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ORIGINAL ARTICLES.

HYPNOTISM.

ITS USES, ABUSES AND MEDICO-LEGAL RELATIONS.

Read in the Section on Neurology and Medical Jurisprudence, at the Forty-sixth Annual Meeting of the American Medical Association, at Baltimore, Md., May 7-10, 1895.

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It is with a grateful heart and thankful attitude that I address this Section on some of the aspects of hypnotism. After several years of study of this subject in the medical centers of Europe, I found the opportunities here rather inconvenient for anything more than unassisted investigation. Two years ago I found myself repeating the words Euripides put into the mouth of Medea:

"For when you bring new truths to men's minds
They deem you not wise but unpractical,
While those who on deep learning pride themselves
Are piqued, and you incur the general hate."

It is not necessary to say more, for science has proved too strong for prejudice.

I shall take up the subject by dividing it into four sections:

1. Theories and facts.
2. Its therapeutic uses.
3. Its abuses.
4. Its medico-legal relations.

The theory of hypnotism I shall touch but little upon, for we have been studying the phenomena for several years, and it is now time to take action on our conclusion of facts as far as we have them. As neurologists we have too long been studying the brain, not its functional product—the mind. The abuses of hypnotism call for some attention, as they must be shown and predicated before we can take up the juridic side of the case.

I do not intend to go into the discussion of the theories of the two schools of hypnotism, but I think we can, by looking at the subject from an elemental basis, get a better understanding of the foundation upon which these superstructural theories have been reared.

Whether we take the Charcot or Nancy school, the subject is the same to us from a therapeutic or medico-legal point of view. Charcot's school agree in regarding hypnotism as an induced neurosis closely allied to hysteria, and therefore pathologic, while the Nancy school refuse to see in hypnotism anything but a psychologic condition almost identical in its nature to natural sleep.

Charcot considered hypnosis a distinct entity marked by the presence of certain somatic phenomena while Bernheim denies that there are any technical phenomena characteristic of the condition, and refers everything to suggestion. Although a former pupil of Charcot, my investigations have led me to follow the teachings of Bernheim.

This idea of suggestion grasped in its full significance, compels us to alter somewhat our old idea of the *ego*. In fact, it is questionable if our ordinary conception of it is correct. We are accustomed to think of the *ego* or personality as something *in se ipso totus, teres atque rotundus*, a complete indivisible unity.

Recent studies in psychology seem to indicate that the unity of the human consciousness is not one of its functional attributes.

To quote Mr. Myers¹: "My organism is the real basis of my personality. I am still but a colony of cells, and the unconscious or unknowable, from which my thoughts or feelings draw their unity, is below my consciousness and not above it; it is my protoplasmic substructure, not my transcendental goal."

According to this, the self is not a separate entity independent of the organism in which it dwells, and its entity is really a product of its structure. So that it is not only consciousness of self but the quality of the particular self that depends on the relations, partly structural, partly relations of adjustment—between the cell or other units which compose the organism. Alter these relations and you alter the self. These alterations are brought about by suggestion, and this produces the phenomena seen in the various stages of hypnotism.

The general impression that hysterical persons are those chiefly amenable to hypnotism is an idea that I must dissent from. I have hypnotized patients in Iceland, Africa, China and various other parts of the globe, and have not found that the hysterical element was necessary. Furthermore, if only hysterical persons are susceptible we must modify and enlarge our conception of hysteria, or admit that 80 per cent. of men and women, and 95 per cent. of children are hysterical. For nearly all children are hypnotizable, and we rarely find hysteria before puberty. Dr. Schrenk-Notzing has recently published some international statistics contributed by fifteen observers in nine different countries, and these give 6 per cent. of failures in 8,705 cases. Wetterstrand of Stockholm, states that the hardest subjects he found to hypnotize were hysterical and nervous persons, especially neurasthenics. This has also been my experience. Dr. J. J. Bramwell of London,² states that he had succeeded in hypnotizing 88 per cent. of both sexes, of varying ages and social positions. The investigations of the Second International Congress of Experimental Psychology admitted the therapeutic advantage derived from hypnotic suggestion and the recognition of the important fact that the susceptibility to hypnotic control is not itself an indication of hysteria or of any morbid condition whatever in the subject.

THE THERAPEUTIC USES OF HYPNOTISM.

As regards the therapeutic uses of hypnotism we

¹ Human Personality, p. 639.

² Lancet, Nov. 4, 1893.

have been confronted by two divergent tendencies; the one leading to exaggeration the other leading men to disparage or ignore the subject. It is scarcely necessary to state that this latter attitude is assumed through a lack of scientific inquiry into the matter. These *quid nuncs* display a feat of exegetic audacity which would equal that of a Chinese general. I shall try and look at both sides calmly, without undue enthusiasm or prejudice. The few facts I shall offer for your consideration will be only those that have come under my observation the past year. The literature of the past five years on this subject is so pregnant and rich in facts, and so ponderous in its multiplicity of works, that you are all more or less familiar with the therapeutic uses and limitations of hypnotism to-day.

For insomnia I know of no remedy equal to hypnotism. Lately, considerable has been said about the use of hypnotism in dipsomania and alcoholism. I have found it of great value in these cases, and have been able to cure 85 per cent. of my patients. When I say cure, I mean those who have gone three years without returning to their old habits. I have had one relapse after three years complete abstinence, and one after three years and three months. It is useless to try and cure your patients unless you are fully convinced that they honestly desire to be cured. With the drug habit I have had about the same good result. Bushnell, Surgeon U. S. A., gives a list of eighteen cases. He says: "I have never failed to hypnotize a patient who sought treatment for alcoholism."³

The reason we get such good results in alcoholism and the drug habit is on account of that intellectual inertia consequent upon frequent stimulation, and it is a psychologic fact that a mind thus weakened is more susceptible of receiving and accepting suggestion than one in possession of more stable and mental vigor. This is only true where there has been no organic change in the brain tissues. Of course this treatment should go hand in hand with the modern hygienic methods now used in institutions throughout the country.

I will say here that I do not intend to give histories of cases, as my time is limited and I wish to cover the whole ground in a general way.

Hypnotism is of value in enuresis nocturna, masturbation in both sexes, acquired but not congenital sexual perversion. This is a distinction to which I particularly wish to call your attention.

In certain forms of hysteria which baffle all other methods of treatment, hypnotism is invaluable. Pope,⁴ reports a case of hysterical alexia cured by hypnotism. I have cured cases of hysterical contractures that had been the rounds of the hospitals. Daland also reports similar results.⁵ Dr. Eugene Reveilva⁶ reports a case of hysterical paraplegia cured by suggestion. I have had one case of paralysis agitans,⁷ in which the movements were arrested during suggestive sleep, thereby giving the patient much needed rest. Barretto Pisquer, Bahia, Brazil,⁸ gives several cases of hysteria cured by hypnotism. I think that we can lay down the rule that hypnotism will invariably remove hysterical symptoms if not hysteria itself. While these facts may appear contradictory to my

former statement that hysterical persons were the hardest subjects to hypnotize, you will remember that I did not say that they could not be hypnotized. They require greater persistence on the part of the operator, and your efforts will often prove fruitless. Mental excitement greatly militates against hypnosis.⁹ I have had many failures due to this condition.

In cases of epilepsy, I think that too much importance has been attached to suggestion and not enough to artificially induced sleep. Especially is this so in anemia and chlorosis. Berillon reports a cure of four out of twenty epileptics; in six other cases the attacks were greatly modified. In a young woman of 25 years, an aphasia of three years standing was completely cured. I am far from believing that persons with inveterate hystero-epileptic fits can be cured by anesthetizing hysterogenic zones or by stopping these sleeping periods by hypnotizing and suggesting at the same time. But since the outbreak of inveterate fits is preceded by a period more favorable to our therapeutic operations, the experiment of leading the disease into other channels during these periods seems to me worthy of trial. Wetterstrand is now keeping those patients in a prolonged sleep lasting several months. I believe here we are on the right track. You can suggest intervals of awakening and hunger. I kept one patient who was having five fits a day free from them for ten days, during which she was in an artificially induced sleep. I feel certain that I could have greatly benefited her if not cured her, had I been allowed to continue the sleep for several months. But church, meddling friends, and superstitious family were too strong for me.

Babanski,¹⁰ relates a case of left hemiplegia, with hemianesthesia dating from an attack of year before. The patient had a post-hemiplegic lateral tremor simulating insular sclerosis, contracture of the left leg and arm, and exaggerated reflexes. He suffered from dyspnea dependent on emphysema. Hypnotic suggestion caused a rapid cessation of the tremor, relaxation of the contractures, return of the common and painful sensations to the left side, return of the power to stand and walk without a stick and with very little dragging of the limb.

The amelioration of all the symptoms continued for two years, during which time the man was kept in the hospital and occasionally hypnotized. He died at the expiration of two years. The autopsy revealed foci of yellow softening in both hemispheres, upon the convexity of the left occipital, and in the right hemisphere immediately behind the posterior extremity of the optic thalamus. Almost all the posterior portion of the external segment of the corpus striatum was destroyed, and its cavity filled with fluid. The medulla, pons medulla, and cord were not implicated, nor was there any degeneration of the pyramidal tract.

Bernheim in commenting on this case, suggests the possibility of suggestion having reestablished the conductivity of sensory impressions of other tracts in place of those destroyed, but Babanski considers that hypnotic suggestion simply affected the hysterical element of the case. The fact, however, remains that a man suffering from a grave organic disease of the brain was very greatly benefited by suggestion and enabled to walk long distances and feed himself for two years, after he had been unable to do so for more

³ Med. News, Phila., 1894, xiv, p. 337-343.

⁴ New Orleans Med. and Sur. Jour. 1894, n. s. xxi, 814-816.

⁵ University Med. Mag., April, 1893.

⁶ Jour. Med. de Paris, May, 1894.

⁷ Parkinson's disease.

⁸ Gaz. Med. da Bahia 1894-95 N. 97-105.

⁹ F. Jolly, Hypnotismus und Hysterie: eine Eroderung. Munchen. Med. Wochenschrift, 1894, xli, 247.

¹⁰ Hypnotism et Hysteria, p. 41.

than a year. Several cases have been reported from Europe in which the symptoms of locomotor ataxia have been greatly warped by suggestion.

We are all familiar with the fact that local and complete anesthesia can be produced in hypnotic subjects, and minor as well as major operations done with greater facility and less danger than with chemical aids. That hypnotism will ever take the place of our present anesthetics is very doubtful, as this stage of mental suggestion can not always be effected at the time wanted; however, I have used it frequently in cases where I had the time to thoroughly develop the subject, and often in an emergency. I believe that we are doing an injustice in giving the anesthetics without first attempting to produce an anesthetic condition by hypnotic suggestion. In dentistry, for the extraction of teeth, I have used it several times at the request of the dentists. It is a safe, neat and very satisfactory method of painlessly extracting teeth. But the *zeno genesis* can only be produced by one who has the confidence which comes from experience.

Professor Hitzig¹¹ produced anesthesia in the whole forearm for painful scars, the effect of such suggestion done but once lasting several months. Prodromal headaches in certain cases can be relieved by hypnotic suggestion. In labor cases it is best to hypnotize your patient once or twice before labor begins. I prefer to begin several days before the expected occurrence, because when labor begins the condition of suggestibility decreases on account of other sensations intervening. A large number of observers, especially Schrenck-Notzing, report successful cases of confinement by hypnotic suggestion. The advantages of hypnosis in labor are the removal of consciousness of pain, regulation of position of limbs, body and attitude, and increase or diminution of uterine contraction by action of voluntary muscles under suggestion.

In persistent hiccup that sometimes baffles all other treatment, I advise you to try hypnotism. In a case of four days' persistent hiccupping I gave immediate relief. Dr. Fitzgerald, of the City Hospital, St. Louis, had a similar result in a case of an old man who had been hiccupping for forty-eight hours and who was in a very low condition.

In a large number of cases it is not necessary to produce complete hypnosis to get satisfactory therapeutic results. If you have hypnotized the patient several times; if even he has only been in a state of lucid lethargy, he will often take suggestions satisfactorily in a waking state. Deep sleep is not necessary for suggestions to take effect. There are also persons so amenable to suggestion that hypnosis is unnecessary; this is especially the case with children. In other persons, suggestions must be adapted to the condition of the patient; to his mental individuality, and to the special symptoms to be removed.

I have been unable to see any decided beneficial effects in the hypnotization of the general insane. In fact, it is almost an impossibility to endorm these cases. Idiots particularly, are almost invariably incapable of being brought to that condition of mental attention which is necessary to produce a hypnotic state. In those children who are morally perverted by environment and acquirement, mental suggestion is the proper treatment. In fact, in these cases we have in hypnotism a basis for a mental and moral

orthopedia. The only authority who credits hypnotism as of value in the treatment of the insane is August Voisin; but as his statistics only show 10 per cent. of cases benefited, it is scarcely worth placing much confidence in this therapeutic method. Dr. George M. Robinson, of the Royal Edinburgh Insane Asylum, has used it with success in insomnia, as a sedative in excitement, as a substitute for restraint, and to dispel fleeting delusional states and the minor psychoses.

Therapeutically, suggestion is of value in evolving isolated disturbances in the organ of mind, the cerebral cortex to be acted upon, apart from the symptoms of disease which may be associated with them.

THE ABUSES AND DANGERS OF HYPNOTISM.

The first danger that I wish to call your attention to, is one that directly interests ourselves. That is, in receiving statements of hypnotic subjects we should constantly bear in mind the great risk of conscious and unconscious deception. We must have some diagnostic data to rely upon to show the paralyses produced by hypnotic suggestion. These facts must be known by the legal as well as the medical profession. I give you these facts as laid down by P. Richer and Gilles de la Tourette. Complete laxity of limbs, considerable exaggeration of the tendon reflexes, spinal trepidation, loss of muscular sense, exaggeration and modification of the muscular contraction provoked by the galvanic current, and vasomotor troubles. I have generally found a fibrillary motion of the eyelids. Jolly¹² gives three cases of mental derangement treated by hypnotism whose conditions were made temporarily worse by the treatment; that is, they all showed symptoms of true hysteria which they had not before. I have had one case that I feel certain was mentally injured by hypnotism; but it was the manner in which he was treated rather than the effects of hypnotism *per se*. He was a subject that was like a piece of clay in my hands and a case that taught me many a valuable lesson. I sent him to steal Dr. Brinton's watch. This he did most adroitly. I brought him out of the hypnotic state, when he was accused by Dr. Brinton of having his watch. When the watch was found upon him the shock was so great that he immediately went into a cataleptic condition. With great difficulty I brought him out of it. These fits continued almost every hour for several days until I was enabled to hypnotize him and make the post-hypnotic suggestion that he would forget all that had happened. I have never hypnotized persons for experiment since, without giving them a post-hypnotic suggestion. I claim that the injurious effects of hypnotism depend upon the nature of the suggestion; that we are enabled to benefit or injure the mind according to the cortical centers we inhibit or stimulate. I will read you a letter I received a few days ago:

NEW YORK, March 26, 1895.

Dear Sir:—About six weeks ago I was partially hypnotized by a person from whom I was taking lessons. Since that time I have suffered from an oppressive feeling of weight on my brain, and such drowsiness and loss of interest in things about me that I am forced to think that this unusual condition was produced by the hypnotist, especially as I first felt it immediately after the act. Please let me know whether I am probably right in my opinion as to the cause of my suffering, and give me the address of some reputable physician here, competent to diagnose my case and afford me relief.

Yours, etc.,

¹¹ Brain, 1893.

¹² Arch. für Psychiatrie, xxv, p. 3.

A. Tuckey¹³ mentions a case of complete cessation of respiration by hypnotic suggestion. Recourse was had to artificial respiration. Heidenhain¹⁴ believes that a healthy person might be placed in jeopardy by continued suggestion to cease breathing. I have frequently brought the respiration down to eight a minute, and run the heart beats up to 190. I only ceased the experiment for fear of disastrous results. One could find no easier way of committing murder. The cause of death could not be detected.

We have one well authenticated death by hypnotic suggestion. Ella von Salmon died under circumstances pointing strongly to hypnotism as the chief if not the sole lethal agency in her case.¹⁵

The autopsy on this case was conducted in the Pathologic Institute at Buda-Pesth in the presence of Dr. Jozas and several other physicians. The brain exhibited a high degree of anemia and consecutive malnutrition, with indications of edema, otherwise there was no abnormality. Dr. Jozas considers the cause of death, acute anemia of the brain, incident to the hypnotic state, with syncope and heart failure. The experiment with her was of a startling and highly sensational nature. While in the hallucinatory state she saw by suggestion a diseased lung, and gave a long description of the pathologic condition in an excited and agitated manner. The final question of the operator had an intense emotional effect on her, and caused her collapse. She did not die from auto- or imparted suggestion, causes which might prove fatal under certain circumstances. In commenting on this case Kraft-Ebbing says: "The question of the cause of death in this case probably permits this answer. The unskillful use of hypnotism by a layman and the unusually violent cerebral excitement stand as the causes of death." This case teaches us that the laity should not practice hypnotism. This naturally brings us to the consideration of the medico-legal aspects of hypnotism.

THE MEDICO-LEGAL ASPECTS OF HYPNOTISM.

We now come to the juridic aspect, and this opens such broad possibilities, such intricate problems, and in our present state of knowledge of the subject, such a bewildering maze of contradictions, opportunities, and incongruities that I approach the matter with hesitancy. To even approach the threshold of this side of hypnotism with as few words as possible is no easy task. However, I will attempt in five minutes to give you the kernel of my thoughts and study on the matter.

I think that I can say without the fear of contradiction that we all agree that laws should be enacted in this country regulating the practice of hypnotism. Such laws, and stringent ones too, exist to-day in most civilized communities. All public demonstrations of hypnotism should be suppressed by legal action, and the courts take cognizance of citizens being subjugated by any unqualified experimenter, as it does of the unlawful practice of drug prescribing or surgical operations by unqualified and unlegalized persons. The trail of hysteria, auto-hypnotism and neurotic eruptions that is left in the towns visited by the traveling mesmerist can only be understood by one watching the route of these pseudo-scientific men. This was well illustrated in the Briggs-Picken case at

Eau Claire this winter. Two young girls who had been subjects of a traveling hypnotizer were finally wrought up to such a condition of hysterical auto-hypnosis as to accuse Dr. Picken of seduction under hypnotic control. Judge Wm. F. Bailey very justly decided to get some information upon hypnotism before allowing the plea of hypnotism to be entered. The case being laid before me, I soon satisfied myself that there was no basis upon which to enter such a plea. I concluded that the simulation was objective. That the case was one of auto-suggestive self-deception. The wanton and unscientific hypnotic suggestions which had been given them for several days produced in these girls a condition in which they gave statements of erotic auto-suggestion, delusion of memory, delusion of sight, and gaps in their life's history.

In the Anderson-McDonald case just decided by the Supreme Court of Kansas, wherein the hypnotized or automatic murderer was acquitted and the hypnotizer sentenced to death, we had the first case of the kind in this country, but you are all familiar with several cases of the kind decided by the courts in Europe. One error seems universally prevalent among both the laymen and the profession who have criticised this decision. Because the hypnotizer was not present when the act was committed, the opinion is expressed that the person committing the act was not hypnotized. This is a grave error, and the court should be made familiar with the greatest danger hypnotism presents. I refer to the post-hypnotic condition. By post-hypnotic condition I refer to the appearance of a hallucination at a given day and hour or the performance of a suggested action after a certain interval of time, during which interval the subject is in his normal mental condition. This is the only scientific explanation of the idea of transference of suggestion through space. There is no such phenomenon known to the accurate psychic observer. There must be verbal or ocular suggestion, as sending a note to the subject which commands him to perform certain specific acts. In those cases of murder where hypnotism is proven, and the hypnotizer is absent when the act is committed, this post-hypnotic condition must be seriously considered. These post-hypnotic suggestions are given when the subject is in a state of complete hypnosis, but he will after an interval of time, during which he is in his normal state, carry out the suggestions which have been given him, totally unable to explain his reasons for so doing, and carrying them out in all gradients from credulity to extreme hallucinations, all depending upon the purport of the suggestion. The recrudescence will occur several weeks after the suggestions have been given.

That crime can be committed through hypnotic suggestion, I am fully convinced. I do not base my conviction on the results of the well-known laboratory experiments but upon more practical and satisfactory evidence.¹⁶

Under certain circumstances there is no reason why the court can not require an examination of the accused and witnesses by qualified hypnotists. *Salus populi suprema est lex*. Evidence thus obtained, however, should be used only as indicating where legally usable and valid evidence might be obtained, and not itself legally usable and valid. Such cases should if possible be tried before a judge not a jury. This is possible in the countries in Europe where the laws

¹³ Brain, vol. XIV.

¹⁴ See Loos, Otto: Der Hypnotismus und die suggestion in gerichtlich-medizinische Beleuchtung.

¹⁵ See Lovrich, J.: Tod während der Hypnose. Pest. Med. and Chur. Presse Buda-Pesth, 1894, xxx, 1016, 1018.

¹⁶ See N. Y. Med. Jour., March 9, 1895.

differ radically in some respects from those extant here.

Hypnotism is a justifiable inquisitorial agent for finding clues. In Indianapolis, last January, Frank Pierce and George Schoppe were both arrested and convicted on evidence given by young Schoppe while in a state of hypnotism. Dr. Gardener, of Napa California Insane Asylum, was called into court last November to hypnotize the murderer Livernash, and succeeded in getting the truth from him. I might continue by quoting a large number of similar cases in Europe, but these are sufficient for my case.

The law in Holland allows the subjection of the accused to the process of hypnotization to obtain evidence, but such evidence thus obtained can not be made use of unless otherwise corroborated.¹⁷

In discussing the question from the standpoint of criminal law we are confronted by two great questions: 1, the responsibility of the hypnotizer; 2, the responsibility of the hypnotized.

To the first question the answer is very simple. The hypnotizer occupies a position akin to that of an accessory before the fact, who, under the common law of England is equally guilty with, and is punished as a principal; but in the case of a crime committed by one under hypnotic suggestion, the guilt of the hypnotizer is increased. In the case of principal and accessory, there are two wills acting in unison; but in the other, the will of the hypnotizer stands alone in the guilt, and if the crime was murder, his position is precisely that of one who lets loose a wild animal upon his victim, knowing that the nature of the animal is such that he will surely kill.

From what I have said on the first question, it follows as a corollary to the proposition that the second question is answered by saying that the responsibility of the hypnotized is no greater than that of one who is *non compos mentis*; but this broad generalization requires to be somewhat qualified, and in this connection I desire to note a dissent from Albert Hall in his sweeping condemnation of the view of Desjardins, "that a person who commits a crime by post-hypnotic suggestion is punishable, because he might have foreseen the possibility of such suggestion."

This language is, from a legal standpoint, objectionable, in that it is vague and liable to misconstruction, but with certain qualifications it can, I think, be fairly indorsed. If the party hypnotized knew previously that the hypnotizer had this power and was a man of criminal habits and inclinations, and that he himself was subject to hypnotic influence, and yet, while in full possession of his will, he placed himself in such a position as to be within the scope of hypnotic influence, I am strongly of opinion that a certain degree of legal responsibility attaches to him for any crime he may commit, either under the influence of hypnotic or post-hypnotic suggestion, though to what extent he should be punished I am not prepared to say; but his position might be fairly held somewhat analogous to that of an engineer by whose carelessness a passenger was killed—the absence of criminal intent being the same in either case. If the one hypnotized had caused the criminal act to be suggested to him, the guilt of both parties would be equal.

Now, having fixed the status of the hypnotizer and

hypnotized before the criminal law as to their respective responsibilities, we come to what I regard as the most difficult problem to solve: how is it to be demonstrated that a given crime was committed by a prisoner while in a state of hypnosis? Such claims are now frequently being brought before our courts. Such a defense may rightly be interposed, and while evidence might properly be introduced in a homicidal case to show that the prisoner had no motive to kill the deceased, but that A had such a motive, and that A possessed the hypnotic power, and that the prisoner was subject to hypnotic influence, and while such evidence might raise in the minds of the jury such reasonable doubt that they would be forced to acquit the prisoner; yet, when the picture is reversed, and we see A placed at the bar, the prosecution is beset with such difficulties under the rules of evidence that I do not consider that it would be competent for it to prove the responsibility of A, by showing that he had exercised the hypnotic power over B at other times, any more than it would be competent for it to prove the guilt of a prisoner by showing that he had been guilty of similar offenses at other times, which evidence is always inadmissible except in rebuttal, where the defense has offered in chief evidence tending to show the previous good character of the accused; and while such evidence would undoubtedly tend to carry moral conviction, it would nevertheless be legally inadmissible. The law deals, particularly in its criminal jurisdiction, with facts, not probabilities, and the evidence must be confined to showing that in committing the crime the one striking the fatal blow was acting under either hypnotic or post-hypnotic suggestion, and that the prisoner was the actual hypnotizer, and, ergo, responsible.

Another point which occurs to me is the difficulty which might well arise from the trouble in getting the person hypnotized to testify in the presence of the prisoner. Might he not, by the exercise of his power over the witness, prevent him from testifying, or render his testimony worthless? Yet it would not be possible to remove the prisoner and then examine the witness, for by the inexorable rule of the common law, every man is entitled to be confronted by the witnesses against him, and no trial can go on in the absence of the prisoner, so that if the prisoner escapes during the trial of the cause, the trial must stop—the common law knowing nothing of any such proceeding as a trial in contumacy.

It is evident that some radical changes must be made in our criminal procedure in cases where hypnotism is alleged. I think a point has been reached where scientific investigation, traveling on well-defined and incised lines, has brought out facts that now allow some regulation of hypnotism by a change of laws. The future of the subject should now be confined to those whose training and predilections best fit them to continue research, and properly instruct physician and student. Such prerequisites are absolutely necessary to place the phenomena on a dignified platform with nerve physiology. Medical schools should be able to furnish instruction to their students in this rapidly developing branch of medicine; for, as Kraft-Ebbing says: "Hypnotism as a biologic phenomenon of nature offers symptoms emphatically true, clear and objective, the proof of which is decisive."

¹⁷ Crocq fils, L'hypnotisme et le crime. Conférences au jeune barreau de Bruxelles, 1894, H. Lermertin.