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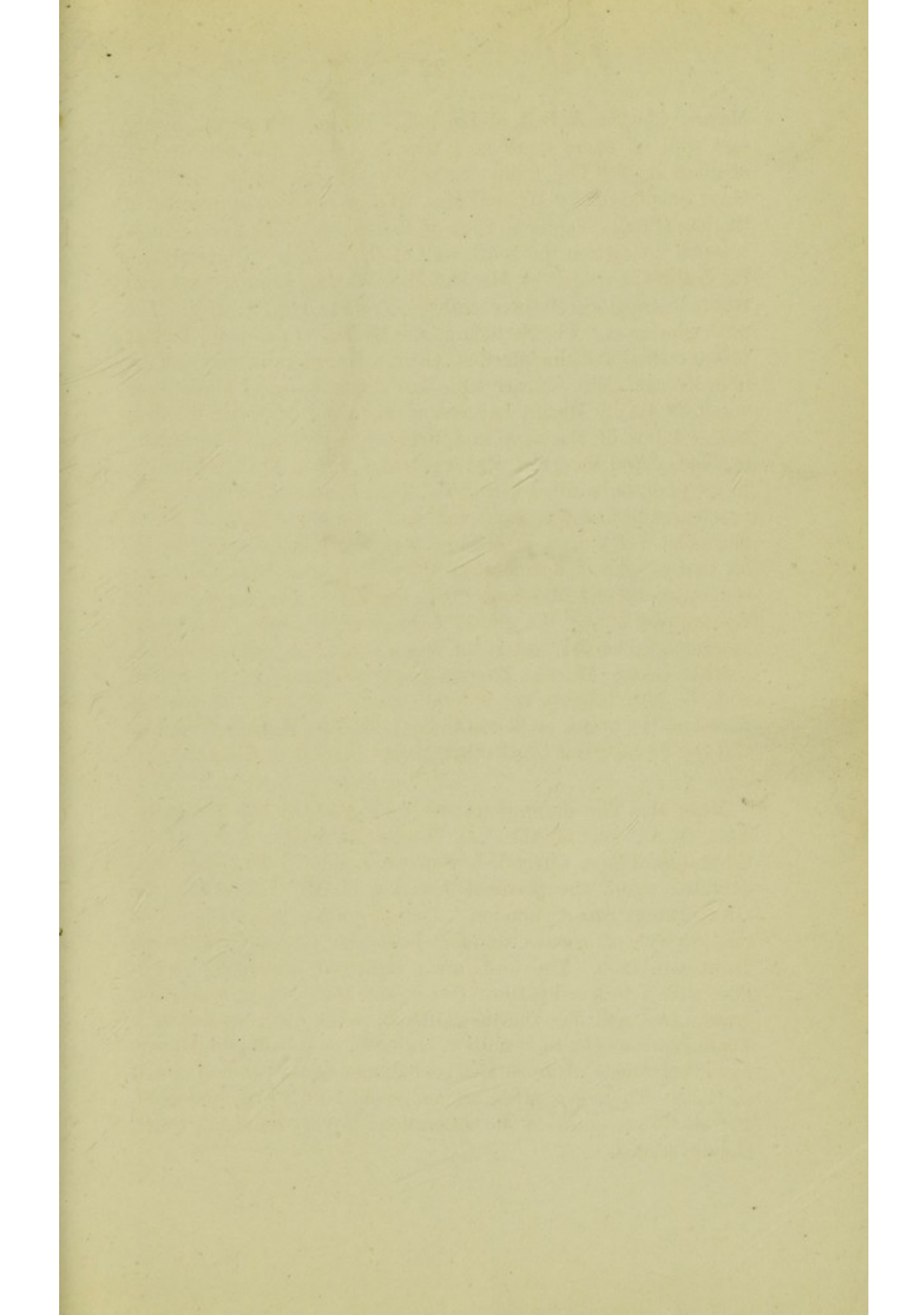
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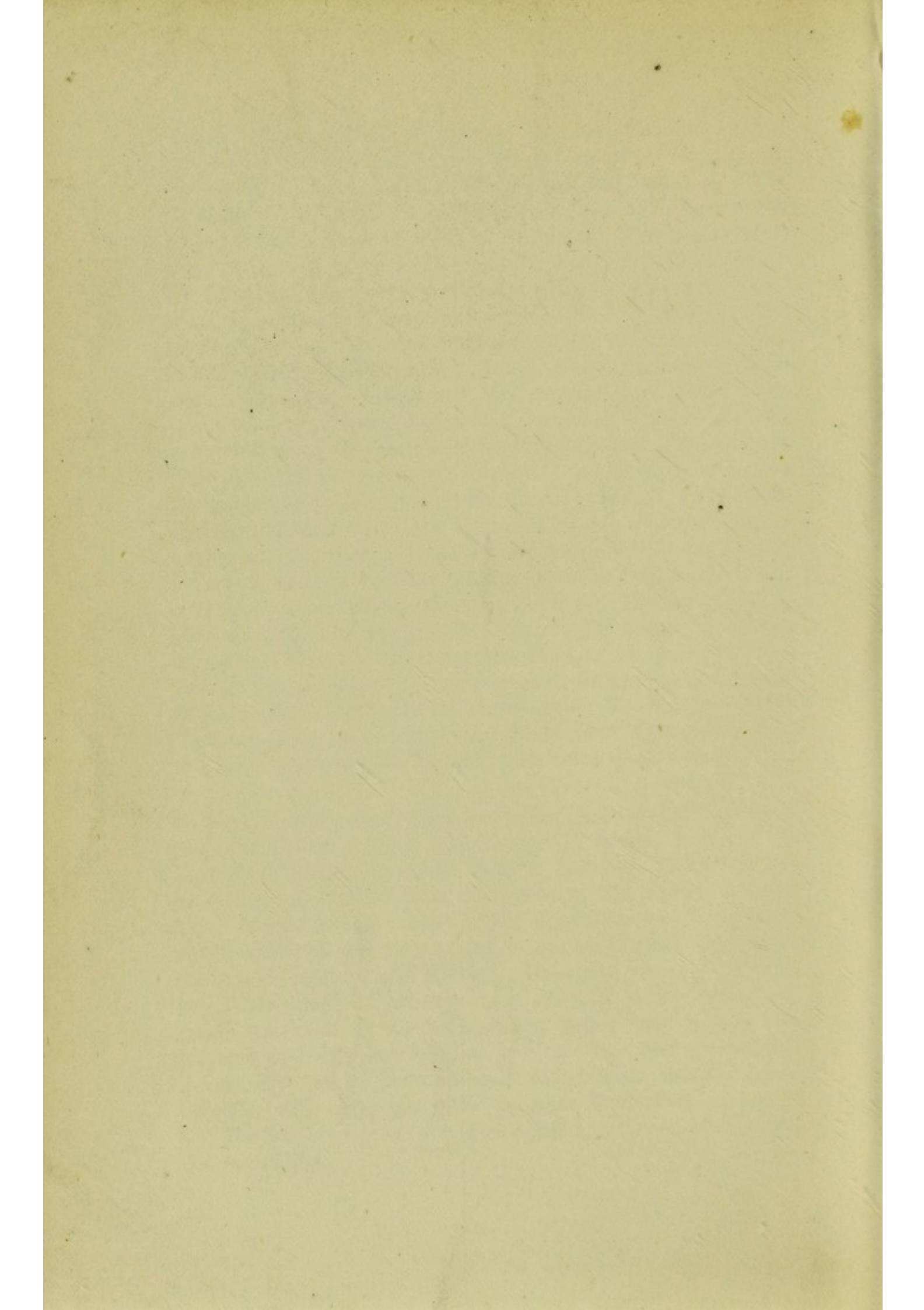
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THE VALUE OF HYPNOTISM

IN

CHRONIC ALCOHOLISM.

BY

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(3rd Edition, 1891).*

LONDON :

J. & A. CHURCHILL,

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1892.

THE VALUE OF HISTORY

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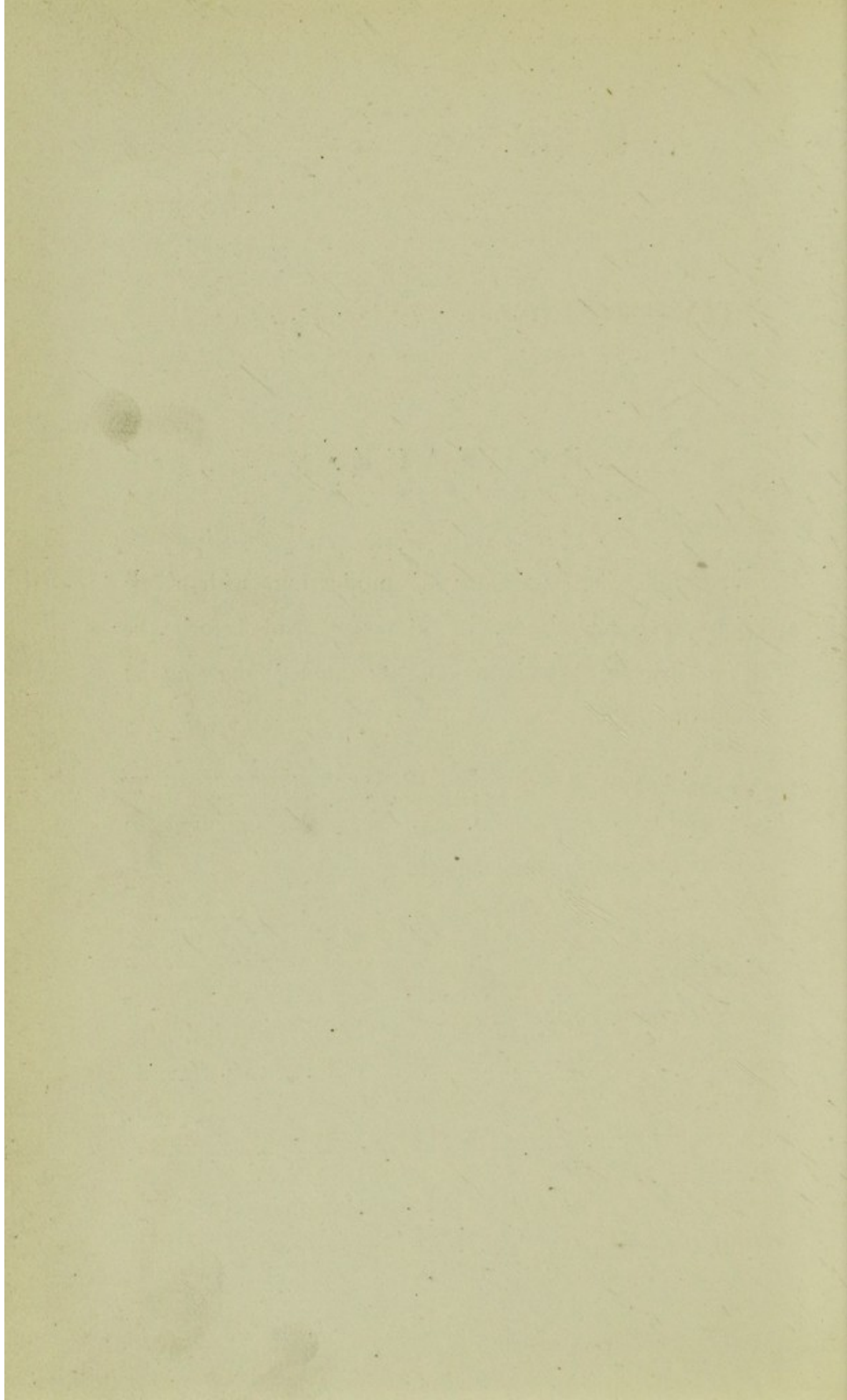
THE following pages are a reproduction, with a few additions and alterations, of a paper read before the British Medical Association at its annual meeting at Nottingham, 1892.

I have had it published at the request of many friends and colleagues who have been kind enough to express an interest in the subject.

C. L. T.

LONDON,

October, 1892.



HYPNOTISM IN CHRONIC ALCOHOLISM.

THE recent meeting of the British Medical Association at Nottingham was the fourth consecutive annual meeting at which the question of hypnotism came up for discussion, and this, I think, proves how greatly the medical profession has advanced in breadth of thought since the time of James Braid. Forty years ago he was not allowed even to read a paper on the subject, and it is only within the last few years that the ban has been removed. In 1889 Dr. Auguste Voisin read a paper at the Leeds meeting, and discoursed, before a highly sceptical, if not antagonistic, audience, on the remarkable cures he had worked by hypnotism at the Salpêtrière. In the following year my friend Dr. Kingsbury, of Blackpool, and I showed some of the more common hypnotic phenomena on two subjects at the Birmingham meeting; and the direct result of this demonstration, and of Dr. Kingsbury's paper which followed, was the appointment of a committee of investigation. That committee has recently presented its report, and it

is now before the profession.* In contributing this paper I should say that I do so not as a specialist or hypnotist, but simply as a general physician, who, as such, has as much right to employ hypnotism in suitable cases as he has to make use of massage, electricity, and other resources of modern medicine.

I am opposed to the addition of hypnotism to the already overcrowded lists of specialties, and I do not advise its employment in slight maladies or such as can be easily cured by simple remedies.

While regarding hypnotism as a therapeutic agent of great efficacy in a number of intractable diseases and conditions dependent upon disordered innervation, defective nutrition, and perverted instincts, I feel that the claims advanced by certain enthusiasts to make the scope of psycho-therapeutics practically co-extensive with the domain of medicine itself are calculated to cause scepticism and confusion in the minds of inquirers.

Individualization is the first thing necessary in the study of a subject of this extent, and as the alcohol question is ever with us, and is always a burning one, I have selected from among my notes the details of thirty-one consecutive cases of chronic alcoholism which I have treated systemati-

* The report has been referred back to the committee, which has been reappointed for another year, during which time it is to make more exhaustive inquiries and experiments.

cally by hypnotism in the three years 1889, 1890, and 1891, together with two or three others which have been under treatment for over eight months during the present year. In addition to these I have experimented in a more casual manner with at least an equal number of similar cases in private practice and in public institutions, and I have under observation about a dozen other cases which have been under treatment for less than eight months. I have not included these in my figures, for the only inference I feel justified in drawing from the first is that casual hypnotization is almost valueless in chronic alcoholism; and with regard to those cases still under treatment they are too recent to base a judgment upon. (I may say, however, that in my own mind I feel confident of obtaining a cure in at least two-thirds of them.) I am aware that the number of cases is small, and I have, therefore, supplemented my own experience by drawing upon that of several British and foreign friends and confrères, to whom I am indebted for their courtesy in responding to my request for information. I venture to hope that these materials will contribute something towards the correct estimation of the value of hypnotism in chronic alcoholism, and if this is so my purpose is fulfilled.

It will be observed that the report of the committee is distinctly hopeful, and favours the employment

of hypnotism as a means of treatment by medical men. It will no doubt act as an encouragement to men of light and leading to investigate this interesting but hitherto neglected field of inquiry, and render impossible in the future such a paragraph as appeared in the *Hospital Gazette* a few months ago, in which the writer insinuated that no medical man can practise hypnotic treatment without discredit to himself and his honourable profession. The report says that the evidence relating to the permanent efficacy of the treatment of alcoholism by hypnotism is encouraging, but not conclusive, and this is a very encouraging verdict to the friends of the treatment and to those who have the advancement of the temperance cause at heart.

I think those among us who have studied the subject most will be the most ready to admit that there is room for additional means of dealing with the terrible scourge which exists in our midst. Our pretensions are modest; absurdly so when put alongside those advanced by the latest American syndicate, which claims to cure 95 per cent. of those who submit to its treatment.* We claim

* I am far from denying that many cures have resulted from this treatment and similar ones, but I imagine that the real curative agent is suggestion and not gold. The treatment appeals powerfully to the imagination, and the whole environment of Dr. Keely's establishment at Dwight is full of suggestion towards cure. The success which at first attended the administration of concentrated

nothing like 95 per cent., but only maintain that hypnotism will enable us to cure a considerable number of cases which other means fail to reach, and that it can be applied with less loss of time, and less disturbance to business than any other efficient method of treatment. I think we are bound to give our patients the chance which hypnotism offers them, especially as I am confident that in these cases no possible harm can result, even if it fails to cure.

I shall divide my remarks into three portions, and consider, first, the *rationale* of hypnotic treatment in chronic alcoholism; secondly, its effects immediate and remote; and, thirdly, I shall bring forward some practical points bearing on its use which have been borne in upon me during the four years I have studied the question, and reckoning with which has an important bearing on the success or failure of the treatment.

Most of us regard hypnotism as merely the psychical preparation or vehicle for suggestion, and accept the definition of hypnosis furnished by Professor Bernheim that it is "a condition in which the subject's readiness to receive and ability to act upon suggestion is greatly increased." The reason for hypnotic suggestion acting so powerfully is well
tincture of red bark and the hypodermic injection of strychnia was apparently due to the same cause. Professor Forel is also of this opinion. ("Internationale Monatsschrift zur Bekämpfung der Trinksitten," January, 1892.)

illustrated by Tarchanoff. He compares the mind in the ordinary waking condition to a room into which rays of light are entering from all sides. The effect is general illumination without undue prominence being given to any one ray. If now the room be darkened and into it a solitary ray of light be thrown, it will be seen that this, which would have passed unnoticed in the general illumination, now shines with exaggerated force and brilliancy. The mind, by which I mean the highest cortical centres and their correlations, in its normal state is occupied with receiving, registering, and weighing impressions which are arriving every moment through all the avenues of sense, and upon full recognition of all the factors which go to make up our life of relation normal consciousness depends. If on the one hand from deprivation of stimuli or on the other from inhibition of the receiving centres the mind is no longer acted upon it becomes reduced to the state of blankness or darkness which Tarchanoff sees typified by the darkened room. As a ray of light will pierce the material gloom so will an idea suggested to the profoundly hypnotized subject work its way into consciousness and tend to dominate it, because there will be no other ideas present to dispute the field. There is no balancing one idea with another in profound hypnosis, and its reception implies the idea being acted upon as an irresistible and uncon-

trollable impulse.* If a person in his ordinary senses is told that his coat is on fire he will be guided in his behaviour by his previous training and present circumstances. He will consider whether such an event is likely, whether his informant is speaking in good faith, and so on; but in a good hypnotic subject there will be none of this deliberation or judgment, and the coat will be torn off and flung to the ground almost as soon as the suggestion is made. Tell the same subject that a glass of beer is a strong emetic, and though it may be his favourite drink he will instantly reject it by vomiting, with every appearance of strain and disgust. In persons of this susceptibility the suggestion will act not only during the time they are hypnotized, but long afterwards, and a glass of beer given to such a one may still have the suggested emetic effect months after the suggestion has been made.† This applies to cases

* I have worked out the theory of hypnotic suggestion at some length in "Psycho-Therapeutics" (3rd edition, 1892; Baillière, London), and to this or some other handbook the student is referred for full details of the methods adopted.

† A most interesting example of the efficacy of post-hypnotic anti-alcoholic suggestion is furnished by Mr. Hugh Wingfield, who is well known in connection with hypnotism by his interesting experiments and great success among the Cambridge undergraduates. One of his patients was a gentleman inebriate to whom he suggested a distaste for alcohol and an attack of vomiting if he tasted it. Months afterwards the patient was at a Christmas dinner party and unwittingly took some brandy sauce with his plum pudding. He had immediately to leave the table and promptly vomited the offending liquor.

where profound hypnosis is produced with complete or partial amnesia on waking; when the condition amounts only to loss of muscular control with drowsiness and mental languor the readiness to receive suggestions and the ability to act upon them are much less marked, and they will only be carried out when they are more or less in accordance with the disposition and desires of the subject.

I have frequently been told by intelligent patients who have never got beyond the second or third stage of hypnosis, that while talking to them my words have seemed to carry conviction in their minds, and they have felt that the tobacco I was condemning or the alcohol I was urging them to turn from had really become distasteful. They felt too lazy to weigh my arguments, and allowed them to carry temporary conviction. Their attitude on waking depended upon their individual temperaments, and whether they had a sincere wish to be cured. Many have continued to feel a real distaste for alcohol, together with a firm resolve to give it up, whilst others have gone away without any physical dislike but with increased power of resistance. Others, again, have immediately taken the first opportunity to obtain drink, whilst one patient, a lady, actually went so far as to ask me if she might not have a glass of claret with her dinner immediately I aroused her from a

condition which corresponded to Lièbeault's second degree.

I should say that in the treatment of chronic alcoholism by hypnotism it is necessary to obtain the patient's good will and co-operation, or at least that no cure can be effected against his active opposition, were it not that I am acquainted with at least three well authenticated cases which seem to prove the contrary.

They are of such special interest that I propose to briefly relate them. The first is contributed by Professor Forel, of Zurich. The patient was an inmate of the lunatic asylum there, and an extremely ill-conditioned one. Dr. Forel is well-known as an ardent teetotaler, and he has founded a temperance society within the asylum. This little society was the special object of the patient's dislike and abuse until Forel hypnotized him and suggested reformation. Thereupon a complete change came over his conduct, and he asked to be allowed to join the temperance ranks. The second case is reported by my friend Surgeon-Major Neilson, of the Canadian Regiment of Artillery. Among the soldiers under his medical charge at Kingston, Ontario, was a middle-aged bandsman, who was a notorious drunkard and profligate, and a scoffer at everything good. He was brought into the hospital suffering from a bad attack of rheumatism brought on by his excesses. This was in 1889, when Dr.

Neilson was beginning to use hypnotism in his practice. He suggested trying the new treatment to relieve the pain, and the patient gladly agreed to it. Dr. Neilson found the man passed at once into a condition of profound hypnosis, with amnesia on waking, and in addition to treating the physical condition, he put in every day a few suggestions bearing on the moral question. The rheumatism seemed to be considerably relieved by the treatment, and the man went out cured in a fortnight. Then it was found that the moral suggestions had brilliantly succeeded. The craving for drink and low company had disappeared; he rejoined his wife and children, whom he had deserted for several years, and became a model husband and father. Dr. Neilson has recently informed me that the soldier has now left the army, and is filling a responsible post on the railway with perfect steadiness and efficiency.

I find no difficulty in understanding these cases. In each of them the patient was for a considerable time under the complete control of a physician in an institution where his word was law. Suggestions were repeated day after day, and so had a cumulative effect, and in the meantime, while they were germinating, the environment was most favourable to their fruition.

The third case is furnished by my friend Dr. Richard Arthur, of Sydney, who, seeing in the Journal that I was about to read this paper, kindly

wrote and told me of his experience in the Antipodes. Among his patients in a retreat was a drunken, middle-aged Irishwoman. She was an inveterate drinker, and never lost an opportunity of getting drunk. The day after she was hypnotized for the first time an opportunity offered of testing the efficacy of the suggestions, for another inmate smuggled in some rum. This spirit was the patient's favourite tippie, and she drank a good draught of it. Much to her surprise she immediately vomited it, and it then dawned upon her that in this lay the proposed cure. She determined not to be "bested" by a doctor, and made an attempt to drink again, and ate bread in order to help the liquor down. It was no good, however, so she gave up trying, and is now reconciled to her cure. I doubt if Dr. Arthur would have had the same success if the woman had not been under lock and key at the outset of the treatment.

By quoting these cases I am afraid I lay myself open to the charge of approving of such flagrant instances of interference with free will. These persons were to all appearances thrown off their natural lines, and forced against their wills to become respectable and useful members of society. "Better drunken liberty than sober slavery," says Dr. Norman Kerr, writing on this subject in *The Church Monthly*.*

* March, 1889.

those who are of this way of thinking to learn that the patients afterwards expressed themselves as deeply grateful for their compulsory conversion.

The chief difficulty one has to contend against in dealing with drunkards is not, however, such active opposition as was offered in these three cases, but rather an absence of will power and an inability to make or keep a resolution. Inebriates let themselves drift, and if anything is to be done it must be done for them. Such cases as the above show that many drunkards are not so depraved as they seem. They may by indulgence have suppressed all the goodness of their character, and all their higher aspirations, and allowed the evil undisputed sway, but the good is still there if one can only get at it. I believe that hypnotism very often enables us to effect moral reformation more speedily and better than any other means with which we are acquainted, but that it only enables us to bring to the surface what already exists. If there exists such a thing as a man without any good in him, I am afraid hypnotism can do nothing for him.*

* The physical effect of suggestion wears off sooner or later, even in the most hypnotizable and suggestible subject, and then, if there is no moral force behind to back it up, relapse will occur. At the recent Congress of Experimental Psychology, held in London, there was a keen debate between Drs. Berillon, Van Eeden, Bernheim, Delbœuf, and others as to the efficacy of purely physical suggestions. The case which raised the discussion was one related by Berillon. The subject was a boy, a kleptomaniac, and the treatment pursued was to hypnotize him and tell him that any object he attempted to

It is now pretty well understood that habit and association of ideas rule conduct, and that the human being tends to become automatous for either good or evil according as hereditary predisposition is seconded by education. The connection between the centres of ideation and those of action, if we may postulate such centres, are made by the passage between them of afferent and efferent nervous currents, and each time an action is performed the connecting tract becomes more patulous and organized, and its repetition more consequential or fatal.

Constant indulgence in a habit will lead to its inevitable accomplishment whenever the first of a train of events ordinarily preceding it occurs. The occurrence of the initial excitation will be followed by the whole of the train of events as inevitably as the firing of a train of gunpowder will result in the explosion of the mine to which it leads, or as the steal would burn his hands, so that he would be unable to retain it. The suggestions acted perfectly, and if he attempted, with felonious intent, to pick up coins and other things which were purposely left in his way, he used to speedily drop them. The boy was eventually cured, but Van Eeden strongly objected to the means adopted, and considered that in such cases it is the patient's moral nature which requires developing and strengthening, and that should be appealed to by suggestions. I expressed my opinion on that occasion that in these cases it is desirable and even necessary to influence both the physical and moral side. The object is to develop conscience or its equivalent by appealing to the patient's higher nature, but as this development may be a process of gradual evolution, it is well to obtain the immediate results of physical suggestion.

pulling of the trigger will lead to the explosion of the cartridge and expulsion of the bullet. With the habitual drunkard a sensation of dryness about the fauces, or sinking in the epigastrium, or a feeling of mental inertia has been so often followed by recourse to alcohol that we can foretell his line of conduct when opportunity of indulgence is offered him, as surely as we can that of a decapitated frog when nitric acid is applied to its flank. Volition has been annihilated in each case, and the action which follows excitation is merely reflex. Free will only exists when there are alternative lines of conduct open, and the drunkard cannot be said to possess such a thing. Conversion is, I take it, brought about by the opening up of a fresh nervous track along which inhibitory impulses of such great intensity travel that they are sufficiently strong to antagonize and overcome those which make for indulgence. We all know of a few cases where drunkards have been suddenly converted, and have remained sober, but I am afraid relapse generally occurs in the end. We are, I believe, enabled by hypnotism to imitate, systematically and scientifically, what may be said to occur in these cases accidentally or providentially.

The temptation to drink is so constantly present that it is a great advantage to be able to arouse, by suggestion, a physical repulsion to alcohol. After all, by hypnotic suggestion, we do but endeavour to

counteract the suggestion to drink by which every weak-kneed drinker is surrounded. If one watches the workmen leaving a large place of business after receiving their wages, how often one may see the sight I witnessed the other day outside the pay office of a large building firm. A great stalwart bricklayer was struggling in the arms of half-a-dozen of his companions, who were pushing him into the open doors of a public-house. Their suggestions were proving too strong for those other ones made, perhaps, by his wife, to whom he had promised in the morning that he would return sober and with his wages intact. How one would like to hypnotize a man like this, and make the same suggestions as those employed by Dr. Neilson in the case of the drunken soldier already referred to. He told him that to offer him a drink in future would be to offend him, and to press him to drink would constitute an insult !

Hypnotism enables us to exercise a much more powerful and much more focussed action on the character than any other means with which I am acquainted, and it is for this purpose that we use it as a means of cure in chronic alcoholism, and as an adjuvant in the education of vicious children. We cannot, I am afraid, do much for the constitutionally vicious or those hopelessly wanting in moral strength, except to surround them with safeguards, and with an atmosphere at once healthy and

bracing. Dr. Clouston has shown, in his able series of papers in *The Edinburgh Medical Journal*, that control is the outcome of evolution, and that it becomes developed in a race in proportion to its growth in culture and civilization. All savages are prone to alcoholic excesses, because those inhibitory impulses, which are the outcome of slow evolution under complex social conditions, have not had time to develop. The hereditary drunkard or dipsomaniac is in much the same position as the savage, and he is wanting in those inherent qualities of self-control which should have been handed down to him by his ancestors.

The theory supported by Dr. Hughlings Jackson that alcohol affects first the last evolved layer of cortical cells, which being most highly organized are those concerned with the niceties of conduct, is a very reasonable one, and tallies with what we observe in chronic alcoholism. Hypnotism probably enables us to restore to action those cells the function of which has in some way been inhibited and suppressed by the alcoholic poison.

These cases are not really more wonderful than some of the cures and conversions of which one reads in the records of the Salvation Army and the reports of revivalist work everywhere. I am aware that many of these "cures" are of a very temporary nature, and that once the religious emotion which led to the change of life cools down a relapse

occurs. But this is not always so, and I am acquainted with one case where a drunkard, a Covent Garden porter, has remained a sober and changed man for over three years, whereas previously he was distinguished as a great drunkard among a class of men not noted for their sobriety. Speaking about the Salvation Army calls to my mind another case with which I am well acquainted. The patient is a shorthand writer, and is such a good craftsman that in spite of his drunken habits he found no difficulty in earning three or four pounds a week as long as he could work at all. Drink and dissipation at last completely disabled him, and he found himself unable to follow any occupation requiring steadiness of eye or hand or the exercise of reason or memory. He drifted into a workhouse infirmary, and when he came out became a "sandwich man" on a shilling a day. He spent this shilling on drink, and slept on the Embankment or under an arch. Then the Salvation Army got hold of him, and he was promoted to wheeling one of their advertisement barrows during the day, and slept in a shelter at night. Still, though impressed by religious teaching, he was by no means cured, and could never refuse a drink or resist temptation. Then he was taken by a friend to a professional hypnotist, who operated on him five times. This was nearly three years ago, and since that time he has been a consistent abstainer, and

the idea of alcohol has been repugnant to him. He now fills a very respectable and responsible post in London. His consciousness was not affected by the hypnotism, and he heard and remembered the suggestions which were made. To test their efficacy he tried a few hours afterwards to enter a tavern, and he found that a feeling of such strong repugnance came over him that he desisted. I learn from workers in the slums that religious influences are most successful in dealing with strong, manly men who, in spite of their failings, are good fellows at bottom. The morbidly emotional and nerveless men, even if influenced at all, speedily fall away. This is exactly the case with hypnotism as remarked by many observers, though the case reported by Dr. Wetterstrand shows that good and permanent results may follow even when the material is most unpromising. There appears to me a close analogy between the action of hypnotic suggestion and religious conversion in these cases. The drunkard under the influence of powerful emotion caused by religious exhortation sees the enormity of his offence and a way of escape; in other words, a strong inhibitory force is called into play. All conduct depends upon the action and interaction of two forces—the impulse to do and the impulse to abstain. The courageous man feels perhaps as keenly as the coward the risk he is running by keeping at his post, but he does his duty

and says that he conquers his fears ; the coward runs away and says he yields to his fears. Professor James remarks he might with equal truth say that he conquers his courage. It is the same with indulgence in alcohol. The abstemious man speaks of controlling his appetites, but the drunkard never says that he has combatted and conquered the forces within him which make for sobriety. All that any treatment can do is to correct or restore the balance of power between these two forces, and I fail to see how hypnotism, or anything else, can reform or amend the inherently vicious or give backbone to the constitutionally invertebrate. But I think the inherently bad and weak form but a small proportion of mankind, and I find that the majority of the patients we are called upon to treat are, as the majority of men and women, neither very good nor very bad, but just what hereditary tendencies dispose them to be and circumstances make them. The force which makes for abstinence may be so powerfully reinforced by suggestion in the hypnotic state that it may negative and overcome the impulse to indulge, and one may arouse in a patient a similar feeling towards alcohol as that felt by the Jew or Mahomedan towards pork ; in fact, one may create a new conscience or reinforce that which already exists. The rapidity with which cure is occasionally worked by religious conversion, and more frequently, I believe, by hypnotic suggestion, controverts the theory held by

Dr. James Stewart and others that alcohol soon causes the organic degeneration and destruction of the cortical cells of the brain, and that these can only be restored by a long course of abstinence. It is certain that such degeneration does occur in many cases, and for these I imagine prolonged residence in a retreat is the best, and perhaps the only, course, though even in them hypnotism will be found a useful auxiliary. But I am often surprised at the small amount of organic change which often follows even years of alcoholic indulgence, and I think that the effect on the brain cells is generally not gross or organic, but functional or dynamic. Long confinement in a retreat is unnecessary in such cases, and they may often be cured by a comparatively short course of hypnotic suggestion.

After all we do but endeavour by hypnotic suggestion towards self-control and sobriety to correct and overcome the suggestions towards self-indulgence and drunkenness which everywhere surround the drunkard. Every public-house, every boon companion, every feeling of bodily pain or discomfort is a suggestion to drink, and I don't see why the devil should have it all his own way, when we possess a means of combatting him. Dr. Norman Kerr dislikes and fears hypnotism, because he says if we are able by it to make sober men of drunkards we should be able with equal facility to turn sober men into drunkards. I daresay one might, if one were

wicked enough to try, and if the subject's sobriety was not very deep-rooted or based on principle. But I am now only considering its employment by respectable and responsible medical men, and not by criminals. As long as suggestion without hypnotism continues to be so generally and so successfully used, I imagine that no one will care to take the trouble to employ hypnotism as a debauching agent. Moreover, similar arguments might be brought against many forms of medical treatment, and even religion itself has been used by bad men for evil and immoral purposes.

And now for the second point I propose to consider—the immediate and remote effects of hypnotic suggestion in these cases. In the first place one finds nearly all alcoholized persons are good subjects for hypnotism, and I have only failed two or three times to obtain some degree of hypnosis at the first or second trial in such cases. It is thought that even moderate drinking conduces to hypnosis, and Dr. van Renterghem relates how a patient whom he had formerly hypnotized readily became insusceptible on becoming an abstainer, and again became a good subject when he resumed his former habit of taking wine with his meals.

But I find that many of my most susceptible subjects are teetotalers, and it does not seem possible to lay down any fixed rule on this point.

Hypnosis is, I believe, dependent on a condition of the cortical cells which is *sui generis*, and distinct from any other condition. It seems necessary for its induction that the cells should be in a certain state of normality or health, and it has been in my experience as impossible to induce true hypnosis in acute intoxication as in the *status epilepticus*.

The immediate effect in chronic cases is a soothing and calming one. The characteristic restlessness and nervous irritability generally undergo diminution and improvement at once, the sinking at the epigastrium, the nausea and vomiting, the headache and thirst are often ameliorated from the first sitting, and may even at once disappear. Patients have frequently told me that from the first time they have been hypnotized they have lost all the symptoms which went to make up a craving for alcohol. Patients whose digestion had been so impaired by excess that the very idea of food has caused loathing and nausea, frequently feel a natural appetite on waking, in response to suggestion, and are able to eat a substantial meal shortly afterwards. One case especially, that of a lady, comes to my mind in this connection. She is one of those I have referred to as benefited by the treatment. She is exposed to much domestic trouble, and occasionally circumstances prove too much for her, and she attempts to drown care in brandy. She comes back to me after one of these

relapses complaining of total loss of appetite, morning sickness, and intense mental depression, After being hypnotized two or three times all the symptoms pass away, and she goes on well for two or three months. On two or three occasions the same lady has come to me before she has begun drinking, and when she was merely suffering from intense depression and restlessness which seemed to cry out for alcohol. On these occasions I have always been able to restore mental repose, and put off the attack indefinitely.

It is often possible to suggest not only an absence of craving, but to arouse an active dislike or repugnance for stimulants. This is rarely the case except when a profound degree of hypnosis has been induced; but it is of course a very desirable condition to arrive at, as we have then two sheet anchors to depend upon—moral and physical antipathy—which may stand the patient in good stead if temptation arises. I am, however, now inclined to attach less importance to this physical repugnance than formerly, as among the cases which I quote as having relapsed within three months are two of women in whom the antipathy for alcohol aroused by suggestion was so great that they would at once vomit a glass of beer or spirits if I forced them to drink it, not only while hypnotized, but hours afterwards. Both these women were persons of extremely low moral development, and were placed under

very unfavourable circumstances. One of them told me that she had got drunk because she wished to annoy her husband, who was a teetotaler, and she had found this the surest way of doing it! She had considerable difficulty in carrying out her purpose, for at first she was unable to keep down any liquor, but after a time she succeeded in arriving at toleration, just as the persistent schoolboy does in the case of tobacco.

In one of my cases the patient, a gentleman, was seized with an attack of illness while watching a cricket match. He was carried into the pavilion and a friend poured some whisky down his throat. This served to arouse him, but not in the manner expected, for it caused an immediate attack of vomiting. The illness was the precursor of an attack of typhoid fever, which unfortunately proved fatal. In the course of the disease it became necessary to administer brandy, and the patient, when the matter was explained to him, was able to take it without further trouble.

The feeling of comfort and well-being which often immediately attends hypnotic treatment cannot be expected to be always permanent, and where indulgence has been prolonged it may soon wear off, and the operation require to be repeated. But I have never found a distinct reaction after hypnosis such as occurs after many drugs. The hypnotic effect has to be renewed until the alcohol is elimi-

nated, and the system becomes habituated to abstinence; and this of course is a matter of at least some weeks. The time varies in different cases, but I am often surprised at the rapidity with which results follow treatment.

My second and one of my most successful cases was that of a merchant. He only remained under treatment for three weeks, and was only slightly hypnotizable. He was a true dipsomaniac, and used to have bouts of excessive drinking every two or three weeks. He did not see me again for eight months, and then paid me a visit after a slight relapse. I have not hypnotized him since, and he continues perfectly well. As far as one is able to affirm it in any case of dipsomania one seems justified in counting this man as cured.

In another case, that of a north country tradesman, the patient had been a drunkard for over twenty years, and had completely lost all power of self-control. He has chronic Bright's disease (large white kidney), and has had uræmic attacks. Like many others, he thought that hypnotism was going to cure him right away, and came up by excursion train to see me, intending to go back that same evening. I persuaded him to stay in London for three days, and found someone to look after him on his return to business. This patient was hypnotizable to the fourth degree, and suggestions had an immediate and powerful effect upon him. He

comes up to see me once a month, and one feels justified in confidently expecting his case to be a permanent cure. I was surprised to observe the rapidity with which the system adapted itself to the change from a life of free stimulation to one of complete abstinence, and it and other cases have shown me that if "tapering off" is ever necessary under ordinary treatment, it is certainly almost never called for when hypnotism is employed.

As all writers on the subject have pointed out, susceptibility to hypnotism does not necessarily imply that the subject is impressionable to suggestion, though of course it is safe to affirm, as a general rule, that the greater the hypnotizability the greater will be the suggestibility.*

* It will be of great benefit to the public when medical men, as a body, come to understand the rôle played by suggestion in disease. Dr. Goodhart, in his "Harveian Lectures" for 1891 (H. K. Lewis), gives much sensible advice on this point, and relates cases in which hysterical patients have had symptoms thrust upon them by the unwise suggestions of the medical attendant. Alcoholized persons are, as a rule, extremely "suggestible," and such a form of suggestion as was employed quite innocently with a friend of mine who went voluntarily into a retreat for a year is greatly to be deprecated. The doctor told him that a strong physical craving was bound to show itself after two or three weeks' abstinence, and used to ask him every day if it had yet appeared. My friend was a strong-minded man, who had drifted into intemperance from taking spirits to relieve neuralgia, and he merely wanted to be put under favourable conditions for a few weeks to be cured. He did not get the prophesied craving, but I can well understand a less strong-minded person doing so in response to such suggestion. Mr. Walter Besant, in his interesting [and powerful, but painful story, "The Demoniac," well

And now a few words as to the practical carrying out of the treatment. As I have already said, I look upon the possession of the good will and co-operation of the patient as the most important elements contributing to success. Without them we may have such opposing auto-suggestion that our efforts are rendered useless, or, if successful for the moment, the effect of suggestion soon wears off. I have already referred to the cases of two women who speedily relapsed, though they were very susceptible subjects. Another case occurs to my mind—that of a drunken medical man. I was asked to hypnotize him, and he gave a very ungracious assent to the operation. He proved susceptible to the fifth degree, and there was partial amnesia on waking. He awoke, however, in a few minutes in opposition to my suggestion that he should sleep for half-an-hour, and I have no doubt but that he went to sleep with his mind full of mental reservations, and with a determination to offer opposition to my suggestions. I learned that he went almost straight from my house to a tavern, and though I hypnotized him on two or three subsequent occasions, I could never induce a dislike for alcohol or desire for reformation. When the patient gives describes the effect of suggestion on a dipsomaniac. The tempter, an old boon companion, suggested the burning at the throat and intense restlessness which had always accompanied each previous attack, and very soon the symptoms appeared, and the poor drunkard, who had nearly reformed, relapsed into his old life.

himself up unreservedly to the suggestions a slight degree of hypnosis may be accompanied by mental receptivity. Thus I have frequently noticed that those who have come of their own accord and are sincerely desirous of cure express from the very first a disinclination for the forbidden liquor. This is what one would expect arguing from the analogy of waking suggestion, and accepting as true the dictum that hypnotism merely intensifies mental receptivity. If a person is very set on a thing no amount of argument will shake his determination to try all he knows to get it, but if his feelings are lukewarm on the subject, or if while desiring it he feels he is making a mistake, a little persuasion may be sufficient to influence his conduct, and cause the mental pendulum to swing in the required direction. This is well seen in the case of smokers. I have had several cases of tobacco habit to treat by hypnotism, and have been successful in most of them when the patient was aware of the harm the weed was doing him, and wished to be cured, but was unable of his own power of will to shake off the habit. One case especially occurs to my mind in this connection : that of a young man who had brought on an attack of insomnia and nervous dyspepsia from excessive smoking. He put himself under Dr. Lièbeault's care at Nancy, and was hypnotized at frequent intervals for a month. He suffered not at all from giving up the habit, and eschewed

tobacco for nearly a year. He then became a moderate smoker, and seems none the worse for it. He spent an evening with me some months ago, and I hypnotized him to see if he continued susceptible. He was influenced to the second degree as on former occasions, and to test the effect of suggestion I told him that he would feel a disinclination for tobacco for twenty-four hours. He smiled as I made the suggestion, and this prepared me for its rejection. On being roused he at once proceeded to light a cigarette, with the remark that he hadn't come to me for treatment that time!

Another patient, on the other hand, who came to me to be treated about the same time, was only influenced to the same degree, and yet he threw away his cigarettes as he left the house, and has not smoked since.

The second almost necessary condition of success in these cases is the presence of a favourable environment. How often one finds that alcoholism is only one of the evils which beset the inebriate? There may be pecuniary embarrassment or unhappy domestic influences at work to drive a weak-minded person to seek recourse to the brief forgetfulness which alcohol affords. I have made good cures in a few cases where the surrounding circumstances have been unfavourable; but I am afraid neither hypnotic nor any other treatment can do much here. Unless some change can be brought

about in the conditions the stress will be too great and relapse will generally occur.

Next to this class of patients the most unsatisfactory are persons suffering from neurasthenia, either cerebral, gastric, or sexual. These patients have recourse to alcohol to supply the physiological craving for a stimulant which accompanies exhausted nerve-cells. Neurasthenics are, as a rule, only hypnotizable with difficulty, and very often the material one has to work upon is of such poor quality that one can do nothing by suggestion. It seems as if a certain amount of nervous tension is necessary to the attainment of hypnosis, and we know that in neurasthenia nervous tension is at an extremely low ebb. The first thing to do, therefore, in these cases is to build up the system by a course of Weir Mitchell or other suitable treatment.* I should say that the best subjects for the treatment are persons of good natural parts and fair health, who are sincerely desirous of being cured. There are many excellent people who, from association, habit, or ill-health, have drifted into chronic alcoholism, and when they come to

* Many alcoholic patients, especially those who have induced organic changes in the heart, kidneys, or liver from excessive drinking, come under treatment in a very precarious state of health, and it is necessary to keep up their strength and supply a substitute for the alcohol the system has fed upon. I have found strychnia administered by hypodermic injection and tincture of halviva, given by the mouth, very useful in these cases.

recognize the fact they find they are unable to cure themselves. Hypnotic suggestion often proves invaluable in such cases, and enables us to do in a short time what the patient's own earnest endeavours, backed up by the entreaties of family and friends, have failed to achieve.

The social order of drunkards are a hard class to deal with, unless one can make the patient change his mode of life and style of companionship.

Case No. 12 is one in point. The patient gave up alcohol, but he continued to frequent his former haunts, and to associate with his old drinking friends. For a time he got on fairly well, and was very proud of being able to imbibe unlimited lemon squashes whilst his friends drank spirits. But it was playing with fire, and he soon succumbed to the solicitations of his companions, who did not care to associate with a man who kept his head clear and talked with discretion.

Those who drink in order to obtain relief of certain symptoms can often be cured by hypnotic suggestion, for it may be successful in removing these. Such persons drink because they want their spirits raised, or they have no appetite, or they require to tone up their nerves. They are generally very half-hearted drinkers, and spend their lives in making good resolutions and breaking them. A return of the feeling of depression, when the effect of the last dose has worn off, leads to a repetition of the

stimulant, and the sufferer drifts from bad to worse until the enslavement becomes complete. If one is able by suggestion to give tone to the system and prove to the patient that alcohol is not the only remedy for the symptoms, a great point is gained, for then one removes the symptoms which go to make up the craving and keep up the disease. Many patients of this class are never sober. They dread the idea of becoming so, for they know that under ordinary circumstances the transition stage is one of severe suffering. Hypnotism greatly reduces and may even eliminate the suffering stage.

Lastly, there is that unfortunate class of drunkards by inheritance, which constitutes the majority of real dipsomaniacs. It has been my great happiness to apparently cure three of these sad cases; and so intractable is this form of disease that even if all the things said about the dangers of hypnotism were true I should still advise its trial in hereditary alcoholism. While thoroughly accepting the immense importance attached to heredity I cannot but think that it is somewhat overdone in the consideration of drunkenness. If it were so universal a factor in disease as some would have us believe, how is it that more of the community are not dipsomaniacs, for assuredly a very large proportion of the ancestors of the present generation were given

to excessive drinking, as was the fashion of the times in which they lived? A lady who brought her son to me last year for treatment replied to my question as to whether excessive drinking was a family failing, by admitting that her husband drank and also her brother, but she added so did all the other gentlemen in the town. Her statement is unfortunately fairly correct, but yet L— does not seem to produce an unusual number of dipsomaniacs.

Lest it should be said that the cases reported cured were slight ones, which would have got well of themselves, I may be allowed to give a brief outline of a few of them. No. 1 had been an officer in the army, and had for over three years given way to intemperance on every opportunity. I began the treatment, and Dr. Lièbeault finished it. Hê was hypnotized altogether about twenty times in the course of a month, and he has had no relapse. Lièbeault is in the habit of allowing his patients to drink wine or beer with their meals, and maintains that this is the wisest course in ordinary cases of drunkenness; for he says if liquor is entirely cut off the patient will often have a curiosity and desire to take it, and if he yields to it his downfall will tend to be rapid and complete, because his power of self-control has been unexercised. Such is not the view generally held, and though the plan answered well in the case under consideration and also in that of No. 4, I

should only recommend its adoption under very exceptional circumstances.

Case 2 is that already referred to. The patient is a merchant, and was addicted to attacks of dipsomania, which used to come on about once a month, and were tending to become more frequent and severe.

Case 4 is that of a gentleman who had to leave the army on account of drink, and who has been exposed to exceptional troubles and temptations since he came under treatment nearly three years ago. After a year of total abstinence he confessed to me that he had a slight return of the craving and had drunk beer on one or two occasions. In consequence of what he told me I thought it the wisest course to consent to his drinking beer with his meals, and for nearly a year he did so. Then he went to the colonies, again of his own accord became a total abstainer, and still remains so.

No. 31 frequently made appointments to see me, but always got an attack of drunkenness which prevented his coming up. This, I gathered, was the case with other appointments, so one can imagine the condition his business was getting into. At last his friends took the matter in hand, kept him under careful observation, and brought him up, after they had secured his having been sober for a week. He lost all the symptoms which had constituted the crave from the day I hypnotized him, and though only nine months have

elapsed I feel justified in speaking confidently of his cure, for the man's whole nature has undergone a change for the better, and he has not merely dropped one vice but has altered his whole life.

No. 23 is a most interesting case. She is a woman of superior education for her class, and has held several good situations, which she always lost from breaking out into intemperance. As in the preceding case she not only gave up her drinking habits, but also at once, in response to suggestion, altered her whole mode of life, and she now fills a good position, whereas on coming under treatment she had sunk so low as to be the inmate of a work-house.

No. 16 has a drunken father and brother, and her case is a very sad one. The drink crave with her takes the form of cerebral exhaustion, and she has recourse to alcohol to relieve it. Like all dipsomaniacs she is absolutely unable to stop when once she begins, and goes on drinking until in three or four days she brings on an attack of acute gastritis with intense prostration, which pulls her up. She went on well for three months, and then unfortunately had an attack of influenza, which left its characteristic depression and exhaustion behind it. She had a bad relapse, and was more ill than usual after it. I hypnotized her again, and this time she went rather over three months without an attack, and then had a very slight relapse. Since then she has been going on well, and I feel

sanguine about obtaining ultimate success. This patient has been in a retreat, and has had a paid companion or attendant to live with her, without result. The attacks were becoming more frequent, and recurred about once a month.

The public are always looking out for and expecting a remedy for chronic alcoholism which shall cure surely and speedily, and hence we find the rush made for new so-called specifics, such as the Keely gold cure. I hope I have made it plain that I do not regard hypnotic suggestion as a specific. With sorrow I confess it that I consider many cases of dipsomania and drunkenness as incurable, and many others as only curable through a prolonged compulsory course of abstinence in a well-ordered retreat. I should be sorry to say a word against inebriate homes, as I regard them as for the most part well-managed and valuable institutions, but the remark made by a gentleman who had spent three years in them seems to me to contain an obvious truth. "The life led in them tends," he said, "to make a man an incurable loafer." * It has been said by persons who are

* It is said that many burglaries are planned in prison, and that the better class of prisoners are frequently made as bad as the worst by having to associate with them. Such is unfortunately often the case in retreats, and it is easy to understand that the inmates who look forward to the day of release as an opportunity for getting drunk, in the same way as some sailors regard the end of a long voyage, are not likely to profit from the treatment themselves or to constitute a healthy environment for their associates.

evidently ignorant of the groundwork of the subject, that it is degrading for a man to submit his will to the control of another, and allow himself to be influenced through hypnotism. The aim of properly applied hypnotic suggestion is to work upon what is good in a man and bring it to the front by the suppression of the evil which is smothering it.

In some of the cases I have referred to I have shown how this result was strikingly brought about. To make a cure of chronic alcoholism it is not sufficient to merely cut off the supply. When the unclean spirit of drunkenness is gone out of a man there should be something to take its place. Hypnotism does not enable us to "make a silk purse out of a sow's ear," but it does enable us by removing the incubus to get at what is good underneath, and give it a chance to come to the front. One can soon see under hypnotic treatment how much one may hope to achieve, and I should not feel justified in expecting a cure if there did not occur concurrently with the removal of the physical symptoms an improvement in the patient's moral tone and general demeanour. I need hardly say that the objection sometimes urged against the treatment that it introduces too personal a relationship between physician and patient depends altogether on error. The committee in their report strongly insist on the presence of witnesses when

women are hypnotized, and no discreet medical man will neglect this precaution. The idea seems to exist in some quarters that the patient becomes sober in order to please the hypnotist; and I have been seriously asked if my patients would not relapse if I died! As a matter of fact the treatment should be made as impersonal as possible, and an attempt to cure based on the operator's personality would certainly meet with the ill-success it deserved. Kindliness and tact are necessary in dealing with inebriates whatever treatment is adopted, but not exceptionally so when hypnotism is employed.

It is generally considered that at least a year's confinement in a retreat is necessary to effect a cure in chronic alcoholism. Before subjecting a patient to the idle life and undesirable companionship inseparable from such treatment, and to save him from the dislocation of his business and the breaking up of the home which are often caused by his long separation from them, I think it would always be right to try the effect of the much milder treatment by suggestion. It is easily applied, and if surrounded with proper safeguards is absolutely unattended with risk, either physical, intellectual, or moral. The practitioner who attempts these cases must ever be on his guard against deception. Inebriates are adepts in simulation, and are equal to swearing that they are

keeping straight when they are drinking all the time on the quiet. One of my first patients was a lady of wealth and position who came to me every day for a week, accompanied by her family physician. She daily assured me that she was getting better, and as she came a long distance and paid me handsomely as well as her own doctor, I felt satisfied as to the genuineness of her desire to be cured, and hopeful about the result. I don't know how long the farce might have continued had I not been called out of town for a few days. During my absence she confessed that she had only pretended to be hypnotized, and that she had made little or no change in her mode of life!

I thought that the trouble and expense she put herself to were sufficient guarantees of good faith, but I was mistaken, and that case and others have taught me the important lesson of never trusting a drunkard's word, unless every security is given that deception is rendered impossible. I now make a point of the patient being under efficient supervision during the early part of the treatment. The length of time varies in different cases. For instance, it was perfectly safe to let the gentleman, whose case is described as No. 2, go about alone with money in his pocket after six days' treatment, whilst No. 14 broke down at once when let out alone after being under observation for three weeks. If one finds that, together with restoration

of sleep and appetite, there is removal of restlessness and nervous irritability, one may feel justified in regarding the patient as on the high road to recovery, and entitled to his liberty on parole.

Finally, I should like to remove a very prevalent misconception that relapse after hypnotism is fatal to the success of the treatment. This is not so, and one need never despair so long as the patient's confidence and desire for cure remain unabated. As long as relapses occur with diminished frequency and intensity we are justified in hoping for ultimate success, but if they follow one another rapidly, and if, at the same time, the patient loses heart, a further continuance of the treatment is useless, and it is better to advise his removal to a good retreat for twelve months. It will be noticed, on referring to the table, that many of the patients have relapsed at least once. This relapse very often occurred from over-confidence. The patient felt so well and sure of his cure that on some social occasion, or for the relief of some ailment, such as seasickness, pain, or diarrhoea, he would take a little brandy, with the result that he couldn't stop at one glass, but must go on to several. The story told of a patient who left a retreat, apparently cured, offers a typical illustration of the frame of mind possessed by many inebriates. He had been told that a man could never call himself cured unless he were able to take one glass of whisky without wanting a

second. He put the theory to the test at the railway station, with the result that in an hour's time he was brought back to the institution in a helpless state of intoxication. Over-confidence, therefore, is to be deprecated, and I do not think hypnotism will enable us to make a drunkard into a moderate drinker, except in rare instances.

The more thoroughly the patient understands his own case the better. He must be got to realize that for him to tamper with alcohol is as foolish and suicidal as for a rheumatic subject to sit in wet clothes, or a man with fatty degeneration of the heart to run to catch a train. It takes a long time and many relapses to make some inebriates understand this, and they chafe and fret because they are not like other men. One can readily understand and sympathize with their feelings. Their life must be one of constant watchfulness and self-denial, for in addition to feeling the natural desire to take alcohol, because it is nice to the palate and they are thirsty, there is often superadded the physiological craving of weak or damaged brain cells for a stimulant. The struggle is an uphill one, even for the strongest, and for the weak a hopeless one, unless some strong extraneous aid can be given. Hypnotism sometimes enables us to give that aid, and it then becomes a real blessing to weak humanity.

In such diseases as chronic alcoholism and dipso-

mania relapses occur after all forms of treatment, and the retreats are full of patients who have been discharged from them as cured, but have relapsed. I am acquainted with several cases in which the patients returned to their old habits within a few hours after leaving retreats in which they had been confined for six months or a year; and, on the other hand, I know of one instance where the patient was apparently cured by a prolonged residence in a retreat, and whose case, doubtless, figures among the successes of that institution, who broke down again five years afterwards, when he lost his excellent wife, and died from the effects of excess a year ago. I know of another case where a drunkard was converted through religious agency, and became an active temperance worker for seventeen years, who yet relapsed, and is at present the inmate of a retreat. Gough, the greatest, perhaps, of temperance orators, relapsed over and over again, as is well known.

The treatment must be seriously and systematically employed if good and permanent results are to be achieved, and I feel sure that the physician who makes intelligent use of hypnotism in his practice will have no reason to regret that he has added another weapon to his armamentarium. It is foreign to my purpose in this paper to discuss the dangers of hypnotism. Those who know most about the subject are best aware of the reality of

the danger to the public which would result from this powerful agent falling into bad hands. I think the sooner the profession and the public realize this the better, for to be forewarned is to be forearmed.

Some of the cases in which relapse occurred were extremely sad, and, though unsuccessful, were strongly corroborative of the value of hypnotism in chronic alcoholism. No. 3, for instance, is a man of good family who took to drink in the colonies, and chiefly owing to this made a miserable marriage. He lost his appointment and came home to be treated. As long as he remained under fairly comfortable circumstances he continued steady, and he returned to the colony after having kept sober for over twelve months in expectation of recovering his former position. As a matter of fact this was promised to him, but under one pretence or another he was put off, and the appointment was finally given to someone else. Disappointment and misery then led him to drink to drown his cares, and he very nearly died as a consequence in a rough up-country hospital. On his discharge from hospital he had to accept a menial post, and I hear that he is keeping sober in it.

Case 6 is a somewhat remarkable one. Dipso-mania is hereditary in the family, and this patient had spent three of the seven years prior to consulting me in various retreats and homes. He might have remained free from relapse much longer

than seven months—though that was a long spell of sobriety in such a case—had he not gone to stay in a wine drinking country, where the water was bad. He fell away in a few weeks and came back to me for treatment. I kept him a week and sent him home again, only, however, to receive news of a fresh relapse a month later. I tried hypnotism a third time, but his confidence was undermined, and so little effect was produced, that I advised his removal to a retreat. He was kept in one for nearly a year, and is now again at liberty. He continues to get relapses, but they are less frequent and less severe than formerly, and he and his friends consider, apparently with justice, that hypnotic treatment has had a permanent beneficial and bracing effect on his character.

Some patients relapse from inherent weakness of character, and one cannot make anything of them unless they can be kept under constant watch and ward. Such persons are moral imbeciles, and can hardly be treated like rational beings.

Case 24 was doing very well, though he lived alone in poor lodgings, until one day he got very wet over his work and took something to "keep the cold out." If there had been any friend at hand to give him a cup of hot tea or soup he would have been saved. Suggestion had one effect in this case and in others I have met with. It prevented him enjoying his drink, and caused it to produce a

much more violent reaction than usual. I tried this case again, but he had another relapse in two or three months, and then as his condition could not be bettered I was obliged to give him up. These cases are instructive, as they show the limits of the treatment, but it is unfair to accuse hypnotism of failure because it is unable to accomplish impossibilities.*

It is necessary to apply the arguments of common sense in dealing with cases of chronic drunkenness. It is agreed on all hands that it is a disease, and that, as in other diseases, relapses are likely to occur. We do not refuse to treat a patient a second or third time for rheumatic fever, because he has been ill before, and we should be loth to give up a case of chronic alcoholism, or refuse to give it the benefit of a treatment which has relieved it on a former occasion because of a relapse. Many people, however, seem to think that hypnotism should cure every case right away, and that if a

* It is outside the scope of these pages to consider reformative legislation, but I should suggest the formation of colonies for chronic inebriates who have resisted all treatment of a somewhat similar character to those recently established for epileptics. The introduction of alcohol into these settlements should be made a very grave offence and most severely punished. The colonies should not be of the nature of penal settlements, and voluntary colonists who found the temptations of ordinary life too strong for them should be invited to settle. There need be no lack of talent or amusement, for some of our ablest and most delightful men and women are utterly unfitted to live the ordinary life of temptation, and would soon rally to such a city of refuge.

relapse occurs it stamps the whole thing as humbug. The more one sees of chronic alcoholism the more difficult does one find it to say positively that this or that case is cured. Permanence of cure depends on so many factors, internal and external, and relapse occurs after such lengthened periods that one can only say that an inebriate who has gone for over twelve months without a break, and whose character has at the same time undergone salutary change, is apparently cured.

The Belgian Parliament has recently passed a very stringent law against the public exhibition of hypnotic phenomena, and against the unqualified practice of hypnotism. The committee has given a strong recommendation to a similar effect, which it is to be hoped we shall soon see acted upon. I for one regard hypnotism as such a serious thing than I think it ought to be surrounded with as many safeguards as the administration of anæsthetics. It would certainly be safer for a very susceptible subject to take chloroform from the hands of a stranger than to allow him to induce hypnosis. He would, at least, know in the one case the limit of his danger, whereas in the other the limit would depend upon the extent of his susceptibility to post-hypnotic suggestions. After all, nearly all methods of medical treatment are liable to be used to the detriment of the patient and the degradation of the profession, but we cannot on that account discontinue to prescribe

poisonous drugs, or to employ such adjuncts to treatment as massage, hydropathy, and electricity.

I have arrived at the following conclusions in regard to the use of hypnotism in chronic alcoholism :—

1. Hypnotism is an agent of great value in the treatment of chronic alcoholism.

2. It acts by intensifying to an extraordinary degree the susceptibility of the subject to suggestion, and his capacity to act upon it.

3. It succeeds especially in cases of acquired alcoholism without hereditary predisposition when the subject is desirous of cure, but lacks the will-power to take the initial step.

4. Though it is a general rule that the more profound is the hypnotic sleep the greater will be the effect of the treatment, yet it does not follow that all somnambulists will be cured, or that those who are only slightly influenced will not be benefited. The result depends upon the constitution, temperament, and environment of the subject as much as upon the intensity of the hypnotic effect.

5. Casual hypnotization is generally useless. To be successful it is necessary to carry out the treatment systematically, and to keep the patient for a time under strict supervision.

6. A relapse does not necessarily militate against the ultimate success of the treatment as long as the patient retains his wish to be cured and his confidence in the treatment.

APPENDIX I.

Case.	Sex.	Date.	Age.	Condition.	Nature of surroundings.	Duration of habit.	Degree of hypnotism.	Result.
1	M.	Dec., 1888	43	Married, ex-captain	Favourable	3 yrs.	3rd	Cure. No relapses
2	M.	Jan., 1889	34	Married, merchant	Favourable	3 yrs.	2nd	Cure. One relapse in June, 1889
3	M.	Feb., 1890	30	Married, clerk in S. Africa	Unfavourable	2 yrs.	4th	Relapse after 15 months
4	M.	Feb., 1890	35	Single, ex-officer	Unfavourable	17 yrs.	6th	Cure. No relapse
5	M.	Feb., 1890	45	Married, artist	Unfavourable	over 10 yrs.	4th	Much benefited. Occasional outbreaks
6	M.	Mar., 1890	34	Married, country gentleman	Favourable	7 yrs.	3rd	Relapse after 7 months, but permanently benefited.
7	F.	April, 1890	41	Wife of solicitor	Favourable	over 5 yrs.	4th	Relapse after temporary benefit
8	F.	May, 1890	40	Single, shop assistant	Unfavourable	over 10 yrs.	5th	Relapse after temporary benefit
9	M.	June, 1890	27	Single, tutor	Favourable	3 yrs.	1st	Relapse after temporary benefit
10	M.	June, 1890	60	Married, merchant	Unfavourable	over 30 yrs.	2nd	No effect
11	F.	Dec., 1890	40	Wife of clergyman	Favourable	7 yrs.	1st	No effect
12	M.	Dec., 1890	42	Married, clergyman	Unfavourable	over 10 yrs.	2nd	Relapse after 3 months [months
13	M.	Feb., 1891	30	Married, merchant	Unfavourable	4 yrs.	6th	Apparently cured, but died after 6
14	M.	Mar., 1891	27	Single, country gentleman	Favourable	5 yrs.	3rd	Relapse after 8 months, but permanently benefited [cured
15	F.	Sept., 1891	42	Wife of merchant	Unfavourable	4 yrs.	3rd	Much benefited. Will probably be
16	F.	Sept., 1891	28	Wife of naval officer	Favourable	5 yrs.	3rd	Two relapses, but will probably be
17	F.	Nov., 1891	32	Wife of clerk	Unfavourable	5 yrs.	6th	Relapse after 3 months [cured
18	F.	Nov., 1891	45	Wife of artisan	Unfavourable	7 yrs.	6th	Relapse after 3 months
19	M.	Nov., 1891	27	Single, surveyor	Favourable	3 yrs.	4th	Relapse after temporary benefit
20	M.	Nov., 1891	35	Married, tradesman	Favourable	5 yrs.	2nd	Relapse after temporary benefit
21	F.	Nov., 1891	37	Married, dressmaker	Unfavourable	7 yrs.	2nd	Relapse after temporary benefit
22	F.	Nov., 1891	24	Wife of clerk	Favourable	3 yrs.	4th	Relapse after temporary benefit
23	F.	Dec., 1891	47	Widow, housekeeper	Favourable	7 yrs.	5th	Apparently cured
24	M.	Dec., 1891	54	Widower, gardener	Unfavourable	over 10 yrs.	6th	Relapse after 3 months
25	M.	Dec., 1891	35	Married, brewer	Unfavourable	7 yrs.	4th	Has had two relapses, but will pro-
26	M.	Dec., 1891	40	Married, chemist	Unfavourable	3 yrs.	5th	Apparently cured [bably be cured
27	M.	D c., 1891	40	Married, engineer	Unfavourable	4 yrs.	1st	No effect
28	M.	Dec., 1891	32	Married, tutor	Favourable	10 yrs.	3rd	Apparently cured
29	F.	Jan., 1892	43	Widow, servant	Favourable	2 yrs.	5th	Apparently cured
30	M.	Jan., 1892	32	Single, country gentleman	Favourable	4 yrs.	3rd	Two relapses, but now doing well
31	M.	Jan., 1892	45	Married, merchant	Favourable	20 yrs.	4th	Apparently cured

Resumé.—Cases treated, 31—Men, 20; Women, 11. Cured over two years, 3; still under treatment and doing well, 5; have relapsed but remain under treatment and will probably be ultimately cured, 4; permanently benefited, 4; no effect, 3; relapsed after temporary benefit, 11. One very promising case died of typhoid fever after six months' abstinence.

APPENDIX II.

Dr. Lièbeault of Nancy, who is the *doyen* of the treatment, if not its originator, and who has practised hypnotism for over thirty years, writes that he has treated a large number of cases of chronic alcoholism by hypnotic suggestion, and that he has several old patients living in Nancy whom he cured more than twenty years ago, and who have never relapsed. On the other hand many cases have relapsed and others have been but little benefited. He thinks that if there is an earnest desire for reformation, combined with the average amount of firmness of character, a cure may generally be achieved very speedily; and in less favourable cases good results may be promised if the patient will consent to a renewal of the suggestions from time to time. As already mentioned Lièbeault's usual practice is to allow his patients to drink light wine or beer with their meals, and his success, therefore, is the more remarkable.

Professor Bernheim, whose acquaintance many English doctors had the opportunity of making at the recent congress of physiological psychology, tells me that he has had great success in the treatment of chronic drunkenness by hypnotism. He also advocates the patient being allowed a stated quantity of alcohol with his meals. Total abstinence

seems to be little understood or practised in France at present, and on the other hand real dipsomania appears to be much less common there than in England.

Dr. Bérillon, of Paris, has practised hypnotism for several years, during which time he has treated a number of patients for chronic alcoholism and has seen good results in a large proportion of them. He finds the patient's wish to be cured and a favourable environment are most important, if not essential, conditions of success.

Professor Forel, of Zurich, who is recognized as an eminent authority on the alcohol question, writes that he uses hypnotism in order to make his inebriate patients take the first step towards reformation, which he considers is the taking of the pledge of total abstinence. Total abstinence is, he thinks, the only cure for intemperance, and he regards hypnotism as a lever to obtain this.

Dr. van Eeden, who together with Dr. van Renterghem, has a very large and flourishing clinique at Amsterdam, writes that he and Dr. van Renterghem treated five cases of chronic alcoholism by hypnotic suggestion from August, 1887, to June, 1889. Three of these are cured, one is much benefited, and the other slightly benefited.

From June, 1889, to June, 1891, he treated seven cases. In two of these cases the final result is unknown, as he has lost sight of them. A third

relapsed so frequently that he advised his removal to a retreat, and there he remains until there is a prospect of his responding to hypnotic treatment.

Case 4 is a young man of the lower classes. He was cured almost at once and remained so.

Case 5 was a dipsomaniac who had spent years in an asylum. He has remained cured for over two years and has re-entered society. He returns from time to time for a renewal of the suggestions.

Case 6 is a business man who has been cured and has returned to his business.

Case 7 has had one relapse, but is apparently cured.

Dr. Van Eeden considers the results he has obtained from hypnotism in the treatment of chronic alcoholism are the most gratifying part of his practice. He thinks that in nearly all cases it is necessary for the patient to return for treatment from time to time.

Dr. Hamilton Osgood, of Boston, U.S.A., is at present in England, and therefore away from his notes, but he tells me that he has treated 13 cases up to the end of last year. Of these eight are apparent cures, and one is greatly benefited. The patient who is benefited has diminished craving and increased self-control.

His most remarkable case is that of a man who had got drunk every night for twenty years except

for six months after marriage, when by dint of constant struggling he succeeded in keeping sober. He was hypnotized five times and was susceptible to suggestion. He is apparently cured, for he has been a total abstainer for over two years, and he has an abiding horror of and disgust for alcohol. Dr. Osgood thinks that it is the weak-minded and invertebrate patients who relapse, and he feels confident of success when he has to deal with men of character and decision, who having once regained control over their appetites are able to retain it.

Dr. Wetterstrand, of Stockholm, who has perhaps had greater experience of hypnotism than anyone, except Lièbeault and Bernheim, writes that he has been using hypnotism in the treatment of chronic alcoholism and dipsomania since 1886, and had treated about 60 cases up to June, 1891. He regrets that absence from home prevents him sending the exact figures. Of the sixty patients fifty-two were cases of chronic drunkenness, and the remainder were true dipsomaniacs. He used to find that about one half of the drunkards relapsed, but since he has insisted on their returning occasionally for renewal of the treatment the proportion has been very much less. Those that relapsed generally did so in from three to six months. One of his most interesting cases is that of a young man, who besides being an habitual drunkard was a thorough ne'er-do-weel.

He was subjected to hypnotic treatment five years ago, and he at once not only gave up drink, but became a reformed character generally. He emigrated to America, became an engineer, and is now eminent in his profession. He and his wife write from time to time to Dr. Wetterstrand and report progress. Wetterstrand notices similar improvement in character with several of his patients, and he considers hypnotic suggestion a very powerful reformatory agent.

Of the eight dipsomaniacs he treated he finds that six remain apparently cured. Dipsomania is, he thinks, a rare disease in Sweden.*

Dr. von Schrenk-Notzing, of Munich, has only treated two cases of dipsomania by hypnotism. The first of these was a very bad one and the patient, a gentleman, was cured and has remained so for

* The success of Dr. Wetterstrand and others in the treatment of dipsomania, a disease which many eminent authorities regard as incurable, raises a point of great importance. Dipsomania is a real neurosis, and apparently depends on a diseased and enfeebled condition of the cortical brain cells, which like epilepsy is generally inherited, whereas ordinary drunkenness is simply vice, and is the outcome of love of sensual gratification with diminished self-control. The drunkard drinks because he likes liquor and has acquired a habit of self-indulgence. It is otherwise with the dipsomaniac. He cares nothing for alcohol for its own sake, and may hate it even when the drinking fit is on him, but he yields in response to an imperious pathological craving due to disordered innervation. He may be surrounded with drink and drinkers four-fifths of his time, and the idea of indulging never occurs to his mind, and abstinence is no trial to him. It is easy to understand that here we can effect a permanent cure if we can render the brain cells more normal and

over two years. The second case was lost sight of after six months.

Professor von Krafft-Ebing, of Vienna, writes :—
 “ I have treated only five cases of chronic alcoholism entirely with hypnotism, and in three I have had very good results. In three cases there were relapses on account of opposing outside suggestive influences, but these were overcome and the patients eventually cured. Hypnotism seems to me a most valuable treatment in alcoholism, and I find the induction of somnolence sufficient preparation for anti-alcoholic suggestions. I am convinced that therapeutic suggestion will play a very important part in the treatment of chronic alcoholism.”

Dr. Cruise, Consulting Physician to the Mater Misericordiæ Hospital, Dublin, writes :—“ My experience of hypnotism in chronic alcoholism may be briefly summed as follows : Up to the end of 1891, in four cases of males and one female, hypnotism gave excellent results. The female patient under-

their function more stable. This is perhaps done by hypnotism. On the other hand the temptation to drink is ever present with the ordinary drunkard, and alcohol is sweet to him for its own sake. The craving is stomachic and sensual, and not merely cerebral.

The drunkard is a sensualist, whereas the dipsomaniac is a sick man, and everyone knows that it is often easier to deal with disease than with vice. Again the dipsomaniac gets little or no pleasure out of his drinking, and is always terribly aware of the reality of his disease and desirous of cure, whilst the ordinary drunkard gets a certain enjoyment out of his potations, and while expressing a wish to be cured continues to think longingly of the bottle.

went a marked change in and improvement of character, devoting herself to literary pursuits in a very successful manner. On the other hand I have had rather more failures to record, including those I could not hypnotize, those on whom suggestion had no effect whatever, and those who relapsed."

Dr. J. J. Murphy, of Dublin, has kindly sent me particulars of four cases he has treated by hypnotic suggestion. The first case is that referred to by Dr. Cruise. The lady was forty years of age, married, and had for many years been an habitual drunkard. All kinds of treatment had been tried without result. With some persuasion she was induced to try hypnotism, and was under the treatment for three months. She relapsed, after keeping sober for six months, under the stress of severe domestic affliction, and at once put herself under treatment for another three months. She has now remained an abstainer for over eighteen months, and as her general character has very greatly improved, and she fulfils her duty as wife and mother much better than she did formerly, Dr. Murphy expects the cure to be permanent. The second case relapsed after temporary improvement. The third case is that of a professional man who kept sober ten months, after a fortnight's treatment. He then relapsed, but returned to Dr. Murphy for a repetition of the course, which he is now undergoing.

The fourth case is too recent for the result to be published.

Dr. Felkin, of Edinburgh, writes that he treated five cases of chronic alcoholism by hypnotism last year. Good results followed in three of these ; one gave up treatment, and one was only hypnotized once. This last kept sober for three months after the operation, and then broke down. Dr. Felkin considers that the treatment should be continued for at least a year, and that the difficulty lies in persuading the patients who think themselves cured to submit to this.

Dr. Milne Bramwell, of Goole, has also had gratifying results from the use of hypnotism in cases of chronic alcoholism, and he tells me that some of his patients have now been cured for over two years.

Dr. Kingsbury, of Blackpool (author of "The Practice of Hypnotic Suggestion"), writes that as a result of extended experience he feels satisfied of the value of hypnotism in chronic alcoholism. He considers that there must be a desire for cure on the part of the patient, and regrets that so many drunkards are incurable because they are wanting in backbone, and love to cherish their vice. He considers that the patient should be kept under observation and be occasionally hypnotized for at least twelve months. Dr. Kingsbury adds that the unsatisfactory results obtained in the treatment of

chronic alcoholism by ordinary means was one of the causes of his investigating hypnotism.

Dr. Arthur, of Sydney, New South Wales, writes to me that he is getting gratifying results from the treatment of alcoholism in that city.

Dr. J. E. Usher, of Melbourne, author of "Alcoholism and its Treatment," states in that most important and interesting work, "Hypnotism has been successfully used, and where hypnosis is attainable through the medium of a competent and responsible operator very good results may be looked for." Dr. Usher then gives details of two cures effected by Dr. Howard, of Baltimore (*op. cit.*, p. 127).

From all sides testimony is coming in as to the value of hypnotism, and I venture to think that the evidence in support of my contention is not only encouraging, but conclusive; so that one looks forward to seeing the arrival of a happier time, both for inebriates and their unfortunate friends and relatives, through the extended use, by medical men, of hypnotic therapeutics.



