treatment before one clearly understands it, and has become familiar with its application and results. We are still on the threshold of the possibilities of suggestive therapeutics. They will not reach every case. Neither do scores of familiar and generally helpful remedies. Exceptionally, suggestion fails even when deep sleep has been caused. It is hardly necessary to adduce instances of scepticism which have become transformed into general adoption of forms of treatment but recently condemned. I will, however, mention Listerism and antiseptics, laparotomy in various forms, and the use of electricity as a means of relief; and the list might be lengthened.

I can ask for hypnotic suggestion merely a fair hearing and personal trial. My own observation, study and experience have convinced me that, in verbal suggestion under hypnosis, we not only possess a remedy of great value, but that we have reason to be grateful, first and especially, for the knowledge of the treatment as applied by the Nancy school, and, further, to the faithful men who have done so much to develop as well as to bring it before the medical public, and who continue to be humble students in the path into which it has led them. At their head, as pioneer, I place Liébeault. Bernheim is his brilliant follower. To Liégeois praise is due for his profound study of the medico-legal bearings of the subject.

In closing my paper, I must express my thanks to all of these gentlemen (particularly to Professor Bernheim) for their unwearied courtesy to me during my recent study of hypnotic suggestion in Nancy.

In demonstrating hypnotism, I have nothing to show in the direction of hallucinations; because, in the application of suggestion, I have no other interest than in relieving my patients.

The four patients who have been kind enough to come here this evening will exhibit very clearly the various degrees of hypnotic influence from the second stage to profound sleep.

Upon my holding a finger and thumb before his eyes, the first patient sleeps at once. He is perfectly conscious, but, in spite of his utmost endeavor, cannot open his eyes. This is the second degree of somnolence. In this stage suggestion has relieved this gentleman of inability to use his tongue freely, a result of slight paralytic shock occurring in September last.

Patient No. 2.—Slowly counting seven, I tell the patient that before I reach seven he will be asleep. He is asleep. In this case you observe that catalepsy in the arms and rotatory automatism in the hands are well-marked, showing that the patient has reached the fourth degree of sleep. He is anæsthetic.

Patient No. 3, being requested to count seven, will fall asleep before she reaches seven. She falls asleep at six, whispering seven in sleep. Here catalepsy and automatic obedience are perfect. I ask her to rise. She does so. I request her to come toward me. She does so. Telling her that she cannot advance, but can go backward; then that she can neither go backward nor advance, obedience is absolute, and clearly shows that her mind is possessed simply by the idea I express. It should be easy to see that when ill such a subject can readily be helped by suggestion. This patient, as proved by the trial just made, can wake on the second after an interval of sleep, the duration of which I fix. I tell her to clasp the hands over her head, saying that when the fingers interlace she will fall asleep. This follows promptly.

Patient No. 4, at my request, takes six deep inspirations, and the suggestion, "you will fall asleep at the sixth inhalation," is realized. In this case catalepsy takes the classic form. The lifted arm is like a bar of wood, and if pressed downward springs back into place on being released. Anæsthesia is profound. Any operation might be performed upon this patient. Pricking the hands, cheeks and nasal mucous membrane with a pin there is no response. In the three other patients memory existed on waking. In this man absence of memory of all that has occurred during sleep is absolute.

Thus these four patients show a graded series of hypnotic influence, and enable me to exhibit the various tests of these different stages. The different means of hypnotizing these patients are merely various forms of suggestion.

REMARKS ON HYPNOTISM AS A THERAPEUTIC AGENT.¹

BY MORTON PRINCE, M.D.

I AM very glad to have this opportunity to endorse in the main the views which Dr. Osgood has expressed, and the results of his experience. I differ from him, in some particulars, regarding the theory of the phenomena and certain limitations which we should recognize in its use for therapeutic purposes; but in general, if I understand him correctly, I endorse Dr. Osgood's views; and I must believe that any one who will practice and observe for himself will, in the end, come round to the same opinion. There are some who boast that they have, "no personal experience with it," know nothing about it, excepting what they may have acquired from a little book-learning, and yet on this evidence condemn it. To such, I would say, "Examine for yourself."

"If it is true," Dr. Max Dessoir remarks, "that a youth is interesting on account of his promise, and a man on account of his achievement, we may safely affirm that hypnotism has now entered upon its manhood. For the investigation of hypnotic phenomena is now in the stage of achievement." Its phenomena have been studied for years and years, and during the past four or five years the study, as a science, has spread through England, France and Germany. It is impossible for any well-informed person to doubt, to-day, the phenomena of hypnotism as exhibited in normal people. I do not mean to say that no one can simulate them, for a patient can simulate tabes or disseminated sclerosis, but no one would say for that reason that these diseases do not exist.

In the field of therapeutics, hypnotism also has accomplished a great deal. It has made giant strides in France and Germany. I do not know but that the pendulum may have swung too far; very likely it has; if so, the pendulum will swing back and find its normal level in time.

My own experience with hypnotism for therapeutic purposes dates from two years ago, when I first used it. I have used it more or less in selected cases ever since. The results of this experience, on the whole, are favorable. I have had no cause to regret using it, but, on the other hand as I look back, rather wish I had employed it in other cases which balked my in-

¹ Made during the discussion of Dr. Osgood's paper before the Boston Society for Medical Improvement, March 24, 1890.

genuity, and which I now am disposed to believe might have been benefited by hypnotism. But I should be very sorry to be understood to advise that hypnotism should be practised as a "pathy," as an exclusive system of treatment to which every case should be submitted. I am very much opposed, for example, to so-called hypnotic clinics to which patients go exclusively for hypnotism. If this is done, it will be only a question of time before the treatment falls into contempt. But *hypnotism should be reserved for special cases*, which, from their nature, are suitable, and which can be more effectively cured by this means than by any other.

This use of suggestion is no new thing. It is as "old as the hills," and has been used from time immemorial, whether in the form of the talisman, of mesmerism, mind-cure, Perkins's points, of faith-cure and holy waters, bread pills, or homœopathy. All these are the same thing under different names. Suggestion is not foreign to our own method of treatment. I do not wish to be considered an extremist, but my own view is that one-half the therapeutic effects obtained from the great mass of drugs, such as the hypophosphites, tonics, etc., is obtained in no other way than through suggestions.

Dr. Osgood has called attention to the wonderful fact that suggestion should work while a person is asleep more effectively than while awake. It seems to me that we can understand this if we for a moment will analyze our own consciousness; and I shall suggest here a theory which I think explains this. When we perform a volitional act, a large part of that act is not as volitional as seems at first sight. When we walk through the streets, avoiding the passers-by and the teams, looking perhaps at the same time into the shop-windows, we are not conscious of what we do. While talking we do not arrange each word in a sentence, but consciousness gives a command to the lower centres, and the words are arranged automatically. Now, this automatic action that is involved in every volitional act is what Dr. Holmes calls "the other fellow." We, in our consciousness, give a command to the other fellow, and the "other fellow" carries it on. Now these automatic acts of the "other fellow" are bound together by the constant repetition of the same act over and over again. What is true in the normal condition, it seems to me ought to be true in the abnormal condition; that is to say, given a disease, along with an organic injury, there are bound up a number of association-symptoms which, from constant repetition, may, even after the disease proper has disappeared, work as automatically as those acts I referred to in the normal state. I mean, for example, this: A man hurts his knee, you bend it and he has pain. Every time you bend it he has pain, and pain becomes associated with that mechanical movement of the leg, so that whenever that leg is bent you have pain whether the disease has improved or not. Two persons hurt their knees in exactly the same way, have exactly the same amount of inflammation; one rubs it and walks down the street with only a slight pain, a slight disability. In the other, on account of his nervous constitution, there develop a train of symptoms which are merely association-symptoms, and are not essential results of the injury itself. From them he may become an invalid, perhaps confined to his bed for months or years. Now, from this constant repetition, these association-symptoms become so firmly knitted together

that they form an automatic mechanism deep down in the lower strata of consciousness. They form a part not of our volitional consciousness, but of the automatic consciousness of the "other fellow." Now through hypnotism we get at this other fellow, in whom these symptoms are engrafted, and are able by suggestion to dissociate symptoms previously associated; and when this is accomplished, the cure is complete. Such in brief is my theory. When Dr. Osgood told this subject he could not lower his arm, the second fellow held his arm up, and the first fellow could not put it down. The first fellow is asleep and the other fellow is awake and holds the arm up. You get at the other fellow by giving this suggestion to him. A very pretty experiment, I made the other day illustrating this, was the following: A patient came to my office to be hypnotized, I put a pencil in her hand and told her to read aloud a medical article, and a pretty tough one it was. While she was engaged in reading aloud, I whispered in her ear, so to speak, to write with the pencil answers to certain questions I put to her. She did not do so, though she continued to read. In other words, the hand made no effort to respond. She was wide awake at the time. I then took a pin and pricked the hand. It showed no evidence of sensation; I pricked the other, and she immediately withdrew it and showed signs of discomfort. I pricked the hand which held the pencil a great many times, and it showed no evidence of sensation, afterwards I proved it did not have sensation. I then *hypnotized* her, and said, "Do you feel me prick your hand?" She said, "Yes." Said I, "Which?" She said, "Both." "How many times did I prick them?" She said, "The hand which held the book twice, and the other many times." "Why didn't you answer?" She said she had no reason. I then said, "When you are awake I want you to answer, by writing, the questions I put to you, but to continue reading." I then woke her, and gave her the article to read. I then put my questions to her while reading, and this time the hand wrote automatically the answers to my questions. I asked her, "Did you feel me prick you?" The hand wrote, "Yes." I asked, "How many times?" She gave the number. "What did I tell you to do?" "To exercise" — that was a command I had given her in the hypnotic state. "What else?" "To crochet" — also a command I had given her in the hypnotic state. Then again, I found the hand anæsthetic. Here I was able to get at the "second fellow." In the waking state I could make her hand write automatically what I had told her in her hypnotic state. It was the same consciousness at work in both cases, and it seems to me that this is the real lever we have in our hand when using hypnotism as a therapeutic agent.

There is one point I am glad that Dr. Osgood has called attention to, because I think it is the key to much of the misconception regarding hypnotism which exists in many quarters. He has called attention to the fact that it is not necessary, in order to get therapeutic effects, to put a person into a deep trance or sleep. We can get the force of the power of suggestion without that. I do not mean to say suggestion may not be more powerful during sleep; it is, but we can get the therapeutic effects when the person is wide awake. I could give instances of this if it were necessary. Indeed any one who is familiar with the subject knows this fact; on the other hand, there are subjects, and this bears on this point, who cannot be hypnotized in the

slightest degree and yet in whom we can get the effect of suggestion in the waking state. As illustration of this, I have under my care a young girl on whom I can make absolutely no hypnotic impression. She cannot be hypnotized. But I can get at the same results in another way. The symptoms were insomnia and loss of appetite. I put one electrode of a galvanic battery upon her head and one upon her stomach and began by passing a very feeble current through the body. The result was, whenever this was done, sleep at night and increased appetite followed. I then turned off the current and made her think a current was being passed as before, although she thought she was being treated by electricity, she was being treated by suggestion and all the same effects were produced. Now if hypnotic suggestion is such a dangerous thing, why is not electrical suggestion equally dangerous? I believe much of the effect of electricity is obtained by suggestion. I fail to see why if suggestion is so dangerous when used in the form of hypnotism it is not equally dangerous when used in the form of electricity. But, on the other hand, we can relieve many symptoms by hypnotism which probably could be reached with difficulty in any other way. I have a patient who tends to go into spontaneous trances of her own accord. I can prevent this by a command given in the hypnotic trance that she is not to do so and she obeys; my experience is that, with one exception, I have never seen any ill effects following hypnotism and that exception was this one: I attempted to hypnotize a very neurotic subject and instead of going into a hypnotic trance she went into an hysterical trance and I found difficulty in waking her. I do not know that it did her any harm, I think very likely if I had kept on I could have stopped these trances, but it was unpleasant and alarming.

I am far from saying, however, that there is no danger in the use of hypnotism. I think there is, though such dangers can be largely avoided or counteracted by a skilled hypnotist. One danger, that I have not seen referred to is, that a person may become as dependent on it, as upon morphine. This again can be broken up by suggestion, and unless it is done, the will-power is weakened as with opium-eaters. But suppose hypnotism is dangerous, what of it? So is ether, opium, digitalis and arsenic. The moral is, not to refuse to use it, but to exercise caution and use it only in proper cases.

I think a great deal of the misconception as to the use of hypnotism has arisen from the blunders of the Salpêtrière school. I think there is no question but Charcot blundered when he attempted to divide hypnotism into these three distinct stages. I think the great mass of students of hypnotism would say to-day that the Salpêtrière school made a mistake and that those three stages are purely artificial, have been created by suggestion and by suggestion alone. I do not, however, think that suggestion accounts for everything.

One reason, I think, why this extreme opinion regarding the danger of hypnotism has arisen, is, that Charcot experimented almost entirely on hysterics. According to Bernheim he only found ten persons he, I think, could hypnotize, that is, throw into this extreme state of somnambulism. The Nancy school includes under hypnosis the milder form of simple drowsiness and I fail to see how this can be of any harm to the patients.

I will cite one rather humorous case to illustrate what can be done to reform the morals of a patient. I had a patient who was in constant broils, had "free fights" with her husband. She hinted to me that she "could

stand jawing for about an hour but then she let out and gave him as good as he sent." I hypnotized her and told her that hereafter no matter what the husband said she never was to answer back. Sometime afterwards I asked her how she was getting along, and she said "first rate." Her husband abused her and "jawed away" just the same, but she didn't mind him or pay any attention to him.

Reports of Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

G. G. SEARS, M.D., SECRETARY.

REGULAR Meeting, Monday, March 10, 1890. DR. J. C. WARREN, Acting-President.

DR. G. L. WALTON read a paper entitled

A CONTRIBUTION TO THE STUDY OF CERVICAL DISLOCATIONS.¹

DR. PUTNAM: These contributions of Dr. Walton are of very material value, and the study of these injuries to the cervical plexus as well as to the lumbar plexus are of very great importance from the therapeutic point of view as well as from the prognostic point of view. A number of reports have recently been made by Mr. Thorburn and collected by Mills of Philadelphia, showing how they may be remedied in a measure by surgical interference.

Dr. Walton referred to patients now under treatment at the hospital. I don't know that I have anything to say in addition to the statements he has given. He spoke of some of the peculiarities of torticollis. I think torticollis is a very curious disease and the muscular spasms are very hard to limit exactly. It is quite remarkable when one comes to study a special case how many muscles on both sides of the neck are involved.

I think that the study of these plexus-lesions is of very recent date and that until the cases accumulate much more than they have at present, such contributions will be eminently welcome.

DR. J. C. WARREN: I think to the surgeon this paper is of especial interest from the diagnostic point of view. The very characteristic deformity which Dr. Walton describes is certainly of value in enabling one to recognize the lesion with comparative ease. To attempt to form an opinion from the manipulation of the spinal column is a matter of considerable difficulty, owing to the nature of the integuments which cover the spine at this portion, but such a picture as he describes ought to be almost pathognomonic of that lesion. The appearance of the sterno-mastoids, the different degrees of level of the ear, etc., are valuable data which I think have not been hitherto possessed by the surgical profession as a means of diagnosis.

A certain number of cases have been successfully reduced and the quite favorable prognosis which Dr. Walton describes, and which I have had the opportunity of seeing in many of his cases and in some cases of my own, incline me to adopt expectant treatment in future in cases of unilateral dislocation. In one case in which I made very vigorous efforts at reduction under ether, as Ashhurst suggests, the patient was a good deal worse after the operation. The patient being extremely ill

¹ See page 439 of the Journal.