

On the Treatment of Insanity by Hypnotism. By R. PERCY SMITH, M.D., M.R.C.P., Resident Physician, Bethlem Royal Hospital, and A. T. MYERS, M.D., M.R.C.P., Physician to the Belgrave Hospital for Children.

Hypnotism has been found by some of its students, especially on the Continent, to have so many possibilities in its connection with medicine, and so much undoubted influence in connection with the mind, that it has naturally fallen to its lot to be employed for trial, at any rate, in the therapeutics of some of the mental maladies. The dominance of one human being over another, which is, for the moment at least, gained by its influence, seems in some ways more appropriate to the guidance and help of the insane by the sane, than of the sane by their equals. But its possibilities and uses are not questions that can be determined by any *à priori* reasoning as to whether such guidance may be for the advantage of those who are led in certain circumstances of difficulty, such as insanity, but rather by the facts and results of its application.

Through the first three-quarters of the present century there were occasional small and charitable attempts to utilize this ill-understood influence for the benefit of those whose mental state was out of gear. Records of such attempts may be found in the works of Puysegur, de Gros,* Charpignon,† the earlier work of Liébeault,‡ and elsewhere. But these were for the most part fruitless, and no general interest took this channel either at home or abroad. The weighty suggestions of Dr. Hack Tuke in 1865§ as to the possible usefulness of a hypnotic treatment of insanity, most unfortunately led to no practical results. During the last ten or twelve years hypnotism, almost all over Europe, has made such a rapid push to the front, both as a physiological and psychological study, and as a possible therapeutic agent, that it is little wonder that

* Who wrote under the pseudonym of Philips, "Cours théorique et pratique de Braidisme ou l'Hypnotisme nerveux." Paris, 1860.

† "Médecine anémique," p. 165.

‡ "Du sommeil et des états analogues," 1866, p. 338, relating a case of acute mania which had lasted for eight days, and which, hypnotized with difficulty, quieted till recovery.

§ "Artificial Insanity" (*i.e.*, Delusions suggested in hypnotism), *Journal of Mental Science*, 1865, pp. 56 and 174.

some should have been found to attempt to apply it to part at least of the wide field of mental disease. When the careful study of hypnotism was taken up in 1878 by Charcot, at La Salpêtrière, in Paris, his colleagues in the management of that many-sided group of hospitals and asylums left the responsibility mainly on his shoulders alone, and no alterations of treatment were made in the wards for the insane. It was the generally-received belief then that hypnotism was powerless with the insane; that they would not attend, and, therefore, could not be hypnotized, and no one made any attempt at it. And, at the same time, Liébeault's established opinions that insanity was out of the range of hypnotism turned aside from it the fresh enthusiasm of the Nancy school, when they began their work in 1882 upon all other forms of disease, determined to disregard any limits of hysteria or nervous temperament to which Charcot had almost entirely confined his experimental, as well as his therapeutic, practice. Bernheim, a few years later, in his summary of the clinical results at Nancy,* frankly avows that though he had succeeded in hypnotizing about 75 per cent. of all patients with all varieties of other diseases, yet had not hypnotized a single insane person. He had brought out strongly, however, the very useful effect that a suggestion given in hypnotism could have on feeling and action after the hypnotism had passed away, and when the person affected had lost all memory of the origin of the suggestion, and was entirely without doubt that he was acting on his own natural ideas and impulses, when he was really acting on "a post-hypnotic suggestion."

Meanwhile, in La Salpêtrière, in the wards for mental disease, Auguste Voisin had begun, even in 1880,† to make some attempts at hypnotizing one or two of his patients; and in June, 1884, at a meeting of the Société Médico-Psychologique, at Tours, he very much surprised and interested his audience by telling them the story we have epitomized lower down (Case 1, p. 194). Subsequent very patient trials on his part have furnished a few successes that have been published; the total number of the insane affected by him, after considerable experience, he claims to have been 10 per cent.† The same methods were also applied, with more frequent success, to many bad habits

* "De a suggestion," 1886.

† "Comptes Rendus du Premier Congrès International de l'Hypnotisme." Paris 1889, p. 147.

and hysterical abnormalities that are hardly reckoned within the strict English boundaries of insanity. With these we have not attempted to deal, though we should be sorry to be thought to deny in any way their importance, and the importance of the treatment.

The vigour and success in various lines of the hypnotic movement in Paris and Nancy stirred up a good deal of imitation and interest, especially in the other parts of France, and in Switzerland, and a similar interest has spread from some points in Germany, Sweden, and Italy; but very little success, and, indeed, very few attempts have been as yet recorded in the hypnotic therapeutics of insanity.

Though the chief clinical teachers of hypnotism at Nancy have not encouraged the devotion of any attention to the hypnotization of the insane, yet Prof. Forel, of Zürich, has most energetically thrown all the strength of the impulse which he acquired at Nancy into the treatment for a time of his asylum patients, and has given a short *résumé* of all the cases he has tried, good or bad, successful or unsuccessful, with the frankness which in such novel and uncertain territory as this is the surest guide to truth.

It is because we are strongly of opinion, in a matter affecting what is perhaps the most serious group of diseases with which the physician has to deal, that the whole evidence, so far as we have been able to gather it from the scattered published records in various quarters, should be open to inspection, that we have ventured to trouble our readers with a somewhat voluminous *résumé* of cases, and to publish others which lead merely to a negative conclusion. That the possibilities of the treatment of insanity by hypnotism are exhausted it would be very hasty to assert; but that the very elaborate conditions—probably both in subject and agent—for its useful application are at present undetermined it would be very rash to deny; and it is to be hoped that so long as the advantage of the patient is kept strictly in view, some fuller trials and further elucidation of the problem may be possible.

We give first a chronologically-tabulated list of patients under different observers; we can only wish it were more complete in all cases, both in the unsuccessful as well as the successful ones, that if possible there might be more clue to the *rationale* of the treatment.

<i>Observer.</i>	<i>History before Hypnotism.</i>	<i>Success of Hypnotization.</i>	<i>Results.</i>
<p>Auguste Voisin (Médecin de la Salpêtrière).— Case 1.</p>	<p>F., æt. 22. A woman who was arrested in Paris on the charge of stealing, and sent to prison (St. Lazare); there examined by Voisin, pronounced insane, and remitted to Salpêtrière (March 1, 1884), where she remained for three months in acute mania. Physically strong, coarse and violent, she boasted that she had fifty Italian husbands, would kill them all, etc.</p>	<p>Yes, with difficulty.</p>	<p>On May 31, when she was in a condition of great violence and under restraint (<i>camisolée</i>), M. Voisin attempted to hypnotize her for the first time. She would not give any attention to his finger, which he held just above and between her eyes, but could not avoid his face, which he held for a long time just in front of hers, and after a long struggle fell asleep for 3½ hours. This treatment was continued every day or every other day. Occasionally no sleep was induced; often it was not induced until after two hours' labour. When obtained it lasted for 10 or 12 hours on an average; once for 23 hours (June 13). Violent crises continued to arise, and hypnotism was successful in stopping them very quickly. The condition between hypnotic sleeps was at first restless and despondent. Then post-hypnotic suggestion was tried by MM. Voisin and Gomet (<i>interne</i>), and notable improvement followed. The patient became obedient to the suggestions, decent, and friendly to her late enemies. She had no memory of what was suggested to her in a hypnotic state. She was discharged completely cured.</p>
<p>Auguste Voisin.— Case 2.</p>	<p>F., æt. 25. For five years she had suffered from convulsive attacks, with hallucinations of sight and hearing. There had been crises of great violence, with refusal of food, for a week or fortnight.</p>	<p>Yes, with difficulty.</p>	<p>She was first hypnotized in the Salpêtrière, during a condition of acute mania and great violence (Nov., 1884). The attempt was very long and difficult. She was restrained by five or six attendants, and her eyelids held open whilst M. Voisin tried to get her to look either at a magnesium lamp in his hand or at his own eyes. After more than two hours of resistance she yielded, and then rapidly went to sleep, her voice growing gentle. It was then suggested to her to sleep for 23 hours, which she did, and took food during sleep, and attended to her wants as M. Voisin suggested. During what would otherwise have been her excited states, he only allowed her half-an-hour of waking in the 24 hours. During this she was usually quiet. This plan was carried out for seven consecutive days. In less excited states she was kept in hypnotic sleep for 18 hours out of the 24. After four months' treatment she ceased to have any more maniacal attacks,</p>

and, writing two years later, M. Voisin reports that she has had no relapses, and is employed as a washerwoman in the Salpêtrière.

She had a suicidal tendency, with some terrifying hallucinations. She suspected her brother of attempting to poison her. Menstruation was painful; vomiting frequent. There was loss of smell and taste on the left side, complete anæsthesia of the tongue, and defective colour sense.

On Dec. 10, 1885, light hypnotism was induced, but broken up rapidly by a hysterical attack. On Dec. 16 she was hypnotized by gazing at M. Voisin's finger between and above her eyes, and suggestions were made on three points:—(a) that she should have no more visions (hallucinations); (b) that she should be able to recognize the colour orange with her left eye; (c) that she should wake from her present sleep at 11.30 a.m. She woke at 11.30 a.m., and went to M. Voisin, saying she could see no one coming after her now (late hallucination), and he found the left eye could recognize orange. She was hypnotized every other day for nearly a fortnight. After Dec. 19 there were no more morbid symptoms. On Jan. 5, 1886, she was allowed to go out, and was seen again March 29, when she had no symptoms of relapse.

On Dec. 9, 1885, she was easily hypnotized by M. Voisin, and suggestions were made that she should see no more visions nor hear sounds of her father. This was insisted upon at a second hypnotization next day, and nothing more was seen or heard. The other morbid symptoms also at the same time disappeared. She went out from the Salpêtrière in a month, and was seen in good health, without relapse, two months later.

She was restless, and occupied with erotic ideas and hallucinations. The senses were normal; there was no anæsthesia, but frequent g'obus. On Jan. 3, 1886, M. Voisin produced hypnotism easily by fixing her attention on two fingers held above the base of her nose, and suggested that she should have no more to do with her imaginary lover, should have no more hallucinations, and wake at a given hour. She woke when

Yes.

Auguste Voisin.—
Case 3.³ Marie Dav—, æt. 25. She came of a phthisical family, and was herself delicate. In 1875 (æt. 15) she began to have *attaques de nerfs*. In 1885 (æt. 25) she began to have painful metritis, and as that got better insanity came on gradually.

Yes, easily.

Auguste Voisin.—
Case 4.⁴ Cecile Lec—, æt. 17. On Nov. 22, 1885, her father died, which affected her very deeply. She was sleepless and refused food. Then, with hallucinations of her father, ideas of suicide and insanity came on.

Yes.

Auguste Voisin.—
Case 5.⁵ Pauline Dav—, æt. 21. She had had convulsive attacks since she was 18 months old, attributed originally to fright. When about æt. 18 these were followed by an excited condition, with erotic ideas, hallucinations of sight, and hearing. These were

<i>Observer.</i>	<i>History before Hypnotism.</i>	<i>Success of Hypnotization.</i>	<i>Results.</i>
Auguste Voisin.— Case 6. ^e	at first treated in the Hôpital St. Anne, but she was moved to the Salpêtrière, Dec. 31, 1885.	Yes, easily.	ordered the first time, and after three further hypnotizations all the suggestions were fully carried out. The hypnotism was continued on alternate days for a month; then once a week for two months without suggestions. She was allowed to visit her relations often, and after four months there was no return of the morbid symptoms. M. Voisin arranged to come to attempt hypnotization five minutes before the time of a lethargic attack. There was no difficulty in inducing a hypnotic sleep after a few minutes, and then it was suggested to her that she should not wake for an hour, which was not always carried out, but after repetition of hypnotism at the five customary hours of attack the morbid lethargy did not recur.
Auguste Voisin.— Case 7.	M ^{me} . de T., æt. 45. For 25 years melancholia and hypochondriasis, with five regular lethargic attacks in the day at 8 a.m., midday, 3 p.m., 6 p.m., and 9 p.m., lasting from 8-40 min. There is not loss of consciousness, but sudden arrest of movement, closure of eyes, look of pain, some tremors running through face, arms, and body, and the closed hands stretched out.	Yes.	When she was first hypnotized at 6 p.m. she was told to sleep till 8 a.m., and then eat whatever was given her. After sleeping as directed, she ate two plates of meat, two of vegetables, with bread, etc., saying she was hungry and in no discomfort. This was repeated every other day, and she was even induced to join in a wedding breakfast. After having been hypnotized a dozen times on alternate days, the intermediate days could also be affected by suggestion in advance, and finally she quite recovered normal nutrition.
Auguste Voisin.— Case 8.	M ^{lle} . B., æt. 18. After severe hysteria she had sunk into melancholia, with refusal of food for several months.	Yes, with great difficulty.	Hypnotization was tried by fixing her attention on a magnesium light, a shining button, the operator's finger and eyes, but without result. However, after twelve trials, each of three-quarters of an hour, with an ophthalmoscopic mirror, hypnotism was induced, and suggestion given of twenty hours' sleep, to be both accompanied and followed by a full meal. This was carried out daily for a fortnight, when the treatment was given up for a time from an attack of photophobia.

Auguste Voisin.— Case 9.	M ^{me} . M. Chronic hereditary mania, with refusal of food for several months. Many hallucinations, insomnia, and fits of violent temper.	Yes.	She was hypnotized in 20 min., and then told to eat what was given her, and wake after an hour and a half. During hypnotism she took a good meal, was awakened, and went to her usual dining-room without any knowledge of what she had done. This was repeated several times with success, and some restraint put on her violent temper, but the treatment was interrupted by relations.
Auguste Voisin.— Case 10. ⁷	M ^{me} . C., <i>æt.</i> 43. Recurrent insanity. In a previous attack she had been quiet; she was hypnotized then by M. Voisin, and recovery followed. In July, 1886, an acute attack was brought on by the sudden death of her mother; there was great emotional excitement and confusion of ideas.	Yes, with great difficulty.	On the first trial she was hypnotized after an hour by looking at M. Voisin's finger, held above the bridge of the nose; on the second trial she was violent, and was held by five attendants, and hypnotism could only be induced after the eyelids had been kept open by a speculum, and a magnesium lamp kept before her for ten minutes. Suggestions for better behaviour were made, and, though not carried out in detail, the patient could be placed in a quiet sewing class next day.
Auguste Voisin.— Case 11.	M ^{lle} . Tier—, <i>æt.</i> 40. Suicidal mania, with stupor and refusal of food. She was kept in a strait-waistcoat, to prevent suicide.	Yes.	M. Voisin requested M. Ochowicz to hypnotize her, which he did in ten minutes, with one hand on her forehead, using the other to make passes before her face. M. Voisin ordered the strait-waistcoat to be taken off, and told her to go to sleep for an hour, and to take the food offered her. This she did, and previous offensive habits, as well as her sleeplessness, were remedied after a second and third hypnotization. Hypnotic treatment was continued, and after a month she had lost delusions.
Auguste Voisin.— Case 12. ⁸	M ^{me} . Bi—, <i>æt.</i> 31. Family history good. Married life unhappy. Delusional insanity, with hallucinations, and ideas of suicide supervening.	Yes, on second trial.	She was at first treated with Pot. Bromide, etc., for nearly three months; then by hypnotism, which was successful after the first trial; suggestions against her hallucinations and suicidal ideas (and general depression) were made and carried out in part at once, and entirely after a fortnight's treatment.
Auguste Voisin.— Case 13.	M ^{lle} . Du—, <i>æt.</i> 35. Emotional insanity, with resistance to all control, and occasional outbursts of violence.	Yes.	There was no improvement in the first six weeks, and hypnotism was then tried. Three attendants held the patient, and by pressure on the eye-balls sleep was soon obtained. Suggestion was made that she should go to bed and sleep till next morning. This was carried out, and during the treatment for the next month she quite lost her morbid symptoms.

Observer.	History before Hypnotism.	Success of Hypnotization.	Results.
Dufour, Médecin en chef de l'Asile St. Robert (Isère).—Case 14. ⁹	M., æt. 27. Melancholia, with stupor, following a criminal conviction. He answers only by signs; is in frequent terror he is going to be killed, and has auditory and visual hallucinations. There was some loss of hallucinations in the two months before hypnotism, but no recovery of speech or memory. Treated by baths, tonics, and chloral.	Yes, but never could be brought into deepest hypnosis.	Light states of hypnotism were easily induced, and suggestions in hypnotism as to tastes and smells readily accepted. He was ordered to give up his remaining hallucinations, and did so quickly, and during treatment by hypnotism gradually improved, and his memory and faculties returned.
Dufour.—Case 15. ¹⁰	M., æt. 26. In a condition of stupor after the loss of a friend. Answers questions by signs only. Various treatments tried.	Yes, on second trial.	He was not hypnotized on first trial, but easily after that; he reacted best to suggestions when in a state bordering on sleep, but not quite unconscious. His symptoms improved rapidly, and he became less affected by hypnotism as he grew better. Recovery in three weeks.
Dufour.—Case 16. ¹¹	M., æt. 23. He had had hysterichorea as a boy, which had got well, but returned, æt. 23, with violence, accompanied by many hallucinations, loss of moral sense, and ideas of persecution and suicide.	Yes, easily.	Hypnotism was easy, and seems to have been used at first in restraining fits of violence. Later on, when there was more melancholia, hypnotic suggestion led to some good sleep, good appetite, and relief from ideas of persecution.
Jules Voisin.—Case 17. ¹²	F., æt. 24. Melancholia, with morbid erotic ideas; insomnia and much onanism; in a weak, depressed state, unable to work, etc.	Yes.	Hypnotized by looking at a bright object; suggestions of good sleep and health repeated on six consecutive days, and followed by good sleep, great improvement, and almost complete absence of sexual ideas. She could soon take up work as a teacher, and was hypnotized once a week for six weeks. No relapse noticed. Then hypnotized three times in six months, and is reported as remaining quite well after ten months.
G. Burckhardt, Director of Asylum of Préfargier, Switzerland.—Case 18. ¹³	F., æt. 43. Hypochondriasis of a gastric type; restless and sleepless; not improving.	Yes.	The first few trials produced light sleep; afterwards this grew deeper, and was accompanied with considerable improvement.

3. Burckhardt.— Case 19.	F., æt. 37. Hereditary insanity, with ideas of persecution and also exaltation. Insomnia for several years.	Yes.	In the first trials sleep was only induced after a long time, and a short preliminary convulsive stage, but afterwards quickly and quietly.
3. Burckhardt.— Case 20.	F., æt. 67. Passive melancholia, with occasional violent crises; obstinate constipation.	Yes.	First put to sleep by fixing the eyes; then by command. Temporary relief for a few hours, and some improvement generally; no effect on constipation.
3. Burckhardt.— Case 21.	F., æt. 28. Melancholia (hereditary), with alcoholism, and some violent crises with hallucinations.	Yes.	First hypnotized by fixing the eyes; afterwards by command when in a violent state. Temporary relief, so that she could leave the asylum, but she relapsed shortly.
3. Burckhardt.— Case 22.	F., æt. 28. Acute puerperal mania (puerperal fever and phlebitis). Violent crises, with lucid intervals.	?	She was never successfully put to sleep, but became remarkably obedient to suggestions that she should keep quiet, etc. The violence ceased, and improvement began.
3. Burckhardt.— Case 23.	F., æt. 44. Confirmed morphia habit; much vomiting; insomnia; hysteria gravis.	Yes.	Put to sleep (after all morphia had been stopped) by fixing her eyes on hypnotizer's eyes at a very short distance. On first trial sleep of several hours, increasing to eight or ten hours a night. Slight gasping and struggling before hypnotic sleep, but it was generally obtained in a quarter of a minute. Refreshment after hypnotic sleep as good as after natural. Gradual general improvement, with hope of cure.
'orel.—Case 24. ¹⁴	F. <i>Folie circulaire</i> .	Yes.	<i>Nil</i> .
'orel.—Case 25.	F. <i>Folie circulaire</i> .	Yes.	<i>Nil</i> .
'orel.—Case 26.	M. Recurrent mania (<i>periodischer maniacus</i>).	Yes.	He was hypnotized easily every day in a lucid interval, and no mania recurred up to the time of record, but that constituted no proof of cure.
'orel.—Case 27.	M., æt. 33. Congenital dementia; at times very violent.	Yes.	Hypnotism was begun easily when he was in a fairly quiet state, and he grew obedient and industrious under it. He was then sent on to another asylum, where Bleuler continued the treatment with good results.
'orel.—Case 28.	F. Moral insanity (<i>moralische irresein</i>).	No.	<i>Nil</i> .
'orel.—Case 29.	F. Moral insanity.	No.	<i>Nil</i> .
'orel.—Case 30.	F. Idiocy, with periodic mania.	No.	<i>Nil</i> .

Observer.	History before Hypnotism.	Success of Hypnotization.	Results.
'orel.—Case 31.	F. Chronic melancholia; insomnia.	Yes.	Hypnotism was easily induced at first by fixed attention, and afterwards on the mere receipt of a written order. Some physical improvement, but little mental change.
'orel.—Case 32.	F. Melancholia; insomnia; extreme hyperæsthesia.	No.	<i>Nil.</i>
'orel.—Case 33.	M. Chronic hypochondriasis.	No.	<i>Nil.</i>
'orel.—Case 34.	M. Chronic hypochondriasis.	No.	<i>Nil.</i>
'orel.—Case 35.	M. Chronic hypochondriasis.	Slight.	"Hypotaxia" produced, i.e., loss of power over eyelids, and greater than normal stiffening of one arm. No mental improvement.
'orel.—Case 36.	F. Hysteria, insanity.	No.	<i>Nil.</i>
'orel.—Case 37.	F. Hysteria, insanity.	No.	<i>Nil.</i>
'orel.—Case 38.	F. Hysteria, insanity.	Yes.	Deep hypnotism produced, with amnesia and catalepsy. Patient does not obey suggestions, but grows quieter.
'orel.—Case 39.	F. Epileptic insanity, with much hallucination.	Yes, with difficulty.	Good rest obtained by hypnotism with some difficulty for four weeks, during which there was no fit, and decided mental improvement. Then epilepsy recurred, and hypnotism failed to stop it.
'orel.—Case 40.	M. Chronic dementia, with delusions.	Yes, very slightly.	Slight improvement after each sitting; nothing permanent.
'orel.—Case 41.	M. Ditto.	No.	<i>Nil.</i>
'orel.—Case 42.	M. Ditto.	No.	<i>Nil.</i>
'orel.—Case 43.	M. Ditto.	No.	<i>Nil.</i>
'orel.—Case 44.	F. Ditto.	Yes, very slightly.	<i>Nil.</i>
'orel.—Case 45.	M. Alcoholism, insanity.	No.	<i>Nil.</i>
'orel.—Case 46.	M. Chronic mania; very restless at night.	Yes.	When brought to a state of hypnotic somnambulism his ears were rubbed, and he was told his auditory hallucinations were gone. When awakened it was striking to see how no thought of them occurred to him for an hour or two; then they returned. Good hypnotic sleep was obtained in times of great violence by fixation of the eyes and stern command.

Forel.—Case 47.	M. Chronic dementia (in origin, alcoholic), with delusions; restlessness; insomnia.	Yes.	On second trial sleep was obtained; on third, somnambulism; after fifth, a good night's rest; and after seventh, no more delusions. For four weeks, industry and good progress; then relapse for three or four days to auditory delusions; then again improvement.
Forel.—Case 48.	M. Acute mania; convalescent.	No.	<i>Nil.</i>
Forel.—Case 49.	M. Acute mania (alternating with melancholia).	Yes.	Hypnotism made him quieter for twelve <i>séances</i> ; he had a dread of the thirteenth <i>séance</i> , and refused it, and was no better permanently.
Forel.—Case 50.	F. Melancholia.	Yes.	Hypnotic sleep, with some relief of anxiety, of tinnitus in the ears, and of home-sickness; now discharged as cured.
Forel.—Case 51.	F. Melancholia, with anxiety and want of sleep.	Yes.	Hypnotic sleep, with relief of anxiety and of noises in the head, but no great mental improvement.
Forel.—Case 52.	F. Melancholia.	Yes, slight.	Hypnotism only induced loss of control over the muscles of the eye; no considerable improvement.
Forel.—Case 53.	F. Melancholia.	Yes, slight.	Similar slight results of hypnotism; improvement followed (? due to the suggestion), and in a short time she was discharged cured.
Forel.—Case 54.	F. Acute melancholia, which had lasted two years.	Yes, slight.	Similar slight results; some improvement in nutrition and sleep.
Forel.—Case 55.	M. Restless hypochondriasis.	No.	<i>Nil.</i>
Forel.—Case 56.	M., <i>æt.</i> 15. Unusual case of recurrent attacks about every eight days of emotional disturbance (laughing, crying, etc.) and bewilderment. Complete forgetfulness of these in the intervals. Mother epileptic; no distinct epilepsy in the son.	Yes.	Hypnotism induced such deep sleep that very little suggestion was taken. Under hypnotic treatment there were no attacks for twelve weeks, and his general improvement was encouraging. But after that the attacks returned, and though he could be hypnotized whilst they lasted, yet there was not much mental improvement.

¹ "Annales Medico-Psychologiques," 1884, Series 6, Vol. xii, 289. ² "Revue de l'Hypnotisme," 1886, i, 41. ³ "Ann. Med. Psych.," 1886, Series 7, Vol. vii, p. 6. ⁴ *Ibid.*, p. 460. ⁵ *Ibid.*, p. 3. ⁶ Cases 6-9, Association Française pour l'Avancement des sciences, Congrès de Grenoble, 1885 (reprinted as a pamphlet). ⁷ Cases 10, 11, *Ibid.*, Congrès de Nancy, 1886 (reprinted as a pamphlet). ⁸ *Ibid.*, Congrès d'Oran, 1888. ⁹ *Ibid.*, p. 244. ¹⁰ *Ibid.*, p. 245. ¹¹ *Ibid.*, p. 246. ¹² "Revue de l'Hypnotisme," ii, 242 Feb., 1888). ¹³ Cases 18-23, *Ibid.*, iii, 56 (Aug., 1888). ¹⁴ Cases 24-56, "Correspondenz-Blatt für Schweizer-Aerzte," 15 Aug., 1887, 483-488.

In England this method of treatment was specially brought under the notice of the profession at the Leeds meeting of the British Medical Association in August last, by a paper read in the Psychology Section by Dr. Auguste Voisin, but he did not confine his remarks to the treatment of cases of insanity. The results detailed then were very startling. Previously to this, as a result of reading accounts of the cases reported above, we had determined to conduct a series of experiments at Bethlem Hospital, and the results are embodied in this paper in detail, it being hardly necessary to add that our attention was entirely confined to cases of insanity. The experiments were spread over the past year, and though briefly referred to at the Leeds meeting, the material was too large to be detailed there.

In order to render success more probable, we were by the kindness of some members of the Psychical Research Society allowed to have the services of their experienced hypnotist, Mr. G. A. Smith.

The principle we felt ought to be kept in view throughout was that any experiments of this nature in a hospital or asylum for the insane ought to be made entirely with a therapeutic object, that is to say, that they should not be made merely for the purpose of elucidating physiological problems.

There appears to be another argument against indiscriminate hypnotizing of the insane, and that is the danger of starting in the patient's mind the idea that he or she has been "mesmerized," and made worse thereby. The frequency with which patients believe they have been "mesmerized" when no such experiments have been made is already well recognized.

The term "mesmerism" is better avoided when lunatics are being dealt with, and so attendants were instructed not to use it before patients. Further, it was made a rule that in the case of female patients an attendant should always be present. No experiments were made on male patients.

Much valuable help was given by Dr. Goodall, at that time clinical assistant at the Royal Bethlem Hospital, his interest in the experiments being very great, and his notes specially valuable. The latter have been largely made use of.

CASE I.—M. H., æt. 15½. No neurotic inheritance. History of "hysteria" for three years, formerly somnambulist. Attack of excitement associated with masturbation in August, 1888, followed in November by depression passing into resistance and stupor, necessitating artificial feeding. Dirty habits.

December 28th, 1888.—Attempt to hypnotize (by Dr. Goodall,

clinical assistant), by pressure on eyelids. In about twenty-five minutes limbs became plastic, eyes remained closed for a short time, patient walked round the room with slight assistance instead of resisting, obeyed orders as to movement of hands, etc., was induced to eat bread and butter. Very soon relapsed into her former apathy and resistance.

January 3rd, 1889.—In her natural state she now obeys directions (as opening mouth, touching face, etc.), but all commands are more readily obeyed in the state induced by closing the eyes and gently pressing on the eyeball. 4.15 p.m.—Comes under control more readily. On direction she takes bread and butter, glass of milk, drinking being somewhat clumsy. No real sleep ever produced.

January 4th.—Took about half her breakfast herself (being urged occasionally), fed by spoon with the rest. 1 p.m., much resistance to food. Eyes were then kept closed for from twenty to thirty minutes, and in the state induced she took cut-up meat, potatoes, bread, and tapioca pudding, and drank some beer. Whenever there was disposition to refuse food, manipulation of eyes for eight or ten minutes made her comply much more readily. Was constantly told "You must eat and drink."

January 6th.—After closure of eyes for ten minutes drank two glasses of milk (bit and broke the glass) and also took meat and potatoes.

January 7th.—Took half her breakfast. At tea time again experimented on; readily fed herself on a basin of bread and milk and drank milk.

January 8th.—Took food well. Partly dressed herself. No cleaner in habits. No attempt at hypnotism.

January 11th.—Attempt at hypnotism by Mr. G. A. Smith. He endeavoured to gain her attention and to get her to fix her eyes on his face with very little success. Dr. Goodall also failed. No further trial made by Mr. Smith.

January 15th.—Improving rapidly; cleaner; feeds herself; more intelligent.

February 10th.—Continues to take food, but very apathetic; habits dirty again. About a week ago two attempts to hypnotize were made, but her attention could not be obtained in the least. She laughed and cried by turns.

March 2nd.—Improved again, but without any attempt at hypnotism having been made. Tidier, cleaner; takes food; reads the paper, but still dull and confused; less emotional.

She was discharged recovered on April 17th.

The patient was perhaps lightly hypnotized by manipulation of the eyeballs; certainly an improvement took place in her feeding from the time it was commenced, but this was no doubt also due to the persistent attempts to induce her to eat, and to the very large amount of personal attention given to the case by Dr. Goodall. It is worthy of

note that the utmost that was produced was a change from resistance to flaccidity, and a certain amount of obedience to orders as to taking food; no real sleep was induced, and a regular attempt to hypnotize by fixing the attention completely failed; further, after a temporary relapse, improvement began without any attempt to hypnotize.

CASE II.—J. H., æt. 26; no neurotic inheritance. History of diabetes for three years (loss of flesh, voracious appetite, thirst, urine 5-6 quarts daily). For three months before admission occasional violence, destructive, dirty habits, followed by silence and cataleptic stupor. Admitted in this condition with saliva dribbling, eyes constantly closed, anæsthesia of skin, no nasal reaction to pepper; urine 1025, no sugar, oxalates, apparently no excess in quantity (but quantity not measured on account of involuntary evacuation), spoon-fed, dressed, etc.

January 12th, 1889 (six months after admission), no change; attempt at hypnotism by Mr. G. A. Smith. Obeyed the operator's command to shut her eyes, but would not obey when he told her to open them on his saying "three." He repeated the words one, two, three, the last with emphasis, and encouraging her by stroking the forehead upwards, about six times with no obvious effect. Then he assured her he saw her mouth opening; but there was no obvious result.

January 18th.—A second trial. She shut the eyes when ordered, after some opposition, but opened them without any order to do so. He encouraged her to open her mouth, but she did not do it. She followed his eyes when he looked at her and moved his head from side to side. There was slight "flexibilities cerea," the arm was stretched out by the operator, and remained extended, but was not raised when ordered.

January 22nd.—Attempt by Dr. Percy Smith and Dr. Goodall to fix the attention by light from ophthalmoscope mirrors for half-an-hour. No effect whatever produced.

January 24th.—Attempt to hypnotize by pressure on the eyeballs for three-quarters of an hour; no effect. Would not open mouth or eyes, get up, or do anything.

April 27th.—Has improved physically, but still in stupor.

July 3rd.—Discharged uncured.

CASE III.—K. K., æt. 28, schoolmistress. Admitted November 22nd, 1888. No neurotic inheritance. Catamenia always irregular; headaches for two years; losing flesh for one year. Neurasthenia. Sent to St. Thomas's Hospital under Dr. Sharkey for massage. Became excited while there before the massage was begun, and almost immediately after examination of the eyes under atropine. Admitted to Bethlem wildly maniacal, and refusing food, and then after a time, as she became quieter, having persistent delusions about her clothes, and very suspicious of attendants and others.

January 11th, 1889.—Attempt at hypnotism by Mr. G. A. Smith.

Patient chattered at first, and her attention could not be gained. Her attention was at first distracted by the sight of one of the medical officers of St. Thomas's Hospital, whom she recognized in the room, but after five minutes she became quieter. She was ordered to go to sleep many times, but without result. She kept her eyes on the floor and was quiet, but nothing further happened.

January 18th.—Still very restless. Attempt to hypnotize for about half-an-hour, Mr. G. A. Smith and Dr. Myers alone being in the room with her. She was ordered to go to sleep; gradually got rather quieter than on the 11th, but the hands were restless throughout, and she did not go to sleep. Took some milk when told, but the night before had eaten bread and milk when given to her by the attendant.

January 25th.—Patient has been very confused the last few days, making "passes" before her own eyes as if in imitation of the hypnotist. Habits unclean. Mr. Smith was left alone with the patient and nurse for about forty minutes, so that her attention should not be distracted. After about ten minutes, slowly drank some milk, holding the cup herself. She was very quiet, but was not hypnotized.

February 1st.—A similar attempt. Did not open or shut eyes in obedience to the hypnotizer.

February 8th.—A further attempt, with no effect.

From this time till early in September she slowly improved, gaining flesh steadily, taking food better, and gradually losing suspicion and hallucinations; she was then sent to the convalescent hospital, and discharged well in November. In this case one cannot attribute the recovery nor, it would appear, any of her improvement, to the attempts at hypnotism.

CASE IV.—M. W., *æt.* 42, single, attendant on an invalid lady; inheritance of phthisis and alcoholism; admitted to Bethlem on July 5th, 1888, suffering from melancholia, with dread of impending evil, and refusing food; subsequently became resistive, dirty in habits, and then improved up to a certain point, taking food well and gaining flesh, but remaining dull, silent, apathetic, and dirty.

January 18th, 1889.—Attempt at hypnotism by Mr. G. A. Smith. She made no opposition, but after twenty minutes no perceptible effect was produced by attempts to engage the attention and get the eyes closed.

January 25th.—Another attempt. Patient followed the operator's eyes when he moved, but there was no further effect.

February 1st.—Another short attempt. Closed her eyes when told, but no further effect. No further attempt was made. The patient remained dull and apathetic, but very slowly improving, and in July last went to the convalescent hospital. She has since been discharged, but is not perfectly well, though able to be at home.

The attempts at hypnotism may be regarded as entirely without result.

CASE V.—C. H., æt. 25, married; no neurotic inheritance. Confined one month ago. Before admission to Bethlem (July 4, 1888) had been in University College Hospital for three weeks with supposed puerperal fever, her first child having had scarlet fever three weeks before the present confinement. On admission was wildly maniacal. At first was very ill, but rapidly improved physically, and then passed into "secondary stupor," with refusal of food, and dirty habits.

January 11th.—An attempt to hypnotize her by Mr. G. A. Smith. Her attention could not be fixed in the slightest degree, and the attempt was abandoned. She has since been discharged uncured, having remained in the same condition.

CASE VI.—R. F. G., single, governess, æt. 28, admitted to Bethlem January 29, 1889. Great aunt insane, grandmother phthisical. For six months had suspicions, ideas of persecution by "improprieties," hallucinations of hearing, refusal of food, thinking it wrong to eat, exaggerated ideas of religious duty. On admission refused food utterly in order to confound a supposed persecutor whom she heard telling her she must eat. As the patient had considerable intelligence, and it was thought easy to gain her attention, an attempt was made to hypnotize her in order, if possible, to make her lose hallucinations and take food by suggestion.

January 31st.—She was made by Dr. Goodall to look at a lamp-light reflected in a mirror for a quarter-of-an-hour, till she felt fatigue and declined to go on. For half-an-hour then her eyelids were kept closed, and she was told she felt sleepy, and was going to sleep. She denied the latter, but said she felt drowsy. She was then told she would no longer be harassed by her persecutor, and that she would take the food about to be given to her. She said she felt "at peace," and that the persecutor had no "influence" then, but that it would return in force when this proceeding should be finished. This was denied, and she was also told that the "influence" could be removed at any time by the process adopted. She sat whilst food was obtained, said she would eat willingly, and had a good meal. The following morning she refused her breakfast, but took dinner. She doubted the propriety of submitting to "mesmerism."

February 4th.—Has taken food regularly; says she is less persecuted.

She eventually recovered perfectly. No further attempts to hypnotize were made.

The treatment might be described as suggestion without hypnotism (*suggestion à veille*), as she certainly was not really hypnotized.

CASE VII.—M. B., æt. 45, single, admitted to Bethlem Hospital on May 17, 1888, suffering from a severe attack of acute mania resulting from overwork in nursing her mother. An aunt insane, a sister epileptic, and two brothers alcoholic. There having been no mental improvement in spite of prolonged tepid bath, sulphonal,

hyoscyamine, paraldehyde, and the occurrence of severe carbuncles on the head and arm, attempts were made to hypnotize her on February 1st, 8th, 11th, and 15th. During the attempts, which were made with great patience, she remained noisy, violent, and obscene, her attention could not be fixed in the slightest degree, and she struck at the operator and rolled off the chair if not restrained. No effect whatever was produced.

Subsequently discharged uncured.

CASE VIII.—E. S. B., æt. 19, single, draper's assistant, admitted to Bethlem Hospital January 15th, 1889. Mother died hemiplegic; no other inheritance. Patient formerly somnambulist; has had two slight attacks of depression before. Present attack, seven weeks' duration, melancholia passing into stupor, with refusal of food.

February 1st.—Attempt at hypnotism by Mr. G. A. Smith by passes before the eyes, with stroking. Patient appeared to become drowsy, her eyes were closed, and she was told her eyelids were too heavy for her to raise; she was challenged to raise them, and failed. She was told they would open at the word "three," and they did so. Her hands being clasped, she made a slight but unsuccessful attempt to separate them when told to make the effort, at the same time being told she would fail. No further effect was produced. Dr. Goodall then took the place of Mr. G. A. Smith, the patient not appearing to notice the change. In obedience to order, she drank a large mug of milk, holding the mug. With much persuasion she took bread and butter, and protruded her tongue when told. Had not taken food with her own hand previously.

February 8th.—The same effect produced. Drank milk with a good deal of persuasion.

February 13th.—The same effect produced by Dr. Goodall; drowsy state, with inability to open the eyes when the inability is insisted on. Great difficulty in getting her mouth open, though she becomes more plastic in the partially hypnotized state. Ate six slices of bread and butter with much urging, and drank one pint of milk.

February 14th.—The same effect.

February 15th.—Mr. G. A. Smith could produce no further effect, and could not gain her attention. At his command she slowly drank a cup of milk.

February 20th.—Another attempt made, but no further stage of hypnotism reached. Holds bread and butter in her hand, but will not eat it. Takes just sufficient food by spoon, etc., to render feeding with tube unnecessary. No mental improvement. Further attempts were abandoned.

Since then the patient has very slowly and gradually improved. She has been treated with galvanism and shower baths. At the present time she is at the convalescent establishment, and is nearly well.

Although the patient appeared susceptible at first, and it was

thought that she could be hypnotized, yet the results obtained were very small; the orders to take food needed to be repeated with great energy and persistency before the desired effect was produced, and offered a marked contrast to the ready obedience of one really hypnotized. The case seems to be very parallel in symptoms to Case I.

CASE IX.—H. S., æt. 56, housewife, admitted January 21st, 1889. No inheritance. Melancholia of four months' duration, with considerable agitation and suicidal tendency, not improved by paraldehyde and sulphonal.

February 15th.—While in this condition of active misery an attempt to hypnotize was made by Mr. G. A. Smith. She made no opposition, and was quite quiet while the operator kept his hand on her forehead, but did not go to sleep as ordered. Does not seem able to fix her attention.

February 16th.—One other attempt, quite unsuccessful.

Patient has since been discharged uncured.

CASE X.—M. J. E. S., æt. 39, housewife. Half-brother formerly in Bethlem. Has suffered from uterine displacement, the manipulations necessary for the treatment of which appear to have produced a highly sensitive, self-conscious condition, which ended in acute mania, with great excitement and violence. No improvement with sulphonal.

February 22nd.—Attempt at hypnotism by Mr. G. A. Smith. No resistance, kept quite quiet for about fifteen minutes, but did not lose control over the eyelids. After half-an-hour grew more restless and violent. No further trial, not the slightest hypnotic effect being produced.

Subsequently discharged recovered, but has since relapsed.

CASE XI.—L. W., æt. 40, no occupation, admitted February 11th, 1889. No inheritance. Agitated melancholia of eight months' duration, with claustrophobia and alteration of muscular sense. She also had absent knee-jerks and Argyll Robertson pupils, and swaying with the eyes shut, but no other ataxic symptoms. Before admission she had been subjected to hypnotism.

February 22nd.—Attempt at hypnotism, but patient resisted the whole process.

April 10th.—Still as restless and agitated as ever, generally standing at the door, and in floods of tears; says she feels like a balloon. Attempt at hypnotism by Mr. G. A. Smith. After some resistance she became lightly lethargic, and she could not open her eyes when told she would fail to do so. In this condition it was suggested to her that when she came to she would feel better, and that she was not to go and stand at the door again. She was then roused, and immediately began to descant on her wretched condition. After keeping away from the door for about ten minutes she became restless, and returned to her former post. No further attempt made.

Patient was shortly afterwards removed by her friends, so that we had no further opportunity of trying the effect of hypnotism.

CASE XII.—J. A. W., æt. 17, single, dressmaker, admitted January 15th, 1889. Paternal aunt melancholic and alcoholic, cousin weak-minded and epileptic. Paternal aunts intemperate and hysterical. Several brothers and sisters died of infantile convulsions. Admitted with acute mania of emotional and erotic type of six weeks' duration.

March 7th.—Attempt at hypnotism by Mr. G. A. Smith. In an emotional state, laughing and crying, untidy and obstinate. Attempt by pressure on eyes, and by passes before the eyes. Patient quiet for twenty-five minutes, but no control gained over the eyelids. After twenty-five minutes, in answer to the remark, "Now you are asleep," she quickly said, "No, I am not; I'm conscious, that's all I know." She began to laugh suddenly, after half-an-hour, and remarked, "I had this done to me before by a lady," then suddenly shouted, "I hate Nelly Farren; I hate her photograph, Jack Shepherd and all."

March 21st.—No improvement in the case. Renewed attempt at hypnotism. Resistance and talkativeness for two or three minutes, then quiet for forty-five minutes. She only spoke five or six times, and laughed slightly three or four times; no control gained over eyelids. Sleep suggested, but without result.

March 27th.—Quiet gained as before, but no sleep.

April 2nd.—The same result.

No further trial was made.

Patient since discharged uncured.

CASE XIII.—M. J. S., scholar, æt. 18, admitted February 9th, 1889. No inheritance. Case of acute mania with great excitement, resulting from overwork at school. Refusal of food; great exaltation.

March 7th.—Attempt at hypnotism by Mr. G. A. Smith. Very talkative and humorous, laughed, and threw her hair about. No attention gained in a quarter-of-an-hour.

March 21st.—Some resistance at first; constant chatter. No attention gained after forty minutes.

No further attempt.

Since discharged recovered.

CASE XIV.—F. K. S., lady's-maid, æt. 25, admitted December 27th, 1888. Second attack of insanity; no inheritance. Acute mania of three days' duration on admission.

March 7th.—Very excited and destructive. Attempt at hypnotism. Patient talking incessantly for twenty minutes. No resistance, but no control or attention gained.

March 27th.—The same negative result.

April 2nd.—The same.

No further trial.

Since discharged recovered.

CASE XV.—M. M., æt. 29, housewife, admitted December 27th,

1888. Third puerperal attack, after the birth of twins; confined three weeks; duration of insanity, two weeks. Wildly maniacal and obscene, dirty, destructive, and refusing food. Sleeps after sulphonal, but not without.

April 2nd.—Attempt to hypnotize by Mr. G. A. Smith. After some time she became quiet and whispering (noisy at first), but no other effect was gained in twenty minutes.

April 4th.—Another attempt with more resistance, with the same negative result.

No further attempt.

Patient since discharged recovered.

CASE XVI.—K. W., governess, *æt.* 46, admitted March 19th, 1889. Grandmother insane; brother three times in Bethlem Hospital. Illness caused by brother's insanity. Maniacal at first, then depressed and silent, refusing food, and resisting everything.

April 10th.—Attempt at hypnotism by Mr. G. A. Smith. No effect produced.

No further trial. Patient remains in the hospital in same condition.

CASE XVII.—M. T., single, *æt.* 16. No neurotic inheritance; three years ago had a short attack of excitement. Nine months ago was again excited, and taken to the Holloway Sanatorium; transferred thence to Bethlem July 3, 1888, in a state of complete melancholic stupor, with resistance, refusal of food, dribbling of saliva, loss of expression, and fixed gaze. She was, however, apparently conscious of surroundings, but would not speak.

January 9th, 1889.—Two attempts at hypnotism by closing and pressing the eyes were made by Dr. Goodall. These failed entirely, but on each attempt she manifested marked dislike to the proceedings, put her hand up and pushed away the operator, got up and walked away. She could be induced to walk across the room by proposing a repetition of the process. Lifted her hand to her face and put it down at request. A further attempt was made to hypnotize her by the light from a laryngoscopic mirror. She showed aversion to the process, putting up her hand and turning her head away. Bread and butter was brought, and she was told to eat. Swallowed after being loudly and frequently told to do so. By persuasion she ate three slices of bread and butter, slowly drank some water, but refused milk (discovered afterwards to have a delusion about milk). Subsequently she refused bread and milk, and when pressed to take it said, "Bread and butter," thus speaking for the first time.

After this she slowly improved, and daily did more and more in the way of feeding and attending to herself, though for a long time she only spoke in whispers.

Eventually she recovered, and was discharged on March 20th, 1889.

There certainly was no real hypnotic state induced in this case, but the attempt at it appears to have acted as a stimulus to the patient, and roused her to some action. The subsequent improvement seems

to have been due to personal attention, and the case is very similar to those of M. H. (No. I.) and E. S. B. (No. VIII.).

CASE XVIII.—F. C., governess, *æt.* 51, admitted December 4th, 1888. Mother had “softening of the brain.” History of alcoholism and morphia habit. Had been in a home for the cure of this for a year before admission. Persistent hallucinations of hearing, inducing attempts at suicide to escape persecution.

December 4th, 1889.—Attempt at hypnotism by Mr G. A. Smith for nearly an hour. No effect whatever, though patient was quiet, and seemed to give her attention.

December 6th.—Another attempt. No result.

CASE XIX.—J. E. D., a nurse, *æt.* 25, admitted November 12th, 1889, suffering from melancholia, following an attack of diphtheria. No neurotic inheritance. Hallucinations of hearing and refusal of food the most prominent symptoms.

December 6th.—Attempt at hypnotism by Mr. G. A. Smith for over half-an-hour. No result.

December 7th.—Another attempt. No result.

No further attempt.

CASE XX.—A. P., single, *æt.* 53. Insane inheritance. Admitted July 13th, 1887, with an attack of resistive melancholia. For a time very ill, then subsequently, and now, quiet and reasonable, but with persistent hallucinations of hearing remaining as a residuum. The voices are always heard overhead, and repeat her thoughts, and are associated with a gnawing sensation in the vertex.

December 7th.—Attempt at hypnotism by Mr. G. A. Smith. Though persisted in for a considerable time, and though patient remained quiet, she was not hypnotized.

No further attempt.

CASE XXI.—J. H. G., single, *æt.* 25, admitted November 8th, 1889. Mother had “hysterical fits” when pregnant with patient, and had delusions for a week. Said to have had exophthalmic goitre twelve years ago, but no sign of it on admission beyond slight prominence of eyes. Five years ago apparently had hysterical paraplegia, and was sent by her friends to stay in the house of a female “mesmerist.” There she rapidly recovered from the paraplegia, and remained well till May, 1889. Then she said she felt she should have a “fit” like her mother, became sleepless and obstinate, and was sent away with a nurse. Not improving, she was sent a voyage to America, and was away six weeks. While away lost self-respect, became excited, and was found masturbating. On the voyage home she had to be forcibly restrained. On admission she had hallucinations of sight and hearing, was excited, dirty in habits, erotic, said she was married, and was “the woman taken in adultery.” She was found to masturbate constantly and openly, being utterly devoid of shame or sense of decency.

The patient had previously been seen by Dr. Lloyd Tuckey, who

thought she was susceptible to hypnotism, and perhaps "a suitable subject for suggestive treatment." Her friends were also willing and anxious that hypnotism should be given a trial. It was decided to make daily experiments at first.

November 19th.—At 2.50 p.m. Mr. G. A. Smith tried to hypnotize her. In five minutes she was asleep. It was suggested to her that she should sleep till supper time, and that she should be clean in her room at night. She was left at 3.50. She woke at five p.m., and remembered nothing of what had been going on.

November 20th.—Was as dirty as ever in her room last night. To-day was hypnotized more quickly. Just before going off had tremor of the eyelids and turning up of eyeballs. She was insensible to a smart pinch, conjunctival reflex nearly gone, and slight stiffness of arm was produced. Suggestion of a trifling act to be done on waking was not followed. Suggestions as to conduct were repeated.

November 21st.—No impression last night. Again hypnotized to-day at 3.30. Suggestion to do a trifling act on waking not acted upon. No suggestion as to conduct made.

November 22nd.—Hypnotized in bed, and told to sleep till eight p.m. Did not open her eyes till then, but talked and laughed as she does when awake.

November 25th.—No cleaner in habits yet, and no improvement in general condition. Hypnotized at 4.20; told to sleep till eight p.m. At 7.30 woke up and hammered at the door of her room, and asked to be allowed to go to the lavatory. She had never done this before, generally preferring to pass her motions in bed.

November 29th.—Two attempts at hypnotism since the last note, but both were complete failures. She continued to repeat Mr. Smith's suggestions, but said she would not do them, laughed, and sang. After an attempt of three-quarters-of-an-hour duration it was abandoned.

December 3rd.—Apparently hypnotized to-day, and told to sleep till eight o'clock, but fifteen minutes after Mr. Smith left she had opened her eyes and was running about the room.

December 4th.—Another attempt, followed by failure. Condition of patient and habits as bad as ever. She had only been clean on the nights of November 25th and 26th.

Further attempts were abandoned, and other methods of treatment tried, but up to the present there has been no improvement.

In this case great results were at first hoped for, as she certainly was hypnotized, but she appeared to resist the process more and more, and the case must, we fear, be looked upon as a complete failure as far as that method of treatment is concerned.

The results may be summarized as being attended with very little success as far as the production of the hypnotic state was concerned, and the same remark applies to any therapeutical good to the patients.

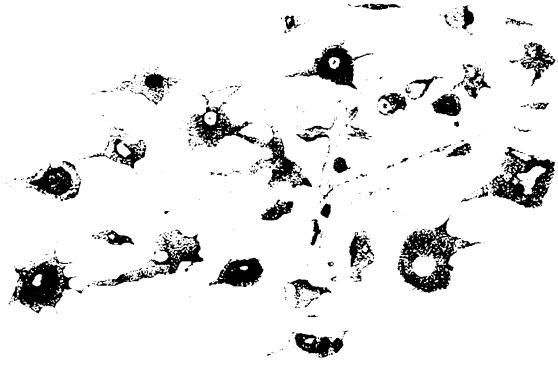


FIG. 1.



FIG. 3.

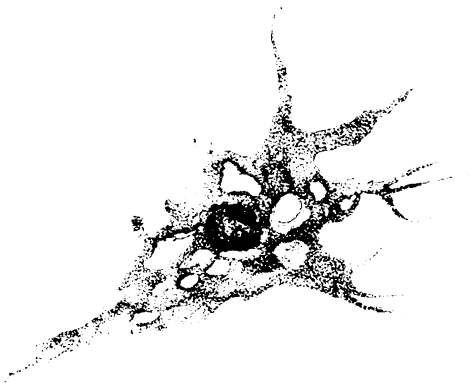


FIG. 2.

Wesl Newman lith.

The patients who appeared to derive some benefit were cases I., VI., VIII., and XVII. Cases I., VIII., and XVII. were very similar in symptoms, in all three refusal of food being the greatest difficulty to combat, and in all there certainly was some improvement in this respect after the attempts at hypnotism, but the results gained would appear to have been due much more to the large amount of personal attention devoted to each case than to any hypnotic influence. Case VI. was not in a condition of stupor as were the other three, and if suggestion had any effect, it was suggestion without hypnotism.

Cases XI. and XXI. were certainly hypnotized. In case XI. further experiment was prevented by her removal from the hospital, but the suggestion made in the very light hypnotic state induced was not acted upon.

Case XXI. promised well at first, but further experiment failed. Suggestions seemed at first to be in a very small degree successful, but instead of the effect increasing it rather rapidly diminished.

We do not pretend that these failures dispose of the question as to the possibility of treating the insane in England by hypnotic suggestion. The cases are merely narrated as evidence of an honest attempt to make a trial in an English hospital for lunatics of a method of treatment which is said to have been successful abroad. Whether English patients can be hypnotized as easily as those of other races is a question. The amount of time and care spent in these cases has been very considerable, and so far the results are not encouraging for further attempts at present. It would be a matter of satisfaction to know whether other English observers have arrived at similar or other results, but at present we know of no report of such cases. We hope that hypnotism will be given a fair trial in other hospitals and asylums in England, and that others may meet with more success than we have done.

CLINICAL NOTES AND CASES.

The Morbid Histology of a Case of Syphilitic Epileptic Idiocy.
By F. ST. JOHN BULLEN, Pathologist to the West Riding Asylum, Wakefield. (With plate.)

Dr. Judson S. Bury has narrated several interesting cases illustrative of the influence of syphilis upon the production of idiocy, with important comments ("Brain," April, 1883), and to his quoted instances I venture to append another.