Sir William Osler and medical hypnosis

The medical profession and general public are influenced by opinions and comments of persons of authority and reputation pertaining to areas of medical activity with which the latter are not necessarily directly involved. Sir William Osler did not participate in the development of medical hypnosis. Known, however, for many outstanding contributions as clinician, investigator, and teacher, he is generally recognized as the most famous physician of his time.¹ In January, 1901, a little more than four years before assuming his position as Regius Professor of Medicine at Oxford University, eventually honored with a baronetcy, and while still Professor of Medicine at The Johns Hopkins University, he addressed The Johns Hopkins Historical Club on "Medicine In The Nineteenth Century". His presentation was published in the New York Sun (2 pp 219–262). The very end of his address dealt with "hypnotism". His statements and observations on this theme merit attention and are of historical interest because of Osler's stature and the probable impact of his pronouncements. His claims will be evaluated in the context of the period in which he gave his address and the knowledge about medical hypnosis that has accumulated since then.

Osler and "Hypnotism"

Osler's paragraph on medical hypnosis appears at the conclusion of the last section, "The New School of Medicine" of the aforementioned address.² Its length warrants presentation in full, facilitating comparison
of criticisms, positive and negative, supplied here, with Osler's actual words. He said:

Hypnotism, introduced by Mesmer in the eighteenth century, has had several revivals as a method of treatment during the nineteenth century. The first careful study of it was made by Braid, a Manchester surgeon, who introduced the terms hypnotism, hypnotic, and nervous sleep; but at this time no very great measure of success followed its use in practice, except perhaps in the case of an Anglo-Indian surgeon, James Esdaile, who, prior to the introduction of anaesthesia, had performed two hundred and sixty-one surgical operations upon patients in a state of hypnotic unconsciousness. About 1880, the French physicians, particularly Charcot and Bernheim, took up the study, and since that time hypnotism has been extensively practised. It may be defined as a subjective psychical condition, which Braid called nervous sleep, resembling somnambulism, in which, as Shakespeare says, in the description of Lady Macbeth, the person receives at once the benefit of sleep and does the effects or acts of watching or waking. Therapeutically, the important fact is that the individual's natural susceptibility to suggestion is increased, and this may hold after the condition of hypnosis has passed away. The condition of hypnosis is usually itself induced by suggestion, requesting the subject to close the eyes, to think of sleep, and the operator then repeats two or three times sentences suggesting sleep, and suggesting that the limbs are getting heavy and that he is feeling drowsy. During this state it has been found that the subjects are very susceptible to suggestion. Too much must not be expected of hypnotism, and the claims which have been made for it have been too often grossly exaggerated. It seems, as it has been recently well put, that hypnotism 'at best permits of making suggestions more effective for good or bad than can be done upon one in his waking state'. It is found to be of very little use in organic disease. It has been helpful in some cases of hysteria, in certain functional spasmodic affections of the nervous system, in the vicious habits of childhood, and in suggesting to the victims of alcohol and drugs that they should get rid of their inordinate desires. It has been used successfully in certain cases for relief of labour pains, and in surgical operations; but on the whole, while a valuable agent in a few cases, it has scarcely fulfilled the expectations of its advocates. It is a practice not without serious dangers, and should never be performed except in the presence of a third person, while its indiscriminate employment by ignorant persons should be prevented by law. [pp. 260-261].
Assessment of Osler's View of Medical Hypnosis

The term "hypnosis" is favored today by most physicians and allied professionals trained in this field, whereas "hypnotism" tends still to be employed by the general public and entertainers. In Osler's time the term "hypnotism" was used more frequently by professionals and laymen. Osler was not quite correct in stating that hypnotism was introduced by Mesmer in the eighteenth century. Franz Anton Mesmer, the physician who practiced in Vienna and later in Paris, actually utilized animal magnetism, a term eventually employed synonymously with mesmerism, the theory and technique preceding hypnosis although their therapeutic aims overlapped (3 pp 61-68; 4). Mesmer published his classic, Mémoire sur la découverte du magnetisme animal in 1779. Osler most certainly was familiar with the earlier terms, still widely used in his day. But animal magnetism and mesmerism, as techniques, were embedded in the theoretical concept of a universal fluid, with its manipulation involved in therapeutic and other processes encompassed by the mesmerists' procedures, a framework virtually completely discarded by the turn of this century in favor of suggestionist or psychological forces at work rather than a fluidist or physical groundwork. There is no way of knowing now why Osler did not recognize the distinction between animal magnetism or mesmerism and hypnosis in his address. Furthermore, so far as the therapeutic procedures were concerned, the animal magnetists utilized "magnetized" wands or other objects for transmission of the alleged universal fluid from magnetizer to subject or patient, and the mesmerists employed "passes", their hands travelling over the body surface, at times with direct hand-body contact, but not necessarily so. Crises (convulsive seizures) sometimes achieved by the magnetists, or relaxation instead, as aimed for by the mesmerists, were deemed to be therapeutic, the relaxation goal still obtaining today.

Osler was correct when referring to the significant work of James
Braid, the surgeon in Manchester, England, who is credited with introducing the terms hypnotism, hypnotic, and nervous sleep, but incorrect when citing his investigations as "the first careful study". Braid's work, involving for hypnotic induction the focussing of eyes on one spot, such as his lancet case, led to increasing emphasis on "suggestion" in the hypnotic process, thus strengthening the role of psychological forces, rather than physical forces at work. But careful studies preceded Braid's activities, and the names of two investigators stand out among others in this respect. Joseph Custodi di Faria (Abbé Faria) of Goa (Portuguese India) was a forerunner of Braid in the suggestion theory, and his book, De la cause du sommeil lucide ou étude sur sa nature de l'homme, appeared in 1819. Similarly, in France, Jacques-François-Alexandre Bertrand published Traité du somnambulisme in 1823 and Du magnetisme animal en France in 1826 (7 p. 21).

Curiously, Osler, as a medical historian as well as practicing physician, dealing with the background of this subject, failed to mention Braid's most prominent contemporary and opponent, a supporter of mesmeric theory and practice, John Elliotson, the distinguished Professor of Medicine at University College Hospital in London. Elliotson, friend and medical advisor of William Makepeace Thackeray who dedicated the novel, Pendennis, to him and patterned the fictional Dr. Goodenough after him, is mentioned as one of the first, if not the first physicians to introduce the use of Laennec's stethoscope into England. Braid's classic Neurmnolorrv or the Rationale of Nervous Sleep was published in 1843. Elliotson, in mid-century, published many works and edited The Zoist, a magazine containing numerous articles on Mesmerism (7, p. 15). He resigned his academic appointment when no longer permitted to use the hospital rooms for mesmeric activities, and of considerable historical importance was his acrimonious dispute with Thomas Wakley, the crusading editor of the Lancet, whose opinions were thoroughly opposed to those of Elliotson who had claimed therapeutic success with a wide variety of
Osler rightly mentioned the contributions of James Esdaile whom he referred to as an Anglo-Indian surgeon. Esdaile was born in England and worked for many years in India where he performed extensive surgical procedures, training Indian assistants also to induce the mesmeric anesthesia. The operations consisted of amputations, lithotomy, removal of scrotal tumors, hydrocele, and cataract, and among his publications is the famous *Mesmerism In India, And Its Practical Application In Surgery And Medicine*. It appeared in 1846. Osler was not correct in stating that despite the studies of Braid, no very great measure of success followed its use in practice, except perhaps for the work of Esdaile. Not only did Elliotson meet with favorable results, but many practitioners in several European countries and the United States were obtaining encouraging results as well. Furthermore, the techniques utilized by Esdaile involved the traditional "mesmeric passes", not sleep suggestions associated with the "hypnotic" procedures stemming from the work of Braid. Osler's use of the term "hypnotic unconsciousness" in connection with Esdaile's surgical activities was incorrect, and additionally so when implying an actual state of unconsciousness. Patients in hypnosis are not unconscious. Yet some are able to experience varying degrees of analgesia and anesthesia. The electroencephalogram is a waking pattern. Chemical anesthesia, when introduced and used routinely virtually eliminated the sole employment of mesmeric and hypnotic anesthesia. But combinations of chemical and hypnotic anesthesia are at times relied upon today when it is medically desirable to limit the amount of chemical agents for patients.

Osler bracketed the studies of Jean-Martin Charcot and Hyppolyte Bernheim in France, conveying the impression that both of them influenced eventual extensive therapeutic practice. Therapeutic hypnosis, as indicated already, long preceded their work. Furthermore, Osler was incorrect in what he implied about Charcot, the distinguished neurologist,
Professor at the University of Paris. Charcot, in fact, harbored erroneous views on the subject, favored the concept of animal magnetism, worked with only a few, select, grossly hysterical subjects mainly for demonstration and teaching purposes, believed that hypnosis was fundamentally an experimental neurosis that could be produced by physical means, and asserted that hypnotic phenomena could be initiated and terminated by the application of magnets. He recognized suggestion but did not believe it played a significant role in the phenomena produced with animal magnetism. He did not regard hypnosis as having much therapeutic value. Charcot's views were shared by his assistants and co-workers and were presented in their essentials by two of them, the physician Charles Férey and the psychologist who eventually achieved fame in connection with the construction of the intelligence test bearing his name, Alfred Binet. Férey and Binet published the classic volume, *Le magnetisme animal* in 1887. The Charcot faction known also as "The Charcot School" was also designated "The Paris School" and "The Salpêtrière School", the latter referring to the famous old Paris hospital where much of the work was conducted. Claims by Guillain, for example, that Charcot's erroneous views can be accounted for by his colleagues' errors and his failure to be actively involved in the hypnotic inductions have been shown to be unwarranted and incorrect.¹³,¹⁴

Hippolyte Bernheim, whom Osler linked with Charcot, was a Professor of Medicine at Nancy, and his views and activities were diametrically opposed to those of Charcot. Bernheim had heard of the practice of hypnosis by A.A. Liébeault, a general practitioner in Nancy, contacted him to assess his therapeutic activities, and favored his views. The two were the leading figures of "The Nancy School". Liébeault had authored *Du sommeil et des états analogues, considerés surtout au point de vue de l'action de la morale sur le physique* in 1866. It is possible but not necessarily likely that Osler was familiar with this work which at first did not sell well at all. It is more likely that Osler knew
of, or read the work of Bernheim, to whom he referred in his address, omitting mention of Liébeault, because Bernheim's writings became widely known at that time and are among the classics of hypnosis today. *De la suggestion* appeared in 1884 and a second part of the study, serving as the book title today, was *La thérapeutique suggestive*, published in 1886. The latter actually drew additional attention to the work of Liébeault. Unlike Charcot and his followers, Liébeault and Bernheim and their colleagues possessed a therapeutic orientation, appreciated the broad range of hypnotizability in the general population rather than viewing it as limited to very few subjects, saw hypnotizability as an expression of normal rather than pathological behavior, and, in addition, again unlike the Charcot faction known as the "physicalists", were "suggestionists", believing psychological issues to be crucial in hypnotic induction, discarding the notion of physical measures as responsible for it. The force of Charcot's reputation as a major neur- ologist of his time did not prevent "The Nancy School" from eventually prevailing over the "Paris" or "Salpêtrière School".

When Osler stated that hypnotism was practiced extensively following the contributions of Charcot and Bernheim in the 1880s, it was the latter to whom he should have ascribed the considerable influence. Osler need not necessarily have made reference to the prominent physician-psychopathologist Pierre Janet of France and his use of hypnosis in his investigations of psychopathology, but it is of interest that he did not mention Morton Prince whom he referred to elsewhere as one of his old friends (1 p 439; 18, 19). Prince was the outstanding Boston physician-psychopathologist who published many psychological studies, becoming best known within the profession, and to the general public as well, for his detailed studies of multiple personality. He was very active at the time of Osler's address to the historical society, and his best selling book about the Beauchamp multiple personality case was published not long afterwards.
Osler was basically correct in defining hypnotism as "a subjective psychical condition" and claiming that "therapeutically, the important fact is that the individual's natural susceptibility to suggestion is increased", an increase that could continue following the hypnosis. Regarding the latter point, he was evidently referring to the effectiveness of posthypnotic suggestions. The issues involved are of course more complex than Osler indicated, but he could not have been expected, since his basic interests and medical practice were placed elsewhere, to be aware of them at the time. Needless to say, much more has been learned since then. His comments about hypnotic induction were essentially correct. The emphasis on "sleep", since hypnosis is not a state of sleep, is understandable in terms of use of such suggestions in his day. The word "sleep" need not, in fact, be employed at all, often is not used, but continues, with various modifications, to be part of induction procedure by many practitioners even today.11,16,17

Osler was quite right in stating that claims for hypnotism were too often "grossly exaggerated". Its extensive and often meritorious uses today are, unfortunately, still accompanied at times by exaggerated claims, especially by novices and propagandists, but the exaggerations are probably fewer than those in Osler's time.

The comment by Osler that hypnotism "has been extensively practised" since the time of Charcot and Bernheim was consistent only with a wave of interest and investigations by professionals at that point. Before his pronouncement and for several subsequent decades, the investigation and use of hypnosis varied in intensity, successive declines following repeated increases in attention to it. Physicians less well known than Prince, for example Mason and Quackenboss in the United States, little known except to a few historians of hypnosis, were involved in the upsurge of involvement with the subject at the time Osler gave his address.20,21 Osler may have been aware of periods of intensified and flagging concern about hypnosis before the turn of the century,
but he would have been unable to predict subsequent events.\textsuperscript{11,16,17}

Several of Osler's observations call for both confirming and contradicting claims based on broader experience following his turn of the century knowledge and allegations. He said, "It seems, as it has been recently well put, that hypnotism 'at best permits of making suggestions more effective for good or bad than can be done upon one in his waking state". Most experienced clinicians agree with this. A very small number of experimentalists have questioned it, unwarrantedly in the opinion of the present writer, and their procedures to prove a counter-claim seem actually unwittingly to involve the use of hypnosis. Osler's remark that hypnotism is found to be of very little use in organic disease would require a very detailed response, partly in rebuttal, too extensive to warrant mention here.\textsuperscript{11} It can be said that many writings prior to his 1901 address incorporated claims of widespread use and benefit in organic disease. But it should be added that in keeping with his earlier observation, many of these claims were undoubtedly questionable or gross exaggerations.\textsuperscript{22,23,24} Since Osler's time, however, and with the development of medical specialization followed by the incorporation of hypnosis as an aid in connection with the practice of several medical specialties, the use of hypnosis to assist in dealing with a variety of organic disorders has become extensive. Specific areas of practice include psychiatry, child psychiatry, pediatrics, obstetrical and surgical anesthesia, pain control in cancer and other disorders, treatment of burns, plastic repair, sports medicine, dental medicine, dermatology, and other fields discussed in a voluminous journal and textbook literature.\textsuperscript{11,25} This development was reflected in the publication in mid-twentieth century of the first textbook to deal with hypnosis and the medical specialties, containing contributions by clinicians and other investigators first trained as specialists and then incorporating hypnosis procedures into their medical procedures. It appeared in three editions - 1953, 1959, and 1963.\textsuperscript{11} The use of
hypnosis has since then become even more technically refined. 25

Osler noted appropriately that hypnotism had been helpful "in some cases of hysteria" and "in certain functional spasmodic affections of the nervous system". His additional assertion regarding its value for "the vicious habits of childhood", a form of wording commonly employed in his day and before, would depend on the particular "vicious habits" he had in mind. But the term and the claim did appear in print at the turn of the century and earlier, and may be found, for example, in the classic volume published by J. Milne Bramwell. 26 This British physician wrote in his book a section called "Vicious and Degenerate Children", and the "habits" included "lying, cruelty, inveterate idleness, or cowardice". Also noted are children "addicted to theft, and other vicious or repulsive habits" as well as "disingusting infirmities" that are not specified. Some clinicians today might be less sanguine about frequently achieving good results as Osler seemed to imply. So far as the benefits in store for "victims of alcohol and drugs", it cannot be known whether Osler had in mind claims he might have been informed about directly, or writings he might have known such as those by the Swiss physician August Forel, remembered in part for another classic volume on hypnotism, and Albert Moll, the German physician, for similar allegations and contributions. 23,24 The enthusiasm of other nineteenth century and early twentieth century practitioners of hypnosis for benefiting alcoholics and drug addicts would, in general, not be shared by many clinicians today.

The reference by Osler to the use of hypnosis in obstetrics and surgical procedures still obtains. The successful employment has been in "certain" cases, more in obstetrics than other surgical areas. His impression that hypnosis has "scarcely fulfilled the expectations of its advocates" would probably have to be modified at present. In his day the expectations may well have been too great. Now the expectations have been tempered more by experience, with greater awareness of the
role hypnosis can play as an adjunct to the use of more routine, generally accepted procedures.\textsuperscript{11,25}

The issue of dangers in the use of hypnosis has been present from the beginnings of its employment in legitimate medical and psychological areas, no less than in questionable, non-professional settings. It is generally agreed that hypnosis itself possesses no dangers, but its misuse is possible, incurring potential problems. This misuse would apply, however, to countless medical procedures with risks far greater, including threat to life, than the utilization of hypnotic methods. Most often the possible anti-social use of hypnosis is implied. The attempts to employ it in this fashion are rare and almost invariably cumbersome and unsuccessful, presenting no significant issue for the proper, legitimate use of hypnosis by ethical practitioners. Furthermore, the concern about sexual abuse is implied at times when anti-social or unethical issues are the points involved. The fact remains that hypnosis would be a poor and ill-advised procedure for this purpose because loss of memory by the patient for events of the hypnosis might often be necessary, and any psychological conflict within the patient on this score would be likely to render the attempts at unethical behavior ineffective. Other measures by physicians for such questionable purposes, if utilized at all, would have been made more effective through the use of various drugs and anesthetic agents available to them. Osler probably had mostly sexual abuse in mind when speaking about dangers and claiming the practice of hypnotism should never be performed except in the presence of a third person. This precaution was hardly necessary in his time and it is unnecessary today. The precaution is probably rarely adhered to and might be considered by an experienced practitioner only if requested by a patient. It would present problems of confidentiality in exploratory psychotherapy, and professionals dealing with patients especially uncomfortable about the use of hypnotherapy, because of a concern about risks, might prefer, if only to protect themselves in these litigious
days, to avoid completely the use of hypnosis under such circumstances. Osler's statement of precaution most likely related less to psychotherapeutic than to other types of medical settings.

Osler's claim that the use of hypnotism indiscriminately by "ignorant persons" should be prevented by law is an assertion with which physicians and other professionals employing it probably would agree. Such use would apply largely to entertainment performances. The major issue involved is the demeaning of subjects by encouraging absurd or embarrassing behavior or the unexpected precipitation of anxiety and depressive reactions due to exacerbation of psychological conflicts that performers can neither anticipate nor, in the absence of adequate scientific training, control and deal with adequately. Despite efforts by professional organizations to insure substantial legal controls, they have often been unsuccessful. Yet, such efforts continue.

Contemporary Developments

Although in 1901, Osler noted that since the contributions in France during the 1880s "hypnotism has been extensively practiced", the use of hypnosis in clinical and experimental settings thereafter continued in fact to wax and wane through the first half of the twentieth century. Contributions were made from time to time by a few individuals and their students and colleagues. A turning point was the founding in 1949, in the United States, of The Society For Clinical And Experimental Hypnosis, the scientific organization that elevated the stature of clinical and experimental investigations, promoted activities of high calibre, encouraged qualified individuals, reactivated interest of earlier workers whose productivity had diminished, stimulated significant publications, countered extravagant claims, and furthered meaningful instruction (11 p 417; 32). Osler would undoubtedly have been interested in observing its fostering of the integration of dynamic psychological and psychiatric concepts with continuing developments of hypnosis in
many medical and scientific areas. Its international membership led eventually to formation of constituent societies all over the world, to an international organization, to the development of university training centers and others, to a scientific journal of high calibre, and to certification of properly trained and experienced clinicians and experimentalists. The American Society For Clinical Hypnosis was founded afterwards and fostered meritorious activities. The number of experienced practitioners and investigators, unlike that in Osler's day, has increased to thousands in the United States and abroad. With this gain in status and important contributions, the British Medical Association rendered a favorable assessment of hypnosis in 1955, and soon thereafter the noteworthy favorable report by the American Medical Association appeared in 1958.\textsuperscript{33,34} The prestige of the latter organization undoubtedly furthered acceptance of hypnosis by physicians in this country.

NOTES


5. Mesmer, F.A.: \textit{Mesmerism, by Doctor Mesmer} (1779), Being the first translation of Mesmer's historic "Mémoire sur la découverte du


