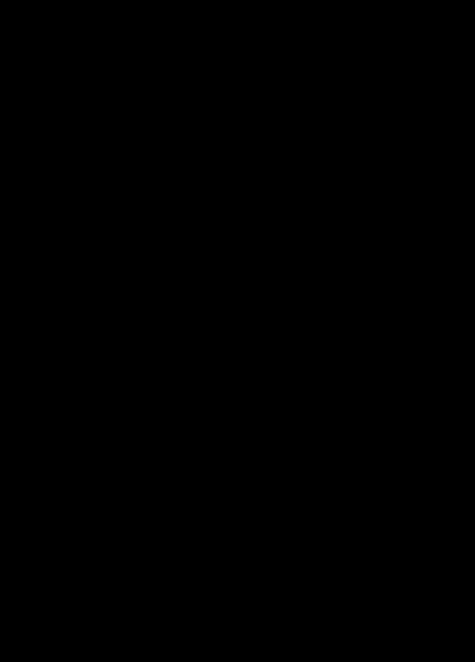




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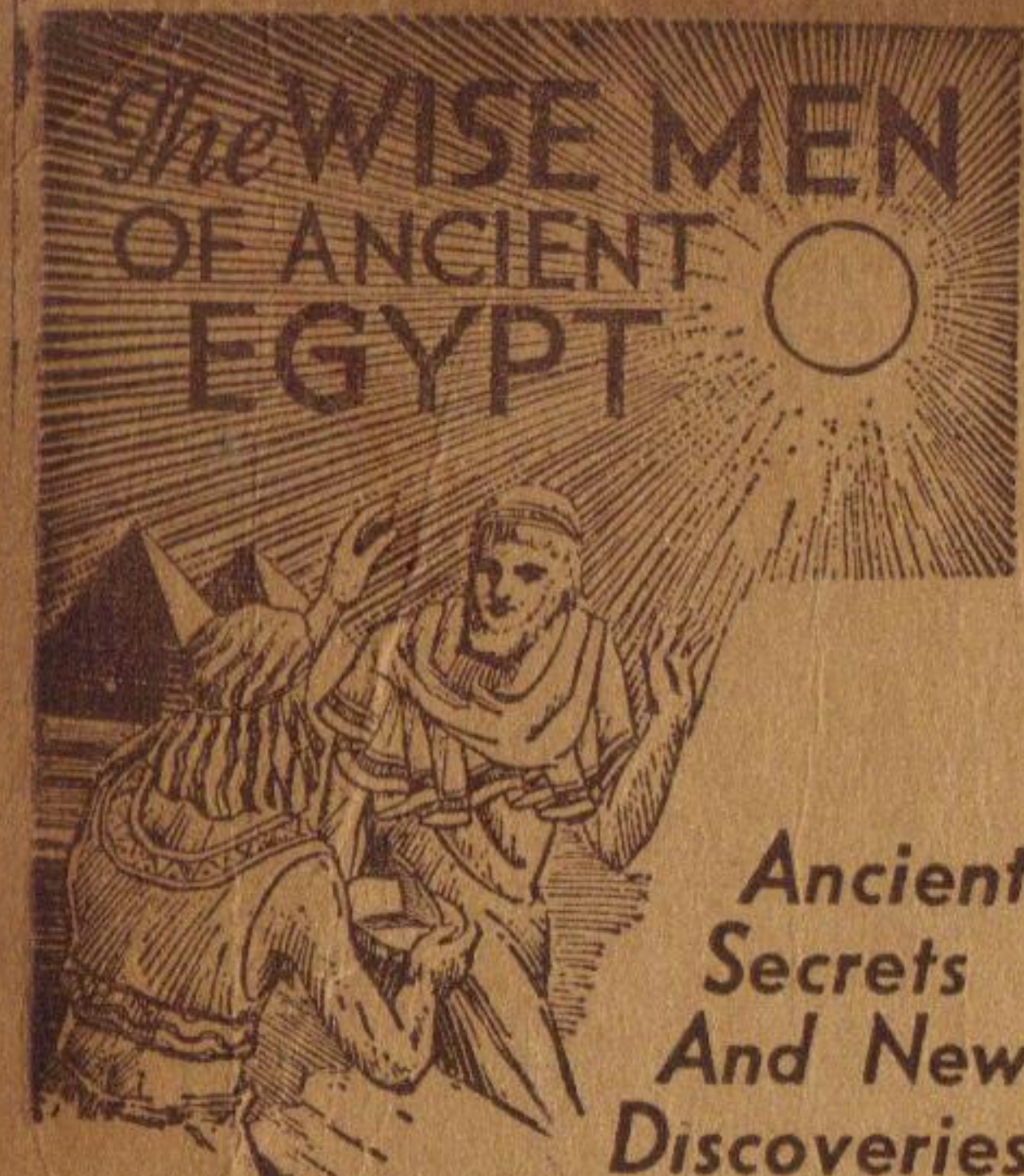


HAIL THE WEREWOLF

BOOK ON
PRACTICAL
HYPNOTISM



HOW TO HYPNOTIZE



How to Read People's Minds

Or the Mystery of Mind Reading Revealed

What Are the Secrets Behind a Face?

While the exploits of mind readers have been particularly mystifying to most people, a knowledge of their most difficult feats is so easily acquired as to almost challenge belief. Even the feats of the great masters of Mind Reading, Brown, Bishop, Johnstone and others, can be performed, since the simplest rules of procedure apply to even the most difficult cases, and are readily within the comprehension of the beginner.

With this readily acquired knowledge, there is almost no limit to the practical uses and profitable ways it can be used. Indeed, the number of people who would gladly avail themselves of an opportunity to become expert mind readers, without months of hard study and years of experience, is legion.

This book tells what has been done by leading mind readers for years past. It recalls the sensational exploits of such men as Brown, Bishop, Johnstone and others, detailing with minute exactness their performances, not only in the public halls, but in city streets, with scientific men composing the committee, all of whom were astounded with the results achieved.

To say that this book will explain these seemingly impossible feats of mind reading so clearly as to enable any person of average intelligence to duplicate the performances seems like a tax upon the credulity of the readers of this prospectus, and yet it is the case with almost every reader of the book.

Success or Failure?

If you apply the knowledge that you learn from this book your efforts cannot help but be successful, and the results most astonishing to you, even though you expect the most surprising results. In fact, so clearly are the details set forth that the merest novice can at once grasp and retain them and by putting them in practice mystify and thrill an audience of personal friends, or entertain a public assembly. Once you have mastered the secret you will find it to be a lot of fun to try mind reading your friends and watch how shocked they will be when you successfully accomplish the feat.

Some of the most famous exponents of mind reading have allowed themselves to be subjected to scientific tests and examinations, yet the brilliant scientists never failed to be

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A FEW OF THE NOTABLE FEATS	
SCIENTIFIC TESTS TO VERIFY THE REMARKABLE ACHIEVEMENTS	
THE ESSENTIALS OF MIND READING IN ANIMALS	
ETC., ETC.	

Scientific Tests

completely mystified and baffled. Washington Irving Bishop took two gentlemen whose minds dwelt carefully on the number of a certain bank note in charge of a vigilant and scientific committee and with one gentleman's hand upon his brow and the other gripping him by the left hand, proceeded to write the number of the said bank note upon a blackboard going carefully over each figure again and again, erasing here and adding there, finally getting the number correctly written, to the surprise of the assisting gentlemen and the scientific committee. Another stunt was the sensational reading of the combination of the safe of one of Chicago's leading hotels, although the correct combination was known only to two persons. Naturally this created a terrific sensation.

Learn To Amaze and Mystify Your Friends

The Method No Longer a Secret To You

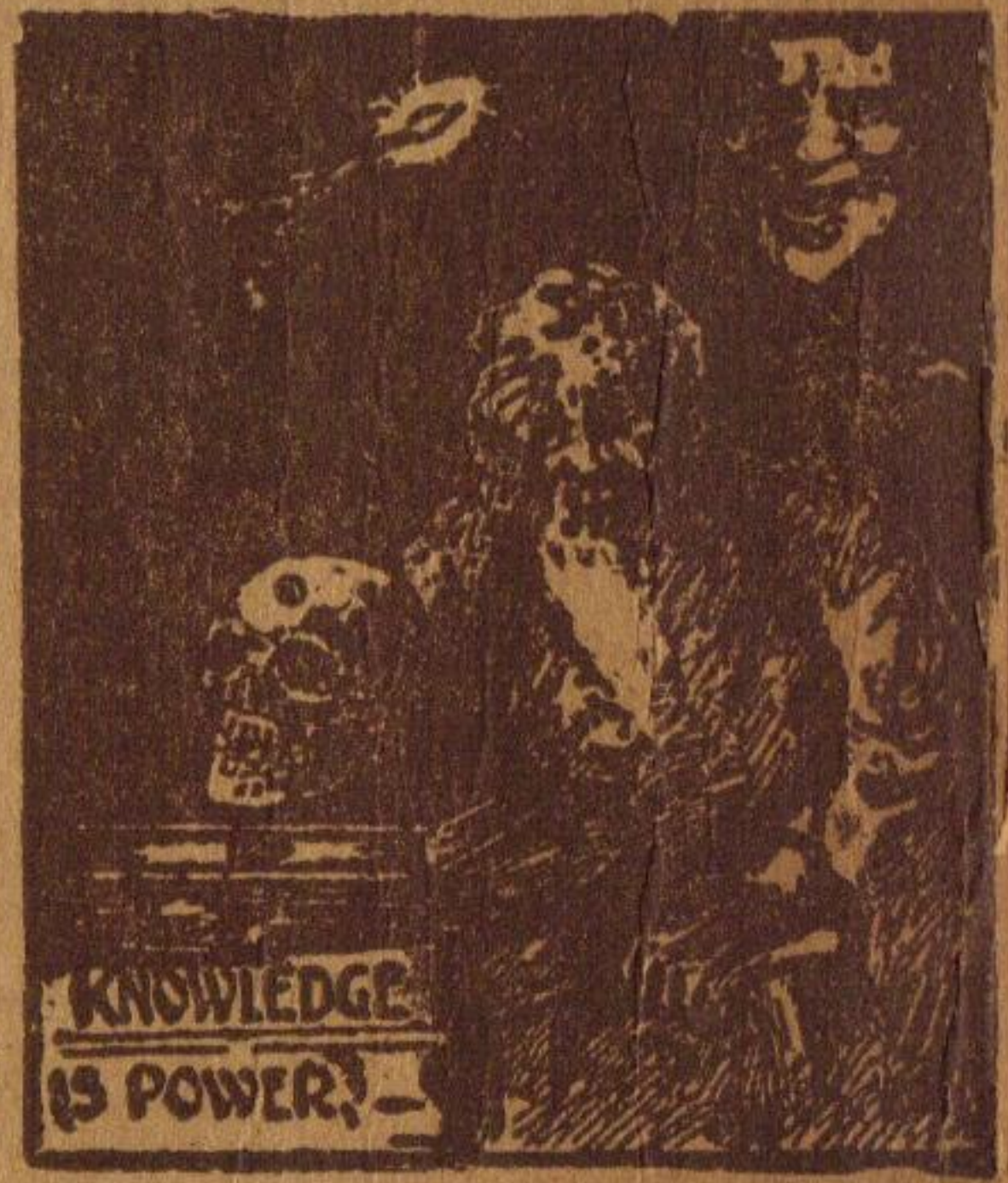
One seldom hears of mind readers among the gentler sex, yet there is where the "Art" or "Science" should find its greatest development, since women are possessed of a delicacy of touch unknown to the sterner sex, enabling them to perform various feats mentioned in our book with even greater dexterity than men.

Miss Maude Lancaster was one of the few American women who essayed the role of public entertainer in this work, and in "HOW TO READ PEOPLE'S MINDS, OR THE MYSTERY OF MIND READING REVEALED," a succinct account is given of her performances, and reasons ascribed for the adaptability of her work to such services as she was frequently called upon to render in extremely difficult detective cases.

Her success should serve to stimulate a desire among other women to emulate her example, if not her "feats" and a careful perusal of this book is well calculated to beget such desire, since the simplicity of every "test" is obvious, and the most difficult are explained in detail so that any woman of average intelligence may readily acquire the ability to perform the feats described, as well as many others which will suggest themselves to the exhibitor from time to time.

We have dwelt at length on the various "feats" performed by humans, but the book we are describing to you would be incomplete were we to omit reference to the apparently marvelous and inexplicable transmission of thought from the brain of man to the "sense" of dumb animals.

The much mooted question as to whether members of the brute creation possess reasoning powers is very apt to be revived, when the seemingly impossible feats of dogs and other animals, written of in "HOW TO READ PEOPLE'S MINDS, OR THE MYSTERY OF MIND READING REVEALED," are brought to the attention of profound thinkers, but a careful study of the methods employed in achieving these wonderful results will interest all lovers of animals, and do much to disperse the superstitious impressions created purposefully by many modern trainers.



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PRACTICAL HYPNOTISM

A Complete Treatise On Hypnotism. What it is, what it can do and how to do it.

Theories Regarding Hypnotism

THERE are very many early theories regarding hypnotism, but we will explain only the more important ones. Although various scientific men spoke of magnetism, and understood that there was a power of a peculiar kind which one man could exercise over another, it was not until Frederick Anton Mesmer (a doctor of Vienna) appeared in 1775 that the general public gave any special attention to the subject. In the year mentioned, Mesmer sent out a circular letter to various scientific societies, or "Academies" as they are called in Europe, stating his belief that "animal magnetism" existed, and that through it one man could influence another. No attention was given his letter, except by the Academy of Berlin, which sent him an unfavorable reply.

In 1778 Mesmer was obliged for some unknown reason to leave Vienna and went to Paris, where he was fortunate in converting to his ideas d'Elson, the Comte d'Artois's physician, and one of the medical professors at the Faculty of Medicine. His success was very great; everybody was anxious to be magnetized, and the lucky Viennese doctor was soon obliged to call in assistants. Deleuze, the librarian at the Jardin des Plantes, who has been called the Hippocrates of magnetism, has left the following account of Mesmer's experiments:

In the middle of a large room stood an oak tub, four or five feet in diameter and one foot deep. It was closed by a lid made in two pieces, and encased in another tub or bucket. At the bottom of the tub a number of bottles were laid in convergent rows, so that the neck of each bottle turned towards the center. Other bottles filled with magnetized water tightly corked up were laid in divergent rows with their necks turned outwards. Several rows were thus piled up, and the apparatus was then pronounced to be at "high pressure". The tub was filled with water, to which were sometimes added powdered glass and iron filings. There were also some dry tubs, that is prepared in the same manner, but without any additional water. The lid was perforated to admit of the passage of mov-

able bent rods, which could be applied to the different parts of the patient's body. A long rope was also fastened to a ring in the lid, and this the patients placed loosely round their limbs. No disease offensive to the sight was treated, such as sores or deformities.

The patients were treated usually in groups. By going through various motions and exercises the patients were supposed to be remedied by the magnetic effects, or ANIMAL MAGNETISM as it is called.

It was not until 1779 that Mesmer published a pamphlet concerning the discoveries of animal magnetism and some of his theories. He sets forth his conclusions as follows: There is a reciprocal action and reaction between the planets, the earth and animate nature by means of a constant universal fluid, subject to mechanical laws yet unknown. The animal body is directly affected by insinuation of this agent into the substance of the nerves. It causes in human bodies properties analogous to those of the magnet, for which reason it is called "Animal Magnetism". This magnetism may be communicated to other bodies, may be increased and reflected by mirrors, communicated, propagated, and accumulated by sound. It may be accumulated, concentrated and transported. The same rules apply to the opposite virtue. The magnet is susceptible of magnetism and the opposite virtue. The magnet and artificial electricity have, with respect to disease, properties common to a host of other agents presented to us by nature, and if the use of them has been attended by useful results, they are due to animal magnetism. By the aid of magnetism, then, the physician enlightened as to the use of medicine may render its action more perfect, and can provoke and direct salutary crises so as to have them completely under his control.

This theory has been disproven time and time again. However, there are still large masses of people who still believe in this phenomena.

The second theory of importance was due to Charcot. According to Charcot hypnotism can be produced by purely physical means, such as pressure on certain parts of the body, and an individual

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What Are

be hypnotized without his consent. This school is on its division of hypnotic three stages: the cataleptic, and somnambulant. Charcot believes that the cataleptic stage may be produced by sudden loud noise, or may be brought about by opening the subjects' eyes when he is in a lethargic condition, and forcing him to look at a bright light. A patient in this stage will retain every position which may be given to the limbs, but the experimenter can easily change the position. There is no stiffness, no rigidity.

The lethargic stage may be brought about primarily by the fixing of the attention, or if an individual is in the cataleptic condition he may be made lethargic by closing his eyes. The subject here is unconscious and is not easily susceptible to influences from without. Limbs will fall from their own weight and he is in a condition very similar to that of sleep.

The somnambulant state may be brought about in some persons by means of fixed attention and, it is claimed, may be induced in all by rubbing the crown of the head of a subject in the lethargic or cataleptic stages. The eyes in this condition are closed, or half closed, and the subject will act in many cases in response to suggestions given to him.

These three stages, which are described at length by the school of Salpêtrière, and upon which much stress is laid do not seem to occur spontaneously in the experiments in the other schools.

Bernheim, who is the head of the school of Nancy believes that in hypnotism the whole nervous force is concentrated on one idea. The attention may be changed from one point to another, in accordance with suggestions from the operator, but though the point of attention may be altered, the concentration exists. The school of Nancy believes practically that suggestion explains everything. They claim that hypnosis is produced by suggestion only, and that hypnotism is best produced in persons of sound health and strength.

It will be seen that these three theories stated above are greatly at variance with each other. The student of hypnotism will have to form a conclusion for himself as he investigates the facts. Possibly it will be found that the true theory is a combination of all three of these described above. Hypnotism is certainly a complicated phenomena, and he would be a rash man who would try to explain it in a sentence, in a paragraph, or even in an entire volume.

The Braid Method of Hypnotism

It is to an English physician that we owe the scientific character of modern hypnotism. Indeed he invented the name of hypnotism, which is formed from the Greek word "upnos" meaning sleep. His name is James Braid and so important were the results of his studies that hypnotism has sometimes been called "Braidism".

In November, 1841, Braid witnessed a public experiment made by Monsieur Lafontaine, a Swiss magnetizer. He thought

the whole thing a comedy; a week after he attended a second exhibition, saw that the patient could not open his eyes, and concluded that this was ascribable to some physical cause. The fixity of gaze must, according to him, exhaust the nerve centers of the eyes and their surroundings. He made a friend look steadily at the neck of a bottle, and his own wife look at an ornamentation on the top of a china sugar bowl; sleep was the consequence. Here hypnotism had its origin, and the fact was established that sleep could be induced by physical agents. This, it must be remembered, is the essential difference between these two classes of phenomena (magnetism and hypnotism): for magnetism supposes a direct action of the magnetizer on the magnetized subject, an action which does not exist in hypnotism.

Braid had discovered a new science—as far, of course, as the theoretical view was concerned, for he showed that hypnotism is largely, if not entirely, mechanical and physical. He noted that one phase of hypnotism, known as catalepsy, the arms and limbs might be placed in any position and would remain there; he also noticed that a puff of breath would usually awaken a subject and that by talking to a subject and telling him to do this or do that, even after he awakes from the sleep, he can be made to do those things. Braid thought he might affect a certain part of the brain during hypnotic sleep, and if he could find the seat of the thieving disposition, or the like, he could cure the patient of a desire to commit crime, simply by suggestion, or command.

Braid's conclusions were, in brief, that there was no fluid, or other exterior agent, but that hypnotism was due to a physiological condition of the nerves. It was his belief that hypnotic sleep was brought about by fatigue of the eyelids, or by other influences wholly within the subject. In this he was supported by Carpenter, the great physiologist; but neither Braid nor Carpenter could get the medical organizations to give the matter any attention, even to investigate it.

We will now take the reader, step by step, to the mode of inducing the hypnotic phenomena as used by Braid.

Take any bright object such as a bright, new shiny coin between the thumb and fore fingers of the left hand. Hold it from twelve to fifteen inches from the eyes, at such position above the forehead as may be necessary to produce the greatest possible strain upon the eyes and eyelids, and enable the patient to maintain a steady fixed stare at the object. The patient must be made to understand that he is to keep the eyes steadily fixed on the object, and the mind riveted on the idea of that one object.

It will be observed that owing to the consensual adjustment of the eyes the pupils will be at first contracted, and they will shortly begin to dilate. After they have done so to a considerable extent, and have assumed a wavy motion, if the fore and middle fingers of the right hand extended and a little separated, are carried from the object toward the eyes, most probably the eyelids will close involuntarily, with a vibratory motion. If this is not the case, or the patient allows the

EYEBALLS to MOVE, desire him to begin anew, giving him to understand that he is to allow the eyelids to close when the fingers are again carried toward the eyes, but the EYEBALLS MUST BE KEPT FIXED IN THE SAME position, and the MIND RIVETED TO THE ONE IDEA OF THE OBJECT HELD above the eyes. It will generally be found that the eyelids close with a vibratory motion, or become spasmodically closed. After ten or fifteen seconds have elapsed, by gently elevating the arms and legs it will be found that the patient has a disposition to retain them in the situation they have been placed, if he is INTENSELY AFFECTED. If this is not the case, in a soft tone of voice desire him to retain the limbs in the extended position, and thus the pulse will speedily become greatly accelerated, and the limbs in the process of time will become quite rigid and involuntarily fixed. It also will be found that all the organs of special sense, excepting sight, including heat and cold, and muscular motion and resistance, and certain mental faculties are at first prodigiously EXALTED, such as happens with regard to the primary effects of opium or drugs. After a certain point, however, this exaltation of functions is followed by a state of depression far greater than the torpor of natural sleep. By mere repose the senses will speedily merge into the original condition again.

From the state of the most profound torpor of the organs of special sense, and tonic rigidity of the muscles, they may at this stage INSTANTLY be restored to the OPPOSITE condition of extreme mobility and exalted sensibility, by directing a current of air against the organ or organs we wish to excite to action, or the muscles we wish to render limber, and which had been in the cataleptiform state. An abrupt blow or pressure over the rigid muscle will de-hypnotize a rigid part, but it has been found that pressing the nose will not restore smell, unless very gentle and continued, nor will pressing a handkerchief against the ear restore hearing when the ear has become torpid, nor will GENTLE friction over the skin restore sensibility to the dormant skin or mobility to the rigid muscles underneath (unless so gentle as to be titillation properly so called), and yet a slight puff of wind will instantly rouse the whole to abnormal sensibility and mobility, a fact which has been perplexing and puzzling.

If the patient be allowed to look at an object until the eyelids close involuntarily, in many cases this is followed by pain in the globes of the eyes, and slight inflammation of the conjunctival membrane. In order to avoid this close the eyelids, when the impression on the pupil (already referred to) has taken place, because the beneficial phenomena follow this method, provided the eyeballs are kept fixed, and thus too, the unpleasant feelings in the globes of the eyes will be prevented. Were the object to produce astonishment in the person operated on, by finding himself unable to open his eyes, the former method is the better as the eyes once closed it is generally impossible for him to open them, whereas they may be opened for a considerable time after being closed in the other mode. For curative purposes, however, the plan which leaves no pain in the

globes of the eyes is preferable.

The hypnotic phenomena is induced SOLELY, according to Braid, by an impression made on the nervous centers by the physical condition of the patient, irrespective of any agency proceeding from or excited into action by another, as any one can hypnotize himself by attending strictly to the simple rules laid down. The following is a striking example. An eminent school teacher found that a number of his pupils had been in the habit of hypnotizing themselves and he ordered them to discontinue the practice. One day, however, he ascertained that a girl had hypnotized herself by looking at the wall, and that a companion had put a pen in her hand with which she had written the word "Capetown;" she held the pen very firmly—in fact the fingers were catleptiformly rigid. He spoke to her in a very gentle tone of voice, and called her. She arose and advanced toward him, and when awake was not aware he had called her or of what had passed.

A patient may be hypnotized by keeping the eyes FIXED IN ANY DIRECTION. It occurs most SLOWLY and FEEBLY when the eyes are directed straight forward, and most RAPIDLY and INTENSELY when they can be maintained in the position of a double and internal and upward squint.

It is very important to remark that the oftener the patients are hypnotized, from association of ideas and habit, the more susceptible they become—and in this way they are liable to be affected ENTIRELY THROUGH THE IMAGINATION. Thus, if they consider or imagine there is something doing, although they do not see it, from which they are to be affected, they will become AFFECTED—but on the contrary, the most expert hypnotist in the world may exert all his endeavors in vain if the subject does not expect it, and mentally and bodily comply, and thus yield to it.

It is on this very principle of over exerting the attention by KEEPING IT RIVETED ON ONE SUBJECT OR IDEA WHICH IS NOT OF ITSELF OF AN EXCITING NATURE, and over exercising one set of muscles, and the state of the strained eyes, with the suppressed respiration, and general repose which attend such experiments, which excites the brain and whole nervous system and which is called by Braid HYPNOTISM OR NERVOUS SLEEP. The most striking proofs that it is different from COMMON SLEEP are the extraordinary effects produced by it. In deep abstraction of mind it is well known the individual becomes unconscious of surrounding objects, and in some cases of severe bodily inflictions. During hypnotism or Nervous Sleep the functions in action seem to be so INTENSELY active as must in a great measure rob the others of that degree of nervous energy necessary for exciting their sensibility. This alone may account for much of the dullness of common feeling during the abnormal quickness and extended range of action of certain other functions.

The symptoms of danger with the mode of arousing patients will be pointed out and thus preventing mischief which might ensue for want of due caution in the operator. Whenever the breathing is observed to be very much oppressed, the face

greatly flushed, the rigidity excessive, or the action of the heart very quick and tumultuous, the patient should be instantly aroused. This can be readily and speedily accomplished by a CLAP OF HANDS, an ABRUPT SHOCK ON THE ARM OR LEG, by STRIKING THE PATIENT SHARPLY WITH FLAT HAND, by pressure and friction over the eyelids, or even by a current of air wafted against the face. One or more of these actions properly done, usually succeeds in restoring the patient very speedily.

Hypnotism is not only a VALUABLE but also a PERFECTLY SAFE remedy for many complaints, if judiciously used. Still it ought not to be trifled with by ignorant persons for the mere sake of gratifying idle curiosity. In all cases of apopleptic tendency, or where there is aneurism or serious organic disease of the heart, it ought not to be resorted to, excepting with the precaution that it may be in the mode calculated to depress the force and frequency of the heart's action.

In passing into common or natural sleep, objects are perceived more and more faintly, the eyelids close and remain quiescent, and all the other organs of special sense become gradually blunted, and cease to convey their usual impressions to the brain, the limbs become flaccid from cessation of muscular tone and action, the pulse and respiration become slower, the pupils are turned upwards and inwards, and are contracted.

In the hypnotic state induced with the view of exhibiting what Braid calls hypnotic phenomena, vision becomes more and more imperfect, the eyelids are closed, but have for a considerable time a VIBRATORY MOTION, (in some few they are forcibly closed, as by spasm of the orbiculares). The organs of special sense, particularly of smell, touch, and hearing, heat and cold and resistance are greatly EXALTED, and afterwards become blunted in a degree far beyond natural sleep; the pupils are turned upwards and inwards, but contrary to what happens in NATURAL SLEEP. They are greatly DILATED, and highly insensible to light; after a length of time the pupils become contracted whilst the eyes are still insensible to light. The pulse and respiration are, at first, slower than is natural, but immediately on calling muscles into action, a tendency to cataleptiform rigidity is assumed, with rapid pulse, and oppressed and quick breathing. The limbs are thus maintained in a state of tonic rigidity for any length of time; it is prudent, however, to try instead of that state of flaccidity induced by common or natural sleep. The most remarkable circumstance is this, that there seems to be no corresponding state of muscular exhaustion from such action.

In passing into a natural sleep, anything held in the hand is soon allowed to drop from our grasp, but in the ARTIFICIAL SLEEP now referred to, it will be held much more firmly than before falling asleep. This is a VERY REMARKABLE DIFFERENCE.

The power of balancing themselves is so great that there is no record of one of these hypnotic somnambulists falling. The same is true of natural somnambulists. This is a remarkable fact, and would appear to occur in this way: they acquire a

center of gravity as if by instinct in the most natural and therefore IN THE MOST GRACEFUL MANNER, and if allowed to remain in this position they will speedily become cataleptiform and immovably fixed. From observing these two facts, and the general tendency and taste for dancing displayed by most patients on hearing lively music during Hypnotism, the peculiarly graceful and appropriate movement of many when thus excited, and the varied and elegant postures they may be made to assume by slight currents of air, and the faculty of retaining any position with so much ease the opinion has been suggested that the Greeks were indebted to Hypnotism for the perfection of their Sculpture, and the fakirs of India for their wonderful feats of suspending their bodies by a leg or an arm.

It thus clearly appears that it differs from common sleep in many respects, that there is first a state of excitement as with opium and wine and drugs and afterwards a state of corresponding deep depression or torpor.

The tactual sensibility is so great that the slightest touch is felt. The sense of heat, cold and resistance is also exalted to that degree as to enable the patient to feel anything WITHOUT ACTUAL CONTACT. In some cases, at a considerable distance some will feel a breath of air from the lips at a distance of 50 to 90 feet, and bend from it, and by making a back current, as by waving the hand or a fan, will move in the opposite direction. The patient has a tendency to APPROACH TO, OR RECEDE FROM IMPRESSIONS ACCORDING AS THEY ARE AGREEABLE or disagreeable, either in quality or intensity. Thus they will approach to soft sounds, but they will recede from loud sounds, however harmonious. By allowing a little time to elapse, and the patient to be in a state of quietude, he will lapse into the opposite extreme of rigidity and torpor of all the senses, so that he will not hear the loudest noise, nor smell the most fragrant or pungent odor; nor feel what is hot or cold, although not only approximated to but brought into contact with the skin. He may now be pricked or pinched or maimed, without exciting the slightest symptom of pain or sensibility, and the limbs will remain rigidly fixed. At this stage a puff of wind directed against any organ INSTANTANEOUSLY rouses it to sensibility, and the rigid muscles to a state of mobility. Thus the patient may be unconscious of the loudest noise, but by simply causing a current of air to come against the ear a moderate noise will instantly be heard so INTENSELY as to make the patient start and shiver violently, although the whole body had immediately before been rigidly cataleptiform. A rose, valerian, or strong ammonia may have been held close under the nostrils without being perceived, but a puff of wind directed against the nostrils will instantly arouse the sense so much that supposing the rose had been carried several yards distant, the patient has instantly set off in pursuit of it, and even whilst the eyes were bandaged, reached it as certainly as a dog traces out game; but as respects valerian or ammonia, will rush from the unpleasant smell with great haste. The same with the sense of touch.

Dr. Liebault's Method of Hypnotism

BRAID, in the year 1840, by his insistence on the necessity of concentration and fixed attention, made great advances in the science of Hypnotism; but to Liebault, of Nancy, belongs the honor of giving to the world a scientific exposition of the rationale of hypnotism. We have it from Liebault's own lips that he was first attracted to the subject by reading Braid's works, and he has constantly admitted that the Nancy system is indebted to Braid for its Genesis. In connection with Nancy must be mentioned Bernheim, who has greatly developed and systematized the study of hypnotism.

The method in common use at Nancy is as follows:



Illustration Showing Subject Being Hypnotized By The Suggestive Method

The patient is comfortably seated in an easy chair with his back to the light, and the operator stands by his side, holding up two fingers of his own hand, some 12 to 15 inches from the patient's eyes. The patient is told to look intently at these TWO FINGERS, and as far as possible to keep his mind at a blank. As soon as the eyes begin to show symptoms of weariness, the hypnotist begins in a somewhat muffled and monotonous tone of voice to sug-

gest sleep. Sometimes the operator, without waiting for the symptoms to appear, will start at once telling the patient, "You are beginning to feel drowsy;" "Your sight is getting dim," etc., etc., while in other cases he will wait until the eyes begin to blink somewhat, and then seek to increase the sleepiness by SUGGESTIONS, which are made as the symptoms begin to develop themselves.

It is not to be supposed that in all cases precisely the same formula or details of treatment are to be followed; but the principle is the same. Thus this method of Nancy takes Braid's system of physically wearying the eyes, and combines with it a system of VERBAL SUGGESTION, and this method is the one followed with variations in detail by the leading hypnotists of every country.

As a matter of fact, there is no one plan which will succeed in all cases; some patients will be quite uninfluenced by one method of treatment, while they will be readily susceptible to another. Dr. Moll says he has succeeded in hypnotizing by means of "passes" where fixed attention and simple suggestion have both failed, and vice versa.

The method generally adopted, does not differ materially from the Nancy method above described, but we shall here incorporate into our description details of practical importance. The first essential for the successful induction of hypnosis in a person who has not been previously hypnotized is to ensure that the person is in a position that is quite comfortable, and which he will be able to maintain during the period of induction without discomfort; every little detail in this respect is an important feature in determining the degree of success or failure on the part of the hypnotist in a large number of cases; the kind of chair in which the patient sits, its relation to the lighting of the room; the position of his legs, feet, arms and hands; the head, while being supported, must not be allowed to fall backward, and the subject must sit as squarely as his comfort will allow. The surroundings must be free from any disturbing influences, and noises which we should not generally notice cause more difficulty than the larger volumes of sound; thus, the ticking of a clock, the quiet opening or shutting of a door, the whispering of persons inside the room—all these things serve to distract the attention of the subject at a critical time. The subject should be asked to keep his mind a blank as far as possible, he should be told not to trouble himself about any methods used by the hypnotist; not to pay attention to what he may say, and especially not to try and help him by trying to "go off;" and every trouble should be taken to see that the patient is quite calm and free from any undue nervousness. Having placed the subject comfortably in the chair, the next point is to fix his attention. For this purpose, it is not theoretically necessary that we should resort to any physical assistance, but the attention is fixed much more easily when some such assistance is employed. To gain attention the fixation of the sight is the best and readiest means, and we therefore tell the subject to look steadily and without blinking more than can be helped at some ob-

ject. The exact object matters little; it may be the operator's fingers, or a small article held in the patient's hand, but it should not be more than about one foot from the eyes of the subject. It should be placed in such position that when looking at it the eyes are fairly wide open. The light should fall clearly on the object, and the subject should have his back toward the source of light. The hours after daylight, are, on the whole, to be preferred, for in the morning, the nervous irritability is generally greater than in the evening, the subject is consequently rendered passive with greater ease, and his general condition is more favorable. After an evening meal, most people are willing to remain quietly in a chair for a short time, whereas earlier in the day the enforced restraint might be more or less troublesome; for the purpose of concentration of light on the object to be looked at, artificial light is better than daylight. It must not be assumed that these detailed observances are in all cases necessary, for it greatly depends upon the susceptibility of the subject, but if one is to gain an average of over 80% it will only be by attending to these details. The first hypnosis is always the most difficult, and after the subject has been hypnotized a few times, we can generally dispense with a great many of these precautions.

Let us now watch the subject. Passive, and with his gaze fixed on the given object, he at first appears to be in a normal condition; after an interval of varying duration, a change comes over the subject. The change cannot be described in so many words, but the experienced hypnotist easily recognizes it; the pupils are some what dilated; the eyelids may be quivering; the subject is more absorbed in the object than he was at first, the face has lost its usual expression, the respiratory rhythm is slightly altered. **AT THIS POINT THE SKILL OF THE HYPNOTIST HAS ITS GREATEST SCOPE FOR EVERYTHING DEPENDS ON THE RAPID AND ACCURATE PERCEPTION OF THE CHANGES WHICH THE SUBJECT IS UNDERGOING; HYPNOSIS IS BEGINNING.** The characteristic reaction of the subject to SUGGESTION is also BEGINNING, but it is far from complete, and we have to judge when the subject can take the first SUGGESTION, and how much he can take. If we begin TOO EARLY we shall disturb him; if we wait too long, he may, and often does, RETURN, more or less, to his NORMAL CONDITION, and we have missed our opportunity. This return is followed by a gradual resumption of the hypnosis, and before the final hypnosis is induced this alteration may take place several times. The early SUGGESTIONS must not be of a character repellant or objectionable to the subject's consciousness. Thus, fact and suggestion are mingled with suggestion and fact. "The eyelids are quivering; the eyes are tired; the sleep is coming"—until gradually the state diverges more and more from the normal; the FINAL HYPNOSIS generally comes suddenly. The eyes close, and one symptom is nearly always present—a peculiar, deep, catching inspiration. The inductive stages may therefore be classified as

- 1.—Passivity.
- 2.—Passivity with attention.
- 3.—Acute passivity with acute attention.
- 4.—Hypnosis.

The hypnosis thus obtained varies with each individual; but there are certain classifications which are important; some pass into a light stage; others into a deep stage; as a rule, the hypnotic state deepens with every hypnosis till about the fourth or at most the sixth hypnosis; by this time the subject will have reached HIS deepest stage; in the hypnosis subsequent to this, he presents the phenomenon of this stage. This is a curious but constant phenomenon, and enables us to classify each subject according to his stage of hypnosis, a point which, in experimental work, is exceedingly useful. These stages vary from a condition which only an expert can recognize as an hypnosis to a condition in which the strikingly abnormal phenomena are present. The variety of these stages is so great that many observers have made attempts at classification, and these are useful in giving the reader an idea of the great differences between the hypnosis of the different subjects.

Gurney, whose researches are tinct with though speculative, divided Hypnosis into two stages:

1. The "alert" stage.
 2. The "deep" stage.
- Forel names three stages as follows:
1. Drowsiness.
 2. Inability to open the eyes. Obedience to suggestion.
 3. Somnambulism. Loss of memory.
- Lloyd Tuckey gives a very similar classification to Forel's:

1. Light sleep.
 2. Profound sleep.
 3. Somnambulism.
- Liebault has described six different stages:
1. Drowsiness.
 2. Drowsiness. Suggested catalepsy possible.
 3. Light sleep. Automatic movements possible.
 4. Deep sleep. The subject ceases to be in relation with the outer world.
 5. Light somnambulism. Memory on waking indistinct and hazy.
 6. Deep somnambulism. Entire loss of memory on waking. All the phenomena of post-hypnotic suggestion possible.

Bernheim suggests no less than nine divisions:

1. Drowsiness. Suggestions of local warmth are effective.
2. Drowsiness with inability to open the eyes.
3. Suggestive catalepsy slightly present.
4. Suggestive catalepsy more pronounced.
5. Suggestive contractures may be induced.
6. Automatic obedience.
7. Loss of memory on waking. Hallucinations not possible.
8. Loss of memory; slight possibility of producing hallucinations, but not post-hypnotically.
9. Loss of memory; hypnotic and post-hypnotic hallucinations possible.

The extent to which suggestion affects the subject depends on the extent to which he is divorced from consciousness of the

external, and on the degree to which the psychical action of the neuronic groups is inhibited.

Many post-hypnotic suggestions obtain their reactions almost as well in the lightest stages as in the deepest, provided the suggestions be of a character to suit the condition.

The dehypnotization, or waking from hypnosis, is effected by SUGGESTION, on the same principle as that on which the state is induced. Physical means, such as blowing on the eyes, may be used; but in any case they can only be regarded as AIDS TO THE SUGGESTION, and their value depends entirely on the mental impression they produce.

Many means are recommended by various writers for waking the patient; fanning, sprinkling with water, loud calls and noises, etc. Just as the downward pass may hypnotize, so the upward pass, (by reason of the mental suggestion it conveys) will serve to awaken.

There is no difficulty or delay in ending the hypnosis. In all cases the subject is brought back to the normal state instantaneously. In the hands of an unskillful or ignorant operator, however, the subject may pass from the waking state to a condition of apparent lethargy; and it is of the hands of the experimenter, who is able to neither awaken nor to influence his subject. These misfortunes can never occur to the practised hypnotist; but many such cases are known, and the danger of these rash experiments in hypnotism cannot be too strongly insisted on.

When once it is found that the patient does not awaken in obedience to the operator, NO FURTHER ATTEMPTS SHOULD BE MADE, but an experienced hypnotist should be immediately sent for, or if one cannot be found the subject should be allowed to SLEEP IT OFF. In the one or two cases of the kind which have come under the writer's notice, the harm done was almost entirely due to the ignorant and futile attempts made to arouse the patient.

The duration of the hypnotic sleep of the subject, if not awakened, is very variable. Some subjects will awaken at the precise moment when the operator leaves them, the fact of his absence acting as a SUGGESTION that they are no longer under his control. Others will be awakened by an unexpected or loud noise. Some will be aroused from the state by the efforts they have made in it; thus, for instance, a subject has been awakened by laughing loudly in obedience to a hypnotic suggestion. If the sleep be light, subjects will often return to the NATURAL state in a very short period; but if it be deep, the sleep may continue for three to four hours. Bernheim mentions a case in which the sleep lasted eighteen hours.

The condition after hypnosis is found to be perfectly normal. In the hands of an experienced hypnotist the subject never finds that he is suffering from any such thing as "drowsiness" or "giddiness." Any ill effects are due entirely to the fault of the operator.

Various opinions have been expressed; some well, many ill informed, with reference to the persons who are hypnotizable. It would be idle to affirm of any particular temperament that it lends itself to

hypnosis when we find that over EIGHTY PER CENT of all persons tried is the MINIMUM average of any one who properly understands the subject in its practical application. Speaking from his own experience the writer has found that the class presenting the least difficulty, and generally giving very satisfactory experimental results is to be found in young men of average education and of fairly all-round qualities.

Excessive self-consciousness presents some difficulty, and consequently the more or less brilliant neurotic, and the very stupid and conceited resemble one another in being difficult subjects. Idiots are not hypnotizable, and the insane are excessively difficult to hypnotize. Sex does not appear to materially affect the question. There is a somewhat commoner misconception prevalent which regards hysterical conditions as likely to indicate easy hypnotizability. Hysteria, however, is nearly always the source of much difficulty and never makes the induction easy. Nationality has very little to do with the matter. In France, Liebault hypnotized 985 out of 1,012; in Sweden, Wellenstrand hypnotized 701 out of 718; and in Holland, Van Reutezhen hypnotized 169 out of 178. Bernheim and Forel agree, with reference to the medical application of hypnosis, that the opinion of physicians who cannot hypnotize at least eighty per cent of their patients is of no value.

Who is hypnotizable? In order to settle this question without hypnotic experiments, Ochorowicz has invented a special instrument—the hypnoscope; it is an iron magnet, in the form of a ring, which the person to be tested puts on his finger. Hypnotizable persons are supposed to experience certain sensations in the skin and twitching of the muscles, while with the insusceptible nothing of the kind takes place. The researches of other investigators have not altogether confirmed this.

Neither neurasthenia nor pallor, neither hysteria nor general feebleness of health, produce a disposition of hypnosis. As far as hysteria is concerned, it is not peculiarly suited to hypnotism. Our ordinary hysteria with its variable characteristic of headache, and the feeling of a lump in the throat (globus) combined with the general hysterical desire to be interesting and to exaggerate the sufferings endured, produces very little disposition to hypnosis. The spirit of contradiction, very strongly developed in such patients, contributes not a little to this. The mistaken notion that hysterical or nervous patients are particularly susceptible to hypnotism results from the fact that most physicians have experimented with them only; besides which it is very easy to discover in all persons something which may be explained as a hysterical symptom, if only we try to do so. If, however, we consider every one who submits himself to a hypnotic experiment to be 'nervous' (Morand), then naturally, only nervous persons can be put into the hypnotic state; but this view cannot be taken seriously. In reality, if we are to take a pathological condition of the organism as a necessary condition for hypnosis, we shall be obliged to conclude that nearly everybody is not quite right in the head. For the rest, the old mesmerists

in part, maintained that hysteria only produced a disposition to the magnetic sleep.

Further, if general weakness is to be put forward as a predisposing factor, we must emphasize the fact that many very muscular persons have been hypnotized. It is well known that Hansen, whose practical experience is of some value, always preferred muscular people for his experiments. The susceptibility of tuberculous patients is striking.

With regard to intelligence, intelligent persons are more easily hypnotizable than the dull and stupid. Among the lower classes the mentally superior are undoubtedly easier to hypnotize than others. Mental excitement easily prevents hypnosis. The numerous observations made by Wetterstrand, Ringier, and others, that certain individuals are occasionally refractory to hypnosis may be connected with this fact. One could confirm this occasional disinclination to hypnosis by a whole series of cases. It is considered a complete mistake to say that the disposition to hypnosis is a sign of weakness of will. Without doubt the ability to maintain a passive state has a predisposing effect. This is why soldiers are in general easy to hypnotize. The ability to direct one's thoughts in any particular direction is also very favorable. As we habitually consider this power to be a sign of strength of will, the disposition to hypnosis would rather be a sign of strength than of weakness of will. This ability to give the thoughts a certain prescribed direction is partly natural capacity, partly a matter of habit, and often an affair of will. Those, on the contrary, who can by no possibility fix their attention, who suffer from continual absence of mind, can hardly be hypnotized at all. It is specially among the nervous that a strikingly large number of this last class are to be found, who cannot hold fast to a thought, and in whom a perpetual wandering of the mind predominates. The disposition to hypnosis is also not specially common among those persons who are otherwise very impressible. It is well known that there are some who can be easily influenced in life, who believe all that they are told, upon whom the most unimportant trifles make an impression. Nevertheless, when an effort is made to hypnotize them, they offer a lively resistance, and the typical symptoms of hypnosis cannot be induced in them.

With regard to age, children under three years cannot be hypnotized at all, and even up to about eight years of age they can only be hypnotized with difficulty. Although children are otherwise easily influenced, their thoughts are so easily distracted that they cannot fix their minds on a prescribed picture, such as that of hypnosis. Old age is by no means refractory to hypnosis. According to the experience of the school of Nancy, older persons more often remember after hypnosis all that has happened than do younger ones. Sex has no particular influence; it is a mistake to suppose that women are better adapted than men.

The frequency with which an attempt should be repeated on the same person is of more importance. While according to Hanhule, only one person in ten proves susceptible on a first attempt; the pro-

portion increases enormously with the frequency of the sittings. This is not to be wondered at, from the mental excitement shown by many people in the beginning. And as it is most important to hypnosis that the attention should be distracted many people are first of all obliged to learn to concentrate their thoughts. There are even experimenters who maintain that everybody is hypnotizable, if only the attempt is continued long enough. "Without declaring this view to be false," says Dr Mol, "I may remark that I have made forty attempts with some persons without obtaining hypnosis. Perhaps, by even longer continued efforts a result would have been attained, as indeed has happened to many times after forty vain attempts. In other cases the exact opposite happens and the oftener the attempt is made, the less successful is it; by a process of auto-suggestion, the subject persuades himself that he is not hypnotizable."

Besides these subjective conditions are some other objective ones. Thus, for example, disturbing noises at the first experiment have power to prevent the hypnosis; they draw off the attention, and thus interfere with the mental state necessary for hypnosis. Later, when the subject has learned to concentrate his thoughts, noises are no longer disturbing. But in hypnotic experiments the most absolute avoidance by those present of any sign of mistrust is necessary. The least word, a gesture, may thwart the attempt to hypnotize. As the mood of a large company is often distrustful, as a whole generation also is sometimes sceptical, the great variations in susceptibility to hypnosis which have shown themselves at different times and places, are explicable. It is not surprising that on one occasion ten persons, one after the other, are hypnotized, while on another occasion ten other persons all prove refractory.

Experience and a knowledge of the mental condition of mankind are indispensable for the hypnotizer. The first is absolutely necessary; it is more important than a knowledge of anatomy and physiology. By experience one learns to discriminate and enter into the particular character of the subject. Practice and a gift for observation enable the right stress to be laid at the right moment either on fixed attention or on the closing of the eyes. The experienced experimenter knows how to judge whether it be best in any particular case to attain his aim by speaking or whether, as sometimes happens, speech would be a hindrance, and the chief stress would be best laid on fixed attention, etc. A person who is easily hypnotized can be hypnotized by any one; but one who is hypnotized with great difficulty can only be thrown into hypnosis by a good and experienced experimenter. It is by no means a contradiction of this that the personal impression made by the experimenter may be very important and have great influence. In consequence of this it happens that a certain person (A), can be hypnotized by (B), while he remains refractory to the efforts of (C). On the other hand, it may happen that (D) can be hypnotized by (C), but not by (B). This shows that the influence of one person over another is dependent on the individuality of both. We find the same in life, in the relation of teacher to pupil,

and of pupil to teacher, in the reciprocal relations of friends, or lovers. The influence of one person on another always depends on the individuality of both.

That there exists an individual aptitude for hypnotization, and for making the suggestions—to which the writer lays no claim—is certain. It is true that we must not think of this ability as did the older mesmerists, who supposed that certain persons exercised a peculiar physical force upon others; we must represent this natural ability to ourselves as we do many others, when we have to do with particular mental aptitude. Calm, presence of mind, and patience are essential, and not every one can exercise these qualities. To busy one's self with hypnotizing a subject daily for hours at a time demands a perseverance which everybody does not possess. Very much more patience is necessary for this than for writing prescriptions, for example, several hundreds of which could be produced in the same length of time.

Fascination Method of Hypnotism

THE FASCINATION method, introducing as it does a large amount of the personal element, is a favorite one of the mesmeric professors. The subject is told to gaze steadily into the operator's eyes. It frequently happens that in a short space of time, the subject will imitate every movement of the operator, all the while keeping his eyes firmly fixed on those of the operator. This method is somewhat risky, since, if the subject be refractory, the operator himself may involuntarily become hypnotized. Lloyd Tuckey records an instance where, in using this method on one occasion, he found himself developing the first symptoms of hypnosis.

Doctor Bremaud, a naval doctor, obtained in men supposed to be perfectly healthy a condition which he calls FASCINATION. The doctor considered it Hypnotism in its mildest form, which after repeated experiments becomes catalepsy.

Bremaud induced fascination by the contemplation of a bright spot; the subject falls into a state of stupor. He follows the operator and servilely imitates his movements, gestures and words; he obeys suggestions, and a stimulation of the nerves induces contraction, but the cataleptic pliability does not exist.

Long before Bremaud—a platform magnetizer, as the scientific world called him—thought he had discovered this FASCINATION and even named it after himself. He operated in the following manner. After having at the beginning of one of his entertainments—which at that time attracted not only all Paris, but people of every part of the world—operated on his own subjects, and thereby impressed the imagination of his audience, he would inquire if any of the spectators were willing to submit themselves to an experiment. Several would come forward. He would choose one, and make him lean on his hands so as to weaken the muscular power. Both hypnotizer and patient remained standing on the platform in front of the audience, now thoroughly interested in the struggle between one who strove to master and one

who would not submit. The patient's exertion under the influence of the numberless eyes fixed on him soon reached its climax. The fascinator would then suddenly call out, "Look at me!" upon which the candidate-subject would draw himself up and gaze intently into the operator's eyes. The latter would then look down at the hapless victim with round, glaring eyes, and in the majority of cases succeed in fascinating the subject. No doubt some individuals would feign to succumb, thereby deceiving the operator, and when they quitted the SEANCE would not fail to declare he was a charlatan. But the whole exhibition was well managed, and it would be unjust to refer a general rule from some particular exceptions.

FASCINATION thus made its way. By the constant sight of gigantic advertisement, the attention of scientific men was aroused, they went to see the performance, were at first incredulous, then doubted, and finally took up the subject and studied it; striving to make it scientific and useful as a curative means. It no longer remains the object of morbid curiosity, but becomes a therapeutic process that doctors avail themselves of to alleviate suffering.

Of all the different methods employed, perhaps none have the followers that the simple method of fascination can boast of.

The professional operators have been very fond of fascination and in this particular method, which is called, amongst other names, "Imitation," "Fascination," and "Donatism,"—this last from Donato, who made great use of it.—In this system, the operator fixes his eyes on the eyes of the subject, and after a short time the subject follows every movement made by the magnetist. If he lifts an arm, the subject does the same; if he kneels, the subject kneels; and so on AD INFINITUM. Here fascination was the form of hypnosis induced. The same state can be obtained by OPENING THE EYES OF A HYPNOTIZED PERSON WHEN THE HYPNOTIST, BY GAZING FIXEDLY INTO HIS SUBJECT'S EYES, will be able to obtain these imitative movements. If the finger, or the mounted top of a walking stick, be placed before the subject's eyes, he will follow the finger, or the stick, as the case may be; in all this it is clearly SUGGESTION, which is the basis of the phenomena. The subject will not perform any of these imitative actions, nor will he be "fascinated" by the stick, unless he fully understands that it is expected of him. In very many ways, by a look or a movement, the hypnotist is often able to convey a suggestion to his subject which will be quite as potent as if made by means of speech. This extreme susceptibility to suggestion is either not known or is overlooked by the ordinary public, and the professional hypnotizers often avail themselves of this common ignorance to entertain those who attend their exhibitions.

The latter form of fascination was used for the first time by Donato, has since been described by Bremaud, also has been applied by Hansen. Donato, who operates especially upon young people proceeds in the following manner:

He asks the subject to lay the palms of his hands upon his own, stretched out horizontally, and to press downward with

all his might. The subject's whole attention and all his physical force is absorbed in this manoeuvre. All his innervation, so to speak, is concentrated in this muscular effort, and so the distraction of his thoughts is prevented. The magnetizer, looks at him sharply, quickly and closely, directing him by gesture (and by word if need be), to look at him as fixedly as he is able. Then the operator recedes or walks around the patient, keeping his eyes upon him and attracting his gaze, while the subject follows him as if fascinated, with his eyes wide open, and unable to take them from the operator's face. If once carried away by the first experiment, the simple fixation of the gaze suffices to make the subject follow. It is no longer necessary to make him first place his hand on the operator's.

When we have to do with simple suggestion by gesture, when the magnetizer fixes his eyes upon the subject's, the latter understands that he must keep his eyes fixed and must follow the operator everywhere. He believes that he is drawn toward him. It is a suggestive psychical fascination and not physical in the least. The experiment has been successful with the best somnambulists when they did not understand the meaning of the operator's gesture. In such cases, the experiment may be made to succeed by imitation, if the subject has seen it performed successfully in his presence upon some one else. This then is suggestion by imitation.

Among subjects thus fascinated, some submit to the influence without hypnotic sleep, just as do those who are hypnotized by another method. They are susceptible to suggestion in the working condition. They remember afterward what they have done; they do not know why they were unable to keep from following and gazing at the operator. Others remember nothing at all after they are waked by blowing upon the eyes or by a simple word. They do not know what has happened; they have been in a somnambulist condition with their eyes open. In this somnambulist fascination, catalepsy and hallucination may be induced. In these same subjects, catalepsy or hallucination may often be induced by a simple word, a gesture, or a position communicated to them without any previous fascination.

The awaking may be spontaneous. Subjects who sleep lightly at the first hypnotization, sometimes have a tendency to awake quickly. It is necessary to hold their eyelids closed or to say from time to time, "sleep," in order to keep them under the influence. The habit of sleep is very soon acquired by the organism. The subject no longer wakes while the operator remains at his side; he may awake as soon as the operator's influence is withdrawn. The majority of subjects left to themselves sleep on for several minutes, for half an hour, or even for one or more hours. One subject slept fifteen hours, another eighteen.

The Abbe Faria, in about 1814, began to study Hypnotism, and it must be admitted that this development is very interesting and contains more than the germs to the whole of Braid's theory, and of all the theories concerning the power of imagination or suggestion in consequence of the same.

The phenomena observed by Faria in his

subjects do not differ in the main points from that of Puysegur and the other operators or their somnambulist subjects, and this is the case especially in regard to the complete loss of memory about everything on awakening.

During the somnambulist sleep according to Faria the eyes are as a rule closed. There are, nevertheless, somnambulists who sleep with open eyes, and experience has proved that these latter are



Hypnotizing By The Fascination Method

somnambulists by nature. Their open eyes remain fixed and immovable, and they seem to be perfectly sightless. There are a few who move their eyes and see what occurs in their surroundings, still without being able to have any recollection what ever when they are awakened.

The Abbe Faria method was very simple. After placing his subject in a comfortable position, in not too bright a light, he concentrated the attention of his subject as much as possible, by having him look at some object on the wall—way up above his head. After several minutes of the most perfect silence, he would suddenly shout in a loud commanding voice the word "Sleep." In very many cases this was sufficient to attain the desired result.

As an advocate of the identity of somnambulism and normal sleep, Faria made a study of lethargy; and he was one of the first who in a few lines described this interesting condition, which Azam also investigated. This is the state in which we nearly always find a certain double individuality of the person. It must be remembered that Faria claimed positively that there were no dangers attached when using his methods, and that subjects thus caused to sleep and brought under influence will by no means suffer any unpleasant effects.

Several authorities claim that the magnet has in some cases the power of hypnotizing. This may be true; but MANY of the best known hypnotizers have been unable to find any trace of such influence. However, it may be that in a certain few abnormal cases the magnet has this virtue;

but it seems a more natural hypothesis to attribute these few hypnosis to suggestion, an element which enters into every method, and which is so subtle in its action that it is almost impossible in these cases for an operator to state positively that it has been entirely avoided.

Braid has left on record an experiment with his, which bears on the supposed influence of the magnet. A lady told him that she could NOT ENDURE a magnet thought near her, and that it always had the most profound influence on her, and it was when SHE KNEW OF ITS PROXIMITY. But Braid, in order to test the nature of this influence, sat near to her on one occasion for half an hour, with a powerful magnet concealed in his pocket, and as he expected, found that no effect was produced. However, many hypnotists still believe in the power of the magnet. In fact the belief of the action of the magnet on human beings is very old. The Magi of the East used it for curing diseases, and the Chinese and Hindoos used it long ago. Albertus Magnus, in the thirteenth century, and later, Paracelsus Von Jurelmart and Kercher also used it, as well as the astronomer and ex-Jesuit Hell, of Vienna, at the end of the eighteenth century. We have seen that Mesmer also used it at first. Even then, many doctors who used it. Reil, the well-known physician, noted the magnet therapeutically; in 1845, Reichenbach asserted that some sensitive person had peculiar sensations when they were touched by a magnet. He also said that many saw light—the so-called Odd light.

The Suggestive Method of Hypnotism

ONE of the more recent methods of Hypnotism is SUGGESTIVE THERAPEUTICS, or SUGGESTIVE Hypnotism. It is produced by telling the patient that benefit is to be derived from the use of suggestive therapeutics, that it is possible to cure or at least to relieve him by Hypnotism; that there is nothing either harmful or strange about it; that it is an ORDINARY SLEEP or torpor which can be induced in everyone, and that this quiet, beneficial condition restores the equilibrium of the nervous system. If necessary, one or two subjects are hypnotized in his presence, in order to show him that there is nothing painful in this condition, and that it is not accompanied with any unusual sensation. When the idea of magnetism is thus banished from his mind and the somewhat mysterious fear that attaches to that unknown condition, above all when he has seen patients cured or benefited by the means in question he is no longer suspicious, but gives himself up, then you say, "LOOK AT ME, AND THINK OF NOTHING BUT SLEEP; your eyelids begin to feel heavy; your eyes are tired; they begin to wink; they are getting moist; you cannot see distinctly; they are closed." Some patients close their eyes and are asleep immediately. With others, it must be repeated again and again, and more stress laid on what is said, and even make gestures. It makes little difference what sort of gesture is made. Hold two fingers

of the right hand before the patient's eyes and ask him to look at them, or pass both hands several times before his eyes, or persuade him to fix his eyes upon yours, endeavoring at the same time to concentrate his attention upon the idea of sleep. Keep saying, "Your lids are closing, you cannot open them again; your arms feel heavy, so do your legs; you cannot feel anything; your hands are motionless; you see nothing, you are going to sleep." Then add in a commanding tone "Sleep." This word often turns the balance. The eyes close and the patient sleeps or is at least influenced.

Use the word sleep in order to obtain as far as possible over the patient a suggestive influence which shall bring about sleep or a state closely approaching it, for sleep properly so called does not always occur. If the patient has no inclination to sleep and shows no drowsiness, take care to say that sleep is not essential; that the hypnotic influence, whence comes the benefit, may exist without sleep; that many patients are hypnotized although they do not know it.

If the patient does not shut his eyes or keep them shut do not require them to be fixed on yours or on the fingers, for any length of time, for it sometimes happens that they remain wide open indefinitely, and instead of the idea of sleep being conceived, only a rigid fixation of the eyes results. In this case, closure of the eyes by the operator succeeds better. After keeping them fixed one or two minutes, push the eyelids down, or stretch them slowly over the eyes, gradually closing them more and more and so imitating the process of natural sleep. Finally keep them closed, repeating the suggestion, "Your lids are stuck together; you cannot open them. The need of sleep becomes greater and greater; you can no longer resist." Lower the voice gradually, repeating the command, "Sleep," and it is very seldom that more than three minutes pass before sleep or some degree of hypnotic influence is obtained. It is sleep by suggestion—a type of sleep which is insinuated into the brain.

Passes or gazing at the eyes or fingers of the operator are only useful in concentrating the attention. They are not absolutely essential.

With some patients success is more readily obtained by acting quietly; with others quiet suggestion has no effect. With these it is better to be abrupt, to restrain with an authoritative voice the inclination to laugh, or the weak and involuntary resistance which this manoeuvre may provoke.

Many persons are influenced at the first sitting, others not until the second or third. After being hypnotized once or twice, they are speedily influenced. It often is enough to look at such a patient, to spread the fingers before the eyes, to say, "Sleep," and in a second or two, sometimes instantly, the eyes close and all the phenomena of sleep are present. It is only after a certain number of hypnotizations, generally a small number, that the patients acquire aptitude for going to sleep quickly.

It occasionally happens that seven or eight persons can be hypnotized successively, in fact almost instantly. Then there

are others who are refractory or more difficult to influence. A second or third trial often brings the hypnosis which is not obtained at first.

Hypnotism In Diseases

It is more and more evident that the present interest in Hypnotism depends chiefly upon its utility in the cures of the various ills humanity is the unfortunate heir to. In spite of all differences and the obstinate opposition of the old-school practitioners, it becomes more and more clear in medical circles that a thorough examination of it cannot be disdainfully put aside.

We have already seen that the Nancy School, represented by Bernheim and Liebeault, think that Hypnotism means suggestion, and that suggestion is truly its chief agent. Bernheim believes that hypnosis is a peculiar mental state in which susceptibility to suggestion is heightened. It follows from this that suggestibility exists apart from hypnosis, and that consequently there is no contradiction between the curative possibilities of suggestion whether in, or out of, hypnosis; one is the natural complement of the other. It is the school of Nancy which has pointed out that there are many suggestions without hypnosis, and it was the first of all to recognize the curative value of pure suggestion.

A number of diseases can be cured or relieved merely by making the patient BELIEVE he will soon be better, and by firmly implanting this conviction in his mind. From the most ancient times this mental influence has been used. The temple sleep of the old Greeks and Egyptians was a means to facilitate the effect of suggestion. The sick lay down to sleep in the temple, and were told by the god in dreams of something that would cure them. In later times we may mention the well-known Greatrakes, whose cures astonished all England in the 17th century, and Gassner, the exorcist, at the end of the 18th.

Among other wonder-workers we may recall Prince Hohenlohe, at the beginning of the last century; a Catholic priest, who aroused much attention by his cures in Bavaria, after 1821. The mesmerists supposed he was one of those persons who possess a peculiar force, while on other sides, religious faith was called in as an explanation. One school of mesmerists, that of M. Barbarin, of Ostend, maintained that the influence was a purely spiritual one, and that the right way to induce sleep was to pray at the patient's bed-side. This was the first form of what is so popular now under the name of "Christian Science."

We do not care to multiply examples of so-called suggestive cures, except to mention the authenticated cures which have occurred quite recently at Lourdes and other holy places. When we see that it is exactly those very people who use suggestion who are the most successful, we are justified in giving it a high place in practical medicine. For no one who reads the stories with unprejudiced mind can doubt that Gassner and several others were more

successful than many a scientific physician though they are unjustly called charlatans. It may be that some of the diseases were of a hysterical nature, but there were many others. It is at least certain that nearly all of them were diseases which the usual medicinal treatment had failed to heal. But, as stated, if suggestion is to succeed the patient must firmly believe he will be cured. This belief must be impressed upon him, and the question is how this can most surely be done. Any patient who goes to Lourdes with the certain belief that he will be cured, and whose expectation has been redoubled by the reports of others and his own faith as a Catholic, will obtain quite a different result from the man who goes without faith. This is exactly the case with people treated by any form of "Christian Science."

It is not always possible for a physician to implant this belief of his personal power, however great his patient's faith in him may be. Hypnotism is a means of attaining this end, in spite of opposition. We have to thank Liebeault, of Nancy, for having been the first to use suggestion methodically in the treatment of disease. It is true that verbal suggestion was occasionally used by the old mesmerists. On the other hand, Braid did not recognize it. He believed rather that certain methods, inducing catalepsy, etc., influenced the distribution of blood, and he thought it likely that there were nervous changes.

Many people, unknown to Liebeault, have realized that, from a medical point of view, a state in which contractions and paralyzes, pain, insensibility to pain, etc., could be induced and removed, must be of immense importance; but Liebeault, must be really regarded, as the true founder of systematic suggestion applied to medical treatment.

Of course, the difficulty of judging of the curative value of hypnosis is much increased by the hazy definition of "hypnotic suggestion." Thus, some oppose suggestive treatment, and some hypnotic suggestive treatment, while others object sometimes to suggestion in general, with or without Hypnotism; the latter are right in spite of their false point of view, because it is impossible to draw a sharp line between suggestion and hypnosis. There is hardly any doubt that hypnosis and suggestion will be gradually welded into one, because spontaneous, passing hypnosis appear to be often met with in ordinary life.

Let us now consider singly the main objections made to hypnosis as a curative agent.

A chief objection was made by Ewald, of Berlin, who protested emphatically against the expression "medical treatment by hypnosis." He said that medical treatment meant the medical art and medical knowledge, and that every shepherd-boy, tailor, and cobbler could hypnotize; only self-confidence would be necessary. But has not medicine drawn a countless number of its remedies from the crude empiricism, from the traditions of the 'shepherd-boys'? Cannot every cobbler inject morphia, apply blisters, and give aperients if he has the material? Yet we do not despise these remedies, nor bath nor massage, etc. On the other hand,

would be a grievous mistake to believe that a delicate agent like hypnosis, which affects and modifies the highest activities of our minds, could be manipulated by a shepherd, or ought to be handed over to him. Medical science and psychological knowledge, the ability to diagnose and practice, are all necessary to its use. Long enough, much too long, science has left the important phenomena of hypnosis to irresponsible and ignorant stage-operators; it is high time to make up for the delay, and for conscientious searchers after truth to devote themselves to a thorough examination of the series of phenomena which may complete our views of the psychology and of the physiology of the brain.

A second objection often called forth is the danger of hypnosis. This point must be seriously weighed. Now, one may truthfully affirm that there are few remedies in medicine which would not injure if carelessly and ignorantly used. There are even medicines which may injure, however carefully used, because we do not know exactly under what conditions they become harmful. We need not speak of morphia, strychnine, and belladonna, which has sometimes done injury even when the maximum dose was not surpassed, nor of the deaths from chloroform, the reason of which has not been explained. A number of deaths have resulted from the use of potassium chloride. Severe collapse has been observed after the use of antipyrine. Let us add to these the name of another comparatively recent sleep-producer—sulfonal—which is supposed to be a perfectly harmless hypnotic drug. And again as to the treatment by suspension (or temporary hanging by the neck) which has lately become almost a fashion, as a cure of locomotor ataxy. It is now certain that it may cause great injury, or even death. And Billroth has lately pointed out great dangers from carbolic acid, which is constantly used. If we gave up prescribing these remedies we might give up medicine altogether, as everything employed may do harm.

Of course, whether there are dangers in the use of drugs or not, is not the question. Rather we must ask: 1. Do we know under what conditions appears the danger supposed to lurk in hypnosis? 2. Can we remove these conditions and the consequent danger? 3. And if we cannot, does the advantage to be gained by the patient outweigh the danger he runs?

The answer to these questions is decidedly in favor of Hypnotism. We know perfectly well under what conditions it is dangerous, which we do not know about some drugs. We are able in certain cases to exclude these conditions by using certain harmless methods, and thereby minimizing, if not entirely excluding danger. As a matter of fact the small discomforts to which the patient is exposed—a short headache, watering of the eyes, and depression, are as nothing compared to the advantages which may result from the hypnosis.

However, we by no means deny that there are certain dangers in the improper use of Hypnotism. Who ever has seen the difference between a subject who has received an exciting suggestion and one who has

received a soothing one, will agree that as much good can be done in one way as harm in the other. A man who makes absurd suggestions to amuse himself and satisfy his curiosity, without a scientific aim, need hardly be astonished if he produces ailments. We cannot warn our readers too emphatically against such sports. Can we be astonished that a person who has been suddenly awakened from hypnosis during an imaginary fire should feel ill after it? Such suggestions should not be made at all or with the greatest caution, taking care to do away with the suggestion and soothing the subject before the waking. This is the most important point, for, even if these mistakes are made, they are of little consequence, provided the subject is thoroughly and properly awakened. Operators are not at all aware that they should do away with the suggestion entirely. They think it enough to blow on the subject's face, and are astonished that he does not feel well after it. It is surprising that more mischief is not done in consequence of insufficient technical knowledge. It is this that is dangerous—not Hypnotism.

To show how a suggestion should be done away with, let us suppose that an exciting suggestion has been made to a subject, who is disturbed in consequence. One should say something like this: "What excited you is gone; it was only a dream, and you were mistaken to believe it. Now be quiet. You feel rested and comfortable. It is easy to see you are perfectly comfortable." Only when this has succeeded should the subject be awakened; nor should this be done suddenly; it is far better to prepare the patient for waking; the best operators generally do it by saying, "I shall count up to three. Wake when I say three." Or, "Count to three, and then wake." They often add (and this is also important), "You will be very comfortable, happy, and contented when you wake."

We have spoken of the nervousness which Hypnotism is supposed to produce, and have tried to show that it is not Hypnotism which causes it, but its improper use. These rules should especially be followed: 1. To avoid continuous stimulation of the senses as much as possible. 2. To avoid all mentally exciting suggestions as much as possible. 3. To do away with the suggestion carefully before the awakening. The proper method will not cause nervousness.

The real dangers of Hypnotism are: the increased tendency to hypnosis, and the heightened susceptibility to suggestion in the waking state. It may bring about the possibility of a new hypnosis against the subject's will, perhaps without his suspecting it, and the danger of his accepting external suggestions even without hypnosis.

The last-mentioned danger can be guarded against by repeatedly making some such suggestion as follows to the subject before awaking him: "Nobody will ever be able to hypnotize you without your consent; nobody will be able to suggest anything to you when awake; you need never fear that you will have sense delusions, etc., as you do in hypnosis, you are perfectly able to prevent them." This is a wise, but not infallible, way to avoid the peril.

Such are the dangers of Hypnotism, and

such the methods of meeting them. All the schools agree on this point, that their antidote is suggestion, and that they are no hindrance to hypnotic treatment.

But it may be objected that though a short use of Hypnotism may not be hurtful, a long one, involving a repeated induction of the state, might be so. This might also be said against the use of various drugs, since we do not yet know whether a long use of them might not cause severe chronic poisoning. Experience is the only way to decide such questions. Now Liebeault, who has used hypnotism, as a curative agent, for nearly forty years, has watched cases of long duration, without noticing any bad consequences. On the contrary, the hypnosis grew deeper, and suggestion consequently easier.

It is further added that the mysterious, somewhat uncanny features of Hypnotism, should prevent its being used. Now, as a matter of fact, it ought to be perfectly indifferent to a practitioner whether a drug takes effect from the mysterious impression it makes, or through suggestion, or through chemico-physical influence. The point is that it shall act, not in what manner it acts.

Among the remaining objections to the suggestive methods of curing illness, the assertion that they do not produce any lasting improvement or cure may be mentioned. But it is not so; on the contrary, a large number of lasting cures have been observed and published. Even were this so we must still rejoice to have found a way of procuring temporary relief. In any case medical science is not yet so far advanced as to give us the right to reject a remedy merely because it has often proved of temporary value. Besides, from some methods of treatment nothing but a temporary improvement is expected, and yet it is considered to prove the worth of the method. How often it happens that a patient who has benefited by a stay in Carlsbad or Hot Springs, Ark., etc., is recommended by his doctor to go back there when his ailment returns, because his health was improved the first time.

Another objection is that Hypnotism cannot be generally applied because everybody is not hypnotizable, and, also, that in many cases, even when a hypnosis is induced, it is not deep enough to be used therapeutically. But is it not the same with other remedies? For instance, under some circumstances a journey to the French Riviera or to Alaska are supposed to be excellent remedies. Many more people can be hypnotized than can be sent to these far-off points of the compass.

Now let us see what troubles are particularly amenable to hypnotic treatment and benefited by it.

So far as we have hitherto been able to judge, NERVOUS DISORDERS not found in anatomical derangements are the troubles most frequently affected by hypnosis. Particularly suitable ones, are headaches, stomach-aches, ovarian pains, rheumatic and neuralgic pains; sleeplessness; hysterical disturbances, particularly paralyzes of the extremities and aphonia, (loss of voice); disturbances of menstruation; spontaneous somnambulism; uneasy dreams; loss of appetite, alcoholism and morphinism; stammering; nervous dis-

orders of sight; singing in the ears; prolonged cases of chorea; St. Vitus' Dance; agoraphobia, (a nervous dread of crossing open spaces); writer's cramp, etc.

Hysteria is not easily curable, though improvement may be obtained in the symptoms, by Hypnotism and suggestion as by any other method. But a sound brain is above all things necessary for hypnosis; the sounder it is, the sooner we may hope for results. In hysterical patients the brain is often by no means sound. For the same reason it is difficult to treat insane persons by Hypnotism. However, improvements have been obtained in the lighter forms of mental disease, such as melancholia and mania.

With regard to ORGANIC DISEASES, in which we find anatomical changes in the organs, as opposed to functional derangements, we have before us a number of accredited observations, from which it follows that the consequences of the disease could be partly removed by hypnosis. If suggestion does nothing but reduce the pain, an important improvement in an organic complaint has been secured; this has frequently succeeded in cases of articular rheumatism.

Among other diseases accompanied by organic injury, a very painful eczema of the ear, in a child of eight was made painless by post-hypnotic suggestion. The child in question could not bear the slightest touch. An order given in his first hypnosis had such an effect that he could afterwards endure a strong pressure on the spot.

What are the counter-indications against hypnotic treatment, i.e., what CONDITIONS FORBID THE USE OF HYPNOTISM? The leading hypnotizers in the medical profession say that they do not know of one. But it may be that when certain phenomena produced by auto-suggestion cannot be avoided the use of Hypnotism is counter-indicated. However, the desired curative effect is of so much more importance than a chance attack of hysterics, etc., that in general a careful, well-informed operator should not allow himself to be restrained by it. In any case there are no more counter-indications against this treatment than against any other.

Methodical suggestion is the key to curative Hypnotism. When the hypnotized subject refuses the suggestion, which sometimes happens, the mysterious impression may be ever so great, and yet no therapeutic result will be obtained. On the other hand, people have been influenced hypnotically or suggestively though they did not believe they were hypnotizable; however they opposed no resistance and were simply very much astonished when they woke up to find they had been hypnotized, and benefited by the hypnosis.

Misrepresentation has aroused so much distrust of hypnotic treatment that in some cases there is no confidence at all. But the immense power of hypnotic suggestion is shown by the fact that it succeeds in a large number of cases in spite of mistrust; for mistrust is a powerful auto-suggestion, and auto-suggestion is the greatest foe of external suggestion. The success of hypnotic suggestion will be greater the more distrust disappears in the general public, and when it has been recognized that Hypnotism properly used is as harmless as

electricity properly used. Hypnotism and suggestion will outlive many remedies whose praises fill the columns of medical journals at present.

It has been asked whether Hypnotism and suggestion are of real value to the art of healing. To answer this we must consider whether a larger number of patients are cured or improved by this means than by exclusively physical and chemical treatment. It is difficult to decide. If we suppose that 50 per cent are cured or improved by the usual treatment—which is by no means the case—and that 2 per cent are cured or improved by suggestion, these figures would not mean much, as the percentage would only be raised from 50 to 52. But if we suppose that by the ordinary methods only 1 per cent of functional neuroses are cured or improved—which is nearer the truth—and that 2 per cent are cured or improved by suggestion, this would be a great progress, since the percentage would be raised from 1 to 3 per cent, i.e., the number of successfully-treated patients would be tripled. And with such possibilities is it not worth while to give Hypnotism a chance to remove or alleviate disease?

In most cases PREPARATORY experiments are necessary. The first trials should only be continued for a few minutes. If they are unsuccessful the stronger methods should be tried, especially fixed attention.

As violent pain often prevents hypnosis, it is better to choose a time when the subject is free from it for the first attempt. Hypnosis will be easily induced later, even in the midst of violent pain. It is generally necessary to repeat the suggestion occasionally, after improvement or cure has been obtained, to prevent the return of the symptoms.

Hypnotism does not necessarily succeed at once. If the hypnosis is deep a result may be very quickly obtained; in other cases patience and method are wanted, and the time the illness has lasted must be taken into consideration. The more the idea of pain has taken root, the more difficult is it to overcome. Here again a strong auto-suggestion has to be replaced, conquered, by a stronger external suggestion.

Hypnotism should not be regarded as a sort of last hope in the treatment of diseases. It is the duty of every one who believes that Hypnotism is harmless when properly applied to use it where he thinks it will be of service, and before it is too late. Many diseases become incurable simply because they are not rightly treated at first.

Of course, care must be taken to examine the peculiar characteristics of every patient. Men are no more alike mentally than physically, and their mental differences are even greater than their bodily ones. Therefore it is only natural that operators who have psychological knowledge should succeed, while others, who treat by hard and fast rule fail. The investigations of many authors show what results may be obtained by a clever use of suggestion; they have succeeded in most unpromising cases. It is incomprehensible why some people deny the therapeutic value of Hypnotism simply because their own few experiments have failed. It is the same with all instruments; a practiced operator suc-

ceeds where an unpracticed one fails. So an experienced and conscientious hypnotist will remove ailments by suggestion, while an unpracticed one may induce them from want of experience. It is certain that people who are suggestible and easy to hypnotize may be influenced by any one. But in more difficult cases, a doctor, who has experience and psychological knowledge, will succeed where others fail.

There is, of course, no need to cease using other means, while Hypnotism is being used; on the contrary, in each case the indications must be followed. Suggestion will not supplant other methods of healing, but complete them.

Naturally, whatever might make suggestion ineffectual, must be avoided; and, before all, the FEAR OF HYPNOSIS. There is no doubt that this may do more injury and produce more unfavorable effects than hypnosis itself. Therefore it is advisable not to use it when the patient is excited and frightened about it; in fact any kind of over-excitement may make suggestion ineffectual.

It is now evident that the study of Hypnotism will much enlarge our point of view in many ways; we shall be able to solve many a riddle that has puzzled us. As it has been proved that even organic changes can be caused by suggestion we shall be obliged to ascribe a much greater importance to mental influences than we have hitherto done. Thus the diseases which are generally called imaginary, but which are not really so, will become curable. Improper surroundings cause or increase many maladies. There are few people who are not impressed when they are assured on all sides that they look very ill, and many have been as much injured by this cumulative mental process as if they had been poisoned. Just as suggestion can take away pain, so it can create and strengthen it. It is small comfort to call such pains imaginary; for even if the pain is "only imaginary" it troubles the patient as much as if it were real.

As a matter of fact, this expression "imaginary pain," which is used by physicians as well as laymen, is scientifically false. One author has excellently compared "imaginary pains" with hallucinations. Now we can say that the hallucinatory object is imaginary, but it is false to say the perception is imaginary; it remains the same whether the object is imaginary or not; so does the pain when it is felt whether or not the physician is able to detect a physical cause for it. We may call such a pain, without objective symptoms, what we please, but we may be sure that it is a necessary consequence of some positive disturbances. Certain subjective ideas cause pain as much as a penetrating thorn causes pain. The removal of these is as much the doctor's affair as taking a thorn out of the foot.

Uses Of Hypnotism

OF all the circumstances connected with hypnotic sleep nothing so strongly marks the difference between it and NATURAL sleep as the wonderful power the former evinces in curing many diseases

of long standing and which had resisted NATURAL sleep, and every known agency for years; patients who have been born deaf and dumb, of various ages up to thirty two years of age, had continued without the power of hearing sound until the time they were operated on, and yet they were enabled to do so by being kept in the hypnotic state for eight, ten or twelve months, and have had their hearing still further improved by a repetition of similar operations. Now supposing these patients to have spent six hours out of twenty four asleep, many of them had had five, six or eight years of CONTINUOUS sleep, but still awoke as they lay down, incapable of hearing sound, and yet they had some degrees of it communicated to them by a few minutes of HYPNOTISM. Can any stronger proof be wanted or adduced than this, that it is very different from common sleep? A lady, fifty-four years of age, had been suffering for sixteen years from incipient amarois. When she called on Braid, she could with difficulty read two words of the largest heading of a newspaper. After only EIGHT MINUTES of hypnotic sleep, however, she could read the other words and in three minutes more the whole of the smaller heading, and the same afternoon with the aid of her glasses, she read the 118th Psalm, 29 verses in the small Diamond Polyglot Bible, which had been for many years a sealed book to her. There has also been a most remarkable improvement in this lady's general health since she was hypnotized. Is there any individual who can fail to see in this case something different from common sleep? We feel assured from personal experience and the testimony of professional friends on whose judgement and candor we can implicitly rely, that in this we have acquired an important curative agency for a CERTAIN CLASS of diseases. It is believed to be capable of doing great good, if judiciously applied. Diseases evince totally different pathological conditions, and the treatment ought to be varied accordingly. We have, therefore, no right to expect to find a universal remedy in THIS or ANY OTHER method of treatment.

Laurent mentions cases in which persons have been weaned from tobacco, not by direct command, but by suggesting that the smell of tobacco is very unpleasant, and by suggesting that it was slowly and surely poisoning them, and that if the patient did not quit using it he would die. The effect is generally successful.

In treating patients when in the SOMNAMBULIST STATE for the weaning from the tobacco habits, it has been found an excellent plan to place the HYPNOTIC SUBJECT back into the earlier periods of his life; back into the early stage when the habit of using tobacco was unknown to him, and to tell him that he must never touch the tobacco again; that he MUST NOT SMOKE or CHEW, or do any of those things that he did not do when a boy. It can be suggested to him that tobacco is harmful to a great degree; that he could never be well and use it. If you can get the patient to promise that he WILL NOT USE it again, he will not. Promises made when in the hypnotized state are seldom broken. It is often difficult to get the

subject to promise anything, but when successful, the cure is assured.

Again, in many cases it is necessary to hypnotize a patient many times before he is really cured of the tobacco habit. The success often depends on the patient's own desire. If the subject be determined to smoke when he is in his normal condition, it is almost impossible to cure him by hypnotic treatment. On the other hand, if he wishes to be cured, and has faith in the operation, the cure is sure.

Imagination is a potent factor in both the formation and cure of many vile practices. There have been a few cases of very severe suffering in consequence of the sudden abandonment of tobacco, but, if the sufferer will again be hypnotized, the pain by suggestion can be, and is nearly always relieved if not cured. The operator must be firm, when the patient is in the somnambulist state, and repeat two or three times: "You surely will be out of pain when you awaken. You will not want to smoke; the smell of tobacco will make you sick again; you do not like tobacco; it is very nasty; you will be well, when you awaken, and will not be sick again for the want of tobacco; only sick if you take it." It is well to look steadily at the subject while speaking, and either hold his hand in yours, or place your hand on his head. It is seldom necessary to have to hypnotize a patient more than two or three times to cure him of the tobacco habit.

It seems that Hypnotism promises a great deal to those who suffer from terrible habits. Oedmann says, that he has had good effects with suggestion, in curing alcoholism. Suggestive somnambulism has cured when every other known remedy has failed.

In cases of drunkenness, much depends on the length of time of each "spree," and the number of years the habit has been imbedded in the mind or brain of the patient, also the physical condition of the patient, at the time the experiment of hypnotic sleep is tried. The better the health, the speedier the cure in most cases.

Hypnotism does not necessarily succeed at once. If the hypnosis is deep and the somnambulist state is the result, good effects may be very quickly obtained; in other cases, patience and method are wanted, and all the difficulties taken into consideration. The more the idea of drink has taken root, the more difficult it is to overcome. Dr. Liebault and Dr. Liégeois were only able to cure one patient, after sixty treatments of Hypnotism, of which each lasted over half an hour. Why Hypnotism should be measured by a different standard than other methods of treatment is inexplicable. A doctor is often satisfied to obtain a result after weeks or months of electro-therapeutic treatment, and how often, after months of perseverance, it fails to appear. Why, then, should we expect suggestive therapeutics to succeed in one day? Patience on the side of both doctor and patient is often required in all treatments.

Many authors, and especially Kroepelin, have of late years advocated the use of hypnosis in alcoholism. Corval points out that in alcoholism any injurious effect of abstinence can thus be avoided, by simply

suggesting that all desire and taste for liquor shall disappear. The operator when addressing the subject must be sure to speak FIRMLY and to say something like this: "Pay close attention to me. Remember, when you awaken, you will not drink or taste any wine or liquor. Remember, not for three days and three nights, and then come back to me." The post-hypnotic suggestion is a wonderful help in such cases, and after two or three hypnosis the subject can be told not to come back for three weeks, then three months, and finally not to come any more.

Berillon and Tanzstrand and others are in favor of this gradual method of curing. Berillon and Jennings hold that auto-suggestion is a great factor in producing the



Using Hypnotism For Curing A Person Of A Bad Or Undesirable Habit

difficulty of treating both alcoholism and morphinism, the auto-suggestion that he cannot do without drink or morphia leading the patient to desist from treatment. The following case is very interesting.

The patient was a mechanic, well-developed physically, forty-three years old, married, and had three healthy children. No organic disease could be detected about him. Every three months, regularly, he would have a spree lasting two weeks. He explained that he had no physical desire for liquor, but had a mental impulse to drink which became a fixed idea, and was

impossible for him to resist. This idea usually possessed him about four days before he yielded to it. He was put into a somnambulist state, and in a firm manner told that the idea would vanish. It did not. He said the evening after he had been hypnotized that the impulse was growing upon him, and he feared that he must yield. Again he was hypnotized, and the sleep was very profound. In a stern, firm manner he was told to remember that he was a man, with a firm will, and that he must resist the desire. That he must not drink. That whiskey would make him sick, and that when he awoke the first thing for him to do was to walk six times up and down before a liquor store and not to go in. And that the thought of whiskey would make him ill. As soon as he was aroused from the hypnotic sleep he did as he was told. He was watched by his brother, who did not drink. Next day the desire for drink was entirely gone. At the end of the following three months he stated that the idea was again haunting him but not quite to such an extent as previously. One hypnotic treatment was sufficient to dispel it. At the end of the following nine months he stated he had drunk a glass of whiskey with a friend, and that the old idea had returned. He was hypnotized, and since then, a period of three years, he has had no desire for drink.

It is always well when making suggestions to somnambulist subjects, on so important a matter as drinking, smoking, etc., to place your hand on the back of theirs, and to look steadily at them when making the command or suggestion. It is always necessary to have deep sleep for manifestation of a rapid action; simple dullness is sufficient in some cases; but rarely can disease or habit be relieved or cured unless the patient becomes somnambulist; with no remembrance of anything upon waking but what you tell him to remember. He will be eminently suggestible. For example, a man comes to be cured of the morpho-mania. The patient is PUT TO SLEEP BY MEANS OF SUGGESTION, that is, by making the idea of sleep penetrate his mind. He is TREATED BY MEANS OF SUGGESTION, that is, by making the idea of cure penetrate his brain, and remain there. Affirm in a LOW firm voice, "You are asleep, and you must SLEEP DEEP; you must THINK WELL of what I say. When you wake, you must remember all I say. Will you?" Repeat over and over, "Will you?" At last the patient may PROMISE. If he does, you have gained much toward curing him. If he will not speak, put your hand on his forehead, and continue: "When you wake, you will not want any morphine; you will not like it; it will make you sick." Hold his eyelids closed, in silence, a moment or two, then hardly above a whisper continue, "Remember all I say when you wake. You will not want any opium, in any way; you will have no pain. The desire will not come back any more." In order to increase the force of the suggestion by embodying it, so to speak, in a material sense, following M. Liebault's example, suggest a feeling of warmth, LOCO DOLENTI. In about twenty minutes, wake the patient. In some cases, the patient is hypnotized

twice; in others, many many times before the desire entirely disappears.

IT IS IN SOMNAMBULISM THAT SUGGESTION REACHES ITS MAXIMUM EFFICIENCY, and that cures are often instantaneous and seem miraculous. Certain subjects resist for many treatments; they only fall into somnolence; the effect obtained is slight or doubtful. By persevering for a longer or shorter time, several days or even several weeks, with hypnotizations which give but little result, some subjects can at last, be put into a deeper sleep, and then the therapeutic action of suggestion may be rapid and lasting.

The MODE of SUGGESTION should also be varied and adapted to the special suggestibility of the subject. A simple word does not always suffice in impressing the idea upon the mind. It is sometimes necessary to reason, to prove, to convince, in some cases to affirm decidedly; in others to insinuate gently; for in the condition of hypnosis, just as in the waking condition, the moral individuality of each subject persists according to his character, his inclination, his special impressionability, etc. Hypnosis does not run all its subjects into a uniform mould, and make pure and simple automatons out of them; moved solely by the will of the operator; it increases the cerebral docility; it makes the automatic activity preponderate over the will. But the latter persists to a certain degree, the subject thinks, reasons, discusses, accepts more readily than in the waking condition, but does not always accept, especially in the light degrees of sleep. In these cases we must know the patient's character, his particular psychical condition, in order to make AN IMPRESSION on him.

Many people are afraid of Hypnotism, but without cause. While hypnosis may not be absolutely safe, still it is not absolutely dangerous. The dangers of hypnotizing are somewhat exaggerated. In the hands of a thorough operator, whether a doctor or not, there is no harm; in fact, one could not do the harm to a patient with Hypnotism, that he could with drugs. Much more knowledge is necessary in handling medicine than in handling Hypnotism.

It is never asked if a remedy might not be dangerous; we only ask if we cannot avoid the danger by careful and scientific use of it. The best assertion that can be made about a remedy or method of cure, is that it might also do damage; for what can never do positive harm can never do positive good. This assertion is to a great degree justifiable, though perhaps exaggerated; for there are few remedies in medicine which would not injure if carelessly and ignorantly used. There are even medicines which may injure, however carefully used, because we do not know exactly under what conditions they become hurtful. We need not speak of morphia, strychnine, and bella-donna, which have sometimes done injury even when the maximum dose was not surpassed, nor of the deaths from chloroform, the reason of which has not been explained. Thiem and P. Fischer, with praiseworthy scientific frankness, have quite recently published a case of the fatal after-effects of chloroform; death followed on the fourth day. These authors say that there is a least one death

for every thousand administrations of chloroform. Neither need we speak of the dangers of surgical operations. We need only point out that an apparently harmless medicine may have, very likely, already done more mischief than Hypnotism. Many deaths have resulted from the use of POTASSIUM CHLORIDE. Severe collapse has been observed after the use of anti-pyrine—sulfonyl—which is supposed to be a perfectly harmless hypnotic drug. Sad consequences sometimes follow from its use, and some patients who can never be given it, for fear this "harmless" drug would work great mischief. And again, as to Mendel's treatment by suspension, which a few years ago became almost a fashion, and from which certain enthusiasts really expected the cure of locomotor ataxia. It is now certain that it may cause great injury, or even death. Many published reports show that even the presence of a doctor does not prevent evil consequences. Billroth has pointed out great dangers from carbolic acid, which is constantly used. If we give up the use of these remedies, we might give up medicine altogether, as everything employed may do harm.

The above is in favor of Hypnotism. The future will decide the fate of Hypnotism, but nearly all the men who paint the harm of or dangers of Hypnotism (Gilles de la Tourette, Ewald, Mendel, Rieger, Binswanger), and are in general against it, by no means refrain from using hypnotizing sleep. By this they allow that it is not Hypnotism itself, but its misuse, which is mischievous.

Illusions And Hallucinations

AFTER the patient has been put to sleep many things can be done with him. Hypnotism, as most of us are probably familiar with it, is in the form presented by the traveling experimenter, who comes upon the platform with a number of subjects, and, after putting them to sleep, suggests all kinds of unlikely things for them to see, and requests them to perform acts which they would refuse to do in their normal condition. Let us consider this phase of hypnosis and see how these illusions and hallucinations are induced.

A few words in explanation of the meaning of the terms illusion and hallucination may be necessary. By illusion the psychologist means the false interpretation of a perception. For instance, the individual looks at an object and for some reason he believes the object at which he is looking to be something else. He may be looking at a checkerboard made to imitation, and he says: "This is a book." His reason for making this mistake is that he has seen more books look like that than he has checkerboards. Or his mind may be so filled with one idea that he thinks the object he sees is the thing about which he is thinking. An illusion, then, is a false perception. By hallucination we mean seeing or hearing or feeling an object which is not there. In an illusion the object is present, and is misinterpreted; in an hallucination the object is not present, but we think it is.

It is easier to create an illusion than

hallucination; that is, it is easier to give a man a cane or umbrella and tell him it is a fishing rod and make him believe it than it is to convince him that he holds a fishing rod in his hand when really there is nothing there.

Sense delusion is the definition to Hallucination when used in connection with Hypnotism. It is the perception of an object where in reality there is nothing.

We observe numerous hallucinations in hypnosis. Hallucinations of sight are more easily caused when the eyes are closed; the subjects then see objects and persons with their eyes shut, as in dreams. They think, at the same time, that their eyes are open, just as we are aware in dreams that our eyes are shut.

If we wish to cause a delusion of the sense of sight at the moment of opening the eyes, it is necessary to make the suggestion quickly, lest the act of opening the eyes should awake the subject. The use of fixed attention is advisable while the suggestion is being made, so that the subject may not awaken himself by looking about. The other organs of sense may also be deluded. Knock on the table and give the idea that cannon are being fired. Blow with the bellows and make the suggestion that an engine is steaming up. A hallucination of hearing something, e. g. the piano, is produced without the aid of any external stimulus. In the same way smell, taste, and touch may be the senses deceived. It is well known that hypnotics will drink water, or even ink, for wine, will eat onions for pears, will smell ammonia for eau de Cologne. In these cases, the expression of face induced by the suggested perception corresponds so perfectly to it that a better effect would scarcely be produced if the real article were used. Tell the subject he has taken snuff, he sneezes. All varieties of the sense of touch, of pressure, of temperature, of pain, can be influenced. Tell a person that he is standing on ice. He feels cold at once. He trembles, his teeth chatter, and he wraps himself in his coat. It would appear that the senses of touch and taste are the most easily and frequently influenced. For example, the suggestion of a bitter taste takes effect much sooner than the suggestion of a delusion of sight or hearing. It is true that the subjects often account to themselves for the delusion; they taste the bitterness, but say at the same time that it must be a subjective sensation, since they have nothing bitter in their mouths.

Sense delusions can be suggested in any way. We can tell the subject that he sees a bird. We can suggest the same thing by gesture, for example, by pretending to hold a bird in the hand particularly after the subject has received some hypnotic training. The chief point is that the subject should understand what is intended by the gesture.

Naturally, several organs of sense can be influenced by suggestion at the same time. Tell some one, "here is a rose"; he not only sees, but smells and feels the rose. Pretend to give another subject a dozen oysters; he eats them at once, without further suggestion. The suggestion here affects the sight, feeling, and taste at the same time. In many cases, the muscular

sense is influenced in a striking manner by such suggestion. Give a subject a glass of wine to drink; he lifts the pretended glass to his lips, and leaves a space between hand and mouth as he would if he held a real glass. It is not necessary to define the delusion for each separate sense; the subject does this spontaneously for himself. The subject in this way completes most suggestions by a process resembling the indirect suggestion.

All sorts of hallucinatory impressions may be produced upon the sense of hearing as well as upon the sense of sight, and taste. The subject's hearing may be made abnormally acute, or he may be made to hear things which do not exist. This peculiar sub-conscious condition, when not interfered with by suggestion, renders the sense of hearing peculiarly, nay, pathologically acute.

A hypnotized subject is much more sensitive to music. It has for him a deeper meaning than for the normal mind. There is, indeed, yet unexplored a vast field for experimentation in this direction. The peculiar effect of music on hypnotized subjects is yet unexplained.

The fact that music can produce remarkable effects on hypnotized subjects gives to the subjective consciousness a psychological importance which it has never occupied before, and undoubtedly the future will prove that this field is rich with yet undiscovered treasures.

Many sensations, many vague memories of some forgotten day, will be brought up from the depths and recesses of this wonderful land of dreams and will be studied, and will enrich colder thought with radiant poetic gems.

Hallucinations and delusions of taste and smell in a hypnotized subject can also be produced by suggestions but they possess no especial interest. The power of speech may be wholly abolished or partially inhibited, and certain words will be forgotten at command while the hypnotic state lasts. Also the memory of a printed page or the memory of certain letters may be forgotten.

Hallucinations may act upon the five senses of the body as well as upon the emotions when a patient is hypnotized.

Auto Suggestion

PERHAPS the best definition of Auto-Suggestion or Auto-Hypnosis is that self predominates over all else. No suggestion can quite rid the body of the predominate self or drive the ideas away from the brain, that are persisted in, when not under the influence of hypnosis. Therefore much harm is done—and nearly every case where hypnosis fails to give at least relief—is caused by auto-suggestions as will readily be seen from the following cases which are cited by the best known authority in the world.

Auto-suggestion is now recognized as a factor in Hypnotism by all followers of the Nancy school. Professor Bernheim mentions it as an obstacle in the way of the cure of some of his patients. One case mentioned was that of a young girl suffering from a tibio-torsal sprain. The op-

erator tried to hypnotize her but she gave herself up to it with bad grace, saying that it would do no good. He succeeded, however, in putting her into a deep enough sleep two or three times. But the painful contracture persisted; she seemed to take a malicious delight in proving to the other patients in the service that it did no good. **THAT SHE ALWAYS FELT WORSE.** The ingrained idea, **THE UNCONSCIOUS AUTO-SUGGESTION**, is such that nothing could call it up again. When the treatment was begun, she seemed to be convinced that Hypnotism could not cure her. It is this idea, so deeply rooted in her brain, which neutralizes our efforts and her own wish to be cured.

Recently a young woman who was hypochondriacal wanted treatment. Among other troubles she had a violent pain in the epigastrium, which she believed to be connected with uterine cancer, although she had repeatedly been told that there was no lesion there. She was hypnotized often enough, and sometimes even in obtaining a profound sleep. She was hypnotized for ten days; by energetic suggestion, the pain was quieted. Upon waking, she was obliged to confess she had no more, or scarcely any pain. But she hastened to add that the pain would certainly return, and in fact, it did come back, involuntarily evoked by her diseased imagination.

With these sort of patients, auto-suggestion is stronger than a suggestion from some one else. They listen to their inner feelings, they call them up; they are in relationship only with themselves; they are **AUTO-SUGGESTIONISTS**.

Auto-suggestions are not uncommon as pathological incidents. Dread of open spaces is nothing but an auto-suggestion. The patient in this case is possessed by the idea that he cannot step across some open space; no reasoning is of avail here. The patient acknowledges its justice without permitting it to influence him, because his auto-suggestion is too powerful. As a rule, logic is for the most part powerless over these auto-suggestions. Many hysterical paralyses are likewise auto-suggestions; thus, a patient cannot move his leg because he is convinced that movement is impossible. If this conviction can be shaken, movement is at once practicable.

Auto-suggestion may be called up by some external cause; this may affect the person from outside, and thus induce auto-suggestion. Charcot referred some isolated transmutic paralysis to some such originating mechanism. According to this view a violent blow on the arm, following on certain disturbances of sensibility, may produce in the person concerned a conviction that he cannot move his arm. As the conviction was called up by a blow, this case stands somewhere between external suggestion and auto-suggestion. We will call all cases in which the auto-suggestion did not arise spontaneously, but was the secondary result of something else, such as a blow, indirect suggestion, as opposed to direct suggestion, which arouses a certain idea immediately, of which an example has been given. It is, besides, not always necessary that there should be a conscious mental act in suggestion; individuality and habit sometimes replace this, and play a

great part in the training of the subject, of which we have shown above. For another example, if some external sign, such as a blow on the arm, has several times, by means of a conscious mental act, produced the auto-suggestion that the arm is paralyzed, then the auto-suggestion may repeat itself later mechanically at every blow without any conscious thought about the effect of the blow.

One can induce the hypnotic state upon himself by the exercise of the same faculties which produce it when it is brought about by the suggestion of another.

Some subjects will pass into a deep trance and remain so for a period of time ranging from five minutes to two hours, if they look at a bright object, a bed of coals, or at smooth running water. They have the ability to resist this state or to bring it at will. That this power of auto-Hypnotism is exercised by nearly every one we are quite sure. Who does not look at a tiny picture, and in the minute face see again reflected the beaming countenance, life-size of some dear one. In matter of fact, it is possible that some states of sleep, which are generally considered pathological, belong to auto-hypnosis.

Hypnotic Suggestion

SUGGESTION—which we have not yet clearly and absolutely defined—is the temporary implanting of the will of one person on the brain of another by a purely mental process. A servant executing an order is acting under suggestion; he obeys the desire to earn his wages. A man in love, complying with the wishes of his sweetheart, submits to a will foreign to his own. A professor, teaching and repeating every day the same precepts to his pupils, imposes his views upon them. A father reproving his son for some error, strives to instill his own principles to obtain better conduct; a mother, who coaxed her child, tries by her caresses to attain the same result; a wife, who by her sweetness and numberless means of persuasion manages her husband, implants her will in him. The orator, who captivates his audience, acts in the same way. Everything is therefore, but suggestion in this world; at least, in the old-fashioned acceptations of the word. No sleep is required for this kind of suggestion, and from this point of view we can agree with Liebeault, Bernheim and the Nancy school.

But outside—physical—agents, also produce suggestive effects upon us; thus a book, the sight of an accident or of some comical incident, a burst of applause, or the sound of music fills us with mirth or melancholy sensations.

Certain circles give the tone of what is considered clever, and point out what is good in literature or art. A pretty woman will set a fashion that will be followed, if she knows how to show it off. Dress, the choice of furniture or flowers even are subjected to laws made we know not how. Here we find the same latent incentive, blindly followed, started by an authoritative will that arbitrarily dictates its decrees, and is obeyed by all those who are

born to be its humble servants. A superior man is really a social hypnotizer, destined to become the chief of a group of followers to whom he gives the word command, or the leader of assemblies he fascinates by his eloquence. And all these unconsciously fascinated beings acclaim him, live by his words, and derive satisfaction at being thus led.

It is certain that we are naturally inclined to obey; conflicts and resistance are the characteristics of some rare individuals; but between admitting this and saying that we are **DOOMED TO OBEY**—even the least of us—lies a gulf. Even in the hypnotic state, which, in certain individuals seems almost to abolish the power of resistance to others' will power, suggestion is not all-powerful; it has its positive limitations, and we may thank heaven for that.

If we exaggerate the meaning of a word, we may make it express anything we wish; and thereby completely destroy its original signification. This has been the habit of certain hypnotizers with regard to the question we are now treating. They have drawn conclusion from various influences which the ambient atmosphere exerts upon us, either from our education or from the prejudices which it instills in us, till they have come to believe that a verbal order can radically transform a subject, for good or bad. In our opinion, Hypnotic Suggestion is an order obeyed for a few seconds, at most a few minutes, by an individual in a state of induced sleep. It cannot be compared, unless very vaguely indeed to the suggestions in the waking stage, and imparted to the individuals who have never been under the hypnotic influence. The Hypnotic Suggestion may be repeated, but it is **ABSOLUTELY POWERLESS TO TRANSFORM**—as has been asserted—a **CRIMINAL INTO AN HONEST MAN** or vice versa.

Telepathic Suggestion

ONE of the forms of suggestion is the **TELEPATHIC SUGGESTION**. Telepathy is primarily the communion of subjective mind, or rather it is the normal means of communication between subjective minds. The reason of the apparent rarity of its manifestations is, that it requires exceptional conditions to bring its results above the threshold of consciousness. There is every reason to believe that the souls, or subjective minds of men can, and do habitually hold communion with one another when not the remotest perception of the fact is communicated to the objective intelligence. It may be that such communion is not general among men; but it is certain that it is held between those who, from any cause, are **EN RAPPORT**. The facts recorded by the Society for Psychical Research demonstrate that proposition. Thus, near relatives are oftenest found to be in communion, as is shown by the comparative frequency of telepathic communication between relatives, giving warning of sickness or of death. Next in frequency, are communications between intimate friends. Communications of this character between com-

parative strangers are apparently rare. Of course, the only means we have of judging of these things is by the record of those cases in which the communications have been brought to the objective consciousness of the percipients. From these cases it seems fair to infer that the subjective minds of those who are deeply interested in one another are in habitual communion, especially when the personal interest or welfare of either agent or percipient is at stake. Be this as it may, it is certain that telepathic communication can be established at will by the conscious effort of one or both of the parties, even between strangers. The experiments of the Society above-named, have demonstrated this fact. It will be assumed, therefore, for the purpose of this argument, that telepathic communion can be established between two subjective minds at the will of either. The fact may not be perceived by the subject, for it may not rise above the threshold of his subjective consciousness. But for therapeutic purposes, it is not necessary that the patient should know, objectively, that anything is being done for him. Indeed, it is often better he should not know it.

In ordinary practice two methods are used: First, this method is by passivity on the part of the patient and mental suggestion by the healer. Second, is by passivity on the part of the patient and oral suggestion by the healer. That is to say, the oral suggestionist often unconsciously telepaths a mental suggestion to the subjective mind of the patient. If he thoroughly believes the truth of his own suggestion, the telepathic effect is sure to follow, and always to the manifest advantage of the patient. This is why it is that in all works on Hypnotism and Mesmerism the value and importance of self confidence on the part of the healer, or, in other words, belief in his own suggestion, is so strenuously insisted upon. Practice and experience have demonstrated the fact, but no writer on the subject attempts to give a scientific explanation of it. But when it is known that the telepathy is the normal method of communication between subjective minds, and that in healing by mental processes it is constantly employed, consciously or unconsciously, to the persons, the explanation is obvious.

You can scarcely talk with a family, in which some member of it has not had some such experience as will be related.

These telepathic impressions, may occur in the waking state at all times of day. They may occur as dreams in sleep. They frequently occur just as, or after one has retired, before falling asleep.

The following experience has been recorded: Mrs. E., a Protestant Irish woman, sixty years of age whose reputation was good, and who was known to be a truthful woman was well educated and unusually intelligent.

One morning, at breakfast, she said, that her aunt, a Mrs. B. had died the night before in the City of Cork, Ireland. She stated that she saw her aunt, described her death-scene, and heard her call her, Mrs. E., by name.

She saw an old-fashioned clock in her aunt's room, and the hands pointed to

1:15 A. M. At three o'clock that afternoon, the lady received a cablegram informing her of the death of her aunt, confirming the hour of death as seen by Mrs. E.

Subsequently, a letter received by Mrs. E., stated that the dying words of the aunt were repeated calls for her.

This same lady had, on previous occasions, experienced similar telepathic phenomena."

TELEPATHY is comparatively a new word—at least in the sense in which it is now frequently used. By telepathy is meant the influence which one person, by his will or mental suggestions and without any material media of communication, may exert over another at a distance. When a person has once put another into what is called Hypnotic Sleep, he need not always have recourse to passes or personal contact to hypnotize the subject again. The look of the operator, his will even, without the look, may exert the same influence upon the subject. This influence is also at times effective when the subject is entirely ignorant of the will of the operator, and even when they are at a considerable distance apart, in different rooms, with closed doors between them.

The absolute truth of this statement has been abundantly verified time and again, by scores of the most careful and reliable operators. It is enough here to say, that no one who has fairly examined the subject has any doubt about the truth of the above statement, made more than a century ago to the French Academy of Medicine. Now, operators are not all equally effective, and are not always equally so. The same is true of subjects. The simple fact, however, is that some operators can and do influence some subjects at a distance; and this is not explained on any known sensual basis. As soon as this is admitted, then the question of distance—a yard or a rod, a furlong or a mile, a mile or a thousand miles, is not a question of theory, but of FACT.

And the facts are that persons who are not operator and subject in any such sense as those names are used in hypnotic connection, can and do, at will, communicate intelligently with each other telepathically. This is not saying that they can at any time, and under all circumstances, communicate; nor that their communications are full and entirely satisfactory. They do, however, at pre-arranged times convey and receive consciously well-defined, intelligent, and useful communications. There are, too, certain persons—not a great many, however—who can, whenever it is desired, call certain other persons' attention, telepathically. This is frequently done.

The subject of telepathy, which properly embraces all methods of thought transference which does not mainly employ the usual mechanical means and the usual appeal to the senses, is comparatively a new study which promises great rewards to the patient and successful student.

Post-Hypnotic Suggestion

POST-HYPNOTIC suggestion means that a patient will carry out any instructions given him when in a hypnotic sleep, (by the doctor) after he awakens;

he will do the act apparently unconscious of having received any suggestion from the operator. Perhaps, the best way to explain this, will be by citing cases where the operator and patient are both used to the post-hypnotic suggestions.

For this purpose, we will choose some action induced by post-hypnotic suggestion, and will suppose it to be a case of hypnosis without subsequent loss of memory.

Here is an analogous case in waking life. We give a letter to X, and ask him to post it on his way home, if he passes a letter-box. This he does.

We now give exactly the same commission to Y, who is in a hypnotic state, without subsequent loss of memory.

In both cases the commission is executed. Now, the question is, what is the difference between the two cases? In the case of Y, one circumstance may strike us, i. e., that he did the act without or perhaps against his WILL.

The fact that Y posted the letter WITHOUT being willing to do so, does not distinguish his case from X's. X walked home with Z, and talked all the way. He passed a letter-box, and though he continued to talk, and apparently did not notice the box, he mechanically put the letter into it. Later, it occurred to him that he had a letter to post; he had a faint recollection of having done it. He could, however, convince himself of the fact by feeling in his pocket for the letter. We see, then, that he executed the commission without conscious will.

It would be more striking if X should do some such action AGAINST his WILL. In the action described, this was not the case. He would not have executed the commission if his will had not consented. Also, he would have remembered the action if his will had opposed it. There must always be consciousness when the will is exerted to prevent something. There must be an idea of the action to be performed. What is striking in post-hypnotic suggestion is exactly the fact that it is carried out against the will, in which case the subject of course knows what is to be done, and has an idea of it. It is this idea which causes a post-hypnotic action to be carried out in spite of the will.

The question now is whether we can find an analogy to this in waking life; whether an idea can in this case cause a motor or other effect in spite of the will. The answer must be, "Very commonly."

We saw, when talking of suggestion in the waking state, that an idea is sometimes enough to cause an action or a particular state in spite of the will. This is a common occurrence. We will suppose that A has lost a dear friend or relative. A is, in consequence, sad and depressed, and cannot refrain from tears. Months pass, and he grows calm, but when the anniversary of the death arrives, he falls again into the same state of mental excitement and tears, which he cannot conquer. The vivid idea has been enough to throw him, against his will, into a certain state.

A person who stammers is in the same case. Alone at home he can speak quite well, but a stranger comes in and he begins to stammer. He stammers because he thought he should stammer, and his will is powerless both over the thought and

stammering. We see the same sort of thing constantly, and certain states of illness are induced merely by a vivid expectation of them; they then come on in spite of the will. Accordingly, it is not astonishing that a post-hypnotic suggestion should succeed against the subject's will.

The post-hypnotic movements and actions carried out in spite of the will—or, to speak more exactly, in spite of the wish—have a great likeness to the instinctive movements well known in psychology, which are often made to satisfy pleasure which follows from the act. Such instinctive movements are entirely independent of the will; they take place in spite of the wish.

All post-hypnotic suggestions are merely apparently forgotten between waking and fulfillment, as will be seen in the following cases.

We suggest to D—, during hypnotic sleep that upon waking he should rub his sore thigh and leg, that he should then get out of bed, walk to the window and return to bed. He performed all these acts without suspecting that a command had been given to him while he was sleeping.

We suggest to S—, on one occasion, that on waking he should put on his hat, bring it to us in the next room, take it off his head and put it on to another. This he did without knowing why.

On another occasion when a colleague, M. Charpentier, was present, we suggested to him, when he first fell asleep, that as soon as he waked, he should take our colleague's umbrella, which was lying on the bed, open it, and walk twice up and down the piazza on which the room opened. It was some time afterward when he awoke. Before his eyes were open, we went quickly out of the room, so that the suggestion might not be recalled by our presence. We soon saw him coming with the umbrella in his hand, but not open (in spite of the suggestion). He walked twice up and down the corridor. We said to him, "What are you doing?" He answered, "I am taking the air." "Why, are you warm?" "No, it is only my idea; I occasionally walk up and down out here." "What is the umbrella for?" "It belongs to M. Charpentier." "What! I thought it was mine; it looks something like mine; I shall take it back to the place I took it from."

One morning, at eleven o'clock, we suggested to C—, that an hour after mid-day he would be seized by an idea he could not resist, namely, to walk along Stanislaus Street and return, twice. At one o'clock, he was seen going out into the street, walk along from one end to the other, return, and stop, like a loungeur, under the windows. But he did not do it twice, perhaps because he did not understand the second part of the suggested command, perhaps because he resisted it.

On one occasion, during X—'s hypnotic sleep, the following act was suggested: "When you awake, you will go to my office, and you will write on a sheet of paper, 'I have slept very well; you will place a cross after your name.'"

He was awakened in a quarter of an hour. He went to the office, wrote the phrase put into his mind, signed it, and made a cross after his name. "What does

this cross mean," we asked. "Why!" he replied, "upon my word I do not know; I made it without thinking." The next day, he was made to write another sentence with two crosses after his name; the day after, his name with a star after it. On the following day, we suggested to him while he was asleep, "When you wake up, you will write, 'I will go to M. Liebauld while you are away,' and you will sign it, but you will make a mistake. Instead of signing your name X—, you will sign 'Bernheim,' then you will see you have made a mistake, and you will rub out Bernheim and put yours instead." This he did when he woke up, and seemed very much puzzled by his error. He made excuses, but did not suspect that the responsibility of the mistake did not rest with him.

The effect of the suggestion of post-hypnotic acts is not absolutely inevitable. Some patients resist them. The desire to carry out the act no doubt is more or less imperative, but they resist it to a certain extent.

The following case shows the struggle and hesitation before obeying the idea which were manifested in the patient until the suggestion finally got the upper hand.

A young hysterical girl was brought to the Medical Society, at Nancy, by M. Dumont. She was hypnotized and was ordered, when she woke, to take the glass cylinder off the gas-burner, over the table, and put it in her pocket and take it away when she went. After she was waked, she turned timidly toward the table, and seemed confused to find everyone looking at her. Then, after some hesitation, she climbed upon her knees on the table. She knelt there about two minutes, apparently ashamed of her position, looked alternately at the people around her and at the object which she had to carry away, put out her hand, and then, drew it back. Then, suddenly taking off the cylinder, she put it in her pocket and hurried away. She would not consent to give it up until she had left the room.

It is strange that suggested actions may be carried out not only during the time immediately following the sleep, but after a greater or less interval. If a somnambulist is made to promise during his sleep that he will come back on such and such a day, at such and such an hour, he will almost surely return on the day and at the hour, although he has no remembrance of his promise when he wakes up.

Professor Bernheim cites a case where he made his subject say he would come back to him in thirteen days, at ten o'clock in the morning. The subject remembered nothing when he waked. On the thirteenth day, at ten o'clock in the morning, he appeared, having come three miles from his house to the hospital. He had been working at the foundries all night, went to bed at six in the morning, and woke up at nine with the idea that he had to come to the hospital to see the professor. He told Professor Bernheim that he had no such idea on the preceding days, and did not know that he had to come to see him. It came into his head just at the time when he ought to carry it out.

Thus, a suggestion given during sleep may be dormant in the brain, and may not come to consciousness until the time previ-

ed in the manner used at Nancy, and by all who follow the prescriptions of that School. Dr. Moll asks of those who talk of the dangers of Hypnotism, if they have taken care that the awaking should be complete? We know that most people are not at all aware that they should do away with the suggestion entirely. They think it enough to blow on the subject's face, and it is astonishing that more mischief is not done in consequence of insufficient technical knowledge. It is this that is dangerous, not Hypnotism. No wonder that there are sometimes unpleasant consequences. It is as necessary to know the right way in this case as in using a catheter.

To show how a suggestion should be done away with let us suppose that an exciting suggestion has been made to a subject, who is disturbed in consequence. One should say something like this: 'What excited you, is just now gone, all gone; it was only a dream, and you were mistaken to believe it. Now be quiet. You feel quiet and comfortable. It is easy to see you are perfectly comfortable.' Only when this has succeeded should the subject be awakened; and this should not be done suddenly; there are reasons for thinking it better to prepare the patient for waking. It is generally done by saying, 'I shall count up to three. Wake when I say three;' or, 'Count to three, and then wake.'

These three rules should always be followed:

FIRST.—Avoid continuous stimulation of the senses as much as possible.

SECOND.—Avoid all mentally exciting suggestions as much as possible.

THIRD.—Do away with all suggestion, carefully, but surely before the awakening. This METHOD CANNOT CAUSE NERVOUSNESS, and if the above rules are properly followed there can be no danger in hypnosis.

Forel mentions some slight accompanying ailments, which are sometimes found after hypnosis, though they cannot be thought a real danger, and are often the result of auto-suggestion, or of a bad method. There may be fatigue and languor, heaviness of the limbs, etc., after waking. It is easy to prevent these by suggestion in deep hypnosis. It is different in the light ones, though a clever operator can do it by POST-HYPNOTIC suggestion even here. In other cases it is better to prevent fatigue by suggestion before awakening; in any case it is a good plan to get rid of it at the first sitting, as otherwise it increases by auto-suggestion at each sitting, and can finally be hardly overcome. This feeling of fatigue in the light hypnosis is the same we sometimes have after an unsound sleep. All these inconveniences are slight, and can for the most part be avoided.

The main dangers of Hypnotism are not those just mentioned, which appear seldom, even when improper methods are used. The real ones show themselves more easily. They are, the increased tendency to hypnosis, and heightened susceptibility to suggestion in the waking state. This too great susceptibility to hypnosis shows us how CAREFUL WE SHOULD BE WITH the METHOD of Braid, which is the most frequent cause of this; for accidentally fixing the eyes on some object may cause a sudden hypnosis, simply because the idea of an earlier hypnosis is thereby vividly recalled.

The last-mentioned danger can be guarded against by repeatedly making some such suggestion as follows to the subject before waking him. "Nobody will ever be able to hypnotize you without your consent; you will never fall into hypnosis against your wish; nobody will be able to suggest anything to you when awake; you need never fear that you will have sense delusions, etc., as you do in hypnosis, you are perfectly able to prevent them." This is the surest way to avoid the danger. Such are the dangers of Hypnotism, and such the methods of meeting them. Their antidote is suggestion, and they are no hindrance to hypnotic treatment. They can be avoided by a proper use of Hypnotism.

Hypnotism For Scientific Practice

THERE is no doubt that Hypnotism is a complex state which cannot be explained in an offhand way in a sentence or two. There are, however, certain aspects of Hypnotism which we may suppose sufficiently explained by certain scientific writers on the subject.

First, what is the character of the delusions apparently created in the mind of a person in the hypnotic condition by a simple word of mouth statement, as when a physician says, "Now, I am going to cut your leg off, but it will not hurt you in the least," and the patient suffers nothing?

In answer to this question, the late Professor William James of Harvard College, one of the leading authorities on the scientific aspects of psychical phenomena in this country, reports the following experiments:

Make a stroke on a paper or blackboard, and tell the subject it is not there, and he will see nothing but the clean paper or board. Next, he not looking, surround the original stroke with other strokes exactly like it, and ask him what he sees. He will point out one by one the new strokes and omit the original one every time, no matter how numerous the next strokes may be, or in what order they are arranged. Similarly, if the original single line, to which he is blind, be doubled by a prism of sixteen degrees placed before one of his eyes (both being kept open), he will say that he now sees one stroke, and point in the direction in which lies the image seen through the prism.

Another experiment proves that he must see it in order to ignore it. Make a red cross, invisible to the hypnotic subject, on a sheet of white paper, and yet cause him to look fixedly at a dot on the paper on or near the red cross; he will, on transferring his eye to the blank sheet, see a bluish-green after image of the cross. This proves that it has impressed his sensibility. He has felt but not perceived it. He had actually ignored it; refused to recognize it, as it were.

Dr. Ernest Hart, an English writer, in an article in the famous BRITISH MEDICAL JOURNAL, gives a general explanation of the phenomena of Hypnotism which we may accept as true so far as it goes, but which is evidently incomplete. He seems to minimize personal influence too much—that personal influence which we all exert at

various times, and which he ignores, not because he would deny it, but because he fears lending countenance to the magnetic fluid and other similar theories. Says he:

"We have arrived at the point at which it will be plain that the condition produced in these cases, and known under a varied jargon invented either to conceal ignorance, to express hypotheses, or to mask the design of impressing the imagination and possibly prey upon the pockets of a credulous and wonder-loving public—such names as mesmeric condition, magnetic sleep, clairvoyance, electro-biology, animal magnetism, faith trance, and many other aliases—such a condition, I say, is always subjective. It is independent of passes or gestures; it has no relation to any fluid emanating from the operator; it has no relation to his will, or to any influence which he exercises upon inanimate objects; distance does not affect it, nor proximity, nor the intervention of any conductors or non-conductors, whether silk or glass or stone, or even a brick wall. We can transmit the order to sleep by telephone or by telegraph. We can practically get the same results while eliminating even the operator, if we can contrive to influence the imagination or to affect the physical condition of the subject by any one of a great number of contrivances.

"What does all this mean? I will refer to one or two facts in relation to the structure and function of the brain, and show one or two simple experiments of very ancient parentage and date, which will, I think, help to an explanation. First, let us recall something of what we know of the anatomy and localization of function in the brain, and of the nature of ordinary sleep. The brain, as you know, is a complicated organ, made up internally of nerve masses, or ganglia, of which the central and underlying masses are connected with the automatic functions and involuntary actions of the body (such as the action of the heart, lungs, stomach, bowels, etc.), while the investing surface shows a system of complicated convolutions rich in gray matter, thickly sown with microscopic cells, in which the nerve ends terminate. At the base of the brain is a complete circle of arteries, from which spring great numbers of small arterial vessels, carrying a profuse blood supply throughout the whole mass, and capable of contraction in small tracts, so that small areas of the brain may, at any given moment, become bloodless, while other parts of the brain may simultaneously become highly congested. Now, if the brain or any part of it be deprived of the circulation of blood through it, or be rendered partially bloodless, or if it be excessively congested and overloaded with blood, or if it be subjected to local pressure, the part of the brain so acted upon ceases to be capable of exercising its functions. The regularity of the action of the brain and the sanity and completeness of the thought which is one of the functions of its activity depend upon the healthy regularity of the quantity of blood passing through all its parts, and upon the healthy quality of the blood so circulating. If we press upon the carotid arteries which pass up through the neck to form the arterial circle of Willis, at the base of the brain, within the skull—of

which I have already spoken, and which supplies the brain with blood—we quickly, as every one knows, produce insensibility. Thought is abolished, consciousness lost. And if we continue the pressure, all those automatic actions of the body, such as the beating of the heart, the breathing motions of the lungs, which maintain life and are controlled by the lower brain centers of ganglia, are quickly stopped and death ensues.

"We know by observation in cases where portions of the skull have been removed, either in men or in animals, that during natural sleep the upper part of the brain—its convoluted surface, which in health and in the waking state is faintly pink, like a blushing cheek, from the color of the blood circulating through the network of capillary arteries—becomes white and almost bloodless. It is in these upper convolutions of the brain, as we also know, that the will and the directing power are resident; so that in sleep the will is abolished and consciousness fades gradually away, as the blood is pressed out by the contraction of the arteries. So, also, the consciousness and the directing will may be abolished by altering the quality of the blood passing through the convolutions of the brain. We may introduce a volatile substance, such as chloroform, and its first effect will be to abolish consciousness and induce profound slumber and a blessed insensibility to pain. The like effects will follow more slowly upon the absorption of a drug, such as opium; or we may induce hallucinations by introducing into the blood other toxic substances, such as Indian hemp or stramonium. We are not conscious of the mechanism producing the arterial contraction and the bloodlessness of those convolutions related to natural sleep. But we are not altogether without control over them. We can, we know, help to compose ourselves to sleep, as we say in ordinary language. We retire into a darkened room, we relieve ourselves from the stimulus of the special senses, we free ourselves from the influence of noises, of strong light, of powerful colors, or of tactile impressions. We lie down and endeavor to soothe brain activity by driving away disturbing thoughts, or, as people sometimes say, "try to think of nothing." And, happily, we generally succeed more or less well. Some people possess an even more marked control over this mechanism of sleep. I can generally succeed in putting myself to sleep at any hour of the day, either in the library chair or in the brougham. This is, so to speak, a process of self-hypnotization, and I have often practiced it when going from house to house, when in the midst of a busy practice, and I sometimes have amused my friends and family by exercising this faculty, which I do not think it very difficult to acquire. (We also know that many persons can wake at a fixed hour in the morning by setting their minds upon it just before going to sleep.) Now, there is something here which deserves a little further examination, but which it would take too much time to develop fully at present. Most people know something of what is meant by reflex action. The nerves which pass from the various organs to the brain convey with great rapidity messages

ously fixed upon for its appearance. Further research is necessary to explain this curious psychological fact, and to determine how long a hypnotic suggestion may thus remain latent. It goes without saying that all somnambulists are not susceptible to suggestions which take effect after a long interval of time.

The Dangers Of Hypnotism

IS Hypnotism in itself dangerous to those submitted to it? We do not hesitate to say that, when it is well-managed, it does not produce the slightest harm. It does not interfere with the functions of organic life; we have seen that respiration and circulation are not influenced in subjects whose minds are at rest. If, in the first sittings, some subjects manifest nervous phenomena, such as muscular twitchings, shortness of breath, discomfort, acceleration of the pulse, and if some hysterical subjects have convulsive paroxysms during the operation, these symptoms, auto-suggestive so to speak, are due to moral emotions, to a sentiment of fear, and always disappear in the following treatment, thanks to a quieting suggestion which brings back confidence. When the habit has been formed, the subjects go to sleep peacefully and naturally and awake in the same way, without the slightest discomfort, if the operator has been careful to suggest no discomfort upon waking.

We have never seen any harm produced by hypnotic sleep for the suggestion is always present as a corrective to any disagreeable symptoms which may arise.

There is a danger, however, which it is important to recognize. After having been hypnotized a certain number of times, some subjects have a disposition to go to sleep spontaneously. Some have been hardly awakened when they fall to sleep again of themselves in the same hypnotic sleep. Others fall asleep thus during the day. This tendency to auto-hypnotization may be repressed by suggestion. It is sufficient to state to the subject during sleep that when once awakened, he will be completely awake, and will not be able to go to sleep again spontaneously during the day.

Others are too easily susceptible to hypnotization when they have often been put into somnambulism. The first comer may sometimes put them into this condition by surprise, simply closing their eyes. Such a susceptibility to Hypnotism is a **REAL DANGER**. Delivered over to the mercy of anyone, deprived of psychical and moral resistance, certain somnambulists thus become weak and are moulded by the will of the suggestionists.

Those moralists who are careful of human dignity, and who are pre-occupied with thought of such great possibilities of danger, are in the right. They are right to condemn a practice which may rob man of his free-will without the possibility of resistance on his part; they would be a thousand times right, if the remedy were not side by side with the evil. When we foresee such a tendency in our cases of somnambulism, we take care to say during sleep (and it is a good rule to follow):

Nobody will be able to hypnotize you in order to relieve you, unless it be your physician! And the subject, obedient to the command, is refractory to any foreign suggestion. One day, an attempt was made to hypnotize an excellent somnambulist who had already been hypnotized several times; It did not succeed. M. Liebault was called; he hypnotized her in a few seconds. The writer then asked her why he had not succeeded. She said that several months before, M. Beaunis had suggested during sleep that M. Liebault and himself were the only ones who could hypnotize her. This idea, written on her mind, and of which she was not conscious in the waking condition, had forwarned her. Thus, the danger of a too great susceptibility to a suggestion may be forestalled by suggestion itself.

But another order of dangers may result from provoked hallucinations. Doubtless inoffensive hallucination provoked at long intervals, whether hypnotic or post-hypnotic, trouble the mind momentarily, in the same way as do dreams, but the equilibrium is quickly re-established as soon as the hallucinatory dream has disappeared.

Is it the same of these hallucinations that are frequently suggested to the imagination? In the long run may not some trouble remain in the mind? Is it not to be feared that a more or less marked derangement of the intellectual faculties may survive? We should not like to state that certain delicate brains, predisposed to mental alienation, could not receive serious harm from inopportune and awkward experiments of this kind, knowing that all emotion, all violent disturbance can make an insanity bud out, the diathetic germ of which, often hereditary, is inherent in the organism. We simply should say that in the many experiments which have been performed, we have never known any psychical trouble to result.

Another real danger is this: After many hypnotizations, after many hallucinations provoked during sleep, certain subjects become susceptible to suggestion and hallucination in the waking condition.

Their minds realize with extreme facility every conception insinuated; every idea becomes an act, every image evoked becomes a reality; they no longer distinguish between the real world and the imaginary world suggested. The majority, it is true, are only thus susceptible to hallucination through the one person who is accustomed to hypnotize them.

But among these subjects, especially if the physician has not taken the precaution to attribute a monopoly of the ability to give suggestion to himself, some may be susceptible to hallucination and suggestion at the hand of any one who knows how to force it upon them.

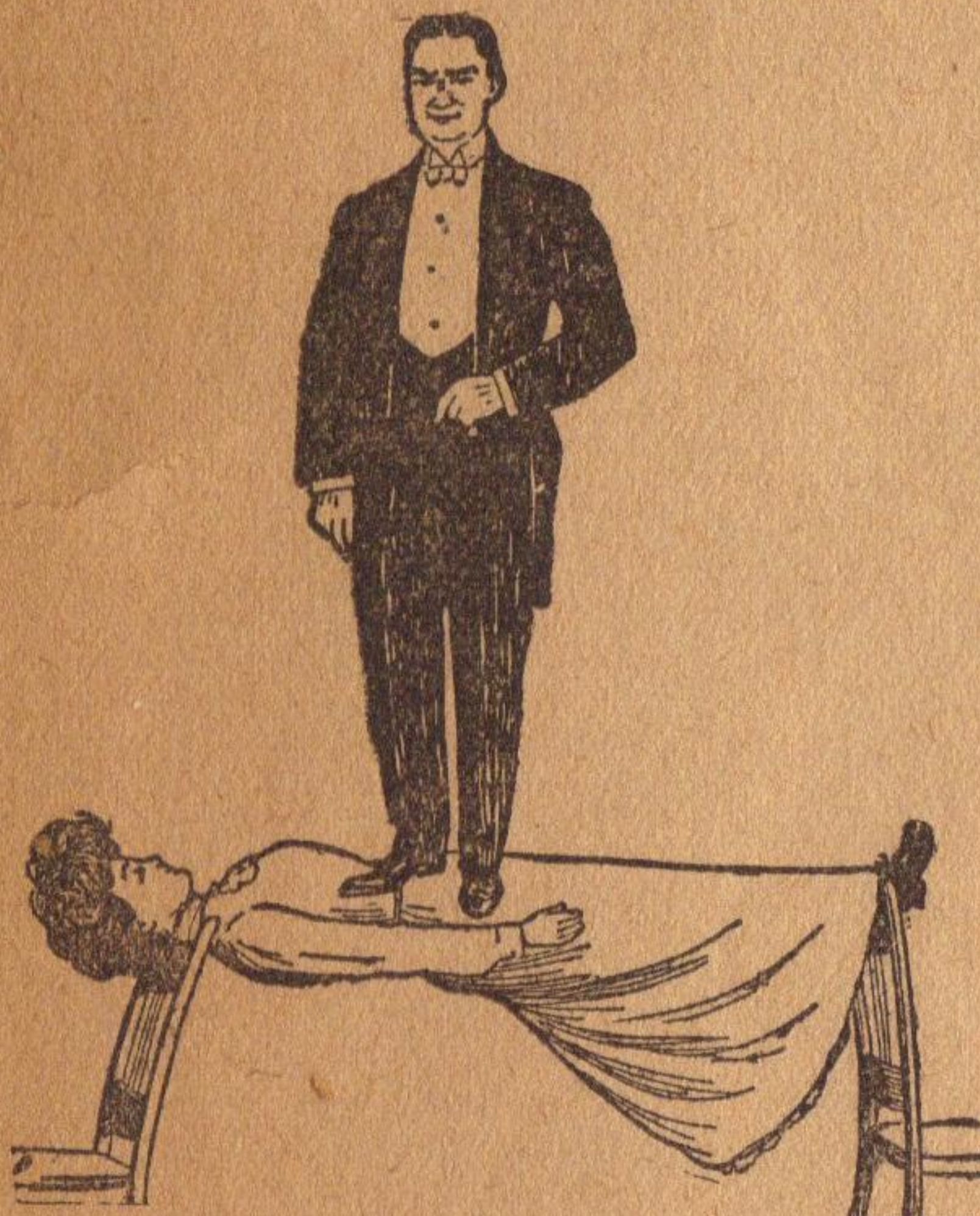
And if this extreme susceptibility to hallucination is once produced, if this nervous disease is once created, it is not always easy to cure or to improve it by a new suggestive interference. But it is not necessary to subject the human mind to influences of this sort. Doubtless, some experiments of hallucination induced from time to time are inoffensive, if they are

performed with reserve; repeated frequently upon the same subject they may become dangerous.

Must we proscribe a thing which may be efficacious, because the abuse of it is injurious? No one proscribes wine, alcohol, opium, quinine, because the immoderate or intemperate use of these substances may bring about accidents. Doubtless suggestion used by dishonest or unscrupulous men is a dangerous practice. Law can and should intervene to repress its abuse.

Suggestion is only beneficial **WHEN USED PRUDENTLY and INTELLIGENTLY** for a therapeutic end. It is the physician's part to separate the useful from the harmful effect, and to apply it to the relief of his patients.

The danger of Hypnotism has been enormously exaggerated. The inhabitants of a little town once left off eating potato soup because a woman fell downstairs and broke her neck half an hour after eating



Hypnotized Person In A State Of Cataleptic Rigidity

same. Conclusions have been drawn in the same way here, and this sort of reasoning is not uncommon. If a person were hypnotized, and later on had some ailment or other, straightway the ailment was ascribed to Hypnotism. If we reason thus, we should have to say that Carlsbad causes apoplexy, for Mr. X. had an attack of apoplexy, a fortnight after he returned from Carlsbad, etc. Many things could be proved in this way.

We should hardly have thought it possible that such logic should be used in scientific circles. It is true we have often heard that when patients come back from a watering-place without having been cured—which must happen sometimes—they are dismissed with the comforting assurance that they will feel the effects later on.

Till now, it was thought this was a bad joke, or at best, an effort to console the patient; it was never believed that such a principle was really credited in the medical world. If a patient got better or worse six months after his return from a watering-place one should not be inclined to ascribe the effect to the baths, because in the interval other things might have affected the patient. Like Pauly, we must on these grounds reject the connection found by Binswanger, Ziemssen, between hypnosis and ailments long subsequent to it. Besides, if one is to accept their sophisms, it would be easy to prove in the same way that modern medicine made mankind ill; for what medicine might not produce important results half a year after its administration? What doctor has ever argued in this way? Friedrich, formerly an assistant of Ziemssen, has written at length on the dangers of Hypnotism; he has however, been refuted by Forel, Schrenck-Notzing, and Bernheim, who show the cases in which hypnosis is supposed to have had dangerous results, are published in careful detail, it becomes clear—as in the cases of Seglas, Briand, Lwoff, etc.—either that important precautions were neglected, or else that a connection between hypnosis and the disease were assumed according to the principle, **POST HOC ERGO PROPTER HOC**.

However, we by no means deny that there are certain dangers in the **IMPROPER USE OF HYPNOTISM**.

Mendel maintains that it induces nervousness; that nervous people grow worse, and sound people nervous through its use; but Forel and Schrenck-Notzing think this is a mistake of Mendel's, caused by his using the method of Braid's instead of suggesting hypnosis verbally. Dr. Moll agrees that fixed attention too long continued may have unpleasant effects. It may be followed by nervous debility or nervous excitement. But **NO ONE HAS BEEN SEEN TO BECOME 'NERVOUS' WHO WAS HYPNOTIZED VERBALLY**, and to whom no **EXCITING SUGGESTION WAS MADE**. This is important to remember. Whoever has seen the difference between a subject who has received an exciting suggestion, and one who has received a soothing one, will agree that as much good can be done in one way as harm in the other. A man who makes absurd suggestions to amuse himself and satisfy his curiosity, without a scientific aim, need hardly be astonished if he produces ailments. Sawolshskaja is right in warning against such sports. It has been observed that patients are often worse on days following bad dreams. Can we be astonished that a person who has awaked from hypnosis during an imaginary fire should feel ill after it? Such suggestions should not be made at all, for most of the danger lies in unpleasant suggestions, and there is never any need of making them. Too much cannot be said against Hypnotism being used for such purposes. Great care should be taken, to use only pleasant words to the subject, and make only pleasing suggestions, and always be sure that the subject is soothed, and in a happy frame of mind before the waking. This is the **MOST IMPORTANT POINT**. Mistakes can be made of little consequence, provided the subject is thoroughly and properly waken-

to its various parts, which are answered by reflected waves of impulse. If the soles of the feet be tickled, contraction of the toes, or involuntary laughter, will be excited, or perhaps only a shuddering and skin contraction, known as goose-skin. The irritation of the nerve-end in the skin has carried a message to the involuntary or voluntary ganglia of the brain which has responded by reflecting back again nerve impulses which have contracted the muscles of the feet or skin muscles, or have given rise to associated ideas and explosion of laughter. In the same way, if during sleep heat be applied to the soles of the feet, dreams of walking over hot surfaces—Vesuvius or Fusi-yama or still hotter places—may be produced, or dreams of adventure on frozen surfaces or in arctic regions may be created by applying ice to the feet of the sleeper.

Here, then, it is seen that we have a mechanism in the body, known to physiologists as the ideomotor, or sensory motor system of nerves, which can produce, without the consciousness of the individual and automatically, a series of muscular contractions. And remember that the coats of the arteries are muscular and contractile under the influence of external stimuli; acting without the help of the consciousness, or when the consciousness is in abeyance. I will give another example of this, which completes the chain of phenomena in the natural brain and the natural body I wish to bring under notice in explanation of the true as distinguished from the false, or falsely interpreted, phenomena of Hypnotism, mesmerism and electrobiology. I will take the excellent illustration quoted by Dr. B. W. Carpenter in his old-time, but valuable, book on "The Physiology of the Brain." When a hungry man sees food, or when, let us say, a hungry boy looks into a cookshop, he becomes aware of a watering of the mouth and a gnawing sensation at the stomach. What does this mean? It means that the mental impression made upon him by the welcome and appetizing spectacle has caused a secretion of saliva and of gastric juice; that is to say, the brain has, through the ideomotor set of nerves, sent a message which has dilated the vessels around the salivary and gastric glands, increased the flow of blood through them and quickened their secretion. Here we have, then, a purely subjective mental activity acting through a mechanism of which the boy is quite ignorant, and which he is unable to control, and producing that action on the vessels of dilation or contraction which, as we have seen, is the essential condition of brain activity and the evolution of thought, and is related to the quickening or the abolition of consciousness, and to the activity or abeyance of function in the will centers and upper convolutions of the brain, as in its other centers of localization.

Here, then, we have something like a clue to the phenomena—phenomena which, as I have pointed out, are similar to and have much in common with mesmeric sleep, Hypnotism or electro-biology. We have already, I hope, succeeded in eliminating from our minds the false theory—the theory, that is to say, experimentally proved to be false—that the will, or the gestures, or the magnetic or vital fluid of the operator are

necessary for the abolition of the consciousness and the abeyance of the will of the subject. We now see that ideas arising in the mind of the subject are sufficient to influence the circulation in the brain of the person operated on, and such variations of the blood supply of the brain as are adequate to produce sleep in the natural state, or artificial slumber, either by total deprivation or by excessive increase or local aberration in the quantity or quality of blood. In a like manner it is possible to produce coma and prolonged insensibility by pressure of the thumbs on the carotid; or hallucination, dreams and visions by drugs, or by external stimulation of the nerves. Here again the consciousness may be only partially affected, and the person in whom sleep, coma or hallucination is produced, whether by physical means or by the influence of suggestion, may remain subject to the will of others and incapable of exercising his own volition.

In short, Dr. Hart's theory is that Hypnotism comes from controlling the blood supply of the brain, cutting off the supply from part or increasing it in other parts. This theory is borne out by the well-known fact that some persons can blush or turn pale at will; that some people always blush on the mention of certain things, or calling up certain ideas. Certain other ideas will make them turn pale. Now, if certain parts of the brain are made to blush or turn pale, there is no doubt that Hypnotism will follow, since blushing and turning pale are known to be due to the opening and closing of the blood vessels. We may say that the subject is induced by some means to shut the blood out of certain portions of the brain, and keep it out until he is told to let it in again.

How To Make A Subject Fall Backward Or Forward

AFTER you have secured the confidence and willingness of the person upon whom you are about to experiment, request him to stand in front of you with his eyes closed and his feet together. Tell him to try to think what it would feel like if he were falling over backward. Try to put his entire mind on the sensation of falling; ask him not to try to fall and not to resist falling.

When you are sure he understands just what you mean, take your position in back of him, and, using both hands, gently stroke his forehead from the center back toward the sides. Continue that for a short time, suggesting in a low monotonous tone. "Now, you are beginning to fall, you find you are coming over backward, back, back, back." Vary the stroking of the forehead by running the finger down the back of the head until you reach the hollow portion of the neck. Press a little on this and gradually pull the finger away and downward.

By this time in most patients there will be a tendency to sway over backward. Some will fall suddenly, others will simply sway and will resist. Do not give up. Repeat the experiment several times and you will

find that many will tend to fall.

If when they fall backward they keep their eyes closed and seem to be asleep, as sometimes happens, simply clap the hands together or snap your fingers and say in a decided tone of voice, "All right." Very few of the subjects, however, will go to sleep in this experiment. They are not hypnotized in the sense in which the word is sometimes used, but they are unconsciously acting out a suggestion which has been made to them.

In the next experiment ask the subject to stand with his eyes open, his feet together, and you stand in front of him. Have him look directly into your eyes, or at a small, bright object which you hold in front of his eyes. Ask him to think what it would feel like to fall towards you. Stare at him steadily for a few moments, and then gradually draw backward and downward. Don't move too rapidly, and stop if you see there is not a tendency on his part to follow you.

If you go back slowly enough and watch carefully enough the movements of the subject, you will find in many cases he will follow you and will fall forward. There is less probability in this case than even in the preceding that the subject will go to sleep, but in case he does, the same method of awakening him may be used as that given in the preceding experiment.

How To Clasp The Hands Together

PLACE your subject on a chair in a comfortable position. Have him clasp his hands together with the fingers interlocked and the arms straight. Place yourself in front of the subject, and request him to stare into your eyes.

While he is staring at you slowly stroke his arms downward, and say to him, "You will find your arms are getting stiff. The muscles are growing more and more rigid. The elbow is becoming so you cannot bend it, and your fingers are getting stuck fast together. Your arms are stiff, you cannot bend them. Your hands are getting stuck tighter and tighter together." Continue staring at him and repeating in a convincing and decided tone some such words as these.

There will come a time, providing you have convinced the subject of your earnestness and ability, when the expression in his eye will change, and his hands will become stuck fast together. When you think he has reached this condition (and it is possible to talk to him so long that he will reach and pass it) say to him, "Now your hands are stuck fast, fast, fast; it is impossible for you to get them apart; they are stuck fast together. Try to get them apart. You can't do it. Try again. Try."

In many cases the subject will be utterly unable to unclasp his hands. In some cases they will stick a little, but he will be able to open them, and, possibly in a few cases there will be no feeling at all. Don't permit the hands to be stuck together too long, but when you are convinced he cannot take them apart, clap your hands together or snap your fingers and say to him: "Right, all right," and you will find that he can take his hands apart without any

difficulty.

Let us specially guard you against losing control of yourself. Don't forget that the subject will act as you suggest. If by any possibility you should become hysterical in case he did not take his hands apart the first time you told him to, the likelihood is that he would become hysterical in imitation. Tell him decidedly that it is all right, that now he can take his hands apart, and you will find no difficulty.

How To Cause A Subject To Forget His Name

HAVE a young man stand up in front of you and look you directly in the eyes. Stare at him intently for a few minutes and when you notice a change in the appearance of his pupils begin stroking down the side of his face and around the mouth, slowly, carefully and without too much pressure.

Say to him: "The muscles about your mouth are becoming stiff. Your lips are becoming stuck fast together. The muscles are so stiff you can't open your mouth; it is stuck fast, fast. You can't open your mouth. It is impossible for you to open it. You can't tell me what your name is. Tell me if you can. You can't do it, but try."

If you have continued to gaze at him steadily and have been very careful that he did not take his attention away from you for a moment, and will continue to talk to him in some such strain as this, in many cases he will find it impossible to open his mouth, and in some cases he will absolutely forget his name. If you tell him emphatically that his name is Mr. Smith, and repeat it a few times, you may convince him of the fact that he will nod yes when you ask him if that is not true. Arouse him in the same method as before. Suddenly take your eyes away from his and snap your fingers or clap your hands and say "All right!"

How To Make The Leg Stiff

AGREAT deal of amusement may sometimes be caused by the following experiment. Have a young man stand up before you and look in his eyes as in the previous cases. Run your hands down the side of one leg, letting it dwell a moment at the knee joint.

Say to him as you make these passes: "Your right leg is getting stiff. The knee joint is getting so you cannot bend it. You can feel your muscles getting more and more rigid all the time. It is impossible for you to bend your leg; it is stiff, stiff, stiff. Try to bend it. You can't do it. Try, Try, hard."

When you are convinced that his leg is perfectly stiff say to him: "Now let us see you walk." You move backward in front of him, still keeping your eyes on his. His endeavors to walk with one stiff leg and one that is not stiff will probably be productive of considerable merriment.

There will be no difficulty in arousing him if you employ the same method which we have previously given.

You will notice that in none of the preceding experiments has the subject been put to sleep. It is possible to cause these muscular contractions without sleep. We have given above a few experiments. They may, of course, be varied in very many ways.

Let us warn you again to be very careful to convince your subject before you begin that you know what you are talking about. Dissuade him from the belief that you have some uncanny influence over him. Try to explain to him that it is not the weakminded who are the best hypnotic subjects, and that the question of being hypnotized does not depend at all upon the strength of will.

Flowers Method For Hypnotizing

ANOTHER method which may be used to great advantage in many cases in putting the subject to sleep is one suggested by Sydney Flower, the editor of *Suggestive Therapeutics*, formerly known as *The Hypnotic Magazine*.

The essential thing about Mr. Flower's method is that while the operator counts the subject opens and closes his eyes, keeping time with the counting. Place the subject in as comfortable a position as possible and stand in front of him, looking into his eyes and having him look into yours. Tell him that you are going to count to him slowly and that as you say each number you wish him to close his eyes, then to open them and be ready to close them again by the time you say the next number. For instance, you slowly count 1, 2, 3, 4. At each count the subject is to close his eyes, and open them in between. You will find as you continue the counting that the period during which the eyes remain open becomes shorter and shorter, and finally instead of the eyes opening there will probably be only a movement of the eyebrows.

Many subjects will go to sleep under this method by the time you have counted fifteen or twenty, and it is rarely necessary to count over one hundred. When you find the eyes are closed and the subject does not seem able to open them, instead of continuing with the counting begin to say (and be sure you don't change the rhythm of your previous tone): "Sleepy, sleepy, you are going to sleep, fast, fast asleep, asleep, asleep." With most subjects I have found this very much quicker than either the staring at an object or the simple talking about sleep. The method of arousing in this case is the same as those of which we have before spoken.

Hypnotizing Instantaneously

DR. SAGE says that it is quite possible to hypnotize almost instantaneously people who have been influenced before, and sometimes in new cases. Have the subject take a seat in a chair and start

to pass by him. When near him look quickly into his eyes and tap him with the first two fingers of the right hand on his jaw, saying very decidedly that he has the toothache. Don't hold your fingers still, but keep on tapping the jaw firmly, without, however, removing the fingers. Continue to tell him that he has the toothache and that it hurts him badly, all the time looking him directly in the eyes. The probability is that very soon he will jump up with a howl. Now tell him to look straight at you, then suggest to him that his toothache has gone, but that if he will close his eyes he will be sleepy. Then a few suggestions of "sleepy, sleepy, you are going to sleep" are all that are necessary to place him in a deep hypnotic sleep.

How To Awaken A Subject

IN previous chapters you have been told in a brief way how to awaken a subject who had been hypnotized. Of course, the essential thing is to convince the subject that you understand what you are doing, and to do this you must retain control of yourself. In nearly all cases a slight shock, such as the snapping of the fingers, or the clapping of hands, repeated a few times, together with the assurance, "You are all right, right, wake-up!" will be found all that is necessary.

If the subject does not arouse immediately upon your suggestion, remember there is no danger in hypnotic sleep. The subject will awaken of his own accord if left alone; or rather, he will pass from the hypnotic into a natural sleep, and will arouse from it at the proper time.

It is wise before arousing the subject to suggest to him: "Now, I am going to awaken you and you will feel all right. Your head will be clear, and you will feel just as though you had been asleep." A suggestion of this kind frequently saves a slight head ache, which some subjects are liable to, especially when hypnosis has been induced by means of staring.

Sometimes we come across a subject who is not aroused by the simple command to wake up and the snapping of the fingers. Fanning is sometimes of assistance in such a case, and blowing on the eyes will frequently arouse the subject when a simple command will not.

Sometimes, though rarely, the subject will not awaken even with the fanning and the blowing on the eyes. The difficulty appears to be that he is so deeply asleep that it does not seem possible to him that he can awaken so quickly. In this case it may be wise to say to him: "Now, I want you to wake up, and I am going to count five. Will you promise to wake up when I reach that number?" After getting his promise count the numbers slowly, and as you say the five, clap the hands together suddenly and say sharply: "Now you are all right, wake up." Repeat this two or three times and the subject will probably awaken. It may be necessary to watch for him a few moments afterwards to see that he does not fall back again into a hypnotic sleep.

It may be necessary to give the patient even more time than this. If he does not

after you have counted tell him that he must wake up, that you won't permit him to sleep any longer, that he is simply making a fool of himself and that he must wake up. Tell him that you will give him five minutes more and that he must awaken. Go away from him and return at the end of the five minutes and say to him: "Now you are all right, and this time you are going to awaken. You understand?" Make him answer you if possible, and then tell him: "Now, when I count five you will be wide awake and feel all right." Count five. Strike the hands together as before.

Don't hurry the subject too much. The patient feels very sleepy and it seems to him impossible to arouse so quickly. Don't lose confidence in your own ability. Your nervousness will impress the subject and cause him to become hysterical. Sometimes you will find that the subject will awaken and then go to sleep again. In cases of this kind it is wise to give the suggestion before you arouse him that when he wakes up he will be all right and will not be sleepy, but will stay awake. Impress this on him and then arouse him.

But remember this one thing—there is no danger to the subject if he does not awake immediately. He will simply go into an ordinary and natural sleep.

Hypnotizing Animals, Etc.

IT is strange, but true, that some persons can hypnotize animals but not human beings, while others succeed better with human beings than with animals. Much perseverance and practice is required to tell whether a person has a natural aptitude or an influence over animals.

How To Hypnotize A Pigeon

PLACE a small piece of white putty on the end of its beak, hold it steady for a minute until its ATTENTION is arrested by the object. The eyes will converge as in the human subject, and the pigeon will be hypnotized. It sleeps, or becomes rigid, but cannot be made to do anything in this state. To wake it up again blow on it, or wave a handkerchief before it, and make a noise.

How To Hypnotize A Game Cock

PICK him up in a fighting mood, place him upon a table, make a few passes with your forefinger over his head and down his beak, tie his legs together with a piece of string, and place him on the floor BEFORE A LINE DRAWN WITH CHALK. In a few minutes he should become quite passive. Untie the string, shove him about and he is quite indifferent. Put his head under his wing, he will keep it there. Lay him on the floor in any position; he will make no attempt to move. Wake him up same as with the pigeon.

How To Hypnotize A Canary Or Other Caged Birds

GET in front of the cage and attract its attention. Move your hand from right to left gently on a level with his head and eyes, at a distance of twelve inches from the cage. Do this for a

few minutes and gradually move nearer and nearer with short passes until within an inch or two from the bird, when it will close its eyes and fall asleep and off its perch. Wake same as with pigeon, but always demesmerize by upward passes and blowing upon him.

How To Hypnotize Dogs, Cats Or Rabbits

MAKE passes steadily over the eyes and down to the nose. Continue this for a few minutes. If the animal trembles or becomes fidgety it is a good sign. Operate with INTENTION as you would on a human being. It is best not to close the animal's eyes with your fingers, but continue short local passes until the eyes close of their own accord or the pupils become dilated.

Sometimes a dog will resist all efforts to mesmerize him by passes, but is overcome by the gaze, the eye being a powerful agent in mesmerizing all animals.

It is said that snakes can be hypnotized, and that they can be fascinated by the means of music, and sometimes it is possible to induce the snake to imitate in a way the movements of the charmer. Some think that animals can be hypnotized in a direct ratio to their ability to concentrate their attention, and as a rule this is more marked in the domestic than in the wild animals. This cataleptic state in animals may be induced by constant pressure or by the excitation of particular nerves. It is very difficult in many cases, and with the larger animals almost impossible on account of the resistance which they make at the beginning. It is said that by means of nerve inhibition it is possible to make cataleptic cats, dogs, pigeons, canaries, fowls, starlings, cray fish, frogs, snakes, toads and lizards. This Hypnotism of animals, if it can rightly be called Hypnotism, has in it very little of scientific value. The experiments are interesting, as showing what effect can be produced in the lower animals by the tiring of the nerves, but that is about all the value it has.

Conclusion

AN earnest endeavor has been made in the preceding pages to tell all about Hypnotism, what it is, what it can accomplish, and how you can learn to hypnotize. This little book is crammed with much valuable information, and as small type has been used and absolutely no space wasted, you will find that this book actually contains more about the subject than many volumes selling for a dollar or more.

Remember in your experiments one thing—Hypnotism is simply placing the subject in a condition where he is more willing to accept suggestion than in his normal life. After you have placed him in that condition, which, in most cases is after all very simple, the matter is in your hands. You must use your own judgement, your own common sense, as to what suggestions are best to make. One man will succeed and another fail as a hypnotist because one man knows what to suggest and the other one does not.