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AN EXPERIMENTAL STUDY

IN THE DOMAIN OF

HYPNOTISM

BY

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PREFACE.

In the latter part of October, 1887, a favorable accident brought to the observation of the author, in the clinic for nervous diseases under his direction, a person extraordinarily suitable for the study of hypnotism. In so far as humane considerations and therapeutic judgment allowed, this opportunity, which occurs so infrequently, was liberally used in the interest of scientific investigation for the study of the questions of hypnotism. A clinical demonstration of the patient before the hearers in the clinic made the hypnotic "wonder" known to the medical circles of Graz. At the request of the president of the medical society of Steiermark the demonstrations of hypnotic experiments were made before that society, to which the patient, after persuasion, reluctantly consented.

The reports of the meetings of the society contain the most important facts concerning the experiments made. (*Oesterr. ärztl. Vereinzeitung*, 1888, Nos. 1 and 2.)

The criticism of these experiments was various. While the large majority of the members of this eminent medical society could not avoid the conclusion that here were offered phenomena in the experimental investigation of nature which were

genuine and highly interesting, yet, on the other hand, the value of the experiments made and the honesty of the patient were called in question ; and voices were loud in the assertion that one was here dealing with professional hypnotism and simulation.

The objections worthy of consideration correspond in all essentials with those raised in the mind of the medical circle of Berlin against Dr. Moll. (*Berliner klin. Wochenschrift*, December, 1887.) But new was the demand—remarkable to every one acquainted with hypnotism—that the experimenter, after having hypnotized the subject, should give the completion of the experiments into the hands of another experimenter.

The truth of the assertion, that the person who very reluctantly consented to allow the experiments before this society, is a swindler, I must unconditionally deny.

I cannot accept the very widely entertained notion, that all hysterical persons are inclined to deception and simulation. It is opposed by numerous exceptions, and depends often on superficial observation and imperfect knowledge ; since auto-suggestive self-deception is often confounded with intentional deception.

The person who was the subject of the following observations avoided experimentation and demonstration, and was very glad when she was left in peace. Her statements concerning her previous life history are shown by the independent testimony of authorities and private individuals to be true, with the exception of romantic auto-sugges-

tive embellishments, delusions of memory, and gaps in her life history which had been lived in conditions of abnormal unconsciousness, and could not be remembered. If the phenomena the patient presented were not genuine, then she was the most accomplished dissembler that ever lived; and, too, she must have made for her purpose special studies in the school of Charcot and in that of Nancy.

But fortunately hypnotism, as a biological phenomenon of nature, offers symptoms empirically true, clear, and objective, the proof of which is decisive. It is hoped that the following pages will convince the interested reader that the author was not concerned with a dissembler; and that the following investigations, read in the interest of the physiology, psychology, and pathology of the nervous system, will be of no less value to moral therapeutics and legal medicine. Involuntarily I think of the motto placed by Braid, the scientific founder of hypnotism, at the beginning of his work: "Unlimited doubt, like unconditioned credulity, is the child of mental weakness."

At first I was not without doubts, but daily observation for several months removed them; and the facts have compelled me to acknowledge hypnotism to be of the greatest importance as a source for the enrichment of our knowledge of the physiology of the human mind, and of the relations existing between the psychical and the corporeal world.

Significant and practically important facts for experimental and psychical therapeutics will, I am convinced, come from this source.

On account of this conviction I believed that, in the interest of the advancement of scientific knowledge concerning so many questions of practical, social, and legal importance in the domain of hypnotism, I should lay before a wider circle of medical readers the observations and proofs made by numerous colleagues and myself; and it is hoped that science and truth will be furthered by diverse and unprejudiced criticism. Moreover, my determination was influenced in no small degree by two facts which are clearly established by the following observations, and which, in any case, are important as aids to medical and forensic judgment, viz.: (1) that the phenomena of hypnotism are of a psycho-suggestive nature; (2) that post-hypnotic suggestion leads to the establishment of auto-hypnosis.

THE AUTHOR.

GRAZ, May, 1888.

PREFACE TO THE SECOND EDITION.

CONTRARY to expectation, the author's short study has excited so much interest in scientific circles that the first edition is exhausted. The author willingly complied with the wish of the publishers to prepare a second edition, since many observations and facts concerning the patient have been recorded since the appearance of the first edition which are useful in throwing light on the darker sides of hypnotism. These, together with notes concerning the patient's life from June, 1888, on, are reported faithfully and objectively in this second edition.

The text of the first edition has been carefully revised, and the conclusion has received numerous additions.

May this little study in its new form win approval, and do its share in the scientific purification of the domain of hypnotism.

THE AUTHOR.

GRAZ, December, 1888.

TRANSLATOR'S PREFACE.

PROFESSOR V. KRAFFT-EBING'S brochure is its own warrant for its translation. It is given to so few investigators, even though they be especially concerned with the problems of neuropathology, to study facts of mental science like these here recorded, that the history of a single case becomes of great value. In this instance it is the observation of a writer whose name has long been connected with the progress of knowledge of the phenomena comprehended in the term "insanity," and to whose opinion alienists accord the consideration due an authority. It is hoped that in its new form the record loses nothing of the scientific value of the original.

TRAVERSE CITY, MICH.

AN EXPERIMENTAL STUDY IN THE DOMAIN OF HYPNOTISM.

PRELIMINARY HISTORY.

On the evening of October 20, 1887, Ilma S., Hungarian, aged twenty-nine, single, merchant's daughter, was brought to the hospital by the police authorities of Graz, in order to have her mental condition determined. The cause of her arrest was a theft. S. had taken lodgings two days before at No. 33 Kepler Street, and, on the 20th, she stole from a servant, who was at the time taking a siesta in the landlady's parlor, a silver watch, with chain and charm, and, from the landlady, two napkins and a sheet. Some hours later S. was found in an inn by the police. The stolen articles were found on her person. She seemed mentally confused, and knew nothing of the acquisition or possession of the articles.[1]

There was also found on her person the following, a forged recommendation:

"I hereby state that I. S. was employed by me as seamstress and maid from February 2, 1882, until

[1] The trial for this theft was discontinued on December 30, 1887, as a result of the medical testimony to the effect that the accused was in an unconscious state at the time of the deed.

to-day, and that she conducted herself to my satisfaction; so that I can recommend her warmly to everybody.

MRS. G. K."

"BUDAPESTH, Oct. 30, 1887."

At the morning visit October 21st, I found S. in a very cloudy, absent-minded condition, with glazed stare. She answered questions about her past life and health only partly and dreamily. Apparently she did not know where she was. She remained in this condition [1] until the morning of the 22d.

On that day, at the morning visit, I found her with an entirely different expression of countenance, mentally free and without mimicry. She said that she had escaped from Prof. W.'s clinic in Pesth, having found the constant hypnotizing unbearable, and she had been told that she could find admission and protection in a convent in Graz. She was unable to tell how she came from Pesth to Graz. She had come to herself again that day, and with difficulty convinced herself that she was in a hospital. With innocent mien she declared that she knew nothing of the theft committed two days before, and likewise she denied that she had been at the police station.

According to the statements of the patient, her father was a drinker, and died by suicide, having allowed a train to run over him. Her mother was sickly, and died paralyzed, as a result of apoplexy. Mother's father shot himself while insane. A

[1] Auto-hypnosis, as the later observations show.

brother and a sister died by suicide. A sister was subject to *hysteria convulsiva.*

The patient expressed the fear that she, like her relatives, would some day end her life by suicide. She abhorred suicide, and tried to put aside all thought of it, but the impulse to it often violently came upon her. Often had she been near the deed, but, thus far, she had been able to control herself always at the right moment. Would not this sad fate of her family be fulfilled in her case? The patient asserted that, in her early childhood, she had been free from serious illness. The menstrual functions were established in her eighteenth year. Thereafter she was very irregular, the menses being absent often for months.

The following further statements concerning her health and life history are taken from the autobiography which she wrote for me in December, 1887:

"I attended the convent school until my fourteenth year. I fell ill at that time, and suffered from fever for some months, and, as a result, had chlorosis. It was on a winter morning. In the town it was market-day. I stood at the window, and watched the movements of the people. Our convent stood on the bank of the river Th., opposite the famous place of pilgrimage Y. At that time there was no bridge, and the crossing was made on a raft. Thus it was on the morning mentioned. Men, women, wagons, horses—all hurried to get across as quickly as possible. But, when in the middle of the stream, the raft broke. Men and animals, in a mass, sank in the water between the

floating ice. What became of me at this sight I do not know. I was told afterwards that I stood there for hours as stiff as a statue, and that it was impossible to obtain any sign of life from me.[1] The physician who treated me often put me to sleep, and in this way I recovered. After that the sisters of the convent now and then put me to sleep in joke. I slept soundly, and did not know what happened to me.

"In the following years it more frequently happened that my limbs suddenly became stiff. In such crises, which would last ten minutes and often an hour, I tried with all my might to move only a finger or to make a sound, but it was impossible. Toward the end of an attack I had a feeling that all my blood was mounting into my head and beating there.

"After such attacks, which occurred most frequently during the night, I felt unspeakably weak on the following day.

"In my sixteenth year the Lady Superior of the convent asked me to take orders. I felt no peculiar vocation for the life of the order, but since all loved me, since I feared to leave the quiet place in which my childhood had been passed, and since it was my father's cherished desire, I consented. The three years of my novitiate were nearly over. For the last time I received permission to spend my vacation at home. There I became acquainted with my cousin. He tried to persuade me not to return to the convent, because he loved me, and

[1] Catalepsy from fright.

could not live without me. I had never heard such talk. What could I say? I knew that I was unfortunate, since I, too, loved him. My father was beside himself when he heard of this intended marriage. Emerich besought me to go with him without my father's consent, but I could not do that.

"I returned to the convent with a broken heart. The day on which I was to take the veil approached. Dull, indifferent, I spent the night in the chapel, but I could not pray. I went to the altar, not as a bride of Christ, but to carry a broken heart to the grave. The ceremony was over; I seemed to be in a dream. Time passed; I learned to forget, if not to suffer. I was respected by the sisters, and enjoyed the favor of the Lady Superior. Then a stroke, as of lightning from Heaven, fell on me, and since that my life has been as nothing. [1]

[1] The following narrative agrees almost word for word with a letter sent by S. to her former confessor as a farewell and justification, and which was intercepted November 11, 1887. At that time she was earnestly planning suicide. The conclusion of this letter, which bears the stamp of veracity, runs: "What will become of me? I am looked upon as a thief. Everybody has deserted me. [Actually her whole family.] This life has become so burdensome to me that I will end it—as one casts off an old garment. God will pardon me."

The patient communicated exactly the same story to her brother five years ago. The identical reproduction at different times of the convent life speaks against the idea of its invention. There is always the possibility that it is the reproduction of an idea originating in hallucinatory delirium. As a fact, after her escape from the convent, the patient had an attack of hysterical insanity, with hallucinations, but recovered from this episodical psychosis completely. Then she ought to have corrected her delusion. To-day the patient still believes in the truth of her convent life. One is fully convinced that she believes that she actually lived it.

Though I never detected the patient in an intentional lie, I could get from her no further explanation of the matter, since her power to reproduce original conceptions is defective and the memory generally weak; and

"Until now I have been silent concerning this terrible discovery, which an accident revealed to me; but I think the death of the one to whom I bound myself to be silent, absolves me from my promise. You are the second [1] for whom I have written this; yet it is hard, very hard, for me.

"Among the sisters of the convent was a Sister Beatrix, the secretary of the Lady Superior, who was attached to me in an almost culpable degree. I considered her the example of all that was noble and good. Had she not been the teacher and guide of my youth? Ah, how I deceived myself!

"One evening we went from the refectory to our cells. I intended to retire immediately, when Sister Beatrix entered and asked me to help her with her work. I consented. We might have worked until about ten o'clock, when I began to feel tired. Then she said I should allow myself to be put to sleep, and I could then work more easily. I allowed it. I awoke with a feeling as if I were seized from behind and could not go on. With force I tore myself loose, and the beads of my

because of the tendency to identify present with past situations, and the faulty localization of events in past time; and, besides, because her fancy is very lively. One gains the impression that the kernal of the matter is true, but fancifully presented. Her relations judged her romantic story in this way. To a confidential inquiry of the abbess of the convent, I received the answer that it was all invention. The letter contains so much untruth that it cannot be considered as an authentic source of knowledge.

Not without importance is the statement of her relatives that the patient, in her insanity, after her escape from the convent, was constantly defending herself from a hallucinatory figure, and constantly delirious about an outrage which she fortunately escaped and an oath which she must keep; and that, after her recovery, she besought her relatives to repeat nothing of what she had said in her delirium.

[1] Correctly the third.

rosary rolled at my feet. The cross of my rosary had become caught in something, and I could not go on. I held an unfamiliar object in my hand. I wanted to cry out in terror, but some one prevented me, and pulled me along. I was so terrified that I followed without resistance. Arrived in the cell, I became aware that I held the cash-box of the Lady Superior in my hand, and Sister Beatrix stood before me pale and trembling. I asked what all this could mean. She implored me, and promised to tell every thing, if I would vow to be silent about the events of the night. Overcome with pity and surprise, I gave the promise.

"She confessed to me that for years she had ardently loved the bishop's servant, and had always hoped that some time she would come into possession of money enough to enable her to flee with her lover to some foreign land. It happened that to-day, as she was making up accounts with the Lady Superior, the latter received a certain sum for the purchase of some property, and locked it in the cash-box. At the same time Sister Beatrix had just undertaken the care of the convent entrance, and she resolved not to allow this opportunity to pass unused.

"She could or would not carry out the deed alone, and so determined to use me for the commission of her crime. In sleep she led me into an unused corridor, of the existence of which I was entirely ignorant. From there she pointed out to me the work-room of the abbess, and told me to bring the cash-box out. If I had not accidentally caught

my rosary, I would have had no knowledge of this wicked deed. She tried to persuade me to flee with her, since I, too, was unfitted for convent life.

"When I heard this sister, who had preached virtue and morality to me from childhood, and whom I had always taken for an example, now kneeling before me making such a confession; when I saw her passionately excited face, nameless bitterness took possession of me. Thus she had destroyed my faith in humanity and all goodness and nobility.

"The sight of this woman was exceedingly painful to me, since nothing excused her insane act. Was I not much younger than she? Did not I, too, love with all my heart? But since I had put on the dress of the order, even the thought of him had seemed a sin.

"In that bitter hour, besides self-control, I learned to know mankind. In that hour I grew old, my heart hard.

"Green sod now covers the grave of the woman who did so much harm and ruined mine and her own life. After what had happened I did not understand my position, and knew not what to do.

"The matin bell rang. The sister left me, saying: 'By the time I return you will have decided that I am right.'

"For fear, she locked the door of my cell.

"I knew that she could not return before an hour, and I considered what I should do. I would gladly have taken the money back, but I did not know the way; and my rosary was a mute witness against me.

"I would not flee with her, the miserable one. I know not how the thought came to me, but I wished to see her also suffer who had made me so miserable. Likewise, she should not enjoy the fruit of her act. The window of my cell, which was on the second floor, opened on the garden. I took the cash-box and sprang out of the window. How long I lay, I know not. When I came to myself I heard the '*De profundis*' in the chapel. I knew the Mass would soon end, and hastened to collect my strength and go. I went to the kitchen, changed the dress of my order for a servant's dress, stole behind the chapel, waited until it was empty, went to the sacristy, and laid the cash-box among the things used in the Mass, being sure that it would be found there. From there I reached the open street and hurried along. From agitation and loss of blood, I could hardly stand. I only remember that I seemed to see frightful, yelling apparitions, to hear a wild running behind me, and to have a red cloth held before my eyes by terrible figures. I ran faster and faster, the apparitions after me, until I reached my father's house, where I pulled the bell with a last effort and sank down unconscious.

"For weeks I lay between life and death. 'Over-excitement of the nerves and fever" was the diagnosis of the physicians. My strong constitution finally overcame the disease. After death-like sleep I slowly recovered, physically, but in my mind it was night for fully two years. These two years are stricken out of my memory. Awakened as from a deep dream, I believed myself to be still

in the convent, and could not understand how I came to be in my father's house. Little by little I recalled that frightful night. It seemed that it was only yesterday. With every indulgence I was told my past condition. I recognized with horror that my father and all were of the opinion that I had stolen the money and then, driven by remorse, had put it in the sacristy. It cut me to the heart, but I left them in their belief. (!) I had vowed silence to that miserable one! And Emerich, too, believed in my guilt. I saw it in him. Ah, I was nearly insane. Indeed, he knew not that I had been the blind tool of a devilish woman! From this deep disgrace into which I had fallen, only an infinite love could save me. This love for me—he had it not. His presence and pity drove me almost crazy. Life seemed unbearable. Often I wandered on the bank of the Th. considering which was deeper—my sorrow or the glittering water below; but the memory of the loving God held me from my cruel design. I could no longer endure the reproachful look of my father, and determined to go away. One day he told me that Emerich had asked for my hand. I felt that it was too late; for it was clear to my soul that happiness for us two was impossible.

"To be sure, by his request for my hand he had removed my disgrace, which would certainly have driven me to suicide, but he had not erased those bitter hours. His doubt of me lay like a curse between us.

"Some days later, my father went away on

business. I thought the time had come to carry out my plan. But I needed money! With suitable pretexts I sought to borrow some from relatives and friends, but in vain. I could help myself in no other way, and took 600 F. from my father's cash-box, for which I begged him in a letter to forgive me, and authorized him to make good the sum immediately from my fortune left to me by my mother. I was clearly conscious of what I lost when I secretly left my father's house.

"From that time forth no one protected me from evil experiences and the insight into the darkness of life. However, I felt in myself the strength, as many thousands have, to live on and do my duty with troubled, weary heart. Thus I found renunciation and at last rest. I realized that only a completely new and active life could cure me. My plan was to go to A. and try to get a suitable situation as governess. Being without documents and testimonials, I was everywhere refused. I read in the newspapers that my father was seeking for me everywhere. Besides, I was persecuted with shameless proposals, which sent the blood into my face, and which an unprotected girl could not escape. In this situation the idea came to me to put on male clothing, and in this way surely to escape from this persecution. No sooner thought of than done. No one would have thought to seek the girl of yesterday in the pale student of to-day.

"The tongue of scandal condemned me later for this act. I read in the newspaper that a teacher

was wanted at a place in the country. I went there, found favor, and became the teacher[1] of two little girls, aged seven and nine respectively. I was two years in this position. The quiet teacher with the girlish face was loved. The lady of the house gave me clearly to understand that I could be more to her than a teacher. She did not suspect my true sex! On this account I left this house and determined to go to Pesth."

The patient states further that her attempts to obtain a situation were unsuccessful, and that a swindler, under the pretext of obtaining a situation for her and requiring a bond for this purpose, cheated her out of 200 F. Devoid of means, she decided to make use of her skill in needle-work, and put on female clothing again. Before this plan was carried out she was successful in obtaining a place at the B. F. railway, with a monthly salary of 40 F. (in the beginning of the fall of 1881). She remained in this situation a year and a half. In order not to betray her sex, she was compelled to carouse and play with her companions. In time the situation became repugnant to her. She gave up her place and went to the capital in order to try to earn her living honestly in female garb. By application to her landlady she was successful in obtaining a place as seamstress in a house of high respectability.

(Autobiography.) "I had been there several

[1] Authoritatively proved. The patient forged papers under the name of Julius Horvàth. She also confessed the forgery of the papers to me; and she remembered this fact because she had done it while in a lucid state, and excused it by the necessity of her situation at that time.

weeks and was satisfied. What then happened to me I cannot now recall, but it is literally true, though incomprehensible. One day I found myself in jail, and learned that I had stolen all the silver plate of my employer, which had lain openly on the table, had sold it, and with the proceeds gone to the city authorities and complained against myself as a thief."

The patient was taken to the observation ward of Rochus Hospital in Pesth (May 22, 1885).

Prof. Laufenaner has published in the Hungarian weekly medical journal, *Orvosi hetilap*, 1885, No. 31, interesting communications concerning the patient, partly correcting the foregoing account, together with an opinion.

I completed these statements by facts which the patient's worthy brother placed at my disposal. The patient was endowed with an imaginative, reserved nature, and was visionary and dreamy, often being censured for this by her father. From her seventh year she was a day scholar at the convent school. In 1874 the abbess persuaded the parents and the daughter that she should live in the convent, in order that she might educate herself for a teacher and later support herself as a governess. The patient entered to qualify herself as a teacher (not as a novitiate), and remained some years in the convent; and while on a vacation at home she began a love affair with an engineer and loved him passionately, surrendering herself to him sexually. When her father learned of her conduct, he immediately sent his daughter back to

the convent. However, she continued a correspondence with her lover and no longer did well in the convent. She received reprimand after reprimand, and escaped on the night of February 2, 1879, by jumping out of her window, in this way injuring her head. She came home bleeding and in the greatest excitement, and had severe hystero-epileptic attacks. She fell ill with hallucinatory insanity and lay in delirium until October, 1879. She was often unconscious, but recovered completely. The exact time of her recovery is uncertain. The brother denies that she was looked on with reproach at home and regarded as a thief after her illness. Therefore, the patient must have been still at that time under the influence of delusions.

All further particulars hitherto given by the patient herself, with the exception of unessentials and certain embellishments and incorrect localizations in time, may be founded on truth. On account of hystero-epileptic attacks the patient went to the Rochus Hospital in Pesth for a short time in the summer of 1883, and in January, 1885. Certain autohypnotic states are proved by the brother's statements. In these states she left home without cause and reappeared only after weeks, knowing nothing of the events of her absence.

She must have been in such an extraordinary condition when in April, 1885, she was arrested for the theft of the silver plate above mentioned. Since, when accused, she declared she knew nothing of it, showed symptoms of perverse sexual feeling,

and had very frequent hystero-epileptic seizures, she was taken to the observation ward of Rochus Hospital on May 22, 1885. The following is taken from the report of her condition at that time:

"R. hemianæsthesia with the sense organs involved. Tremor in the upper extremities, especially the right; deep reflexes increased. Genitals normally developed. Vegetative organs without pathological symptoms. Genuine hysterical character. Psychical hyperæsthesia, very emotional, hystero-epileptic attacks from insignificant causes (almost daily). Frightful visions episodically. Vasomotor functions very labile. Ethical defect, great excitability of temper. Very troublesome in the ward on account of expression of perverse sexual feeling. Memory incomplete, wanting for single episodes.[1] Deficiency of power to reproduce original conceptions identically, memory weak, unbridled fancy."

The examination was concluded June 30, 1885, the irresponsibility of the patient for the acts for which she was incriminated being shown. After the conclusion of the examination she was dismissed, her brother appointed to care for her, and shelter assured her in her brother-in-law's family. It was painful to the patient always to be watched by her relatives and regarded as irresponsible. She fled to Pesth and became a seamstress again.

It is shown by the court records that on August 19, 1886, the patient obtained a sewing-machine at a sewing-machine store on the pretext that she would pay the price, 65 F., in monthly instalments

[1] Autohypnotic states.

of 4 F. After receiving it she went secretly out of the house at night and sold the machine to a pedler for 10 F., and squandered the proceeds. It was impossible to learn whither S. wandered until October. She herself had only a vague memory of the interval from the middle of August until the beginning of October, 1886, that she had wandered aimlessly about. It is authoritatively established that she entered on her duties as housemaid with the widow G., at 11 o'clock, October 6, 1886, and that at 1.30 o'clock she stole all her silver plate, and the testimonial books of two fellow servants (by means of one of them she obtained a place as servant, under the name of Marie Küffner, in the house of the publisher R., October 12th); and that after a few hours she ran away with the silver plate and the dresses which had been given her to clean. She was soon arrested, and seemed quite unembarrassed, and at her hearing she declared that she knew nothing about it. She said she had attacks in which she was robbed of consciousness and of memory of the acts done while in this condition.

S. was taken to the observation ward (13.—October 28, 1886). The opinion of the physicians was to the effect that S. suffered from occasional convulsive attacks, and at times simulated them; that, however, it was certain that no influence was exerted on her responsibility by these attacks. Consequently the prosecution was continued by the authorities.

At the trial, December 2, 1886, the medical

jurist, Prof. Ajtay, proved that the accused was hypnotic,[1] showed that she passes into "magnetic sleep when a lead pencil is simply held before her, in which condition she is capable of every act, not only spontaneously but also by suggestion; and, too, as a result of suggestion, may perform such acts post-hypnotically without consciousness of their meaning and result."

The opinion ran: "S's. disease is not epilepsy, but a related, severer disease (cataleptic hysteria), as a result of which S. is not simply temporarily but permanently irresponsible, since her consciousness is never entirely clear, but fluctuates between complete and partial unconsciousness." As a result of this opinion, S. was pardoned on the ground of unconsciousness at the time of the commission of her incriminating acts (§ 76 ungar, Stgsb.). Later hypnotic experiments were made with S., which excited curiosity and became the subject of numerous articles in the newspapers of the capital.

Besides, Ajtay testified, in connection with the opinion of S., that she was afflicted with congenital perverse sexual feeling.

By reason of statements which S. made later at Graz, this supposition seems to require correction in the sense of an engendered,[2] morbid love of female for females.

"I am judged incorrectly, if it is thought that I feel as a man towards the female sex. In my

[1] The patient says that from 1879, when she left the convent, until her meeting with Prof. A., no one had hypnotized her.

[2] Compare the author's monograph: "Psychopathia Sexualis," 2d ed., p. 97.

whole thought and feeling I am much more a woman. I loved my cousin as only a woman can love a man.

"The change in my feeling originated in this: that in Pesth, dressed as a man, I had an opportunity to observe my cousin. I saw that I had greatly deceived myself in him. That gave me terrible heart pangs. I knew that I could never love another man; that I belonged to those who love but once. Of similar effect was the fact that in the society of my companions at the railway, I was compelled to hear the most offensive language, and visit the most disreputable houses. As a result of the insight into men's motives gained in this way, I took an unconquerable dislike to them. However, since I am of a very passionate nature, and need to have some loved person on whom to depend, and to whom I can wholly surrender myself, I felt myself more and more powerfully drawn toward women and girls who were in sympathy with me, especially those actuated by intelligence."

In the latter part of December, 1886, the patient was placed in the I. medical clinic in Pesth for further treatment.

Dr. Jendrássik, to whom I owe my greatest thanks for valuable communications about S., observed, at the time of her reception, the typical picture of severe hysteria with quite severe attacks, and right hemianæsthesia with the sense organs involved. S. had at first one to two attacks daily, and was so violent that she had to be cared for in a separate room. After a month the attacks be-

came less frequent, occurring only every two or three weeks, and finally only occasionally after months. After violent excitement in August, 1887, they became frequent again.

In a lucid condition the patient was always very orderly and modest, though very excitable. She showed herself to be industrious, skilful, and intelligent. In time she fell in love with a sister of charity. The passion was sensual and therefore often disturbed the patient very much. During her stay at the clinic S. was often hypnotized, not only by the physicians having a right to do it, but also by unauthorized persons, and even by laymen; and, in consequence of these hypnotic experiments with S., the impulse was given which made them the subject of articles in the newspapers. In her lucid condition S. never knew the least of what had been done with her in the hypnotic state; but the sister with whom she had fallen in love, told her every thing, and one day the patient read an article about the experiments performed on her. Then she became very much excited, and again had her attacks, which had ceased for months. This sister advised her to flee, and never again to allow the five wounds of Christ to be put on her left foot (by suggestion), or brand scars to be caused by suggestion; that she should flee to a convent in Graz, and she would be helped in this undertaking. One day S. was again hypnotized, and the following day she saw the letter J burnt on her right arm. Then her decision to flee was determined.

There is a well-grounded suspicion that an unauthorized hypnosis with post-hypnotic suggestion caused the determination to flee to a convent in Graz to be carried out. The facts are that S. obtained 12 F. from fellow patients, appropriated dresses, and fled from the clinic Oct. 4, 1887.

PRESENT CONDITION.

The patient is over middle size, well nourished, somewhat anæmic, and has an intelligent expression of countenance. The circumference of the head is 55.5 cm. Over the right parietal bone is a superficial scar with no change of the bone, purporting to be dependent on a fall seven years ago. The eye has a neuropathic expression. The pupils are moderately dilated, equal, and react promptly. The patient states that for seven years she has suffered with hystero-epileptic attacks, which follow violent mental excitement. As aura, she feels coldness over the whole body, a feeling of warmth ascending from the epigastrium, and then globus. Then consciousness is lost as she gives a shrill cry. In some instances she can still support herself. According to the report of witnesses, the condition becomes one of tonic and clonic coördinated convulsion, intermingled with delirious conditions in which she often bites herself in her arms. The duration of the attacks is from a quarter to half an hour. After violent attacks she is for days mentally dull, sees every thing as of a yellowish-red color; has rushing and humming in her head, frightful visions, headache, and temperatures as

high as 40° C. The attacks had ceased to occur for weeks and months, but in September, 1887, again became so frequent as thirteen in a day. Emotional excitement has a great influence on their occurrence. They occur very easily on account of her great excitability and emotionality.

The patient shows right hemianæsthesia with the sense organs involved. The grasp is somewhat lowered on the right side. The right upper extremity is in constant tremor. There is epigastric myodynia; the ovarian region is not sensitive to pressure. No attacks can be provoked from this region or from the epigastrium. Patient is without fever. There are no functional disturbances of the vegetative organs. A genital examination is refused.

The patient has (1), near the shoulder, on the right side of the thorax, a raised, bluish-red scar (keloid), representing a medium-sized pair of lady's scissors.

2. In the middle of the right upper arm is a similar oval scar, 1.5 cm. wide, and 1 cm. long.

3. A raised skin scar, 2 cm. long, 1 cm. wide, similar to half of a letter K, on the right shoulder.

4. Over the right shoulder-blade a pigmented line which reminds one of the outline of the top of a graduate, at least it runs out to a spout.

5. At the middle of the right forearm a pigmented line in the form of a letter J, the superior and inferior thirds of which are flat but scarred.

The patient declares that these scars were made on her in hypnosis, at least the attendant (sister)

told her so. She herself knew nothing of it. 1, was made with a pair of scissors; 2, with a key; 3, with a monogram; 4, with a graduate; 5, with a letter; all being pretended as red-hot.

After the experiments the places were always covered with a bandage, and this was sealed.

Her right hemianæsthesia has existed perhaps two years. She herself discovered it by noticing that she could hold nothing in her right hand with her eyes turned away. The exact testing of sensibility with the æsthesiometer gives, as the smallest distance between the points at which they are perceived as two impressions on the left half of the body: forehead, 23 mm.; cheek, 15 mm.; nose, 10 mm.; upper and under lip, 4 mm.; neck, 16 mm.; nape, 17 mm.; breast (infraclavicular groove) 31 mm.; epigastrium, 32 mm.; back, 28 mm.; upper arm, extensor surface, 27 mm., flexor surface, 19 mm.; forearm, extensor surface, 25 mm., flexor surface, 22 mm.; dorsum of the first phalanx of the middle finger, 22 mm.; of the index finger, 10 mm.; tip of index finger, 4 mm.; of middle finger, 4 mm.; thigh, extensor surface, 39 mm.; leg, extensor surface, 44 mm.; dorsum of foot, 25 mm.; great toe, solar surface, 20 mm. These averages, in comparison with Weber's, show that the circles of sensibility of the left half of the body are nearly normal, and that, in any case, no hyperæsthesia exists. The examination of the eyes gave the following:

The patient pretends that she is completely amaurotic in the right eye, and has not even quantitative appreciation of light.

However, examined with the stereoscope, it is clear that the patient reads quite small type with the pretendedly amaurotic right eye.

Acuteness of vision of $\frac{5}{10}$ is obtained from the left eye with $+ \frac{1}{10}$.

For near distance the patient reads Jaeger No. 2 fluently at 30 cm. The ophthalmoscopic examination showed hypermetropia of both eyes, otherwise quite normal fundi and clear refractive media. Colors are correctly recognized by the left eye, though the field for white and colors is limited externally and superiorly almost to the point of fixation.

COURSE OF THE DISEASE.

During her stay of seven months in the clinic, the patient presented the usual and quite stationary picture of a hystero-epileptic.

Great excitability of temper, labile moods, with preponderance of depression, often going to the extent of dangerous *tædium vitæ*, frequently, without motive, changing to frolicsome humor and inclination to joke and even mischief, were the symptoms in the affective sphere worthy of remark.

The patient's intelligence seems to have been originally above the average, and numerous poems and writings show that, with unusual training, fancy, disposition, and understanding have undergone no recognizable loss. But in remarkable contrast with this are the weakness of power to identically reproduce original conceptions, the numerous delusive beliefs in the identity of present

and past situations, and the incorrect localizations in past time. By reason of this, as well as by reason of the interruptions of memory caused by autohypnotic and other conditions of unconsciousness, a coherent account of her previous life was not possible.

The patient's perverse sexual feeling was a troublesome peculiarity, which necessitated constant care and attention. Her unvarying modesty in her intercourse with the physicians was remarkable, and opposed to the idea of congenital perversion.

The hemianæsthesia remained unchanged. Hystero-epileptic seizures were observed on October 22d, 24th; November 20th; December 2d, 31st; January 7th; March 10th; May 6th.

Sleep was usually bad, restless, and unrefreshing. The patient frequently complained of anorexia, cardialgia, vomiting, intercostal neuralgia, and headache.

The body temperature was seldom normal. As a result of emotional excitement, neurotic disturbances, but especially of hystero-epileptic seizures, temperatures as high as 41.5° C., were observed, but unaccompanied by the usual objective and subjective symptoms of fever.

The temperature frequently varied in twenty-four hours between 36.5° and 39.5° C. On an average it was above the normal. However, during the time of her stay, the patient increased several kilos in weight.

The menses, which, up to March, were never

observed, occurred on March 10th, and returned, sparingly, again on April 10th and May 5th.

The following daily notes of the hypnotic experiments show how far a great number of the symptoms were experimentally and therapeutically influenced. For the reasons that the patient is abnormally excitable, suffers from *tædium vitæ*, is subject to hystero-epileptic attacks and autohypnotic conditions, in which she may injure herself and others, and, besides, is easily hypnotized, and in this state, as well as by post-hypnotic suggestion, can be impelled to criminal acts; and, further, is afflicted with perverse sexual feeling, and unable to master her morbid impulse; it seems a duty to send her to a humanitarian institution in her own country after the conclusion of the examination. From experience thus far, it seems possible that the pitiable patient will be given a better future by means of the influence of continued therapeutic, hypnotic suggestion.

HYPNOTIC EXPERIMENTS.

DR. JENDRÁSSIK'S EXPERIMENTS.[1]

Dr. J. very kindly informed me on November 20, 1887, that hypnosis was usually easily produced by holding a lead-pencil before her, by stroking the forehead, by the quick cry ("hopp"), and by the imperative suggestion: "Go to sleep," or by the simple declaration: "You are asleep."

In the hypnotic condition the patient was cataleptic, abulic, but very easily influenced by suggestion.

Waking was caused by blowing on her, or by the command to awake.

Towards the end the experimenter had observed that the experiments were no longer so successful, and the sleep seemed no longer so deep and perfect. The patient also had times of spontaneous confusion and disturbances of consciousness, and showed once more an inclination to simulation. The following is a résumé of Dr. J.'s experiments:

1. Production of cataleptic positions of the body.
2. Production of contractures by pressing or rubbing some part of the body. These are removed by stronger rubbing or by verbal suggestion.

[1] Society of Physicians, Budapesth, March 5, 1887. As I am about to send the MS. to the publisher, I see that Dr. Jendrássik has begun to make his interesting experiments known to the German medical public in the neurological *Centralblatt*, No. 10.

3. Suggestion of a bird in her hand—patient caresses it. Sug. that it is a snake—fright. S. of a bath—patient washes herself with pleasure. S. that it is very cold—shivering, trembling, and chattering of the teeth. S. that water presented is wine—patient drinks it for wine. S. that she is intoxicated—singing and staggering. S. of impending vomiting—patient vomits.

4. S. that awakened she will be a dog that can only bark. Awakened, the patient goes on all fours and barks. Patient is again hypnotized and the suggestion removed.

5. Post-hypnotic suggestion to murder Dr. X. A roll of paper is given to the patient and suggested as a dagger. Awakened the patient steals behind Dr. X. and thrusts furiously at him with the roll of paper. A threatening attack is prevented by Dr. X.'s crying "hopp" to her. The patient becomes immediately cataleptic.

6. S. of paralysis of an extremity. Patient continues so a long time (even for a day), until the suggestion is removed by renewed hypnosis and suggestion. In this suggested paralysis the deep reflexes are increased.

7. Hemianæsthesia of the other side can be suggested to the patient, or of both sides, and allowed to remain or entirely removed, but not permanently.

8. S. of deafness. If this is not removed after the hypnosis the patient does not react to the strongest stimuli, on one occasion not to a gong 1 m. in diameter.

In renewed hypnosis the patient can be made to

hear again. She can also be made partially deaf; for example, to a certain voice, a certain sound.

9. Blindness can be suggested. When with it a pleasant mood is suggested, she pays no attention to the blindness.

Her color-sense can also be temporarily restored by suggestion.

10. Single persons or the entire company can be removed from her perception by suggestion. In the first case, for instance, she is greatly astonished that a watch, a hat, etc., move through the air, since she sees the objects and not the bearer (removed by suggestion).

If it is suggested to her that she shall not allow herself to be hypnotized by X. or Y., then, do what he may, this person cannot succeed.

11. A photograph can be suggested to her on a white sheet of paper. Then she recognizes that certain sheet among other similar ones.

If a letter *d* is drawn with the finger on a paper, she sees the suggested *d*. Now if the paper be turned around, she sees *p*, and in a mirror *q*.

The experiment with *b*—*q*—*p* succeeds still better.

12. A sheet of writing paper bound on the left leg and suggested as a sinapism, produces redness and a small blister on the following morning.

When in the morning the edge of a pocket match-safe was pressed on the right forearm, at another time the edge of a graduate be-

tween the scapulæ, and a dose-glass on the upper arm, and these objects suggested as red-hot, there were visible in the afternoon a blister and brand-wound in the form of the objects used, the scars of which must still be present. If any thing is pressed on her left side and suggested as hot, the brand appears, symmetrically and reversed, upon the right side; for example, an initial (*a*) was pressed on the left shoulder. The figure (*b*), with quite sharp outlines, came on the corresponding place of the right side. The correct figure would have been (*c*).

(*a*) (*b*) (*c*)

It was impossible to discover who had pressed a pair of scissors[1] on her, and suggested them as hot. It must have been one of the students. It is a sad example of the great effect of suggestion. Fever could not be caused by suggestion. The patient became ill, but the thermometer remained at 37.4° C.

The suggestion of bleeding was quite as unsuccessful. Simply red spots (hyperæmia) appeared at the places of suggestion.

13. The magnet has a great effect. If one has once manipulated with it, then one can produce the

[1] According to the account of the sister of charity, this was a suppurating wound which was very painful, and required two months to heal. The wound was treated with carbolic washes and carbolated charpie.

same effect with any thing that is taken in the hand, but not before. A towel, for example, which covered the magnet, and which is given the patient to wipe his hands, immediately causes the most violent contractures of both hands, which are difficult to remove. An ordinary towel does not have this effect.

Transfer is also easily produced by the magnet, and likewise suggested deafness removed.

Dr. Jendrássik concludes his interesting communication with the following remarks :

"I need scarcely say that all experiments were made with the greatest care, and that, for example, in the case of the brand suggestions, deception is entirely excluded.

"On the day preceding her flight I suggested a J as hot on her left forearm. The letter was drawn on a paper, and I touched her but an instant with a fold of the sheet.

"Does nothing result? According to my experience the brand suggestion fails only when, in the interval (*i. e.*, before the suggestive effect), a hystero-epileptic attack occurs."

DAILY NOTE-BOOK OF THE HYPNOTIC EXPERIMENTS AT GRAZ.

PRELIMINARY REMARKS.

The patient surrendered herself here for such experiments unwillingly, and only after she was assured on word of honor that all brand suggestions would be dispensed with. In time it was possible to win her confidence, and she complied willingly with all such requests. However, that kind of experiments is never pleasant to the patient. She suffers their performance out of a feeling of kindness for the physicians, to whom in time she came to feel herself to be under obligation. The hypnotic experiments were never undertaken, save in the presence of a number of physicians, *portis clausis*, and with the witnesses bound to tell the patient nothing of what took place during hypnosis.

Prof. v. Krafft reserved to himself the right to hypnotize the patient. In case of necessity and exceptionally the assistant, Dr. Kornfeld, acted for him. On one occasion unintentional hypnosis was caused by Dr. Gugl, who held the patient's eyes closed while Prof. Krafft was testing her sensibility.

Hypnosis is brought about within twenty to thirty seconds by fixed gaze, command, light pres-

sure on the eyeballs, or stroking of the forehead. The latter method is preferred by the patient.

At the moment of entering into the hypnotic state the patient usually looks once more at the experimenter, as if to impress his image on her mind. Then the eyes are half closed, and seem drawn to the right, downward and outward. The patient remains in the position in which she was at the moment hypnosis occurred. She resembles a statue. Only an occasional tremor of the eyelids and upper extremities, and quiet, slow inspiration, show that the statue is alive.

The pulse is from 80 to 96, as long as the patient remains left to herself. The picture of the hypnotic state is unchangeable, alike in all hypnoses, which facilitates experimentation very much. The duration of the sitting was extended to three hours.

The activity of the senses is arrested, with the exception of susceptibility to auditory impressions through the left ear, and to painful impression on the left half of the body. The patient reacts to powerful auditory impressions by slight movements of fear, and to needle pricks (left), by wrinkling of the brow and contraction of the *corrugator supercilii*. The other senses are incapable of excitation, even with the most powerful stimuli.

The muscular system is in a cataleptic state, though without the signs of *flexibilitas cerea*.

Left to herself, the patient remains like a statue. Under long observation neither mimical nor any other motor indications of spontaneous psychical action appear.

Every path of the patient's nerve centres may be opened by suggestion, and the corresponding psychical action becomes possible, but the action is purely mechanical, automatic. The machine stands still as soon as the suggested action is completed. The automatic act is extremely precise and complete. For its performance the patient requires the sense apparati concerned, and set free by suggestion. The paths of suggestion are the auditory and sensory, including the muscular. But only the person that produced the hypnosis is able to exert suggestive influence. In hypnosis, the deep reflexes are not increased. In the lucid condition absolute amnesia exists for the events of the hypnotic state. This condition, in the opinion of Charcot and Bernheim, may be described as a somnambulic experimental state of sleep.

The transfer from the hypnotic state (=II.) to the normal, lucid condition (=I.), is readily effected by blowing on the patient or by the simple command to awake.

The patient passes into I. through an intermediate sleepy state, in which she rubs her eyes and stretches her limbs.

If the hypnosis has been long-continued, and many experiments made with the patient, then, in I., she complains of headache, fatigue, and discomfort; and likewise when any other than the usual experimenter has undertaken the hypnosis. However, these complaints can be obviated by the suggestion that after waking she will feel well. No detrimental effect on the disease was ever observed

as a result of hypnosis undertaken with the above precautions.

The result of experiments was usually noted during the sitting.

DAILY NOTE-BOOK.

Oct. 24th, '87.—Hypnosis produced by fixed gaze. Immediate success. Waking produced by blowing on the patient.

Oct. 26th.—II. produced by slight pressure on the eyes.

Oct. 30th.—II. produced by stroking the forehead. Since the patient is sleepless, and amylhydrate is of little service, suggestion that from now on she sleep well from 8 P.M. until 6 A.M. Precise and prompt result.

Oct. 31st.—II. produced henceforth only by stroking the forehead. A threatening hystero-epileptic attack is thus prevented.

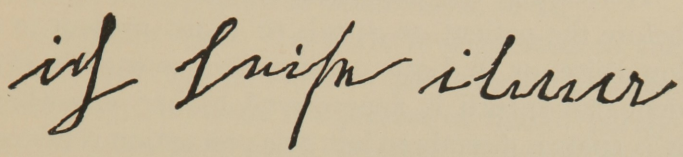
Nov. 1st.—The patient becomes troublesome to the sister of charity on account of kissing, etc. In II., suggestion to avoid such action in the future. Kissing is henceforth avoided.

The extremities are placed in contracture at pleasure by centrifugal stroking of the skin, and the contractures removed by centripetal stroking. The corresponding mimical expression is effected by placing her in a plastic attitude.

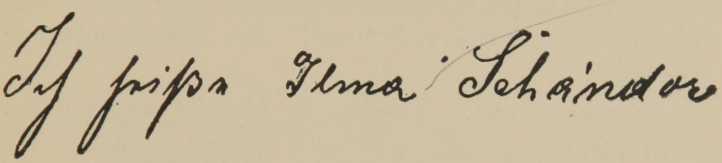
It is suggested to the patient that she is a child; she is allowed to play with a doll, and salt for sugar is given her to eat.

She is changed into a seven-year-old schoolgirl,

and must pass an examination. She writes her name from dictation, like a schoolgirl, with difficulty, slowly, and incorrectly :



It is suggested to her that she is grown-up now, and must make a will in favor of her former physician at Pesth. She writes a legal testament from dictation. Again her name is dictated; now she writes :



She writes easily and fluently any thing desired, and, among other things, a bond for 500 F.

She is given the command to go to Dr. H., when awakened, and take his hand and say "thanks." This post-hypnotic suggestion is promptly fulfilled.

November 4th. The hypnotizing is annoying to the patient. She contemplates flight. In II. it is suggested to her that she try not to escape. This thought does not occur again in I.

The patient is directed, in II., to murder Dr. K., and a tooth-brush is placed in her hand for this purpose. At first she makes opposition, decides on the deed only after mental struggle, and finally,

however, steals up to her victim like a bravo and thrusts at him violently, so that she must be told to stop.

Heretofore the experimenter took the trouble, before the patient, to speak to those present in a low voice, or in Latin. Since it is constantly evident that speech is apperceived by her only when it is spoken directly to her, this precaution is henceforth, for the most part, dispensed with.

November 5th. Experiment as to the effect of medicinal substances in II., as observed by Prof. Luys. 1–5.0 gram. of pilocarpin, atropin, apomorphin, and alcohol, in sealed phials, are one after the other hung about the patient, and the result observed by Prof. v. Schroff. No reaction is observed.

November 9th. To-day, in II., the experiment with tinct. thymiani 5.0, in a sealed phial, is repeated. During the ten minutes of the application the face becomes red and turgescent, the left eye somewhat prominent, and the circumference of the neck increases from 30 to 33.5 cm. Increased pulsation of the vessels does not occur. The pulse rises from 90 to 120.

These symptoms are not further confirmed in later experiments. It is possible that the reaction observed with the thyme resulted simply from the pressure of tight clothing on the veins of the neck, since during the time of the experiment the patient remained with head stretched forward (the phial was bound on the nape of the neck, the neck pressed forward against the tight dress by the

manipulations, and fixed there by the cataleptic muscles).

Besides, a considerable acceleration of the pulse occurred occasionally at other times, in II.

November 13th. In II. it is suggested to the patient that her left arm is paralyzed. The arm immediately presents the picture of flaccid paralysis : is anæsthetic, with transfer of sensibility to the right upper extremity, the deep reflexes are increased, and the vaso-motor nerves paralyzed. (Irritation of the skin immediately causes hyperæmia, which disappears only after a long time.)

By means of the suggestion that the arm is again well the *status quo ante* is immediately re-established.

DEMONSTRATION BEFORE THE MEDICAL SOCIETY AT STEIERMARK, NOVEMBER 14, 1887.[1]

Present : 68 members and 17 guests.

Place : the clinic for nervous diseases in the general hospital.

After the sensibility has been tested with eyes averted, and the right hemianæsthesia proved, Prof. Krafft asks the patient to look somewhat sharply at him. In a couple of seconds thereafter she is hypnotic ; with half-closed eyelids, the expression of the face resembles that of a mask, a classically fixed mien without any reaction—the eyes fixed, staring, amaurotic. She reacts now only to the

[1] From the report of the eleventh monthly meeting in the *Oesterr. ärztl-Vereinzeitung.*

speech of this experimenter, and obeys only his commands and suggestions. All others present are to her as air. She does not answer questions addressed to her from the audience, and does not obey commands; on the other hand, she does every thing that the experimenter requires of her.

Prof. Krafft pulls up her sleeve and strokes her arm in a centrifugal direction; complete stiffness, a cataleptic condition, is the result; and this condition is immediately removed by stroking in a centripetal direction. Stimuli, which cause not the slightest reaction in the lucid state, now occasion the most extreme reflex contractions: stroking of the *zygomaticus* with the handle of the percussion hammer causes an evident contraction of that muscle, and in the same way of the *elevator labii;* a horseshoe magnet, held at some distance from the part of the body concerned, makes the facial muscles twitch distinctly, causes a facial expression of blowing when held before the lips, etc., and it occasioned, evidently, strong contractions of the muscles of the protruded tongue, and drew the point of the tongue to the side on which it was held.

Placed in plastic attitudes, the patient maintains them and assumes the corresponding expression of countenance. Placed in an attitude of anger, the mien becomes angry, but changes again to the classic expressionless mask immediately when the position is removed. Placed in the attitude of a beggar, with raised, pleading hands, the eyelids are raised, and the eyes turned upward; with the re-

moval of the attitude, the mien again becomes dreamy and demented. The posture of defence produces the expression of fright; the fingers spread out from the nose, that of contempt; the movements of her arms, as if she were throwing a kiss, give her face an amiable expression.

At the experimenter's suggestion, "Miss S., your left arm is completely paralyzed; however, try to raise your left arm," she tried in vain to obey the command; the arm, which had so shortly before been in a fixed, cataleptic state, when raised up passively, falls down flaccid, and there is present a complete "flaccid paralysis," the muscle tonus likewise nil, the previously sensitive arm being also completely anæsthetic. While previously, in the state of cataleptic contracture, the pricks of a needle were felt and had caused more decided wrinkling of the brow the more proximally they were made, now the arm may be pricked anywhere at will and no reaction or expression of pain can be discovered in the mimical facial muscles; indeed, even the strongest electric pencil currents, which no malingerer could endure, are borne without the slightest sign. Now, on the other hand, the opposite extremity, which was previously anæsthetic, shows itself to be sensitive; a complete transfer has occurred—a transfer which is limited to both upper extremities, but which exists only for the experimenter; the facial hemianæsthesia has remained the same as before. Now the question is to adjust the paralysis again. At the experimenter's suggestion that he has again made the

arm movable by the pressure of a seal, and that the paralysis has disappeared ("Miss S.! I am able to assure you that the cure has succeeded completely!"), the patient moves her arm again, and at request presses his hand powerfully; and, too, the transfer, that great enigma of psycho-hysterical experiments, has again disappeared, the left extremity being again sensitive, the right anæsthetic.

Now Prof. Krafft conducts a series of suggestion-experiments, having for their object the transmutation of the patient's personality. At the words, "Good-morning, little Ilma; what a smart little girl you are for two years and a half old; let us play a little, come!" the patient acts as if she were a small child,—sits on the floor, plays with a doll (a stick of wood), lays it in its cradle (on a seat), gives it sugar (in reality salt), eats of it herself and says it is sweet; then she goes about in the garden (about the circle), picks currants from one of the gentlemen present whom the experimenter says is a currant-bush, carries her hand to her mouth as if she would eat them, and shakes another gentleman for a plum-tree, and stoops and gathers the plums, etc.

The suggestion, "Why! how quickly the little Ilma has grown; now she is eight years old and a schoolgirl," changes the situation instantly. To the question, "How old are you?" the patient answers, "Eight years"; and she sits on a school bench, and now come the following questions and answers:

PROFESSOR: Have you learned something too?

PATIENT: Yes.

PROF.: Tell me from what God created the world.

PAT. (with childish voice): God made the world out of nothing.

PROF.: What did God then do?

PAT. (reflects and then speaks in the same staccato tone as before): God made holy the seventh day.

PROF.: What day was that?

PAT.: And that was Sunday.

PROF.: What do you know of natural history? What kind of an animal is the wolf?

PAT.: The wolf belongs to the beasts of prey.

PROF.: And the elephant?

Patient is silent.

PROF.: Can you tell me the capital of Hungary?

Patient is silent.

PROF.: Can you tell me the principal rivers of Hungary?

PAT.: The Donau, the Theiss. (The patient, in spite of apparent reflection, can remember no more.)

PROF.: Can you write too? Write your name.

The patient takes paper and pen, and writes her name with childish strokes and childish errors (9 for 12, etc.).

Prof. Krafft requires of her further that she come up over the stile with him, but to be careful, as there are ten steps. Then he leads her by the hand around the circle. The patient raises her feet cautiously as if mounting a stile, and exactly at the eleventh step assumes her usual movement, as if walking on level ground.

Now the operator suggests to her that she is not a girl at all, but a man, and has become a soldier, and must drill. The patient straightens up and carries herself like a soldier, makes use of an umbrella presented to her for a musket, stands guard, presents arms at the cry, "an officer," takes aim and fires at the cry, "the enemy, the enemy!"; she drinks a glass of water, with long draughts, for Hungarian wine, and smokes a tooth-brush for a cigar; at the suggestion, "You are quite drunk," she begins to stagger and sways fearfully, being scarcely able to stand, and then acts as if about to vomit; she drinks a glass of red wine for water, and, at the assurance that she is now entirely well again, stands alone and exactly as before.

At the further suggestion that she is married and has a little child, she takes a pillow in her arms as a child, rocks it to sleep, singing a Hungarian song; then at request she gives the child pretended food to eat, after each spoonful, turning the pillow about as if to make the pap that had been spilled flow into the child's mouth.

As proof of how a hypnotized person can be used for the commission of a crime, Prof. Krafft dictates to her a letter containing a slander, and a receipt for a thousand guldens. The patient writes every thing quickly, and without errors, in a regular feminine hand; she, after each dictation is written down, repeats the last word, and waits for more, knowing nothing of it all. Now she signs her name, correctly, fluently, and distinctly.

Then the experimenter gives an example of post-hypnotic suggestions. He directs the patient that when she leaves the room she shall open an umbrella, which leans against the door, and give it to the gentleman standing by the chest near the statue of Mary. Then he wakens the patient by the suggestion: "Miss S.! you are awake again!"

She opens her eyes, yawns a little, and her heretofore mask-like, fixed features immediately reassume life and motion. "I am tired."

Now Prof. Krafft strokes the zygomaticus with the handle of the percussion hammer, and it does not contract; the magnet no longer induces muscular contractures; all symptoms of hypnosis have disappeared. At the request of the experimenter that she go to her room, the patient leaves the auditorium; but she stops suddenly at the door, takes up the closed umbrella standing there, undoes it, opens it, passes through the company with the umbrella open and held over her head, and gives it to Dr. H., who leans against the chest mentioned.

November 16th.—Transfer to II. Present: Prof. Lipp. Suggestion of a cold bath. Immediate, general tremor; fibrillary twitching of the upper extremities, and transverse wrinkling of the skin in the region of the wrists (cutis anserina). At the suggestion of a warm bath these symptoms disappear immediately. The patient washes and rubs herself with pleasure. Paralysis of left upper extremity suggested, with the same result as on November 14th.

November 17th.—Patient has left intercostal neuralgia. This, in II., is successfully removed by suggestion.

No reflex results from touching the eyes. Pupils, as always in hypnosis, equal or moderately dilated. In answer to the question, the patient declares that she sees the experimenter. However, the position of the eyes, drawn downward and outward, does not change. With closed eyes she says she sees nothing.

The eyes are left free. To the question "How many persons are in the room?" the patient correctly counts seven. Now she is told that the sister of charity has just gone out (untrue), and will return only after an hour. Asked how many persons are now in the room, she counts six. She is transferred to I. The sister remains near her, speaks to her repeatedly, but is like air to her. Exactly after an hour she greets the sister with the words: "Good morning, sister; where have you been all day?" The patient complained to-day about the frequent hypnotizing. She feels weak and exhausted from it.

November 20th.—To-day transfer to II. for the purpose of a more exact test of the effect of the magnet. The magnet induces powerful contracture of the left upper extremity following a trembling of the muscles; in the right (hemianæsthetic) upper extremity only tremor results. The left upper extremity is now made flaccidly paralyzed (*v.* Nov. 14th). Transfer of sensibility to the right upper extremity ensues. Now the magnet causes

powerful contracture on the right side, simply tremor on the left.

The paralysis is removed by suggestion. The transfer immediately disappears, and the reactions to the magnet are again like those before the suggestion of paralysis.

The tremor induced by the magnet is immediately overcome by copper or silver coins, the contracture by centripetal stroking.

Trial of a test as to whether a difference of affect exists between the north and south poles.

In the right (hemianæsthetic) arm the north pole causes only weak tremor, the south pole weak contracture. In the left (sensitive) arm the north pole produces weak, the south pole energetic contracture. This experiment is frequently repeated with blindfolded eyes, and always with the same result.

After application of the magnet (at a distance of 2 to 5 cm.) an analogous effect is attained with any key. Also the size and strength of the magnet proves to be irrelevant.

On the evening of the 20th, a hystero-epileptic attack, after anger at the night attendant. As a result of this the suggestions, hitherto successful, are destroyed—(to trouble the sister no more with attentions, and to sleep from 8 until 6 o'clock).

Nov. 24th.—Transfer to II. Suggestion of deafness. Complete success. The magnet does not restore the hearing, but the words "You hear," written on the extensor surface of the left forearm, does.

Successful suggestions concerning the sister and sleep.

Suggestion of left-sided, facial paralysis. Right-sided paralysis and left-sided anæsthesia result. Minimal faradic excitability: kathode at *foramen stylomastoideum*, right, secondary coil drawn to 7.8; left, to 9.4.

Neither the north nor the south pole of the magnet nor other stimuli of the skin occasion contracture either on the right or left side. The paralysis is removed by suggestion. Sensibility is again immediately restored on the left side, and right anæsthesia is present. Minimal faradic reaction now, right, secondary coil drawn to 8.3; left to 9.4. The magnet effects simply tremor on the right, and powerful contracture on the left. On the left side a key is equal to a magnet; on the right, without effect. A post-hypnotic suggestion to take a saint's picture from the wall and carry it into another room is promptly fulfilled. Immediately after, asked about the whereabouts of the picture, the patient knows nothing of it. Immediately transferred to II., she reports that she carried it into the altar room. "Why?" That she does not know. In state I. the patient generally knows nothing of post-hypnotic suggestions; but it is the contrary in II.

Dec. 2d.—Hystero-epileptic seizure. Immediately troublesome to the sister, and bad sleep again. New suggestion. Soon thereafter the patient writes to the sister: "I am so sad that it seems as if I had lost something; it seems to me that I shall

never see you again, and therefore my heart is so sad."

Dec. 3d.—In II. Suggestion that patient have a stool one hour later (on account of obstipation of several days). The stool occurred after one hour precisely. (Temperature Dec. 1st, evening, 39.3° C; Dec. 2d, noon, 38.4° C., afternoon, 39° C., eve., 39.2° C.) Suggestion to measure in the evening 38° C., on the morning of the 4th, 37° C. The temperatures correspond with the suggestion.

Dec. 7th.—In II. Suggestion to measure 38.5° C. at 9 o'clock P.M., and 37° C. in the morning. (Temperature, Dec. 6th, noon, 36.4° C., evening, 37.1° C.) On the evening of the 7th at 8:30 the temperature is taken. Patient does not wish to allow it. The thermometer remains in position and at 8:45 shows 37.1° C. in the axilla. About 9 o'clock the patient became willing. At 9 o'clock exactly, 38.5° C.; on the morning of the 8th, 37° C. With a new suggestion in II. in the evening, 36° C.

Dec. 8th.—The ineffectualness of the magnet in I. is established. Also it is shown that the patient apperceives words written on the volar or extensor surface of the left forearm, on the left side of the thorax, on the left epigastrium, on the anterior surface of the left thigh, and on the left calf.

Now the patient is placed in II. The magnet works immediately, but only in the regions where feeling is intact. After suggestion of left anæsthesia with transfer, the influence is present on the right side and absent on the left.

A towel that covered the magnet, water that stood in the vicinity of the magnet and is given to her to wash her hands, produce very powerful contracture, but only when handed to her by the experimenter. In the hands of others they, like the magnet, are absolutely without effect. These experiments were repeated many times, the eyes being blindfolded, with the same result.

If the experimenter with the magnet steals up behind the patient, the contracture always occurs immediately.

After washing his hands and drying them with a fresh towel taken from the drawer, he hands the patient a similar one. Now the contractures fail to occur.

Now the experimenter strikes a gong. The patient, sitting there with blindfolded eyes, when asked, answers that she hears a sound. Now the gong is struck by Dr. X. in the same way. The patient hears these strokes too, but she feels them coming from a strange hand as unpleasant. Deafness is suggested to her. She seems deaf, and reacts no longer to powerful strokes on the gong. The magnet does not restore the hearing, but the word "Hear," written on the forearm, does.

Dec. 9th.—Transfer to II. by the assistant, Dr. Kornfeld. The hypnosis is brought about with difficulty; and only with the professor's persuasion is the patient willing to allow the hypnosis. Dr. K. now rules the patient completely, the professor being unable to become *en rapport* with her,

and unable to awaken her by verbal suggestion, which Dr. K. does without trouble.

However, what is remarkable, the magnet proves absolutely ineffectual in the hands of the new experimenter. In an immediate, new hypnosis produced by Prof. Krafft, the magnet works, even through the clothing.

Four of the six physicians present were removed by suggestion. Awakened, the patient treats the four gentlemen as air. One of them (Hungarian) speaks to the patient in Hungarian. She starts violently, and has a hystero-epileptic attack, which is immediately overcome by means of II. It was remarkable that the patient did not apperceive the three other gentlemen speaking German.

THIRTEENTH MONTHLY MEETING OF THE MEDICAL SOCIETY, DECEMBER 12, 1887.

Present: 104 members and guests.

After presenting the same patient that was introtroduced at the meeting on the 14th ult., her sensibility, reflexes, etc., were tested while she was in the lucid state. Again the left side showed itself to be sensitive, the right anæsthetic. The deep reflexes are at a minimum, or at least moderate; the presence of a horseshoe magnet causes nowhere muscular contractions; temperature taken in the axilla 37° C.

After a short rubbing of the patient's forehead, her face assumes the characteristic, masklike expression of induced hypnosis; now the patient is only susceptible to two kinds of stimuli: on the one

hand, to auditory ; on the other, sensory on the sensitive left side of the body, both, however, only for the personality of the experimenter.

Prof. Krafft first suggests to her that her temperature, at 8 o'clock this evening, measure exactly 35.5° C.[1]

Then the operator tells her that she is in a bath, but that the water is very cold, and that she will take cold (patient begins to shiver) and have a catarrh from the too cold bath (the patient sneezes once violently and naturally—certainly an involuntary reflex); that now, however, hot water has been brought and it is very comfortable in the bath, (patient rubs her thighs with pleasure) ; finally, that the warm water has suddenly run off (patient shivers violently, presents goose-skin on her arms).

The patient is placed by the experimenter in the posture of a beggar. The hitherto expressionless mien immediately assumes the appropriate mimical expression. The eyes turn upwards and the upper lids are raised. This experiment is successful only in the hands of the experimenter. Other gentlemen try it in vain.

Now the experimenter lays a number of sheets of white paper before her, such as are used for prescription writing, and suggests for her a photograph on one of them. The experimenter takes again the sheet designated with the pretence to write a dedication on it, marks it on the back, shuffles it among the others, and asks the patient to pick out the

[1] The temperature taken immediately after the close of the sitting (at 8 P.M.) was 37.1° ; at 8:30, 36° ; on the next morning, 35.7° ; and it remained subnormal until the next hystero-epileptic attack.

(suggested) photograph. The patient looks at the sheets attentively, becomes violently agitated and perspires ; finally she picks out a sheet, but not the correct one. Prof. Krafft is compelled to deepen her hypnosis by rubbing her forehead in order to prevent a hystero-epileptic attack.

Now the experimenter suggests to her anæsthesia of the left arm, and the hitherto hyperæsthetic left arm immediately becomes anæsthetic. Even the strongest faradic pencil currents which a malingerer could not endure, are borne without any reaction ; on the other hand, the other previously anæsthetic arm has become sensitive, as is proved by tests. However, this transfer exists only for the experimenter ; for other gentlemen (from the audience), who convince themselves of it with the needle, it does not exist.

A horseshoe magnet, held by the experimenter at some distance from the *plica cubiti* of the sensitive (now right) side of the body, elicits violent muscular contractures immediately ; and likewise, a bar-magnet (more quickly and powerfully with the south pole), and also a wooden-toy magnet. In the left arm, anæsthetic to the experimenter, the latter can induce no contractures. To-day, as usual, the south pole proves to be more effectual than the north pole. A few centripetal strokes of the experimenter's hand overcome the most powerful contractures immediately, while others present try in vain to cause the contractures to disappear by stroking. The stroking is ineffectual when the experimenter puts on a strange glove, but is effec-

tual again as soon as he has taken it off. Numbers or simple words written on the sensitive arm are read; the patient tries in vain to read in the same way from the anæsthetic arm.

At the further suggestion that her left arm is now also paralyzed, motor paralysis is immediately added to the anæsthesia; and at the statement that all is well again, paralysis, anæsthesia, and transfer disappear. At request, the patient raises her arm, washes her hands and dries them with a towel which has lain over the magnet. While drying them, her hands become stiff, and she holds the towel in her clenched fists until Prof. Krafft removes the contracture by centripetal stroking of the arms.

At the suggestion that she is deaf, the patient acts as if cortically deaf; the most powerful strokes on a tom-tom have no unpleasant effect on her. She does not move a muscle. Should the experimenter now blow on her, and in this way awaken her from the hypnosis, she would be frightened and remain completely deaf, especially had the experimenter forgotten previously to tell her that she would hear again within such and such a time. Charcot has stated that if a strong magnet be held for a long time to the ear of the sensitive side of patients in such conditions they will hear again. Prof. Krafft does this as long as he is able to hold up the large horseshoe magnet, weighing several kilos; after some minutes he is compelled to desist for want of strength, having obtained nothing more than a contracture of the *sternocleidomastoideus* of

the same side. Yet, when the way of auditory suggestion between him and the patient is completely closed, that of suggestion through the sensibility of the skin still remains. He writes on her sensitive arm, slowly and clearly, "Hear," and lo! the deafness has disappeared. The patient answers the words: "It is nice that you can now hear again," with "Yes."

In conclusion a post-hypnotic suggestion: Prof. Krafft tells the still hypnotized patient that all the strange gentlemen have gone, only he, the two assistants, and the sister of charity remaining. Then he awakens her from the hypnosis. The patient opens her eyes, remembers nothing, counts at request the persons present, naming herself as the fifth, and goes from the room without taking the least notice of those present, who, though indeed leaving the way to the door clear for her, speak among themselves unrestrainedly, call "good-night" to her, and brush against her. The patient rubs herself on the places touched without embarrassment, as if she had run against something.

December 16th.—Of late the patient has been repeatedly found by the attendants in a dreamy, unconscious state, with eyes glazed (auto-hypnosis), from which she came to herself as from a deep sleep after a few minutes or a quarter of an hour.

This afternoon she was found at the Schlossberg by two fellow-patients. She staggered, looked disturbed, vomited red wine several times, then fell down, began to cry out, and was brought back to the hospital with much trouble. She declares

that she wishes to die, that she can live no longer. Placed in bed, she complains of great burning in the region of the stomach and in the throat, throws herself about in pain, crying out and striking. She pretends to have picked datura stramonium, and poisoned herself with it. No datura grows at the place where she was, and the condition does not correspond with that of stramonium poisoning. Yet the patient seems collapsed (pulse 120, feeble heart-sounds, deeply pale, collapsed countenance, cold extremities).

There is a probability of auto-suggestion of impending death from the supposed eating of stramonium in auto-hypnosis.

The collapse continues in spite of treatment with stimulants. The patient says, "Is it really so hard to die?" and writes on a piece of paper, "Ilma is dying; pray for her." An attempt is made to free her from this condition by means of hypnosis and of transfer to I. It is difficult to transfer her to II. A quick recovery is suggested, sleep until 7 o'clock, then supper, and sleep again until the morning of the 17th, then to awake well. The collapse disappears immediately, and all the suggestions are fulfilled, save that the patient sleeps until 7:45, then takes her supper and goes to sleep again.

Dec. 17th.—This morning patient awakes in great astonishment to find herself in bed. She knows only that yesterday afternoon she found a plant which she thought was datura, of which she had read some days before, and that she chewed a part of the stalk in order to die.

Dec. 18th.—Three days ago it was suggested to the patient in II. that the assistant, Dr. Hellwig, had gone away for three days.

Dr. Hellwig makes his visits to the patient as usual. She does not hear or see him, but is quite disturbed and frightened because she sees the door open, hears steps, and in her presence the leaves of a book are turned by an invisible hand.

On one occasion Dr. Hellwig comes to her intentionally with a cigar. She sees the burning cigar and the smoke and is quite startled by these phenomena, and thinks that she will go crazy if these ghosts continue to appear. Otherwise during these three days her psychical condition offers nothing exceptional.

After the expiration of the suggested time, viz., at the morning visit to-day, she sees Dr. Hellwig immediately and greets him as having returned.

Dec. 18th.—Present: Professors v. Jaksch, v. Helly, Klemensiewicz, Rembold, Rollett, v. Schroff, Doctors Anca, Birnbacher, and the assistant physicians.

Prof. v. Krafft transfers the patient to II. Dr. Birnbacher ascertains the following: Pupils equal, 3 mm.; reaction to light promptly occurs. The intraocular tension seems increased at the moment of examination. When an object is moved toward the eyes no movement of the lids occurs.

Striking on the gong causes no reaction. In order to judge whether the patient hears the experimenter, he relates unpleasant details of her life. No mimical reaction. Prof. Rollett attempts

to produce mimical reactions by means of plastic attitudes without success, and contractures by stroking the skin with like result. Now the experimenter takes control of the patient, who has thus far shown no reaction, mimical reactions and contractures from stroking are immediately successful. The experimenter suggests Prof. Rollett's hands as his own—no result. The experimenter alone can remove the contractures.

Prof. Rollett produces five wooden cylinders he has prepared, which look exactly alike and are of like size and weight.

A. Experiment with the left (sensitive) upper extremity :

Cylinder o = o
3 = strong contracture, removed by stroking.
4 = " " " " "
1 = o
2 = o

B. Experiment with the left upper extremity made anæsthetic by suggested transfer :

Cylinder o = o
4 = o
3 = o
2 = o
1 = o

C. Experiment with right upper extremity made sensitive by suggested transfer :

Cylinder o = o
4 = o
3 = slight contracture.
2 = o
1 = o

D. Experiment, the left upper extremity again made sensitive:

Cylinder o = o
4 = o
3 = strong contracture.
1 = " "
2 = " "

After the experiments Prof. Rollett makes known that o and 4 contain a cookey, being made equal to the others in weight by litharge; that 1 contains a glass tube filled with lead; 2, a brass rod; and 3, a powerful magnet.

The patient was made deaf by suggestion. Prof. v. Jaksch wrote "Hear" on her left arm. To this the patient reacted as little as to the stroking of her arm when in contracture by a stranger. Then Prof. Krafft wrote "Hear" on the left forearm. This too was without result; and a repetition of it was without effect. At this Prof. Krafft was in great embarrassment; he examined the sensibility and it was present. Then he wrote "Hear" on the upper arm and hearing was immediately restored. It is probable that the sensibility of the place on the forearm had been lowered and fatigued by the manipulations.

In conclusion the experimenter places two small pieces of English plaster on the patient's back and suggests them as blisters.[1] Besides he draws with the percussion hammer a cross 7 cm. long on the skin over the biceps of the left arm, and suggests to the patient that on the following day at 12

[1] This suggestion was without result.

o'clock, in the same place, a red cross shall appear. Transfer to I.

December 19th.—The possibility that this suggestion will be fulfilled is doubted. At 11 o'clock to-day the patient wonders that she has an itching, excoriated spot on her right upper arm. She cannot remember to have injured herself there. She notices something in the morning while washing. The examination shows that a red cross, 7 cm. long, the surface of which is partly excoriated by scratching, is to be seen on the right arm, exactly at the place corresponding with that marked on the left side yesterday. The cross-line is less perfectly formed, and by 5 P.M. fades to an excoriated spot, 1 cm. wide, forming a part of the left arm of the cross. At 5.30 P.M. the patient is transferred to II., and it is suggested to her that exactly at 7 P.M. she appear at the second floor of No. 14 Sack Street. There she will meet the professor, open a window, and then sing a Hungarian song. Transferred again to I., the patient works on, unsuspecting and cheerful. At the stroke of 7 she becomes restless, puts on her hat, and, breathing deeply and with a remarkably changed mien, she orders the sister to open the door for her. Asked where she wishes to go, the patient answers that she must go out. She becomes more impatient every moment, and every delay in the opening of the door seems to increase her excitement. With rapid steps the patient hurries to her destination, without exchanging a word with the physician who accompanies her, or wondering about his presence. She returns

only short answers to repeated questions; and when near the "Café Polar Star," she asks for a man from whom she may learn the way to Sack Street.

At the physician's direction, that she should go directly to the Hauptplatz and turn into the first street at the right, the patient hurries forward, kept well in sight by the physician. At the corner of Sack and Sporgasse streets, the patient looks for the street sign, and, reading the numbers, she hurries along to the house indicated, and up the stairs to the vestibule; here she deliberates as to which may be the right entrance, and correctly chooses that of the assembly room.

Unembarrassed, the patient walks through the assembled company to a window, draws up the curtain, opens the window, and sings a Magyar song. Now the professor takes her by the arm, introducing her to the company. Confused, she looks anxiously about her, becomes somewhat reassured at the sight of one of the physicians she knows, and leaves, after the professor gives her into the care of the physician who has followed her here. Scarcely is she out of the room, when she no longer knows how to find the stairs which she has so lately come up. She asks: "Where am I, and how did I come here?" She grows very anxious and agitated.

The patient no longer knows the name of the street and number; she does not know which direction to take, and remembers nothing of the events at the meeting.

Far up in Sporgasse Street the patient first knows where she is, and points out the Schlossberg way.

Now the patient demands an explanation of where she has been ; and to the answer of the physician that she has been to the professor, she thinks "the professor is getting really mean."

The patient can no longer remember to have had the company of the physician, and his direction to the street, and can give the sister, who questions her, no information about her absence.

December 22d.—Transfer to II. The patient knows every thing of what occurred in the post-hypnotic state, but nothing in the least thereof while in I. To-day a fellow patient read in the newspaper about the experiments before the medical society, and had the indiscretion to tell the patient about it. As a result, she is very angry and amazed, and her confidence in the professor is shaken.

The red spot suggested in the form of a cross, which appeared at a corresponding place on the hemianæsthetic side, undergoes tropho-neurotic changes in the sense of a superficial necrosis of the skin. At and around the sharply defined scab to the extent of 2 cm., the senses of pain and touch are present, while sensibility is wanting throughout the rest of the arm. Its acts like a transfer ; for at the corresponding place on the left side the sensibility is absent in the form of a cross (anæsthetic long line, 9 cm. long, 5 cm. wide ; cross line 7 cm. long, 2 cm. wide).

December 24th.—The excoriation heals with a very slight formation of scar. The transfer, which up to this time has been found constant, has disappeared ; the sensibility is in *statu quo ante.*

December 25th.—The patient has (apparently while in an auto-hypnotic condition) hidden a sheet. Transferred to II., she knows nothing of its whereabouts.

Post-hypnotic suggestion that she tell the sister where the sheet is. The suggestion is effectual, but causes new auto-hypnosis. While in this the patient knows what she has done in earlier auto-hypnotic states. In tears she confesses to the sister that she has thrown the sheet into the fire without knowing why.

There is a presumption that auto-hypnosis is a peculiar state III., having two modifications, according as it originates spontaneously or as a result of post-hypnotic suggestion.

December 26th.—Severe diarrhœa with colic. Transfer to II. Suggestion that the diarrhœa cease and that a formed stool be passed at 8 P. M. The patient is carefully watched. No more colic, no stools ; at 8 P. M. a formed stool, authenticated by five physicians.

December 30th.—In II. suggestion that temperature measure exactly 37° C at 8 P. M.; exact fulfilment.

December 31st.—In II. suggestion that temperature measure 38.5° C. this evening ; to-morrow morning, 37° C.

A hystero-epileptic attack occurring toward evening destroys the suggestion.

January 1, 1888.—The patient's temperature measured 36.9° C. yesterday evening; 38° C. this morning.

January 4th.—In II. successful removal of headache by suggestion. Suggestion that temperature measure 36° C. at 8 P.M.

January 5th.—Temperature yesterday evening 36.6° C.; this morning, 36°.

Of late the patient more often falls into states of auto-hypnosis, probably by fixedly looking at objects, especially shining ones.

January 7th.—In order to study more exactly the psychical condition in post-hypnotic suggestion, in II. to-day the patient receives the post-hypnotic command to appear at the professor's residence with the attendant at 6:45 P.M. to get some reading matter ready for her there.

Hystero-epileptic attack at 6:30 P.M. from sorrow over the impending departure of the sister of charity whom she loves.

The attack is successfully overcome by hypnosis. From this the patient awakes spontaneously at 6:45. After making her toilet she becomes thoughtful, restless, and begins to weep because she has forgotten something. She tries to remember, becomes excited, and stamps on the floor impatiently. She says to the sister of charity: "Tell me what I am to do—are we to go—indeed, I know not where? You know though that I have forgotten what I ought to do." Gradually the patient passes into a peculiar state, oblivious to the external world (auto-hypnosis), in which she stares

before her. After about half an hour she comes to herself, again reacts to speech, and says to the sister: "Let us go; I feel that you know what I should do; say then where I am to go. You know it, but I have forgotten it."

The patient again becomes restless and fatigues herself trying to refresh her memory. At 8:15 she is transferred to II. by Dr. K., and it is suggested to her that the professor sends her greeting, and forbids further mental effort, and commands her to sleep well the whole night. At 8:30 she goes to bed and sleeps all night without interruption.

January 8th. The post-hypnotic suggestion of yesterday is repeated to-day in II., but to take place at 6 P.M. exactly.

Until shortly before the specified time the patient is engaged in the ward amusing herself with other patients. Suddenly she leaves the ward, hurries to her room to put on her hat, and goes with earnest mien to the sister with the words: "Now, dear sister, let us go."

To the question where, she answers: "You know already; only come with me!"

With evident impatience the patient remains at the door, in order to hasten her steps toward her destination. On the way she speaks with the sister now and then, but without saying a word about the suggestion; and only when in H—— Street does she inquire for G—— Street, where the professor's residence is. Reading the house-numbers on the left of G—— Street, the patient goes by the house, becomes plainly embarrassed, turns around, and

stops before the house specified, looking for a directory plate. For a while she deliberates, does not notice the assistants passing her, says nothing to the sister, and finally pulls hard on the bell.

Arrived in the entrance hall, she hastens up the stairs leading up directly opposite.

With glazed stare, as if somnolent, the patient appears in the room, and says that she wishes to carry back some books. Induced to sit down, she recognizes the physicians present (Drs. Hellwig, Kornfeld, Anca, professor), and answers their questions, but takes no further notice of them, and looks dreamily and wonderingly about her. When wine is served to her she grows restless and wishes to leave; she is here simply to get books, not to drink wine. Illustrated works are shown to her in the parlor; she makes silly remarks about the single pictures, turns the leaves mechanically, seeming only to perceive, not to apperceive. When music is made in the next room she accompanies the rhythm with rhythmical nodding of her head.

The patient speaks when addressed, but spontaneously, scarcely at all. She is not capable of a continued chain of thought. She loses herself in staring; after a time she says to the sister: "Let us go."

Induced to remain and look at more books, she loses herself again in staring at them, turning leaf after leaf automatically.

Episodically the hypnosis grows deeper, so that she takes no notice of what goes on around her.

For example, one can look in her face and she does not perceive it. She performs like an automaton what she is told to do.

It is ascertained that the patient has no knowledge of having obtained books at the professor's house some weeks ago, while in a lucid state. With the idea that she was in the auto-hypnotic state at the time she left Pesth, she is interrogated with reference to the circumstances of her journey from Pesth to Graz. Hitherto she knew nothing about it, either in the lucid or in the experimental hypnotic state.

To-day she knows about it. She states that she received the suggestion in question to go to Graz from Sister Sylvestra (in hypnosis?); that she went on foot as far as Kis-Czell, requiring about eleven days; that from there she travelled by rail to Graz, stopped there at the "Golden Angel," and lodged there three days.

She does not know all the details of her stay in Graz up to the time of her arrest, apparently because episodes of the lucid state intervene, for which memory fails in the auto-hypnosis.

Thus she knows that she introduced herself at the home of the Sisters of Charity (actual). (It is learned that there she was peculiar—lost in a dream.) Since she did not find admission there, she went to the Ursulines.

The further testing of consciousness shows that now the patient knows nothing of all the events of her life while in the lucid and in the experimental hypnotic state. On the other hand, she remem-

bers the events of the situation in the late post-hypnotic suggestion before the medical society, up to the time of her return to Sporgasse Street, where the patient apparently, after completion of the command suggested, again passed into the lucid state. At request she sings a strophe from the Hungarian song lately sung at the meeting. She remembers in general all previous post-hypnotic suggestions. She knows that she lately (in auto-hypnosis) carried a package of papers from the hospital and hid them in the Schlossberg. She remembers the "datura poisoning," with all the details. She did it from *tædium vitæ*. She does not remember being brought back to the hospital at that time. The patient does not remember to have seen the professor's watch before (with which she was hypnotized yesterday). In this state of post-hypnotic suggestion she does not grasp for it. In her present situation, as in experimental hypnosis, the patient is without initiative and will. She reacts only when she is spoken to directly. But she remembers the events that have taken place in this state. Thus, for example, she knows that she now has the third glass of wine before her. The patient is dismissed at 7:45 P.M., and receives the command to sing a strophe of the Hungarian song to the physicians at their morning visit to-morrow.

The patient leaves the professor's house with the sister; arrived at the gate, she tries to set herself right, does not know in which direction to turn, and, frightened, looks at the sister and asks where she is. The explanations of the sister and physi-

cians do not quiet her ; she grows more and more restless and anxious, reproaches the sister, and grasps her firmly by the arm, accusing her of having some design upon her (patient). The patient does not remember to have been at the professor's house, and wonders to find herself in an unfamiliar place ; and she wishes to escape from the sister, because she (the sister) wishes to take her to the railway station.

After much persuasion on the part of the physicians, the patient seems to become somewhat reassured ; she keeps close by them, and in the Stadtpark she first knows where she is, since she points out the Paulusthor.

It is exceedingly annoying and depressing to the patient not to know how she suddenly came in the street. Arrived at home, she slams the door angrily, and is very much put out with the sister, and does not speak to her.

A careful watching of the patient seems necessary ; for, in her despair about the unexplained situation in the street, she might harm herself. This possibility is further shown by her words to Dr. H., to whom she declares that she cannot live any longer ; for she is either insane or not like other normal persons.

After much trouble the patient is finally calmed, and the promise of an explanation to-morrow is given to her.

January 9th.—To-day the patient is given an explanation of the events of yesterday and is satisfied. In I. she knows nothing of them and de-

scribes her embarrassment when she found herself in the street last evening without knowing how she came there from the hospital.

The patient knows nothing while in II. of the events of yesterday during the post-hypnotic suggestion.

Probably a state III. exists during the duration of such a condition, which begins as soon as the post-hypnotic suggestion becomes active, and disappears as soon as the post-hypnotic suggestion is fulfilled.

This state III. may be conceived as auto-hypnotic, and the awakening of consciousness of the post-hypnotic suggestion, which, until the time for its performance, is latent, as inducing (auto-) hypnosis.

Suggestions given in III. seem to be ineffectual; at least the suggestion that in I. to-day she sing the Hungarian song, which had been sung twice in III., was not performed.

Since the sister of charity, whom she loves, is to leave the hospital to-day, and this cannot occur without great emotion and danger of attacks, the patient receives the suggestion in II. to go to sleep at 12 M., to sleep uninterruptedly until 10 A.M., tomorrow, and at waking to measure 38° C. The patient refuses, but finally accepts the suggestion given when repeated in the form of a command.

At precisely 12 M. the patient falls asleep in her chair. She is later undressed and put to bed. (It was forgotten to suggest to her "sleep, undressed, in bed".—The hypnotic suggestions are always

obeyed literally.) The patient sleeps twenty-two hours continuously.

January 10th. The patient awakes at the stroke of 10 o'clock. Her first words are: "Sister, bring the thermometer." The taking of the temperature gives 37° C. instead of 38° C. She complains of headache; her condition is peculiar, dreamy, and cross. She does not understand her situation. Every thing gives the impression that she is still in III. induced by the post-hypnotic suggestion. She is transferred to II. and her headache removed by suggestion. After being transferred to I. she is immediately well and free from mimicry, but she wonders greatly to find herself in bed, because she was seated in a chair a short time before. She pushes back the breakfast offered her, with the remark that she has just eaten her dinner. It is evident that the patient thinks it is Monday (January 9th) noon.

Only with difficulty is she convinced that she has slept twenty-two hours.

January 11th.—An attack is threatened. Transfer to II. Suggestion that she have no more attacks. Successful removal of cardialgia and dyspepsia by suggestion.

January 12th.—Auto-hypnosis lasting several minutes from staring at a gas-flame.

January 14th.—On the 13th successful suggestion that her temperature measure that morning 38.5° C., this morning 37° C.

January 18th.—In II. removal by suggestion of dangerous *tædium vitæ*.

January 20th.—The patient misses a photograph of the professor, which had been presented to her at her request. She believes it to have been stolen, which is improbable. In state II. she also knows nothing of its whereabouts. There is a possibility that, while in III., the patient has hidden it somewhere. In II. to-day suggestion that at 5:15 P.M. she find the photograph and put it in its old place. Precisely at 5:15 the patient comes from her room and announces that the photograph is again in its old place. If, as is probable, she was in III., she remained in that state but a very short time.

January 27th.—Last night the patient was found in an auto-somnambulic state. She had thrust her feet through the grate of the window. At the morning visit to-day she is found in an easy-chair, her face buried in her hands. She does not react when addressed, and does not see the physicians that have entered. There is a glassy stare ; muscles cataleptiform.

The professor sits opposite her and observes her. Suddenly the hitherto masklike face lights up with expression. The patient has perceived the ticking of the professor's watch. She seeks for the watch in a dreamy state, takes it out and sticks it in a fold of the upholstery of her chair.

Now Dr. A. seats himself opposite the patient, but she pushes him away with her foot.

Dr. M. puts his watch to the patient's left ear ; she follows the scent and undoes the watch deftly, putting it in her dress pocket. The same

thing occurs to Dr. K. with his watch. Now, having the two watches in her pocket, she goes to the door of her room, which is locked, and knocks until it is opened; she knocks at the second locked door out in the corridor. This is opened, and the patient walks on, as with a purpose, to the oleander trees, digs up the earth with her fingers, and buries the watches.

Without perceiving those accompanying her, the patient returns to her room, and there she so far awakes from her dreamy state as to resume her knitting and the reading of a book.

That she is in state III. is shown by the fact that she in no way perceives her visitors.

The patient takes no notice of repeated questions. The professor closes the book lying open on her lap; she becomes vexed, and looks for the place again. The professor sings a few notes of a song—immediate catalepsy from fright.

Dr. A. puts his watch to her left ear. The patient undoes it eagerly and puts it in her pocket.

Dr. M. plays with two silver guldens; the chinking of the metal immediately excites the attention of her dreamy consciousness, the features light up, and she immediately reaches for the money and puts it in her pocket.

The professor mystifies her by rattling his keys; she listens and attacks the professor's pocket. She perpetrates a formal robbery—strikes, pushes, struggles with the professor until she gets them, and puts them also in her pocket.

Now the patient tries to carry the keys out; she

knocks on the door, and, as she is not let out, she finally hides the keys behind the stove.

With reference to sensibility, in the auto-hypnotic state the patient is the same as in states I. and II.

Now the patient is transferred to state II. by stroking her forehead; communication with the professor is immediately restored and state III. changed to state II.

The patient declares that she feels sad but cannot tell the reason, because several gentlemen are in the room. She sees five persons, and they might go out.

Now she speaks of the circumstances of her family and is moved to tears. The professor reminds her of his command that she have no more emotional excitement: "You must not excite yourself!" The patient answers: "Yes; but when I must, I must."

By command to awake the patient is transferred to I., and she wonders to see her visitors and asks when they came in.

New hypnosis. Suggestion: "I forbid you to leave your bed, save for necessity." (At night was meant.)

January 28th.—When retransferred to state I., the patient incorrectly understood the suggestion not to leave her bed, immediately after went to bed, and therefore transferred herself in the post-hypnotic suggestion to the preceding day. This is evident from the fact that the patient knows nothing of the events of yesterday, and believes to-day to be Friday (27th).

Yesterday the patient fell into auto-hypnosis, as a result of fixedly looking at a knitting-needle. To-day the patient says that she only came to herself at 3 o'clock P.M., and desired something to eat.

The patient knows nothing of the events up to 3 o'clock P.M.

At the visit the patient is transferred to state II. by the command, "Go to sleep!" and it is suggested to her to have no more attacks; and, too, that she must not put herself to sleep hereafter by looking at shining objects.

Retransferred to state I., the patient is ordered to look at a shining clock on the wall; and it is evident that the suggestion that she be insensitive to shining objects, is not effectual. On the contrary, she passes into auto-hypnosis as a result of looking at the clock.

The patient is certainly in state III., since she does not react to the experimenter. She searches about in her pocket for the watches she took yesterday, and is again in exactly the situation in which she was yesterday when transferred from III. to II.

Since the pocket is empty, she goes to the oleander trees and digs for the watches; and she is much surprised not to find them. Eyes open, gaze somewhat glassy.

The patient notices only what is in relation with her ideas.

She starts back in surprise, seeks in her pockets, and finds nothing; she returns to her room, and seeks in vain for the three watches in the uphol-

stery of the arm-chair, becoming dangerously excited, and trembling with agitation.

The patient is transferred to state II. by stroking her forehead. The excitement disappears immediately: the whole world of consciousness of III. has become latent. She knows nothing of the stealing of the watches in state III. In state II. the ticking of a watch held near her, is painful to her; she reaches for it, but as if to thrust it away.

Hypnotic suggestion: "You must not and will not put yourself to sleep by looking at shining objects; and take pains not to look at them. You will not hereafter fall into this artificial sleep, and generally from now on sleep from 9 P.M. until 6 A.M."

February 1st.—Henceforth II. produced almost daily to carry out the following therapeutic suggestions:

1. "You cannot and must not have any more attacks." (None have occurred since January 7th.)
2. "You cannot and must not fall asleep any more from looking at shining objects."
3. "You cannot and must not commit suicide."
4. "You must sleep from 9 P.M. until 6 A.M."

The patient is, as usual, made to repeat these suggestions. She does it in a purely automatic way, save that with the third suggestion sometimes a mental struggle and a lively play of features occur. Besides, she does not recite the third in the same business-like tone as she does the other suggestions, but in a voice tremulous with excitement. Attacks henceforth do not occur; careful experiments in

which she is allowed to look at shining objects do not induce auto-hypnosis; no traces of *tædium vitæ* are henceforth observed; the patient sleeps from 9 until 6 o'clock.

February 11th.—In II. experiment with a "suggestion mentale." The professor concentrates his mind on the thought that the patient shall take his watch. The patient, being directed to divine his thought, becomes restless and exerts herself so much that the unsuccessful experiment is concluded with the declaration that the professor was thinking of nothing.

February 12th.—Violent emotional excitement. The patient wonders that this time she does not have an attack. She is not conscious of the suggestion.

February 14th.—An evening temperature of 36° C., twice successfully suggested. Yesterday, on account of constipation, a stool was successfully suggested at 11 o'clock. Diarrhœa with colic suggested to occur at 6 P.M. to-day. Precisely at 6 P.M., a profuse watery stool (transudation?), containing formed material from the intestines. Since the patient emptied the bladder a short time before, and a chemical examination of the fluid showed that only a very small amount of urates were present, the fluid can only be regarded as intestinal secretion. The patient comes from stool complaining of griping and rumbling of the bowels, and pressing her hands on her abdomen.

February 15th.—In hypnosis to-day the patient is ordered to tell about the stealing of the watches.

She knows nothing of it. However, since the patient on one occasion hid her brother's watch in a mattress, she is asked directly about it. She knows of it, and says that at that time her brother hypnotized her. Now, as before, she knows nothing of the watches which she took while in III.

February 16th.—In I. it is ascertained that the patient has a normal sense of smell in the left nostril, but not in the right. Transferred to II., she reacts to no odor whatever. By suggestion, unpleasant odors (ex. assafœtida) are perceived on the left side as attar of roses; *balsam. vitæ Hoffmanni* has the odor of human excrement. It is now suggested to her that she can smell just as well with the right as with the left nostril. She can now smell on the right side, and distinguishes unpleasant and pleasant odors correctly; but the suggestion is not fulfilled in so far as transfer of the olfactory sense, and, at the same time, of sensibility, has taken place from left to right (the left side of the nose presents anæsthesia and anosmia). During the existence of the transfer any suggestion of smell desired is possible on the right side. After the change to I. the transfer disappears and the *status quo ante* is reëstablished. In II. to-day two tablespoonfuls of castor oil are given as champagne, and it is suggested that in exactly forty-eight hours, on the 18th, a formed stool must be passed, and that in the meantime there must be no stool.

February 18th.—Precisely at 9 o'clock A.M. a formed stool, none having been passed in the

meantime. To-day in II. suggestion that the right upper extremity must henceforth be sensitive: immediate return of sensibility. It is maintained for sensibility to pain; the senses of touch and temperature remain limited to volar surface of the hand.

February 19th.—In II. lasting restoration of the sensibility of the right side of the face. It is maintained objectively; *i. e.*, for other persons than the experimenter.

February 21st.—To-day short auto-hypnosis from looking at a shining ball, in spite of the continuous suggestive interdiction. In II. the patient knows of the auto-hypnosis, and, when ordered to tell about it, excuses herself by saying that it was not her fault.

In II. it is required of the patient that on the following morning she must allow a circle to appear on the skin as a red line, which is drawn with a pencil on the outside of the dress over the left scapula. Suggestion in II. to-day that her temperature, from the morning of the 22d, be 37° C. for three days.

(On 21st, A.M. 36.8°, M. 37°, EVE. 37.4° C.) Temperature on 22d, A.M. 37.1°, M. 37°, EVE. 37°; 23d, A.M. 37°, M. 37°, EVE. 37°; 24th, A.M. 37 (further taking of the temperature prevented by bandages in the axillæ).

February 22d.—The circle cannot be seen. Ordered to speak about it in II., the patient answers: "You did not do that well; you made it on the dress instead of on the skin." The suggestion is repeated, and this time the circle is drawn directly on the skin.

February 23d.—To-day, the circle is there, but on the corresponding place on the right side, exactly 4 cm. in diameter, like the one drawn on the left side yesterday. It is formed by a red furrow 2-5 mm. wide, within which the upper layers of the skin are wanting, and there is a yellowish-gray scab. In the region of the circle, the patient has itching. Feeling for pain, touch, and temperature is here present; but is not transferred, since the corresponding spot on the left side is not anæsthetic. Prof. Lipp expresses the opinion that this suggested circle can have been produced neither with needles nor by any other mechanical or chemical means. Signs of inflammatory reaction are everywhere wanting.

February 24th.—To day, in the presence of Prof. Lipp, in II. the patient has a letter *K*, cut from zinc plate, pressed on the skin internally to the left shoulder-blade, and it is commanded that to-morrow afternoon a surface of skin, exactly corresponding with the extent of the plate, must be found to be blood-red. At the same time, in order to avoid the effect of irritation, it is suggested that at this spot there must be no itching. Thereupon the thorax and back are so covered with gauze bandages and wadding by Prof. Lipp, that the place of suggestion absolutely can not be reached, and the bandage is sealed four times; an external bandage is made and this also sealed twice, and the seal is taken by Prof. Lipp. After being transferred to I. the patient evidently knows nothing of the events of the hypnosis.

February 25th.—Afternoon. Transfer to II. Prof. Lipp, with many other physicians, examines the bandage and finds it and the seals uninjured.

On the place suggested is an irregularly shaped surface, 5.5 cm. long, 4 cm. wide, over which the epidermis is loosened and still recognizable in the shreds hanging on the edges of the denuded surface. At the edges the surface is moist, while the central part is still covered by the remains of the epidermis, which feels very dry and looks yellow. The immediate neighborhood of the surface is reddened. From its right edge an arm, 4 cm. long and 2 cm. wide, runs downward to the right; and one, 3 cm. long, upwards to the right. Over these arms the epidermis is also imperfect and easily removed, and the underlying skin secretes moisture. The skin around the arms is reddened, but without any sign of inflammation.

In order that the course of this trophoneurotic, necrobiotic process, induced by suggestion, may be undisturbedly followed, absence of pain and the interdiction to allow no one but the physicians to see her back, are suggested.

February 26th.—The circle lately suggested, as occurred with the cross suggested in December, presents a yellow scab with hyperæmic edges, but with no inflammatory reaction. The surface of yesterday presents a dry, parchment-like surface. Both the arms are devoid of epidermis and are hyperæmic.

February 29th.—The circle comes off as a scab, and exposes a red surface with growing epidermis.

The other surface is like parchment. The upper arm is fading; on the lower one there are formation of scab and traces of suppuration. Suggestion today that the temperature in the evening, and on the two following days, measure 36° C. Temperature this morning, 38.3°; this noon, 38.6°; this evening, 40° C. (intercurrent violent emotional excitement).

On March 1st, A.M. 36°, noon 36°, evening 36.1°; March 2d, A.M. 36.1°, noon 39.2°, evening 37.2° C. (intercurrent violent emotional excitement at noon).

March 2d.—The parchment-like surface and the right lower arm of the letter rub off. There is hyperæmia with abundant formation of epidermis at the denuded spots.

March 5th.—Itching at spot of suggestion. The patient does not know what causes the itching on her back. New suggestion in II. that she feel no more itching.

March 6th.—No more itching. The formation of skin over the circle and the other surface is beginning.

March 8th.—Suggestion in II. that her heart beats too rapidly, and that it must beat only 80 during the day in I.: Negative result (pulse 90—108—96 during the day).

March 9th.—The before-mentioned suggestions (v. Feb. 1st) are repeated in II. almost daily with good result. Likewise the suggested restoration of the sensibility of the skin of the right upper extremity and face is maintained.

Since the patient is often thinking about the suicide of her relatives and is depressed by it, it is suggested to her : " I remove from your memory the death of your relatives." The patient, being asked immediately about the manner of death of her relatives, answers : " I do not know."

March 10th.—Severe hystero-epileptic attack this afternoon following violent emotional excitement and menses. Following this, a deep, spontaneous hypnotic state in the sense of lethargy—no reaction of the senses to stimulation ; limbs completely flaccid, not cataleptiform ; deep reflexes increased.

An attempt is made to transfer the patient to II., and thus to come into communication with her. It is successfully induced. Now the patient answers and is again cataleptic.

It is evident that the last attack has destroyed all the suggestions. Right hemianæsthesia is again present. To the question how her relatives died, she answers : " By suicide."

Other physicians are enabled to communicate with her by suggestion. The professor says to the patient : " Dr. X. will ask you a question." She answers this one question, but does not hear Dr. X's following questions.

When another gentleman is given three questions, the three and no more are answered for him.

The previous suggestions of February 1st are repeated, and she is further assured that her relatives died a natural death. Now the patient is transferred to I.

March 12th.—In II. suggestion to write a letter to the sister who has left, telling her love and affection. The patient writes it fluently. When a card is held between her eyes and the paper, she declares that she cannot write and stops. After the fulfilment of the suggested command, the patient again sinks into deep apathy. This morning suggestion that temperature during to-day, to-morrow, and day after to-morrow, measure constantly 36.0° C.

Phonographic experiment: The patient repeats every thing after the experimenter automatically and with the same tone, as soon as he lays his finger either on her forehead or right or left temple, and speaks. It is not necessary that the speech be addressed to the patient. There is no result at other parts of her body, and also at the effective spots when the experimenter touches the patient with a cane or with his gloved finger. Other persons are unable to elicit phonographic action.

To the experimenter it is the same, whether he touch the right or left temple. In II. as well as in I. the patient is unable, even by the exercise of will, to perceive on the right side any sensible stimulus whatever.

March 13th.—In II. phonographic experiments as yesterday.

March 15th.—Temperature on March 12th, noon 36.1°, evening 36°; March 13th, A.M. 36.2°, noon 36°, evening 36°; March 14th, A.M. 36°, noon 36°, evening 36.6° C. (March 11th, A.M., 38.2°, noon

39.4°, evening 38.8°; March 12th, A.M. 38.1°; March 15th, A.M. 37.3°, noon 37°, evening 37.6° C.)

To-day while Prof. K. is testing the relations of the sensibility of the skin of the forehead, Dr. Gugl holds the patient's eyes closed. Suddenly the patient ceases to answer K. It is evident that II. has been induced by Dr. G. She reacts to G., but not to the usual experimenter.

G. makes the phonographic experiments. Professor K. asks him to have the patient say: "Professor K. is a swindler," and then to give him a question with the patient. She repeats her words automatically. The professor asks in a sharp tone: "How could you call me a swindler?" Now she becomes disturbed and in great excitement ejaculates: "Because it was said to me."

After transfer to I. by the unaccustomed experimenter, the patient complains of headache and feels very uncomfortable. Professor K. again transfers her to II. with difficulty and an unusual expenditure of time.

Now it is seen that Dr. G. still can influence the patient phonographically; but otherwise he has no power over her and does not exist for her.

Transferred to I. by Professor K., the patient feels perfectly well.

March 18th.—In II. to-day injection of pilocarpin 0.02 grammes, with the suggestion that it is for curative effect, but that the secretion of saliva and sweat must not occur. Soon thereafter the patient's countenance wears an angry expression, and being questioned, she exclaims: "I cannot obey you every day!"

Salivation and sweating occur in a slight but noticeable degree, but the other effects of pilocarpin are very intense, even to cyanosis and slight collapse. The result must be considered negative.

March 22d.—To-day the patient is hypnotized in jest by stroking her forehead with a delicate brush, instead of with the hand as usual. She seems to be in state II. and reacts to the experimenter. He wishes to have the customary therapeutic suggestions recited. The patient tries hard but knows none of them.

"Of what did your grandfather die?"—"He hung himself." The professor supposes that an unnoticed hystero-epileptic attack has destroyed the suggestion, or the possibility that, as a result of the unusual (physical) stimulus, instead of the usual (psychical?) one, a preliminary indefinable modification of II. has occurred.

The patient is removed from the hypnosis by the command to awake, and then immediately hypnotized again by stroking her brow with the hand. Now she knows all the suggestions and recites them drawlingly.

New experiment with tinct. thymiani. The phial is laid on the nape of the neck, which is not otherwise touched, and the neck is left free. No reaction to the thyme.

Now the phial is taken away, the dress closed about the neck, the head pressed forward by placing the hand on the nape, and the chin somewhat raised. (The position during the earlier experiment with thyme.)

As a result of contracture of the muscles of the neck thus produced, and the constriction of the neck by the narrow edge of the dress cyanosis, turgescence of the face, and increase of the circumference of the neck from 34 to 37 cm., occur immediately. All this disappears when the patient is ordered to bend her head down, and thus the pressure is removed from the veins of the neck.

March 23d.—At 8 o'clock P.M., hystero-epileptic attack after violent emotional excitement. It is successfully overcome by means of transfer to II. The patient follows the suggestion to sleep; but the sleep is repeatedly disturbed by frightful dreams (appearance of her father, commanding suicide). To-night, aroused from sleep, she writes on a piece of paper: "Delusion; dreams; the whole world is a lie. That we exist, is only a fancy." The patient spends the remainder of the night sleeping quietly.

March 28th.—The patient has not been hypnotized in the meantime. To-day this is done in order to be sure of the permanence of the therapeutic suggestions (comp. Feby. 1st.). It is seen that the longer pause in their reproduction was detrimental. The patient recalls them with difficulty, hesitatingly, and with painful effort. Being taken to task for her absent-mindedness and admonished to be obedient, the patient says: "I will do what you wish."

In II. she knows nothing of the events of her life in III. and I. She knows, however, that she once took her brother's watch. Could this have happened in II.?

Made to speak about this fact, it is learned from her that her brother had put her to sleep at that time, and she had heard the ticking of his watch. Question: "Is that unpleasant to you?"—"Yes." Question: "Is it unpleasant to you, if I ask you all about that?" Answer: "I must, if you ask; but it is not pleasant to me."

To a series of questions with reference to the events of her life in I. and III., the patient tries hard to answer, and always gives the stereotyped reply: "I do not know."

She is commanded to count three and then awake, instead of the experimenter's counting three as usual. The patient counts three, and then opens her eyes; but as a result of this unusual method of waking, she is not in I., but in III.

Now she knows every thing about her journey from Pesth to Graz, undertaken while in III., as well as about the events of her life in Graz up to the time of her admission to the hospital.

She explains the theft of the watch on October 20, 1887, in that the watch hanging on the wall was unpleasant to her on account of its ticking. That she stole the linen is unknown to her.

With difficulty and resistance on her part, the patient is transferred to II. by means of the customary stroking of her brow. Immediately the attitude and facial expression assume the characteristics corresponding with this state. The questions previously asked in III. with reference to the events of her life in III. are repeated, but the patient can remember nothing.

It is evident that the customary therapeutic suggestions are also erased; so that they must be given anew.

Apparently the spontaneous or induced state III. has the same destructive effect on post-hypnotic suggestions as the hystero-epileptic attacks.

The transfer to I. is now easily made by the command to awake at three (counted by the experimenter).

March 31st.—To-day in II. recitation of the therapeutic suggestions. At the command that she herself count three and then awake, the patient again passes into III. She knows every thing that has previously taken place in III., answers all questions about it, as yesterday, and angrily puts a watch, which is held to her left ear, into her pocket; transferred to II., she knows nothing of III., nothing of of the appropriation of the watch while in that state, and also nothing of the therapeutic suggestions, which are given again. At three, counted by the experimenter, she awakes in I. smiling and contented, after it was further suggested to her to awake, feeling cheerful and pleasant.

April 6th.—Since April 3d, the day on which the professor went away on a journey, she has not been hypnotized. Hystero-epileptic attack to-day. Thereafter great *tædium vitæ*. Transferred to II. by Dr. Kornfeld, the patient no longer knows the therapeutic suggestions (destructive effect of the attack). They are given anew. Thereafter satisfactory *status quo ante* in I.

April 10th.—Menses until April 11th.

April 11th.—Severe cardialgia and bloody vomiting. In II. at noon; suggestion to sleep until 5 P.M., and to awaken feeling no pain. Awakening at 3 P.M. in III. The patient receives a letter from the professor to the effect that on April 12th, at the morning visit, she is to go to sleep in the presence of the assistants, recite the therapeutic suggestions, and then allow herself to be awakened by Dr. K. The patient lays the letter aside unopened.

At 5 o'clock (end of the post-hypnotic sleep-suggestion) the patient passes into I., immediately reads the letter, and, finding it unintelligible, asks for an explanation, and is put off until the morning of the 12th.

April 12th.—This morning the patient writes to the professor, among other things: "But I do not understand your letter entirely. You write that I shall recite something to Dr. K., and then be awakened by him. Probably you forgot to write what I should recite to him, for, as much as I rack my brains, I am unable to understand the meaning of these sentences."

At the morning visit the patient is found in I. Her attention being called to the letter lying there, she passes into III. immediately. She knows about the letter, and to the question how many persons are in the room, declares: "There are three: myself, you, and the assistant." But actually there are two more physicians and the sister of charity present.

From this it is evident that the patient read in the professor's letter: "with the assistant" instead

of "with the assistants." In this state she reacts to Dr. K. with the assistant, not to the other persons present. She takes the watches of these two assistants, which are held to her ear, and does not react to those of the others. The other assistant (Dr. Hellwig) she does not know to call by name, and designates him shortly as "the assistant."

After Dr. K. has repeatedly asked the patient in vain: "What has the professor required of you?" she is transferred by him to II. by stroking her forehead.

Scarcely is she in II. when, unasked, she recites the four therapeutic suggestions. At the same time Dr. K. wishes to remove the pain in her stomach by suggestion; but the patient does not accept the suggestion, and exclaims angrily: "You should awaken me now!" The transfer to I. is brought about by simple command.

April 18th.—Of late the patient has become troublesome to the night-attendant on account of sexual forwardness. Masturbation, especially premenstrual, is proved.

The professor, having returned from his journey, in II. removes the night-attendant by suggestion, and forbids her unchastity of thought and speech and act. The acceptance of these suggestions is brought about with difficulty.

April 20th.—The patient is much disturbed because she feels the presence of ghosts, sees chairs moved and doors opened by unseen hands, etc. (Movements of the night-attendant removed by suggestion.)

In order to quiet the patient, in II. the return of the night-attendant is announced to her; but, at the same time the suggestion of chastity is sharpened with the other suggestions.

Now the patient receives the suggestion to count three and then to awaken. She passes into III. Transfer to II. is brought about with difficulty. Now again the patient knows nothing of the five suggestions. These and the return of the night-attendant must be repeated.

The professor suggests a pleasant awakening when he counts three: I. occurs at three.

April 24th.—Since the above, II. has been induced and the suggestions recited less frequently, and therefore the patient reproduces them with great difficulty; her conduct, however, shows that they are still effective. After occasional renewal of the suggestions they are recited very promptly without deliberation. From now on II. with suggestions at least every second day. Avoidance of state III.

May 3d.—In I. to-day: minimal contraction in the left ulnar region with extra-muscular galvanic stimulus with Ka. C., 1.6 mille-ampères (12 Leclanché-elements). After the current is closed for a time, minimal (secondary) excitability with 1.4 m. a. (10 elements). The patient is transferred to II., and paralysis of the left upper extremity suggested. Immediately flaccid paralysis, transfer of sensibility to the right upper extremity, minimal deep reflexes, vasomotor paresis. Minimal primary excitability (as above) with 0.9. m.a. (6 elements); secondary with the same strength of

current. In the state of paralysis, likewise, the galvanic excitability from the nerve is considerably increased.

Examination of the back to-day shows that the circle suggested on February 22d, now, as before, is visible as a hyperæmic line. The surface suggested on February 24th appears livid red from hyperæmia throughout its whole extent, in the sense of dilatation of the vessels of the skin. The right inferior arm of the K is still clearly visible.

The upper layers of the skin over the entire surface are thickened.

The patient in II. is required to write from dictation and to put an *h* for every *r*. She writes: "Hosen heifen heichlich hückwähts im Gahten."[1]

May 5th.—Menses to-day without annoyance. Since menstrual attacks are to be feared, the patient receives in II. 5.0 gram. of bromide as Hungarian wine to drink. In I. she wonders that she has such a salty taste.

May 6th.—The patient is disturbed to-day. She complains to the sister of severe pain under the left mamma, thinks that the professor has burned her in the night, and begs the sister to obtain a retreat for her in a convent, where she will be secure against such attacks. The sister's refusal causes a hystero-epileptic attack. The assistant physician, Dr. Hellwig, being called, tries to induce II. by stroking her forehead. But she passes into III. and asks if she may sing the song sung by

[1] Rosen reifen reichlich rückwärts im Garten.

her three months ago in Sack Street; she sings it, then wanders about aimlessly, complaining of pain and weeping bitterly. She sleeps for two hours, awakes in pain, and refuses hypnosis offered by Dr. Kornfeld, but demands it importunately of the sister, who finally consents and induces a kind of II. by means of stroking her forehead. Now the patient gives the following explanation of the origin of the pain: "Last night an old man came to me; he looked like a priest and came in company with a sister of charity, on whose collet there was a large golden B. I was afraid of her. The old man was amiable and friendly. He dipped a pen in the sister's pocket, and with it wrote a W and B on my skin under the left breast. Once he dipped his pen badly and made a blot in the middle of the figure. This spot and the B pain me severely, but the W does not. Four days ago the old man appeared to me with a red pillow in his hands. A W was to be seen on the pillow. The man explained the W as meaning that I should go to the M church and confess at the W confessional. He forbade me to say any thing of his visit, and commanded me to pray lest I become wicked; and I must not commit suicide, else I would not go to heaven. He awakened me by laying his hands on my forehead, and went away."

After this account the patient cried out and said: "There stands the man again. Now he has chains on his hands."

After being treated with stroking of her brow by the sister, the patient grows quiet, wanders

about aimlessly for a time, and then goes to sleep on the window-seat. The night is passed quietly, partly in sleep, and partly, possibly, in state III.

May 7th.—A thorough examination of the affair makes the supposition that a hypnosis was attempted secretly by an unauthorized person seem impossible, and leaves only the possibility that the patient experienced the affair with the priest in delirium and hallucination.

The patient awoke this morning in I. and complained of severe pains under the left mamma. In the afternoon she receives the professor in indignation and anger, and reproaches him with having caused her the pain in the night. It was necessary to give his word of honor that it was not so, in order to conciliate the patient. Now, however, with reference to her pain and wounds, she faces a conundrum.

The examination shows the painful spot to be a heart-shaped figure under the left mamma. Within it are superficial losses of substance, penetrating to the corium, which have a resemblance to a reversed W and B. Between the two is a hyperæmic, raised spot on the skin, $\frac{1}{2}$ cm. in extent, with other similar points.

The B-figure and the elevation are very painful. The figures are white, like fat, and some spots are horny from superficial drying. The borders of the figures present a hyperæmic edge. Nowhere in this peculiar neurotrophic alteration of the skin, which is identical with those previously produced experimentally, are there traces of inflammation.

For this reason, the supposition that this injury may be the result of a suggestion, originating in hallucinatory delirium, is authorized. The patient is now transferred to II. by the professor and questioned about the origin of the injury. She tells about it verbatim as she did to the sister on May 6th. When the professor wishes to hear the therapeutic suggestions recited, the patient recites those given by the hallucinatory personality (v.s.), and knows nothing of the others.

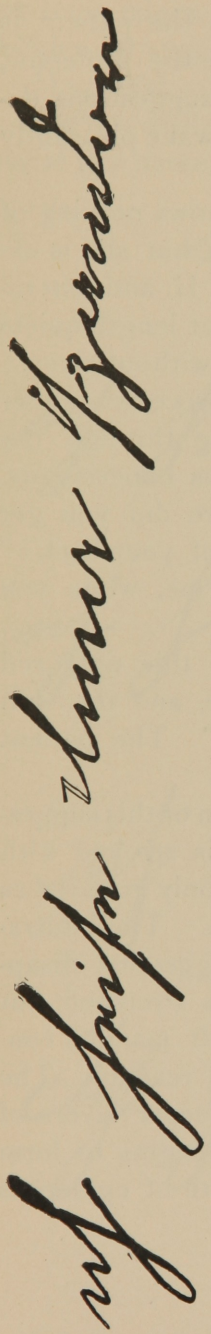
The therapeutic suggestions are given anew, and the pain and memory of the hallucinatory episode removed by suggestion.

Transferred to I. the patient feels well and is cheerful.

May 11th.—Perfectly well until to-day under daily hypnosis with the therapeutic suggestions. In II. the patient knows nothing of the hallucinatory occurrences removed by suggestion. Nevertheless, the post-hypnotic, hallucinatory suggestion with reference to the confession at the confessional W is fulfilled to-day.

The patient receives from the professor at her request permission to go to the church.

At 4 o'clock P.M., with the beginning of the fulfilment of the hallucinatory, post-hypnotic suggestion, she passes into III., and accompanied by the attendant goes to the M church ; she seeks the confessional W, and kneels before it until 6:30 P. M.; when the priest, W., comes and takes his chair, she starts. She makes her confession and returns to the hospital cheerfully, and she thinks that she



would have been compelled to run away, if she had received no permission to go to church.

She says it was peculiar in the church; that she recognized the priest W. directly, and he her; but that now she would no longer know him.

To-day in II. post-hypnotic suggestion to go to the altar-room on the morrow at 4:15 P.M., and offer a prayer there. This suggestion is given for the purpose of showing the patient to the hearers in the clinic without causing her emotion.

May 12th.—The patient appears punctually for the performance of the post-hypnotic suggestion in III., and after its fulfilment becomes restless and anxious, and is quickly transferred to II. All possible sensory and auditory suggested experiments succeed in a satisfactory way.

The patient writes (comp. p. 35) her name, when changed into a seven-year-old school-girl, as shown.

Incidentally, by means of inadequate waking by counting three herself, she is transferred to III., and she steals a watch; transferred again to II., by stroking her forehead, she knows nothing of the events of III.

After a hypnosis of three hours the patient is ordered to go to her room. There the professor, after a renewal of the therapeutic suggestions destroyed by III., commands her to awake pleasantly as soon as he counts three.

The patient awakes in I., and knows nothing of the events of the last three hours; but she is excited and irritated. A repetition of II. and reiteration of the therapeutic suggestions at length quiets her, but the night is passed almost without sleep.

May 14th.—The neurotrophic processes, under a simple bandage, pass to healing through the changes mentioned in the previous experiments.

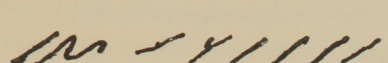
To-day in II. question: "Where did you get this ugly red spot on the left side of your back?" Answer: "You commanded it to me, while you pressed a plate there."

Suggestion: "I command that this ugly red spot disappear as soon as possible, and the skin there become as white as before." The patient promises to fulfil this suggestion.

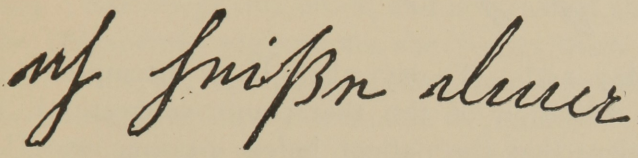
May 17th.—Under daily repetition of this suggestion in II., during which the spot is stroked with the finger, to-day its color appears only rose-red as a result of narrowing of the vessels. The infiltration of the skin at the place of suggestion disappears, so that it no longer appears stretched, but wrinkled. The figure below the left mamma continues without signs of inflammatory reaction. The eroded spots, penetrating to the deeper layers of the corium, grow smaller, and skin begins to form over them from the abundant growth of epidermis

at their edges. Further visits by ghosts are forbidden by suggestion.

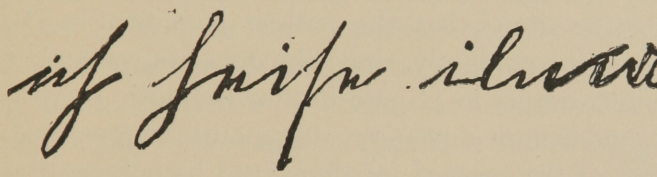
May 21st.—To-day in II. the patient is transposed to earlier periods of life, and required to write her name. As a girl of five years she writes:



OF SIX YEARS:



OF SEVEN YEARS:



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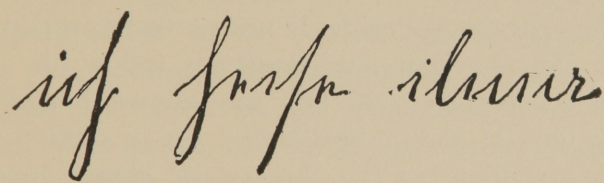

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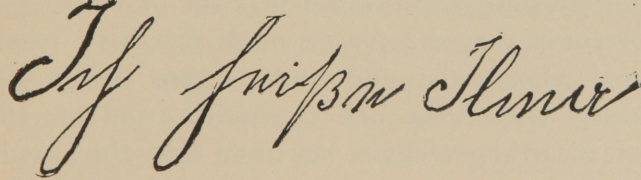

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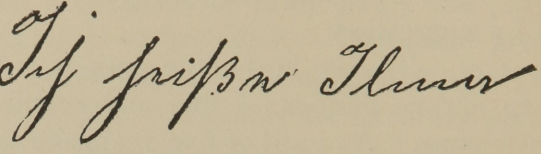

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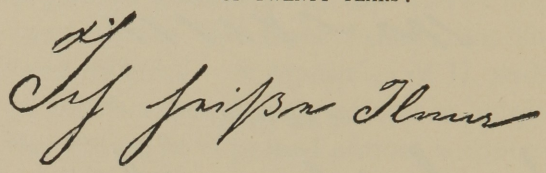

May 24th.—To-day when II. is attempted for the recitation of the therapeutic suggestions, it happens that the patient, before passing into II., does not raise her eyes to the physician. The examination shows that the patient is indeed in II., but only incompletely, since she does not remember previous events in II. and in post-hypnotic suggestion, and cannot repeat the therapeutic suggestions, saying, at the request for them: "I have forgotten them."

The patient is decidedly not perfectly *en rapport* with the physician, and does not follow his commands promptly. Of late she allows herself to pass into II. only unwillingly; for in state I. she knows nothing of the therapeutic significance of these sittings, as of the events of II. in general. (The following observation is proof of this: It is ascertained that she places small pieces of paper between her waist and underclothes before the morning visit. She had concluded from the frequent disarrangement of her toilet after the visit of

the physicians that her waist was opened during II. (actually for the purpose of examining the red spots and the wounds on the thorax). In order to be sure that this occurred, she prepared herself with small pieces of paper, which, falling out unnoticed in II. when her waist was opened, would make clear to her in I. that the waist was actually opened.)

The patient's forehead is again stroked, and she is peremptorily commanded to look at the physician. She obeys this order, and now, asked about the therapeutic suggestions, she recites them fluently, with the exception of the sleep-suggestion, the hours of which she is unable to recall.

With reference to the patient's becoming completely *en rapport* being dependent on her previously looking at the experimenter, Dr. Kornfeld relates that, on March 15th, when he was compelled to hypnotize the patient on account of severe cardialgia, he was not successful in influencing her by suggestion, and in trying to have her recite the therapeutic suggestions. In II., when requested to speak about it, the patient said: "I cannot obey you, because I have not looked at you."

Then she received the command from Dr. Kornfeld to awake, to look at him, and then again immediately to go to sleep. The patient obeyed, passed again into II., and at request unhesitatingly drawled out the customary therapeutic suggestions. She further received the command to sleep until seven P.M., and to awake, having no pain in her stomach. She promised to obey all punctually, and kept her word.

May 30th.—Of late the patient has felt better than at any time since she came to Graz. Under a continuance of the therapeutic suggestions in II. every second or third day, the hystero-epileptic attacks do not occur, in spite of numerous brief attacks of violent emotion caused by another hystero-epileptic patient; and auto-hypnotic attacks do not occur. Concerning the latter, the patient says that on May 28th she could look at a metal roof, shining in the sunlight, for a long time without going to sleep. She rejoices at this, but does not know its cause, and considers it a sign of spontaneous, encouraging improvement in her disease. The suggestion of chastity also operates satisfactorily.

The patient no longer gives cause for the slightest complaint in the ward on account of her perverse sexual feeling. Under the ban of suggestion, the appearance of ghosts does not again occur. There is no trace of *tædium vitæ;* so that with direct reference to the most troublesome and important symptoms of the disease, the therapeutic influence of suggestion is undeniable.

Of late, however, this is, strange to say, no longer the case with the suggestion of sleep. This alone has dropped out of the series of therapeutic suggestions, seems forgotten, and not capable of being reproduced, when in II. the patient is asked for the suggestion; and it is not retained, or only imperfectly, when it is renewed, and also has no effect. Of late she has been sleepless at night, complaining much on that account, and she took amylhydrate thankfully, which operated favorably in a dose of 4.0 gram.

The originally livid red spot caused by suggestion, having been influenced from time to time in II., is, since May 17th, only rose-red; otherwise it is unchanged, and its complete removal by way of suggestion remains questionable.

Since the patient declines further hypnosis "in order to get perfectly well," the note-book is closed, and possible renewal of hypnosis reserved for eventual pressing therapeutic necessities (the overcoming of threatening attacks, etc.).

Contrary to expectation, the note-book, which closed here in the first edition, was soon continued. The following further observations claim a high scientific interest, in that they give further explanations of the conditions of origin of II. and III., explain the inefficacy of the sleep suggested, and demonstrate an additional hypnotic state (fascination) producible in the patient.

June 2d.—The patient, who until this time has been quiet and orderly and manifested nothing peculiar, is found in state III. to-day at the morning visit. She sits in her chemise at the table, her head resting on her hand, and clasps a holy image. She does not react to those about her and moves her head backward and forward. The mien is expressionless, as if sleeping; the eyes are half-open and turned downward to the right, and glassy as if amaurotic. She is cataleptic, the left side of the body sensitive. Now and then slight tremor of the left upper extremity is noticed.

It is apparently a state of peculiarly deep auto-hypnosis (III. *b*). It is possible after a time to cause the patient to react in the usual way by holding a watch to her left ear. By repeatedly speaking and calling to her, and taking hold of her, she is brought *en rapport* with the professor, while the assistant and attendant remain unapperceived.

Taken to task, the patient says whiningly: "I have not been able to keep the commands." It is evident that by the occurrence of auto-hypnosis the memory of the therapeutic suggestions has been destroyed, though, as her words show, some trace still remains.

In order to free her from this state, a transfer to II. is attempted. But the patient resists, and in spite of forcing her gaze and hard stroking of her forehead, it is impossible to transfer her to II. However, she obeys the command to go to bed, and then lies apparently in a deepened state III., exactly as she was found at the beginning of the visit; for at first she does not react either to the professor or to the watch. Only after long-continued effort is the intensity of III. lessened and communication with the patient made possible. To simplify the situation the patient is ordered to count three and awake. As was to be expected, she awakes in the state of post-hypnotic suggestion corresponding with the less intense condition III. *c*. Now she knows every thing that has happened to her in previous states of auto-hypnosis and post-hypnosis, but nothing of the therapeutic suggestions.

The patient has some will-power. She does not consent to the attempt to bring her into II. by means of stroking her brow ; and, since she cannot prevent the stroking, she at least avoids looking at the professor. She passes into a lower modification of II., and comes under the experimenter's control. To the question how she feels, she answers : " I do not feel well ; my head aches " ; and to the question, " Why did you not look at me? " : " I did not have time to do it."

However, that II. is incomplete and the patient only imperfectly under control psychically, is shown by the facts that the production of contractures is impossible and phonographic experiments fail. It is now said : " Miss I., I shall now put you to sleep in order to remove your headache. For this purpose I shall stroke your brow, and you will look at me fixedly and impress my image on your mind." Now the patient complies with the command. All is done as directed and the patient passes into the usual state II. Immediately contractures are successfully produced, and removed by centripetal stroking, and phonographic experiments succeed. The therapeutic suggestions are now given again. The patient repeats them, but the forbiddance of suicide is accepted with great displeasure.

In the afternoon it is reported that the patient is in auto-hypnosis. Dr. Werner finds her in III. *b*, and tries to transfer her to II. by stroking her brow. By this means the intensity of III. is lessened and communication with her made possible. The patient looks up, and says spontaneously to

W.: "Ilma cannot obey W. before S. [a fellow-patient] has wakened her." It is ascertained that the patient S., led by a feeling of pity, has repeatedly, during the afternoon, laid her hand on Ilma's forehead while she was complaining of headache, and thus apparently influenced her hypnotically. The patient S. is summoned and directed to suggest to Ilma: "I., wake up; but allow yourself to be put to sleep again immediately by W." I. immediately follows this command of S., and now II. is easily produced by the physician. The patient receives the suggestion to sleep until 6 P.M., then to awake and take food, and thereafter to sleep quietly again. The patient awakes at 6 o'clock and eats, but does not go to sleep again.

June 4th.—To-day the patient is met in the garden at the morning visit, and *en passant* placed in state II., and during the transfer she does not look at the physician properly. However, she seems to be fully in II., and since the menses are active, and signs of sexual excitement are noticeable, at the repetition of the suggestions especial stress is laid on the suggestion of chastity. As a consequence of this the patient becomes angrily excited, a result never before observed. Since the professor is in haste three is counted quickly. The patient passes not into I., but into a kind of III. Dr. Kornfeld surmises that the counting was too rapid. With a renewed slow, solemn counting the patient passes into I. She is not amiable as usual, but angry and excited, and some hours later writes the following letter:

". . . When you put me to sleep in the garden this morning, it seemed to me as if I ought to speak, but I could not say what was in my mind. I heard and saw all that took place about me, but I had no power of movement. I could hear when you said to one of the physicians : ' This is something new ; note that at the suggestion "to act with chastity" the patient was cross, and did not awake as usual at counting' ; whereupon Dr. K. referred it to the circumstance that you had counted more quickly than usual. Thereupon you wakened me once more, and only thereafter did I get complete use of my limbs and will. I describe this to you so minutely that you may believe me and not consider it hallucination. By this incident much was made clear to me that previously I could not understand."

She further denies, in bitter words, the charge of unchastity. The patient states verbally that she was simply without will, and not unconscious of the external world ; that she heard all that was spoken around her, but did not understand in the least what it meant.

June 5th.—Since the patient is sleepless and suffers much on this account, H. is produced to-day and especial stress laid on the sleep suggestion. The patient does not accept the suggestion, and when pressed explains her refusal in the following interesting way : When she obeys the suggestion referred to she is not in a natural but in an artificial (post-hypnotic-suggestive) sleep. When in this artificial sleep she cannot fulfil an earlier suggestion,

viz., to allow nothing to be made on her skin. When she sleeps at the physician's command she is not in the proper state, and cannot keep the old man (hallucination in post-hypnotic state III.) from writing on her skin again, as commanded. Since these two suggestions come in conflict, the sleep suggestion is not accepted.

To the question as to what could be done to help her sleep well, the answer was obtained: "Then you must do as Professor Jendrássik."

"How did he do it?"

"I cannot tell you. You must put me to sleep as Prof. J. did."

"How did he do that?"

"I can only tell that if you command me."

"I command you."

The patient, with raised voice trembling with agitation, said: "He did it by means of fixed gaze, while he laid the magnet with his hand over it on my head; but that hurt me very much." Now the patient accepts the first three therapeutic suggestions and repeats them; thereafter she is transferred to I., with the further suggestion to awake feeling well.

June 7th.—The patient has passed sleepless nights in spite of morphine and chloral, and once in spite of amylhydrate (4.0 grammes). She deeply regrets the loss of the previously (suggested) good sleep, and does not know how to explain her sleeplessness.

In order to help her sleep, an attempt is made to-day to produce II., according to the patient's

directions. She resists at first. Since no magnet is at hand, a magnet made from pasteboard is used. Scarcely has the patient, by means of fixed gaze and command to go to sleep (while the pretended magnet and experimenter's hand rest on her head), become influenced, when a new state, which has never before been observed in the patient, occurs—a modification of state III., which may be considered as *fascination.*

The patient keeps the eyes open, with her gaze firmly fixed on the experimenter's eyes, looks at him constantly, and imitates truthfully, as if forced, every gesture and movement the experimenter makes.

To the question, "Why do you not sleep?" she answers: "Because the professor has not given Ilma the commands in such a way that she can get well."

"How should I give the commands?"

"Prof. K. should command Ilma that she must *once for all* have no thought of suicide; Prof. K. should further command Ilma that *once for all* she must not get into a condition of irresponsibility, since she is not only irresponsible when she looks at shining objects, but also when she is passionate and angry; and further, Prof. K. should say to Ilma that *once for all* she must have no attacks. The professor must command Ilma to do this, and she will sleep. You must not say that to me, but to Ilma."

"Where is Ilma?"

"Ilma is in your eye."

"What shall the professor do in order to have Ilma keep the commands?"

"The professor must give them to Ilma while stroking her across the brow, at the same time turning himself away."

"Does Ilma hear, or do you?"

"I hear you; Ilma is in the professor's eye."

"Who are you?"

"Now I am nothing; I am the image."

"Do you wish to become Ilma again?"

"Yes, because I feel great pain in my eyes and head."

"Cannot Professor K. command Ilma directly to sleep well?"

"The professor cannot do that, because he has already spoiled it; because Ilma does not sleep naturally when she goes to slep at the professor's command."

While imitating, as if forced, every gesture, grimace, and action of the experimenter, the patient declares that she is incapable of a certain action that is done. "I am nothing; I am the image in your eye. I cannot do it because my image is in your eye. I cannot take any commands; Ilma can do that. Ilma alone can accept the orders. The eye hurts me very much." (The professor covers up his eyes with his hand.) "Professor K. covers up the image." (Patient becomes restless and anxious.) To the question how she came from Pesth to Graz, the patient answers: "Ilma can tell you that."

"Did you take a watch away?"

"Ilma did that."

"How long was Ilma in the convent?"

"Ilma will tell you that if you command her."

"Do you wish to be changed into Ilma?"

"Yes."

Now the professor strokes the patient across the brow and tells her that he changes her to Ilma. State I. results immediately.

The patient remembers simply that the professor has laid something on her head; amnesia exists for the whole time of the *fascination.*

The patient is now, in the usual way and without opposition on her part, transferred to II. She does not recall the earlier commands.

The suggestions are given to her word for word, as indicated by her and in the way she desired. She accepts them and is transferred to I.

June 12th.—Menses again to-day (profuse). The patient has since been well and slept. To-morrow, in accordance with an order of the Hungarian Ministry, she will be taken to an institution in her native country.

The patient wishes to remain, hoping to get well here. She says repeatedly that she cannot reconcile herself to the thought of being taken away.

A consultation leads to the opinion that she cannot be taken to Pesth in state I. without the risk of violent hystero-epileptic attacks with further consequences.

It is not possible to transport her in state II., since the physician hypnotizing her would be compelled to go with her in order to make the

"statue" capable of movement; and, besides, a sudden awakening during a railway journey of thirteen hours would be possible. Under these circumstances it seems the most humane and practical to have the patient go away in state III., in a state of post-hypnotic suggestion, the same condition in which she came here. Without exciting her suspicion, the patient is transferred to II. for this purpose. For the last time the late therapeutic suggestions according to her own directions are recited, and before the transfer to I. the following post-hypnotic suggestion is given: "To-morrow morning, at half-past six, you will prepare yourself for a journey, and set out quietly and pleasantly with a countryman for Pesth at half-past seven. As soon as you are taken to bed there you will awake in a pleasant mood."

The patient accepts the suggestion without any psychical emotion whatever (9 o'clock A.M.), and is in good spirits until 2 P.M. Then she becomes depressed and speaks of forebodings,—a misfortune awaits her; she surmises that she will depart to-morrow. (She supposes this from a rumor that papers concerning her have arrived from Pesth, and from a remark of one of the physicians: "You will not finish this work to-day.")

In the afternoon the patient complains to Dr. K. about her being so very unfortunate—the house of correction, the asylum, or suicide being before her. She will struggle against the latter as long as she has the support of religion. When she reviews her past and thinks of her future, she seems to be the

most unfortunate of all creatures. She shudders before to-morrow, because it is the anniversary of her father's death. Should she go to an asylum she would keep her oath (suicide?). It is possible to calm her and divert her thoughts. She asked for amylhydrate (4.0 grammes) and went to sleep at 11 o'clock P.M.

June 13th.—The patient slept well until 5 A.M., awoke in good spirits, and made herself ready for a journey at 6.30, and took leave without any especial emotion, thanking for all favors, and asking pardon for all her faults and mischief. She is then introduced to the man who is to go with her, and she leaves the hospital with him at 7:30, according to programme, and drives to the station.

That the patient was not in I. from the beginning of the post-hypnotic suggestion, is shown from the fact that she set out in a purely business-like way, without any emotion, without asking about her destination, and without a word of farewell for the professor, whom she had not seen since Monday.

She seemed in this state to be completely under "another's will," and fulfilled the directions given to her absolutely without exercising criticism and reflection. It is remarkable that she said to the sister before departing that she felt it was well that she was then not in a normal state. The hypnotic expression of her mien, which was at any rate altered, struck all observers.

At the station she noticed Dr. Hellwig. When she caught sight of him she excused herself for not having taken leave of him at the hospital, doing

this formally, and thanking him for his care ; then she entered the train in a pleasant mood.

To the observer at the station the patient seemed in no way peculiar except for a dreamy expression of countenance and a fixed, amaurotic stare.

At least she was not in I., but rather in a peculiar psychical state (III. *c*), as a result of the post-hypnotic command, analogous to the previous states of post-hypnotic suggestion, but which allowed quite extensive room for spontaneous action. Under the external will she sought under exact direction to attain the destination indicated, without capability to exercise reflection and criticism concerning the action suggested to her, though during its performance she was capable of other acts, both spontaneous and deliberate.

From the report of the journey by the attendant (asylum supervisor) it is ascertained that the patient did not learn where she was being taken, thought nothing of the fact that she was travelling with an asylum attendant, and on arrival at the asylum (though a place of horror to her while in I.) did not ask at all where she was or wonder about the new surroundings. She took every thing naturally and felt quite comfortable. The patient was still in this condition the following days, so that the supposition is strengthened that with the fulfilment of the post-hypnotic suggestion she had not returned to I., but was still longer in a state III. under the lasting psychical influence of the experimenter.

That during the journey the patient was not in

state I., is probable from the facts that even in her own country she spoke German and not Hungarian with the people ; that she was very talkative, relating different events of her life while in states of III. ; that contrary to her custom in state I., she made obscene remarks, among others, that she considered the unfaithfulness of so many women to their husbands to be entirely right ; and that she smoked 10 cigars one after another !

Among other things the patient expresses her wonder that she knew only in the morning that she had travelled and where.

On the 21st of July, Dr. Bolyo, of Pesth, under whose observation and care the patient was up to that time, had the kindness to send me the following notes about her :

"The conduct of our patient is up to this time blameless. With the exception of the hemianæsthesia she presents absolutely nothing pathological. She has had no attack since she has been here, and her consciousness has not been interrupted. Appetite good and bowels in perfect order. Her sleep has been always good. Psychically she presents nothing abnormal whatever. Menstruation has occurred twice up to this time perfectly regular

Since she has been here no experiments whatever have been made with hypnosis. We ignore entirely the statements which the patient makes about the hypnotic experiments of which she was the subject in Graz. We shall wait until the patient presents such pathological conditions as to make it seem necessary and desirable to employ hypnosis therapeutically."

The patient's physician very kindly reports on November 20, 1888, that her mental state still continues favorable, and that with the exception of an occasional manifestation of perverse sexual feeling, she gives cause for no complaint. She is said to be industrious, obedient, and free from hysterical convulsions; to sleep well and menstruate regularly; and to feel mentally and physically well with the exception of an obstinate chronic gastric catarrh.

Up to this time no occasion for the employment of hypnotic influence had arisen.

Whether this favorable change of her condition depend on an intermission of the neurosis or on a cessation of the hypnotic experiments, or whether it be the result of the auto-suggestive obedience of the commands given in hypnosis on June 7th, must remain undetermined.

It is nevertheless remarkable that all should have happened as suggested, except with regard to the perverse sexual feeling, which was overlooked in the suggestions.

Were this the true signification, the therapeutic value of correct suggestions would receive further confirmation.

Then, in case of renewed disturbance of her favorable condition, the repetition of the suggestive commands given the patient on June 7th, in accordance with her own direction, would offer hope of a possible recovery, and seem to be the duty of a physician.

CONCLUSIONS.

The person used in the foregoing hypnotic experiments, on account of her neurosis (*hysteria gravis*), and her peculiar condition, is in a high degree capable of transfer to hypnotic states. As such, a state of catalepto-somnambulism (II.) and one of auto-hypnosis may be produced experimentally at any time. (III.)

In the relatively normal and lucid state (I.) the patient presents the symptomatic picture and condition of *hysteria gravis*, with its usual neurotic and psychical functional disturbances.

By means of certain procedures it is very easy to transfer the patient to state II. These procedures (stroking of the forehead, pressure on the eyes, fixed gaze, simple command, etc.) must depend upon suggestion (sensory, auditory), and primarily, for their effect, rest upon a purely psychical impression.

This is only possible when the patient is in accord with the experimenter's will.

It is remarkable that at the occurrence of hypnotic influence she usually raises her eyes to the experimenter, taking his image, so to speak, into the darkness of the unknown hypnotic state. If the purely mental and suggestive manner of origin of II. be thus shown, it is still more clearly demonstrated when it is remembered that the in-

tensity of II. and the experimenter's domination of the subject of the experiments depend entirely on the intimateness of accord between subject and experimenter. In this way is explained the imperfect result in the case of inadequate procedures in the attempt to induce hypnosis (stroking with a brush, instead of with the hand); in case of accidental or intentional failure to gaze at the experimenter; the difficulty of production of II. for others, and the incompleteness of the influence of such a one in comparison with that of the usual experimenter, etc. (Compare observations of June 4th.) In II. the patient's cortex is in a condition of great inhibition, to the exclusion of spontaneous apperception. However, perceptions are possible in the domain of the *acusticus*, and of cutaneous sensibility on the left side of the body. There are no proofs of their elaboration to apperceptions. Moreover, by reason of the great inhibition of the sensory regions of the cortex, it is not to be presumed.

Perception is limited to auditory and painful impressions, and the simple reflexes induced by these. The experimenter is able usually to overcome this inhibition by means of suggestion. This remarkable influence is possible only to him. The avenues of suggestion are the sensory and auditory. Through such suggestion the experimenter can at any time unlock any region of the cortex desired,—*i. e.*, free it from inhibition. The brain mechanism standing in virtual relation with the command then works with extreme exactness, but only as long and

as far as it is suggestively influenced. The precision and logic with which the psychical side of this mechanism operates, are remarkable. An indistinct, equivocal, illogical suggestion causes confusion and uncertainty. Only suggestions given with perfect precision are faultlessly fulfilled.

Left to herself, the patient seems, by reason of the great inhibition, devoid of all spontaneity. She resembles a statue, and nothing in her mien betokens that mental operations, even in the form of dreams, are occurring.

When this statue is given life by suggestion, the absence of higher mental functions (judgment, criticism, will, etc.) is striking. She resembles La Mettrie's "l'homme machine"; she is purely an automaton. In this condition she is an instrument without will in the hands of the experimenter, opposition at most being superficial emotional excitement, easily removed by suggestion. This holds true only for the fully developed state II. If it be incompletely developed, the inhibition is incomplete, and will, apperception, etc., are not entirely held in check; and amnesia in I. for the events of II. is wanting. (Compare June 4th.) In these incompletely developed states of II. the usual experimenter, however, is not the unconditional ruler of psychical mechanism of the subject, and is unable to produce contractures, phonographic experiments, etc.

If the patient be in complete hypnosis (II.) the experimenter's power over her is unlimited. The states and changes (transfer) suggestively induced

by him, exist, however, only for him; they are psychical, subjective, not objective.

The regions of cortex set free by suggestion are very impressionable. Since the nervous paths and sense organs show themselves not to be hyperæsthetic, the increased impressionability can only be regarded as central (psychical).

The purely psychical significance of this change is shown by the fact that only stimuli coming from the experimenter, and only after her attention has been awakened by suggestion, are perceived. This, among other things, is evident from the fact that only the experimenter is able to produce and remove contractures through the path of sensory cutaneous reflex, and only he is able, apparently through the paths of muscular sense, to produce mimical expressions of countenance by placing her in plastic attitudes. And, notwithstanding its power to produce spasms in II. and the preponderance of the effect of the south pole over that of the north pole, the magnet is effective only in the experimenter's hand.

At all events, this effect is reflex by way of the sensory nerves of the skin, since on the anæsthetic side it is *nil.* The central organs forming the medium for this effect seem to be exhaustible by long-continued impression. The renewal of their activity, for example, by means of transfer, induces increase of excitability. From a consideration of all the facts, it is evident that the basis of the experiments is a psychical factor between the patient and the experimenter. In other words, every thing

results through suggestion, and the ways by which it is possible are the auditory and sensory (cutaneous and muscular) paths.

The extraordinary increase of the impressionability of the centres is shown, among other things, by the circumstance that after manipulations with the magnet, bodies not magnetic have, in the hands of the experimenter, the power to produce spasms, and also by the fact that the patient does not simply perceive the strokes on the gong made by another, but is unpleasantly affected by them.

Still more remarkable seems the fact of the possibility of successful suggestion in centres and paths which in any case are not influenced by the conscious will in the normal psychical condition. Thus the possibilities of affecting bodily functions by unconscious psychical activities are pointed out, which are of the highest interest and of great significance for pathological nervous conditions.

Many of these suggestions, as, for example, the production of goose-skin by suggestive conception of cold, the suggestion of sleep, the induction of stools, etc., occur within physiological latitude, or find there, at least, their analogies. Many others are every-day symptoms with nervous patients, viz., hysterical persons, who have paralysis of extremities, blindness, deafness, and the like, as a result of auto-suggestion, and are often freed from the most various functional sufferings by suggestion in the non-hypnotic state on the part of the physician, often with the help of placebos and the like.

The results of suggestions in the domain of the vasomotor and trophic nerves and the heat-regulating centres remain for present science inexplicable. That these effects are not simply possible by means of the psychical influence (command) of the experimenter, but also that they may be a result of hallucinatory suggestion, is taught by the experiences of May 5th. They form a bridge to the domain of auto-suggestive influence over the functions of the body, the occurrence of which within the limits of neuro-pathology (*e. g.*, in hysterical patients in the form of bloody sweat, stigmata, etc.) cannot be doubted, but is still too little appreciated.

We have experimented with these suggestions often enough with every precaution to be able to vouch for the correctness of the results. Many others failed, as, for example, suggestion in the region of the nerves of the heart and the paralysis of the effect of medicaments by suggestion. I am not prepared to assert that they could not succeed with another patient. The distant effect of medicaments proved to be an error.

We did not concern ourselves further with experiments as to a possible transposition of sense, since until now it has shown itself as error and self-deception, and is opposed to the elementary laws of physiology.

We also put clairvoyance aside, since it contradicts one of the first principles of empirical psychology, and an increase of the patient's mental functions was in no way observed. The single experiment with a "*suggestion mentale*" for the

divining of the experimenter's thoughts by the patient was a fiasco, *i. e.*, had to be given up ; for the patient fatigued herself painfully, and was in danger of having a hystero-epileptic attack. The supposition that, in all cases where mental suggestion is said to have succeeded, a self-deception through unintentional suggestions on the part of the experimenter played a *rôle*, seems to me authorized.

The suggestions with reference to the transformation of the personality, the creation of hallucinatory situations and false perceptions, astounding as they may be to the laity and interesting as they may be to psychiatrical science as experimental productions, claim the least general scientific interest, since, with auto-suggestion of dreams and insanity, they offer many analogies. The influence of these psycho-suggestive effects always remains remarkable from a therapeutic point of view. A free and, for the patient with whom we were concerned, not unimportant use was made of this therapeutic factor.

The early failure of their effect, their destruction by states of III. voluntarily produced or by hystero-epileptic attacks, would compel the greatest skepticism as to their therapeutic value, if numerous cases in the experience of others and in my own did not prove it. I regard hypnotic suggestion as a valuable addition to the therapeutics of functional nervous diseases.

One symptom in the domain of suggestion of changed personality seems to me to be worthy of further mention. When changed into a school-

girl, the patient writes quite otherwise than at present. Specimens of the patient's handwriting during her school-days are unfortunately not at my command, but one has not far to go in supposing that the handwriting of the patient when changed to a school-girl by suggestion actually corresponds with that of her school-days; and that the lately made assertion, that the memory of psycho-physical phases of life, which have long become a part of the past, can again become active under favoring circumstances, is true.

A further III. modification of the patient's psychical action could be experimentally induced by transferring her by means of unusual (inadequate) procedures from II. (experimental hypnosis) to I., or from I. to II.

In this state (III. *a*) the mental inhibition is not so complete as in experimental hypnosis (II.). The patient is capable of perceptions (especially auditory and optic), and hears and sees other persons than the experimenter; but in this state every thing takes place in a state of dreamy consciousness. At all events, spontaneity, will, and clear apperception are also wanting here. In this state optic and auditory stimuli become dangerous to the patient, since she possesses herself automatically of the objects from which they arise (silver-plate, watches, and the like), and thus becomes an unconscious thief.

This state, however, can also arise spontaneously (auto-hypnosis) from I. as a result of looking at shining objects, as, for example, from looking at knitting-needles while knitting.

This state of auto-hypnosis represents a modification (*b*) of the foregoing state (III. *a*) experimentally produced, in that the inhibition in extent approaches that of II. Here, too, the paths of excitation are only the auditory, and, in so far as shining objects were the occasion of the auto-hypnosis, the optic. Thus thefts are possible. Only in this direction is an automatic, unconscious, but at the same time complicated and precise, action possible.

Of the greatest, *i. e.*, forensic, interest is the fact empirically discovered with this patient, that, as soon as she undertakes to carry out a post-hypnotic action commanded in II., so far as it involves a state or a complicated action, she passes into auto-hypnosis; that is, the suggestion has a hypnotizing effect as soon as it becomes actual.

By this fact, which I could also prove in other cases, the unhindered, blind, and unopposed performance of the experimenter's commands, is explained. In this state of post-hypnotic, suggestive auto-hypnosis, the patient resembles a somnambulist actuated by fixed ideas. Here, too, the greatest precision exists in the performance of the suggested action.

Without the circle of ideas opened by suggestion, darkness exists, or psychical activity is limited to simple perception.

In this state of post-hypnotic auto-hypnosis, however, the inhibition is less than in III. *a* and *b*; so that it deserves to be differentiated as a modification (*c*) of state III. However, that these three

modifications are related phases of one and the same state, is shown by the fact that memory exists for the events in the different modifications.

With the completion of the post-hypnotic suggestion I. gradually returns. This change is very painful, going so far as to induce a feeling of losing the understanding, since III. episodically interrupts the continuity of existence in I., and the patient, unconscious of the situations produced in III., is unable to find any reason and explanation for them.

This painful situation can be avoided by bringing the patient into the previous situation from which, during II., she passed into III., and then returning her to the *status quo ante* by transfer to I.

The transfer to II. from all three states is effected by the same means as that from I. to II., and is a valuable aid in quickly overcoming states of III. arising spontaneously.

The purely psychical origin and significance of II. is placed in a clear light by the fact that the transfer to I., though possible only to the experimenter, is brought about easily in a purely psychical way (suggestion); and that, however, a direct suggestion by the experimenter is necessary when III. is not to be induced instead of I. (*e. g.*, counting three himself, the patient not counting).

Further, it is remarkable that post-hypnotic suggestions in III. are not effectual.

Frequently repeated experimentation makes it evident that the three different states of consciousness, which may be observed and induced in the

patient, exist, typically congruous and apparently regular, under identical conditions. Therein, at any rate, lies one of the most important proofs of the genuineness of these states and of the absence of simulation.

But it is further evident that these three different states of consciousness have absolutely nothing in common, save that they are observed in one and the same person.

These three different spheres of consciousness never intersect—each has its own memory, with the exception of state III. *c*, the events of which, arising from post-hypnotic suggestion given in II. are again remembered in II. Thus a triple consciousness is exhibited, each founded on a nervous mechanism of a peculiar kind.

Thus the patient represents three psychical existences: in I. that of an ordinary hystero-epileptic with complete clearness of consciousness; in II. that of one found in a state of great inhibition or sleep, but who can be partially awakened at will and be impelled to mechanical, automatic action of the greatest precision by suggestion; in III., that of a somnambulist, capable of spontaneous action within a limited mental sphere as a result of auto-suggestive or post-hypnotic ideas suggested by a third person, but depending on a dreamily deepened consciousness.

In this condition she occasionally becomes an innocent thief. But she also stands in danger of becoming at any time the involuntary instrument of the intellectual projector of a crime.

That this patient's possibilities of reaction to hypnotic influence are not exhausted by II. and the different states of III., is shown by the experiments of June 7, 1888. In that instance, as a result of psychical influence differing from that previously employed, she passed into a state not before observed in her, the so-called fascination (Donato, Bremaud). In the present state of our knowledge it is only permissible to record the observed facts, especially since the circumstances do not allow a renewed production of them for the purpose of more accurate study. It is not possible to determine whether this "fascination" was an incomplete state II. or a state III. In this state, where the patient feels herself to be a pure automaton, as absent from her body, and knows herself only as the image in the experimenter's eye, the disappearance of the consciousness of personality is of great interest.

The greatest skeptic with regard to hypnotism can have no reason to think of fraud in this case. It is hoped that the preceding observations and report possess value as unprejudiced scientific investigation, and that they warrant discussion.

A FINAL WORD.

Nowadays every one knows that hypnotism does not depend on so-called animal magnetism, but on a psychical (moral) influence, which the experimenter or physician exercises over the hypnotic subject. The preceding study offers exhaustive proof of the correctness of this view.

In 1784 the French Academy of Sciences, through its secretary, Bailly, contended for the present standpoint of knowledge with relation to the phenomena of hypnotism. I cannot forbear to reproduce the following significant paragraph in the report[1] of that famous investigator, Bailly, taken from Arago's memoirs of him, delivered in the French Academy of Sciences in 1844: "In searching for an imaginary cause for animal magnetism, the actual power which man exercises over his fellow-beings without the immediate and evident intervention of a physical agent, is recognized." Bailly has shown "that the simplest movements of the hands and signs have very powerful effects; indeed, that the power of man over the imagination can be elaborated to an art, at least in relation to such persons as believe in the possibility of such things."

With this citation from Bailly's report, Arago makes this acute remark: "Finally this work has

1 "Franz Arago's Collected Works," published by Hankel, Leipzig, 1854, vol. II., p. 242.

shown in what way our powers must be investigated by experiment, and how some day it will be possible for psychology to become numbered among the exact sciences."

One might think that the road for the advancement of so-called hypnotism to a place in moral therapeutics would have been smoothed by observations like these by such prominent men of science; that psychology would have striven to avail itself of this important empirical means for the promotion of its own progress.

To those conversant with the late history of medicine and psychology, it is painful to realize that this domain of science remained in the hands of charlatans and dilettanti, until Braid, by modest beginnings in 1841, then Charcot and the investigators of Nancy, in the '70's, laid with scientific exactness the foundation of the present theory of hypnotism. Thus it happened that medical and psychological science, ever so anxious to become exact, passed by without attention for almost one hundred years psychological facts which are destined to win in the future a significant place, and which already claim in a most prominent way the interest of the public and scientific world.

I trust that Arago's utterance[1] may reach those who still stand opposed to the facts of hypnotism:

"I cannot approve the mystery with which those really learned men that are now experimenting with somnambulism surround themselves. Modesty begets doubt, and has seldom obstructed the forward

[1] *Op. cit.*, p. 254.

march of science; but the same cannot be said of unbelief. He who uses the word *impossible* without the sphere of pure mathematics is at least careless. As soon as one is concerned with the living organism, caution becomes a duty."

Thus Arago judged in 1844.

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