THE JOURNAL OF
Hypnotism
Vol. 1 - No. 3  September, 1951  50c

Melvin Powers

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Editorial

Here we are with the third issue. The Journal is now so firmly established that we will stop counting the issues in this column from now. Our circulation keeps growing and it has been proven that there is a demand for a magazine of popular hypnotism.

As you have noted, we have moved. A recent fire at the old office resulted in a little water damage but the real headache came when the insurance company ordered the owners to fire-proof the building. It seemed the plaster dust, dirt, bearing down and rebuilding work would be endless. Then, too, with the magazine growing so rapidly we had to think of more space for the future. Luckily we found the ideal location at 26 St. Raphael Street. We now have a ten story building which houses our own lecture hall (lectures on hypnotism are presented every Monday night), a classroom (we have several groups taking instruction in hypnotism all the time), a mail order office (to take care of our ever-growing mail order business as well as the world-wide distribution of the Journal), several store rooms, a beautiful lounge, an apartment, etc. The building is operated under the trade name of THE HYPNOTISM CENTER and is without doubt, the largest operation anywhere devoted exclusively to the teaching, practice and promotion of hypnotism.

THE HYPNOTISM CENTER is centrally located in the Copley Square area. Our welcome mat is always out and we invite our readers and friends to make 26 St. Raphael Street their headquarters while in Boston.

We are now planning on expanding by publishing books on hypnotism. We are interested in book manuscripts covering various phases of the hypnotic art. All lengths will be considered.

This issue is being published during July, the season of the doldrums in the publishing business and will run the same number of pages as the last issue but we are looking forward to the time when we can increase the size to 36 and 48 pages. We want more articles and especially more photos.

We'd like to start a column of reader's letters. As can be imagined, we've been literally flooded with letters from readers from the first issue on but have been hesitant to use them without per-
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Why Hypnotism?

By E. D. Samson, R.N.

When the issue of hypnotism is raised, the first thing that comes to mind, too often, is its association with the charlatan or those who dwell in the occult arts. This evaluation is unfair to the serious student of hypnotism who is able to survey its place as an aid in the psycho-medical sciences. Its potentialsities are considerable, and more medical practitioners should become aware of the assistance they could derive from it.

One of the greatest trials men must endure at some time or other in life is the suffering of physical, mental, or emotional pain. Pain may be defined as a state of moral, physical or mental distress, or both. The degree of acceptance of pain, or tolerance for pain, can be called the threshold for pain. This factor varies with different races, genders, types, ages, and very often individuals of the same family and environment. It has been recognized, however, that there is a direct correlation between the severity of the state of the patient and the amount of pain that can be borne by him. Past experience with pain in infancy, for example, does not prepare a person to face more, regardless of how able he or she is to cope with it or even the hypothetical idea of it, and much often may not even be true to an exaggerated fear of pain, or phobia. Fear of the unknown, as experienced in pregnancy, illness, or new situations, can be natural and highly rewarding phenomenon.

Experiments by scientists have shown that in muscle tissues that is fixed or tense, responses to stimuli imposing pain are greater than in muscle tissue in a relaxed state. In a way, this same theory may be applied to the whole complex human mechanism. The more high-strung, nervous, and temperamental the type of person, the lower is his threshold for pain; the more phlegmatic, calm, and stoical the personality, the greater his tolerance. Living in these modern times of stress and insecurity, men have become more nervous and emotional than they ever before, and as urgently in need of help and instruction in the art of relaxing both mind and body. When the patient is in a tense, overworked state, external stimuli produce a greater sense of pain. Conversely, complete relaxation and emotional serenity renders the same stimuli of small moment in the patient. In fact, these stimuli may go completely unnoticed. However, it is beyond the ability of many people to relax and not feel the need to comply consciously.

Here, then, is the perfect opportunity for the hypnotist to be of service. After obtaining the cooperation of the patient, he can instill a soothing technique and the use of suggestion produce complete relaxation, in which the patient does not respond with pain to many external impulses which are normally pain-producing. If this is true in the case of physical pain, it is just as spectacular and effective in condition of emotional distress. The hypnotized can go much further, with the patient in deep hypnotic he can alter minds in the tumors and phobias of the subconscious. Post-hypnotic suggestion can be used to instruct and prepare a patient. In mind and conquer future conditions of strain or suffering.

For the aforementioned reasons it can be seen that there are unlimited vistas in psycho-medical fields, in dentistry and in dentistry for the use of hypnotism. Let us hope that more students of hypnotism and more medical men will turn to the promising field of hypnotism in the future.

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Dr. Rexford L. North
26 St. Redfin St., Boston 16, Mass.
The above photo illustrates Nicholas Montenegro's favorite method of inducing the hypnotic trance. A floor lamp behind the subject and to the left (not shown in photo) reflects its light against the highly polished copper hypnodisk held in Mr. Montenegro's hand. Note that it is held about a foot from subject's eyes and somewhat above eye-level. As it is slowly rotated he suggests that her eyes are "getting very, very heavy." Soon the strain of holding them open becomes too great and she closes them and goes into a deep sleep. What is YOUR favorite method? Send us a photo illustrating it, together with description. We will pay $5.00 for every "Favorite Method" published and the cut will also be given to you after printing. Send your photos to the editor.
The Challenge of Hypnotism

By LORES W. McCLOSKEY

MACBETH: Canst thou not minister to a mind diseased,
Pluck from the memory of a rooted sorrow,
Raze out the written troubles of the brain,
And with some sweet oblivious antidote
Cleanse the stuffed bosom of that perilous stuff
Which weighs upon the heart?
Shakespeare: Macbeth, Act V, Scene III

DOCTOR: This disease is beyond my practice.
Act V, Scene I

A number who have watched me work with hypnotism have asked what I intend to do with this ability. I have tried to point out that beneath the entertainment value of this medium, there is a core of deep significance: the stupendous power of suggestion when beamed to the subconscious. This force, I believe, when positively directed, can wield a helpful and beneficial influence that is sorely needed in the world as it is today.

Most of us are working under daily stress and increasing pressure: we have a deadline to meet, accuracy to maintain, quality to uphold, a product to sell, or competition to outclass. Thus we develop and maintain a tenseness that takes its toll of our leisure moments, our thinking ability, our sleep and often our health. Few people there are who know how to relax, fewer still that ever attain a semblance of relaxation, and some who never can. Under hypnosis all can be helped, if nothing else is accomplished, for in that state the subject tends to become completely relaxed both mentally and physically.

We are constantly being subjected to an atmosphere of fear. By radio and television, by newspaper and magazine articles, and word of mouth, we are reminded of disasters to come, catastrophes that are already here, and the dire consequences of our past mistakes. While the average person cares little for economic principles, he is alarmed when he tries to spend his shrinking dollar. Even the advertising we read from every billboard and classified section of times adopts terrorist tactics to sell its merchandise, by suggesting that the reader is suffering from some mysterious ailment, the only known cure for which is a large economy sized bottle of the advertised product. The average individual, while remaining outwardly calm, is a seething mass of petty fears internally, which increase his tension and block his progress. Tell me a man’s fears and I will show you what is holding him from success. These people can be helped in contact with the subconscious under hypnosis.

Most of us unconsciously set a limit upon our ability. Sometime in the past perhaps, we have tried something and failed. Rather than meet failure again, our conscious being finds it safer to avoid all such activity henceforth. Often this is extended into other fields, until we have nurtured an acute inferiority complex. We build a wall beyond which we will that we cannot go. In that direction, our imagination and vision is blocked and our chances of success and adjustment to life that much the more limited. Failure is often foreordained mentally before it is possible physically. These are the “I don’t suppose” classification of folk, the “Oh, I could never do that” type. The strange part of it is that those who think in terms of failure are always right. Those who succeed are those who will not accept failure. Autouggestion can play an important part in removing that block, assuaging the fear and building the vision of the future.

Many of us feel at some time or other in our lives that we are in a rut; that we are going nowhere fast. We take it more or less in stride until we reach a breaking point, when like a spinning top caught in a small depression spinning itself in all directions, we are apt to do rash and abnormal things. Yet this abnormal behavior forms the quite normal pattern. But just as a light tap will cause the top to direct its motion away from the frustration of confinement, so a suggestion to a hypnotized subject could be the push that could develop into a driving force.

There are a few unfortunate who find it difficult to adjust themselves to life. They live in a world of their own, sublimely detached from reality. Many of these, I am convinced, can be reached under hypnosis, and contact with everyday life rebuilt and re-established. I feel that many could be

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What Is Hypnotism?

By MELVIN POWERS

To enter into a discussion about this question, I should first like to present a summary of the various concepts of hypnosis. When hypnotism was first produced in Anton Mesmer's time, the phenomenon of hypnotism was looked on as being due to the power of the hypnotist. It was Dr. Mesmer, a Viennese physician (1733-1815) who advanced the theory of Animal Magnetism, which contends that all individuals have within them magnetic forces which, when properly controlled, can benefit and can influence other individuals. Mesmer attributed this to an invisible fluid. It was thought of as an invisible agent able to penetrate the body, especially the nervous system. By influencing the organism, it would bring about the desired cure.

James Braid (1795-1860), an English physician, was first to discover that hypnotism was a subjective phenomenon and could be achieved without magnets and manipulation. He discovered that by having the patient gaze at a bright object or point of concentration, the subject could be brought into a hypnotic sleep. The evidence pointed the way that hypnotism was attributable to physiological modifications of the nervous system and that it was also a psychological nature, because it was necessary that the subject concentrate his attention on a single idea or thought of sleep. It was Braid who coined the word “hypnotism” from the Greek word hypnos meaning sleep.

The difference of opinion by Dr. Charcot (1825-1893) of the Salpetriere school of hypnotism and Dr. Liebault (1823-1904) and Dr. Bernheim of the Nancy school of hypnotism did much to advance the interest and prominence of hypnotism. Charcot, the leading neurophysiologist at that time, contended that hypnotism was due to somatic changes in the hypnotized subject. He further concluded that hypnotism could only be produced with hysterics. It might be mentioned that Charcot's work was almost entirely with hysterics and perhaps thus this school of thought.

On the other hand, Liebault and Bernheim were general practitioners and use hypnotism to cure just about everything conceivable in the medical realm. They did not agree with Charcot that hypnotism was an artificial hysteria. They contended that hypnotism was of a psychological nature and could be produced in all individuals. Bernheim wrote one of the classical books in hypnotism, entitled, SUGGESTIVE THERAPEUTICS. He went so far as to say that there was no such thing as hypnotism and that it was only suggestion.

Charcot's theory led to the theory of dissociation in which hypnotism is looked upon as being due to neurophysiological changes in the cortex.

Our present day theory about hypnotism from a psychoanalytical approach is that the hypnotic state is a goal directed striving where the subject attempts to behave like a hypnotized person.

We can easily see that the theories of hypnosis differ widely. What actually constitutes the hypnotic state? Is it as Charcot believes “an artificial form of hysteria”? Is hypnotism attributable to a physiological theory saying that hypnotism is due to an altered condition of the brain which results in inhibition of the central nervous system affecting various motor and sensory faculties? Or is hypnotism to be looked upon from a psychological approach, which contends that it is a matter of an interpersonal relationship between the hypnotist and subject? The question cannot be easily answered.

All the books on hypnotism will describe hypnotism or the phenomenon of hypnotism as an “artificial sleep” or a “sleep-like state.” Pavlov looked upon hypnotism as a process of establishing a conditioned reflex pattern. A conditioned reflex may be defined as a psychological or physiological response to a specific stimulus resulting from training or experience. A conditioned reflex is established by the repetition of a given stimulus or procedure. The psychological or physiological response of the stimulus then becomes involuntary.

The first stages of swallowing food are a voluntary action; however, once

(Continued on Page 16)
hundreds of clippings and several hundreds of books, most of which are rare first editions as old as 100 years. Now he is adding all issues of the Journal to his collection.

Dr. North has been doing quite a few dates lately for Lauma, Library and Kiwanis clubs. Several dates have taken him to the northern part of Maine and he has several more booked.

Film Review

HYPNOTIC BEHAVIOR

A 16 mm sound film distributed by Associated Films, Inc., 95 West 45th Street, New York 19, N.Y. Produced for use in connection with psychology instruction.

Two subjects are used, a boy and a girl. The hypnotist is not shown on the screen at any time though his voice is heard during the induction and the giving of the suggestions. The hypnotized subjects are used to illustrate amnesia, cold-sweat, post hypnotic belders, and others that delude the senses. The closing experiment showed how a person's value judgments can be distorted. In this experiment both subjects were given post-hypnotic suggestions regarding magazine photos that they would look at upon awakening. Each saw the photos from a different point of view. To one subject the photos were all sad and depressing while the other subject thought them all funny and humorous.

HYPNOTIC BEHAVIOR is a film that will interest all hypnotists. Running time is about 20 minutes.

ALLAN BARNETT

The Hypnotic

IDEA EXCHANGE

(The following are interested in corresponding and exchanging ideas about hypnotism. Listing in this department cost $1 per issue. Only names and addresses will be printed.)

HARRY GLIDDEN, 80 Western Frome Road, Auburn, Me.

GEORGE ROOKERS, 48 Harlem, Dorchester, Mass.

N. ALAN, 127 Ave. H, Montreal, Quebec, Canada.
At Nancy With Bernheim

Editor's Note: This article is reprinted from a very old issue of THE NATION. The work of Dr. Bernheim was important. We feel that this article as well as others that we will publish in the future will prove of value and interest to our readers.

According to the Nancy view, there is nothing abnormal about the hypnotic sleep. It is normal sleep artificially produced, and the method of producing sleep artificially—suggestion—is nothing more than a natural and professional use of the hitherto unexplained fact that our normal life is full of responses suggested to us by our surroundings. Of our usual surroundings, persons are the most important elements; in other words, our social environment, our living milieu, gives constant tone and support to our lives and uses our development. The much-talked-of fact that hysterical epileptic patients are most hypnotizable, simply means that they are most suggestible, because of their characteristic neurasthenia; but all men are suggestible, nevertheless, and the difference is one of degree.

On this theory the passes, rubs, magnets, etc., of the Paris school become so much machinery, merely, of suggestion—concrete signs to the patient of what is expected of him; and he goes to sleep, wakes, passes from stage to stage, etc., because it is suggested, not because he is rubbed or magnetized. When the Paris men find a certain physical touch or rub necessary to induce a given phenomenon, it is simply because they have themselves taught the patient to wait for that particular signal, for this reason the "signal" are in reality a part of the hypnotic manifestation in those patients who have been thus brought up. This view, it is evident, requires support from the ordinary facts of the reactive conscientiousness, and it is to the exhibition of them, to the exhibition of the analogies afforded by phenomena of imitation, natural somnambulism, contagion of opinions, etc., that the books of Bernheim are in part devoted. And in establishing this point a contribution of the first importance has been made to psychological theory, whether we accept suggestion as an adequate theory of hypnotism or not. We are just now beginning to understand the profound meaning which may be imparted into the expression "environment," "social tissue," "suggested," etc., hitherto employed with partial understanding of this meaning. The lamented Guyau must have been right in claiming that suggestion was to be one of the corner-stones of our reconstructed theory of primary education.

But, true as this is, the Nancy men seem to run into two extremes. To bring normal mental reactions and hypnotic reactions under the same formula, they deny some of the most characteristic aspects of each. "Well," says Dr. Bernheim, "What is will? There is no such thing as will—it is all suggestion!" Now, analytical psychology means something very definite by volition. "Trance? There is no such thing as hypnotic trance; it is sleep, normal sleep. But who has been able to put a normal sleeper through the performances of the commonest hypnotic somnambulis? True, there are sleepwalkers in many homes; but it may be a truer interpretation to say that they are no longer normal sleepers. No doubt great service has been rendered by the Nancy men in showing the artificiality of the Paris categories; but the true explanation of hypnotic sleep is probably yet to be advanced, just as a true explanation of natural sleep is yet to be advanced.

The patients in the hospital at Nancy seem to illustrate Dr. Bernheim's theory. They go off quietly into a deep, lethargic sleep. Somnambulism is comparatively rare, being developed by suggestions of walking, etc. Bernheim's manner is imperious and authoritative to the last degree. His first and last word to a patient is, "Doze, doze, unequivocally!" He generally closes the eyes with his hands, then doubles up the patient's feet and starts them to revolving round each other in front of the patient's face, the whole arm being actively engaged in this circular movement. As soon as the movement lapses, he accesses the feet and starts them again vigorously, at intervals straightening out the arm quickly to test their tendency to catalepsy. If the patient opens the eyes or shows any sign of persistent wakefulness under this treatment, it is repeated more vigorously, accompanied by
usual expectations and commands. Nearly everybody assumes that it must be added, also, that Bormelm, now claims to be able to carry normal sleepers over into the hypnotic state without waking them up.

The question of "criminal suggestion" is present uppermost at Nancy. Prof. Lejeune of the department of law, formerly known as a political economist, has studied the legal aspects of hypnosis and written several important papers. In a recent article on criminal suggestion in the Revue Philosophique, he insists upon the reality of the phenomenon, and points out its great danger to society and the state. He finds that some individuals, a relatively small number are liable to a condition known as "suggestable," in which criminal suggestions take certain and immediate effect. By this hypothesis, which rests upon frequently reported experiments in the hospitals, he explains several cases of crime committed, as he believes, under influence-rises which have resulted from the state of suggestability. He emphasizes and improves the legal profession. For example, he analyzes and explains the famous Bompard case. He pronounces in another article to explain in the same way several other criminal cases which have remained mysteries in the records of the courts. Lejeune proposes in view of the facts, that a hypnotic officer be appointed before whom all children shall be brought. If a child be found relatively unsuggestible, well and good. But if liable to hypnotic suggestion, the official's business should be to suggest that no one else, as long as the child should live, should be able to hypnotize him. This suggestion would take effect, and the child would then be free from all such influences in the future.

On the other hand, many deny the possibility of criminal suggestion altogether. While not disputing the reported cases in which the somnambule does under command what would ordinarily be criminal, they claim that he knows all the time that the performance is a sham. He not only gets the suggestion, consciously given, of the act, but he also gets the suggestion, unintended by the operator, that in this case he is playing a part with others in a farce. When we consider the enormous variation of the faculties shown by many somnambules, and reflect that just such an hypothesis of subconscious suggestion is one of our best results in explaining a great number of facts which look like thought-transference, we begin to see the reasonableness of this position. It is argued with force by Lejeune in a recent issue of the same review.

Yet there are one or two secrets in which it is clear the phrase "criminal suggestion" cannot be used. It is almost demonstrated that there are no post-hypnotic criminal suggestions, that is, suggestions made to the patient of criminal acts to be performed after he has been restored to his normal state. Suggestions of acts which are morally reprehensible may be post-hypnotically realized, but when a suggestion has moral coloring, the patient may deliberate upon it, in quite a normal way, and reject it. Again, it must not be understood that the patient becomes a criminal or that his moral nature is even temporarily debased when under the influence of a criminal suggestion. On either of the hypotheses mentioned above, this is not the case. The question is, Does he perform the act, knowing that it is not really a criminal act, and consenting because he knows it, or does he perform it as an automaton would, because he is temporarily a criminal machine? In view of the conflicting evidence now before us, and the probability that no light in the near future, it is just as well to suspend judgment on this important question.

The Nancy man have a very practical test to propose, one which offers an heroic opportunity to an enthusiastic experimenter. A man of straw was put to bed, in one of the experiments, and a somnambule, in a highly suggestable state, was told to go stealthily from an adjoining room and stab his friend, the occupant of the bed, using a knife then put into his hand. We are told that he took the knife, that his face became dark and angry, and that, with swaying tread and soft, he sneaked into his friend's bedroom, and stabbed the man of straw. Now, say the savants of Nancy, if any one in Paris does not believe this, let him come and take the place of the man of straw! As yet no one has accepted the challenge. The reason of their backwardness, as one of the savants in Paris intimated to me, may be that they know how generally they are hated in Nancy, and are well aware that if any one should play the man of straw, his pro-
societal friends in that city would take great pains to see that thesume simply understood his business.

The wards of the Nancy hospital present a very remarkable appearance when the introduction of hypnotism as a therapeutic agent. Barnard and his assistants, perhaps fifteen or twenty, go through the halls humming after the patient and then, pulling this one to sleep in order to banish a pain from his head, leg, or side, commanding a semi-paralytic to use his limbs, working hard to overcome the restlessness of a new-comer. Here sits a girl with arms akimbo, left for a period in a cataleptic state; there stands a shaggy, semicatatonic; and farther on a voice of the master is heard urging a reply from a man who is not conscious enough to frame one. Then he goes to his private reception room, where new cases are brought in. A woman brings her child with pain in the foot, an old man comes with a cramp in his back, headache in another, variety abound, and coughs as small. Each patient is questioned carefully, then told in all and remove hat or bonnet. Remonstrances are vain. Eyes are closed, the eyelids lying down, and in all the nostril of come and go, question and answer, one by one they fall asleep. Then the proper suggestion is made to each one: "Your head is well," "Your back shall never ache again," "Your legs are as sound as mine," repeated and reiterated. Then they are awakened. Do they recall or not? Then they must go over again, not so evident, into another sleep. When they leave, they say they are cured, and Barnard believes they tell the truth; but, on grounds, strange, certainly, than their word alone or the fact that they do not return to the hospital.

Indeed, the therapeutic value of hypnotism is believed in at Nancy as nowhere else, perhaps. The English translation of Barnard's "Suggestive Therapeutics" is, of course, well known in America. Patients are taken just as they come from the city streets into the hospital and thrown, as a matter of course into the hypnotic trance.

Some of the reported cases of cure are certainly remarkable enough—if they are cases! The Nancy physician ought to know. Yet, elsewhere doctors remain skeptical. Perhaps it is true that their skepticism renders their own efforts less successful. For in the mysterious realm more than elsewhere, it seems to be faith that moves mountains. Perhaps others cannot cure because they do not know how. Be this as it may, let the Nancy cases go on; and if they finally demonstrate the difference between quackery caution and professional prejudice demonstrates, the primary influence of the moral and the physical—demonstrates, finally, that moral environment is the tremendous thing, that form of character and influence is in some way relative to virtue, and that reality is in great part, what we choose and will with all our might then the psychiatrist will no doubt join the psychologists in saying, Amen!

J. MARK BALDWIN

Editorial

(Continued from Page 9)

mission. When sending us letters from any one, whether brick bats or bouquets, please tell us if we may print them.

We had hoped to start the bibliography of books on hypnosis this is our but the job was more than we had bargained for. It is started and much work has been done on it. We will definitely begin publishing it in the next issue.

Several of our readers have suggested a "Year Book of Hypnotism." We have been thinking the idea over. Would you like one? We could issue one annually. The book could cover the hypnotic highlights of the previous year, run lists of hypnotists, books, supplies, etc. Let us know if you'd like one.

Hastin L. North

HYPNOTISM

Behind the Curtains

By FRANK GRAHAM

This month we want to introduce John Palmer, popular hypnotist from Pasadena, California. Mr. Palmer started his active hypnotic career in 1944 entertaining audiences all the way from San Francisco to Mexico City and points in between. In the last 15 years, however, he has turned more to the serious side of hypnosis. Currently he is giving a number of demonstrations around his home area while preparing a new lecture to be presented before clubs, judges and organizations. Mr. Palmer is interested in the therapeutic possibilities of hypnosis and plans to work with M.D.'s along this line. We wish John much success as we know he is one of the most sincere exponents of the hypnotic art.

As this issue goes to press we hear that Daniel Schenley is presenting his hypnosis demonstration at the Russell Hotel in upstate New York. At last report he was at the EOTY's, MEGCREMAN, South Falls, New York. We are looking forward in getting some photos from him soon.

George Rogers reports that he got a tremendous response to the mention in last issue about the NATIONAL GUILD OF HYPNOTIST. In fact, the response was so great it showed him under and he's been busy trying his best to personally answer all letters. Look for his announcement and application blank elsewhere in this issue.

In the above photo we present subscriber John C. Chaddick of Cambridge, Maryland. Mr. Chaddick is on the right. He first mastered the hypnotic art 50 years ago and is over 71 years of age and as active as ever. We wonder if he is the oldest active hypnotist in America. With a man of his age among our readers we'd like to hear from him.

Send in your news and photos. We'd like to use two or three photos in this column every issue. If we use your photo, we will make you a gift of the engraving after printing. Send all news and photos to the care of Journal of Hypnosis, 95 E. Rotondi Street, Boston 16, Mass.

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Book Reviews

HYPNOSIS

Theory, Practice and Application
by Raphael H. Ruben

The author, Raphael H. Ruben, is a consulting psychologist in New York City. His work in the field of hypnosis and its psychological application has included extensive study with some of the most prominent hypnotists in the country.

Since 1965 he has lectured and demonstrated hypnosis in numerous public groups and has collaborated with physicians in their therapeutic use for private cases.

This book, though scientific in its approach, is written so simply that the average reader can readily understand it, explains what hypnosis is, how it can be induced, and how it may be applied to the alleviation of mental disorders.

The book presents a theory of the working of the mind which accounts for the nature of waking and sleeping mental processes, day dreams and night dreams, hallucination and auto suggestion, hypnosis and its diverse phenomena, and—in the same terms— the reasons why the Freudian psychoanalytic technique works. Freud and his followers have principally shown how it works, while the theory here presented shows why it works.

A number of different methods for the induction of hypnosis and self-hypnosis are carefully explained. Dr. Paulus Kennedy writes in the foreword, “The chapters on hypnotic technique are detailed; the author has watched the author use these methods, and have been given actual results of hypnosis of patients whose previous experiences had led them to believe that they would be difficult to hypnotize. The variety of methods outlined for the induction of hypnotic sleep, and the specific suggestions for its therapeutic application, give this book practical value.”

We believe that this is an important book and the serious psychologist will constantly refer to it. It is the first of the many complete bibliographies (almost 20 full pages) ever presented in a book.

Some time ago Science Digest presented a part of this book under the title “HOW A HYPNOTIST WORKS.”

HYPNOSIS: Theory, Practice and Application, 176 pages, is published by Citadel Press at $3.00.

All books reviewed may be ordered through the Book Department, The JOURNAL OF HYMNOSIS, 285 S. Washington St., Boston 16, Mass. Books are on hand for immediate shipment.

Hypnotism in the News

Dr. A. A. Moss of Bernardsville, N. J., is currently writing a great deal about Hypnodontology. He has an extremely vivid article in the July issue of Oral Hypnosis. We urge you to try to get a copy. Your local dentist or library should have it. Incidentally, the magazine awarded Dr. Moss $400 for the article as the one he considers the best in that issue. Dr. Moss' authoritative new book on the use of hypnosis in dentistry is now running in serial form in "Dental Items of Interest," a magazine.

This recently distributed a story to its subscriber newspapers titled "HYMNOSIS MAKES DENTAL PATIENTS THINK." Author's by Don W. MacMillan the story is about clinical psychologist Dr. Thomas O. Burgess of Greensville, College in Norwich, Mass. Dr. Burgess is currently traveling all over the country teaching groups of dentists how to take the fear out of dentistry through hypnosis.

He is quoted as telling a group of dentists that they can actually suggest to their patients that the dental work is enjoyable. Dr. Burgess estimates that at least 1,500 dentists in the U.S. are today using hypnosis for fillings and extractions.

An AP dispatch tells how mentally ill war vets are being talked out of their "terror dreams" by the power of suggestion. The story relates of a report made to the American Psychiatric Association by a Victoria, Administration doctor, Dr. Julius Schmidhauser. The technique is employed at Kennedy Hospital, Memphis, Tenn.

Edward Benson of Chicago hit the country's papers through International Soundphoto with a picture story about using hypnosis as an aid in reducing. Basic idea being to suggest that the subjects will decline fattening foods upon awakening. The photo showed five female subjects having to shed an aggregate 222 pounds.
Hypnotic Conditioning for Childbirth

By HARRY ARONS

(Hallman’s Note—This is the first of two parts. The second part of this article will be published in the next issue of the JOURNAL OF HYPNOTISM. We consider this an important article and urge readers to call the attention of their local doctors to it.)

The press has brought to public attention the fact that in recent years hypnosis as an anesthetic for childbirth has come into its own. We are told with the impression from those studies that hypnosis is an innovation in the practice of obstetrics. On the contrary, this method has been employed, not only for childbirth but also in general surgical procedures, since the time of Claude and E. H. Bloch in the early 1950’s. The discovery of chemical anesthetics in the 1840’s has, it is true, thrown hypnosis comparatively into the discard, but it is known in informed circles that natural anesthetics has continued to be utilized when specifically indicated, almost surreptitiously, for the past century and a half.

The most deplorable fact, of course, is that physicians have hesitated to recommend this method for fear of repercussions from the opposition of their more conservative brethren. But this situation is rapidly changing. Not only are physicians coming into the open but they are beginning to employ the more highly skilled hypnagogic techniques to aid in the conditioning of their patients. In the course of years a number of effective procedures have evolved which are not generally known either to the profession or the public.

A brief exposition of the recommended procedures should not be omitted.

Conditioning Under Hypnosis

A Basic Technique

Whether the obstetrician handles the case alone or calls in a consultant, the initial induction of hypnosis should not be undertaken too near the time of delivery. The only exceptions to this rule might be cases in which the patient incurs a sudden and unexpected complication or cases in which hypnosis is resorted to as a last contingency. In the latter instance a somnambulistic trance is suitably essential and the hypnotist, if one is employed, should be in continuous attendance, otherwise results would be unpredictable.

Ideally, conditioning should begin with the third or fourth month of pregnancy. The reader is reminded that the term conditioning we mean the induction of hypnosis and the gradual deepening of the trance state to the most profound degree possible, as well as the building-up of adequate post-hypnotic responses, transferance of control to the obstetrician and other responses consistent with the requirements of the case. Conditioning as employed here is not to be confused with “relaxation conditioning” as used by Hallman and others of the Pavlovian school. The writer puts no stock in the theory that hypnosis is strictly a result of reflex conditioning; he believes that “conditioned reflex therapy” is a misnomer and stresses by some hypnotic to white wash the word “hypnosis” and to circumvent medical-legal restrictions in the practice of psychotherapy.

Should the obstetrician be an expert hypnotist who has the time and facilities to do the conditioning himself, the matter becomes quite a simple one. He induces hypnosis in his patient by any method that is applicable and makes tests to determine the degree of trance. Rarely does a subject enter somnambulism at the first session; rather can a subject be rushed or pushed into deep trance. It is necessary to hypnotize her at regular intervals, once or twice a week, until six to eight sessions have brought her to the maximum depth of hypnosis possible. A subject will not usually go any deeper than the depth attained at the eighth hypnosis.

Now careful tests must be made to determine the degree of trance as accurately as possible. Using the six arbitrary stages described in my MASTER COURSE IN HYPNOTISM as a yardstick, it might be said that should the subject not have progressed beyond the amnestic stages (the first three hypnoidal as aid to painless childbirth) she does not have the strength to endure the fourth stage (the fourth of the amnestic stages in which there is partial post-hypnotic amnesia) might serve the purpose if by continuing the sessions for
a longer period it is possible to condition the patient into sustaining gloe
anaesthesia post-hypnotically for half an hour or more. Also, the condition-
ing process must be continued without interruption and perhaps at more fre-
quency intervals. Unfortunately, it does occasionally happen with fourth stage
subjects that instead of control becoming more complete with repeated hyp-
noses, the patient becomes so accustomed to it that the subjective mind gradu-
ally recedes, bringing the objective consciousness noncomittally to the fore,
psychological probing not directly connected with attaining the desired trance
state. The reason for this is that the patient, for best results, must be mentally
free from the anxiety that is usually attendant upon psychotherapeu-
tic procedures.

Transference of Control
To Physician

When it is apparent that the maxi-
mum degree of trance has been reach-
ed, the consultant proceeds to transfer
hypnotic control to the obstetrician.
The procedure for this is very simple: with both men present, the hypnotist
instructs the hypnotized patient to re-
sist to the physician in the same fash-
ion as she reacts to him. He does not,
however, relinquish his own control;

The top photo shows the doctor
testing the subject’s reflexes. She was
hypnotized by Harry Arons who then
transferred control to the doctor.

By the time the second photo was
taken Arons had bowed out. He had
given the post-hypnotic suggestion
that she would go into a deep trance
for the doctor in the future and the
photo shows her focusing her atten-
tion on the doctor’s pencil while he
commands that she “SLEEP!”

The third photo shows the subject
just as she has responded to the com-
mand and entered a relaxed state.
Note that the doctor is still in exactly
the same position and has not yet had
time to lower his left arm, holding
the pencil.
both hypnotist and doctor now maintain the same degree of rapport with the patient.

(The second and last part of this vital article will be published in the next issue of THE JOURNAL OF HYPNOTISM, Mr. Arons will cover Setting Up Instantaneous Hypnosis Response, Tests for Anesthetics, First Aid Hypnosis, and some Advantages of Hypnotic Analgesia. Don't fail to get the next issue.)

**OOPS!**

Stirred up readers will no doubt note that one of the photos used to illustrate this article on childbirth was first published by us in the May issue. At that time the caption stated that the man with his back toward the camera, lighting the subject's refection, was Fred King, prominent hypnotherapist. We were wrong. We were in a rush with last minute details on the May issue when the photo came without a caption. We met Fred King once a long time ago when he attended one of my lectures in Long Island, N. Y. The man in the photo with Harry Arons is a doctor to whom Mr. King relinquished control. I guess Harry didn't want to hasten my decision so he never mentioned this talk. Naturally, when we were discussing the article on conditioning for childbirth the question of photos came up. Since these three photos were taken in connection with conditioning and were the most suitable for illustrating the article, he had to tell me. That's the story behind the reprinting of the photo.

L. N.

**LECTURERS**

(The following lecturers are available. Listing in this department costs $2.50 per issue, payable in advance. Listing is confined to name, address and phone number.)

**DR. HERMAN L. NORTH,** 98 St., Boston 16, Mass. (CO-8-2269).

**DR. HERMAN L. NORTH,** 168 West
46th Street, New York 15, N. Y. (CL 7-3607).

**HARRY ARONS,** 41 West Runyan Street, Newark, New Jersey.

**BOOKS WANTED**

The books listed below are wanted by some of our subscribers. If you have copies or know where they can be obtained, please let us know and we will forward data to the subscriber. If you are looking for certain books on hypnotism, let us know and we will list your wants here too.

**School Notes**

Dr. Hermon L. North's classes in Boston are now held at his beautiful new HYPNOTISM CENTER at 26 St., Belmont Street. Monday night classes continue. About the time this issue goes into circulation a new Tuesday night class will be starting. The

**Bob Halley**

photo above shows Bob Halley, a recent graduate. Bob has been in show business for some time as an M.C. and is currently kept busy at resorts but is planning a hyp show for the fall and winter. Rumor has it that Bob is working all the better spots right now because he hypnotized his agent into it but Bob simply denies this. He insists he is just a good M.C. Well, we insist he is also a good hypnotist. Enrollments are now being accepted for a new class in New York to start the week after Labor Day. Full details will be mailed upon request.
Waking Hypnosis Can Help Too!

By DAVE HUDSON

It may seem strange that a hypnotist would write about a feature, but I think you will see why when you finish reading this. It all started when one of my wife's friends began to complain of incessant headaches occurring every afternoon. Whether at work or at home, they managed to put her to bed for at least a few hours every day. Ammonia, bromides, or even an ice bag didn't seem to help at all.

Not being an alarmist, it was a long time before she decided to go see a doctor. He diagnosed it as being over-\_tired and advised that she take a short vacation and try to get some rest. Even this, though, didn't help much. The headaches still persisted.

I suggested seeing a psychia-\_rist, but she, as many other people, thought that they were only for "crazy" people. She said she had neither time, money, nor any desire to see one.

Actually, the doctor was right. A rest was needed; but probably a rest from worry and not a rest from work. As I found out later, she had gone quite deeply into debt and things in general seemed to be going wrong. I'm not going to analyze the causes which produced the illness, however. I'm merely going to relate the strange way in which hypnotism helped.

Up to the time the girl went to the doctor, she did not know I was a hypnotist. In fact, she didn't know anything about hypnosis. My wife made a chance remark that I had once gotten rid of one of her headaches with hypnosis and that it can be very effective in this way. The girl listened with skepticism, and half-heartedly asked if there was any chance of it helping her. My wife agreed that it had possibilities and asked me if I would put her under.

She was brought to the house the following week and I explained what hypnosis was, what it could and could not do. I proceeded with the conditioning tests and got a very favorable reaction. Then I started the actual induction. I used the count method, but to my embarrassment she didn't go under. I explained that this was not at all unnatural and that we would try other methods until we found one that was best for her.

I next tried a fixation method (eye strain) and very strange thing happened. The eyes didn't water as it usually the case. Instead, they maintained a very glassy stare. At first I thought she was trying to be very co-operative but as I kept up the patter, she didn't follow my commands. She just kept staring at the object I held in front of her. I kept the patter up for several minutes, but no change took place.

As soon as I removed the object from her view, she seemed to snap back to normal. I asked why she didn't follow my suggestions, and she said that she couldn't make out the words. She could hear me and was aware of every thing, but the words made no sense to her. She told me she was afraid to let herself go under even though she wanted to.

I sat down in front of her and started lecturing her on how foolish it was to be afraid of hypnosis, and that if she wanted to be helped, she must not exert her will power. Talking as I usually do—with a pencil in my hand I noticed that all at once her eyes once again started to assume the glassy look and seemed to become glued to the tip of the pencil. I kept the pencil moving slowly in front of her eyes, but changed the line of patter. I started to give suggestions to the effect that her headaches would not return and that the following afternoon, she would feel fine. I kept this up for several minutes and then took away the pencil. As before, she snapped back to normal, but with no apparent surprise. It was just as if I were still explaining to her how foolish it was to be scared of hypnosis. While she was watching the pencil, she was actually oblivious to everything that happened.

I didn't say much about it, but patiently waited till the following night when my wife returned from work to hear the results. As I had hoped for, she had not had a headache that afternoon. She made no mention of the fact to anyone. In fact, it wasn't even too apparent to her that she should have had one.

My patter, the night before, had included suggestions to this end.
It wasn't 'til several sittings later that I explained the circumstances to her as they were. She was still under the impression that I had failed to hypnotize her. As far as she was concerned, she was wide awake all the while, but what she didn't realize was, that she was hypnotized with her eyes wide open.

What Is Hypnotism?

(Continued from Page 5)

the food reaches the pharynx, an involuntary reflex control is established. When we take food into the mouth, an increased flow of saliva results. This action is an unconscious reflex response. A conditioned salivary response may be elicited when we hear the tone of the dinner gong or smell the aroma of food in the kitchen. In a similar manner the subject going under hypnosis associates various words with different responses until he finally enters into the hypnotic sleep. When under hypnosis we can give the subject a post-hypnotic suggestion to fall asleep at a given signal after he awakens. The subject will do this thus establishing the validity of the conditioned response. The subject may also have complete amnesia of the suggestion to fall asleep on a conscious level, yet when the signal is given the subject will enter into the hypnotic sleep.

Before proceeding any further let me say that the various theories of hypnosis are due to the particular school of thought or general framework of the conception of psychodynamics and psychiatry by the hypnotist. Thus in Pavlov we see the "conditioned reflex pattern." In Charcot's theory we see the pattern of "artificial hysteria." In Mesmer's theory we see the pattern of "Animal Magnetism." With Dr. Sigmund Freud, we get a concept of a "goal seeking drive" or need for "submission." I have never run across an Adlerian concept of hypnosis or I doubt that there is one, but I am sure that it would encompass some phase of "compensation."

Physiological processes to determine the similarity of hypnotism and sleep have shown conflicting results. We know that the knee-jerk disappears in normal sleep, but is present in hypnosis. The use of the electroencephalograph in indicating various brain waves have also shown conflicting results. Work has also been done using the Rorschach test in determining the susceptibility to hypnosis. The Thematic Apperception Test has also been used, but I'm afraid the results are negligible.

You will remember that Bernheim said that there is no such thing as hypnosis, but that there is only suggestion. Emile Coue, a French pharmacist, founded the school of autosuggestion based upon this premise. It worked in numerous cases and he succeeded in "curing" all types of physical and mental conditions. This was more of a faith cure, but the important point here to remember is that it worked. We are all familiar with the saying, "Day by day in every way, I am getting better and better." This school of thought is the basis of several religions. These people actually hypnotize themselves into being well.

I should like to discuss the psycho-analytical theories about hypnosis. They are built on the premise that instinctual wishes of the subject are elicited and given some gratification by the hypnotic situation. They vie hypnotism as a particular type of transference where the subject acts under the dominance of unconscious, infantile, instinctual drives. Freud viewed hypnotism as a transference relationship involving libidinal and submissive instinctual strivings. There is an erotic (in the broad sense of the word) tie in the process of hypnotizing the subject. The patient or subject lies passively on the couch. Complete faith is in the hands of the hypnotist. It is generally easier for a man to hypnotize a woman than a man. Here the sexual constitution of the subject finds an expression in the nature and form of hypnosis. Persons strongly disposed to love are usually good hypnotic subjects. The homosexual being hypnotized by a man makes a good subject. Here there is a strong interpersonal relationship.

Ferenczi looks upon hypnosis as a reactivation of the Oedipus complex. The subject standing in a child to parent relationship toward the hypnotist. He also distinguishes between a "maternal" and "paternal" form of hypnosis. The first is based on love and the second on fear.

Another theory is that the subject identifies with the hypnotist and is able to realize his infantile fantasies of power, magic, and omnipotence of thought.
and words and in so doing grants these powers to the hypnotist.

All these theories are good in the sense that they carry validity in certain cases, but we still find loopholes or exceptions to these theories. The problem is still unsettled and certainly a great deal of extensive work must yet be done in this direction.

Before concluding this discussion, I should like to give my own concept of WHAT IS HYPNOTISM:

Hypnotism is a state of exaggerated or heightened suggestibility either brought about by the hypnotist, or self-induced. Hypnotism may further be defined as a mental state resembling a sleep-like condition which is induced by psychological suggestion. Physiological reflexes, such as the patellar reflex, not present in ordinary sleep, can be elicited with subjects under hypnosis. Hypnosis is closely allied with a state of mind just prior to falling asleep at night. The hypnotic state is characterized by extreme responsiveness to suggestion, activeness of one's mind, and heightened stimulation of the imagination. It is a state in which the autonomic nervous system can be reached and controlled. In the process of inducing hypnosis, we put the conscious mind in a state of abeyance which allows for the subconscious mind to be reached by suggestion. In this manner, the utilization of hypnotism in psychoanalysis facilitates the uprooting of the repressed underlying emotional problem, and contributes favorably to the transference between psychologist and patient which is essential to the catharsis.

Hypnotism on vacation! The above photo shows Dr. Rexford L. North holding up a sign advertising his appearance on Block Island, R. I., while holding hands with two pretty vacationing gals.

PHOTO - ILLUSTRATED

Hypnotism Course in Book Form

(The book, "Hypnotism Revealed," can also be purchased at your local bookstore.)

BOOK IS MOST UP-TO-DATE OF ITS KIND:
WRITTEN IN SIMPLE, LAYMAN'S LANGUAGE

CONTENTS
Foreword
The History of Hypnotism
Parts About Hypnotism
How to Hypnotize Your Subject
How to Hypnotize Retractory Subjects
Self-Hypnosis: How to Hypnotize Yourself
The Psychatology of Hypnotic Suggestions
Psychotherapy
The Utility of Suggestions
The Universality of Hypnotism
SLEEP AND LEARN

In explaining the Powers technique in hypnotism and self-hypnosis, the author shows you, step-by-step, how you can easily learn to master this fascinating science. He does not merely write about the subject, but actually gives the exact phraseology that is used to induce a deep state of hypnosis.

HYPNOTISM REVEALED is now in its 8th Revised Edition and includes the latest developments in the field. It even tells of the use of hypnosis in dentistry, childbirth, in cases of amnesia, as an anesthetic in operations, and other amazing cases.

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WILSHIRE SCHOOL OF HYPNOTISM
1324 Wilshire Blvd., Hollywood 17H, California
AN OPEN LETTER

Dear Friend:

The idea of an organization for and by Hypnotists has been uppermost in my mind for several years. Two months ago I had a discussion with Dr. Herford L. North and Frank Graham. The result was the article about myself and the Guild in the July issue of "The Journal of Hypnotism."

In response to this article I received hundreds of requests for additional information by men who are interested in Hypnotism. I wrote these men of our aims and aspirations and almost without exception they have joined our guild.

The "National Guild of Hypnotists" is a club of professional and amateur Hypnotists set up for the betterment and better understanding of a subject that is still taboo in many societies. Ours is the problem of enlightening and spreading the word on the good work that can be done through Hypnotism.

As a member of the Guild you are entitled to many benefits. They are hereina enumerated:

1. Membership Card.
2. Membership Scroll (Suitable for framing)
3. Monthly News Letter of what's going on in the field of Hypnotism
5. Special Guild stationary at cut rate.
6. Free privilege of borrowing books and volumes at reduced rates.
7. Free and various at cost.

There will be other benefits as the organization gets rolling such as receiving the names of fellow members from your locality.

It is the intention of the Guild to limit the membership to Hypnotists and the Guild has the right to refuse to accept or to bar any person or persons who become a member of this group through false statements.

Below is an application blank. Fill it out and send it to the address given with a check or money order for three ($3.00) which is one year's dues.

Sincerely Yours,

George Roper

APPLICATION BLANK

NATIONAL GUILD OF HYPNOTISTS

46 Harlem St.
Dorchester 21, Mass.

Name:

Street:

City:             Zone:                State:

Age:             Sex:                    Citizen:

Please state your reasons for wishing to join this organization.


How did you learn Hypnotism:


Amateur:             Professional:

Kindly enclose check or money order for three ($3.00) dollars with this application, we cannot be responsible for cash.
Hypnosis As an Anesthetic

The dramatic photo above vividly illustrates the subject's inability to feel pain while in the hypnotic trance. Note the calm, relaxed expression on the subject's face. Dr. Bruno Furst, world-famous hypnotist and memory expert, hypnotized the young lady and gave her suggestions to the effect that she could feel absolutely no pain in her left arm and is here shown testing for anesthesia.
Medical Hypnosis

Currently the medical profession of America is accepting the fact that hypnosis CAN be of practical value in therapeutics. Slowly but surely, as the hocus pocus and superstition are eliminated, more and more doctors are using hypnosis.

Unfortunately, the very word “hypnosis” often seems the drawback that prevents even wider usage. I personally know of several doctors who are reluctant hypnotists, they believe in the use of hypnemic suggestion HELP—they are afraid. They fear the word “hypnosis.” They argue that they have spent years in building a profitable practice and that if the word got around that they were using hypnosis many of their patients would be afraid of them.

A better understanding of hypnosis by the average person can do much in overcoming this objection. The JOURNAL OF HYPNOTISM as a medium of popular hypnosis is doing much to help. The JOURNAL, available in many large public libraries and on news stands is reaching thousands who have classified ideas about the practice and usage of hypnosis. After reading an issue or two and finding a factual presentation of what it really is, people are writing us letters seeking the services of dentists, medical doctors, etc., who use hypnosis.

The uses of hypnosis by the medical practitioner offers much opportunity to help people who cannot be helped otherwise. Hypnosis as an anesthetic dates back to Biblical times. In the Bible we read, “And the Lord God caused a deep sleep to fall upon Adam, and he slept; and he took one of his ribs, and closed up the flesh instead thereof.”

Toward the end of the 13th century, it has been written of Arabian medicine, “Medicine had reached a high stage of development, when doctors knew the time to throw away their drugs.” The Arabs called this treatment “psychotherapy”.

Mesmer, Braid, Esdale, Elliotson, Lichtenau, Hornsham, Charcot, and countless others pioneered in the field of hypno-therapeutics during the 18th century.

Today hypnosis is extensively used in the Meinders Clinic in Topeka, Kansas, the Psychiatric Division of Hillview Hospital in New York City, Johns Hopkins Hospital in Baltimore, Md., Wayne County Hospital in Elkins, N. C., and the United States Penitentiary in Lewisburg, Pa., to name just a few institutions.

Dr. Lewis R. Wolberg of the New York Medical College, has done much in further the use of hypnosis in the treatment of headaches, fears, sexual aberrations, etc. His “HYPNOANALYSIS” (published in 1941) and his “MEDICAL HYPNOTISM” (in two volumes, published in 1948) are standard text books on the technique of hypnotherapy.

The old-time hypnoto-therapist simply suggested the ailment away. Much as a Christian Science still does in spite of their wailing that hypnosis is the work of the devil. The modern hypno-therapist is much more effective since he uses the psycho-therapeutic technique to find the reasons for the ailment.

A modern hypno-therapist can do much to help us solve many of the problems that have been relieved through the use of hypnosis by doctors are Hysterical Paralysis, Unconscious Neurosis, Anxiety States, Drinking and Smoking Habits, Asthma, Emotional Cachexia, Cerebral Spasm, In- sumnia, Stammering, Eclampsy, Blood Pressure, Rheumatism, Rheumatoid Arthritis, etc.

(Note: This is a condensation of the folio titled “MEDICAL HYPNOTISM” by Dr. Rexford L. North, 28 St. Botolph Street, Boston 18, Mass.)

Mesmerism and Poe

On a smaller scale than the Shakespeare-Baum controversy, there has raged a discussion as to whether or not Edgar Allan Poe wrote “The Philosophy of Animal Magnetism, By a Gentleman of Philadelphia,” published by Magrath & Gunn, 7 Carter Alley, Philadelphia, in 1837. An original copy of this work is to be found in the John J. Mc Manus Library. In 1857, an original copy was sold by the Isaac Mardelios Hook Shop, Ann Street, New York City, for $500.

Johnson’s “American First Editions” (1886) states that it has been definitely shown that Poe did not write the 1837 book. Yet, in 1928, Patterson & White of Philadelphia reprinted in limited edition of 150 copies, “The Philosophy of

Of special interest to collectors is Jackson's remark, on page 81 of a reprint copy, which may also be found in the John J. McManns Library, to the effect that, "So far as the writer can learn, the copy of the book in his possession is the only one known." However, an added footnote states: "Since this was written, two copies have been discovered in public libraries." Can any of those interested in hypnosis give any further light on the subject, or have they originals or reprints of this book? — John J. McManns, 150 Broadway, New York 36, N. Y.

(Reprinted from MAGICOL, official bulletin of Magic Collectors Association, 170 Broadway, N. Y.)

The Challenge of Hypnotism
(Continued from page 4)

saved from voluntary and institutional confinement.

The top killer, I surmise, in the nation today does not appear on any insurance mortality tables. In my opinion that killer is worry. We worry ourselves into an early grave. Worry diverts the success drive, hinders the enjoyment of living and affects our resistance to the attacks and intrusions of disease. I believe that hidden and futile worries can be brought to light in hypnotic sleep, be eased to evaporate in the light of open appraisal, and years of happiness added to otherwise hopeless lives.

Happiness, as I see it, consists of three abilities: the ability to provide for the moment, the ability to enjoy the moment, and the ability to say "no." The first is axiomatic, we must be able to provide for the expected: food, shelter, etc. The unexpected, the emergency can generally be met on the spur of the moment and nearly always never happens anyway. Hypnosis may become an important aid in the latter two qualifications. If it can alleviate stress, quiet fear, remove mental blocks, restore drive and balance to our lives, then definitely it can be a factor in the enjoyment of the present. The third factor, the ability to say "no" is, of course, essentially the knowledge of ourselves and our limitations. With this knowledge we will not undertake more than our capabilities can handle.

It is a knowledge of our habits and the recognition of those which have become a problem to us. Alcoholism, drug addiction and numerous other habits, if they have become a problem to the individual, may contribute to the bitterness, unhappiness not only to that individual but to others in his sphere. The ability to say "no" to a habit which is out of control is a well established result of suggestion under hypnosis. It is at once astonishing and miraculous.

Hypnosis present its challenge. It has helped others, why can't it help you? I think it can.

DOCTOR: Therein, the patient must minister to himself. Shakespeare; Macbeth, Act V, Scenes III.

Questions

...and Answers

If you have any questions about Hypnotism...

Ask the Answer Man

(Note: Address all questions to Harry Arnow, in care of this Magazine. Questions of general interest will be answered in this column. All questions, with their answers, will be compiled in a special file, mimeographed, and made available to readers at a nominal price. Questions of a medical nature, if received on the professional stationary of qualified physicians together with stamped, self-addressed envelopes, will not be answered in this column but sent directly to the inquirer.)

Q. As chairman of the Guidance Clinic for Retarded Children of Newark, N. J., you should be able to help me with a serious problem. I have a retarded son of twelve, a borderline Mor- goid. A psychologist here in the city claims he could cure him by hypnosis if I submit him for a course of treatment. What do you advise?

Mrs. R.L.P., Washington, D. C.

A. I advise you to take this "psy-
climbing, as an out-and-out fraud. First of all, persons of retarded mental development cannot be cured. Secondly, persons with IQ's of 75 or less cannot even be hypnotized.

Moreover, I have never seen or heard of a case of hypnotic mongrel. Either someone is kidding you, or you are kidding yourself. I am sending you this name and address of the secretary of your state's special group for retarded children. I urge you to join this group and learn, in fact, the hard facts about mental deficiency. Only thus can you do yourself and your son a good turn.

Q. The young daughter of a patient of mine fell in love with a local "horse dealer" and I was asked to get her to forget this man through hypnosis, with which I have had some experience. I did perfectly well. She forgets the fellow all right—but now she's fallen "in love" with me! It's ridiculous, of course, but I can't get rid of her diplomatically. Got any ideas?

Dr. X., New York, N. Y.

A. I suggest you forget diplomacy in this case, Dr. X. Better to take the chance of losing your patient to another doctor, than to risk your reputation. Break the girl off immediately and explain the situation as best you can to her mother.

What you have encountered here is the hypnogenic equivalent of the psychoanalytic "transference" situation, in which the patient transfers to the doctor her disordered feelings and situations. In analysis, this situation is temporary and is followed by a more healthful frame of mind. But it requires expert handling and can usually be handled if dealt with by persons not thoroughly versed in psychanalytic technique.

In your case, it would be best to dissuade the girl in no uncertain terms. In her adolescent fervor, she'll probably fall in love with the next half dozen men she encounters in rapid succession. Her mother's intelligent peremptory would probably be her best medicine. Hypnotize her into each situation rather frequently, often with unsatisfactory results.

Q. In your article "How to Make Money With Hypnotism" that appeared in the July issue, you mentioned the book "Hypnosis and Suggestibility" by Prof. Clark Hull. Will you please tell me who the publisher is and how I can purchase it?

Dr. H., Worcester, Mass.

A. The book was published in New York in 1943 by D. Appleton & Co. Should it be out of print by now, try a large free public library.

Q. I am writing you about the same matter that I wrote to Power Publishers and Dr. North, but neither of them replied, so I hardly know what to think. I learned hypnotism in Rochester about 10 years ago, practiced it about 5 years, then dropped it till a year ago, I am interested in hypnotism for the healing of diseases only. I wrote both the above naming them to make the last book on healing, I have cured peculiar fits, elimination and various other diseases, etc., etc.

J.C.G., Westminster, Maryland

A. From the tone of your letter, I think I can judge why your previous inquiries went unanswered. Perhaps Dr. North and Power Publishers considered that anyone who can cure epilepsy with hypnotism certainly would not learn anything new from a mere book. But to satisfy your thirst for knowledge, I consider the best work on the subject Dr. Wolther's MENTAL HYPOBOSIS, in two volumes, retailing at $5.50 and $6.50 respectively.

I should like to take this opportunity to answer as a general way a number of other inquiries that I have received on the same subject, hypnotism for therapeutic purposes. Because more of these inquiries are from laymen, adequate answers are impossible. It is planned as a note at the head of this column that questions of a medical nature will be answered only if received on the professional stationery of qualified practitioners. The reason for this should be obvious; ONLY medical men are qualified to practice hypnotism for CURATIVE purposes. Laymen who attempt it on their own are frowned upon by the authorities and by the medical profession. Dissemination of information on this phase of the subject to laymen would likewise be subject to censorship.

Q. There is a method of inducing hypnotism in which the operator counts slowly, while the subject closes his eyes on each count and opens them between counts. Can you tell me who invented or originated this method?

J.C., Muncie, Ind.

A. Dr. Sidney Flagg.
According to the Billboard of November 29th, 1930 . . . MAGIC NOTTIS by Bill Sachs . . . Sokitesou was booked by Byron Gosh for Novem-
ber 14th and 15th to substitute for "Great Greeley," the hypnotist, at the
Opera House, Columbia, Penna. The above photo was taken during the
show on Friday, November 14th. Sokitesou was 25 years of age at the
time. Currently he makes his headquarters in Philadelphia and still does a
show as time permits.

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