THE POSITION OF HYPNOTIC TREATMENT IN THE CURE OF CHRONIC ALCOHOLISM.

By CHARLES LLOYD TUCKEY, M.D.

In estimating the value of a remedy in any given disease many factors must be taken into consideration, and the problem is rendered more difficult when the condition is of the complexity of chronic alcoholism. Members of the Society for the Study of Inebriety must be among the first to understand this, and to see that no single line of treatment will suit all cases. I shall here endeavour to indicate from my own experience and that of other physicians the class of cases in which hypnotic suggestion has been most successfully used, and where it should be given a fair trial.

Data have accumulated during the last few years, and there is now a considerable amount of literature on the subject available. A paper I read before the British Medical Association at Nottingham in 1892 was, I believe, the first formal introduction of the hypnotic treatment of dipsomania to the profession in England, though for some years Liébeault and Bernheim, of Nancy, Wetterstrand, of Stockholm, van Renterghem and van Eeden, of Amsterdam, and other foreign physicians had been reporting cases and recording their experience.

Kingsbury, Woods, Milne Bramwell, and others in England have since written on the subject, and there is a considerable and increasing amount of evidence from America. But for purposes of this paper I propose to confine myself to the consideration of three papers contributed to the Second International Congress on Hypnotism, held in Paris in 1900, and published in the Transactions of the Congress last year. These papers are by Tokarsky, of Moscow, De Jong, of the Hague, and myself.
They deal, therefore, with widely different nationalities, and it is interesting to note, in spite of this, that the inferences drawn are similar in each case.

Tokarsky states that he has hypnotized more than 700 patients during thirteen years with a view to treatment for chronic alcoholism. These patients include all classes of the community, from University professors to peasants, but only twenty women. Most of them drank on an average about a litre of Russian brandy—containing 40 per cent. of alcohol—a day. He claims to have cured 80 per cent. of those who wished to be cured, and submitted themselves voluntarily to his treatment. He adds that, except under those conditions, he will not undertake a case. He does not reckon a case as cured until at least a year has passed without relapse. The patient is kept under observation during the year, but he finds fifteen or twenty hypnotic sittings generally sufficient. Improvement is marked from the beginning in nearly every case both in mental and bodily condition, and the patient soon regains his wish and ability to work. Tokarsky adds that if the patient begins to drink again in the second or third week of the treatment he regards the case as hopeless.

Dr. de Jong gives the following résumé of his results: He has treated 41 drunkards in thirteen years, and he finds 19 of them have been cured, 9 gave up the treatment, 4 have relapsed, and 9 have been lost sight of. De Jong does not include in this list any result of less than a year's duration. Some of the cures are of over ten years' standing.

In 1896 I contributed a paper at the meeting of the International Congress of Psychology held at Munich on the use of hypnotism in chronic alcoholism, and therein recorded the results in sixty-five consecutive cases. The figures were: Cured, 15; relapsed after apparent cure of two years, 2; died six months after apparent cure, 1; 30 relapsed after three to six months; 7 were greatly benefited; and in 10 cases no effect was produced.

The paper was brought up to date at the Paris meeting by including 28 other cases treated up to the end of 1898, and the figures then stood at: Treated, 93; cured, 25.

I have not included in my last report the heading "Benefited," for I agree with Dr. de Jong that the term is misleading. Three of my patients have become "moderate" drinkers, and have
continued so for several years. Dr. Branthwaite, in his last report on inebriate asylums, seems to consider that only such persons can be considered as really cured—though, of course, he does not advocate the test—and it is sometimes argued that the danger of serious relapse is greater if the patient is under the impression that the smallest indulgence under any circumstances is fatal. I never saw Liébeault, of Nancy, insist on total abstinence, which is hardly understood in the wine-drinking parts of France, but he used to enjoin a little light wine or beer at meals only. This method certainly succeeded with him. I sent him a patient in 1889, a captain in the army, notorious for his drunkenness for several years. Liébeault allowed him a little light wine or beer with his meals, and he has continued sober ever since. Another case is that of a medical man. He was a "chronic" medical student when I began to treat him in 1895, and contemplated suicide. The treatment was successful, and he was enabled to qualify. He made a happy marriage, settled down, and worked up a large practice. He was an abstainer for three years, but then began to drink a little light wine with his meals, and has continued this for four or five years. He has never exceeded strict moderation. In this instance it seems safe enough, but I imagine such cases are extremely rare. The third case of a similar nature which has come under my observation is that of a lady who drank to great excess, chiefly because of domestic unhappiness and insomnia. She was induced to become a total abstainer by hypnotic suggestion. She has also taken a little wine with her meals for over two years, and so far has been able to keep sober. One feels justified in recording these cases as "cures."

De Jong, on the other side, quotes the case of a patient of his, an artillery sergeant, who reported himself as "much benefited" by the treatment, as he only drank a little beer now instead of spirits as formerly. It turned out, however, that the "little beer" amounted to two-dozen glasses a day!

It will be seen that Dr. Tokarsky claims to have cured 80 per cent. of his patients, whereas I am only able to record about 25 per cent.

I think the difference in results is explained by his statement that he only undertakes patients who wish to be cured, whereas I was at first willing to tackle any case.
The results I saw at Nancy in 1888 were so remarkable that I thought a real panacea had been found, and that even the corner loafer and the déclassé man of birth had only to be submitted to hypnotic treatment to become reformed and useful members of society.

It is only by experiment that one discovers the uses and limitations of a treatment, and I feel justified in coming to the following conclusions, which are borne out by a number of other observers in this country, America, and on the Continent:

1. Most alcoholic patients are good hypnotic subjects.

2. To insure reasonable prospect of success, the patient should have a real wish to be cured, and should be placed under favourable conditions while undergoing treatment.

3. He should be kept under observation for at least a year, during which time he should feel himself on probation.

These conditions being observed, I feel convinced that alcoholic patients should be given the benefit of hypnotic treatment, which claims the following advantages:

1. It is rapid in its action. After two or three sittings there is generally a marked improvement in the patient's general, mental, and moral condition.

2. The patient is able to continue his business, and is thus saved the expense and loss incurred by confinement in a retreat. Domestic ties are not broken, and the demoralization which often results from the enforced idleness and evil companionship, almost inseparable from life in a retreat, is avoided.

I think, therefore, that the willing patient should be given the chance, it being explained to him that the alternative before him is twelve months' detention in a retreat under the Act.

Medical men all over the country are beginning to use hypnotism, and I frequently hear of successful results.

It is a pity that practitioners do not record their cases, and so add to the available clinical material.

Any doctor who has the confidence of his patient can give him
the advantage of the treatment, only being careful that both he and the patient take the matter seriously.

It matters little what method of hypnotization is adopted, the object in view being to obtain increased mental receptivity. As a rule, the deeper the hypnosis the greater the "susceptibility," but some of the best results have been gained when there is only a slight degree of hypnosis; whilst, on the contrary, I have seen suggestion completely fail when profound somnambulism has been induced.

A drunkard's word is notoriously worthless, so, though one hopes suggestions of abstinence will quickly make themselves felt, nothing must be left to chance, and until confidence is established—say for two to six weeks—the patient must be under responsible supervision.

Suggestions should aim at two objects—absence of craving and even physical repulsion towards alcohol, and increase of power of resistance and restoration of self-control. I have seen a patient retch in response to suggestion when made to smell whisky and vomit when made to drink a glass of beer, but even when this striking effect is produced permanent cure will not follow unless there is moral backbone behind. As the schoolboy will go on smoking tobacco until he overcomes the early nausea, so the patient who lives only to drink will resent the physical difficulties put in his way, and will persevere until he breaks down the barrier raised by suggestion and acquires renewed toleration.

Bérillon, of Paris, advocates the creation by suggestion of a cerebral centre of inhibition by suggestion. By suggesting paralysis of the muscles of the arm he makes it impossible for the patient to convey a glass of alcohol to his lips, thus rehearsing the desired effect in the hypnotic state.

Dr. Creed, of Sydney, N.S.W., member of the Legislative Council and president of the local branch B. M. A., has recently, in conjunction with other experts, drawn up a report on drunkenness and its prevention and treatment in the colony, which is receiving the attention of Parliament.
He insists upon the virtue of hypnotic treatment, and quotes some striking results. He urges that the treatment should be tried in the public institutions of the colony, as well as in private practice, and he is confident that it will be found to cure a large proportion of drunkards. If, applied under proper conditions, it proves unsuccessful, he considers the case as hopeless under normal social conditions, and advocates the establishment of a total abstinence settlement, to which these incurable people can be sent and be kept sober. As Dr. Creed holds an influential legislative post, he is in a position to assist in the carrying out of a practical scheme for the removal of one of the greatest reproaches of civilization—the neglect of the habitual drunkard.

Dr. Milne Bramwell, in his recent work on hypnotism,* states that he has treated during the last twelve years seventy-six cases of chronic alcoholism by hypnotic suggestion, and has obtained the following results: Cured, 28 (17 men and 11 women); much benefited, 36 (26 men and 10 women); unaffected, 12 (10 men and 2 women).

I am pleased to find that, as regards hypnotic treatment, the cruel statement that women drunkards are incurable is quite incorrect. Some of the best results have been with women, and their chances of cure are at least equal to those of men.