—at first on one side and inconstantly, but in higher forms on both sides and constantly—to become broader and broader; and, instead of forming a single loop, to be doubled or complicately convolute.

In Man, the region of these recent gains is still very variable, and the deep transverse temporo-parietal annectant gyres, like fresh invaders, seem to struggle to attain the surface.

Broca stated that the anterior horizontal branch of the Sylvian fissure is always present in Man and in all anthropoids, and probably in them only; and that the anterior ascending branch exists nearly always in Man; frequently in the orang and chimpanzee, and in them often in a rudimentary form; but is not existent in the gibbon or gorilla. These two anterior branches of the Sylvian he attributed to elongation of the third frontal gyre which folds itself in accommodation to the small compass of the region it occupies. In his view, the anterior horizontal branch is the principal and almost sole character which distinguishes the cerebral type of anthropoids from that of other apes. The anterior ascending branch he stated to be absent, in Man, in abnormal brains only; most examples of the kind being "idiots and microcephales." But in a number of persons, other than these, there is no separate anterior ascending Sylvian branch; it and the anterior horizontal being both conjointly represented by a single anterior Sylvian branch directed obliquely upward and forward.

(*To be continued.*)

The Treatment by Suggestion, with and without Hypnosis. By John F. Woods, M.D., Medical Superintendent, Hoxton House, Asylum, London.

I have much pleasure in acceding to the request of the editors of this Journal to give my personal experience of "suggestion" (with or without hypnosis) as a therapeutic agent.

Having for many years been impressed by the impotency of drugs in the treatment of mental and nervous diseases, I resolved to try the effect of the so-called hypnotic treatment. I was prompted to this by the reading of an article on this subject by Dr. Robertson.* I commenced experiments in September, 1892, and have continued working at

* See *Journal of Mental Science*, Oct., 1892, p. 494.

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the subject ever since. I started with very decided scepticism as to the value of this method of treatment, but, as will be seen by the summary of the cases appended, results have proved its efficacy, and have indeed shown that in certain disorders no other mode of treatment can compare with it.

I have found suggestion, with or without hypnosis, useful not only in mental diseases, but in all nervous affections, especially those known as "functional." By referring to the lists of cases, it will be noticed that I have obtained good results in chorea and other forms of spasm, neuralgia (notably trigeminal, sciatica, etc.), headaches, insomnia, rheumatism, gout, asthma, palpitation, nervous dyspepsia, chronic alcoholism, and various forms of mental disease, especially melancholia. I have also had some success in epilepsy. In the majority of my cases I get a good result without the sleep. I find for instance that by simply placing my hand on the painful part, in a case of neuralgia, I can by mere suggestion, coupled with gentle pressure, remove the pain. From one to five minutes of this treatment is generally sufficient to remove the pain of toothache, facial neuralgia, or sciatica.

The most simple method of producing hypnosis in my experience is to place the patient in an easy chair, and after getting him to shut his eyes, and to relax the muscles of his arms and legs as much as possible, and telling him to abandon himself to thoughtlessness, to place one hand on his head, and with the other stroke his forehead very lightly; at the same time repeatedly suggesting sleep.

I have indeed often sent a patient to sleep (hypnotically) simply by telling him to relax the muscles, shut the eyes, and remain in one position for about 20 minutes. This method is alike simple, efficacious, and agreeable. I have never seen any untoward symptoms follow from it.

I select the following illustrative cases from my note-book. The remainder (in order to save time and space) I have put in the form of schedules.

Facial Neuralgia.

A. L. W., female, single, age 24.

Suffered from facial neuralgia for four years. No medicine relieved her for more than a few days. She could not sleep, and was weak and depressed.

Hypnotised for the first time October 9th, 1892, and sug-

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gestions given that *she was to sleep for* 15 *minutes, to awake with no pain, be bright and cheerful, and sleep well every night.*

Everything, greatly to my surprise (this being one of my first cases), happened as suggested. The patient awoke laughing, without any pain, slept well every night, the neuralgia not returning until 12 days afterwards, when she was again hypnotised, since when (with the exception of a few hours' pain due to carious tooth during November, 1895) there has been no recurrence of the pain.

This case was shown before the Hunterian Society on April 12th, 1893.

Athetoid Movements of Right Hand.

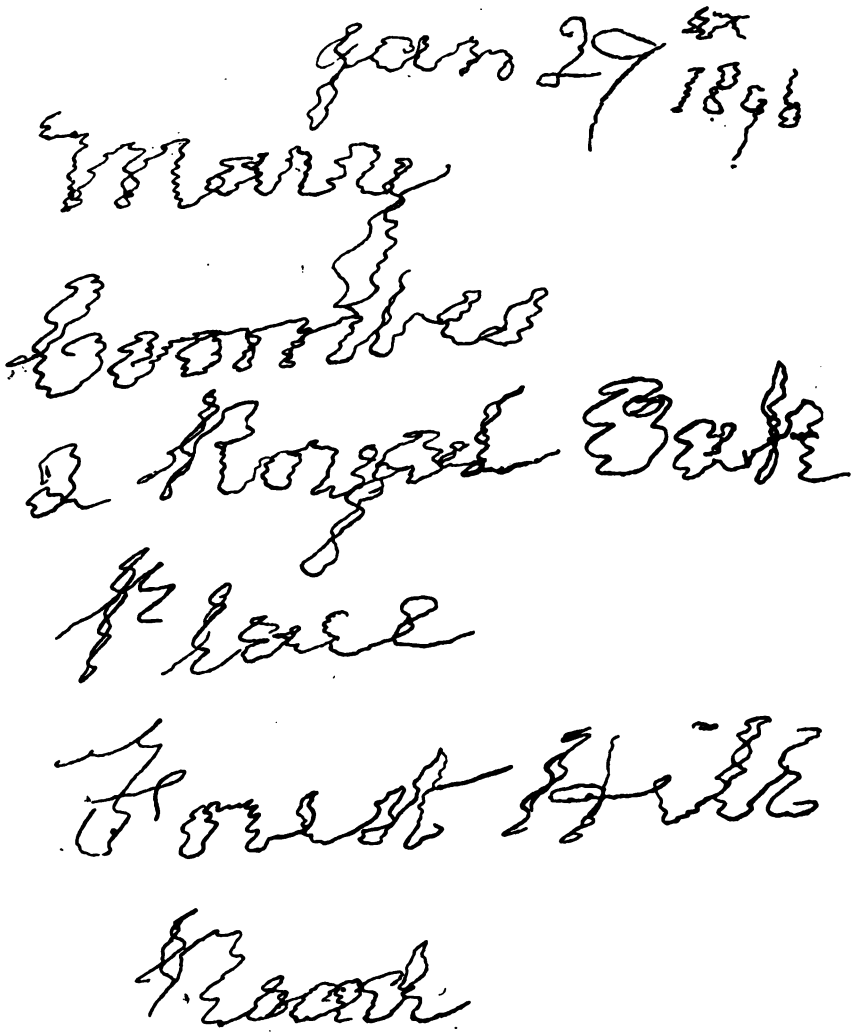
Case shown by Sir Hugh Beevor before the Hunterian Society on January 22nd, 1896. Sent to me by him for treatment January 27th, 1896.

M. C., a servant girl, 16 years of age. She was admitted in King's College Hospital under Dr. Ferrier July 13th, 1895, with tremor of right hand.

Family History.—Her mother had eight children: three miscarriages.

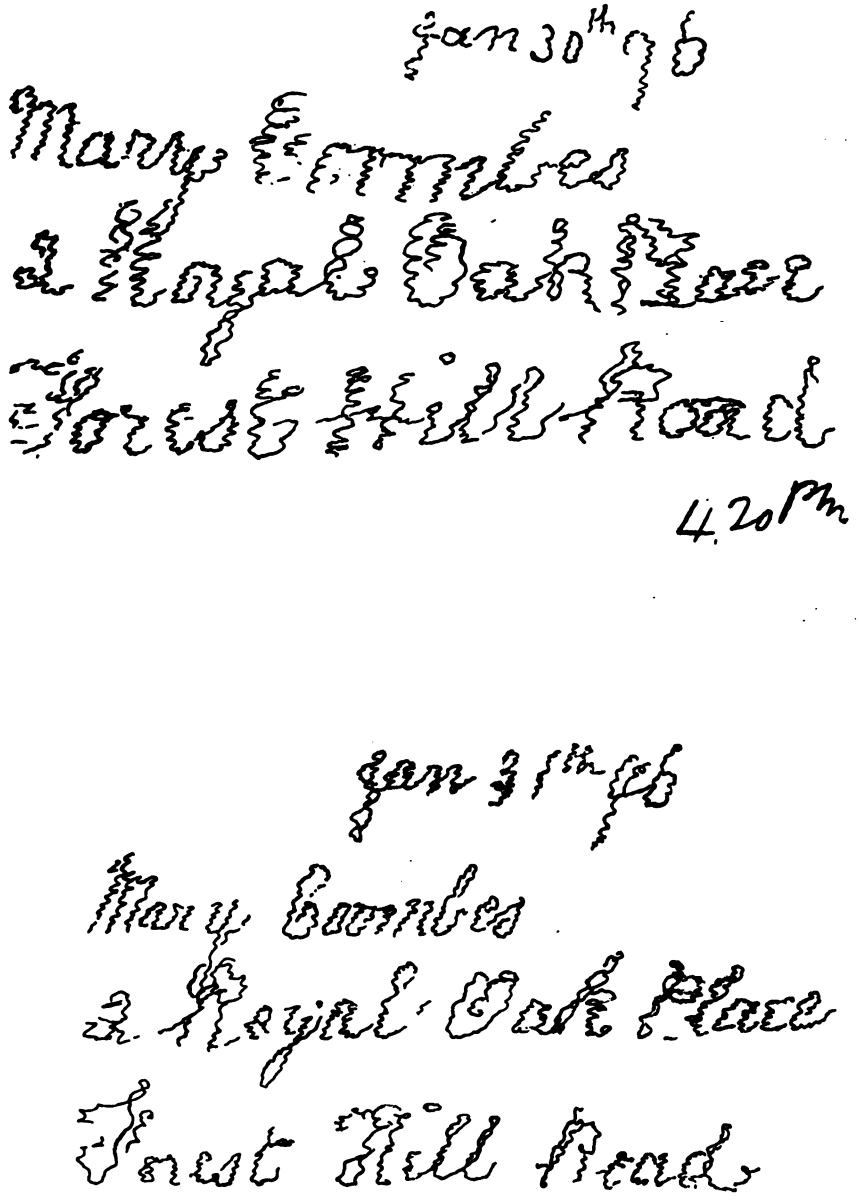
Personal History.—Dr. Pritchard removed polypi for obstruction of the nose six weeks ago. Two years ago at commencement of menstruation, and after excitement of brother's illness, tremor of the whole body began, shaking the bed; it lasted two weeks; improved gradually until right arm and hand alone were affected; after three months all tremor had ceased. A fright of trivial character six months later induced great stuttering for a fortnight, and movements in arm till Christmas (six months). Since this, every three months an attack of tremor has seized the right arm. Sometimes grimaces, jerking of the head and jerky speech would be present, and occasionally the left arm was implicated. Except slight anæmia and loss of knee-jerk, nothing abnormal but tremor has been noticed during four weeks' stay in hospital. The tremor is described as rhythmic, increased by voluntary movements and by excitement; rate six per second. The chief movement is of the hand from right to left, as it is held in a semi-prone position. She was treated by spinal douche, and then by putting the right arm in plaster of Paris, and discharged with very slight movements. Re-admitted on December 11th, 1895. Movements when awake have not ceased since discharge. Movements of arm and tendon reflex as before. Chloral hydrate, gradually increased up to gr. xx every three hours;

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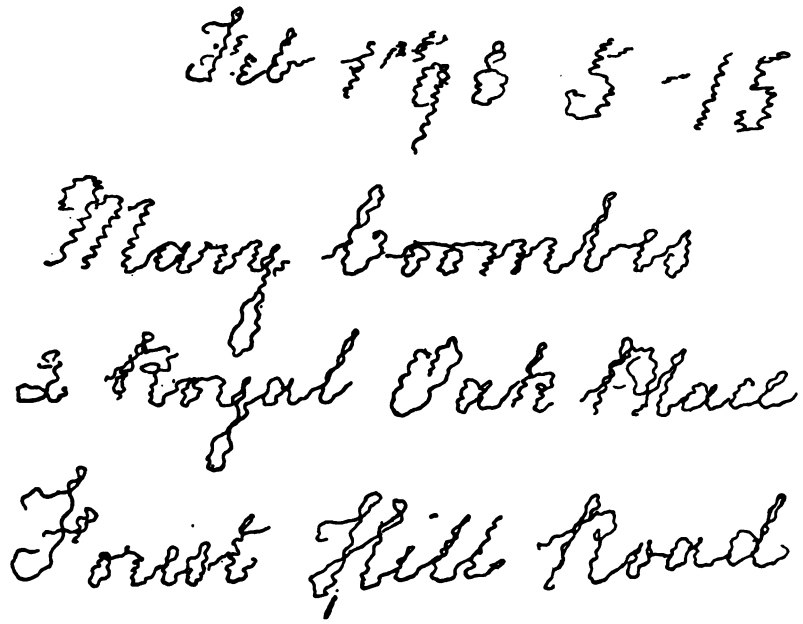
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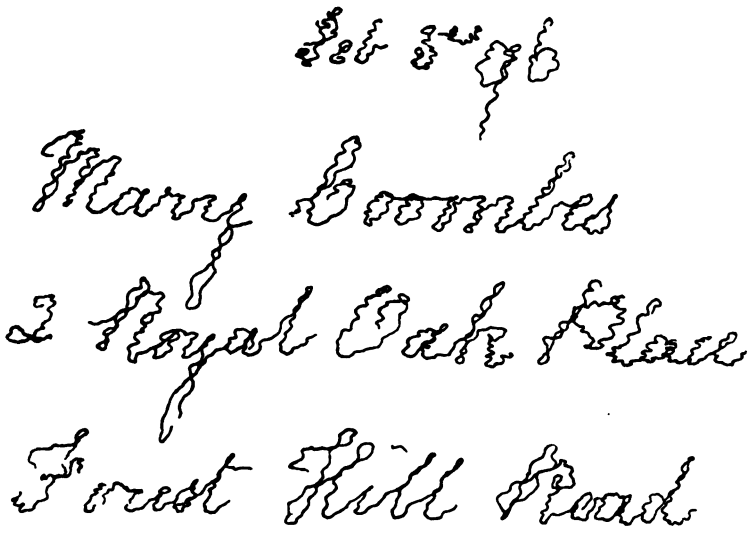
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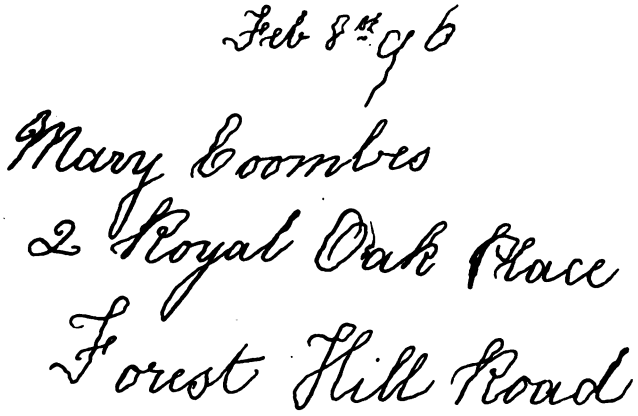
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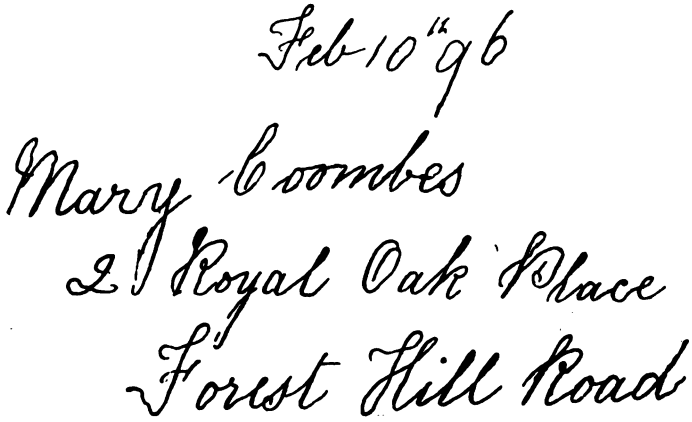
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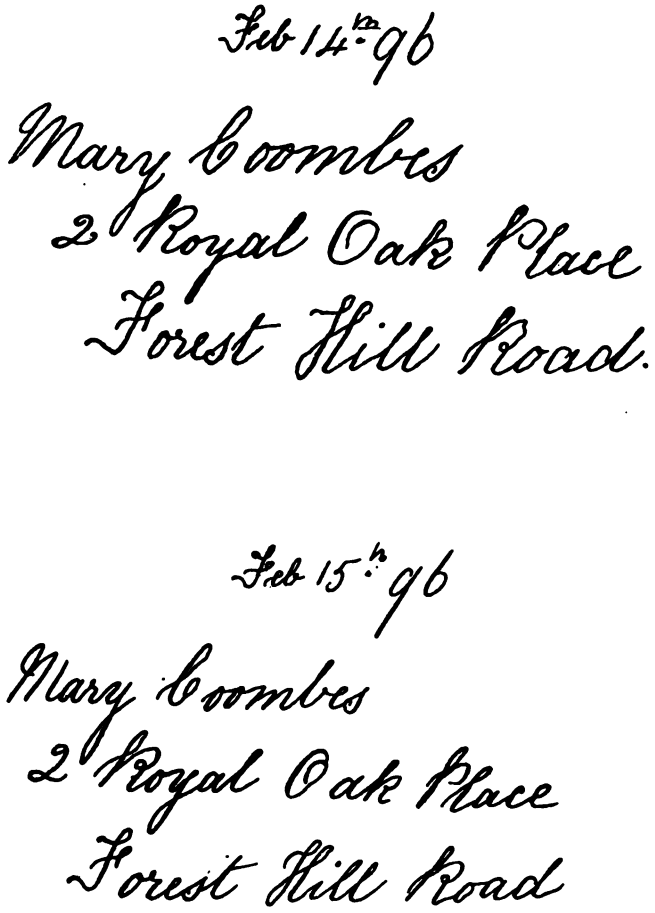
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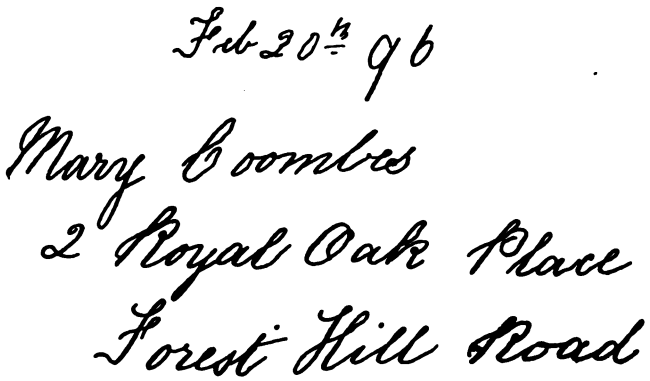
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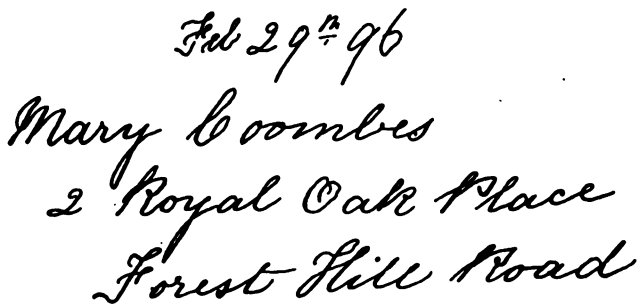
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slightly less tremor; stopped December 19th. Liq. Coninæ Hydrobromatis, five per cent. sol. ♏. ii. bis die injected. January 11th, dosage increased to ♏. viii. There has been no improvement of any permanent character.

I treated M. C. by short hypnotic sleeps daily, Sundays excepted (each sleep lasting about one hour), for the first three weeks, and then at intervals until March 8th, 1896, when the tremor entirely ceased, and there has been no appreciable return of it since that date.

The specimens of M. C.'s handwriting are interesting,* as they show clearly how steady the improvement was in her case.

This patient was shown again last March before the Hunterian Society by Sir Hugh.

A Case of Melancholia.

E. B., age 16, admitted December 20th, 1893.

In great distress, continually crying, has delusions, fancies that she is lost, says she wishes to die and asks us not to burn her; full of self-accusations about being very wicked and going to hell, sleeps badly and refuses her food.

In weak bodily health, has no organic disease.

Had ordinary asylum treatment with no improvement until the 2nd week in January, 1894, when she was hypnotised about three times, the suggestion being given during hypnosis that she was to sleep, and awaken feeling better; distinct improvement.

3rd week.—Hypnotised twice with same suggestions. Improving in every way.

4th week.—Hypnotised twice. Has good nights, takes her food well and is much stronger, has given up crying for some days.

February 10th.—Has not been hypnotised since January, is going on well and gaining in weight, generally cheerful.

March 21st.—Health much improved, always cheerful, very industrious, helps the nurses.

April 3rd.—Quite convalescent.

Trigeminal Neuralgia.

W. W. B., male, age 50, was sent to me from Guy's Hospital by Mr. Charters J. Symonds. This patient has suffered from neuralgia since 1887, which gradually became worse. During the past five years he was operated on three times by Mr. Symonds; at the last operation Meckel's

* See illustrations. Mary Coomber.

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ganglion was removed—he also had some teeth extracted. The pain returned after an interval of improvement.

I saw this patient on the 1st, 2nd, and 3rd of September, 1896, and he improved rapidly under suggestion and slight hypnosis; nearly all his pain disappeared after the first sitting, he slept well, was cheerful, and his appetite became excellent.

On September 11th, Mr. Symonds wrote congratulating me on the success of the treatment, saying that:—"*the change in the man is something remarkable—he is different in every way, his whole view of life is changed; and from being depressed, miserable, suicidal, he is bright, free from pain, and ready and anxious for his work.*"

I have lately seen this patient, and he has gained in weight, generally has excellent nights, is following his occupation and seldom has any pain.

M. A. B., case No. 18 on the *Chorea* schedule, was sent to me by Dr. Corner on April 24th, 1896, when I was unable to hypnotise her; however, I succeeded fairly well on May 1st, and I send specimens of her writing to show the effect of one hypnosis.*

The Rationale of the Hypnotic Treatment.

I do not propose to discuss the physiology of hypnosis, for this can only end in vague and unprofitable speculation. It will, however, be of advantage to briefly inquire into the rationale of hypnotic treatment—the way, namely, in which it does good.

It is a fact well known to psychologists that every idea tends to work itself out. Thus, standing on the edge of a precipice, suggests the idea of precipitating oneself over it. When this idea occurs to the mind, there is felt an impulse to carry it into effect, and if the individual be weak-willed, he may blindly obey this impulse. In like manner, the sight of a razor, or a bottle of poison, may suggest suicide, and actually lead to it. Thus it is with all ideas; a child beholds a beautiful flower, and the idea of plucking it is almost mechanically obeyed; a hungry man sees a loaf of bread, and the impulse to appropriate it may be too strong for him to resist.

This fact, that all ideas tend to become actualities, has led psychologists to assert that the idea of an act *is* the act potentially. It is assumed, *i.e.*, that the cortical changes

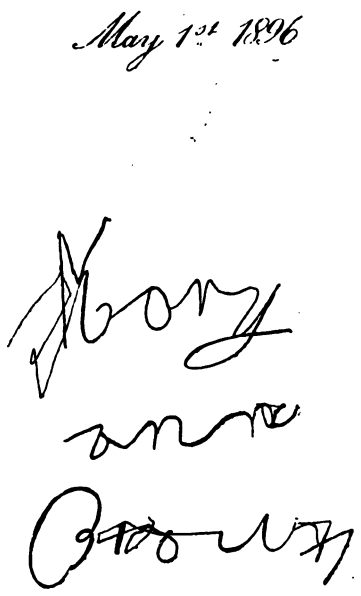
* See illustrations. Mary Ann Brown.

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Writing after first hypnosis.

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underlying the idea of an act are those which initiate the act. When this is not performed, these nervous changes, underlying the idea, are practically confined to the cortex; but when it is actually performed, there is an overflow, so to speak, of nerve force towards the periphery, whereby the muscles engaged in the performance of the act are energised. When this happens we must assume that the initiatory cortical changes acquire a high degree of intensity.

Now, how comes it that the intensity of these initiatory changes is not always sufficiently great to lead to the performance of the act—that ideas of acts do not always become actualities? It is either because the idea is, in the first instance, not sufficiently vivid, or what comes to the same thing, that the cortical processes underlying it are not sufficiently intense; or because other ideas are called up by association, and these having a similar tendency to work themselves out, a conflict ensues, causing a temporary inhibition of action.

There is a struggle for mastery among the various ideas, the strongest gaining the day. Directly action follows, as the result of such a conflict, we have an act of will. So long as one idea only, occupies the mental field, to the exclusion of all others, we cannot, in my view, regard the action following from it as an act of will. Rather must we regard it as a mental reflex—as a reflex action starting in the retina, and involving the highest cortical centres; or in the language of Dr. Harry Campbell, "a simple mento-motor action." It is not until there is a struggle for mastery among two or more impulses to action, that will, in the proper sense of the term, displays itself ("compound mento-motor action"). Let us take the case of a man standing at the edge of a cliff. If no other idea than that of throwing himself over the cliff suggests itself to him, and that idea be sufficiently vivid, he must needs obey it promptly. It may be thought that it is impossible for the mind to be chained down to one idea alone; that other ideas will necessarily arise by association. When the mind is deranged, however, there is an interference with the normal association of ideas; and an idea, especially such an impressive idea as suicide, if vividly excited, may take possession of the mind to the exclusior of all others, and under these circumstances it is certain to become an actuality. If, however, the individual be of sound mind, other ideas will suggest themselves to him, above all, the

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absurdity of obeying the mad prompting. These ideas will rapidly rise to an intensity greater than that of the initial idea, until finally the idea of walking away from the cliff will become so powerful that it will work itself out.

Now, when an individual is thrown into the hypnotic state, his mind is practically a blank. Ideas may, however, be excited in it by suggestion, and these ideas tend to occupy the mind to the exclusion of others; that is to say, instead of calling up other ideas, so that a complex train of thought ensues, as happens in the case of all sane individuals when awake, an idea suggested to the hypnotised individual tends to take entire possession of the mental field. The condition of mind may then be compared to a blank screen on to which an image is thrown by a camera.

It is true a few associated ideas may cluster round the suggested idea, but this latter persists as a central idea, round which others revolve, so that the mind is not led by a train of associated ideas, away from the suggested idea. It would be interesting to inquire into the cause of this, but such an inquiry would lead us too far afield. It is sufficient to point out that one of the most characteristic features of the hypnotic state, psychologically considered, is the tendency for ideas to stagnate.

Now, seeing that an idea can in this way be made to dominate the mind for a length of time (that the entire consciousness is, as it were, concentrated upon it), it is not surprising that it should rise to a high intensity. A very vivid idea being thus the sole occupant of the mental field, it follows, from the principle enunciated, that it will act itself out. Hence, when a person is hypnotised, it is only necessary to suggest that he shall do a certain thing and he does it.

I have said that an idea suggested to an individual while in the hypnotic state acquires an unusual power, by reason of the fact that the whole mind is focussed upon it. It is attended to in the strictest sense of the term, for there are no distracting influences. Individuals differ greatly in regard to this power of attention, one of the most valuable mental attributes. It may be defined as the power of focussing the mind upon one idea, or group of ideas, to the exclusion of all others. It is possessed in a large degree by men of strong character and iron will. Indeed, strength of will largely depends upon it, for if an individual, as the result of reasoning, comes to the conclusion that a certain course of action is the right one, it

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is necessary for him to keep this conclusion prominently before him in order that he shall act up to it. One lacking this power would be much more likely to be irresolute and weak-willed than one possessing it, for he would be less able to keep vividly before him the conclusion to which his reasoning had led him; his mind would rapidly pass from one idea to another, and his conduct would be correspondingly vacillating.

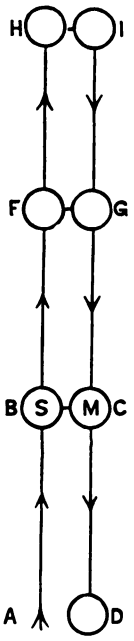
The fact that an idea, suggested to the hypnotised individual, acquires an unusual vividness, helps us to explain the therapeutic value of suggestion. The idea takes such possession of the mind that it tends to persist after the individual has awakened from the hypnotic sleep. We know how an idea may persist, even after a transitory dream, and it is not surprising that it should endure much longer after hypnosis, seeing that it is impressed upon the mind, to the exclusion of other ideas. By putting the patient to sleep, time after time, and making the same suggestion on each occasion, we so increase the tendency of this idea to persist that it becomes a mental habit, and (seeing that all ideas tend to work themselves out) influences the conduct of an individual.

Thus we may suggest that water should be drunk instead of alcohol, and this idea lays such hold of the individual as to compel obedience to its prompting. In any case we give an intensity and persistency to an idea which was before but vague and evanescent. But suggestion does not always take the form of a suggested act, such as drinking water instead of alcohol; we may suggest some modification in the sensorial sphere, that the drinking of alcohol, for instance, will in future cause nausea, or that a certain pain shall disappear; or, again, we may suggest that paralysis, or spasm of a group of muscles, shall disappear. In all these cases the suggestions may have the desired effect, but it is clear that we cannot, on the above principle, explain that effect. In order to find an explanation of it we must have recourse to a much wider principle—to what we may term Hughlings Jackson's law, one of the most brilliant conceptions in the region of neuro-physiology, *i.e.*, that all parts of the body are represented in the highest cortical centres, and can be definitely influenced through them. These highest cortical centres constitute the physical basis of mind. Hence mind must necessarily influence body.

Every non-nervous part of the body is connected afferently

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and efferently with centres in the spinal cord and base of the brain. Take for instance a limited portion of muscle or gland substance. This is provided with an afferent nerve (A.B.) furnished with a suitable end-organ (A.) adapted to receive nerve impressions, an efferent nerve (C.D.), terminating in the muscle or gland (D.), a receptive or sensory ganglion cell (B.) placed in connection with a motor ganglia cell (C.), whose function it is to send impulses down the efferent fibre (C.D.) to the muscle or gland (D.). The two ganglia cells (B.C.) constitute a so-called *sensori-motor*, or better, *affero-efferent centre*, and we must suppose that all non-nervous parts of the body are provided with such affero-efferent centres, these collectively constituting the so-called lowest nervous level.



As evolution proceeds, we have higher and higher nervous levels super-imposed; each higher level growing out of the one next below it, and the highest constituting the anatomical sub-stratum of mind. Thus, referring again to one limited patch of tissue, with its nervous system (A.B.C.D.) we must suppose a higher arc B.F.G.C. to develop in connection with it, constituting the next highest level; and again, that from this last, a yet higher arc F.G.H.I. is developed, constituting the highest level (for we may, for convenience, limit the nervous levels to three). On this hypothesis H.I. constitutes the physical basis of mind, and whatever sensations are felt in connection with our limited patch of tissue, and whatever dynamical effects are produced in it, as a result of mental action, will be produced through H.I. According to this hypothesis all the non-nervous parts of the body are provided with a similar nervous apparatus, all of them being thus definitely represented in the cortex, *i.e.*, every minute part of the body has a definite part of the cortex belonging to it, through which it feels, and through which, moreover, it can be dynamically affected. Hence not only the voluntary muscles, but the vessels, glands, and all other tissues can be influenced through the cortex. Indeed, physiologists now recognise the existence in the cortex, not

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only of centres definitely related to the muscles (the kinæsthetic centres of Bastian, and the motor centres of Ferrier), but vaso-motor, trophic, thermic, and other centres. That, apart altogether from theory, the body can be dynamically affected, though the cortex is clearly shown by observing the bodily effects of a strong emotion, which may cause secretions to be exaggerated or dried up, muscles to be convulsed or paralysed, and the vaso-motor system to be profoundly disturbed. It may, however, be argued that this is no proof that all parts of the body are definitely related to or represented in the cortex; that it merely proves a connection of some kind between the brain and the body. This is a valid objection, but it can be met. There is one remarkable fact, and one most suggestive from our present point of view, which appears to me to prove the correctness of Hughlings Jackson's assumption, namely, that when the attention is directed to any limited part of the body, not only is a sensation soon felt in the part, but after a time a definite dynamical effect is produced in it. Thus, if the attention be directed to the tip of the finger it before long will begin to tingle, and in course of time the vessels will dilate, and it is an authentic fact that a blister has actually been produced in this way. Now it is, as Harry Campbell observes, perfectly clear that that part of the cortex which is engaged in such an act of attention must be definitely connected with the part attended—in other words the latter must be definitely represented in the cortex; and further that the peculiar enervation of this particular part of the cortex constitutes on the physical side, what is, on the psychical side, an act of attention to the part. Hence we see how it is that by concentrating the attention on a particular part of the body we influence that part as well as the entire nervous system belonging to it.

This conception enables us to explain how abnormal sensations and abnormal motor states (such as spasm and paralysis) may be made to vanish by means of suggestion. Thus, suppose we hypnotise a person who has pain in a certain region of the body and make the suggestion that the pain will vanish. The "anatomical substratum" of this pain is the cortical representative of the part to which the pain is referred, and while the pain is felt this portion of the cortex is in a peculiar state. Now when we suggest to the patient that his pain will vanish his attention is directed to the painful part, and seeing that this act of attention involves those nervous arrangements of the cortex which

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constitute the physical correlatives of the pain, it is manifest that we make by our suggestion an impression on the very parts engaged in the morbid process. And not only so, but we impress the cortex in a very specific way, for by suggesting that the pain shall vanish we suggest an idea, the vivid realisation of which is inconsistent with the feeling of pain in the part. When the highest cortical centres are evolving pain (if I may be allowed the expression) they cannot evolve the idea that there is no pain. It is quite impossible to vividly think of no pain being in a part whilst the pain actually exists. Directly the individual has a vivid idea that there is no pain the pain must necessarily have vanished. By suggesting the idea then that the pain shall vanish, we throw the cortical cells implicated in the pain into a condition incompatible with the evolution of the pain. And not only do we influence the cortex, but the whole of the nervous arc and non-nervous tissue belonging to it—a fact of great practical importance, seeing that the pathological cause of the pain may reside in any part of this system. The disappearance of spasm, or paralysis, may be explained on similar lines.

By suggesting, for instance, that a spasm of the face should disappear we act specifically upon the very parts of the nervous system implicated in the abnormal condition.

The above remarks on the influence of suggestion in curing diseases refer to suggestions made to an individual while in the hypnotic state, when, for the reasons given, they tend to impress the mind with peculiar force. It is manifest, however, that suggestions made to a person while awake will tend to act in a similar manner. Inasmuch, however, as they affect the mind less powerfully under these circumstances than during hypnosis, owing to the distracting influence of associated ideas on the idea suggested, the latter will be less vividly realised than during hypnosis. Nevertheless, as I shall more particularly explain on another occasion, I have obtained remarkable results by suggestions when the patient has been actually awake or only partially hypnotised.

The success in these cases depends upon our ability to impress the patient's mind with one idea to the exclusion of others, and one reason why a physician who has especially devoted himself to curing disease by suggestion, and who has obtained some reputation in this line of work, obtains better results than others, is because patients much more readily abandon themselves to his suggestions than to those made by others.

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TABLE I.—CHRONIC ALCOHOLISM.

No.	Name.	Sex.	Age.	Duration of Disease before Treatment.	No. of Hypnoses.	Date.	Result.	Remarks.
1.	E. M.	F.	30	10 years.	Several.	March to June, 1893.	Good, for some months.	Treated as an in-patient: improved a great deal, but relapsed some time after discharge. Would drink scents, spirits of wine, &c. Shown at Hunterian Society.
2.	Mr. S.	M.	42	10 years.	Several.	April to Dec., 1893.	Fair.	This patient improved a great deal, but would break down about every 6 months.
3.	H. A.	M.	47	Several years.	Five.	March and April, 1893.	Good.	*Was shown at Hunterian Society, April* 12th, 1893. £2 was offered him if he would drink a glass of whisky and water, but he could not. *Shown again April* 11th, 1894, having kept well. Before treatment he took the pledge 47 times.
4.	Mr. D.	M.	34	2 years.	Two.	November, 1894.	Good.	This patient heard voices, but he improved after hypnosis, and is, I believe, well now.
5.	Miss T.	F.	38	3 years.	Six.	Feb., March, and April, 1895.	Good.	I heard from patient Christmas, 1896, and she is keeping well.
6.	Miss A.	F.	41	Some years.	Twelve.	July, Oct., Nov., & Dec., 1895.	Improved.	This patient had no desire to be cured; but *after* treatment she took considerably less stimulant than *before*.
7.	Mrs. W.	F.	29	Some years.	Six.	July, 1893.	Good.	I have not heard of this case lately, but in June, 1894, she was keeping well.
8.	P. C.	M.	36	Some years.	Six.	July, 1895.	Good.	I heard a few months ago that this man, who is servant to a doctor, has given no trouble since first treated (*with but one exception*).
9.	Mr. B.	M.	40	10 years.	Seven.	August, 1894.	Good.	I saw this patient last year and he is keeping fairly well. Sometimes takes a little beer with his meals.
10.	Mr. G.	M.	42	Several years.	Six.	Nov. and Dec., 1895.	Good.	This patient left well.
11.	Mrs. R.	F.	36	Several years.	Eight.	November, 1895.	Improved for a short time only.	This patient relapsed soon after treatment, and is still drinking at intervals.

TABLE I.—CHRONIC ALCOHOLISM (*continued*).

No.	Name.	Sex.	Age.	Duration of Disease before Treatment.	No. of Hypnoses.	Date.	Result.	Remarks.
12.	Mr. S.	M.	40	Some years.	Six.	April and May, 1896.	Recovery.	Seen last December, as he was not quite sure of himself—is, however, doing well.
13.	F. P.	M.	39	Some years.	Eight.	May & Aug., 1894. October, 1896.	Kept well for 14 months after 2nd period of treatment, then relapsed.	Treated on three separate occasions.
14.	Mrs. P.	F.	36	Some years.	Four.	February, 1895.	Much improved.	Her husband told me last December, that the patient had been very well since I treated her, and had had only one slight relapse.
15.	Mrs. B.	F.	38	18 years.	Six.	November, 1894.	Improved.	Used to break down about every 12 weeks. Now relapses once in 4 or 5 months.
16.	Mrs E.	F.	36	Some years.	Six.	Feb. and March, 1896.	Improved.	Had one relapse since the treatment, but is very well at the present time.
17.	Mr. M.	M.	40	Some years.	Six.	July, 1896.	Relapsed.	Relapsed a month after treatment.
18.	C. de St. C.	M.	38	Some years.	Six.	May, 1896.	Recovery.	I believe this patient is keeping well.
19.	Mr. B.	M.	38	Some years.	Several.	Sept., Oct., and Nov., 1896.	Much improved.	Had some peripheral neuritis, which disappeared in a few days
20.	Mr. B. B.	M.	40	2 years.	Six.	Oct. and Nov., 1896.	Recovery.	Was taking on an average a quart of whisky daily, besides other liquor. Gave up drinking after first hypnosis.
21.	Mr. B.	M.	38	Some years.	Three.	July, 1895.	Much improved.	
22.	A. E.	F.	42	Some years.	One.	June, 1895.	Much improved.	Is keeping well.
23.	Mr. M.	M.	26	Some years.	Three.	November, 1896.	Much improved.	Is keeping well
24.	Dr. M.	M.	38	Some years.	Six.	Oct. and Nov., 1896.	Improved for a short time only.	
25.	A. D.	M.	42	Some years.	Several.	Oct., Nov., and Dec., 1896.	Recovery.	Sent by Dr. WALLIS.
26.	E. G.	F.	30	Some years.	Four.	July and August, 1896.	Improved and then relapsed.	Has been better lately.

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TABLE II.—NEURALGIA *(Sciatica)*.

No.	Name.	Sex.	Age.	Duration of Disease before Treatment.	No. of Hypnoses.	Date.	Result.	Remarks.
1.	H. B.	M.	30	Some years at intervals.	Two.	October, 1893.	Recovery.	February, 1897: Has had no return.
2.	P. L.	M.	38	6 months.	Suggestion only. Seen twice.	April, 1894.	Recovery.	February, 1897: Has had no return.
3.	Mr. C.	M.	77	4 years.	Suggestion only. Seen four times.	June and July, 1895.	Relief for a few days only, after each treatment.	
4.	Mrs. W.	F.	70	6 months.	Suggestion only. Seen five times.	Oct. and Nov., 1894.	Apparent recovery for 2 weeks, and then a relapse.	
5.	Mrs. R.	F.	60	Some months	Suggestion only. Seen six times.	March, 1896.	Not much relief.	Patient persisted in taking morphia whilst under treatment, consequently I could not influence her.
6.	C. A. P.	M.	32	18 months.	Suggestion only. Seen four times.	February, 1896.	Good.	Has had very little pain since first treatment.
7.	Mr. B.	M.	42	6 months.	Suggestion only. Seen five times.	June and July, 1896.	Recovery after one relapse.	Sent by Dr. HARPER, of Finchley. February, 1897: Is keeping well.
8.	Mr. H. M.	M.	52	8 months.	Suggestion only. Seen three times.	August, 1896.	Very little improvement.	Sent by Dr. HARPER, of Finchley.
9.	Mr. W.	M.	38	6 months.	Suggestion only. Seen twice.	January, 1897.	Recovery.	
10.	Mr. F.	M.	45	3 months.	Suggestion only. Seen once.	December, 1896.	Recovery.	About 18 months ago I treated this patient for sciatica of his right leg; in December, 1896, for sciatica in his left leg. The pain in the right leg did not return, and he is doing well.

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TABLE III.—MENTAL DISEASES.

No.	Name.	Sex.	Age.	Duration of Disease before Treatment.	No. of Hypnoses.	Date.	Result.	Remarks.
1.	Mrs. M.	F.	38	4 months.	One.	October, 1892.	Recovery.	Melancholia, with delusions that persons were following her to eat her up. Appeared quite well after one hypnosis.
2.	A. K.	F.	28	6 months.	Seven.	Dec., 1892, to June, 1893.	Recovery.	Puerperal Mania—was quiet for eight hours after first hypnosis; although she had been shouting for five days before treatment, was made to sleep by suggestion given during the day.
3.	E. J.	F.	28	10 months.	Several.	March, 1894, to January, 1895.	Improved at times.	Had outbreaks of mania, when she was violent, but could always be controlled for a time, by hypnotism and suggestion.
4.	Mrs. F.	F.	42	6 weeks.	Three.	December, 1896.	Improved.	Melancholia, with delusions that everything had gone from her.
5.	M. A. G.	F.	47	3 months.	Two.	July to October, 1894.	Recovery.	Melancholia, heard voices, and had facial neuralgia.
6.	Col. G.	M.	52	6 months.	Two.	December, 1896.	Much improved.	Melancholia.
7.	Mrs. P.	F.	56	Some months.	Several.	August to Dec., 1895.	Recovery.	Melancholia and acute pain in back; also fancied she was being injured. Sent by Dr. LEGGE PEARSE.
8.	Mrs. T.	F.	48	6 months.	Three.	July to Dec., 1896.	Improved.	Mania with delusions.
9.	Miss C.	F.	26	12 months.	Six.	July and August, 1896.	Recovery.	Melancholia, and complained of noises in her head; would not exert herself.
10.	Miss W.	F.	24	4 months.	Three.	Feb. to June, 1896.	Recovery.	Mania and delusions.
11.	Mrs. E.	F.	42	Some years.	Six.	June, 1896.	No better.	Melancholia with delusions.
12.	Mrs. W.	F.	45	18 months.	Two.	August, 1895.	Improved.	Melancholia with delusions.
13.	Mr. P.	M.	28	Some years.	Several attempts, but not successful.	May to Nov., 1896.	No appreciable change.	Dementia; would not speak and was depressed.
14.	E. W.	F.	25	5 weeks.	Four.	Nov. and Dec., 1894.	Recovery.	Melancholia, with suicidal tendency.
15.	H. B.	F.	16	4 months.	Seven.	Dec., 1893, to April, 1894.	Recovery.	Melancholia, with delusions and refusal of food.

https://doi.org/10.1192/bjp.43.181.248 Published online by Cambridge University Press

TABLE IV.—GOUT.

No.	Name.	Sex.	Age.	Duration of Disease before Treatment.	No. of Hypnoses.	Date.	Result.	Remarks.
1.	Mr. B.	M.	70	2 years.	Suggestion with manipulation. Seen four times.	December, 1895.	Apparently recovered.	Gout of left hand and arm.
2.	Mr. N.	M.	46	Several years.	Suggestion with manipulation. Seen about eight times, afterwards called at intervals to show himself.	April and May, 1896.	Recovery.	I treated this patient for his fortieth attack of gout, which affected both knees, ankles, feet, right wrist and shoulder. He has had no attack since last April. He told me that, as a rule, he had four to six attacks each year.
3.	Miss C.	F.	48	Some years.	Suggestion with manipulation. Seen once only.	February, 1896.	Recovery.	Was treated for five minutes only, for gout in right knee. Has had no trouble since.
4.	Mr. S.	M.	39	4 months.	Suggestion with manipulation. Seen twice.	April, 1896.	Recovery.	Had gout in both hands. Was an omnibus driver, and was able to drive after first treatment, in fact same day as treated.
5.	M. A.	M.	38	Some months.	Suggestion with manipulation. Seen twice.	October, 1896.	No improvement.	
6.	Mr. H.	M.	70	8 months.	Suggestion with manipulation. Seen twice.	January, 1896.	Much improved.	Had gout in both knees, both hands and shoulders.
7.	Mr. G.	M.	28	3 years.	Suggestions with manipulations. Seen several times.	July, Aug., Oct., and Nov., 1896.	Improved.	Gout—chiefly in both heels and ankles.

https://doi.org/10.1192/bjp.43.181.248 Published online by Cambridge University Press

https://doi.org/10.1192/bjp.43.181.248 Published online by Cambridge University Press

TABLE V.—HEADACHE.

No.	Name.	Sex.	Age.	Duration of Disease before Treatment.	No. of Hypnoses.	Date.	Result.	Remarks.
1.	Miss L.	F.	24	6 months.	Suggestion and hypnosis. Seen seven times.	June, July, and August, 1894.	Recovery.	
2.	Mrs. O.	F.	42	2 years.	Suggestion and hypnosis. Seen four times.	July, 1894.	Much improved.	Sent by Dr. GARRATT. Pain very severe; had syphilis. No medicine gave her relief.
3.	Miss W.	F.	26	18 months.	Suggestion and hypnosis. Seen twelve times.	June, July, and August, 1894.	Recovery.	Had headache, pain in back, and insomnia.
4.	Mr. B.	M.	70	6 months.	Suggestion only. Seen once.	January, 1896.	Recovery.	Pain was caused by a fall on the head.
5.	Mrs. H.	F.	40	12 months.	Suggestion and slight hypnosis.	January and May, 1895.	Recovery.	
6.	J. F. H.	M.	37	4 years.	Suggestion only. Seen four times.	July, 1896.	Recovery.	Had also pain in præcordial region, which disappeared under treatment.
7.	S. G.	M.	43	6 months.	Suggestion only. Seen four times.	March, 1896.	Recovery.	Sent by SIR HUGH BEEVOR. From King's College Hospital; after treatment was shown at the Hunterian Society, March 25th, 1896.
8.	Miss S.	F.	40	Some years.	Suggestion with hypnosis. Seen twelve times.	Oct. and Nov., 1895.	Improved.	Sent by Dr. H. CAMPBELL. This patient also suffered from deafness.
9.	N. N.	F.	17	Some years.	Suggestion with hypnosis. Seen several times.	April, May, and June, 1896.	Improved for a time.	Sent by Dr. FERRIER. From King's College Hospital.
10.	Mrs. J.	F.	40	Some years.	Suggestion only. Seen once.	November, 1895.	Recovery.	Had also pains in right shoulder.

11.	Mrs. W.	F.	36	Some years.	Suggestion with hypnosis.	July, Aug., Nov., and Dec., 1896.	Recovery.	This patient was also deaf. Her hearing has improved.
12.	Mrs. W. F.	F.	43	Several years.	Suggestion with slight hypnosis. Seen three times.	April, 1896.	Improved for a time.	
13	Miss P.	F.	34	Several years.	Suggestion only. Seen twice.	January, 1895.	Recovery.	
14.	M. T.	F.	33	25 years.	Suggestion with hypnosis. Seen several times.	June, July, Oct., Nov., and Dec., 1896. January, 1897.	Improved.	Headache much worse at menstrual periods.
15.	Lady McM.	F.	70	3 years.	Suggestion only. Seen once.	August, 1896.	Recovery.	Caused through death of her husband.
16.	Mrs. P. F.	F.	48	Many years.	Suggestion only. Seen four times.	Feb. and March, 1896.	Recovery.	
17.	Miss B.	F.	22	8 months.	Suggestion only. Seen twice.	June, 1896.	Recovery.	
18.	Miss C.	F.	26	Several years.	Suggestion and hypnosis. Seen six times.	Jan. and Feb., 1896.	Much improved.	Had headache daily as long as she could remember.
19.	Mr. G.	M.	36	3½ years.	Suggestion only. Seen twice.	1896.	Recovery.	
20.	Mr. W.	M.	39	15 months.	Suggestion only. Seen twice.	January, 1897.	Recovery.	Sent by Dr. FOORT of Enfield. Was also depressed, and unable to do his work.
21.	Mr. B.	M.	26	2 years.	Suggestion with hypnosis.	January, 1897.	Improved.	
22.	Miss C.	F.	41	Several years.	Suggestion only. Seen three times.	March and Oct., 1896.	Recovery.	This patient was also deaf, and had tinnitus, but appeared to be quite well when I saw her in October.

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TABLE VI.—DYSPEPSIA.

No.	Name.	Sex.	Age	Duration of Disease before Treatment.	No. of Hypnoses.	Date.	Result.	Remarks.
1.	Mrs. W.	F.	46	30 years.	Seven. Suggestion, with and without hypnosis.	June and July, 1894.	Recovery.	All pains in chest, back and head removed. Patient told to take ordinary food, and she would not be sick.
2.	Mrs. H.	F.	40	12 years.	Six. Suggestion, with and without hypnosis.	December, 1895. Jan. and Feb., 1896.	Recovery.	Pains removed from chest and back. Patient rapidly gained in weight and has kept well.
3.	Miss B.	F.	18	8 months.	Suggestion only. Seen twice.	October, 1895.	Recovery.	Had pain in epigastrium and back. Has kept well.
4.	Miss F.	F.	30	9 months.	Suggestion only. Seen three times.	June, 1896.	Recovery.	Had pains after food, and was very depressed.
5.	Miss B.	F.	22	2½ years.	Suggestion and hypnosis. Seen fourteen times.	Oct., Nov. & Dec., 1895. January, 1896.	Recovery.	This patient had palpitation and pain in epigastrium.
6.	Miss P.	F.	26	4 years.	Suggestion and hypnosis. Seen four times.	Nov. and Dec., 1894. January, 1895.	Recovery.	Suffered from pain after food; headache and pain over eyes.
7.	Mrs. L.	F.	42	Some years.	Suggestion only. Seen three times.	December, 1896, and January, 1897.	Much improved.	Had palpitation and pain after food.
8.	Miss E.	F.	40	About 2 years.	Suggestion and hypnosis. Seen twelve times.	June, July, and August, 1896.	Recovery.	Indigestion, headache, and loss of appetite.
9.	Miss D. M.	F.	28	3 years.	Suggestion and hypnosis. Seen seven times.	Jan. and Feb., 1897.	Recovery.	Suffered from palpitation, anæmia, and indigestion. Gained 8½lbs. in weight in four weeks.
10.	Mrs. Q.	F.	44	4 years.	Suggestion and hypnosis. Seen twice.	Jan. and Feb., 1897.	Much improved. Still under treatment.	Indigestion and debility.

https://doi.org/10.1192/bjp.43.181.248 Published online by Cambridge University Press

https://doi.org/10.1192/bjp.43.181.248 Published online by Cambridge University Press

TABLE VII.—RHEUMATOID ARTHRITIS.

No.	Name.	Sex.	Age.	Duration of Disease before Treatment.	Treatment.	Date.	Result.	Remarks.
1.	Mrs. Mc C.	F.	65	Some years.	Suggestion and manipulation. Only seen twice.	1895.	Much improved in movement, and pain removed.	Two shoulders affected, and elbow.
2.	Mrs. O. T.	F.	38	5 years.	Suggestion and manipulation. Also hypnosis. Seen five times.	Oct and Nov., 1895.	Apparent recovery.	Both knees affected. Patient could not kneel or fully extend or flex the joints. Received a letter last June saying she was quite well.
3.	Mrs. E.	F.	50	5 years.	Suggestion and manipulation. Seen twice.	July, 1896.	Apparent recovery.	
4.	Mrs. B	F.	42	3 years.	Suggestion and manipulation. Seen seven times.	July and August, 1896.	Apparent recovery.	Right knee affected.
5.	Mrs. T.	F.	70	10 years.	Suggestion and manipulation. Seen four times.	June, July, and August, 1896.	Some improvement.	Both hips and knees affected.
6.	Mrs. T.	F.	60	3 years.	Suggestion and manipulation. Seen four times.	Oct. and Nov., 1896.	Much better.	Left knee affected.
7.	Mrs. M.	F.	65	8 months.	Suggestion and manipulation. Seen three times.	Oct. and Nov., 1896.	Apparent recovery.	Left shoulder affected.
8.	Miss P.	F.	48	15 years.	Suggestion and manipulation. Seen three times.	Oct. and Nov., 1896.	Apparent recovery.	Both knees affected, also palpitation of heart.
9	Mrs. M. C.	F.	36	10 years.	Suggestion and manipulation, with slight hypnosis. Seen four times	December, 1896. January, 1897.	Improved. Still under treatment.	Left elbow, wrist, fingers, and shoulder affected. Elbow and wrist much better, but shoulder painful at times.
10.	Mrs. J.	F.	50	2 years.	Suggestion and manipulation without hypnosis. Seen once.	December, 1896.	Much improved. Still under treatment.	Both knees affected.

TABLE VIII.—NEURALGIA.

No.	Name.	Sex.	Age.	Duration of Disease before Treatment.	No. of Hypnoses.	Date.	Result.	Remarks.
1.	A. L. W.	F.	24	4 years.	Three, with twelve days' interval between first and second.	October, 1895. November, 1895.	Recovery.	Severe facial neuralgia. Had been taking medicine nearly all the time before hypnotised. Had one slight attack in 1895 due to toothache, which was removed at once by suggestion.
2.	E. B.	F.	23	6 months.	Seven.	June and July, 1894.	Recovery.	Facial neuralgia and pleurodynia, also headache and depression.
3.	S. L.	M.	36	2 years.	Treated with suggestion and without hypnosis.	July, Oct., and Nov., 1894.	Much improved.	Sent by Dr. RAWES. Had neuralgia in right iliac fossa. Has had very little pain since last treated.
4.	J. D.	M.	44	About 6 months.	Treated by suggestion only. Seen five times.	November, 1894.	Apparently cured.	Sent by Dr. WATSON. Neuralgia of right arm and hand.
5.	Mrs. B.	F.	25	About 6 weeks	Treated by suggestion only. Seen twice.	March, 1895.	Recovery.	Facial neuralgia, which responded at once to suggestion with the hand on the seat of pain.
6.	F. N.	M.	25	About 1 year.	Three.	June, 1895.	Recovery.	Had facial neuralgia and indigestion. All pain disappeared after second treatment.
7.	A. H.	F.	20	About 7 weeks.	Suggestion only. Seen twice.	April, 1896.	Recovery.	Facial neuralgia, which disappeared after first treatment.
8.	H. T.	M.	70	8 months.	Suggestion both with and without hypnosis.	January and February, 1896.	Recovery.	Facial neuralgia of right side.
9.	N. P.	F.	38	Several years, at frequent intervals.	Suggestion only. Seen once.	July, 1896.	Recovery.	Facial neuralgia, chiefly of the left side: treated with hand on painful spot and suggestions. Well now, February, 1897.
10.	M. D.	F.	28	Some years at intervals.	Suggestion only. Seen once.	November, 1896.	Recovery.	Treated same as above case.
11.	C. W.	M.	46	Some years.	Suggestion only. Suggestion and hypnosis twice. Seen three times.	May and June, 1896.	Improved.	Neuralgic pains, chiefly of right side. They were relieved, but returned again at intervals.
12.	E. A.	F.	60	2 years.	Suggestions only. Seen about seventeen times.	Nov. and Dec., 1895. January, 1896.	Much improved.	Post-Herpetic Neuralgia. Sent by SIR HUGH BENVOR, and shown at the Hunterian Society, both before and after treatment.

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13.	J. S. W.	M.	65	6 years.	Suggestions only. Seen sixteen times.	Nov. and Dec., 1895. January, 1896.	Much improved.	Post-Herpetic Neuralgia. Sent by SIR HUGH BEVOR. Reported Hunterian Society's Transactions, 1895-1896.
14.	Mrs. S	F.	77	2 years.	Suggestion and slight hypnosis. Seen four times.	June, 1896.	Recovery, after going away for a few days.	Sent by Dr. D. FERRIER, and seen with Dr. LEADAM. Neuralgia on right side of face, and pain in the upper jaw.
15.	M. B.	F.	21	About 18 months.	Suggestion and slight hypnosis. Seen five times.	March, 1896.	Recovery.	Facial neuralgia.
16.	H. J.	M.	36	About 2 years.	Suggestion and slight hypnosis. Seen seven times.	January, 1897.	Much improved. Still under treatment.	Facial neuralgia of left side. Neurotic heart and indigestion.
17.	Miss S.	F.	40	1 year.	Suggestion once. Suggestion with hypnosis once.	October, 1896.	Recovery.	Neuralgia of neck and spine; also asthma. All pain apparently removed, and asthma disappeared.
18.	Mrs. F. P.	F.	38	Some months.	Suggestion only. Seen once.	December, 1896.	Recovery.	Neuralgia of spine. Headache.
19.	Lady L.	F.	50	10 years.	Suggestion, with slight hypnosis.	January, 1897.	Recovery.	Neuralgia of leg, and right side of face.
20.	W.W.B.	M.	50	About 5 years.	Suggestion only. Sometimes with hypnosis. Seen three times, and again recently. Doing well.	September, 1896.	Apparent recovery.	Sent by Mr. CHARTERS J. SYMONDS. This patient had been operated on three times, and Meckle's ganglion was removed at third operation; also had some teeth extracted, but pain returned.
21.	L. S.	M.	36	About 3 years.	Suggestion only. Sometimes with hypnosis. Seen several times.	Oct., Nov., and Dec., 1896.	Apparent recovery.	Sent by Mr. CHARTERS J. SYMONDS, Guy's Hospital. Was operated upon, and had some teeth removed, but pain returned after operation, and was severe when speaking or eating.

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	Major E.	M.	36	About 6 months.	Suggestion only. Seen once.	November, 1893.	Recovery.	Caused by fall from a horse. Pain removed at once by suggestion and hand on painful spot.
	Mrs. R.	F.	37	About 4 weeks. Third attack.	Suggestion only. Seen once. Seen again April, 1895	June, 1894. April, 1895.	Recovery for 9 months, and then no return.	Pain removed at once, and patient could stand upright. Same treatment as above.
	Mr. D.	M.	38	About 2 weeks.	Suggestion only. Seen twice.	June, 1896.	Recovery.	Treatment by suggestion, and hand on seat of pain.

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TABLE IX.—EPILEPSY.

No.	Name.	Sex.	Age.	Duration of Disease before Treatment.	No. of Hypnoses.	Date.	Result.	Remarks.
1.	C. D.	F.	18	Some years.	Eight weeks. Sleep average, 22 hours a day.	December, 1893. January, 1894.	Gained in weight 14lbs., and has improved, but not cured.	Sent by Dr. ARTHUR DAVIES. Had grand and petit mal. About two grand and several attacks of petit mal during the week.
2.	M. A.	M.	13	About 2 years.	Two. Very slight.	January, 1896.	Recovery. No fits since Nov. 23rd, 1895.	Had intense headache, which was removed by suggestion, and his irritable condition also improved at once.
3.	W. H.	F.	8½	About 2 years.	Eight.	Jan., Feb., March and April, 1895.	Recovery. No fit since first week in April, 1895.	Had grand and petit mal, about four attacks of the latter a day. It will be two years next April since the last.
4.	J. P.	M.	20	About 6 years. Average: 2 fits a week.	Twenty, with gradual improvements.	May, July, Aug., Nov., 1894. Jan., Feb., May, June, Aug., 1895.	Much improved. Has about one fit in 9 months.	Sent by Dr. LONG. February 1st, 1897. I heard of this patient two days ago, and he appears to be keeping very well and is at work.
5.	W. O.	M.	39	2 years. One fit grand mal every 3 weeks.	One. Very slight.	July, 1894.	Only seen once, not heard of since.	
6.	J. F.	F.	42	13 years under treatment for fits and headache. Seen 16 doctors.	Six slight. Pain removed from head, and fits been less.	Nov., Dec., 1894. January, 1895.	Much improved in every way, but not cured.	Her brother informed me, December, 1896, that his sister was not troubled with headaches, but had an attack of petit mal once in four months.

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7.	V. B.	F.	31	10 years. About 8 fits a week. Caused by a blow on the head.	Several. Still under treatment.	May, June, July, Aug., Oct., Nov., Dec., 1894. Jan., Feb., March, April, May, 1895.	Much improved. Has about one fit a month.	Sent by Dr. LONG.
8.	E. L.	F.	17	8 years. Has had treatment ever since.	Several.	Feb., March, April, May and June, 1895.	No improvement.	Sent by Dr. MCCLYMONT. Her mind became affected, and she was sent to the Essex County Asylum.
9.	J. C.	F.	17	About 17 years. Average, 10 fits a week.	Seven. Much improved after each.	May, June, July, Aug. and Nov., 1895.	Much improved. Has on the average one fit in 3 months.	This patient (according to her mother's statement) had 100 fits in the week before she came to me, and she now goes three months without a fit.
10.	J. H.	M.	25	About 5 years. Had 3 to 4 fits a week.	About ten.	January to April, 1896.	Improved. Fits less frequent.	Would insist on taking stimulants at intervals, and generally had a fit after doing so.
11.	H. C.	M.	25	6 years. Average, 3 fits a week.	About fourteen, and then became an in-patient for about a month.	November, 1895, to April, 1896.	Improved. Fits not so severe or frequent.	This patient (the son of a publican) would drink to excess at intervals; consequently became worse. Was taking medicine (bromides for a time).
12.	P. C.	M.	14	Some years. 8 to 10 fits a week.	Several.	June to Dec., 1896. Still under treatment.	Much improved. May recover.	Was very passionate and violent to his parents. Is now quite amiable, and has on the average one fit in 9 weeks.
13.	Dr. M.	M.	40	Some years. 4 fits a week.	About ten.	July and August, 1896.	Improved.	Gone back to America. Fits reduced to one in three weeks.
14.	J. R.	M.	36	Some years.	Two. Slight.	August, 1896.	Much improved.	Is working at the Army and Navy Stores. Says that he is keeping well.

https://doi.org/10.1192/bjp.43.181.248 Published online by Cambridge University Press

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TABLE X.—CHOREA.

No.	Name.	Sex.	Age.	Duration of Disease before Hypnoses.	No. of Hypnoses.	Date.	Result.	Remarks.
1.	A. N.	F.	11	9 months under treatment at a Dispensary.	Four, with gradual improvement after each.	Jan. and Feb., 1893.	Recovery.	Choreic movements of face and body generally.
2.	B. L.	F.	18	4 months under medical treatment.	Four. Movements of leg ceased after first.	July.	Recovery.	Sent by Dr. SUTHERLAND, Bruton Street. Right hemichorea; dropped things when she tried to hold them.
3.	M. E. B.	F.	19	Was under treatment 9 months.	Three. Improved after first hypnosis.	April and May, 1894.	Recovery.	Sent by Dr. BRYDON, of Sydenham. Movements general, could only walk with difficulty.
4.	A. B.	F.	14	Was under treatment 4 months at St. Bartholomew's Hospital.	Three. Great improvement after third, relapsed a week afterwards.	April 18th, 1895, to Jan., 1896.	Had two relapses. Now recovered.	Had extensive movements of the body generally.
5.	M. R.	F.	17	12 months under treatment, University College Hospital.	Three. Gradual improvement.	May.	Recovery.	Choreic movements of hands, and chiefly of body. Case shown before Hunterian Society, Jan., 1895.
6.	E. G.	F.	13	Some months under treatment at the London Hospital.	Several. But was not easily hypnotised.	June and July.	Recovery.	Case sent by Dr. F. J. SMITH. Choreic movements chiefly of face.
7.	R. P.	M.	14	Was treated for some months as an out-patient at the London Hospital and an in-patient for 3 months.	Several. Taken as an in-patient for 10 days.	July till beginning of Dec.	Recovery.	Sent by Dr. F. J. SMITH. Supposed to be a chronic case. General choreic movements, walked with difficulty, dribbled, vacant expression, appeared idiotic.
8.	B. W.	F.	15	Was treated in May at St. Bartholomew's Hospital. Got well and relapsed.	Three, with marked improvement after each.	July.	Recovery.	General movements of limbs. Case shown before Hunterian Society, Jan., 1895.
9.	O. L.	M.	8	Second attack, which has lasted 4 weeks.	Four. With gradual improvement after each.	Oct. and Nov.	Apparently recovered.	Had general choreic movements.
10.	E. D.	F.	13	Ill about 4 weeks.	One. Appeared quite well after.	November.	Recovery.	Right hemichorea. Unable to hold anything for many seconds.

11.	M. W.	F.	8½	Under treatment 14 months at Children's Hospital, Hackney, an in-patient for 1 month. Had large doses of arsenic.	Five. A great improvement after first.	January, 1895.	Recovery.	Sent by Dr. BROWN, of the Children's Hospital. Left hemichorea; had to be supported when walking; could not lift her hand from her side. Case shown before Hunterian Society, Jan., 1895.
12.	F. B.	F.	8	About 8 months.	Five, with slight improvement after the third.	Jan. and Feb., 1896.	Improved slightly	Mother would not bring the child often enough for treatment.
13.	K. P.	F.	12	About 6 months.	Six. Improvement gradual after each.	March and April, 1895.	Recovered.	Second attack. First lasted about eight months.
14.	R. J.	F.	17	18 months, under treatment nearly all the time.	Nine, but was not easily hypnotised.	Jan., Feb., March, 1896.	Recovered.	Case sent by Dr. HOWARD, of Clapham. After she had resisted all treatment by medicine.
15.	H. E. F.	F.	18	4 years, with intervals of apparent improvement.	Four, with gradual improvement.	June, 1895.	Apparently recovered.	Sent by Dr. F. J. SMITH, London Hospital. Choreic movements of arms, legs and body.
16.	C. T.	F.	13	3 months under treatment.	Three, with marked improvement after each.	January, 1896.	Recovered.	Movements of face chiefly.
17.	H. C.	F.	17	8 years under treatment in the country and London.	Several, but not very deep.	April to Dec., 1896. January, 1897.	Some improvement as regards noise, but movements not much less.	Was under the care of Dr. FERRIER, at the National Hospital. When I first treated her she used to bark like a dog; this symptom has almost disappeared. She is able to go out every week.
18.	M. A. B.	F.	11	About 9 months under treatment.	Several. Was taken as an in-patient.	April to beginning of June, 1896.	Recovered.	Sent by Dr. CORNER, Mile End. Choreic movements of face and legs.
19.	C.	F.	10	About 8 years.			Very little improved, but movements weaker.	Sent by Dr. ARTHUR DAVIES. Movements chiefly of left arm.
20.	D. L.	F.	11	8 months, under medical treatment nearly all the time.	Eight, with gradual improvement after each.	December, 1896. January, 1897.	Much improved; still under treatment. Can walk alone, speak and write fairly.	Was in a very weak condition, and unable to speak or walk.
21.	M. C.	F.	16	2 weeks. Under treatment 1 week.	One. Movements ceased after ten minutes' sleep.	January, 1897.	Recovery.	Movements chiefly of face and left arm.

https://doi.org/10.1192/bjp.43.181.248 Published online by Cambridge University Press

https://doi.org/10.1192/bjp.43.181.248 Published online by Cambridge University Press

TABLE XI.—INSOMNIA.

Name.	Sex.	Age.	Duration of Disease before Treatment.	No. of Hypnoses.	Date.	Result.	Remarks.
Miss T.	F.	55	Some years.	Suggestion with hypnosis. Seen three times.	July, 1895.	Recovery.	Was very depressed.
Lady G. G.	F.	37	Some years.	Suggestion with hypnosis. Seen four times.	January, 1897.	Recovery.	Had dyspepsia also.
Mr. G.	M.	36	Some years.	Suggestion with hypnosis. Seen six times.	August, 1896.	Recovery.	Suffered from debility.
Mrs. E.	F.	70	Some years.	Suggestion with hypnosis. Seen three times.	May and October, 1896.	Much better.	Was somewhat hypochondriacal.
LOCOMOTOR ATAXY.							
Mr. D.	M.	46	About 10 years.	Suggestion with hypnosis. Seen six times.	April, May, and October, 1896.	Improved.	Pain from legs disappeared and patient could walk without his stick; he also had more control over his sphincters; otherwise no change.
Mrs. A.	F.	35	Some years.	Suggestion with hypnosis. Seen about thirteen times.	March to August, 1895.	Improved.	Pains from legs and knees disappeared, and her health generally improved, so that she could walk; otherwise no change.
WRITER'S CRAMP.							
Miss W.	F.	28	Some months.	Suggestion with manipulation. Seen once.	June, 1894.	Recovery.	All pain disappeared, and patient has had no cramp since.
Mr. W.	M.	36	Some months.	Suggestion with hypnosis. Seen several times.	April to August, 1896. January, 1897.	Much improved.	Has had very little pain lately, and is following his occupation.
Mr. E.	M.	40	About 2 years.	Suggestion with slight hypnosis. Seen about nine times.	July, Aug., and October, 1896.	Improved slightly.	Sent by Dr. HARPER, of Finchley. Patient to have more treatment shortly.

TABLE XII.—TORTICOLLIS (SPASMODICA).

Name.	Sex.	Age.	Duration of Disease before Treatment.	No. of Hypnoses.	Date.	Result.	Remarks.
R. J.	M.	48	18 months.	Suggestions only. Seen three times.	August, 1894.	Much improved.	Sent by Dr. F. J. SMITH, London Hospital.
Mrs. N.	F.	46	Some years.	Suggestions and hypnosis.	May to August, 1896.	Much improved for a time. Had a slight relapse. Is now fairly well.	Dr. Ferrier sent this case to me. Was a good deal better for four months.
Mrs. W.	F.	60	2 years.	Suggestions and manipulation.	July, 1896, to present time.	Improved.	Dr. Ferrier sent this case to me. Patient is much better at intervals.
Mrs. C. R.	F.	55	6 years.	Suggestion, with slight hypnosis. Seen three times.	January, 1895.	No perceptible improvement.	Patient could not remain long enough in London for me to treat her as I wished.
MASTURBATION.							
Mr. Mc. K.	M.	21	Some years.	Suggestion with hypnosis. Seen six times.	August, 1895.	Much improved.	
Miss K.	F.	22	Some years.	Suggestion with hypnosis. Seen six times.	Aug. and Oct., 1895.	Much improved for a time.	
PIANIST'S CRAMP.							
Miss C.	F.	24	5 years.	Suggestion, with and without hypnosis. Seen six times.	Nov. and Dec., 1896. January, 1897.	Apparently recovered.	Right wrist was affected, and patient could not play for more than half-an-hour. Can now practise four hours a day without inconvenience.
HYSTERIA.							
Miss P.	F.	20	Some years.	Suggestion only. Seen fifteen times.	March, April, and October, 1896.	Improved.	Very passionate and inclined to break things. Last report, good.
HICCOUGH.							
M. S.	F.	22	5 days.	Suggestion with hypnosis. Seen once.	February, 1896.	Recovery.	Was sent for by Drs. Appleford and Elkington. All the usual remedies had been tried. Hiccough stopped after five minutes' treatment.
DELIRIUM TREMENS.							
A. B.	M.	42	4 days.	Suggestions for sleep and against drink with hypnosis. Seen once.	February, 1894.	Recovery.	Sent for by Dr. Long. Patient was in excited state; saw visions, and was being held on bed. Hypnotised in 15 minutes, and suggestions given. Slept 22 hours, lost his craving for drink, and was an abstainer for six months.

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TABLE XIII.—MISCELLANEOUS CASES.—RHEUMATISM.

Name.	Sex.	Age.	Duration of Disease before Treatment.	No. of Hypnoses.	Date.	Result.	Remarks.
Mr. B.	M.	21	4 months.	Suggestion and manipulation. Seen once.	October, 1896.	Recovery.	Had rheumatic pains in all joints.
NOCTURNAL INCONTINENCE.							
A. S. M.	F.	25	4 months.	Suggestion with hypnosis twice.	March and April, 1894.	Recovery.	Relapsed after first hypnosis, but has kept well since second.
Miss R.	F.	17	Some months.	Suggestion with slight hypnosis. Seen twice.	November, 1896.	Not improved.	This patient is still under treatment.
STUPOR.							
H. S.	M.	40	Some years.	Suggestion with hypnosis. Seen three times.	May, 1896.	Recovery.	This patient would sleep 20 out of 24 hours, and could not be awakened. Is all right now.
PAIN FROM CHRONIC DISEASE AND THICKENING OF RIGHT ANKLE.							
Mr. C.	M.	40	Some years.	Suggestion with and without hypnosis. Seen about twelve times.	June to Dec., 1896.	Much improved for a time.	This patient improved and relapsed. Then improved again. Was very nervous.
TWITCHINGS OF LEFT SIDE OF FACE.							
Miss N.	F.	33	4 years.	Suggestion with and without hypnosis. Seen six times.	Oct. and Nov., 1895. March, 1896.	Very little improvement.	Sent by Dr. ST. CLAIR, Shadwell.
TREMOR OF THE RIGHT LEG AND PAIN.							
S. K.	F.	22	Several months.	Suggestions and manipulation. Seen several times.	March and April, 1896.	Much improved. Rides a bicycle.	Tremor stopped after third treatment, and patient could walk. Sent by Dr. FERRIER, from National Hospital.
ACUTE PAIN IN LUMBAR REGION AND UNABLE TO WALK.							
Mrs. D.	F.	46	Some months.	Suggestions and manipulation.	May to August, 1896.	Much improved. Walks without a stick, and has little pain.	Sent by Dr. FERRIER, from King's College Hospital.

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