

## **THE CURIOUS ART OF THUMB GAZING\***

or an hypnotic ramble through general practice

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**T**HIS article may seem a little amateurish for I sought no instruction in hypnosis and my reading is limited, yet herein may lie an advantage for I belong to no particular school of hypnosis should such exist and my attitude is not restricted by any traditional limitations to the subject.

In 1961, a nurse with migraine requested to be sent to an hypnotist as all else had failed to help her. I had recently seen an hypnosis programme on television and had read an article on the subject so, with tongue in cheek, I attempted hypnosis, with instant removal of the nurse's headache; but the migraine recurred next day, as it did after every hypnotic removal. Nevertheless, this symptom removal provoked me into attempting hypnosis on my chronic asthmatics, enuretics, dysmenorrhoeics, nail biters, obese patients, smokers, sufferers from psychosomatic diseases and such conditions that one traditionally associates with hypnosis.

Full records were kept for a period of 20 months, up to December 1962: from 61 attempts there were 44 apparent inductions and 25 cases were considerably helped. Patients were seen between 8.30–10.30 p.m. and had up to six appointments, some of these lasting an hour. Because of the considerable time involved I stopped hypnotizing in order to reflect awhile and to read a little. Previously, I told patients it took up to 30 minutes to be hypnotized, and this is frequently what happened. Six months later the moment of inspiration came whilst I was idling in the country. It occurred to me to tell patients on whom I proposed to use hypnosis that induction took only ten minutes and, by and large, it was so. So, the logical conclusion was to tell patients that hypnosis would only take a few minutes, say how they would react and how effective it might be in

\*(Based on a talk given at the Royal Society of Medicine on 7 December, 1964 to Society for Medical and Dental Hypnosis.)

their particular condition, and they often responded accordingly. This I called 'pre-hypnotic suggestion'. Hypnosis had become now a practical surgery procedure. In paring the technique down further I became vague and said less and avoided direct suggestion other than that the patient would feel the way he wanted to feel.

Today, the patient's history, the examination, diagnosis and the hypnotic session is often completed in ten minutes. It is the object of this article to show that hypnotherapy has a limited but definite place in the therapy of general practice.

Between June 1963 and January 1966 hypnosis has been attempted over 400 times in surgery hours, compared with 60 times in the previous 20 months, with better results and in much less time. A second session is rarely attempted (except for another complaint), for although results might improve with more frequent sessions it would become less practicable in general practice.

With growing experience and intuition certain standards for the selection of patients and illnesses were evolved but in order to probe the potential of hypnosis in general practice these criteria are not always adhered to.

1. Accurate diagnosis essential
2. Subjects should not be neurotic
3. Subject be suffering much at the time and whose condition is ideally self-limiting
4. Conventional treatment is neither available nor effective

The results do not form part of a controlled trial and lose much of their value, nevertheless, the instantaneous removal of symptoms in about 45 per cent of hypnotized subjects (some with a prolonged hospital record) contradicts all my previous learning and experience. The patient's reaction to this alteration in the natural history of symptoms can be quite astonishing. This can lead to an alteration in the natural history of the disease for absence of scratching means early healing of skin and pain removal means immediate restoration of function.

Though I have failed to give relief in such diverse conditions as anginal pain, muscle relaxation for strangulated hernia, acute appendicitis when operation had been decided upon, retained placenta and carcinomatosis, in which hypnosis has been used as an adjunct to treatment, instant and complete relief has been obtained in a viscious Ménières syndrome, painful piles, extensive sunburn, toxic tonsillitis, influenza, hot-oil burns, radiation dermatitis, and a fractured spinous process, amongst a host of other painful conditions. This is indeed curious for Gordon Ambrose (personal communication) has drawn my attention to the fact that Milne Bramwell in his classic *Hypnotism* (1903) said that people in pain were difficult to hypnotize!

**Mr J. S.** had plaques of oral lichen planus and for 18 months could not enjoy

meals. Frequent attendances at a London teaching hospital did not help matters. Following an hypnotic session he enjoyed his first meal in 18 months. No further pain and a rapid gain of  $\frac{1}{2}$  stone. Well four years later.

**Mrs D. D.** was steaming hot from toxic tonsillitis and drooling at the mouth from severe dysphagia for two days. She looked like a 'boiled lobster' and half pickled! In a rapid deep trance she was told she would feel the way she wanted to feel and would be aware if her throat became more swollen. She was injected with penicillin and woken. She had no recollection of the injection, got up and drank several glasses of milk and water without pain and then prepared dinner. Although she had no further symptoms she was told to treat herself as still being ill. This state was maintained until the condition got better. I suppose the pain was due to spasm of her oropharyngeal muscles.

**Mrs R. T.** I was about to inject local anaesthetic for a perineal repair, but instead offered to suture Mrs R. T. under hypnosis. Following a rapid induction three deep and two skin sutures were inserted without visibly affecting the patient. On being woken she asked when she was going to be sutured! The midwife and pupil who witnessed this were, indeed, somewhat puzzled.

**Miss I. O.** international table tennis player with pain and limp from a whitlow of Rt. hallux. Time—one hour before semi-finals of National Women's Doubles Championships. She was determined to play, even if on one foot! Penicillin was injected but she refused hypnosis until it was explained that other methods of pain relief would not be too helpful. In a light rapid induction all pain went instantly, she played at her very best, being narrowly beaten in the finals. She told the press about it and it was reported in several national dailies. The abscess burst two days later.

Follow-up of all cases is without trouble for all patients are on my panel, usually the family and often the relatives. This helps in long-term follow-up and my secretary posts a duplicated letter to any patient about whom I wish to know more.

Diseases are arbitrarily classified under general headings such as pain, skin, migraine or orthopaedic. The results indicate in which direction hypnosis can be useful in general practice. But hypnosis is suggested at only half to one per cent of surgery consultations. This is probably near the limit as more frequent inductions might earn for me the reputation of being a hypnotist rather than a general practitioner. (*See table.*)

My first orthopaedic case influenced considerably the therapeutic range of hypnosis in my practice. Marian, my wife, fell from my shoulders while playing with the children and wrenched her shoulder against the wall. Next morning, Marian had a painful stiff neck. She was unable to dress and remained in an armchair all day. I attempted hypnotic relaxation that evening and within seconds the head straightened from the shoulder and all pain went.

Soon hypnosis was being used successfully for fibrositis, lumbago, sprained ligaments and muscles, in fact for any type of painful non-serious condition, the results at times were astonishing. Indeed, in several cases of hospital diagnosed slipped disc undergoing prolonged and varied hospital treatment, symptom removal has been affected

in one rapid session with full resumption of activity and without relapse. Yet in a preliminary survey of the literature there is little to find other than four lines in Schneck (1963) saying that hypnosis has been used to allay anxiety and reduce stiffness in postoperative orthopaedic cases; that Bernheim (1886) treated similar cases with better results than mine, but many of his cases required frequent sessions and his follow-up often extended to only a few days or were even non-existent, and that Goldie (1956) showed that hypnosis or suggestion could be used with advantage in the casualty department in the treatment of minor injuries; with a consequent reduction in the number of anaesthetics required. Braid (1843) and Liébeault (1866) also report similar cases to my own. To me hypnosis is now

TABLE

<i>Classification</i>	<i>Hypno- tized</i>	<i>Not hypno- tized</i>	<i>Cure</i>	<i>Helped</i>	<i>Equi- vocal</i>	<i>Fail</i>	<i>Total</i>
Gynaecological ..	8	1	1	3	2	3	9
Smoking .. ..	7	4	2	—	3	6	11
Migraine .. ..	10	1	2	3	4	2	11
Nail biting .. ..	8	4	5	2	—	5	12
Miscellaneous ..	24	9	7	5	5	16	33
Psychological ..	19	11	6	2	8	14	30
Obstetric .. ..	21	9	8	5	1	16	30
Mouth pain ..	33	8	18	8	6	9	41
Pain .. ..	41	17	19	8	12	19	58
Skin .. ..	53	13	26	10	6	24	66
Orthopaedic ..	134	47	74	27	14	66	181
Total .. ..	358	124	168	73	61	180	482

44 further inductions were attempted, which were terminated by the patient, either through nervousness or manifestations of it, such as constant talking, laughing, fidgeting or wandering of the eye.

Here a *cure* means — immediate removal of symptoms and restoration of function

*helped* — much obvious relief and improved function  
*equivocal* — benefit obtained but difficult to assess  
*fail* — no response whether or not hypnotized

the treatment of choice in certain orthopaedic conditions and I see no reason why it should not be extended into hospital practice, though at present this may seem a somewhat naive thought.

Here are some of the commoner objections to hypnosis suggested by doctors and patients.

1. Hypnosis is dangerous because its mode of action is not fully understood. Neither are the actions of placebos, analgesics, cortisone, insulin, serpasil, vitamin B<sub>12</sub> and the antidepressives fully understood. Indeed, many major operations today, though performed on humanitarian grounds, may have a somewhat experimental and empirical basis, such as total colectomy, leucotomy and organ grafting. Hypnosis is also performed empirically to relieve suffering—and it often works! If cases are carefully selected there are no sequelae—at least not in my experience.

2. Hypnosis masks symptoms—so do other drugs, again placebos, analgesics, cortisone and antihistamines, antihypertensives do likewise. Hypnosis can mask pruritus and pain more effectively than drugs, furthermore, drugs can be lethal! If hypnosis fails drugs can still be used. I have formerly hypnotized neurotics with varying results, but then most drugs for neurotics are not very effective. In fact, over 5,000 neurotics a year kill themselves with drugs or gas and a vastly greater number try. It is my opinion that any objection raised against hypnosis can likewise be raised against the appropriate orthodox therapy. The converse is not true in my experience.

3. Hypnosis induces in the operator feelings of grandeur. When a houseman first removes an acutely inflamed appendix, reverses a diabetic coma or relieves an acute cardiac asthma attack at 2 a.m. he experiences the same grandeur and also feels he's done a good job. Later he gets used to these feelings.

4. Some doctors object to hypnosis for the loss of face and embarrassment on failure and, indeed, I have felt this. It is my practice to tell patients that results depend on whether or not they are good hypnotic subjects, and if not, conventional treatment can still be given.

It seems that acupuncture, homoeopathy, osteopathy, faith healing and other fringe therapies have in common with hypnosis the power to remove symptoms such as headaches, stiff neck, lumbago, painful piles and divers other conditions. It is possible, though here I speak without authority, that these therapies work in the same suggestive way, for the patient knows why his spine is being manipulated, why he is having a dilute medicine, why his skin is being punctured with a gold needle or why he is being hypnotized. If the condition responds to suggestion, then the method of effecting the suggestion, be it through pin-prick, manipulation, eye fixation, a bottle of medicine, the king's touch or exorcism of the devil is not too important.

From medical history and folk-lore one learns that many unusual and unpalatable materials were used as treatments with some degree of effectiveness. Indeed, it would be of great interest to find out those illnesses which responded well to ancient treatments and see how they respond to hypnosis.

In fact, we find that warts have disappeared with charms of hypnosis, that sexual problems have responded to the mandragora plant

or hypnosis; tying an old sock round the neck has relieved a painful throat and I have found that hypnosis does likewise. Purgative salts and hypnosis relieve lumbago; dipping the hands in dung has soothed chilblains, as has hypnosis. Here surely is a field for study!

I do not involve myself much with theories on hypnosis but here are a few impressions. To me the hypnotic state appears as part of the broad spectrum of consciousness, a state one can slip into and out of all day long; such as being oblivious of everything but the symphony to which you listen, or becoming lost in your book, chasing a bus and not realizing you stubbed your toes on the pavement; during a cross-country run discovering that your last conscious thoughts were two miles back, or being kicked in the shins at rugby and only feeling it after the game. All these instances have in common the focus of mind and effort towards a particular end so that non-relevant stimuli do not register.

Hypnosis has made me strongly aware of the power of suggestion, especially to suffering people who are, I believe, often highly suggestible and who may well be on the fringe of hypnosis: the following case illustrates this.

Nineteen-year-old Eileen was brought to my house late one night with considerable pain in her left ear. She screamed when I pulled the pinna. She was deeply hypnotized and her ear painlessly examined—the meatus showed cellulitis—there was no further pain. Now, four days earlier Eileen had an earache and finding an external otitis I asked her to come back should the pain get worse. Sure enough she came back. Was the pain and its removal the effects of suggestion in this highly hypnotizable girl? Here hypnosis was also useful for diagnosis.

Some other cases of diagnostic interest are now quoted.

A woman was punched in the face by her husband. She refused to have her grossly swollen nose x-rayed and it was too tender to examine. In a deep trance crepitus was elicited along the broken edges of her nasal bones and a fracture confirmed. There was no displacement or airway obstruction and healing was painless and uneventful.

A friend was treated for quinsy by her general practitioner though trismus prevented oral examination. In deep hypnosis the trismus went and no quinsy observed. Incidentally, painful swallowing also disappeared, temporarily in this case, which was diagnosed as erythema nodosum when the rash appeared, the ESR being 129.

Here are some further illustrative cases:

**Mr H. B.** a 44-year-old labourer was in considerable pain from a heavy oaken beam falling across his foot. Removing the boot caused him much pain and his sock was stuck with drying blood. Following a rapid deep induction all pain went, he put on his boot, walked home, then drove his van to hospital where x-ray confirmed two fractured metatarsal bones. His foot was set in plaster and work was resumed 18 hours after injury without subsequent pain.

**Mrs G. E.** a 53-year-old school teacher, had a lt. radical mastectomy followed by deep x-ray therapy which caused radiation dermatitis. For two years the teaching hospital supplied many medications for pruritus without avail. Finally, hypnosis was tried and the irritation disappeared during the session and had not re-

appeared at the time of the patient's death two years later from multiple secondaries.

Miss A. S., an 18-year-old girl, sunbathed for many hours in the country on the first really hot day of summer. That evening she was hot and sick and had a severe headache. Following a deep trance induction all symptoms went instantly and permanently.

Should any representative from the Ministry read this article he will have noted that hypnosis in my practice has saved the National Health Service several hundred pounds. He will rejoice that many people no longer require medication or hospital visits. Perhaps he might even recommend to his Minister that the Government spend a little money on research, for a couple of million pounds a year could be saved if all general practitioners successfully hypnotized one patient a week.

A fortunate consequence is that whenever a successful subject comes to surgery with a condition amenable to hypnosis it often takes no more than a few moments to effect relief.

In summary I know little of hypnotic theory but I can hypnotize quickly when the patient is suffering and co-operates. The phenomena evoked are muscle relaxation and analgesia. The conditions treated are organic in nature and self limiting in extent and manifested by such symptoms as pain, pruritus and increased muscle tension. As hypnosis often relieves these rapidly and effectively until the primary condition gets better anyway, I conclude that hypnosis is a legitimate therapy in medical practice.

To some readers this article could have been entitled 'The Immature Amateur or Hypnosis Galore' and there may be some truth in this. Yet I have just learned that Esdaile said "I had never read a book when I made my first experiment: and having succeeded in getting nature to speak, I determined to listen only to her for some time, and for months purposely refrained from reading on the subject, in order that my senses might not be predisposed to see things in any particular light, and that my judgement might be left unbiased by the opinions of others". So, I must plead that of necessity much comment has been left unsaid and speculation largely omitted, but if there is still much that is open to criticism, let correspondence commence.

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