing a state of increased suggestibility, and secondly, with the idea of reflexly stimulating dormant nerve cells in the spinal cord. Power came back quite quickly to the hitherto fixed knee-joint, and after a few treatments the patient was able to walk without crutches or other assistance.

Neurasthenia

There are innumerable opportunities of doing good work with the methods under review amongst neurasthenic persons. In the notes of cases given subsequently (see Chapter IV) many instances of neurasthenia successfully treated will be found. And it has been my experience that the physical exhaustion and want of vitality so distressing to neurasthenic patients are usually relieved more readily by psychomagnetic methods

than even the accompanying sensations and symptoms. I emphasise this because I have often heard it stated by inexperienced persons that psychotherapeutic measures may perhaps relieve the mental symptoms, but cannot remedy the physical exhaustion. It is the fashion to-day to make careful distinction between neurasthenia, psychasthenia, and anxiety-neuroses ; also between various types of hysteria. But when it comes to the routine treatment of numbers of individuals suffering from these disorders it is found that " mixed " types are very common, and that treatment results may be seriously hindered if one tries to work out the actual clinical type too keenly. Certainly the psychoneuroses as a class do present clinical features distinguishing them from the psychoses as a class, but when it comes to treatment of the kind under notice the shortest cut to success will be found in treating the conditions found from the patient's point of view. The sufferer wants relief, and very often requires it urgently ; I know of no form of treatment so readily successful in lessening mental stress and steadying shattered " nerves " as that through personal influence.

Suggestion, medical hypnosis, psychomagnetic methods, or other modifications, may be made to play a suitable part according to special circumstances ; but, as Déjerine has well put it : “ There is . . . some individual element which makes the success of the psychotherapist depend on his personality.” An endless list of symptoms, diseases, and disorders suitable for special treatment might be given, and striking examples of successes might be quoted indefinitely ; my intention in this chapter having been rather to indicate the wide and varied interests of psychotherapy than to cover the ground of its suitability in detail. But I have given a long list of cases in Chapter IV, noting the most interesting features in each ; and these will further suggest how interesting a field is open to the medical practitioner who takes up the more systematic use of personal influence in treatment.

CHAPTER IV

NOTES OF CASES

IN this chapter I am giving notes of some cases representative of the conditions for which relief is frequently sought by special treatment ; in each instance definite forms of ill-health were satisfactorily remedied. I have not followed any particular classification or system in setting down these notes, but have taken them at random from my case books, with the idea of indicating how wide and useful is the scope of treatment through personal influence, suggestion, and psychomagnetic methods.

1. **Melancholia** : elderly lady suffering from severe mental depression with organic heart-disease ; terribly distressed ; family doctor called me in for special treatment ; patient found sitting with head bowed between her hands ; moaning miserably ;

conversational contact impossible ; treatment carried out by taking one of patient's wrists in my right hand and giving appropriate " suggestions," although treatment was for the most part a silent one ; no attempt was made to obtain rest or relaxation or any condition of increased receptivity ; recovery occurred within eight visits. A very striking result.

2. Claustrophobia : young man whose business arrangements and general life were being seriously upset by persistent fears about being " shut up " anywhere and unable " to get out " ; rapid improvement and relief followed treatment by a continuation of my desk method and psycho-electrical method.

3. Colitis, with spasm : (?) appendicitis or gallstones ; married woman suffering from repeated attacks of severe abdominal pain with sickness ; appendicitis with or without gallstones had been diagnosed and operation advised ; I treated for

colitis with spasm by a psychomagnetic method, with immeasurable relief.

4. **Hallucinations and delusions of persecution :** elderly lady greatly distressed by her condition ; direct treatment gave remarkably successful results within six visits.
5. **Neurasthenia, with indigestion :** also associated with the menopause ; married woman much debilitated and fearful of going about alone ; digestive symptoms prominent ; improved most satisfactorily under psycho-electrical treatment ; a type of case that is very frequently seen and readily helped.
6. **Headache :** recurrent and persistent over many years in a middle-aged woman ; causing great distress and incapacity ; attacks frequently stopped and pain relieved by a psycho-electrical method.
7. **Supraorbital neuralgia :** very acute and incapacitating in a colonial visitor, who came to this country to obtain relief if

possible ; quickly relieved by a routine psycho-electrical method.

8. **Conjunctivitis, with acute photophobia and blepharospasm** : characterised by extreme sensitiveness and irritability with remarkable injection of conjunctiva ; very successful result quickly obtained by a psychomagnetic method ; it is noteworthy that the condition had previously been treated for some time on the ordinary lines without improvement.
9. **Impotence** : complete failure in a newly married man, both patient and wife were young ; treatment by hypnosis asked for, but I preferred to use a psycho-electrical method, and this was successful within ten treatments.
10. **Cerebral tumour** : sent for " neurasthenia " ; symptoms being chiefly mental excitement, distorted vision ; no headache ; but my examination revealed paresis of third cranial nerve, and double optic neuritis. Treatment by my open method

and simple general method carried out, pending the case being handed over to a surgeon ; results as regards mental symptoms were so satisfactory that relatives failed to understand my insistence on transferring patient.

11. **Noises in the ear** : accompanied by " head sensations " ; elderly married woman rapidly relieved by a psychomagnetic method.
12. **Dysmenorrhœa** : lecturer about 30 years of age whose attacks of pain were so severe that she became violent and maniacal at times ; treated by a simple general method with immediate success.
13. **Obsessions** : about religion and duty ; patient had been certified some years before ; condition recurred in definite " attacks " over a long period ; treated always with success by either open method or a psycho-electrical method.
14. **Obsessions** : about religion, numbers, duty, and eternity ; successfully treated by open method.

- 15. Dementia præcox type :** young woman widowed by war ; depressed, confused, unable to feed herself, and dirty in habits ; had been treated by rest, persuasion, and general routine in various homes ; a very difficult case to make a beginning with, but persistent treatment (no psycho-magnetic method brought in) by personal influence eventually made an impression, and ultimately complete recovery and return to useful life and work occurred.
- 16. Colitis :** supposed " chronic appendicitis " ; operation advised ; successfully treated by a psycho-electrical method. (N.B. these " chronic abdominal " cases can always be safely undertaken by a physician practising psychotherapy, because he can act as required should an acute condition suddenly occur ; but they illustrate the danger of such cases being undertaken by medically unqualified practitioners, or without adequate medical supervision.)
- 17. Vertigo :** successful business man in the fifties ; incapacitated by attacks of vertigo

in which the giddiness was accompanied by a feeling of falling down a hole ; successfully treated by a psycho-electrical method.

18. **Neurasthenia, with severe mental depression** : widower suffering breakdown following loss of his wife ; rapid improvement and complete recovery under treatment by a psycho-electrical method.
19. **Epileptiform attacks** : young man ; completely stopped after several treatments by simple general method in which verbal suggestion was strongly emphasised.
20. **Stammering** : relieved satisfactorily by psycho-electrical treatment.
21. **Alcoholism** : landowner living some way from London stopped drinking after first treatment ; treated twice more at intervals of several weeks ; no relapse.
22. **Mental depression, nervousness, want of self-confidence, and lack of interest in work or life** : patient seriously incapacitated in business by this condition ;

successfully treated ; a remarkable case in its reaction, for during one treatment he suddenly remembered—following a verbal suggestion given—an incident in his past life which he had regarded as disgraceful and much regretted ; he had tried to forget it and for some time had done so ; remembrance of this affair now caused great distress, but this particular treatment was followed by immediate and rapid improvement.

- 23. Aponia :** girl aged 23 much incapacitated by attacks of dumbness lasting from a few hours to a few days ; natural voice restored after ten minutes' treatment by direct verbal suggestion in open method.
- 24. Morbid flushing and sweating :** young medical man who had tried various treatments ; immediately improved under treatment by general method.
- 25. Neurasthenia, with morbid fears :** terrified of heights or of going in a train ; much

incapacitated by continual pressure headache; rapidly improved under psycho-electrical treatment.

26. **Mental depression** : menopausal type associated with unpleasant head sensations and insufficient sleep; psycho-electrical treatment successful.
27. **Neurasthenia, with indigestion** : army officer; psycho-electrical method successful.
28. **Neurasthenia** : mental and physical exhaustion chief features; psycho-electrical method rapidly successful.
29. **Neurasthenia, with headache** : "Seems as if the nerve which runs in centre of scalp has become very sensitive"; pains so severe that impaired attention and unfitness for work occurred; treatment successful; P.E. method.
30. **Indigestion and colitis** : neurasthenic young man successfully treated by P.E. method.

- 31. Insomnia and mucous colitis :** remarkable improvement in general health, appetite, sleep, and powers of endurance after six treatments by P.E. method.
- 32. Melancholia :** associated with a morbid idea that a mistaken course of life had been followed ; also morbid ideas about sex matters ; patient aged 42, already passed menopause ; supposed suicidal ; improved satisfactorily under treatment by simple and open method ; at the end of three weeks was sent to stay with a doctor trained in psychotherapy and made a complete recovery.
- 33. Neurasthenia with depression :** man aged 76 with arterio-sclerosis ; satisfactory improvement with P.E. method.
- 34. Neurasthenia, with indigestion, constipation, and headache :** man aged 55 much benefited by occasional P.E.T.
- 35. Nervous indigestion, with attacks of palpitation :** much benefited by occasional P.E.T.

- 36. Railway-carriage phobia :** much helped by treatment ; simple method.
- 37. Melancholia :** severe mental depression following tragic loss of only son in woman aged 60 ; very successful result of treatment by simple method ; after the first visit said : " It is the first time my head has been light for six weeks."
- 38. Melancholia :** professional man aged 42 who said that he felt he was " an agonised atom whirling through an utterly incomprehensible and torturing universe." Improved under treatment, and after ten days said he then felt " like a person who has crawled out of a morass and is lying on the brink." Unfortunately he insisted on considering himself well before his health had been properly restored, and he soon broke down again, but not badly enough to have to return to London for treatment.
- 39. Neurasthenia, with indigestion and morbid fears :** recovery after short course of P.E.T.

- 40. Insomnia :** man aged 56 ; disturbed sleep for many years ; very successful result with P.E.T.
- 41. Insomnia :** overworked man aged 40 ; complete success with P.E.T.
- 42. Cardiac attacks, with palpitation :** elderly medical man who had been told to give up his practice and live very quietly ; completely relieved by treatment (P.E. method) and returned to busy practice, which he carried on for many years.
- 43. Persistent headache :** clergyman aged 59 greatly relieved by treatment.
- 44. Psychasthenia :** man aged 28 " full of fears, worrying over social things " ; nervous, self-conscious, and with slight stammer ; said : " At times I have fits of a sort of despairing feeling that I am no use " ; treatment successful, simple method.
- 45. Neurasthenia with depression :** woman, aged 44 ; also neuralgic pains in the back

and obsessed by her affection for another woman ; treatment (P.E.) successful.

- 46. Alcoholism :** married woman aged 43 ; very successful result after treatment.
- 47. Neurasthenia :** Indian Civil servant suffering from a typical breakdown after long years of hard work in a bad climate ; exhausted and much troubled with morbid thoughts ; very distressed and ill ; rapidly improved under P.E.T. An interesting feature of this case was that the patient was travelling in some remote part of India on his way home, and, stopping the night at a wayside bungalow there, met a stranger who told him to try and find me as soon as he got to London ; it never transpired who this stranger was, and all the patient had to go on was my name and London.
- 48. Stammering :** Army officer about 25 years old much troubled by speech difficulty ; rapid and very successful results followed treatment.

- 49. Neurasthenia :** medical student of colour exhausted and sleeping badly ; rapidly improved.
- 50. Paroxysmal headache :** young married woman ; P.E. method rapidly successful.
- 51. Obsessions :** married woman aged about 60 ; greatly distressed by obsessions about drink ; social activities much hampered by condition ; treatment by open and desk method most successful.
- 52. Morbid fears :** patient aged 24 much distressed by recurrent fears about her heart and possibility of impending vital attack ; open treatment most successful.
- 53. Insomnia :** invalids' nurse aged 57 ; difficulty in getting to sleep ; no worries ; digestion good ; P.E. method very successful.
- 54. Morbid fears, with insomnia :** patient very distressed and on verge of complete

breakdown ; terrified lest " sub-consciousness " should gain control of him ; treatment most successful within a month.

- 55. Nervous indigestion :** with want of self-confidence and general nervousness extremely troublesome to a young public man. Digestion and confidence restored by treatment.
- 56. Mental and physical exhaustion :** associated with disturbed sleep in over-worked artist ; speedy restoration of strength urgently required to enable a contract to be completed ; intensive treatment by P.M.T. method, supported by ultra-violet spinal radiation and injections, was rapidly successful.
- 57. Mental depression :** threatening loss of employment in elderly official ; treatment thoroughly successful.
- 58. Mental depression :** with extreme nervousness and disturbed sleep in elderly widower

following loss of a near relative ; treatment entirely successful.

- 59. Supposed " stroke " :** rather obscure symptoms diagnosed by a local doctor as due to cerebral hæmorrhage ; attack with dyspnœa, cyanosis, and semi-coma ; subsequently patient suffered from weakness, depression, and headache ; treatment restored health and no further attack occurred.
- 60. Neurasthenia :** recurrent mental and physical exhaustion mostly complained of and very incapacitating to man of 50 ; derived great benefit from a P.M.T. method.
- 61. Spastic gait :** with tremor of hands and extreme nervousness ; early disseminated sclerosis had been suggested ; treatment (P.E. method) was quite successful, and there was no recurrence of the major symptoms.
- 62. Alcoholism :** man aged 43 ; repeated severe bouts ; made a habit of coming

up to London as soon as attack started, when two or three treatments at once stopped it.

- 63. Nervous dyspepsia :** also much depressed ; said that my P.E. method relieved him more than anything he had tried previously.
- 64. Mental depression and exhaustion :** married woman ; quite incapacitated ; treatment very successful ; wrote, " It's a glad, happy, grateful woman [writes]. . . . As the weeks go by I find my health and strength and vitality coming back."
- 65. Neurasthenia :** head symptoms prominent ; very stout middle-aged man much worried about his health ; confidence and nerve-tone completely restored by treatment.
- 66. Mental depression, with insomnia :** aged 60 years ; much benefited by open method.
- 67. Deafness :** psychotherapeutic treatment specifically asked for ; patient very pleased with improvement effected.

- 68. Morbid fears :** obsessed by acute fears about health ; almost distracted at times ; completely relieved by treatment ; P.E. and open methods.
- 69. Dysphagia :** following a throat operation ; relieved by general and desk methods.
- 70. Tropical neurasthenia :** with mental depression and complete loss of interest, with exhaustion, in clergyman ; followed many years' hard work in a hot country ; treatment, aided by rest, quite successful.
- 71. Delusions of persecution :** after severe mental breakdown and stay in an asylum, patient over-worked and again developed delusions ; treatment stopped the attack and patient recovered.
- 72. Astasia-abasia :** married woman ; hysteria ; complete recovery ; subsequently had minor recurrences ; but no further bad breakdown.
- 73. Abdominal pain ; " appendicitis attacks " :** married woman ; treatment successful ;

attacks and pain completely ceased ; a psychomagnetic method used.

- 74. Dementia præcox type :** with stuporose state, irritability, and delusions in young married woman ; very difficult case ; treatment protracted ; recovery complete.
- 75. Headache and depression :** elderly business man ; the " blue blues " (*see also* 95) ; treatment successful.
- 76. Loss of memory :** attacks associated with wandering and mental distress ; complete recovery.
- 77. Obsessions :** about conscience and duty, with fears of possible moral slackness in thought ; Church dignitary ; open method gave complete and permanent relief.
- 78. Heart :** paroxysmal palpitation ; highly strung clergyman ; very satisfactory improvement after four treatments only.
- 79. Mental depression :** associated with " nerves " and neuralgia ; " I see negatives all the time " ; noted as " another

remarkably successful result of treatment"; open method.

80. Recurrent mental depression : business man in early forties much helped by treatment in several attacks; finally recovered without further relapse.

81. Paræsthesia : persistent sensation of "pins and needles" in hands; treatment, assisted by general tonic remedies, entirely successful.

82. Mental depression : type of neurasthenic condition often seen in elderly men; clergyman aged 76; greatly helped by treatment (P.E. method).

83. Mental depression : associated with obesity and anhedonia in young married woman; treatment successful.

84. Mental excitement : neurasthenic man of no occupation; very self-centred; attacks of mental excitement and panic; causing much trouble to family doctor; treatment at once successful.

- 85. Colitis :** abdominal pain ; associated with " nerves " and gall-bladder trouble ; pain much relieved and general strength restored by treatment ; but patient subsequently relapsed and turned to surgery without success.
- 86. Obsessions :** banker ; often incapacitated from routine work owing to obsessions about duty, scrupulousness, and character ; panics about disease, infection, and possibly injury to other persons. Complete recovery. Desk method.
- 87. Stammering :** young business man, very obstinate stammer ; previously treatment on physical lines only ; P.T. methods rapidly successful without relapse.
- 88. Exhaustion :** associated with over-work in business woman ; nervous symptoms not prominent ; greatly assisted by P.E. treatment.
- 89. Nervous dyspepsia :** associated with depression and sense of unfitness in business

man aged 52; rather over-worked; treatment, supported by spinal ultra-violet ray radiation, very successful.

- 90. Morbid fears :** young married woman much incapacitated by persistent fears about health and "things about to happen"; developing into panic attacks at times; much helped by treatment.
- 91. Facial twitching :** troublesome facial spasms in a highly strung boy; treatment successful.
- 92. Speech impediment :** associated with want of self-confidence and characterised by spasmodic catching of the breath in public man; very greatly relieved at times, but probably not completely cured.
- 93. Sciatica :** elderly woman who had tried various treatments without success; relieved with unexpected readiness by treatment, P.E. method; no local applications.

- 94. Facial spasm :** associated with attacks of laryngeal stridor ; elderly woman of nervous temperament ; supposed to be due to a central lesion ; rapidly and readily relieved by treatment.
- 95. Melancholia :** elderly unmarried woman suffering from what I call "the true blues" ; that type of mental misery associated with not only a blue outlook, but with blueness of face and hands. It will be remembered that the late Sir James Goodhart used to emphasise the blueness in this type of patient, suggesting that the mental depression might be due to a stasis of cerebral circulation corresponding to the stasis in the extremities ; treatment was most successful in relieving two severe attacks.
- 96. Melancholia :** young woman much overworked in business ; suicidal and made one serious attempt ; did not respond to treatment at first, but eventually a combination of methods brought about a mental change and complete recovery.

- 97. Neurasthenia :** associated with exhaustion, depression, and insomnia ; woman aged 35 ; completely relieved by treatment associated with rest.
- 98. Mental depression :** patient dull, heavy, and anhedonic ; result of treatment most satisfactory.
- 99. Stammering :** member of colonial legislature ; after treatment was able to make the first successful speech in his 15 years' career as a politician.
- 100. Vertigo :** middle-aged business man incapacitated by attacks of giddiness which made it dangerous for him to cross the street ; his doctor considered it a suitable case for treatment by P.E. method, and this was entirely successful.
- 101. Melancholia :** elderly professional man ; said to be second attack of " true blues " ; walked up and down saying, " I feel perfectly dreadful " ; recovery slow, but eventually complete.

- 102. Delusions :** certified patient : delusions about health and impending death ; unable to care for himself because he believed it was not worth while eating or dressing or doing anything else owing to his being about to die ; recovery complete ; simple method ; subsequently his wife wrote : " Words quite fail me to express how very grateful I shall always feel to you for all you have done for my husband."
- 103. Neurasthenia :** elderly professional man ; persistent depression, exhaustion and anhedonia ; treatment by P.E. method entirely successful.
- 104. Neurasthenia :** patient in 75th year ; successful business man much depressed with headaches and neuralgic pains in the back and shoulders ; treatment, assisted by ultra-violet spinal radiation, thoroughly successful.
- 105. Nervous dyspepsia :** post-menopausal case completely relieved by psychomagnetic method.

- 106. Psychasthenia :** young business man ; mentally fatigued ; " Thoughts won't keep still " ; lacks confidence and keenness ; much improved under treatment and sent away for convalescence. .
- 107. Paræsthesia :** tongue sensations ; business woman much disturbed by unpleasant tingling sensation in anterior part of tongue ; no general neurasthenic or hysterical symptoms ; treatment very successful.
- 108. Neurasthenia :** chief features, exhaustion, anxiety, and disturbed digestion ; treatment successful.
- 109. Melancholia :** young woman of good position who suddenly became depressed, and, on being sent to stay at a cottage in the country, one evening walked out into the middle of a pond, which, however, was very shallow ; the shock of immersion and surprise that the water did not cover her seemed to have brought her to reason and she came out again. The family

doctor sent her to me for treatment, and an entirely successful result followed ; so much so that she was able to marry and live happily without, so far as I know, any recurrence of the depression.

110. Melancholia : with delusions and mental confusion ; retired business man of middle age ; responded well to treatment ; reacted sufficiently quickly to enable certification to be avoided ; a difficult case with an exceptionally satisfactory result.

111. Stammering bladder : elderly medical man with persistent tonic spasm of vesical sphincter ; entirely dependent on catheter ; much relieved by suggestion, with ether anæsthesia.

112. Impotence : patient young ; proper function restored by notably short course of treatment.

113. Enuresis nocturna : many cases in both boys and girls ; cure often dramatic in its rapidity ; unfortunately failures occur

in what appear to be simple cases ; psychotherapy always worth trying in obstinate cases.

- 114. Enuresis nocturna :** youth aged 17 ; seriously threatening his future ; **treatment with medical hypnosis failed ;** but treatment by simple general method, without sleep, succeeded brilliantly.

CHAPTER V

CONCLUDING NOTE ON THEORY

IN conclusion I must point out that in endeavouring to write a useful A B C of treatment I have purposely avoided theory and confined myself to practical details. It is clear that we know very little about what actually happens in treatment, and I ask fellow-workers to keep open minds about the possibilities. The outstanding fact is that, as a result of successful treatment by the methods under review, patients are steadied in nerve, quieted in mind, and benefited physically to the extent of digesting their food better, putting on weight, and becoming of more healthy appearance. Undoubtedly something happens psychophysically, as the result of treatment, by which not only are psychological twists straightened out, but neurones are assisted in their work, relieved of pressure, and

physically strengthened. All very important results.

But modern views of psychotherapy have so far reduced its effects to matters of "suggestibility," "ideas," "complexes," "repressions," and so forth, that the important possibility of there being something dynamic at work in certain forms of personal treatment has been lost sight of. I feel very strongly that we may reasonably conclude that there is another factor at work in successful treatment. My own feeling is that in all "contacts" such as occur in the exercise of personal influence there is an X-factor at work; further, that this unknown quantity functions on the physical (electromagnetic) planes of our being rather than as a purely psychological activity such as "suggestion." Personally I find it helpful as a working hypothesis to think of "what happens in personal contact" in terms of some medium for the action of our mind-power effects such as will and suggestion; I think of some such medium as modified or influenced by our neurones in a way similar to that in which the magnetism of physics is modified by batteries, armatures, and so

forth to the end that electromagnetic effects are produced in material experience. And I suggest the term "psychomagnetism" to indicate this "hypothetical energy of personality." Further, as regards the psychophysical methods of treatment I have described, I am inclined to think that where there is "will" to that end some kind of link is set up between operator and patient. This is what I feel as the result of practical experience and after watching results in countless treatments. It seems to be that on some such working hypothesis of psychomagnetism we can explain how it is that electromagnetic radiations, working through the neurones of a patient, can so alter conditions that a bridge or link is set up between patient and psychotherapist, greatly facilitating successful treatment. I put forward these suggestions more with the idea of stimulating thought than to ask for their acceptance, in view of the fact that I am unable to produce scientific tests or measurements. It is, of course, open to the more conservative schools of suggestion and medical hypnosis to say that I am wrong in my beliefs, and that my results are simply due to ingenious

ways of increasing suggestibility. They might be right ; I do not think they would be.

My position is that I know I can obtain definite results by a variety of modes ; many of these results, even some of the most surprising, can certainly be explained on the basis of the familiar theories of suggestion and sub-conscious mind, with and without hypnosis. But, on the other hand, it has come to me very strongly, entirely as a matter of practical experience—of now over twenty-five years' duration—that in many of my results there are factors at work which cannot be thus explained. I am also of opinion that many of the results obtained by mind-healers and psychotherapists elsewhere call for further explanation, which may be found in my idea of psychomagnetism. On this question of hypothesis I am open to correction from any reasonable quarter. Finally, I ask readers pondering on theory to consider the happenings in treatment by personal influence or mind reaction in relation not only to the electromagnetic constitution of matter, but to the spiritual nature of Man.

