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NOTE to the Reader

(1) This is the fourth of six interconnected articles – the first two were published in the Journal's "Autumn 2018" issue (which, due to unavoidable delays, was not released until February 2019).

(2) Due to the complexities of the source material involved, and the consequences of a number of unavoidable delays, the (originally proposed) set of four articles were subsequently expanded to six – the remaining four articles (including this one) were published in the "Spring 2018" issue of the Journal (which, again, due to unavoidable delays, was not released until late March 2020).

(3) The entire set of six articles are part of a composite whole (i.e., rather than an associated set of six otherwise independent items).

(4) From this, the reader is strongly advised to read each of the six articles in the sequence they have been presented.

The articles were specifically written on the embedded assumption that each reader would dutifully do so (with the consequence that certain matters, theories, practices, and concepts are developed sequentially as the narrative proceeds).

(5) The original paper's content remains unchanged. For the reader's convenience, the original paper's pagination is indicated as **[58]**, etc.



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Editorial

In my Volume 40 #1 editorial of *The Australian Journal of Clinical Hypnotherapy & Hypnosis*, which along with this issue marks the 40th anniversary of its publication, I mentioned I had two takeaways from Lindsay Yeates' research on James Braid. This time, with the addition of the final four articles to the suite, I draw your attention to another two.

I'll start with a personal story from my university days in Canberra, ACT, when I befriended a wonderful young woman who also happened to be a devout Christian. Although we had different belief systems we got along incredibly well. After I completed my Arts Degree, I gravitated towards studying Clinical Hypnotherapy in Sydney, NSW, and subsequently took on four years of study before opening up a therapy practice. When I mentioned this undertaking to my friend, she suddenly grew serious and began warning me about the perils of hypnosis and hypnotherapy, mentioning they were tools of the devil. I was completely taken aback by her perspective, especially since she had modern values, and I gently pointed out that I could not fathom how hypnotherapy could be a force of evil when its underpinnings were focused on doing good in the community, namely helping people heal their themselves from within. I soon learned she knew nothing about hypnosis and when I asked her where she had come across such a notion of devilry in the rank and file of therapists around the globe, she mumbled something about this philosophy being a teaching of her church. I soon learned she had accepted this dogma without questioning it or indeed educating herself, as I'm sure many others have done. We never spoke of it again and remained friends for a few more years until we drifted apart, but for over 25 years I wondered where this false belief had emanated from and from whom. I finally received my answer when I read Lindsay Yeates' article, which delves into the Reverend M'Neile's personal attack from the pulpit in 1842 on James Braid and hypnotism whereupon the superstitious M'Neile had declared without any corroborating evidence that "all mesmeric phenomena were due to 'satanic agency'". Although James Braid responded to this the diatribe from the podium and in print, M'Neile's toxic seeds were sown—his sermon was published and distributed to tens of

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thousands of people in the UK and around the world for many years and where even to this day, 150+ years later, they are still inflicting damage on a noble and positive-outcome oriented humanistic therapeutic modality by being repeated (dare I say!) by thousands of supposed “modern” thinkers, living in a “modern” time but still hampered by out-dated views and a lack of critical thinking.

I can't help but think how exhausting it must have been for James Braid to have kept defending himself and his breakthrough scientific work during his lifetime. Again, I state that Lindsay Yeates' masterwork hopefully will redress the unjust, unfair, and ignorant views about Braid that have been perpetuated through the ages.

There is a lot more I could write about my deconstruction of and relationship to Yeates' masterwork but I will leave you with my final takeaway and that is about the profession of hypnotherapy itself, which has on occasion been politicised over the years by various stakeholders who wish to claim dominion over the practise of it. As Lindsay Yeates so eloquently explains, “despite the fact that hypnotic practices are still to be satisfactorily explained (or theoretically justified) today”, there is a science and an art to clinical hypnotherapy practise that is not the unique property of one particular professional group or another.

As a parting comment I wish to state that it has been a long and arduous journey for Lindsay Yeates to complete his six articles on James Braid. He pursued and uncovered thousands of obscure references, chasing up every lead like a private detective to give us an accurate picture as he could of Braid and his contribution to the field of hypnotism. Lindsay's attention to detail is extraordinary. These articles reflect his passion for his subject and his need to right a wrong and return Braid to his rightful place in hypnotherapy history. It was an honour to work with Lindsay and to lose myself in Braid's world, Lindsay's extraordinary scholarship and his beautiful command of the English language. I believe these articles need to be compulsory reading for any lay or established hypnotherapist to understand the roots of our present-day practise.

This issue of the journal marks the end of my five year term as journal editor, and I am most proud and grateful to the contributors who have brought their unique knowledge to the journal's pages. I thank the ASCH Board for their trust in appointing me to this position, and I now pass you over to the capable new editor Ann Moir-Bussy to cement her own voice and style in these pages and to bring you more wonderful articles from Australian and international hypnotherapy experts.
Farewell.

Julie Ditrich

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James Braid (IV): Braid's Further Boundary-Work, and the Publication of *Neurypnology*

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Abstract

James Braid (1795-1860), the natural philosopher, gentleman scientist, structured thinker, and well-respected Manchester surgeon, who, having defended himself, his theories, techniques, and practices from separate personal and professional attacks made by a cleric, a group of professional rivals, and a local surgeon in the first half of 1842, was forced to defend himself against yet another unwarranted, personal and professional attack from an erstwhile surgical colleague. This article deals with Dunn's attack, its consequences, Braid's successful defence, and Braid's continuation of his 'boundary-work' through the July 1843 publication of his major work, *Neurypnology*. The context, history, nature, form, and content of *Neurypnology* is examined in some detail.

KEY WORDS: James Braid (1795-1860); Patrick Gordon Dunn (1813-1849); dominant ideas; errors of the third kind; heroic medicine; hypnosis; hypnotherapy; hypnotism; mind-cure; natural kinds; *Neurypnology*; pharmacopoeia; phreno-mesmerism; psychosomatic processes; somatopsychic processes; vitalism

1. Introduction

Having described Braid's early life and professional development in Part I (Yeates, 2018a), and having provided an account of his initial encounter with Lafontaine and its immediate aftermath in Part II (Yeates, 2018b), and having examined aspects of his 'boundary-work' in Part III (Yeates, 2018c), and before going on to describe his watershed work with both hypnotic and inhalation ether anaesthesia, and his final, sophisticated representation of his theoretical position and clinical practices in Part V (Yeates, 2018d), and, finally, provide an account of the last years of Braid's life and an appraisal of his true significance, priority, and undoubted preeminence in Part VI (Yeates 2018e), we must now turn our attention to another aspect of his 'boundary-work', and examine the nature, form, and content of his significant 1843 publication, *Neurypnology* (1843e, hereinafter, *N*).

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2. Preliminary Considerations

Before proceeding, certain remarks need to be made, and a number of important concepts need to be clarified and explained.

2.1 'Natural Kinds' vs. 'Artificial Kinds'

An artificial something is an entity produced by human artifice. We can clearly distinguish two categorisations central to human reasoning (see, e.g., Mill, 1843; Venn, 1876; Russell, 1923; Quine, 1970; Guttenplan, 1995; Kornblith, 1999; and Dupr., 2001); namely:

- (a) "natural" groups, that are simply just there (e.g., flowers, trees, dogs, etc.) and, from this, they "stand out in our dealings with the world as obvious categories" (Foley, 2005, p.48); and
- (b) "artificial" groups:
 - (i) that are constructed for some reason: such as weights under/over 22kg for postal parcels, or
 - (ii) that are established by fiat (i.e., simply so by convention): e.g., time zones, geographical coordinates, etc.

According to Bigelow, et al. (1992), "[natural kinds] are the kinds of things which exist in the world independently of human knowledge, language and understanding (p.372). The critical difference between 'natural' and 'artificial' kinds being that "the biological or physical ... properties [that members of a 'natural kind' share] have an independence from *any particular human way of conceiving of the members of the kind*" (Guttenplan, 1995, p.450, emphasis added).

Guttenplan cites the classic prototypical example of *gold* – a 'kind', the stable, easily identified members of which share the "properties [of being] yellow, malleable, and used in making jewellery", etc., as well as equal weights of them displacing equal amounts of water (*Archimedes' Principle*) – where, although "people [certainly] knew *that this* or that substance was [or was not] gold", it was not until Rutherford's 1911 discovery, "that its members are atoms with atomic number 75", that they "properly *knew what* made something a member of [that] kind" (ibid., emphasis added).

2.1.1 The "Hypnotic State": A 'Natural Kind'

Although there's no universal agreement in relation to (i) the biophysical and mental underpinnings of 'hypnotic states', or (ii) the mechanism through which 'hypnotism' operates, three things can still be said with some certainty:

- (a) From the evidence of brain scans (Rainville, et al., 1999; Rainville, et al. 2002; Del Casale, et al., 2012, etc.), there's a measurable alteration to the brain whenever a 'hypnotic state' is present – compared with when one's not – and, thus, the issue of whether there is a thing called 'hypnotism' (or not), seems to have been settled.
- (b) The 'hypnotic state', as such, "is not a state that causes events to occur"; but, by contrast, "is a state *in which* certain events occur" – and, "in particular, the kinds of experience that characterise the domain of [hypnotism]" (Kihlstrom, 1992, p.305).

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It will be observed, for reasons adduced, I have now entirely separated Hypnotism from Animal Magnetism.

I consider it to be merely a simple, speedy, and certain mode of throwing the nervous system into a new condition, which may be rendered eminently available in the cure of certain disorders.

I trust, therefore, it may be investigated quite independently of any bias, either for or against the subject, as connected with mesmerism; and only by the facts which can be adduced.

I feel quite confident we have acquired in this process a valuable addition to our curative means; but I repudiate the idea of holding it up as a universal remedy; nor do I even pretend to understand, as yet, the *whole range of diseases* in which it may be useful.

Time and experience alone can determine this question, as is the case with all other new remedies.

Fig.1a. Braid's (1843) appraisal of hypnotism's value (*N*, pp.4-6).

- (c) The presence of a 'hypnotic state' (or an ability to manifest of any of the 'typical hypnotic behaviours'), is neither a sign nor a symptom of a pathological condition.

Kihlstrom (1992, p.305) observed that, although "some of [the "features" of hypnotism] have to do with induction procedures, such as focusing attention on some object or image [and] others have to do with overt behavior, such as response to suggestions [and] others have to do with subjective experience, such as conviction or involuntariness [and] others have to do with physiological signs" (see also Schefflin & Shapiro, 1989, pp.121-126), *none are unique or exclusive to the 'hypnotic state'*.

Kihlstrom (1984, p.15; 1992, pp.304-305) went on to argue that attempts to isolate "physiological indices" of 'hypnotism' – and, in particular, continuing to "search for singly necessary and jointly sufficient features" of the 'hypnotic state' – were not just "futile", but were entirely "unnecessary", because 'hypnotism' was, obviously, "a natural concept" (a.k.a., a 'natural kind'); and, like most

“natural concepts”, ‘hypnotism’ itself had no specific, unique, coherent set of “defining features” (Kihlstrom, 1992, p.304). Consequently, Kihlstrom argued, ‘hypnotism’ must be thought of as “a natural concept represented by a prototype or one or more exemplars consisting of features which are correlated with category membership” (1984, p.15, emphasis added).

2.2 ‘Mind’ & Brain

I look upon the brain simply as the *organ* of the mind, and the bodily organs as the instruments for upholding the integrity of the bodily frame, and for acquiring and extending its communion with external nature in our present state of existence. ... the mind acts *on* matter, and is acted on by matter, according to the quality and quantity, and relative disposition of cerebral development.

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When we consider that in this process we have acquired the power of raising sensibility to the most extraordinary degree, and also of depressing it far below the torpor of natural sleep; and that from the latter condition, any or all of the senses may be raised to the exalted state of sensibility referred to, almost *with the rapidity of thought*, by so simple an agency as a puff of air directed against the respective parts; and that we can also raise and depress the force and frequency of the circulation, locally or generally, in a most extraordinary degree, it must be evident we have thus an important power to act with. Whether these extraordinary physical effects are produced through the imagination chiefly, or by other means, it appears to me quite certain, that the imagination has never been so much under our control, or capable of being made to act in the same beneficial and uniform manner, by any other mode of management hitherto known.

Fig.1b. Braid’s (1843) appraisal of hypnotism’s value (*N*, pp.4-6).

This, however, does not imply, that mind is *a mere attribute of matter*. ... [in my view] the soul and the brain are essentially quite distinct, and stand much in the same relation to each other as the musician and musical instrument.

James Braid (*N*, pp.81, 87)

Although it is obvious that the physico-chemical engine (*‘the brain’*) and the entity through which we experience mental events (*‘the mind’*) are inextricably linked, no precise set of correlations between the brain’s structures, the brain’s ‘states’, and the gross mental aspects of what goes on inside our heads (see, for instance, Fig.2) is ever likely to emerge.

Moreover, and despite the ever-wider range of brain-based evidence that seems to identify certain biophysical correlates of hypnotism, the question of whether (or not) the functions of *‘the mind’* – specifically in relation to hypnotism – has anything at all to do with *‘the brain’* in any ‘energetic’, physiological, biochemical, or bioelectrical sense has not been settled. Further,

- (a) The precise biophysical location at which *whatever-those-events-might-be* actually take place has not been determined (atom? cell? neuron? network? region? hemisphere?, etc.)
- (b) consequently, the *level of abstraction* (see Dennett, 1987) – a.k.a. “Level of Organization” (Pylyshyn, 1989), “Level of Description” (Newell, 1982), or “Level of Analysis” (Marr, 1982, pp.22-27) – at which *whatever-those-events-might-be* must be explained/described is entirely unknown.
- (c) Given the deficits of (a) and (b), all we can say about ‘brain-based evidence’ is that, at best, it seems to provide an index of some ‘thing’.

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Let me [list] a familiar set of characteristics commonly ascribed to mental phenomena, which are held to set the mind apart from the physical world. ... The mind is held to be:

1. Unobservable—in the sense that mental states are not perceptible by means of the senses.
2. Asymmetrically accessible—in the sense that the owner of a mental state has a kind of immediate access to it that other people do not.
3. Subjective—in the sense that its nature is knowable only from a single "point of view".
4. Non-spatial—in the sense that mental states do not take up a well-defined region of space.
5. Subject-dependent—in the sense that mental states only exist for a subject of awareness.

Fig.2. Five characteristics of “mental phenomena” (McGinn, 2001, pp.257-258).

[To make this point about ‘indexes’ in another way ... You complain of the cold. A thermometer says the room’s temperature is 9°C. I place my thumb on the thermometer’s bulb and leave it there until the mercury rises to 23°C. I have, thereby, adjusted ‘the index’; but the room’s temperature remained unchanged – and you’re still very cold.]

2.3 ‘Mind’ as Metaphor

Given there’s no agreement on the precise physical location, constituent structure, or functional capacity of ‘*the mind*’, and given there’s no certainty about whether particular explanatory divisions, such as unconscious, subconscious, etc., *actually exist in some ‘substantial’ way* – or, by contrast, *only exist ‘conceptually’ in our thoughts about them* – it’s best to treat ‘*the mind*’ as a rather capacious metaphor. Yet, although there’s no coherent set of *defining features* – i.e., when contrasted with entirely ‘artificial kinds’, such as time zones – ‘*the mind*’ is most certainly a readily identified and universally understood ‘*natural kind*’.

2.4 The "Hypnotic State": A Metaphor

Also, as well as being a 'natural kind', 'the hypnotic state' is one of Lakoff and Johnston's (1980, pp.29-32) "container metaphors":

A state is understood metaphorically as a container, that is, a bounded region in space. Just as you can be in a bounded region, you can be in a state, just as you can enter a bounded region, you can enter a state, just as you can get out of a bounded region, you can get out of a state. (Lakoff, 2014, p.8.)

2.5 "Vitalism" vs. "Mechanism"

In relation to anatomy, physiology, biology, etc., and regardless of whether the descriptive term "mechanism" was being applied in a literal, engineering sense of specific components interacting in specific ways to achieve specific outcomes, or [63] in a somewhat more figurative fashion, centred on a view that organisms were entities within which biochemical and psychophysiological processes took place in an analogous fashion to the physical functioning of real machines, the reductionist, quantitative, "mechanism" position asserted "that living things are nothing but complex machines" (Feldman, 1995, p.508).

By contrast, the holistic, qualitative, "vitalism" position asserted that "every living organism contains an irreducibly non-physical element by which it is animated" (Feldman, *ibid.*).

Unfortunately, many of vitalism's productive qualitative (metaphorical) overarching philosophical concepts – such as the *vis conservatrix naturæ* ('sustaining force of nature') and *vis medicatrix naturæ* ('healing force of nature') of Georg Ernst Stahl (1659-1734), the *Wille zum Leben* ('will to live') of Arthur Schopenhauer (1788- 1860), the *Wille zur Gesundheit* ('will to health') of Friedrich Nietzsche (1844- 1900), and, even, the *élan vital* ('vital impetus') of Henri Bergson (1859-1941), etc. – have fallen out of use in modern medicine, mainly due to the currently dominant (quantitative) mechanists' inability to isolate substantial counterparts of their (inappropriately) reified metaphors: cf. Yapko's warning w.r.t. reification: "There is no inner child – it is simply a metaphor!" (1994, p.34. emphasis in original).

2.5.1 Intellectual Technology vs. Physical Technology

It is important here to distinguish between the mind-set, or 'intellectual' technologies of conventional Western, medicine, traditional Chinese medicine, Ayurvedic medicine, Unani Tibb, etc., and the procedures/devices, or 'physical' technologies, such as surgery, injections, herbal medicines, spinal manipulation, acupuncture, and medical gymnastics through which each 'intellectual' technology may be expressed.

In the case of vitalism and mechanism, when viewed from a medical anthropology perspective, and despite the (irrelevant) absence of 'neutral' standards by which one can be compared to the

other (namely, they are, indeed, **100% incommensurable**), it is essential to understand that the issue is one of two entirely different, equally valid, and equally efficacious intellectual technologies – a classic case of Gould's "*non-overlapping magisteria*" wherein there is a "lack of overlap" (and, thus, a "lack of conflict") between two distinctly different domains, and from which fact, "the attainment of wisdom ... requires extensive attention to both domains" (Gould, 1997, p.18).

From this, the matter of whatever the *physical technologies* through which each approach's therapeutic interventions might be made, the strategies of any such application, and the clinical goals sought are both irrelevant and misleading – simply because *the only significant difference* between the two is in the *mind-set* of the operator (e.g., acupuncture needles, instruments created for a "*vitalism*" tradition, are often inserted by Western medical practitioners in possession of a "*mechanism*" mind-set, in pursuit of "*mechanism*" goals: such as John Elliotson's use of acupuncture for pain and spasm (1827, pp.468-469; and 1833, *passim*)).

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In cases such as that of vitalism and mechanism it is transparently clear that the two *are not in dispute* (although they may, at first, seem to be). Gallie (1956) identifies it as an act of "confusing two *different* concepts about whose proper application no one need have contested at all" (p.175), and Garver (1990), in rejecting the notion of it being a "dispute" (i.e., "a battle between truth and error"), characterises it as a pseudo-dispute; in other words (alluding to the interaction between Thrasymachus and Socrates over the question of 'justice' in Plato's *Republic*), "a disagreement generated because the parties to the conflict are talking past each other" (p.259).

2.6 "*Heroic Medicine*" and "*Natural Medicine*"

2.6.1 "*Heroic Medicine*"

The invasive, aggressive (and now obsolete) therapeutic approach, known to history as "*heroic medicine*", advocated by US physician Benjamin Rush (1746-1813), MD (Edinburgh, 1768), and firmly centred in the '*mechanism*' camp, had a considerable influence during the first half of the nineteenth century – NB Rush's '*mechanism*' was *hydraulic*; not the *clockwork mechanism* of Descartes (1850/1637, pp.96-100).

Rush's rigorous depletion strategy involved regimens of *intensive* blood-letting – up to 80% of blood volume (!!) (North, 2000, p.48) – the administration of strong emetics, and the extreme imposition of purging – producing "four or five large evacuations in one day" (!!) (Sharpe & Faden, 1998, p.39) – sweating, and diuresis; all of which were not given in measured doses, but were continuously and relentlessly administered until they 'worked' (i.e., produced the sought

depletive outcomes), and predominantly relied upon the abundant use of harmful lead-, antimony-, and mercury-based remedies (see, for instance, Gully, 1842, pp.56-87).

In Rush's view, it was the courageous practitioner that was "heroic", by contrast with those disciplinary cowards who delivered "insufficiently vigorous therapies" (Pernick, 1985, p.20).

2.6.2 "Natural Medicine"

Others, who advocated "natural medicine" – namely, 'natural' in the sense of the absence of human artifice (a.k.a. 'treatment without medication'), rather than in the sense of using flower, leaves, bark, etc., as *materia medica* – adopted an entirely different position in their quest to promote, restore, and/or preserve health, strongly driven by the "inefficacy and danger of [the prevailing 'conventional'] therapeutics and the benignity and beneficence of natural processes" (Sharpe & Faden, 1998, p.42).

From this view, in order "to avoid causing harm to one's patient", the physician "must forgo active intervention in favor of a facilitation of nature's own curative capacities" (ibid.); namely, avoid all interference, and do all one could to allow and encourage the natural health-promoting, biophysiological-regulating, and disease-repelling forces to operate unimpeded.

... where the frame has been long afflicted, it is not enough to get well, you would do well to wait till you have acquired the habit of being well [and, in so doing], unconsciously, you arrive at that state in which you feel not [65] only the negative relief of freedom from your afflictions, but the positive enjoyment of ... a right royal, athletic, pancratical [viz., 'all-powerful'] state of health!

(Bulwer Lytton, [1847], p.12.)

2.6.3 "Heroic Medicine" vs. "Natural Medicine"

It is important to recognise that, at their extremes, "heroic and natural healing represented not simply two rival methods of cure but [also] two competing visions of the doctor's professional role and ethical duties" (Pernick, 1985, p.20).

Moreover, given Scribonius Largus's aphorism, *primum non nocere, secundum cavere, tertium sanare* – 'firstly, do no harm, then prevent, and lastly heal' – it's obvious that, to the extent to which the "natural" approach was driven by 'do no harm', the "heroic" approach concentrated exclusively on the intrusive third option, at the expense of the first and second.

2.6.4 "Change of Air"

Given the dramatic shift of population from the countryside to the grinding poverty of the overcrowded, damp, sewage-ridden, disease-filled, smoke-laden cities in the Industrial Revolution, the introduction of railways and promotion of "health travel" by rail, provided a valuable opportunity to experience the 'tonic' of a "natural" boost to one's health per medium of a

“Change of Air” (Johnson, 1831; Morris, 2018) and, especially, a significant increase in one’s ‘vitalization’ through “taking the ozone” at the seaside (Beckerson & Walton, 2005).

2.6.5 *The Malvern “Water Cure”*

In the context of the promotion of drug-free “natural” approaches – namely, those that addressed incipient illness, chronic pain, and profound disease in the unwell, and aroused biophysiological efficiency, systemic well-being, and robust health in the unhealthy (cf. “Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”: WHO, 1948, p.2) – we must recognise the extraordinary coincidence of the publication of Braid’s *Neurypnology* and the official opening of Wilson and Gully’s influential “Water Cure” centre in Malvern, Worcestershire, within days of each other in July 1843.

[In a similar ‘natural’ and drug-free vein, we should also note the (February 1843) publication of the first issue of Spencer T. Hall’s journal, *The Phreno-Magnet* (TPM.1; which ceased publication in December 1843, after only 11 issues: first issue contained a letter from Braid (1843a)), and the (March 1843) publication of the first issue of *The Zoist* (TZ.1; which ceased publication in January 1856, after 52 issues).] The Malvern “Water Cure”, patronised by many famous people – including Charles Darwin, Charles Dickens, Karl Marx, Florence Nightingale, and Lord Tennyson – was centred on the fact that, having been filtered through the hard granite rock of the Malvern Hills, the natural spring water of Malvern was so pure that, in terms of the absence of minerals and other contaminants, it was almost the same as distilled water (see McNenemey, 1953; Swinton, 1980; and also Wilson & Gully, 1843a, 1843b).]

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If, as I have suggested elsewhere (Yeates, 2016a, pp.8-9), “natural medicine” is an approach driven by the (*vitalism*) view that “[all] humans [are] robust and health-sustaining”, which, in its quest to remove all impediments to the natural healing processes, “seeks to locate and invigorate the good (goal: ‘robust health’)” – as opposed to the contrary (*mechanism*) position which “assumes [that all] humans are illness-prone” and, in its quest to engineer cures and fight disease, “seeks to identify and expel disease (goal: ‘disease-free’)” (ibid.) – and given Wilson and Gully’s (1843a, and 1843b) emphatic stress on mental quietude, change in sleeping habits, lots of hill-walking and breathing fresh mountain air, invigorating cold baths, cold-water enemas, wrapping in cold wet sheets, stimulating cold showers several times a day, a diet of plain food, and drinking lots and lots of pure Malvern water, it is a moot point whether the astounding improvements often noted from visits to Malvern (e.g., Lane, 1846; Bulwer Lytton, 1847) were due (in a positive sense) to the presence of certain unique health-inducing factor(s), or were entirely due (in a negative sense) to the absence of the pernicious and ever-harmful influences of breathing filthy air, lack of sunlight,

cramped and unventilated living quarters, contaminated water, sedentary habits, and eating lots of heavy stodgy food, and drinking lots of claret.

2.7 “Conventional Medicine”

Braid practised medicine in an era vastly different from that of today, in terms of:

- (a) who could (or could not) be considered to be a medical practitioner (see, for instance, Part I [Yeates, 2018a], pp.19-21);
- (b) the intellectual and physical tools available to the practitioner (e.g., no stethoscopes, no X-Rays, no blood types, no understanding of either germs or antiseptics, etc.);
- (c) the widespread advocacy of “*vitalism*”, rather than “*mechanism*”.
- (d) in the absence of any knowledge of cellular pathology, the prevailing nosological systems were based upon entirely different criteria.
- (e) the (almost useless) range of available pharmaceutical agents.
[Until the 1930s (when insulin, sulpha drugs, and Vitamin B12 emerged, and physiological discoveries spawned new surgical practices), conventional medicine’s standard interventions were almost useless for “alter[ing] either the natural course of disease or its eventual outcome” (Thomas, 1972, p.15) and, moreover, generally did far more harm than good (Thomas, 1974, p.100).]
- (f) in the absence of modern knowledge of infection, antiseptics, anatomy and physiology (e.g., *Gray’s Anatomy: Descriptive and Surgical* was not published until 1858), anaesthesia, advanced pharmacology, and modern technology, surgery was an extremely dangerous intervention, involving shock, haemorrhage, pain, mutilation, gangrene, and abundant cross-infection; and, further, in Braid’s time, most surgery concentrated on amputation, rather than conservation.
- (g) the considerable influence of Benjamin Rush’s (1746-1813) “*heroic medicine*”, which involved *intensive* intervention and the abundant use of poisonous remedies.

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- (h) regardless of whether complaints were injury, illness, or organic disease, given the life-threatening risks of medical intervention, medical practitioners were only consulted as a very last resort.

2.8 Impact of “Conventional Treatment”

The treatments themselves placed massive unwarranted burdens on the patient’s system, posing great dangers to the individual. Three examples:

- (a) the harsh cathartic, known as *calomel* – toxic Hg_2Cl_2 , mercurous chloride – was almost universally prescribed for a very wide range of conditions (mumps, typhoid fever,

- syphilis, etc.) and in such large and frequent doses that patients' hair and teeth often fell out.
- (b) in addition to the considerable risks of cross-infection, the extensively self-administered laxatives widely known as *pilulæ perpetuæ*, 'perpetual pills', or *pilulæ æternæ*, 'everlasting pills' (Pomet, 1737, p.360) – "because, when they have performed their operations in the body, and have been ejected with the excrement, they are by some more thrifty, than cleanly persons, washed and employed again and again to the former purpose" (Boyle, 1772, p.543) – were made of a toxic, poisonous alloy of antimony (Christopherson, et al., 1929, p.562).
- (c) in addition to the debilitating consequences of the excessive blood loss, there was an ever-present risk of cross-infection from the practitioner's phlebotomy knives – or, even more so, from their medicinal leeches (N.B. leeches can transmit syphilis, puerperal fevers, erysipelas, viral infections, etc. from one patient to another: see Joslin, et al., 2017, p.317).

2.9 *Pharmacopœia*

Descriptive catalogues, generically known as *pharmacopœia*, which listed the sources, derivation, preparation, refining, characteristics, properties, and applications of medical substances, were published by respected 'authorities': either individuals (e.g., James, 1747; also, see Stine, 1944), or corporate entities (e.g., *Royal College of Physicians of Edinburgh*: see RCPE, 1841). Due to the *UK Medical Act (1858)*, the *British Pharmacopœia*, specifying national quality and character standards for specific *materia medica* (purity, strength, dosage, etc.), is now issued every year on behalf of the General Medical Council (Dunlop & Denston, 1958).

In Braid's time, it was vital for the apothecary to know from which materials a specific *materia medica* had been derived. The same 'medicinal item' could have been extracted from a number of different sources, with each different source (although supplying the same 'remedial agent') routinely supplying agents of different relative strengths; for example, *willow bark* harvested from different willow trees, in different locations, in different seasons would contain different levels of *acetyl salicylic acid* from others. The apothecary also needed to know how the raw material was transformed into the *materia medica* (facilitating verification of the item-in-hand's identity, character, and quality).

[68]

Further, it provided details of each item's action as (i) a 'simple', and (ii) as a 'principal', 'subordinate', or 'auxiliary' part of a compound; and, as well as dosage, number of doses,

treatment frequency, potential toxicity, known interactions with other medical or non-medical substances, etc., it also provided details of:

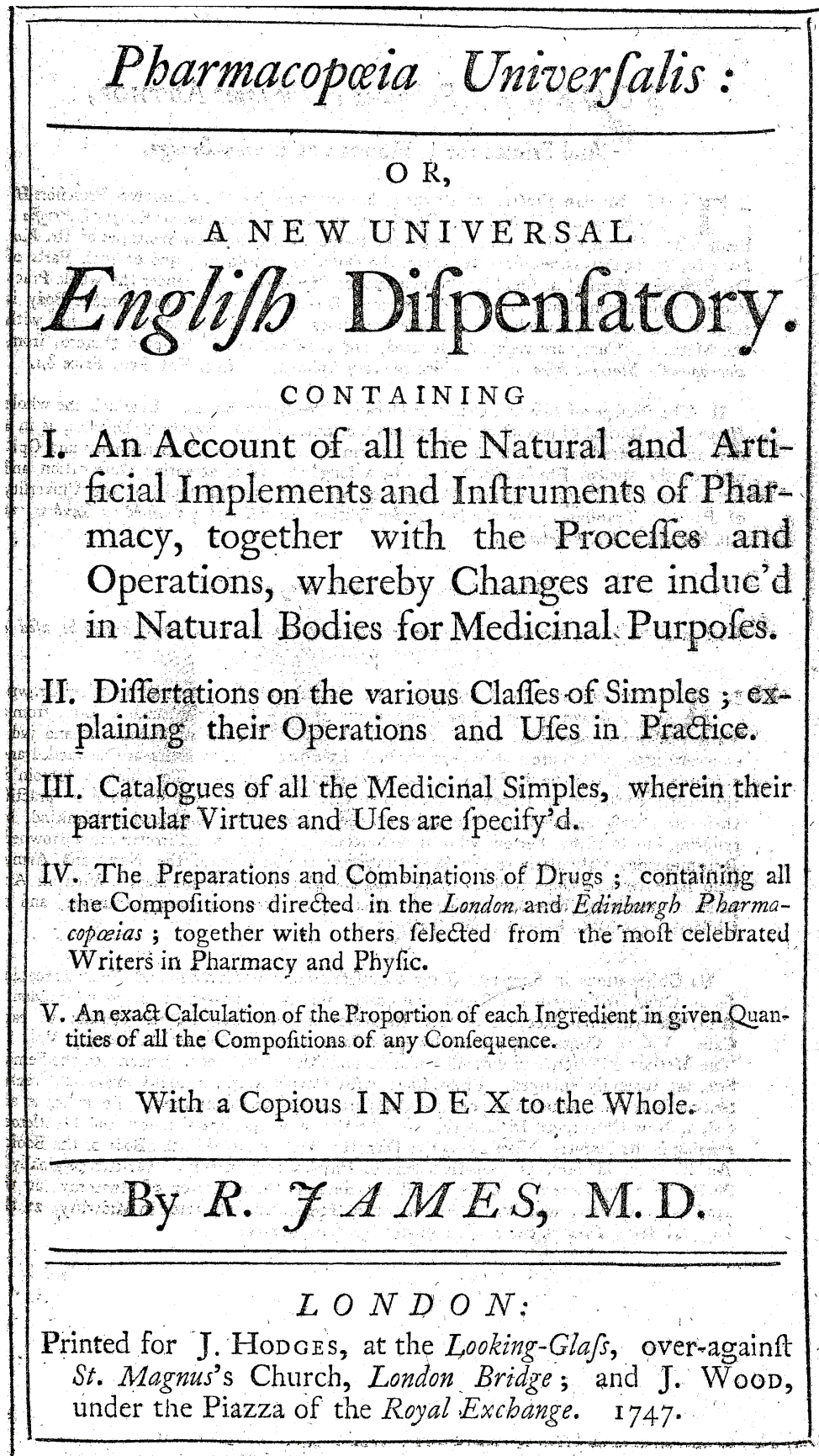


Fig.3. Typical contents of a standard *pharmacopœia* (title page of *Pharmacopœia Universalis*: James, 1747).

[69]

- (a) its *indications*: conditions that 'point to' a particular remedy – N.B. the remedy does not 'point to' the condition; and
- (b) its *contraindications*: additional factors that 'point away from' a remedy otherwise 'indicated' by a particular condition – N.B. the condition 'points away from' the remedy, the remedy does not 'point away from' the condition.

2.10 "Errors of the Third Kind"

In the view of the eminent statisticians Karl Pearson and Jerzy Neyman, sampling errors are of two "*types*" (Neyman & Pearson, 1928a, 1928b, 1933; Pearson & Neyman, 1933):

- (a) *Type I* ('errors of omission'): rejecting something that should have been accepted, and
- (b) *Type II* ('errors of commission'): accepting something that should have been rejected.

(As is their wont) social scientists soon extended these precise technical notions far more generally, into a wide range of non-statistical domains, and began speaking of two "*kinds*" of error in reasoning:

- (a) *errors of the first kind* (incorrect rejection; e.g., a valid bus ticket), and
- (b) *errors of the second kind* (incorrect acceptance; e.g., an expired bus ticket).

In 1948, another influential statistician, Frederick Mosteller, identified a third kind of error. Using T.S. Eliot's Kantian distinction between those 'doing the right deed for the right reason', and those "*doing the right deed for the wrong reason*" (*Murder in the Cathedral*, 1938, Part I), Mosteller's *error of the third kind* is where a correct action has been performed, but "*for the wrong reason*" (Mosteller, 1948, p.61).

2.10.1 *Miasma vs. Mosquitoes: Right Thing for the Wrong Reason*

In ancient Rome, an endemic syndrome – whose symptoms included fever, tiredness, vomiting, and headaches – was attributed to the malodorous *miasma* emanating at night from decomposing matter and the stagnant water of the marshes, swamps, etc. surrounding the city: thus *malaria* (It., 'bad air').

In order to reduce the impact of this supposed disease vector, Rome became a city of narrow, rather than broad streets; multi-storied, rather than single-storey dwellings; multiple dwellings in rectangular blocks surrounding a central courtyard, rather than in extended lines; having almost all windows opening internally onto the quadrangle, rather than to the external street; where people slept in the upper stories, rather than on the ground floor (Sallares, 2002, pp.93-100); and, finally, by the first century AD, these windows were routinely glazed (Woods & Woods, 2011,

pp.71-72) – and, to protect themselves from the miasma, many also adopted the Egyptian practice of surrounding their beds with netting.

It was not until Ross identified the true disease vector (the *anopheles* mosquito) in 1897 – revealing the 'true' reason for the value of the historical practices – that

[70]

I shall conclude this [lecture] by a very simple mode of illustration, as respects the different points of view in which the mesmerists, the electro-biologists, and myself, stand toward each other in **theory**, by referring to the two theories of light contended for at the present time.

Some believe in a positive emission from the sun of a [subtle] material, or imponderable influence, as the cause of light; whilst others deny this emission theory, and contend that light is produced by simple vibration excited by the sun, without any positive emission from that luminary.

I may, therefore, be said to have adopted the **vibratory** theory, whilst the mesmerists and electro-biologists contend for the **emission** theory.

But my experiments have proved that the ordinary phenomena of mesmerism may be realised through the subjective or personal mental and physical acts of the **patient alone**; whereas the proximity, acts, or influence of a **second** party, would be **indispensably** requisite for their production, if the theory of the mesmerists were true.

Fig.4a. James Braid, Lecture delivered at the Royal Institution, Manchester, on 26 March 1851 (Braid, 1851, p.530).

sleeping-netting and window-glazing were being intentionally used (for the *right reason*) to prevent mosquitoes, rather than malodorous air.

2.10.2 Braid's "Hypnotism": Right Thing for the Right Reason

The differences and similarities between "meditation" and "self-hypnosis", however one might choose to define, employ, and conduct such practices, lie far beyond this article. However, it is important to note that, by 1842, Braid was supposing that "it may have been to hypnotism ... [that] the Fakirs ... were indebted ... for their power of performing their remarkable feats ... although none of [them] might have understood the true principle by which they were produced" (N, p.21).

Subsequent to the publication of *Neurohypnotism*, Braid's attention was drawn to a letter in the *Medical Times* in which the author, from his direct experience on the Indian subcontinent, asserted "that the Hindoo saints are all self-mesmerisers, following the method adopted by Dr. Braid, of Manchester, in regard to his patients, restraining the breath, and fixing the eyes and thoughts on an object" (REIS, 1844, p.292, emphasis added).

Braid immediately made a deep study of two important works on Eastern mystical practices, hitherto unknown to him – i.e. Ward (1822), and Shea & Troyer (1843) – and soon found that they “[corroborated] the fact, that the eastern saints are all self-hypnotisers, adopting means essentially the same as those which I had recommended for similar purposes” (Braid, 1844/1845, p.203, emphasis in original). [In 1845 Braid appealed for information, observations, references, personal experiences about the live burials, the states of suspended animation (*zoöthapsis*), and the trances of the Indian yogis and fakirs (Braid, 1845a, 1845b).]

[71]

Moreover, my experiments have proved that audible, visible, or tangible suggestions of another person, whom the subject believes to possess such power over him, is requisite for the production of the **waking** phenomena; whereas no audible, visible, or tangible suggestion from a **second** party ought to be required to produce these phenomena, if the theory of the electro-biologists were true.

There is, therefore, both positive and negative proof in favour of my **mental** and **suggestive** theory, and in opposition to the magnetic, occult, or electric theories of the mesmerists and electro-biologists.

My theory, moreover, has this additional recommendation, that it is level to our comprehension, and adequate to account for all which is demonstrably true, without offering any violence to reason and common sense, or being at variance with generally admitted physiological and psychological principles.

Under these circumstances, therefore, I trust that you will consider me entitled to your verdict in favour of my **MENTAL THEORY**.

Fig.4b. James Braid, Lecture delivered at the Royal Institution, Manchester, on 26 March 1851 (Braid, 1851, p.530).

Given that Braid's self-induced hypnotic 'state' was the critical feature of his November 1841 *experimentum crucis* – and given Braid's (later) mature understanding of his induction procedure and the role of hetero- and auto-suggestion (see Figs.4a,b) – it is significant that, in a letter published a fortnight before his death, Braid was still stressing that, regardless of however mystics might conceive the 'internal components' of their metaphysical and spiritual activities to be, they were wrong (i.e., *an error of the third kind*), and that he, Braid, had been the first to demonstrate the rational, biophysical foundation of such (mistakenly attributed) practices.

Now, setting aside the absurdities and extravagances of these [Fakirs and Yogis] regarding their assumed higher phenomena as endowments flowing from the alleged

higher sanctity of the devotees after they have submitted themselves to certain practices and endurances, still we have the undoubted fact of the general success of their *personal* processes for throwing themselves into their trance-sleep; and I think this is one of the strongest proofs that could be adduced in support of my *subjective* [viz., "of the subject", not "the opposite of objective"] theory; or, in other words, both their method and my hypnotic processes incontestably prove that the trance-sleep can be induced by influences entirely *within*, and *not without* the patient's own body.

(James Braid, 10 March 1860 [Braid, 1860])

3. "Mind-Cure": Somatopsychic and Psychosomatic Processes

At the very beginning, Braid made a single claim: the effects produced by his method were not only *similar*, but were precisely *identical* to those of Lafontaine. Yet, unbeknown to all participants, the issue facing Braid, Lafontaine, and all the other actors, is what Kaufmann (2001) identified as a "deceptive problem"; because,

[72]

I doubt not there may be some who, on reading the cases I have recorded in this treatise, will be disposed to appeal to the well-known fact, that various complaints have been suddenly cured by mere mental emotion, hoping thus to throw discredit on the curative powers of hypnotism.

Whilst I grant the premises, I deny the justness of the inference.

That I may meet the subject fairly, I shall now quote some of the most remarkable cases of the sort which have been recorded.

"Dr Gregory was accustomed to relate the case of a naval officer, who had been for some time laid up in his cabin, and entirely unable to move, from a violent attack of gout, when notice was brought to him that the vessel was on fire; in a few minutes he was on deck, and the most active man in the ship. Cases of a still more astonishing kind are on record. A woman, mentioned by Diemberbroeck, who had been many years paralytic, recovered the use of her limbs when she was very much terrified during a thunder-storm, and was making violent efforts to escape from a chamber in which she had been left alone. A man, affected in the same manner, recovered as suddenly when his house was on fire; and another, who had been ill for six years, recovered the use of his paralytic limbs during a violent paroxysm of anger."

Abercrombie *On the Intellectual Powers*, [1830, p.397].

.....

Now, what are the legitimate conclusions to be drawn from the history of such cases? Is it not simply this, that such results **are possible**, and that they can be effected by **different means**?

Now, as it is apparent that analogous results can be induced by hypnotism, I would ask is hypnotism not quite as convenient and desirable a remedy as

Fig.5a. Braid on somatopsychic and psychosomatic processes (N, pp.225-227).

as things are now understood to be, there is not, never was, and never will be, any identity between the effects of Lafontaine's procedures and those of Braid.

3.1 "Mind-Cure"

As an expression of "natural medicine", and in relation to its similarities to and differences from the Malvern Clinic's "Water Cure", and given that Braid's "dominant idea" approach was one of "using the power of the mind to cure a real disorder", i.e., as distinct from one of "curing a deviant mind" (Yeates, 2016b, p.29) – and that, unlike "Liébeault's [later] 'suggestive therapeutics', which concentrated on imposing the coercive power of the operator's suggestion ... Braid's 'psycho-physiology' ... concentrated on activating the transformative power of the subject's mind" (Yeates, 2016a, p.13) – Braid's approach was one of "Mind-Cure".

[73]

setting a ship on fire, raising a thunder-storm, converting the patient's house into a bonfire, or exciting him into "a violent paroxysm of anger?"

Again, of those who talk so much about the power of imagination, I would ask, what is it?

How does imagination act to produce such extraordinary and contradictory results?

For example, the mental emotions of joy and sorrow, love and hatred, fear and courage, benevolence and anger, may **all** arise either from **real**, or from **imaginary causes only**, and may seriously affect the physical frame.

In many instances these different and opposite emotions have proved almost instantly fatal; in other instances equally sanative.

How is this achieved?

Are not the whole of the emotions accompanied by remarkable physical changes, in respect to the respiration and circulation as well as sensation?

Are they not highly excited in one class, and depressed in the other?

And may not this act as the proximate cause in effecting the permanently beneficial results during hypnotism?

As already explained, analogous physical results can be produced by hypnotism; and it is no valid reason why we should not profit by it in the treatment of disease, that we cannot positively decide as to its **modus operandi**.

It seems quite evident that we have acquired, in hypnotism, a more ready and certain control over the physical manifestations referred to, and which can be turned to useful purposes, than by any mode of acting on the imagination only, which has hitherto been devised.

Fig.5b. Braid on somatopsychic and psychosomatic processes (N, pp.225-227).

Braid held the strong view that hypnotism amplified the effectiveness of suggestion:

All these [hypnotic] phenomena, therefore, wonderful though they be, are only exaggerations or exaltations of functions or faculties which are possessed by all of us in a less degree in the ordinary or waking condition.

(James Braid, *Observations on Trance, etc.* [1850b, p.43])

To the extent that it's ever mentioned, Braid's history has been comprehensively refashioned to meet the needs of those promoting modern hypnotherapeutic practices. Although Braid extensively used hypnotism on an ever-wider range of patients with an ever-wider range of complaints, and although he applied Brown's theoretical "dominant idea" principles (via "suggestion") with exceptional skill and astounding efficacy, he never operated as a *mad-doctor*, *alienist*, or *proto-psychiatrist* attempting to cure 'deviant minds'. He was a well-respected surgeon, operating in a busy general practice, who *used an entirely new modality to pursue his regular* [74] *medical goals*: "it is quite clear that Braid regarded himself as treating largely physical ailments by a largely physical method" (Gauld, 1992, p.282).

3.2 *Somatopsychic Processes and Psychosomatic Processes*

And, also, from their intricate connection with Carpenter's "ideo-motor principle of action" (Carpenter, 1852, p.153), Noble's "ideo-dynamic principle of action", derived from Carpenter (Noble, 1853, p.71; 1854, p.642), and his own "monoideo- dynamic principle of action", derived from both Carpenter and Noble (Braid, 1855, p.10), Braid developed a profound, extensive understanding of the nature, significance, and influence of both the *somatopsychic* and the *psychosomatic* processes – especially in relation to the notions of William Smellie, editor of the first *Encyclopædia Britannica*, and his own Edinburgh teacher, Thomas Brown:

I can conceive a superior being so thoroughly acquainted with the human frame, so perfectly skilled in the connection and mutual dependence which subsist between our intellect and our sensitive organs, as to be able, by titillating in various modes and directions, particular combinations of nerves, or particular branches of any single nerve, to excite in the mind what ideas he may think proper.

I can likewise conceive the possibility of suggesting any particular idea, or species of ideas, by affecting the nerves in the same manner as these ideas affect them when excited by any other cause. (Smellie [1799, p.381; quoted in *N*, p.105])

Certain states of our bodily organs are directly followed by certain states or affections of our mind; certain states or affections of our mind are directly followed by certain states of our bodily organs. (Brown [1851, §.XVII, p.106])

3.3 "Psycho-Physiology"

In 1850, Braid published a monograph, *Observations on Trance; or, Human Hybernation* (1850b) – an expanded version of three earlier articles (i.e., 1850a) – in which he remarked that, in the absence of "the higher phenomena of the Mesmerists", and by contrast with the "*Transcendental* [i.e.,

'metaphysical'] *Mesmerism*" of the Mesmerists" – supposedly "induced through the transmission of an occult influence from [the body of the operator to that of the subject]" – his process of "*Hypnotism, or Nervous Sleep*" – namely, the "peculiar condition of the nervous system, into which it can be thrown by artificial contrivance, and which differs, in several respects, from common sleep or the waking condition ... [and which is entirely] consistent with generally admitted principles in physiological and psychological science" – could be aptly designated "*Rational Mesmerism*" (1850b, p.vi).

By 1855, Braid was entirely convinced that the real "cause" of the "altering or modifying physical action, or curing disease" was not the hypnotist – namely, the one who "acts merely as the engineer, by various [methods], exciting, controlling, and directing the vital forces within the patient's own body, according to the laws which regulate the reciprocal action of mind and matter upon each other" – and, [75] upon reflection, he was certain that, if he knew then what he knew now, he would have, without reservation, chosen "*psycho-physiology*" as "a generic term [for] the whole of these phenomena which result from the reciprocal actions of mind and matter upon each other", on the grounds that "[no other term] could be more appropriate" (1855a, p.852).

3.4 Braid Rediscovered

Although Braid's *vitalistic* "using the power of the mind to cure a real disorder" approach was soon forgotten in the disciplinary (*mechanistic*, disease-elimination oriented) rush to rectify 'deviant thinking', un-imagine 'imaginary ailments', reverse 'hysterical disorders', and expel 'mental germs' (Yeates, 2016a, pp.9-11), it is a matter of record that Braid's strategic understandings of the interactions between "dominant ideas" and *somatopsychic* and *psychosomatic* processes were independently rediscovered, restored, and further developed some 70 years later in the rather different enterprises of the French pharmacist Émile Coué (i.e., Coué, 1912; see Yeates, 2016a, 2016b, 2016c) and the German physician, Georg Groddeck (i.e., Groddeck, 1917; also, see Avila & Winston, 2003).

4. Braid vs. Dunn

In resuming the examination of Braid's progress, we must note that, within a matter of weeks, Braid had been forced to deal with M'Neile's bizarre accusations and the unprofessional conduct of the BAAS medical section (see Yeates, 2018c). No doubt Braid was pleased with the publication of his *Satanic Agency and Mesmerism Reviewed* on 4 June 1842 (1842a), and the outstanding success of his 29 June 1842 *conversazione*. However, whatever satisfaction these triumphs might have occasioned was short lived. In just five days' time, he was faced with an even greater challenge of a far more hostile, and malevolent nature.

4.1 Patrick Gordon Dunn (1813-1849)

Patrick Gordon Dunn was a Glasgow trained surgeon who practised medicine in Manchester in the early 1840s. In the last few years of Dunn's life, he became renowned as an active debunker of mesmerism, phrenology, clairvoyance, etc. (see, for instance, Hall, 1845, p.439, §.557; Sceptic, 1862, pp.105-108). Although a detailed account of Dunn's relentless, extended, and vicious attacks upon Braid, and of Braid's defence, lies far beyond the scope of this article (for a more complete account see Yeates, 2013, pp.326-335, 569-575, 767-768), the following brief summary will clearly reveal the nature, ferocity, and spitefulness of Dunn's intemperate pronouncements and his outrageously unprofessional conduct.

4.2 Keenan's Lecture

Campbell Brown Keenan, MD, a graduate of Glasgow University, who had attended the 1842 BAAS meeting, delivered a lecture on his theories to a Manchester audience on 4 July 1842 (Fig.6) before returning home to Belfast (brief summary of his lecture at MG.10; also, extended summary of repeat lecture at BU.1). There was a large audience, with Dunn acting as chairman.

[76]

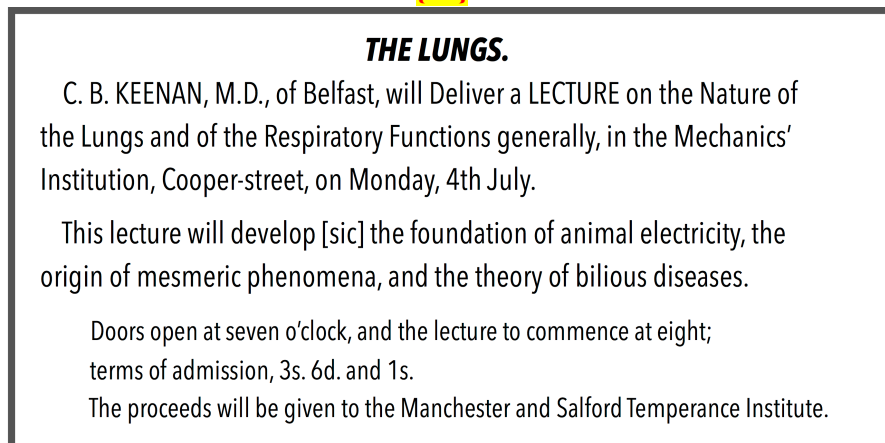


Fig.6. *The Manchester Guardian*, Saturday, 2 July 1842 (Keenan, 1842).

Once Keenan's presentation had finished, the meeting converted into a *conversazione*. Before the *conversazione* began, an audience member asked the chairman, Dunn, why Braid had not been allowed to read his paper before the BAAS (obviously, a pre-arranged "Dorothy Dixier" question).

Dunn's response was extraordinary:

I regret that an erroneous impression has gone abroad respecting Mr. Braid. He has laid claim to views, to which, in my opinion, he is not entitled; and, from what I know of several cases reported as cured, those cases were not faithfully detailed to the public. On this account, had I been a member of that section, I should have considered myself justified in rejecting his paper.

I have made this statement publicly; I have made it advisedly; and I shall feel myself bound, if called upon, publicly to substantiate its correctness.

(*The Manchester Guardian*, 6 July 1842 [MG.3])

4.3 Braid's Immediate Response

At this point, Braid, who had been absent during Keenan's lecture, entered the hall. Answering calls from the audience to respond to Dunn's remarks, Braid described some of his most recent therapeutic successes with hypnotism (and how those successes had been independently verified by trustworthy medical colleagues). Braid also spoke of Dunn's efforts to coerce Braid's patients to make false statements in relation to Braid's treatment. Dunn refused to retract any of his accusations; and he went on to make several more in the same vein.

4.4 Dunn's Malice and Enmity

Dunn's anti-Braid aggression was both astounding remarkable, especially given that Dunn had already delivered a series of lectures (accompanied by successful demonstrations) at Stockport in January 1842, *promoting* (!) both Braid's theories and his practices (Brown, 1842; see also "Mr. P.G. Dunn's Stockport Lecture" at Yeates, 2013 , pp.569-575).

[77]

4.5 Escalation

Over the next few months a conflict of ever-increasing ferocity took place between Braid and Dunn, in public forums (e.g., Figs.7-9), provocative advertisements (e.g., Fig.10), and heated correspondence – much of which was inserted as advertising to ensure publication in the limited space of Manchester's 4-page newspapers (i.e., Braid, 1842g, 1842h, 1842i, 1842j, 1842k; Brown, 1842; and Dunn, 1842d, 1842e) – with Braid eventually demonstrating that all of Dunn's accusations were without foundation.

It is significant that Braid's (identical) letters to the Editors of both the *Manchester Guardian* (Braid, 1842g) and *Manchester Times* (Braid, 1842h) – which directly addressed Dunn's "work of slander and defamation" – reveal that, despite Dunn's earlier delivery of pro-Braid lectures in January 1842, the tension between Dunn and Braid was not of recent origin:

When Mr. Dunn had settled in Manchester he got introduced to me as a *Glasgow* surgeon, who was anxious to see some of my operations.

After professing to leave my house he went into my waiting-room, and interfered with my patients, in such a manner as to induce my servant to come and inform me of it, that I might instruct him how to act.

I, of course, desired him to turn Mr. D. out, and never to allow him again to enter my premises, as has been declared by my servant in public; and I had stated the fact to two friends the night after the transaction, who bore public testimony to the same.

Knowing this, and other circumstances in Mr. Dunn's conduct, I of course could never meet him in public discussion; and I beg my friends also to adopt the same line of conduct towards him in future, as far as I am concerned.

NEUROHYPNOLOGY UNMASKED.

An exposure of the claims and cures of Mr. Braid, surgeon, in TWO LECTURES, to be delivered TO-NIGHT and TO-MORROW NIGHT, the 20th and 21st July, at the Mechanics' Institution, Cooper-street, by P.G. Dunn, surgeon.

Admission: 1s., 6d., and 3d.

Fig.7. Dunn's first set of lectures,
The Manchester Guardian, 20 July 1842 (Dunn, 1842a).

NEUROHYPNOLOGY.

Mr. DUNN will shortly repeat his LECTURES, investigating the claims of Neurohypnology to be regarded either as science or a novelty; as also its efficacy in the cure of disease, as reported by Mr. Braid.

Fig.8. Dunn's announcement,
The Manchester Guardian, 27 July 1842 (Dunn, 1842b).

[78]

I have exhibited and explained my views and practice on the subject of neurohypnotism quite sufficiently in public already.

Had a person of eminence and standing in the profession assailed me I might have attended to it, but consider it quite beneath me to notice, or defend myself against the attacks of such a person as Mr. Dunn.

(James Braid's letter, written on 12 August 1842 [Braid, 1842g])

NEUROHYPNOLOGY UNMASKED.

Mr. DUNN will REPEAT his LECTURES (illustrated with new facts), at the Athenæum, on the evenings of Tuesday and Thursday, the 9th and 11th instant, investigating the claims of "Neurohypnology" to be regarded either as science or a novelty; also its efficacy in the cure of disease, as reported by Mr. Braid.

Several of Mr. Braid's principal patients, reported "cured" will be present; and, in order to afford Mr. Braid or his friends an opportunity of replying, the lectures will commence at half-past seven, and terminate about nine o'clock.

Admission to each lecture, one shilling.

Tickets may be had at Messrs. Sims and Dinham's, Exchange-street; Mrs. Ellerby's, 52, Market-street; Mr. Lowndes's, 120, Dean-gate; Mr. Lewis's, 34, Oldham-street; and at the door of the Athenæum on the evenings of lecture.

Manchester, 6th August, 1842.

Fig.9. Dunn's second set of lectures,
The Manchester Times, 6 August 1842 (Dunn, 1842c).

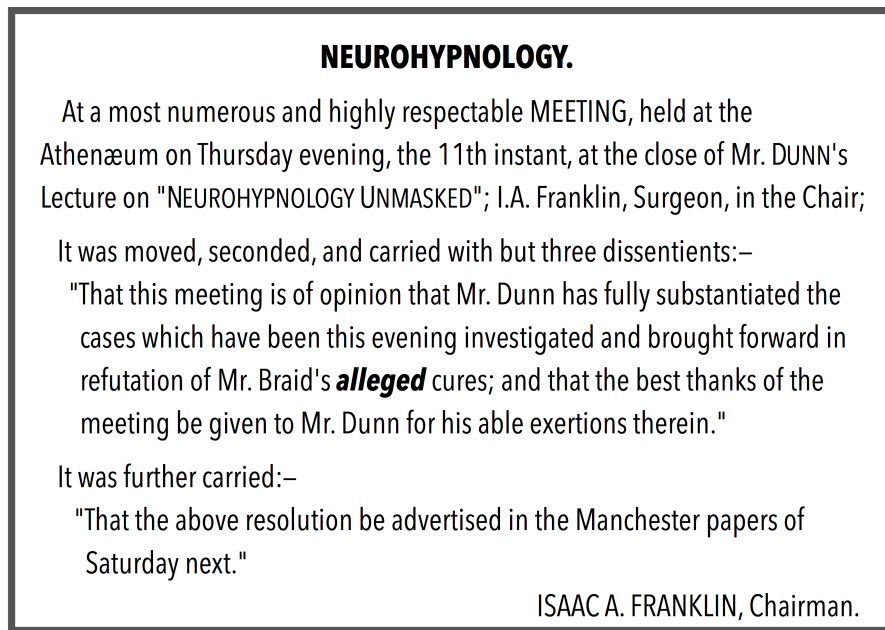


Fig.10. Anti-Braid advertisement,
The Manchester Times, 13 August 1842 (Franklin, 1842a).

[79]

4.6 Braid's Problem with Dunn

The (outrageous) behaviour of Dunn and his (groundless) allegations of falsehood, intentional deceit, out-right professional misconduct, blatant academic fraud, etc. that caused Braid so much distress, included:

- (a) Assertions that there was no such thing as *neurohypnotism*; which meant, of course, there was nothing for Braid to have 'discovered'.
- (b) Claims that, despite Braid's claim of 'curing' specific individuals with *neurohypnotism*, Dunn's own investigations had revealed that there had been no improvement whatsoever in any of them at all.
[Dunn was not claiming that Braid's patient(s) made a *temporary improvement* in a condition from which they suffered a subsequent relapse, or that the patient had been mis-diagnosed, and *never had that disorder in the first place*.
He was claiming that the patient(s) really did have the disorder, and that the disorder in question was entirely unaffected by Braid's intervention).]
- (c) Substantial invasions of privacy, on more than one occasion, attempting to coerce Braid's patients to make statements (MG.10).
- (d) Supposedly sworn statements, obtained by Dunn, from individuals that Braid had 'cured' using *neurohypnotism*, asserting that their conditions had been unaltered by Braid's interventions.

- (e) (Despite Dunn's direct knowledge that Braid had been denied access to the 'conventional' professional pathway of disseminating his ideas by the BAAS Medical Section, etc.) assertions that, by Braid parading his 'cures' in public, and by Braid lecturing about his theories and practices, he was acting like a quack; and, moreover, he was only doing so in order to tout for trade and to advertise his surgical practice.

4.7 Braid's Defence

Braid stressed that, given his own astonishment at the 'cures' he had effected, he did not expect anyone else to just take his word for it. In order to "dispel mystery, and elicit truth, in the simplest possible manner", Braid publicly demonstrated his techniques for all to see, and presented his 'cured' patients for public scrutiny and questioning; and, moreover, accepting that no medical practitioner (especially in the 1840s) could ever claim to 'cure' 100% of those who presented for treatment – let alone those whom he had chosen to treat – Braid produced incontrovertible evidence of those 'cures' which he had effected, from:

- (a) the physical evidence of the patients themselves, in person (as well as their direct testimony);
- (b) the sworn evidence of trusted medical practitioners who had treated specific patients for a specific disorder without improvement for a considerable time (in one case, 4½ years), and were, themselves, physically present at Braid's *neuro-hypnotism* operation(s), and verified substantial, and permanent post-interventional change;
- (c) the sworn evidence of trusted citizens, in relation to patients' conditions pre- and post-intervention; or
- (d) the sworn evidence of family members.

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Despite claiming he had sworn statements from ex-patients attesting to Braid's lack of success, *Dunn never produced any such statement.*

Braid produced evidence of Dunn's interference with his (Braid's) medical practice and various ex-patients. He also produced a sworn statement from ex-patient John Smith (see Braid, 1842i), to the effect that what Dunn had recited at his 9 August 1842 lecture, alleging it to be Smith's sworn statement, was "*the very reverse*" of what Smith had originally stated.

5. *Braid Under Siege*

Within the short space of three months Braid has not only been forced to respond to a wide range of 'boundary' attacks, but he was also the target of considerable abuse, denigration, and misrepresentation issuing from many quarters, including:

- (a) The bizarre attack from a high-ranking clergyman (M'Neile), who not only declared Braid and his practices to be *diabolical*, but also *positioned* Braid as being of one and the same kind as Lafontaine;
- (b) The prolonged attacks from a professional junior (Catlow), who claimed priority over Braid for the discovery of hypnotism;
- (c) The sinister and concerted corrupt acts of commercial sabotage and professional defamation from the peccant individuals comprising the medical committee of the UK's second-most-prestigious scientific organisation; and, finally, also
- (d) The venomous public accusations of falsehood, intentional deceit, out-right professional misconduct, and blatant academic fraud, from a fellow Manchester surgeon (Dunn), alleging:
 - (i) *on scientific grounds*: that, despite Braid's claim of 'discovering' *neurohypnotism*, there was no such thing – and, so, there was nothing for Braid to have 'discovered',
 - (ii) *on medical grounds*: that, despite Braid's claim of 'curing' specific individuals with *neurohypnotism*, a thorough investigation revealed no evidence of improvement in any of them at all, and
 - (iii) *on professional grounds*: that, despite Braid claiming to be a member of the medical profession, he was acting like a quack, parading his 'cures' in public, and lecturing in public, *solely in order to tout for trade and to advertise his surgical practice*.

By August 1842, Braid had decided to engage in different, more productive boundary-work: "I intend shortly to publish a work on the subject of Neurohypnology, illustrated with cases of successful practice" (Braid 1842g):

...it was my intention [in mid-1842] to have published my "Practical Essay on the Curative Agency of Neuro-Hypnotism", exactly as delivered at the *Conversazione* given to the members of the British Association in Manchester, on the 29th June, 1842. By so doing, and by appending foot notes, comprising the data on which my views were grounded, it would have conveyed a pretty clear knowledge of the subject, and of the manner in which it had been treated.

[81]

It has since been suggested, however, that it might readily be incorporated with the short *Elementary Treatise on Neuro-Hypnology*, which I originally intended to publish, and which I am earnestly solicited to do, by letters from professional gentlemen from all quarters.

I now, therefore, submit my views to the public in the following condensed form.

I shall aim at brevity and perspicuity ; and my great object will be to teach others all I know of the modes of inducing the phenomena, and their application in the cure of diseases, and to invite my professional brethren to labour in the same field of inquiry, feeling assured, that the cause of science and humanity must thereby be promoted.

James Braid (*N*, pp.1-2)

6. *Braid and the Manchester Royal Infirmary*

Thomas Fawdington, LSA, MRCS (1795-1843), a surgeon who had served on the staff of the prestigious *Manchester Royal Infirmary* for six years died unexpectedly on 21 April 1843. The Infirmary's Board of Trustees immediately sought a replacement, who, by established custom, would be elected at a general meeting on 18 May 1843. If there was more than one candidate, a ballot of the Infirmary's (male and female) trustees would be conducted (Radford, 1843).

6.1 *Braid's Candidature*

Six candidates nominated, including Braid. Following custom, each candidate published his qualification, experience, and fitness for election for the voters' information in the Manchester newspapers in the weeks prior to the election (i.e., Braid 1843c).

6.2 *Braid's Referees*

The eminence of Braid's referees attested to his professional reputation, personal character, range of surgical skills, and overall level of clinical excellence. In addition to Leith surgeon, Charles Anderson, MD, FRCS (Edin.), MWS – who with his father, Thomas Anderson, had overseen Braid's apprenticeship – Braid's referees were: John Abercrombie, MD, MRCP (Edin.), FRCP (Edin.), neuropathologist and prolific author, appointed physician to the King in Scotland in 1828; James Scarth Combe, MD, FRCS (Edin.), FRS (Edin.), who became the President of the *Royal College of Physicians of Edinburgh* in 1851; David Craigie, MD., FRCPE, FRS (Edin.), President of the *Royal Medical Society of Edinburgh* in 1819, who became President of the *Royal College of Physicians of Edinburgh* in 1861; Professor Andrew Duncan, MA, MD, FRCP (Edin.), FRS (Edin.), President of the *Edinburgh College of Physicians*, and founding President of the *Edinburgh Medico-Chirurgical Society*; Professor Sir William Fergusson, FRCS (Edin.), FRCS (England), FRS (Edin.), FRS (England), LLD, strong advocate of 'conservative surgery', who became President of the *Royal College of Surgeons (London)* in 1871; George Kellie, MD, FRS (Edin.), President of the *Royal Medical Society of Edinburgh* in 1803, and President of the *Edinburgh Medico-Chirurgical Society* in 1827; **82** James Sanders, MD, MRCP (Edin.), President of both the *Royal Medical Society of Edinburgh* and the *Royal Physical Society of Edinburgh*; and Professor John Thomson, MD, FRCS (Edin.), MRCP (Edin.), FRS (Edin.), Professor of Surgery, Edinburgh University (1804-1821), Regius Chair of Military

Surgery, Edinburgh University (1806-1822), Regius Chair of Pathology, Edinburgh University (1832- 1841), Junior President of the *Royal Medical Society of Edinburgh* in 1791, President of the *Edinburgh Medico-Chirurgical Society* in 1825, and President of the *Royal College of Physicians of Edinburgh* in 1834.

6.3 Braid's Withdrawal

On 12 May 1843 Braid announced he was withdrawing from the contest, having been reliably informed that “a majority of the trustees is favourable to candidates who offered themselves at former elections” (Braid, 1843d). There was nothing sinister in this (accurate) advice – two other candidates withdrew at the same stage, for the same reason.

The successful candidate, Joseph Atkinson Ransome, LSA, FRCS (Edin.), MRCS (London), FRCS (London), the son, the father, and the grandfather of a surgeon, and one who had helped to establish the Manchester Medical School in 1824, was also one of the BAAS Medical section committee responsible for the rejection of Braid's paper.

Ransome was elected with 450 of the total 836 votes cast; and served the Infirmary as surgeon from 1843 until he retired (compulsorily) at sixty, in 1866 (Brockbank, 1965, p.18). Four years later, one of Braid's rivals, William Watson Beever, LSA, MRCS (England) – who had not withdrawn, and had lost the election to Ransome (303 votes to 450: MG.14) – was elected, and held the position until his death 25 years later (Brockbank, 1965, pp.29-30).

6.4 Braid's Suitability Attested

In light of the ferocity of the recent unwarranted attacks on Braid's discoveries, person, reputation, and professional standing by (i) M'Neile's sermon, (ii) its publication, (iii) the treatment he received at the hands of the committee of the medical section of the Manchester BAAS meeting (including Ransome), and (iv) the treachery of his erstwhile colleague, Dunn, it is essential to recognise that Braid was still well-regarded by his community as a citizen, as a natural philosopher, and as a medical professional.

On election day, James Davenport Hulme, MD, chairman of the Royal Infirmary's medical board, officially noted the pre-ballot withdrawal of Braid and the two other candidates. In doing so, Hulme made it unequivocally clear, without reservation, *that Braid was completely qualified and was entirely suitable to have filled the vacant position had he been so elected* (MG.14).

The next phase of Braid's 'boundary-work', the release of his publication *Neurypnology*, was about to take place.

[83]

7. *Neurypnology (1843): An Overview*

Perhaps the single most important publication in the entire history of hypnotism, Braid's *Neurypnology* is rarely consulted, almost universally dismissed as irrelevant, consistently misrepresented, and entirely misunderstood by most modern practitioners.

Neurypnology; or The Rationale of Nervous Sleep, Considered in Relation with Animal Magnetism, Illustrated by Numerous Cases of its Successful Application in the Relief and Cure of Disease, a work of 70,000+ words, dedicated to the Leith surgeon, Charles Anderson – who, with his father, Thomas Anderson, had overseen Braid's apprenticeship – went on sale in July 1843 with a modest print run of no more than 2,000 copies, priced at five shillings each.

7.1 Editions

By early 1843, Braid had constructed a coherent set of theoretical representations of the phenomena elicited with his 'double internal and upward squint and mental concentration method'. It was now time, he thought, to share his theoretical findings, structured representations, and clinical experiences in a plain, systematic fashion with a wider professional audience; and was certain that, having done so, he could then completely withdraw from 'public life':

In now submitting my opinions and practice to the profession in the following treatise, I consider myself as having discharged an imperative duty to them, and to the cause of humanity.

In future, I intend to go on quietly and patiently, prosecuting the subject in the course of my practice, and shall leave others to adopt or reject it, as they shall find consistent with their own convictions. (N, p.12)

On 17 May 1843, Braid wrote to John Churchill asking him to become *Neurypnology's* London publisher, noting that "it is a mode of acting on the nervous system with general success, by a simple process" and, further, that it is "a subject not yet generally understood, but daily becoming more interesting from the extraordinary power we thus require of curing many diseases which have hitherto been 'the opprobrium medicorum'" (facsimile of Braid's letter at Hunter & Macalpine, 1963, p.908).

Churchill accepted; and *Neurypnology* was hurriedly printed and released within seven weeks of Braid's letter. Changes to its content were still being made in the weeks before its release – it also included an 'Errata et Addenda' recording Braid's final, last-minute amendments (at p.226). By November 1843 *Neurypnology* had sold 800 copies (Braid, 1843b, p.74); and by 1846 its first edition was exhausted. It was never reprinted in Braid's lifetime; although a version of its text, with different pagination, and the required 'Errata et Addenda' amendments made, was published fifty years later (i.e., Waite, 1899).

Its content was summarised in German in 1881 (Preyer, 1881, pp.1-58); and, although the publication of a French translation of *Neurypnology* was arranged with the [84] influential Parisian publisher, *Victor Masson et fils*, in the late 1850s – for which Braid wrote an (English) introductory update (German translation at Preyer, *ibid.*, pp.65- 69) – it was soon abandoned (most likely due to the complexities of translation), and Braid's copy of *Neurypnology* was returned to him (*ibid.*, p.70). *Neurypnology* was, however, eventually translated into French in 1883 (i.e., Braid, 1883).

An erratum slip attached to Braid's *The Power of the Mind over the Body* (1846) noted that a second edition of *Neurypnology* – i.e., a second edition, rather than just a reprint – was being prepared for imminent publication; and in both *Observations on Trance* (1850b, p.vi) and *Magic, Witchcraft, Animal Magnetism, Hypnotism, and Electro-Biology* (1852, p.2), Braid announced that he was working on an entirely new edition. In 1855, he announced:

It is my intention shortly to publish a volume entitled *Psycho-Physiology: embracing Hypnotism, Monoideism, and Mesmerism*.

This [proposed] volume, will comprise in a connected and condensed form, the results of the whole of my researches in this department of science; and it will, moreover, be illustrated by cases in which hypnotism has been proved peculiarly efficacious in the relief and cure of disease, with special directions how to regulate the processes so as to adapt them to different cases and constitutions.

(Physiology of Fascination, etc. [1855b, p.14])

The promised second edition never materialised; and, despite Braid's sporadic publication of aspects of his work (in letters, articles, pamphlets, etc.), “a really sustained and systematic exposition of his revised views [never eventuated]” (Gauld, 1992, pp.283-284).

7.2 A 'Work in Progress'

It is a serious mistake to treat *Neurypnology* as a neutral, thoughtfully considered, 'stand-alone' account of Braid's work and theoretical position. As its title emphatically states, it very clearly presents Braid's work '*considered in relation with animal magnetism*'. It is a hurriedly prepared '*specific response*' to attacks upon himself and his discoveries; and, therefore, is not (and must not be thought of as) a 'universal statement', delivering an objective and coherent exposition of his thoughts in isolation.

That we really have acquired in [Hypnotism] a valuable addition to our curative means which enables us speedily to put an end to many diseases which resisted ordinary treatment, I think will be satisfactorily manifested by the cases which I have recorded. Many of these cases have been seen by other medical men, and are so remarkable, so self-evident to every candid and intelligent mind, that it is impossible, with any shew of propriety, to deny them.

Most unwarrantable and novel attempts have been made, not only to extinguish the farther prosecution of Hypnotism, but also to misrepresent [85] all I had either said or done on the subject, and thus damage me, as well as Hypnotism, in public estimation.

I am in possession of a mass of documentary evidence in proof of ... all that has been done in order to prejudice my patients against me ... to an extent which could scarcely be credited. (N, p.6)

7.3 Lack of Internal Coherence

To those unfamiliar with the extent to which Braid's style matched that of the medical literature of his day, *Neurypnology* might seem repetitive. From my own extended study, I fully agree with Weitzenhoffer's (2000) observation that, rather than it being a coherent, polished and well-structured work, *Neurypnology* is a hastily assembled aggregate of 'occasional' items, a collection of "[separate] parts that Braid may have written at different times as he progressed in his experimentation" that he had hoped to "publish [individually] as he went along" (Weitzenhoffer, 2000, p.34).

[Note, for instance, Braid's use of the word "article", rather than "chapter" deep inside in Chapter VI, "I shall conclude this article by ..." (N, p.119), in contrast with his "...in the following chapter..." on the same chapter's first page (N, p.79).]

It seems that each isolated, individual fragment comprising the published work had been separately and specifically created to deliver 'oral' (*mouth-to-ear*) arguments to a live audience, rather than 'literary' (*printed-word-to-eye*) arguments to a solitary reader. They were amalgamated, hurriedly and without alteration, into chapters – which clearly explains the inconsistent way that similar notions were presented in different chapters, and the apparent muddle of the work's entire second half (i.e., Part II, pp.161-260), the contents of which were extracted (without any editing) directly from Braid's clinical records of those particular cases.

Even today, we must recognise that, although the intermittent reports of unusual cases – such as treating burns, congenital skin disorders, breast enhancement, etc. (e.g., see Mason, 1952; Erickson, 1960; LeCron, 1969; Williams, 1974; Willard, 1977; Staib & Logan, 1979; Stratton, 1982; Barber, 1984; and Ewin, 1986, etc.) – are interesting and inspiring, they contribute little, if anything, to any sort of systematic understanding of hypnotism. As they stand, they relate valuable, *but unsystematic, empirically observed phenomenon*; that is, rather than providing a *systematic instantiation of some theoretical principle*. So, despite the increasingly large store of empirically determined regularities that we have, it still seems that all we can say, mimicking the famous Sidney Harris cartoon (1977), is that a '*biophysical miracle*' occurs somewhere in between steps one and three of a three-stage process – or, even, as the astrophysicist Sir Arthur Eddington remarked in his 1927 Gifford Lectures, "*something unknown is doing we don't know what*" (Eddington, 1929, p.291).

In his introduction to his translation of Braid's (now lost) 1860 English manuscript "On Hypnotism", the Manchester born and English/German bilingual psychologist, Professor William

Thierry Preyer (1841-1897) of the University of Jena, who had [86] translated the majority of Braid's works into German (Preyer, 1881, 1882, and 1890; including three 'lost' English works, each of which have been translated from Preyer's German version into English by Sally Anne Jane Purcell: Braid, 1969/1845; 1969/1855; and 1969/1860) and was, therefore, very familiar with Braid's writing – warned his readers of the extent to which Braid was “not a stylist” (“*Braid war kein Stylist*”):

Die lockere und schleppende Aneinanderfügung seiner Ideen, der schwerfällige Satzbau mit ineinandergeschachtelten Relativsätzen und übermäßiger Verwendung der Participialconstruction, unnöthige Wiederholungen und Anakoluthe haben die Übertragung erschwert.

The loose and sluggish manner in which his ideas are juxtaposed [one upon one another], the ponderous sentence construction, with its nested clauses, excessive participial construction, unnecessary repetition, and *anacoluthia* [Gk. 'want of sequence': unexpected discontinuity due to the passing from one grammatical construction to another, within a sentence, before the former is completed] have made the translation difficult. (Preyer, [1881, p.62: my translation])

7.4 Braid's Reticence

Aware of the extent to which many of his accurate reports of the 'extraordinary' consequences of his hypnotism-centred interventions might alienate many of his intended readership, Braid selected his cases very carefully; and, given the remarkable nature of his discoveries, he asks for the trust of his readers, specifically referring (*N*, p.xii) to the remark Treviranus made about his own experiences of mesmerism to the poet Coleridge (another mesmerism devotee), “I have seen what I am certain that I would not have believed on *your* telling; and in all reason, therefore, I can neither expect nor wish that you should believe on *mine*” (Coleridge, 1835, p.109). Braid elaborated further on this very point, later, when discussing the curative powers of hypnotism:

The extraordinary effects of a few minutes [of] hypnotism, manifested in such cases (so very different from what we realize by the application of ordinary means) may appear startling to those unacquainted with the remarkable powers of this process.

I have been recommended, on this account, to conceal the fact of the rapidity and extent of the changes induced, as many may consider the thing *impossible*, and thus be led to reject the less startling, although not *more true*, reports of its beneficial action in other cases.

In recording the cases, however, I have considered it my duty to record *facts as I found them*, and to make no compromise for the sake of accommodating them to the preconceived notions or prejudices of others. (N, p.71)

As further evidence of his cautious approach (*N*, pp.5-6) – despite asserting that hypnotism was “a valuable addition to our curative means which enables us speedily to put an end to many diseases which resisted ordinary treatment” (*‘opprobrium medicorum’*), and observing that “[he did not] even pretend to understand, as yet, [87] the *whole range of diseases* in which it may be useful”

(emphasis in original), and that, “as is the case with all other new remedies”, “time and experience alone can determine this question” – Braid firmly counselled enthusiastic readers against harbouring any thoughts that hypnotism was a universal panacea:

Whilst I feel assured... that in this we have acquired an important curative agency for a certain class of diseases, I desire it to be distinctly understood, as already stated, that I by no means wish to hold it up as a universal remedy. (N, pp.73-74)

7.5 *Not a Textbook; but a Pharmacopœia*

Neurypnology (1843) is presented in the form of a standard *pharmacopœia* entry for a specific *material medica*; consequently, the entire work is *not a general theoretical text wherein extensive discussions of models of disease and therapy are undertaken*.

In typical *pharmacopœia* fashion, Braid describes natural and artificial techniques for the production of the remedial agent (namely, *hypnotism*), clearly specifies an unequivocal set of precise terminological and descriptive distinctions and, further, produces an unambiguous representation entirely adequate to the needs of therapeutic *orthopraxy* – “As to the proximate cause of the phenomena, I believe the best plan in the present state of our knowledge, is to go on accumulating facts, and their application in the cure of disease, and to theorize at some future period, when we have more ample stores of facts to draw inferences from.” (N, pp.153-154) – of the physical means through which physical, emotional, and cognitive changes are induced in the normal subject by its action.

7.6 *Dominant Ideas*

Braid carefully explains his crucial concept of a ‘dominant idea’ – namely, the attention being kept “riveted to one subject or idea which is not of itself of an exciting nature” (N, pp.48-49, emphasis in original) – in relation to both successful hypnotic induction and efficacious hypnotic suggestion.

Given certain contemporary misrepresentations of his position – in particular, that his hypnotic ‘state’ was identical to that denoted “reverie” by Robert MacNish (1830) – Braid takes great pains (pp.49-50) to distinguish his procedure (“the primary and imperative conditions” of which involve “[riveting] the attention to one idea, and the eyes to one point”) from the “reverie” of MacNish.

Quoting directly from MacNish (*ibid.*), who states that “reverie proceeds from an unusual quiescence of the brain, and inability of the mind to direct itself strongly to any one point ... in which the mind is nearly divested of all ideas [that] I have sometimes experienced while gazing long and intently upon a river. The thoughts seem to glide away, one by one, upon the surface of the stream, till the mind is emptied of them altogether” wherein “the attention, which, instead of being fixed on one subject, wanders over a thousand, and even on these is feebly and ineffectively directed”, Braid asserts that, “instead of ridding the mind of ideas ‘one [88] by one, till the mind is

emptied of them altogether', I endeavour to rid the mind at once of all ideas but one, and to fix that one in the mind even after passing into the hypnotic state" (p.50).

He also clearly distinguishes *hypnotism* from other similar entities (mesmerism, animal magnetism, etc.), and describes *hypnotism's* peculiar virtues, while providing details of its indications, contraindications, and misapplications.

Finally, having concluded Part I, he moves to Part II (N, pp.161-260), wherein – once again in typical *pharmacopœia* fashion – he provides specific 'classic' cases, each taken from his own clinical records, of the exemplary application of hypnotism to specific conditions.

7.7 Braid and Phreno-Mesmerism

As discussed earlier in Part II (Yeates, 2018b, pp.52-56) in the early 1800s, phrenology, although totally discredited today, seemed to offer the prospect of being the first-ever 'brain-science'; and, in 1839, Collyer (Collyer, 1843, p.10; 1871, pp.49- 50) thought he had discovered phreno-magnetism (which involved the activation of specific 'phrenological organs', via the operator's 'magnetisation', directly through the corresponding cranial area). However, by mid-1843, Collyer had determined that there was no such thing, and retracted his claim of discovery (1843, pp.8-20). Although he wrote in some length (N, pp.79-149) on the earliest stages of his study of the recently identified phenomena of phreno-mesmerism – at the time he was unaware of Collyer's retraction – Braid would soon declare (Braid, 1843f; 1844b, etc.) that there was no basis at all for any of the phreno-mesmerists' claims (he would, in fact, later prove that any veridical effects were due to other agencies). It is also significant that, in March 1843, three months before the publication of *Neurypnology*, Braid wrote a letter to the *Manchester Guardian* (1843b) demanding the correction of allegations contained within the newspaper's report of a lecture on Phreno-Mesmerism given by Spencer T Hall on 2 March 1843, that Braid (who had attended the lecture) believed that 'magnetism' was responsible for Hall's "phrenology manifestations". [Braid would, later, further develop and expand the notion of 'sources of fallacy' of which he was already speaking about in *Neurypnology*.]

8. Neurypnology (1843): Content

The description that follows, although not exhaustive, is intended to provide an overall sense of the significance, nature, form, scope, and content of *Neurypnology* as an entire work; and, hopefully, encourage readers to download and examine it. Fig.11. Braid's (1843) Taxonomy (N, pp.12-13).

8.1 Preliminary

Braid provides a brief history of the process through which he discovered his remedial agent (*hypnotism*), his encounter with Lafontaine, his *experimentum crucis*, and his experiences with the BAAS, etc. Stressing “the utmost importance” of terminological precision, he specifies a set of unequivocal, precise distinctions [89] for the user, systematically isolating the descriptive entities needed, and allocating each a unique label (N, pp.12-13) in the form of a systematic taxonomy centred on his remedial agent, *hypnotism* (see Fig.11); that is, “hypnotic”, “hypnotize”, “hypnotized”, “dehypnotize”, “dehypnotized”, and “hypnotist”. He describes his remedial agent, *hypnotism*, in two ways (N, p.12):

- (a) “a peculiar condition of the nervous system, into which it can be thrown by artificial contrivance” (here, ‘artificial’ indicates ‘produced by human artifice’, rather than ‘false’);
and
- (b) “a peculiar condition of the nervous system, induced by a fixed and abstracted attention of the mental and visual eye, on one object, not of an exciting nature”.
[The concept of a ‘mind’s eye’ goes back at least as far as Cicero’s *mentis oculi* (Cicero, *De Oratore*, Liber III: XLI: 163: see Rackham (1948), pp.126-129)]

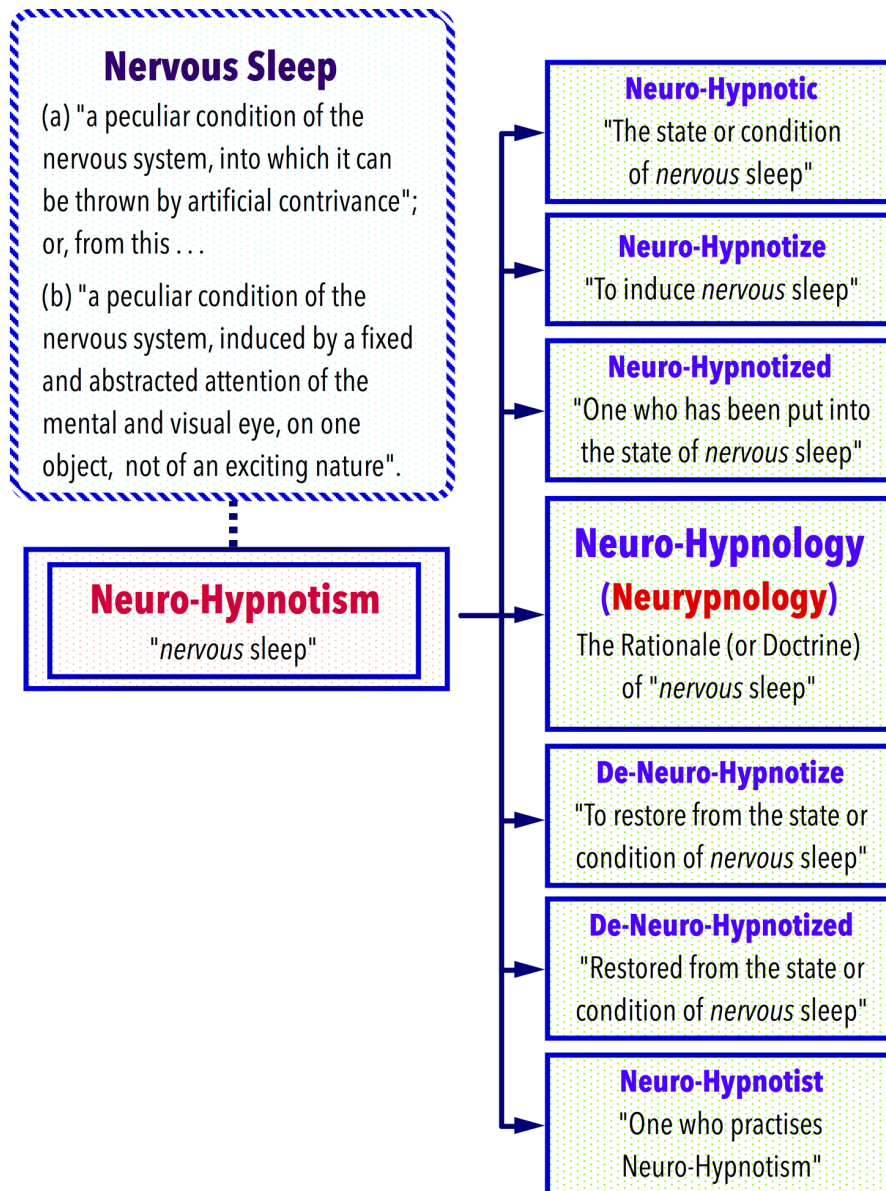


Fig.11. Braid's (1843) Taxonomy (N, pp12-13).

[90]

8.2 Boundary-Work

Braid defends his 'boundary-work' decision to continue lecturing in public once he had comprehensively debunked Lafontaine's claims of 'magnetic' agency:

When I had ascertained that Hypnotism was important as a curative power, and that the prejudices existing against it in the public mind, as to its having an immoral tendency, were erroneous; and the idea, that it was calculated to sap the foundation of the Christian creed, by suggesting that the Gospel miracles might have been wrought by this agency, was quite unfounded and absurd, I felt it to be a duty I owed to the cause of humanity, and my profession, to use my best endeavours to remove those fallacies, so that the profession generally might be at liberty to prosecute the inquiry, and apply it practically, without hazarding their personal and professional interest, by prosecuting it in opposition to popular prejudice.

It appeared to me there was no mode so likely to insure this happy consummation as delivering lectures on the subject to mixed audiences.

The public could thus have demonstrative proof of its practical utility; and, when it was proved to proceed from a law of the animal economy, and that the patient could only be affected *in accordance with his own free will and consent*, and not, as the animal magnetizers contend, through the irresistible power of volitions and passes of the mesmerizers, which might be done in secret and at a distance, the ground of charge as to my agency having an immoral tendency, must at once fall to the ground.

I have reason to believe my labours have not been altogether unsuccessful, in removing the popular prejudices; and I hope that the more liberal of my professional brethren, now that they know my true motives of action, in giving lectures to mixed audiences, instead of confining them to the profession only, and *especially as I made no secret of my modes of operating*, will be inclined to approve rather than blame me, for the course I have taken in this respect. (N, pp.75-76)

Claims that the 'cures' Braid had effected *per medium* of hypnotism were, to borrow Harte's characterisation, "a blasphemous imitation of the miracles of Christ" (1903, p.64) had no basis in fact. Further, it's obvious that, even though certain of Christ's 'healings' were, perhaps, easily replicated by hypnotism, none of his 'miracles' ever could be.

Braid explains that, despite lecturing in public to "mixed audiences" (i.e., both male and female, and both medical and non-medical), his decision to publish *Neurypnology* was the final step in his enterprise, and that it was aimed far more at medical practitioners than the general public:

It is well known that I have never made any secret of my modes of operating, as they have not only been exhibited and explained publicly, but also privately, to any professional gentleman, who wished for farther information on the subject.

[91]

Encouraged by the confidence which flows from a consciousness of the honesty and integrity of my purpose, and a thorough conviction of the reality and value of this as a means of cure, I have persevered, in defiance of much, and, as I think, unwarrantable and capricious opposition.

In now unfolding to the medical profession generally – to whose notice, and kind consideration, this treatise is more particularly presented – my views on what I conceive to be a very important, powerful, and extraordinary agent in the healing art; I beg at once distinctly to be understood, as repudiating the idea of its being, or ever becoming, a universal remedy. ...

In now submitting my opinions and practice to the profession in the following treatise, I consider myself as having discharged an imperative duty to them, and to the cause of humanity.

In future, I intend to go on quietly and patiently, prosecuting the subject in the course of my practice, and shall leave others to adopt or reject it, as they shall find consistent with their own convictions. (N, pp.11-12)

8.3 Novelty and Priority

Braid responded to allegations that his 'mode of hypnotizing' was not novel, and allegations that his work on *neuro-hypnotism* was "an unacknowledged plagiarism ... of the opinion and practice of [Alexandre] Bertrand and Abbé Faria" (N, p.6). Braid stressed the obvious: while the earlier work of Bertrand (see Edmonston, 1986, pp.75-76; Gauld, 1992, pp.132-133) and Faria (see Carrer,

2004, *passim*) was centred on *the imagination* (as was the later work of Bernheim and Liébeault at Nancy), Braid's work was firmly centred on *physiology*. And, further, given there was no likeness between his 'physiological' *induction methods* and the 'imaginary' *methods* of Faria (*N*, pp.6-8), there was neither a technical nor a theoretical 'similarity' (let alone any precise *equivalence*) between the two.

In support of his claims, Braid cites the opinion of the prominent London mesmerist and phrenologist, Mr Henry Brookes – initially opposed to Braid's position – who had recently acknowledged that “[Braid was] the original discoverer of a *new agency*, and not of a mere modification of an old one” (*N*, pp.8-9).

Braid also notes (*N*, p.24) that an equally eminent mesmerist, Herbert Mayo, MD (1796-1852) was entirely satisfied with “the reality of the phenomena” induced by his induction technique (see Mayo, 1842). This is significant: Mayo had not only observed Braid's hypnotisation first hand, but, also, had been hypnotised by Braid during a private *conversazione* conducted for medical men in London on 1 March 1842 (Braid, 1842a).

[It is also significant that during a *conversazione* held at the Royal Manchester Institution on 22 April 1844, Braid produced a letter, “lately received” from Robert Hanham Collyer (of *Phreno-Magnetism* fame), which asserted “The discovery of producing sleep by acting on the eye, as you have described it, is yours – no one has the right to rob you of it.” (TMT.1, p.138).]

[92]

Convinced of the reality of its phenomena, Braid distinguishes his remedial agent from others – mesmerism, animal magnetism, etc., with which he now considers *neuro-hypnotism* to be analogous rather than identical (his original view) – “I have also had the state of the patient tested before, during, and after being hypnotized, to ascertain if there was any alteration in the magnetic or electric condition, but although tested by excellent instruments, and with great care, no appreciable difference could be detected” (*N*, pp.32-33). Stressing that the “hypnotic state” is different from “ordinary sleep” or “the waking condition” (*N*, p.150), he mentions Gardner's ‘sleep at will’ method (*N*, pp.75-78), and asserts that his own method of inducing “*natural* or common sleep” (*N*, pp.58-60) is far superior to that of Gardner's.

8.4 Induction

Having provided a physical (rather than metaphysical or mental) explanation for the hypnotic ‘state’, Braid goes on to describe his physiological (rather than mental) induction technique (see Figs.12a,b), and noting that – despite its speed and efficacy – he has abandoned his earlier ‘cork-

on-the-forehead' technique because so many of his subjects could not maintain the requisite 'fixity of vision' on an object so close to their eyes.

Take any bright object (I generally use my lancet case) between the thumb and fore and middle fingers of the left hand; hold it from about eight to fifteen inches from the eyes, at such position above the forehead as may be necessary to produce the greatest possible strain upon the eyes and eyelids, and enable the patient to maintain a steady fixed stare at the object.

The patient must be made to understand that he is to keep the eyes steadily fixed on the object and the mind riveted on the idea of that one object.

It will be observed, that owing to the consensual adjustment of the eyes, the pupils will be at first contracted: they will shortly begin to dilate, and after they have done so to a considerable extent, and have assumed a wavy motion, if the fore and middle fingers of the right hand, extended and a little separated, are carried from the object towards the eyes, most probably the eyelids will close involuntarily, with a vibratory motion.

If this is not the case, or the patient allows the **eyeballs to move**, desire him to begin anew, giving him to understand that he is to allow the eyelids to close when the fingers are again carried towards the eyes, but that the **eyeballs must be kept fixed in the same position**, and the **mind riveted to the one idea of the object held above the eyes**.

Fig.12a. Braid's induction procedures –
"curative" and "astonishment" versions (N, pp.27-28 and 30-31).

[93]

At an early period of my investigations, I caused the patients to look at a cork bound on the forehead.

This was a very efficient plan with those who had the power of converging the eyes so as to keep them *both steadily* directed on the object.

I very soon found, however, that there were many who could not keep both eyes steadily fixed on *so near* an object, and that the result was, that such patients did not become hypnotized.

To obviate this, I caused them to look at a more distant point, which, although scarcely so rapid and intense in its effects, succeeds more generally than the other, and is therefore what I now adopt and recommend. (N, pp.27-28)

Braid's induction required the patient's 'fixity of vision' upon an 'object of concentration', "by attention rivetted to something without the body" –NB, as distinct from "attention [being] strongly directed to *different parts of the body*" (here Braid quotes directly from LMG.1, p.857) – at such a height and distance that the desired 'upwards and inwards squint' was achieved. (N, p.34).

It will generally be found, that the eyelids close with a vibratory motion, or become spasmodically closed.

.....

At first [that is, once I had discarded my "cork on the forehead" technique] I required the patients to look at an object until the eyelids closed of themselves, involuntarily.

I found, however, that in many cases this was followed by pain in the globes of the eyes, and slight inflammation of the conjunctival membrane.

In order to avoid this, I now close the eyelids, when the impression on the pupil already referred to has taken place, because I find that the **beneficial** phenomena follow this method, provided the eyeballs are kept fixed, and thus, too, the unpleasant feelings in the globes of the eyes will be prevented.

Were the object to produce astonishment in the person operated on, by finding himself unable to open his eyes, the former method is the better; as the eyes once closed it is generally impossible for him to open them; whereas they may be opened for a considerable time after being closed in the other mode I now recommend.

However, for curative purposes, I prefer the plan which leaves no pain in the globes of the eyes.

Fig.12b. Braid's induction procedures –
"curative" and "astonishment" versions (*N*, pp.27-28 and 30-31).

[94]

It was common for Braid to successfully hypnotise as many as ten out of fourteen volunteer subjects at his public lectures using his "fixed gaze at some object or other" technique (Moll, 1897, pp.43-44). In Braid's view, the "upwards and inwards" direction was just as important as the "fixity of vision", reporting that, in cases where their eyes were "directed straight forward", the 'state' was only "*slowly and feebly*" induced – where, by contrast, whenever the eyes were "maintained in the position of a double internal and upward squint", the 'state' was induced "*most rapidly and intensely*" (*N*, p.34).

Braid described both natural and artificial techniques for inducing *neuro-hypnotism*, and his 'double internal and upward squint method' at length (at *N*, pp.27-33). He also describes various techniques for de-hypnotising; and, in passing, mentions that, on 1 May 1843, he had begun experimenting with having his subjects rouse themselves (*N*, p.xix).

8.5 The 'Hypnotic State'

In noting a wide range of hypnotic behaviours, with differences varying significantly from individual to individual, from moment-to-moment, and context-to-context for a particular individual, he anticipates Albert Moll. Both said there was an extended series of "different states [that] are included in the idea of hypnosis" (Moll, 1890, p.25); with the unique arrangement constituting each individual "state" responsible for the phenomena manifested by that subject, in that context, at that time.

He gave a tentative account – sufficient for therapeutic *orthopraxy* ('correctness of behaviour', as distinct from *orthodoxy*, 'correctness of theory') – of the physiological means through which the physical, emotional, and cognitive changes are induced in the normal subject, noting that the 'phenomena' inevitably ensue from the 'state' because "it is a law of the animal economy that such effects should follow such [a] condition of mind and body', and that 'this [was] a *fact* which cannot be controverted' (N, p.31). He constantly stresses that, despite variations in the speed of subject responses to his induction procedure, all of the subsequently elicited phenomena are consecutive (N, p.xiii).

[Also] the oftener patients are hypnotized, from association of ideas and habit, the more susceptible they become; and in this way they are liable to be affected *entirely through the imagination*.

Thus, if they consider or imagine there is something doing, although they do not see it, from which they are to be affected, they will become affected. (N, p.36)

8.6 "Double Consciousness"

In his preface to *Neurypnology*, Braid notes a special characteristic of hypnotism, namely, "that whatever images or mental emotions or thoughts have been excited in the mind during nervous sleep, are generally liable to recur, or be renovated and manifested when the patient is again placed under similar circumstances" (N, p.xvi); and, later, in 1844, when discussing aspects of his "sources of fallacy", Braid calls it "double consciousness":

[95]

Another most probable ground of error arises from the interesting state of double consciousness, the existence of which I have proved in almost every case in which I have tested for it.

By double consciousness I mean that there is a stage of the sleep, when a patient may be taught anything, and be able to repeat it with verbal accuracy as often as in that stage again, whilst he may have no idea either of the subject or the words when in the waking condition. ...

Of course such experiments would be of no value, unless performed on patients on whose veracity we could repose the most implicit confidence; but I have now repeated them on so many patients of both sexes, with like results, and on individuals on whose veracity I can confidently rely, that there can be no doubt of the fact. ...

I have myself taught patients Greek, Latin, French, and Italian in this way, which they remembered quite correctly when again hypnotized, but of which they were quite ignorant when awake. (James Braid [1844], pp.32, 47)

In representing it as “*double consciousness*” – rather than Dewar’s preferred terminology of either “*divided consciousness*” or “*double personality*” (1823, p.365) – Braid is specifically alluding to a condition first described by S L Mitchill, MD (Edin.), FRS (Edin.), editor of *The Medical Repository*, in his (second-hand) account of a young woman, who, subsequent to falling into “a profound sleep” four years earlier, had “lost every trait of acquired knowledge ... and it was found necessary for her to learn every thing again”, and, then, a few months later, had “another fit of somnolency” from which, upon her eventual arousal, “she found herself restored to the state she was before the first paroxysm; but was wholly ignorant of every event and occurrence that had befallen her afterwards”. Over the ensuing four years, and “always consequent upon a long and sound sleep”, Mitchill reported, “she [underwent] periodical transitions from one of these states to the other” (Mitchill, 1816). [At Mitchill’s request, his friend and colleague, the Rev. Timothy Alden, of Meadville, editor of *The Alleghany Magazine*, who had direct personal knowledge of the young woman (Mary Reynolds), provided an extended first-hand account of the case (Alden, 1816); for more on the history and the various versions of the concept of “*double consciousness*” see Hacking (1991).]

8.7 A Resumé

Finally, having concluded Part I (i.e., *N*, pp.1-160) – and, in the process, producing a nine-point resumé of his initial (‘work in progress’) findings at this early stage of his enterprise (just 18 months after his *experimentum crucis*) (Fig.13) – he then moves on to Part II (i.e., *N*, pp.161-260), wherein, once again in typical pharmacopoeia fashion, he provides specific ‘classic’ cases, each taken from his own clinical records, of the exemplary application of hypnotism to specific conditions.

[96]

- (1) That the effect of a continued fixation of the mental and visual eye in the manner, and with the concomitant circumstances pointed out, is to throw the nervous system into a new condition, accompanied with a state of somnolence, and a tendency, according to the mode of management, of exciting a variety of phenomena, very different from those we obtain either in ordinary sleep, or during the waking condition.
- (2) That there is at first a state of high excitement of all the organs of special sense, sight excepted, and a great increase of muscular power; and that the senses afterwards become torpid in a much greater degree than what occurs in natural sleep.
- (3) That in this condition we have the power of directing or concentrating nervous energy, raising or depressing it in a remarkable degree, at will locally or generally.
- (4) That in this state, we have the power of exciting or depressing the force and frequency of the heart's action, and the state of the circulation, locally or generally, in a surprising degree.
- (5) That whilst in this peculiar condition, we have the power of regulating and controlling muscular tone and energy in a remarkable manner and degree.
- (6) That we also thus acquire a power of producing rapid and important changes in the state of the capillary circulation, and of the whole of the secretions and excretions of the body, as proved by the application of chemical tests.
- (7) That this power can be beneficially directed to the cure of a variety of diseases which were most intractable, or altogether incurable, by ordinary treatment.
- (8) That this agency may be rendered available in moderating or entirely preventing, the pain incident to patients whilst undergoing surgical operations.
- (9) That during hypnotism, by manipulating the cranium and face, we can excite certain mental and bodily manifestations, according to the parts touched.

Fig.13. Braid's 1843 resumé of his 'work in progress' (*N*, pp.150-151).

9. *Neurypnology* (1843): Case Studies

9.1 Exemplar Cases

In the classic pattern of a standard *pharmacopœia* – and, therefore, with no need to argue the case for its efficacy as a remedial agent – Braid provides a selected series of 'classic' cases of the successful application of hypnotism (*N*, Part II, pp.161-260); i.e., Kuhn's *exemplars*: "achievements that some particular scientific community acknowledges for a time as supplying the foundation for its further practice" (Kuhn, 1970, p.175).

Further, given the work's *pharmacopœia* style, it is not surprising to find no mention at all of any outright treatment failures; although there is one report of Braid's *abandonment of treatment* in a single case (Case XVIII, pp.205-206).

[97]

Braid lists the successful application of hypnotism in 69 cases – Cases I-LXVI, plus an additional Case V, and two others identified as Cases X^A and XXVII^A – involving an equal mix of male and females from all walks of life with 75 different 'physical' complaints, the majority of which were *treated by hypnotism alone* in the 18-months since his first clinical treatment on 10 December 1841.

Each case was carefully selected to *illustrate successful practice* – as promised in the work's extended title, "*Illustrated by Numerous Cases of its Successful Application in the Relief and Cure of Disease*" – and, consequently, the collection must not be thought of as an exhaustive list of Braid's entire hypnotism-centred caseload over that time:

I could easily adduce many more interesting cases, but [I] trust those already recorded may be sufficient to prove that hypnotism is an important addition to our curative means, and a power well worthy [of] the attentive consideration of every enlightened and unprejudiced medical man. (N, p.260)

9.2 Conditions Treated

Although many of the conditions that Braid treated are hard to identify from a twenty-first century perspective, it is certain that his success was spread over a wide range of disorders, the nature of which were widely-understood at the time.

Given his disciplinary understanding and training, his extensive and varied clinical experience, the extent to which his own hypnotherapeutic practices were the subject of intense scrutiny by his peers and colleagues, and his own position as a respected surgeon at the centre of the conventional medicine of his day, there is no reason to doubt Braid's constant assertions that his new therapeutic agent was highly efficacious, often "with startling rapidity" (Gauld, 1992, p.283), in many conditions previously considered to be either intractable or incurable diseases by the medical profession in general.

The case studies were grouped according to the clinical symptoms they manifested – rather than their speculated pathology – and, unfortunately, they are not listed in chronological order: something which would have greatly assisted our understanding of Braid's incremental acquisition of expertise. Some of the cases also have sworn statements appended in order to verify the accuracy of the facts recorded.

Medical hypnotist and historian CAS Wink, MA, BM. BCh, BLitt., who categorised Braid's 75 cited disorders as shown in Fig.14, noted that "all of [them] showed responses varying from the gratifying to the outright astonishing" (Wink, 1969, p.81).

9.3 Pre-Operative Fear and Pain Reduction

It is also significant that Braid reports (p.250) on "the power of hypnotism in blunting morbid feeling ... [and] its power of relieving, or entirely preventing, the pain incident to patients undergoing surgical operations", noting that he was "quite satisfied that hypnotism is capable of throwing a patient into that state in which

[98]

Analgesia in painful surgical dressing	1
Analgesia in surgery for talipes	1
Anosmia	1
"Anxiety"	1
Aphonia	1
Deaf (only)	1
Deaf Mute	4
Fits, epilepsy	4
Headache, nervous headache, migraine	7
Hump back	1
Hysterical spasm	1
Palpitations, pain in heart, valvular disease	5
Paralysis, including stroke	15
Poor or failing vision	6
Poor or failing vision due to corneal opacity	1
Rheumatic fever	1
"Rheumatic" pains	9
Seqelæ of injury	3
Singing out of tune	1
"Spinal Irritation"	1
Tic douloureux	3
Toothache	1
Torticollis	1
Trismus	1
Various skin conditions	4

Fig.14. Braid's case studies (as categorised by Wink, 1969, p.81).

he shall be entirely unconscious of the pain of a surgical operation, or of greatly moderating it, according to the time allowed and mode of management resorted to”.

He refers to having “extracted teeth from six patients under this influence without pain, and to some others with so little pain, that they did not know a tooth had been extracted” and, further, to a colleague, who “operated in my way ... and extracted a very firm tooth without the patient evincing any symptom of feeling pain during the operation; and when roused, was quite unconscious of such an operation having been performed”.

He reports on two cases (Cases **LIX** and **LX**, pp.251-253) wherein he successfully operated (pain-free) on patients whose high level of pre-operative fear would not **{99}** have otherwise allowed them to submit to the procedure; and, if that were not persuasive enough, he offered the following evidence:

Case LXI.

An adult with worst variety of Talipes varus, of both feet, had the first operated on in the usual way, and the other whilst in the primary state of hypnotism.

The present ease and future advantage, in respect to the latter operation, was most remarkable.

I have operated on upwards of three hundred club feet now, and I am warranted in saying I never had so satisfactory a result as in the one now referred to.

(N, p.253)

I feel no great anxiety for the fate of **Hypnotism**, provided it only has "a fair field and no favour".

I am content to bide my time, in the firm conviction that truth, for which alone I most earnestly strive, with the discovery of the safest, and surest, and speediest modes of relieving human suffering, will ultimately triumph over error.

I feel pretty confident that whoever will undertake the investigation of hypnotic phenomena with a candid mind, and untrammelled by any previous prejudices in favour of the mystical and transcendental, may very soon satisfy himself that the real origin and essence of the hypnotic condition, is the induction of a habit of abstraction or mental concentration, in which, as in reverie or spontaneous abstraction, the powers of the mind are so much engrossed with a single idea or train of thought, as, for the nonce, to render the individual unconscious of, or indifferently conscious to, all other ideas, impressions, or trains of thought.

The **hypnotic sleep**, therefore, is the very antithesis or opposite mental and physical condition to that which precedes and accompanies *common sleep*; for the latter arises from a diffusive state of mind, or complete loss of power of fixing the attention, with suspension of voluntary power.

.....

The state of mental concentration, however, which is the basis of the **hypnotic** sleep, enables the subject to exhibit various passive or active manifestations, such as insensibility or exalted sensibility, rigidity or agility, and entire prostration or inordinate energy of physical power, according to the trains of ideas and motives which may arise spontaneously in his mind, or be addressed to it by others, through impressions on his physical organs.

Fig.15. James Braid (1852, pp.53-54).

[100]

9.4 Treatment Frequency, Intensity, and Duration

Most of his reported cases had considerably more than one treatment.

Here are two examples:

Case XVI (pp.202-204), a 33-year-old shopkeeper, who, following her delivery of premature baby four months earlier, had "lost all voluntary power over [her legs], together with loss of natural feeling" and who had "[despite being] under the care of three professional gentlemen, ... became worse instead of better, notwithstanding the means used, [and] the case had been considered hopeless, and left to itself, for some time previous to [Braid] being consulted". Upon examination,

he “found she had not only lost feeling and voluntary motion of her legs and feet, but that the knees were rigidly flexed, the heels drawn up, the toes flexed, and the feet incurvated, and fixed in the position of slight club foot (varus.) She had not menstruated since her confinement [and] her speech was imperfect and her memory impaired”.

She was hypnotised twice daily, in 5-minute doses, for nearly a month.

Her menstruation returned within several days of her treatment commencing. “The feeling and power of her legs and feet were greatly restored, her speech perfect, and her memory much improved, before she had a single dose of [aperient or diuretic] medicine from me”; and from this, it was obvious to Braid that, “her improvement therefore was strictly the result of hypnotism alone”. Within a week “she was able to walk into her shop alone, merely requiring to steady herself by the wall, and in two weeks more she *could walk into it without any assistance whatever*”. Within two months she could walk daily several miles in steep country and had “had no relapse, and has continued well ever since”.

He treated **Case LII** (pp.246-248), a 14-year-old girl with spinal curvature, twice daily for six weeks.

10. After Neurypnology

Following the publication of *Neurypnology* in 1843, Braid immersed himself in his professional life and surgical practice and, for the next seventeen years, continued to privately investigate the phenomena and therapeutic applications of hypnotism (Fig.15).

Aside from the occasional address to a professional body (e.g., Braid, 1851), he exclusively used prestigious professional journals (or his own self-published pamphlets) to disseminate aspects of his ever-developing views on hypnotism.

[Continued in Part V]

[101]

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Dr Lindsay B. Yeates, PhD (History & Philosophy of Science), University of New South Wales (UNSW); MA (Cognitive Science), UNSW; Graduate Diploma in Arts By Research (History & Philosophy of Science), UNSW; BA (Asian Studies), Australian National University (ANU); Diploma of Clinical Hypnotherapy; Diploma of Traditional Chinese Medicine; Certificate of Competence as a Therapy Radiographer,

Royal Melbourne Institute of Technology (RMIT). A Fellow and Life Member of the Australian Society of Clinical Hypnotherapy (ASCH), and the Australian Hypnotherapists' Association (AHA), currently Editorial Assistant at the *Australasian Journal of Philosophy*, and an Adjunct Assistant Lecturer in the School of Humanities and Languages at the University of New South Wales, Lindsay has been variously involved with hypnotism, hypnotherapy, and the training of clinical hypnotherapists for more than fifty-five years.

Following the award of MA for his interdisciplinary cognitive science studies in 2002, and a Graduate Diploma in Arts for his research into the mechanism of thought experiments in 2004, Lindsay was awarded a scholarship to undertake extensive post-graduate research into the events surrounding James Braid's discovery of hypnotism in Manchester in 1841. His acclaimed, groundbreaking doctoral dissertation, *James Braid: Surgeon, Gentleman Scientist, and Hypnotist*, was accepted by the examiners without correction. He was awarded a PhD in 2013.

Driven by a life-long interest in scientific hypnotism and suggestion—in particular, the nature, form, and content of efficacious hypnotic suggestion—Lindsay's professional career reflects his view that a major obligation of any scholar is not only to actively engage in the prolonged studies demanded for both knowledge creation, and the distillation and the refinement of the knowledge so created, but also, to diffuse and disseminate that knowledge. Lindsay's on-going studies, the refinement of his personal understandings, and the non-commercial sharing of his research, form a significant part of that long-term endeavour.

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