HYPNOTISM AND PSYCHOTHERAPY.*

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IN the first quarterly number of the *Bengal: Past and Present*, for 1910, a very entertaining article by Col. D. G. Crawford, I. M. S., appeared on James Esdaile, who, as a member of the I. M. S. in 1845, was the pioneer in the use of hypnotism as an aid to surgery and medicine in the East, it may be then of some value if I can revive an interest in the application of this form of treatment by recording the methods and results of treating some 200 cases, in this country and at home, by means of hypnosis, for I feel assured that if I can stimulate sufficient interest for the profession to make observations for themselves, I shall have served a good purpose convinced as I am, that if they are successful in obtaining satisfactory results, they will appreciate that they have an additional and powerful weapon with which to cure or relieve their patients.

I am not desirous of here dealing with the history, theory, and various phenomena of hypnotism, nor do I desire to bring anathema on the subject by offering with many of the modernist clergy that some of the miracles of the New Testament (the laying on of hands, for instance), can be thus explained. But I am desirous of first dispelling the ever recurring erroneous ideas on the subject—

(1) It is impossible to hypnotise a person against his will, despite the enthralling statements of novelists.

(2) Strong willed persons are far more easily influenced than the weak willed, for the simple reason that they can control and bring themselves *en rapport* with the hypnotist.

(3) 85—90 per cent. of all people are capable of being hypnotised.

(4) There is no danger of the operator holding a malignant power over the patient.

(5) There is no difficulty in dehypnotising, that is, bringing the patient out of the hypnotic state.

(6) A hypnotist has no uncanny magnetic power. Any medical man could and can do it.

The above being now well accepted and proven, perhaps, it will make matters clearer if I briefly in the time at my disposal attempt to define and explain this condition.

Hypnosis has been defined as a state of induced sleep in which the objective mind of the person is wholly or partially, in abeyance, thus bringing to the fore, more or less the subjective mind, which is acted upon by suggestion.

But what you will ask is meant by objective and subjective mind, or as some call them the conscious and subconscious mind. I reply that the objective mind is that which we consciously use in the waking state and which takes cognisance of things around us, in fact, its media of observation are the five senses; whereas the subjective mind is in constant, though unconscious use, whether we are asleep or awake. It is independent of the senses, it is the seat of the emotions, the store house of memory. It indeed performs its highest functions when the objective mind is in abeyance, that is, during hypnotic sleep. You may ask what proof there is of this. I answer in Socratic fashion by asking you what absolute proof have we of the truth of Newton's theory of gravitation, of the atomic theory or indeed of any scientific theory. None except that it corresponds with the results and every known fact. So with hypnosis the evidence and results abundantly prove the theory of man being possessed of two minds. To give a simple example, all of you have heard of ladies using blasphemous language under light anæsthesia. This she has never used consciously, though perhaps the subconscious mind years before may have absorbed such and stored it up. Or again, I could tell you innumerable experiments where a patient under hypnosis has given answers and details as to circumstances and places of which in her waking state she was absolutely ignorant. Or I might tell you of a drunken porter who always lost his parcels and could in no wise discover them until he was drunk again, when his subconscious self guided him to the correct locality.

I will now briefly describe to you one of the methods of inducing hypnotic sleep. But before detailing this to you there are a few fundamental conditions which must be obtained whatever method is adopted.

Firstly.—The hypnotist must have confidence in himself and be able to inspire his patients with the same. He must have also tact, patience and initiative and sound knowledge of medicine.

Secondly.—The surroundings must be suitable, a comfortable chair should be provided, the back should be to the light and the room quiet.

Thirdly.—The patient must be willing; any misgivings should have been allayed and his mind as far as possible be at rest.

Fourthly.—A trustworthy witness should always be present both for the patient's and doctor's sake.

These details being grasped, I will describe the method which I most frequently use, though it must be remembered that if one method fail, the use of another may be entirely successful. Some of these I will detail later.

Having placed my patient in a long chair or sofa with his back to the light I sit down and just quietly and convincingly talk to him. If he is educated I explain to him what I am going

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to do and why I am doing it. If he is not, I tell him quietly and firmly that what I am going to do will greatly benefit him, that I am going to put him to sleep and that when he wakes he will feel much better. I then stand by the patient's side facing him, place my left hand on his forehead and ask him to look fixedly at the tips of the two extended fingers of my right hand, which are held some 8 inches from, and 4 inches above, the level of his eyes. While he keeps on looking, in thirty seconds or so, it will be seen that the lids flicker. Then I suggest in a monotone "You are growing drowsy." "You can no longer see my fingers clearly." "Your eyes are closing." "You can no longer keep them open." "Close your eyes." "Sleep."

In nearly all cases they obey and close. I then gently massage the eyeballs in a rotatory manner with a light pressure and bid him "sleep deeper" and "breathe deeper;" at the same time with hand on chest I say "You cannot open your eyes." "You are now asleep." "You are quite at ease." "Go on sleeping deeper." The patient is now in the light stage. I wait a few minutes and then begin the suggestions which are suitable for his relief. If it be insomnia I bid him go on sleeping. I tell him the power to sleep has returned, that if he awakes he will remember what I have said and will go at once to sleep again and wake up fresh and better in the morning.

If it be for functional ache or pain I place my hand on the peccant part and suggest first a sensation of warmth and then firmly give the suggestions that the pain is growing less, that it is now gone, that it will not return, that it does not exist. Such procedure is admirably suited for the functional aches or pains met in gynecology.

If still deeper hypnosis is necessary, such as for minor operations the procedure is somewhat different, for now to gain anæsthesia deep hypnosis is necessary. Esdaile whose operative work with hypnotism was done under the fierce light of a Government Official Commission was in the habit of hypnotising his patients five or six times on consecutive days, in order to get them fully *en rapport* and each time more deeply under influence. In Burmah, working with Madrassis, I found this also very necessary, though in rare cases, once or twice may be sufficient only. To produce anæsthesia after the ordinary procedure, I make passes over arms, body and limbs, suggesting first that they are becoming stiff and rigid and then that the power of sensation is disappearing, that they cannot feel anything, that they cannot feel pin prick or knife, that the part is dead. If now on testing with a pin they are deeply anæsthetic, the operation may be done. For example, I have painted chancres with pure nitric acid, removed buboes, and opened whitlows and stopped toothache.

The question will now be asked, is this treatment applicable, if one is not a master of the language when one is dealing with Indian patients. The answer is in the affirmative. When in military employ in Burmah I was fortunate in being associated with two excellent Sub-Assistant Surgeons, namely, Hira Singh and Ramuni, whose interest and intelligence were at my disposal. Having first demonstrated the method on a European I proceeded next to hypnotise Punjabi or Madrasi, the method being that having first fixed the eyes and mind of my patient I said in English a sentence which was repeated into the respective language, in exactly the same tone by my assistants. The results were very satisfactory. For example, a sepoy came to the hospital complaining of 6 days' obstinate constipation. His abdomen was very distended and boggy. He was hypnotised according to the above method and a suggestion given that within 2 hours of entering hospital he would have a very copious motion. The result was astounding in quantity and accuracy. He had no drugs whatever.

So far my endeavour has been to put the subject before you in as practical a shape as possible. Therefore, before we consider the uses and abuses of this form of treatment let me give you a few hints which may help and, perhaps, make all the difference between success and failure in practice—

(1) If the patient fails to close his eyes, bring your fingers slowly towards them and then command or tell him to close them.

(2) If you fail with one method try another without hesitation and with confidence. Failure in 80 per cent. cases is due either to yourself which is correctable, or to the patient who is excited or has misgivings.

(3) Do not be put out if your patient says he has not been affected whatever. Encourage him by telling him that results are often obtained without any actual feeling of sleep. A simple experiment as follows may convince him. Ask him to sit in a chair facing you, and tell him to look fixedly at you, at the same time you make a few downward passes over his arms, suggesting that they are growing heavy. Lift his arms by the wrist and tell him they feel like lead and then let them fall; again repeat the action and suggestion after a minute or so, desist and you find that he will tell you that he did experience a feeling of weight in his arms. After this, again proceed with your hypnotism as before.

(4) Suggestions should, whenever possible, be given in the negative; for the inhibitory is more powerful than the imperative suggestion, *e. g.*, "You cannot" is far more successful than "You must." The suggestion "You cannot open your eyes," for example, is usually the first obvious sign of early-hypnosis.

(5) Suggestions must be made in a clear tone and simple language and all technicalities avoided.

The tone should be commanding or persuasive but always monotone.

(6) Do not attempt to hypnotise during a spasm of pain or the highly neurotic.

(7) Be mindful always to suggest that the patient will feel fresh and bright on awaking. To dehypnotise all that is necessary is to say "awake" or one can say "You will awake in five minutes' time."

(8) It may be of advantage or necessary to have two or more seances on the same day in order to more rapidly get the patient *en rapport.*

There are two other usual methods of producing hypnosis, which I must describe. In the one, the patient gazes at a bright object such as a two-anna piece held before him, while suggestions are made as before; whereas in the other method of fascination the hypnotist uses his eyes to produce the effect by just bending over the patient and making him gaze up at him while he suggests as before. The former of these two methods I have often had recourse to. It is not my intention to here refer to the stage-methods of figures and discs and revolving mirrors, etc., as, I feel most strongly that these exhibitions should be prohibited. Hypnotism should only be practised by qualified medical men for therapeutic purposes and not by charlatans on the stage and behind curtains for the purpose of amusement and money.

We come now to the consideration of the subject in relation to its uses in medicine. But before doing so I should like to say that we have unwittingly a very large body of adherents who call themselves Christian Scientists. They produce their results by auto-suggestion which is manifested by the power of waking or praying suggestion in themselves somewhat akin to the ancient maxim that the Gods help them who help themselves.

If I were asked what cases were most susceptible I should answer children and alcoholics, and if what diseases I should say functional neuroses, with no morbid or attributable cause. Children are readily hypnotisable, and in Paris where I had the privilege of working with Dr. Berillon, it was remarkable the number of '*Mechants enfants*' that were brought to the clinic. Cases of nail-biting, masturbation, stammering, lying and so on being particularly frequent. I have had myself in this country two cases of nail-biting and masturbation, which were rapidly cured after two and three seances respectively.

On looking up my case book I find that over 50 per cent. of the cases I have treated were for insomnia. Here we have a condition admirably suited for hypnosis. For we all know, how frequently this condition is met with, especially in this country where the layman is apt to be his own doctor, and where we have all read of cases of disaster following persistent insomnia and drug taking. But the question will at once arise, is the effect permanent or how can one assist its permanence? In the large majority of cases it is so. It will be necessary to hypnotise your patient two or perhaps three days running and after that you will give him a post-hypnotic suggestion. The procedure would be as follows: Having put your patient to sleep you will suggest to him that should he awake that night he will at once remember what you have done, that he will think of it and will at once fall asleep again till morning. This secondary suggestion is of great importance. The next two days it will be again perhaps necessary, but after that you either give a verbal suggestion to the effect that to-morrow and onwards he will at once sleep on going to bed or you will give him some symbol. Personally I am in the habit of giving my visiting card on the back of which five cross lines have been made in the middle, and the letters S. L. E. E. P. written between them. Then you tell him while he is under hypnotic influence that at any time in order to sleep, all that is necessary will be for him to hold the card above his eyes when he is in bed and repeat the words thinking of what was previously done. That he will no longer have any difficulties but that if he should, the card will at once remind him and put him to sleep.

It would be of no purpose to give you a complete list of conditions that are amenable, but the following—I have had experience of outside those cases which I have classed as functional aches and pains:—sea sickness, constipation, insomnia, spermatorrhœa, drug habit, masturbation, stammering, nail-biting and hysterical paralysis.

Drug habit, particularly alcoholism, is peculiarly difficult to treat in this country, as the club life greatly militates against suggestion. In one very severe case I was able to induce total abstention for three months and then he relapsed and was sent to Dr. Lloyd Tuckey, who had success for five months, but the patient relapsed on his return to duties in this country. I have already above referred to some of the erroneous ideas which are still held by the ignorant amongst doctors and laymen. I would, therefore, here like to briefly speak of some of the objections which are still made by the more enlightened. It is commonly said that hypnotism interferes with the free will of the patient or that the will should not be tampered with. But I ask you does not all education and moral training interfere with free will? Will not a school teacher by tact and patience produce a complete moral revolution? If a child steals or lies or masturbates, will you not interfere by the moral suggestion of the school room to guide into better channels this free will of his that is

ruining him? Does not the success of Weir Mitchell treatment to a large extent depend upon the healthy moral massage used by an intelligent nurse? No; Hynotism does not weaken the will, it strengthens it, so that by auto-suggestion the patient's own will power may conquer.

Another objection is that hypnosis in therapeutics is now superannuated, but I would ask, which of you has not pulled a patient through a disease by faith or suggestion, it matters not which word we use. I do not hold this treatment up as a panacea for all ills; it has its limitations, it has its relapses, but I do maintain that it is worthy of trial in suitable cases, where all other treatment has failed. A very large number of my own cases had had all variety of advice and suffered much at the hand of the physician. No; Psychotherapy must ever remain an item in medicine so long as the personal equation of the patient in disease is not lost sight of. Nowadays, an even more extended use of psychotherapy has come to the fore. I refer to the method of psychoānalysis so ably elaborated by Professor Freud of Vienna by which he proves that the true focus of psychic maladies consists in a painful idea or a group of ideas which have been voluntarily driven back at some time in life into the sub-consciousness of the patient and have there given rise to 'trauma.' The psychoānalyst seeks to discover what this painful impression is, so that he may give it outlet. This therapeutic discovery of Freud is of immense importance, and I think only serves to prove that psychotherapy is in its infancy. Psychoānalysts to the alienist should be as the stethoscope to the physician.

Unhappily, instances are not wanting of the abuse of hypnotism, but I would reiterate that if the rules of Bernheim were adhered to, none such could occur—

(1) To have always a suitable witness present.

(2) Never to hypnotise without getting permission to do so.

(3) Only to suggest during hypnosis for therapeutic purposes.

Gentlemen, thus briefly I have put this subject before you for discussion, and if I have ignited a spark of enthusiasm for so engrossing a subject my purpose will have been served. For I feel now that you would not be overwhelmed by that bitter outcry of Macbeth---

> "Canst thou not minister to a mind diseased
> "Pluck from the memory a rooted sorrow
> "Raze out the written troubles of the brain
> "And with some sweet oblivious antidote
> 'Cleanse the stuffed bosom of that perilous stuff
> "That weighs upon the heart."

AIR MOVEMENT IN ASSOCIATION WARDS.

BY COL W. G. KING, C.I.E., I.M.S. (ret.).

WHEN a local body allots a sum of money for building a hospital, it considers it earns great "merit"—in the Buddhistic meaning of that term—for it believes, notwithstanding clear directions in the act it administers as to part of its finance being collected for medical relief, it performs a deed of pure charity: if it depletes the exchequer for academic education of sickly masses and incidentally starves sanitary works, it comforts its conscience that it has performed its duty to the taxpayers. Hence, in practice, the necessity for cheapness is much more insistent when it is proposed to erect a hospital or a medical laboratory than in the case of additions to the ever-increasing number of schools and colleges. In discussing plans for new hospitals, economy is usually sought by cutting down the floor area allotted per head to a minimum, ignoring the demands of drainage and water-supply, lighting and laundries, and limiting the number and nature of the accessory rooms upon which depend so greatly successful surgery, nursing and comfort of the sick. Large windows and doors, which are essential in the tropics, incur special declamation as expensive items—a 4ft. × 3ft. window being held to be as suitable for a ward as for a godown.

To the average lay official some slight increase over the space available in a native hut is held to be a reasonable standard minimum, whilst the regulation area allowed sepoys and prisoners in hospitals is regarded as a handsome maximum. The economical official frequently appeals to the fact that the latter was fixed after due consideration by recognised sanitary authorities, and therefore must be sufficient in treatment of the class who resort to public hospitals: but is apt to ignore the additional item that this was suggested with the knowledge that in affording accommodation for a reasonable maximum of sick amongst a body of a strength subject to but little variation, it can only be at exceptional times that this is fully occupied. Consequently, it is rarely that both the prisoner and the sepoy do not, in practice, have available a very much greater space than indicated by the standard of 60 sq. ft. and 800 c. ft. The same reasoning is applicable *cæteris paribus* to poor-law infirmaries in Great Britain.

I have also found myself confronted with the assertion that in the tropics wards are so fully open to fresh air that it is absurd to look to European standard as affording evidence of any value; and that currents of fresh air are ever traversing the wards—as witness the fact (as urged in its published Proceedings in this connection by an important Sanitary Board) that whilst in Great Britain no man desires paper weights to keep together his office papers, in India, they are most desirable adjuncts. It is of little utility to suggest to such an advocate of economy that whilst it is true this may be the state of affairs at certain times of the day