

duced into the rectum not more than three inches.

26. From ten to thirty drops of deodorized tincture of opium should be added to each rectal feeding, until there is no longer any pain.

27. Placing these patients in the Fowler position greatly increases their safety.

28. The application to the abdomen of a large, hot, moist dressing of equal parts of a saturated solution of boric acid and alcohol greatly increases the comfort of these patients and prevents harm from manipulations.

29. It is important for the general practitioner and the general public to become familiar with the danger of giving any kind of nourishment or cathartics by mouth in the presence of impending peritonitis from any cause and that this applies to milk, broth and other forms of liquids and even to giving of water by mouth.

SUGGESTION: THE MAINSPRING OF HYPNOTISM AND PSYCHOTHERAPY.

BY JOSEPH S. LEWIS, M.D., BUFFALO, N. Y.

The aim of this article is to establish a helpful and practical attitude toward hypnotism and psychotherapy for the average young man of medicine, whether or not he would use these means as a therapeutic measure; to set forth in a chapter certain facts regarding suggestion and suggestive treatment, whether the object be to establish a hopeful attitude toward the relief of a minor ailment or all that is implied in a course of hypnotic suggestion designed to overcome a firmly rooted drug habit.

It was the writer's inclination in the first years following graduation from medical school to look askance at the word "hypnotism," and to devote little time and no patience to psychotherapy. This is commonly the attitude of the hospital interne. His motto might be, "Nothing, save by the knife, through the microscope or in the test tube." In time he may admit that there is more in heaven and on earth than is contained in this philosophy, or, which is too often the case, he may stick to his first opinion. In these matters the average teacher is agnostic and either silent or cynical. His only dogma is negation. By the authority of years or responsible position the inquirer is usually crushed with a sardonic, "Let it alone; we only know enough of this subject to ignore it." Meanwhile certain of the beginner's patients pass from his hands to the affectionate embrace of Confucius, Brahma, H. T. Still or Mary Baker G. Eddy. Is it an exaggeration to say that the adherents of these or kindred creeds have in every case passed dissatisfied through the hands of from two to a dozen regular practitioners?

Shortly before the composition of these lines the writer lost a patient, a young man afflicted with a painful spot of six years' standing, situated on the inner surface of the left calcaneum, anterior to the attachment of the tendo achilles, but below the bursa. He was slow to arrive at a correct diagnosis, and, instead of diverting the patient's mind

from his heel, he did the very opposite. The sufferer went to an osteopath, who reduced a musculo-tonic dislocation of one or several lumbar vertebrae and the man was cured! Does this experience sound familiar to any one?

The medical schools, save very few, give no definite course in the principles and application of suggestion; while to forestall us certain contemporaries are hard at work on the principles and practice of osteopathy, or of similar systems which, with a hundred variations on the same inveterate theme, "cure without drugs."

For reasons which will appear, let us consider first hypnotism, then psychotherapy.

Who first elicited and observed the phenomena of hypnosis is an historical datum lost in the venerable traditions of the far East. It was known to individuals among the Egyptians, Greeks and Romans. In the Christian era the observance of hypnotic phenomena under various terms was recorded by such men as Avicenna, Paracelsus, Burgravius, Van Helmont, Cardanus, *et al.* Hypnotism was first given a prominent place in modern literature by Mesmer (1734-1815). He failed to extricate the facts from a hopeless tangle of extravagant fancies associated with the terms "animal magnetism," "magnetic fluid," "clairvoyance," etc., a confusion which still enshrouds the popular conception of it. Abbé Faria, in 1814, proffered a rational view of hypnotism, but his ideas left no impression on contemporary opinion.

John Elliotson (1791-1868) endeavored to view the subject from the standpoint of an unbiased observer of phenomena and did much to take hypnotism out of the realm of the mysterious and occult. Still his writings were by no means free from the errors propagated by the school of Mesmer, and it was due to this that he aroused most bitter opposition from his colleagues.

James Esdaile, surgeon (1808-1859), made practical use of hypnotism, paid little attention to theory and performed many hundreds of operations with hypnotic anesthesia and analgesia. However, like Elliotson's, his efforts to gain recognition failed because of the attitude of the profession. His writings were never admitted to the sacred pages of the *Lancet* and were published in pamphlet form. To-day they are to be found only in the museums of literary curiosities.

James Braid (1795-1860) was the first to make for hypnotism a place in scientific literature. He gained posthumous credit for having in unpublished writings reduced the subject to the rational basis of to-day, anticipating the work of the Nancy school (Bramwell).

Charcot (1825-1893) was the leader of the French school which stimulated general interest in hypnotic phenomena and systematized knowledge of the manifestations of hysteria. Unfortunately he identified the pathological condition of hysteria with the artificially induced condition of hypnotism, engendering in his followers an exaggerated abhorrence of hypnotism, an attitude which was disseminated so broadly, especially in the United States, that it is still in some regions

almost fatal to the professional standing of a physician to profess any interest, or far more, any enthusiasm for the subject.

Liebault, Bernheim, Dubois, Wetterstrand, Van Eeden, Schrenck-Notzing, Kraepelin, Moll, Prince, Putnam, Sidis and a long list of equally noteworthy investigators have given hypnotism and other suggestive treatment general recognition, but have not yet dispelled the prejudice of the medical profession. Practical hypnotism and psychotherapy are but slowly gaining ground.

To the works of J. Milne Bramwell, A. Forel, and Hugo Münsterberg the views here set forth in large measure owe their origin. Bramwell's twenty-four pages of references to over three hundred writers make further quotations superfluous. It is significant that the bulk of dispassionate and readable American literature on hypnotism has been published since 1902.

The philosophy of these numerous writers elicits a comment.

Among a dozen most frequently read books on hypnotism and kindred subjects, each writer assumes that one cannot properly grasp the subject save it be viewed from that particular eminence from which he looks down. One is inclined to materialism, another to mysticism, a third to dualism, a fourth to monism. One holds the will to be free, another just as vehemently asserts that it is not. Under any of these systems a writer may establish modifications to suit his taste. Each argues hotly for his cause, attacking often with virulence the position of others.

There is another source of endless controversy, namely, nomenclature. Among these same observers each attaches for use in his own writings certain meanings to certain terms. Furthermore, the same terms are repeatedly used in the same work with different meaning. Contention then follows between writers who intend to convey utterly different ideas by the same word. One writes a book entitled "*The Unconscious Mind*." Another states, "This is a contradiction in terms." One founds his whole system on the existence of a *subconscious* mind. Another writes, "The history of the subconscious mind may be summed up in three words — 'there is none.'" Still another seeks to avoid trouble by defining hypoconsciousness and superconsciousness. Co-consciousness, paraconsciousness, and extra-consciousness have also their advocates. We are advised to study Semon's system of the "*Mneme*," his engrams, egrams and homophonias. To what end? With all these terms, and definitions of terms, one cannot see the wood for trees. It is hard intelligibly to use the *concept mind* in discussion with such as entertain fundamentally different *ideas* of what (a) concept, (b) mind, (c) idea, should be taken to imply. There can be no hope for unity in the study of the mind in its cause and workings save that the disputants can agree in their philosophy.

Now, as all eminent hypnotists and psychotherapists of the most varied opinions are admitted to be eminently successful, we may assume that the philosophic viewpoint is not essen-

tial. We may think what we please of consciousness, volition, idea, concept, mind or soul, and still hypnotize efficiently and with discretion. In general, let us exercise a kindlier judgment and endeavor to ascertain a writer's premises before attacking his conclusions, and, what is most important, we should not be too ready to deny his achievements.

The following definitions which the writer deems sound and sufficiently broad to work with will be strictly adhered to.

Only such terms are used as are commonly current. There is nothing to be gained by coining new words simply because there is no agreement on the significance of the old ones.

Hypnotism is the effecting or bringing about of a condition or state of increased or intensified suggestibility by means of suggestion.

Hypnosis is the condition or state of a person when hypnotized.

Suggestion (i. e., the act of suggestion) is the imposition in the mind of any representation, idea or phantasm, the mind being passive or receptive to the representation, idea or phantasm without analysis, criticism or opposition.

A *Suggestion* is the representation, idea or phantasm intended to be thus passively received.

Suggestibility is the aptitude for functional reaction in obedience to a suggestion received.

The operator is the person who hypnotizes.

The subject is the person hypnotized.

Let us abstain from the discussion of what constitutes mind. Each individual must and will determine his own view as does every good hypnotist. Let us pass over the question of consciousness and volition, of the subconscious, hypo-consciousness, co-consciousness, the subliminal, etc., call it what you will, — we can agree that, in order to hypnotize, the passive attention of the subject must be gained. This done, therapeutic suggestibility is established. The course of the hypnotic state then becomes the result of an equation of the suggestion on the one hand and the subject on the other.

The phenomena of hypnotism, then, are the observable results of this equation. Considering the range of possible suggestions and the enormous complexity of the human subject, the observable results must also be enormously complex and variable, and, therefore, ever problematical.

However, by observation we have learned that the increase of suggestibility resulting from the progress of suggestion, or, in other words, the deepening or intensification of the hypnotic state, occurs with some order and sequence.

The earlier investigators mistook the individual phenomena for stages or conditions in the degree or depth of hypnosis. Hence drowsiness, lethargy, catalepsy and somnambulism were held to be various stages of hypnosis. It is now taught that these are not stages of hypnosis, but simply so many elicited evidences or symptoms by which we know that a given stage, degree or depth of hypnosis has been reached. To make this plain by analogy: In anesthesia we call relaxation of the voluntary musculature and complete abolition of

reflexes, not the second and third stages of anesthesia, but indicators of the respective stages. There is no objection to looking on the phenomena as indicators and so using them.

Hypnosis, like anesthesia, deepens as the functions affected are higher and higher in the scale of complexity of the nervous system; from the simple peripheral operation of the spinal nervous system under every-day voluntary control, to the higher automatic centers, and finally to the highest cerebral centers of mental co-ordination. The sympathetic nervous system is affected (as might be supposed) indifferently, and may not be so definitely placed in the field of influence of any given degree of hypnosis, though its modifications are easiest affected in the deeper degree. It is a peculiarity of hypnosis that the subject carries out suggestions intended to be carried out after hypnosis has ceased. It is not an essentially different phenomenon, but simply the reaction to the trend of suggestion.

Let us now consider the capacity in human beings of being hypnotized.

All normal persons are to some degree suggestible, i. e., their mental processes may to some degree be affected by an imposed idea or phantasm in such a way that a functional reaction takes place.

As we have seen, hypnosis is a condition of increased or intensified suggestibility; hence during hypnosis the functional reactions are more pronounced. Now all persons are not to a like degree suggestible, so that whether or not all may be hypnotized depends on whether or not all may be brought to such a degree of suggestibility that they may be said to be hypnotized. According to those who quote from extensive personal records, from 80% to 100% of human beings are to some degree hypnotizable. This, of course, excludes the insane, and furthermore, the percentage depends on that degree of induced suggestibility with which the individual hypnotist considers hypnosis to begin. The borderline condition has come to be widely known as the "hypnoidal" state. For this term we can see no more justification than to call the primary stage of anesthesia, or what the Germans call "*der ether rausch*," the "anesthoidal" state.

Subjects are usually classified as easy, difficult or impossible to hypnotize.

1. Those are easy to hypnotize who are disposed to react markedly to suggestion.
2. Those are difficult to hypnotize who are disposed to react feebly to suggestion.
3. Those are impossible to hypnotize in whom the capability of passive attention is latent or wanting.

Classes 1 and 2 are ill defined, since they are modified by the degree of intelligence, natural or trained; by the power of attention and habit of criticism.

In all endeavors to generalize on matters concerning individual human beings, the finer the distinctions we draw, the nearer we approach a consideration of the individual case. We cannot by rule predict in a given case the course of ether anesthesia; no more can we of hypnosis.

Let us consider briefly the field of hypnotic influence. The aim in hypnotism as a therapeutic measure is to bring under control certain functions whose proper action has become deranged. Under this head we consider in the broadest sense all functions influenced by or inherent in the nervous system. We may constantly observe in ourselves the indirect influence of the external world on function. We blush, we pale, the pulse quickens, the mouth waters, the bowels are moved, at the instance of the action in us of something seen, heard or felt. We cannot as a rule bring about these changes by simply deciding that they shall occur. It may be done by suggestion. Again we see, hear, smell, taste, feel, and yet we need not, even though the stimulus to hear, smell, taste or feel be present. May we not stare with unseeing eyes, our ears be assailed with sounds, yet we hear nothing? We may pass through odors agreeable and otherwise and not smell. We may eat without tasting. Our sensorium may be crowded with tactual, even painful, impulses, yet our waking attentive selves may not remark it. There is a region, stratum or field of the mind wherein these impulses can be shunted or sidetracked while the attention is dormant or occupied with other matters. This region, stratum or field of the mind is that on or in which suggestion acts.

As said before, the greater suggestibility admits the greater effect; so in hypnosis or intensified suggestibility these functions may be most profoundly influenced.

The requirements for hypnotism are as follows:

On the part of the operator. — He should possess or be able to simulate (1) confidence, (2) sympathy, (3) ability to impart them. It should not be (still it is) necessary to add that he have a license to practice medicine. He should, in most cases, and invariably with young women, provide for the presence of a responsible third person.

On the part of the subject. — (1) He must be sufficiently suggestible; (2) he must give either active or passive consent; (3) he should not be hypnotized without an adequate object in view.

NOTE: The course of suggestion should not go beyond the correction of the condition for which hypnosis is induced. We no longer anesthetize to watch the effect of the anesthetic. It is considered poor technic to deepen anesthesia beyond what is just sufficient to the end in view. One may not push medication beyond the desired therapeutic effect, nor administer it with any other object in view than the cure or improvement of a given undesirable condition. No less is to be expected of the conscientious hypnotist.

As to methods of inducing hypnosis. Mesmer and the earlier hypnotists employed a large variety of what we might term "stunts" which were discarded by later investigators. The various masters of the subject have all simplified their own methods in course of time. Thus, awe-inspiring surroundings, complicated electric and mechanical apparatus, mirrors and the like have gone by the board, leaving the technic substantially as follows:

1. Fixation of the subject's passive and uncritical attention by encouragement or command, aided by a comfortable position and steady gaze.

2. Progressive suggestion on the passively attentive subject of deeper and deeper hypnosis to the depth required, which, for therapeutic purposes, need rarely if ever go as far as the loss of consciousness.

Termination. — All hypnosis, save possibly the very deepest, tends to end spontaneously, but may be brought to a close by any arbitrary sign, usually the simple command that the subject awake.

Generally speaking, hypnosis is applicable (1) to all cases of functional disturbance, as distinguished from organic disease, whether alone or accompanied by organic disease; (2) in suitable cases to alleviate pain.

Is hypnosis dangerous? The urgently affirmative answer which we so often hear is based largely on the ideas propagated by the Charcot school before mentioned. To identify hypnosis and hysteria, Charcot generalized from a group of selected spectacular and highly abnormal cases. Pierre Janet, admitting that Charcot's habits as clinician led him into certain regrettable errors, still holds that only in hysterical patients is hypnosis to be induced in any marked degree. His conclusion is that hypnosis is a morbid condition. We are with the majority of observers in disagreeing with his conclusion as well as his premises. That hysteria is a disease of the "hypnotic stratum" may be conceded, but hypnosis can be increased to a marked degree in persons who may be, yet are not, hysterical, and, therefore, a profound degree of hypnosis is not hysteria.

By a large majority of the authorities mentioned at the beginning of this article, hypnosis is held to be in itself a harmless condition akin to, but not identical with, sleep. Depending as it does on the trend of suggestion, it may be subject to abuse like any other therapeutic measure. If we can thereby disorganize harmful habits, we can establish new ones, undesirable as well as desirable. But we may not on this ground condemn hypnosis any more than we may condemn anesthesia because it has been and may still be abused. The stage hypnotist is no farther afield than the individuals who once amused themselves and friends by getting drunk with the fumes of ether, or gave public demonstrations of the effects of "laughing" gas.

What is to be said as regards subjection or suspension of volition? Contrary to popular opinion, the will of the operator in the therapeutic hypnosis is not substituted for that of the subject. The central factor of therapeutic hypnosis is the development of desirable functional habits and the disintegration of undesirable ones, a process in which volition takes only indirect part. The subject reacts to the operator's suggestion and not to the operator's will; otherwise we should have to admit that the operator's will becomes an integral part of the personality of the

subject, and in autohypnosis would follow this *reductio ad absurdum*: the will of the subject is substituted for his own!

For such degree of hypnosis as is needed for therapeutic effect the majority of observers agree that the subject can reject all suggestions opposed to the rational convictions of the waking state in matters pertaining to morality. Those rare cases in which hypnosis has been the cause of medico-legal troubles we may leave to those qualified to judge them. In this difficult question of the dangers of hypnosis one is justified in accepting as the greater weight of expert opinion that dangers have been grossly exaggerated and can be avoided.

We have considered hypnosis in general and its possible application. There is a large group of nervous disorders not so deeply rooted but that they may be just as efficiently treated by suggestion short of, or even far short of, bringing on the hypnotic phenomena.

This thought opens the second part of this article, which is linked with the first, not as a separate chapter, but as a continuum.

Remembering that suggestion is the mainspring alike of hypnosis and the so-called psychic treatment of nervous disorders, or psychotherapy, it is helpful in order to grasp the one to know the other. It is rational to make between the two a distinction, not in kind, but simply in degree.

As intimated above, suggestion enters into every act of life and colors all sensation with varied tints. (Dubois.)

From mistaking a fortuitous sound for the voice of one calling our name, to an exhausting fear of height or public places; from viewing in ourselves the simple act of forgetting a slight headache, to the profound effect of hypnotic anesthesia in blocking the pains of a breast amputation, we have before us the gamut of one and the same scale, the extremes of the power of suggestion. From this standpoint we may call mild suggestion therapy an attenuated form of hypnosis, or hypnosis an intensified form of suggestion therapy. The one differs from the other, not in essence, but in degree.

Whether we have before us a typical psychoneurotic, or an otherwise stable individual whose functional disturbance calls for no more than a mild encouragement coupled with the rational treatment of some organic disorder giving rise to the functional condition, the principles of treatment remain the same.

The psychoneurotic is said to suffer a disorder of mental co-ordination (surely the definition is sufficiently broad). This co-ordination is, or becomes, untrained, unstable, vacillating and given to vast reactions to the weakest suggestions. Impulses received, spread through the higher centers in an abnormal, ungoverned manner, arouse in the mind effects now exaggerated, now minimized, out of all proper proportion and, entering the sympathetic system, upset the routine of organic functions. Suggestive treatment should be directed toward overcoming this morbid suggestibility. Münsterberg suggests that it is useful in

this connection to follow Freud's theory of "suppressed emotions."

Our aim then is, in general, to displace effects or habits resulting from morbid suggestion by the opposing effects or habits resulting from healthy suggestion. It is often difficult, owing to the weakened power of attention, but once attention is held and critical or opposing ideas suppressed, the favorable suggestion has, like the morbid one, an unusually powerful effect. For example, suggestion has established and maintained a habit of constipation. The opposing habit of regularity is established by the opposing suggestion of regularity.¹ It is in such cases that suggestion often appears to accomplish wonders; *but the wonder of the therapeutic effect is no greater than that of the morbid effect.* The cure by suggestion of habitual constipation is not a greater marvel than that the habitual constipation should have become established in the first place.

In treating simple functional disorders it is useful to keep in mind that the advice given should be suggestive in nature to have its best effect. The bald statement that a patient must sleep well or that a chronic constipation must cease will avail or not according as the physician so proffers the statement that it is received in the mind unmodified by a critical or contrary attitude.

The school of psychotherapy, of which Dubois is at present the best-known exponent, holds up persuasion as the essential factor in this form of treatment. We cannot see but that it is only a necessary means of effecting the acceptance of a suggestion.

Persuasion is necessary in all psychic treatment, even hypnotism, for it is by persuasion that the passive, uncritical, unopposing attitude of the patient is attained, so that suggestion may be efficient. However, we cannot persuade a patient to blush or have a quicker pulse or a movement of the bowels, but we can and must persuade that person to assume an uncritical passive mood so that the suggestion contained, or following, may act on those centers which do control blushing, quickening of the pulse or peristalsis.

We persuade the patient to agree to the reasonableness of our treatment and follow our therapeutic directions, but the desired change in function arises from simple acceptance of the improving thought conveyed, and from some action of that thought apart from the result of the reasoning or criticism to which the thinking person will subject it.

It is but another question of terminology. To one who likes the word "persuasion," we may grant its propriety, providing the intention be not to exclude suggestion as the ultimate, efficient factor in persuasive treatment.

The numerous sects, opathies,osophies and isms that subsist on mental misery are to-day increasing. They exist and increase for the main reason that so many members of the medical profession refuse to see the grains of truth in the chaff of charlatanism. They would burn grains

and chaff in the fire of scorn. It is especially unfortunate that certain well-meaning writers of semi-popular works on hypnotism and suggestion clothe facts in a garish dress of fancy: One, because of an exotic mystery-loving type of intellect; another (one is tempted to think), with the object of concealing his method, yet advertising his results. That the earnest student turns aside from such works in disgust to more promising fields is rather to be deplored than criticised. When a writer who professes to devote his life to hypnotism gives the impression that his subliminal consciousness embraced that of a certain subject (a spirituelle woman) and "soared to ethereal heights, thereby experiencing a sort of erethysmic thrill," the average bread-and-butter intelligence becomes nauseated. It may be that we have not learned intellectual aviation. However in justice to the author be it said that he was endeavoring to tell us that in the effort to hypnotize a person of clean mind his own was exalted and rested, whereas with the contrary he became depressed and fatigued.

With less ingenuous pretension, the leaders of the cults likewise clothe their ideas in a fog of mystic platitudes, through which the methodical student refuses to grope. Nowise perturbed, but rather encouraged by vilification, these prophets reach certain unfortunates (whose condition one or more physicians have failed to improve), effect cures and gain more converts. The physician treats symptoms with known drugs and loses; the charlatan treats the cause with poorly understood but none the less well-known methods, with some "new thought" as old as mankind, and wins.

The chief panoply of another class of suggestive fakes is in clairvoyance, second sight and mental telepathy. These and like matters need not and do not interest us. They are utterly beside the question. Let the earnest laborer in the field of psychic research discard pretension and present what is true for what it is worth.

All men who pursue the healing art employ suggestion constantly. There are physicians "like men who are told that they have used prose all their lives without knowing it, are astonished at the statement that no small part of their function as practitioners consists in the use of psychotherapeutic influences."² On the other hand, many will say that they have long known what there is to be or should be known of mental influence on functional condition. "It is all suggestion." Nearly true, indeed. But how do they apply the remedy where it is most distinctly indicated?

The flour capsule is used to *fool* the neurotic to sleep. Against habitual constipation the patient is trained to attach efficiency to any one of a hundred methods or remedies. In hysterical convulsions, spasms, paralysis, violent measures such as faradization and thermocautery are applied to the point of torture coupled with the statement that these measures will be effective. Even operative incisions with general anesthesia

¹ Lyon: Habitual Constipation. Trans. Am. Ass. Phys., 1908.

² Barker: Jour. Am. Med. Assn., Aug. 1, 1908.

are advised and deliberately carried out with no end in view but the alleviation of some so-called imaginary complaint. In all these measures the physician intentionally deceives. What is worse, he does so where deception is not indicated. The writer has carried out or aided in the performance of such and similar measures at the advice of men in whose minds hypnotism is an abomination and psychotherapy an avocation for visionary minds. It used to furnish a never-failing source of table talk and merriment in our hospital days that one or the other patient was fooled into the conviction of relief by all sorts of bizarre even cruel methods. The neurasthenic was in the ultimate analysis a kind of malingeringer, the imaginary ailment something ridiculous or blameworthy.

Is it more scientific to lay violent hands on a case of hysterical aphonia and ply the larynx with electric shocks, the while shouting "speak," or to endeavor to reawaken the inhibited function by quiet verbal suggestion alone? Is it safe or sane to put up the hysterical contracture in plaster under anesthesia, and dangerous or superstitious to reach the same result by reasonable suggestion or even hypnotism? Must one be classed a visionary if he strive for the same results by the gentler though more difficult and certainly more rational purely psychotherapeutic methods without deception?

The quacks are ever with us who invest some object with curative value, though this variety of fraud has, like Perkins and his tractors, largely passed into the history of superstitions to make way for the proprietary medicine man. But are we much less culpable in treating the individual by an indifferent method which we know represents only such curative force as we give it through suggestion? In giving a "bluff wafer" with spoken assurance, are we not sinfully close to the nostrum vender who sells a sugar capsule with printed advice?

For the hundredth time be it said that this is no argument to abolish or even lessen sound therapy of any kind as indicated. Surely it cannot be too often repeated that careful diagnosis is as important to this subject as to any in the range of medicine, and that suggestion must not supplant reasonable medication.

To conclude, the average physician may employ suggestion at its full value without charlatanism, without mysticism, without deception, in common-sense suggestive treatment. The patient who leaves a hospital with the delusion that he has been drugged to sleep by virtue of a capsule containing powdered sugar is in a sense no better off than the one who leaves with a discharging sinus or a crutch. It should be our endeavor to supplant the bread pill, the "bluff wafer" and the sterile water hypodermic injection by verbal suggestion, or, if time be lacking, use these helps only until such time as we can tactfully give to the patient the key to his functional disorder. We may use these means to distinguish between what is functional and what is organic. But once the condition is clear, the patient should be given the use of that power

with which suggestion has invested the bread pill or the water "hypo."

For the competent, there is still hypnotism where the weaker suggestion fails. Is it vain to hope that this generation shall see many hypnotists in this country, who, like anesthetists, devote their time to this specialty and in particular to the difficult cases? There is need of men who can write and talk intelligibly to their colleagues. Most of us fail to sympathize with the possibly honest, though flatulent, writings of certain professed hypnotists, to whom, with averted faces, yet with the hope of cure, we refer our wrecks of the drink and drug habits.

A CASE OF FALSETTO VOICE AND ITS RELATION TO SPASTIC APHONIA.

BY ABRAHAM MYERSON, M.D., ROXBURY, BOSTON.

THIS case, from the Neurological Department of the Boston City Hospital, and reported through the courtesy of Dr. John J. Thomas, presents what is in itself a rare condition, but which becomes not only interesting, but important, through its relationship to a common class of cases. The functional disorders of speech, in common with the rest of the subject-matter of medicine, have received the earnest attention of specialists, and it is through their efforts in this field that we owe what is fast becoming scientific and coherent knowledge of speech defects. Most of the work has been done abroad, and although this country can boast of one or two brilliant investigators, we are far behind Europe, both in the recognition and treatment of this class of cases.

The patient, a boy of Franco-American descent, presented himself at the Out-Patient Department in October, 1908, and was at that time fourteen years of age. The family history is good, there being no hereditary disease or marked pathological predisposition amongst his near kindred. He went through childhood without other than the usual diseases, is of average intelligence and, according to his mother, of even, sunny temperament. Five months before he appeared at the hospital, at about the time he first started to grow rapidly, he caught a cold of more than ordinary severity, involving nose, throat, larynx and chest. During this attack, in addition to pains in his joints, and fever, he was very hoarse and gradually lost his voice, a symptom which aroused no anxious attention until its persistence after the subsidence of the other troubles made it conspicuous. Before the "cold" his voice was undergoing the changes usual to puberty, i. e., the grotesque and irregular break from the high-pitched voice of boyhood to the deeper one of youth, but after it there was almost no power of voiced speech. He was examined in the Throat Department and referred to the neurologists with a note stating that there was nothing in his nose or throat to account for the aphonia.

The notes taken at that time in the Nerve Department state in addition to the above that there was no difficulty in swallowing either liquids or solids, and that there was nothing indicating a peripheral neuritis. The visual fields were normal; there was no disturbance of sensation anywhere on the body, except for a doubtful diminution to touch and pain upon the hard palate.