

**On hypnotism and psychic impression in treatment / by Alex. Robertson,  
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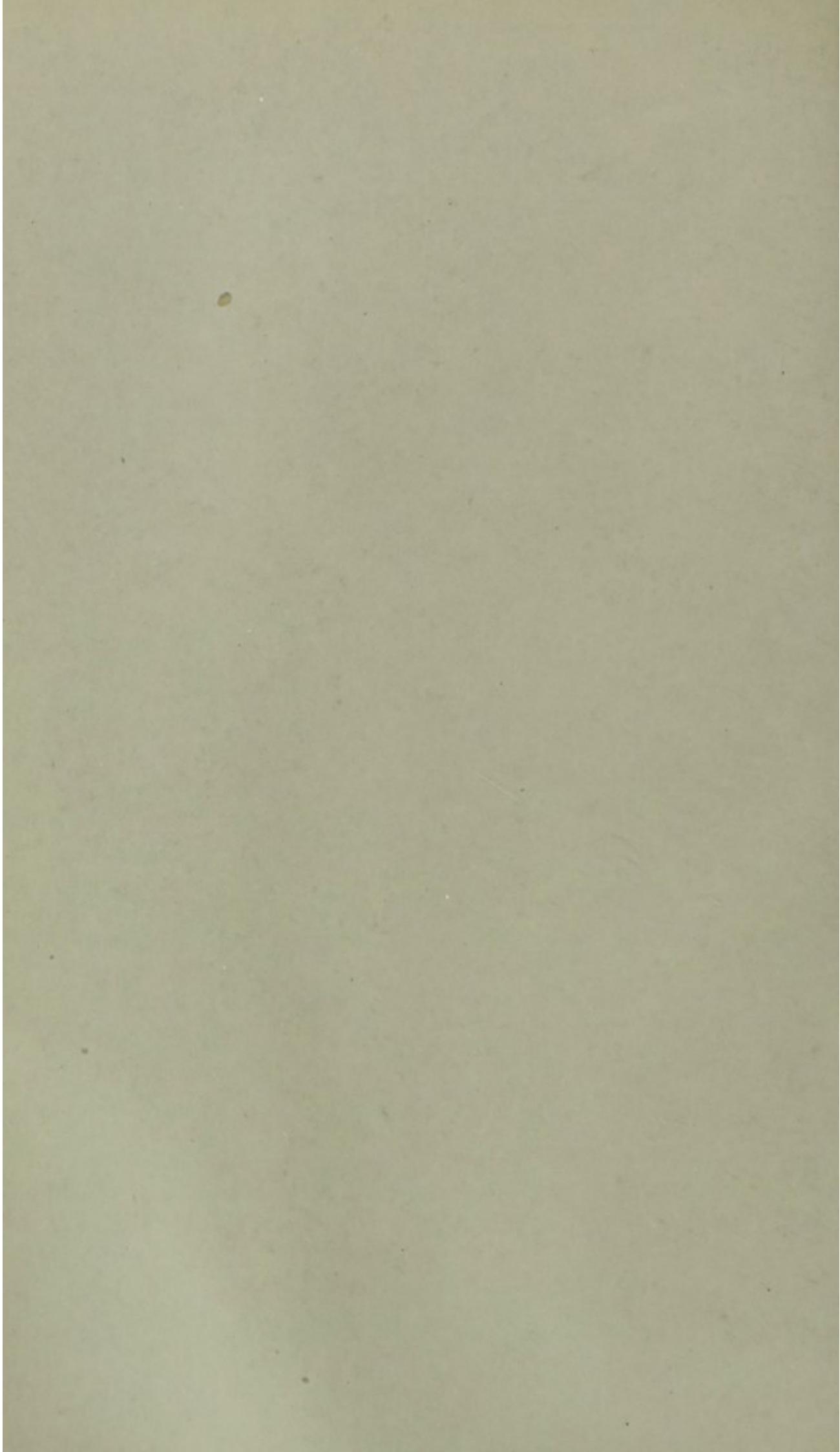
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ON HYPNOTISM AND PSYCHIC  
IMPRESSION IN TREATMENT, BY  
ALEX. ROBERTSON, M.D.



## ON HYPNOTISM AND PSYCHIC IMPRESSION IN TREATMENT.

By ALEX. ROBERTSON, M.D., F.F.P.S.G.,

Physician to the Royal Infirmary, Glasgow.

PROBABLY in no department of medical science has progress been greater during the last thirty years than in the physiology and pathology of the brain and other nervous structures. Before that time a few leading facts regarding the functions of the cranial nerves, nerve-roots in the spinal cord, reflex and vaso-motor action, with very general conceptions of the relations of the mind to the convolutions, and of motion and sensation to certain regions of the brain and cord, summed up the most of what was known regarding the distinctive characteristic of the animal kingdom—the nervous system. Now, besides a large increase in our knowledge of the minute anatomy of this great system, we know much of the organization and functions both of its elementary and leading parts, so that in many cases, guided by the indications which disorder or destruction of these functions point to, we can localize with great accuracy the exact seat of lesion when one is present.

But while regarding with satisfaction the advances which have been made in our knowledge of nerve-centres and nerves in recent times, there is perhaps some risk of over-estimating its extent. After all, the known in this region, as in so many others, is not for a moment to be compared with what is unknown. It is when we come to consider the nature of nerve-force, the relations of organ and function, and, above all, the mysterious *nexus* of mind and brain, that the poverty of our knowledge and the depth of our ignorance become apparent. If this be true regarding mind and its cerebral



associations in their normal condition, as it undoubtedly is, even more so, if that be possible, does it hold good of abnormal manifestations, whether those of insanity or such states as somnambulism and hypnotism. It is with the last of these, hypnotism, that we are at present concerned. Although our subject leads us to consider it in its practical applications, a few preliminary remarks on the views that have been advanced regarding its nature, with a brief sketch of its history, may not be regarded as out of place.

Hypnotism was first brought under public notice by Mesmer, a Vienna doctor, who went to Paris in 1778, and there began to use it in the treatment of disease. So marvellous were the results that, it is stated, the French Government offered him £20,000 for his secret—for he held and used it as a secret remedy. This he refused to accept, preferring the *éclat* of the mystery which surrounded his remedy, and the golden harvest which it brought him. He alleged that connected with his own body there was an environment of healing magnetic fluid, which he had the power of imparting to others. However, two commissions which were appointed to inquire into his allegations and procedure pronounced against them, and after some years he left Paris, having previously fallen into general discredit.

It is interesting to find that Dugald Stewart in 1827, in his treatise on the "Philosophy of the Human Mind," fully recognizes the genuineness of the hypnotic phenomena. But it was not till 1842 that a trustworthy attempt was made to observe and record the facts with strict accuracy. Then it was that Braid, a Manchester surgeon, having had his attention drawn to the subject in his endeavour to expose what he at first deemed the jugglery of a travelling mesmerist, found that there was much of reality in the condition to which he afterwards gave the name of hypnotism. He then proceeded to investigate the question carefully, and, as the result of his observations and studies, came to the conclusion that there was a definite physiological change in the brain during hypnosis. He induced it by causing the subjects to gaze fixedly at something



bright between and above their eyes, so that a "double internal and upward squint" was produced. This, he held, had the effect of "paralysing the nervous centres in the eyes and their appendages, and destroying the equilibrium of the nervous system." And when the hypnotic state was developed, he attributed the special phenomena to the "power of imagination, sympathy, and habit in producing the expected effects on those previously impressed."

Braid's writings attracted much attention on the Continent, and ultimately the subject was taken up with enthusiasm in France, especially at Nancy, but also in Paris, at the Salpêtrière, by Charcot and others. Bernheim and his colleagues in Nancy, where hypnotism has been used in treatment on a very extensive scale, considered it to be a psychical state initiated by suggestion only, but probably producing vaso-motor changes. In his later writings Braid anticipated this and other of the views held by the Nancy school, some of which, according to Dr. Milne Bramwell, of London, he demonstrated to be fallacious. Dr. Bramwell<sup>1</sup> himself, whose experience of hypnotism has been very large, has arrived at the important conclusion, which he says was also Braid's opinion, that "crime could not be successfully suggested in hypnosis." Indeed, Bramwell states that "he has noticed increased refinement in the hypnotic state."

It only remains that we should briefly notice the theory of Mr. W. H. Myers, the Honorary Secretary of the Society for Psychical Research. Having regard to the fact that physiology has hitherto failed to suggest an explanation of the hypnotic manifestations, and looking at the question from a purely psychological standpoint, Mr. Myers submits as a working hypothesis that there are two realms of consciousness which he names supraliminal and subliminal. The former is the everyday or normal consciousness of life; the latter is, so to speak, a lower stratum, which ordinarily is not in action. "In hypnotism," to quote his words, "we gain instead of losing control. Instead of losing control over the supraliminal stratum, we gain

<sup>1</sup> *British Medical Journal*, vol. xi., 1898, p. 672.



control over the hypnotic stratum." According to him, the lower stratum is the realm from which the productions of genius emerge into supraliminal consciousness. The suggestions of the hypnotic operator appeal to this lower sphere of mind, and appear to "stimulate many sanative and recuperative operations whose results rise presently into the perceptions of our waking life."

It will be observed that this theory supposes that something is added to the normal state of being in hypnosis. While there are facts that appear to support this view, and some of the results which are recorded in the sequel of this paper show at least a restoration of lost power, it is still difficult to understand how the subjugation of will, which is so prominent a feature in the hypnotic state, should not be regarded as a loss while it lasts.

Proceeding now to the therapeutic aspects of the subject, we pass on to the record of cases in which hypnotism was used as a remedial agent. The patients were all under the writer's treatment in the Royal Infirmary, and were seen by many medical men besides students.

### CASE 1.

M. S., age 24, shopwoman; admitted 8th January, 1899.<sup>1</sup>  
Complex neurotic disorder; recovery under hypnotism.

Patient's father is nervous; otherwise family history is good. She has had many neurotic disorders. When six or seven years old had convulsive fits at considerable intervals, but has had none since. About the onset of menstruation, at 14, she was subject to non-convulsive seizures, in which she was more or less unconscious, and these troubled her for three years, occurring generally about the menstrual periods. Nearly seven years ago she had an illness similar to the present one, but much less severe, for which she was treated in the Western Infirmary; it lasted about six weeks. Her recovery was apparently complete, except the hearing of the right ear,

<sup>1</sup> Shown after recovery at a meeting of the Pathological Society, 10th April, 1899.



which was not restored, and ever since she has been quite deaf in that ear.

Patient's present illness has lasted about a year, and is ascribed to strain and anxiety about her work. At its commencement, all her fingers, with one exception, suppurated at the points. Soon afterwards she lost the power of both legs and one arm, the sight of right eye, as well as the power of speech and swallowing. There was temporary recovery of swallowing and speech, but about six weeks before admission they were again entirely lost. During this period she was fed with the stomach pump by her medical attendant thrice daily. Before the setting in of the two latter symptoms she screamed loudly for a short time. Menstruation had been irregular, but was not in abeyance. For many years she has suffered from bronchitis during a part of the winter.

Patient was seen by me in consultation with the family medical attendant in her own home. He told me that besides using electricity, especially the Faradic current, with great perseverance, he had practically exhausted all ordinary medicinal treatment, but without benefit. In view of these facts, and of the limited means of her relatives, she was advised to come into the Royal Infirmary so that she might be subjected to hypnotism. She consented with some reluctance.

The report in the ward journal bears that on admission she was well coloured and not much emaciated. Both lower extremities were completely paralyzed; she could not even move a toe of either foot. She could raise the right arm as a whole from the bed by the shoulder muscles, but could not bend the elbow or lower joints. The forearm was semiflexed on the arm, and the fingers towards the palm in similar degree, their respective flexor muscles being spasmodically contracted. The right knee jerk was in abeyance, the left greatly diminished. Full power of the left side was retained down to the pelvis; she had learned to write with the left hand. All forms of general sensibility were entirely absent on right side from the crown of the head to the sole of foot; on the left side they were not present in the lower extremity. Sight, smell, and taste in all their forms were absent on the



right side, but present on the left, with the exception of the eye, in which the colour sense was defective, as well as ordinary vision. The electrical condition of the muscles was tested in my presence by Dr. George Macintyre, and found normal to both currents. The vocal cords were observed to move freely on deep respirations. The functions of other organs were normal.

No treatment beyond slight massage was adopted for about a week after admission, as it was thought advisable that she should feel thoroughly at home in her new surroundings before beginning hypnotism. On January 15th she had her first séance. She passed into the hypnotic sleep after about twenty minutes' use of the method introduced by Braid himself, chiefly looking steadily at a small glittering box held near and a little above the eyes when the head was resting on a pillow in bed. While hypnotism was being established on this and succeeding occasions, it was steadily suggested to her that on awaking her nervous system would be stronger, and that she would recover the use of all her lost powers. Generally one or two were specially named, such as, on the first occasion, those of swallowing and speech. She was aroused in half an hour, though on after séances she was allowed to remain in the hypnotic state for an hour, and even two hours. Her return to consciousness was quiet and normal, undisturbed by any emotional or other disorder. Her power of deglutition was at once tested, and it was gratifying to find that she was able to swallow a little water. In the course of the day she took two meals herself, and from that time onwards there was no further need for the stomach-tube, as she had no difficulty in taking her food.

Next morning (16th) she was able to speak a few words in a low tone, and in two or three days her voice was fully restored. This and other defects when once they had begun to pass away showed no disposition to recur; on the contrary, improvement usually progressed to complete recovery.

The next séance was on the 19th January; a little delay, longer than was intended, had occurred, and she herself



requested to be again hypnotized. When aroused, the sight of the right eye had returned, and colour vision was not only normal in it, but was also nearly so in the left one. On the 23rd January, immediately after the third séance patient was able to move the fingers of the right hand and the two larger toes of the left foot. Between this date and March 4th there were six séances, and after each there was additional improvement in the patient's condition, not always at the time, in some cases not till next day. After the last of these séances, sensation was still absent below the right knee, though restored to all other parts of the body. The sensitive and insensitive parts of the limb were separated from each other by an abrupt line of demarcation. Without further hypnotism the sensory function in its varied forms gradually returned to the remaining part of the leg during the next eight days, progressing slowly downwards to the tips of the toes. It is worthy of note that the muscular sense in both limbs returned before any of the other forms of sensibility.

On the 18th February it was noted that patient was going up and down stairs and making herself useful in the ward, though sensation was then still absent on the right side. On March 5th, about 8.30 p.m., she told the nurse that she had pain in the right ear, which was present next morning at the medical visit. On again testing the hearing of this ear with the watch it was found that she heard its tick when applied close to the aural cartilage, but bony conduction was still in abeyance.

In the beginning of March patient had a severe bronchitic seizure, and this seriously interfered with the treatment of her neurotic disorder till the end of the month. However, with the exception of the right ear, the hearing in which was still very imperfect, there remained no vestiges of the complicated disorder of her nervous system, and she considered herself to be well. While contemplating returning to her home, there was a recurrence of pain in the right ear; but concurrently with it I found that there was a further marked improvement in hearing, as the tick of the watch



was now heard at a distance of six inches. She left the hospital on April 9th, but returned a week afterwards before going to the country to tell us that she continued quite well.

It will be observed that patient's present illness began with suppuration of all her fingers in succession, and this suggests that the disorder of the nervous system commenced in the trophic area. It is interesting to note how long a part of this system—namely, the auditory nerve and centres—may be out of function, and yet have its nutrition well maintained. She had been six and a half years absolutely deaf in the right ear, and now her hearing is all but fully restored. The fact of the recovery being associated with pain in the right ear is worthy of consideration.<sup>1</sup>

## CASE 2.

Agnes M., age 27, farm-servant, admitted into the Infirmary 5th February, 1896; hemianaesthesia and analgesia; failure of electricity; recovery under hypnotism.

Patient's family history was good, showing no disposition to constitutional disorder of any kind. She complained of pain in right side of abdomen in the ovarian region, and stated that it began eight years since as a "beating," which she could both feel and see. Though after two years it became less troublesome, it has never altogether left her since its commencement. About the menstrual period, and especially if the menstrual flux were scanty, this painful pulsatile feeling was worse, and extended over the lower abdomen and through to the back. It was frequently paroxysmal, occurring about three times a day and lasting for about three minutes on each occasion. She had never derived any benefit from treatment.

Patient had a healthy expression, and was in good condition.

<sup>1</sup> While this paper is passing through the press I learn that patient has had a relapse of some of her symptoms. She had remained well upwards of five months. Her relapse is attributed to strain at her work.



Pulse and respiration were normal; temperature was  $99^{\circ}$  in axilla; urine contained phosphates. There was no abdominal swelling; pain was complained of in the region of the right ovary, and this was increased by pressure. On the 12th February the report in journal bears that I noticed sensory defect on the entire right side, namely, complete analgesia with partial anaesthesia; folds of skin in the leg were transfixed with a needle without inducing pain or bleeding. The temperature and muscular senses were also in complete abeyance. Tested with the dynamometer the grasp of right hand registered 20 lbs.; the left 30 lbs.; patient was right-handed. There was thus some impairment of muscular power in right hand; though patient was not previously aware of it. With Faradic current there was vigorous muscular contraction on both sides; this was painful with even a moderate current on the left side, whereas a strong current was not felt on the right side. Taste on right side of tongue was absent; so was smell in right nostril; ammonia produced no impression on this side of the nose, and the other mucous surfaces on the affected side were anaesthetic. Dr. Napier oculist, reported and showed on diagrams that the visual field was contracted very much in right eye and slightly in left one, and that there was great defect of colour vision on the right side. Hearing distance as tested by watch was 1 inch on right side, normal on left.

On February 22nd it was noticed that there were several sensitive patches of integument on the right side—one 2 inches in length and  $\frac{1}{2}$  inch in breadth on the face, extending from the lobe of the ear along the line of the jaw; one beneath the right clavicle; one beneath inner canthus of eye; and one, 1 by  $1\frac{1}{2}$  inches, near costal margin, about 3 inches from middle line. A small sensitive area was also found on the leg.

Medicinal treatment with electricity, both Faradic and continuous currents, was used for about a fortnight, but without benefit. Being wishful to try the effect of a powerful electromagnet held close to the anaesthetic skin without actual contact, on February 24th I had patient removed to the



electrical room of the hospital, and there moved a powerful horse-shoe magnet—powerful enough to suspend an ordinary poker and tongs together—along the affected limbs and side of the body, occasionally, though not intentionally, touching the skin.<sup>1</sup> There was no improvement in sensory defect. On the same day a strong Faradic current was freely applied to the anaesthetic arm by the wire-brush without effect, more than that she had a feeling of cold where the application was being made, which immediately passed away. No result followed the application of gold, silver, and bronze coins to the affected parts. The patient's temperature, taken in the axilla, before these observations were made was 97·4, and at their close 99·2.

On 9th March the electro-magnet was again used. It was first applied to the right arm, but for some seconds there was no effect. The arm was then touched with the magnet for two or three times momentarily. Prior to the application it was suggested strongly to her that feeling would return. Accordingly, after the magnet touched her, tactile sensation was restored. But, on testing, it was now found that there was considerable but not complete anaesthesia of the *left* arm. At this time there was no change in right face, thigh, or leg; but on bringing the magnet very near these parts consecutively, *without touching them*, tactile feeling after the lapse of about twenty seconds returned to them all. There was also restoration to painful impressions, but not so completely. Her ability to distinguish colours was improved, but she still mistook red for dark-blue and *vice versa*. She also heard better with right ear, though hearing with this ear was still imperfect.

No further observations were made for three days—till 12th March. The tactile function was then found to be deficient on both sides, the left being worse than the right. Moreover, the thermal sense was equally defective, a very hot test-tube being felt as cold on the right as well as on the left side. Taste on both sides of the tongue was normal; but sense of smell, at all events to assafoetida and pepperment,

<sup>1</sup> I was indebted to Professor M<sup>c</sup>Kendrick for the use of this magnet.



was in abeyance in both nostrils. She distinguished colours more correctly with the right eye than with the left. On the other hand the hearing distance was 14 inches in the right ear and two in the left (watch); this, it will be observed, was the reverse of what it was on admission, the left being then normal. There was no pain on pressure over the left ovary, but it was still marked over the right one.

On the 17th March sensibility in all forms, except heat, which was felt as cold, was present on right side of face, arm, side of body and leg, but not in sole of foot. There was, however, an area between the umbilicus and the pelvis in which tactile and painful sensibility were not restored. On the left side sensation was in abeyance, except thermal impressions, which were all felt as cold.

On the 18th March the electro-magnet was applied to left forearm and arm, but without result—sensation remained absent.

On March 19th patient was hypnotized, and allowed to remain in the hypnotic sleep for an hour. A little difficulty was found in arousing her, and when she did awake she was excited, struggled, and talked incoherently. She also vomited. Her mental disturbance did not last more than five minutes, when she became quite rational. It was not then thought advisable to test her sensory condition.

On 20th March sensation everywhere was found to be quite normal. This was clear in regard to touch, pain, heat, and cold, and the muscular sense. Her colour vision was all but perfect; the only mistake she made on being tested by coloured wools was naming grey yellow with the left eye. There was slight remaining pain on pressure over the right ovary.

On the 23rd March she left the Infirmary, being then apparently quite well. From time to time during the next six or eight months she wrote to the nurse of the ward telling of her progress. She had returned to her employment, and continued in good health, free from her neurotic disorder, except a short return of anaesthesia in one of her legs, which had not, however, prevented her from working.



## CASE 3.

Primary dementia and motor paralysis; improvement under use of myelin and suggestion; complete recovery after hypnotism.

As this case has been already published at length,<sup>1</sup> only a summary of it will be recorded here. A. W., age 39, single, railway signal fitter. He was admitted into the Royal Infirmary on 2nd February, 1894. He was a strongly built, healthy looking man, but his medical history showed that he had neurotic illnesses previously of a similar kind, though less severe in degree. His habits were temperate, and there was no evidence of syphilitic disease. His family history was good. His present illness had only been of about eight days' standing before admission, and no cause for it was known. It had begun with headaches, giddiness, and weakness of the legs, so when admitted he could not walk without assistance. Memory and intelligence had failed greatly. He lay in bed with a dull, absent expression, and his speech was somewhat thick. The grasp of the dynamometer was 6 lbs. with each hand, whereas the average for a labouring man with the same instrument was 40 to 50 lbs. The superficial and deep reflexes were present in the lower extremities, the latter somewhat exaggerated. Sensation was not impaired. There was no weakness of bladder or bowels. Other functions were normal, except the appetite, which was poor.

Patient had a variety of ordinary treatment, but did not improve much till he was put on myelin<sup>2</sup> on March 3rd. Under its use there was return both of mental and physical power to such an extent that he was able to leave the Infirmary on 21st April, intending to resume his employment. He was not,

<sup>1</sup> *Glasgow Medical Journal*, October, 1895. Some months after recovery this patient was shown to the Eastern Medical Society. He was then in excellent health.

<sup>2</sup> Myelin was the fresh brain of the sheep mixed with aromatics, and was prescribed by the writer in various functional disorders of the nervous system (*British Medical Journal*, 26th December, 1893). It has since then been superseded by cerebrinin.



however, considered to be well, as mentally he was depressed, and his legs were not strong.

On 27th October he was re-admitted. He stated that after his dismissal in April he was only able to work one week, on account of weakness in his legs. His mental condition, however, had not suffered seriously, though depression remained, and was still present in a marked degree. Under the use of the myelin, with suggestion of recovery, there was again improvement, but obviously he was not well in regard to either mental or physical power. On 5th December he was hypnotized without difficulty, but was aroused after ten minutes; suggestions of complete recovery both of mind and body were made to him before and during the hypnotic state. On the following day he had a brighter expression of countenance, and his mind was clearly more active. Three days afterwards he was again hypnotized. This was followed by complete recovery. He was kept under observation in the ward till December 21st, when, there being no disposition to a relapse, he was dismissed well.

#### CASE 4.

A. W., age 24, domestic servant; admitted 20th March, 1898; motor, sensory, and mental phases of hysteria; recovery under hypnotism; partial relapse. This case has been summarized from the much-detailed report in the ward journal.

Patient's father is a habitual drunkard; she has been subject to much strain and worry. She is of a quiet, calm disposition, but very sensitive. About five years since became affected with hysterical convulsive seizures, and at first had them at intervals of about six weeks, but for eighteen months before admission, when she had one, there was entire immunity from them. When about twenty years old she became affected with ptosis of both eyes, one being worse than the other. On this account a portion of both upper eyelids had been removed, and since then has been unable to close one of her eyes completely. During the month of April had several



convulsive seizures, and in the intervals was troubled with winking movements of the eyes and tremulous action of the labial muscles. There was brief delirium after some of the fits, during which she fancied she saw a man, apparently always the same one, seeking to do her harm. There was also temporary defect of feeling in the arms. Hypnotism was begun on 12th April, and continued afterwards at intervals of about a week till 22nd May, when it was noted that as a rule she did not feel better at the close of the séance, but that next day or the day following the twitchings of the face and sensory defects were much less. She herself thinks that hypnotism does her good, and asks to have it repeated. On June 25th she had her last séance, and at its close she drew attention to the fact that twitchings of the mouth and eyes had ceased. On the following day she left the hospital apparently well, and soon afterwards returned to domestic service.

On the 11th August patient was readmitted, her nervous twitchings having returned. It appears that she had been subjected to excessive work as a servant. Convulsive seizures occurred occasionally, and areas of hyperalgesia and anaesthesia were irregularly distributed over body and limbs. Colour sense was largely in abeyance. She recognized the taste of salt, but not of sugar, on both sides of tongue. Thermal and electric anaesthesia were present in forearms, but muscles contracted well to Faradic current. There was marked contraction of visual fields. She was twice hypnotized, on 24th and 25th September respectively, and was apparently improved for a few days. But it was on the 5th October that the more marked sensory defects were observed, showing that hypnotism had a very brief controlling influence, if any, on the neurotic phenomena during this illness. After this, patient was left without special treatment beyond tonic measures. She slowly improved, and ultimately was dismissed on January 5th, 1899, with slight remaining sensory defects in her arms. Since then she entered into the service of one of the officials of the Infirmary, and up to the present time (August) has continued at work. I know that she is regarded by her employer as a most



faithful and trustworthy maid. She has, however, had a relapse of the ptosis to some extent, and at that time I saw her and reassured her of its passing away, which it did after a few days. I learn that she had also anaesthesia of one foot, which also disappeared in two or three days, and did not prevent her from attending to her work.

#### PSYCHIC IMPRESSION.

This is the title I have given to methodical or systematized suggestion in the treatment of functional disorders of the nervous system. As far back as 1871 I tried the effect of strong mental impression in insanity, and recorded my experience in the *British Medical Journal* for that year. It was not encouraging, but this is attributable to its having been used in confirmed mental disease, over which I fear it has no influence. Its proper sphere of usefulness is in the slighter forms of derangement of the nervous system, particularly those commonly classed as hysterical, but which are better named neurotic.

The method of procedure is as follows:—Sitting down opposite the patient if in bed, or standing opposite her—for in most but by no means all cases it is a woman—if on foot, I require her to look steadily at my eyes. This frequently causes a difficulty at first, for there is a strong disposition for the patient in such cases to look down or aside, but on speaking resolutely she eventually complies with my request. Then, continuing in a firm tone of voice and decided manner, I address her somewhat in the following terms:—You understand that these seizures—if subject to spasmodic or other form of attack—must stop. This I repeat, perhaps modifying the remark, till I get the patient to say, “Yes, Sir.” Daily or every second day at gradually increasing intervals this formula is gone over, and even after the patients have left the Infirmary I have required them to return once a week for several weeks, so as to maintain the controlling and fortifying influence on the mind and brain.

For several years this mode of treatment has been carried



out in the wards of the Infirmary under my charge, in a considerable number of patients, male as well as female, but chiefly the latter. The results in most cases have been immediately successful, and have been observed by medical practitioners as well as students. It is not, however, sufficiently powerful in its action to cope with the more severe forms of neurotic disorder, such as those recorded in the early part of this paper. Nor is it so strong an agent as would lead us to expect much result from it in the treatment of most cases of insanity. Still in some of the slighter forms it may prove of use. In one case of chronic melancholia in which no benefit was derived from the administration of thyroid extract and cerebrinin, the daily practice of psychic impressions by myself in the way described, so far as I could judge, clearly assisted ordinary general treatment in inducing recovery.

The results of hypnotism in the first three cases recorded in this article were very satisfactory, and in the first two particularly gave striking testimony to its value as a therapeutic agent. In Case 2 the failure of electricity in its most powerful forms to do more than induce a transference of the sensory defect from the one side to the other, with the immediate success of hypnotism in the restoration of normal function was very impressive. In Case 4, on the other hand, mere temporary benefit followed its use, and it may well be doubted if the patient's present fairly satisfactory though somewhat unstable condition has not rather been the result of ordinary general measures than of any of the special agents employed.

It may be right that I should state my general impression that no prejudicial effect followed the use of hypnotism. Care was taken in all cases to warn the patients against permitting themselves to be made the subjects of simple experiment. Even for medical reasons it should only be had recourse to when ordinary medical measures have failed. In closing, I again direct attention to the value of systematized psychic impression in the slighter forms of functional disturbance of the central nervous system.

