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DANIEL SCHMIDT

IN THIS ISSUE

INSTANTANEOUS HYPNOSIS (PART III)

HYPNOTISM AND MEMORY

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HYPNOTISM SUGGESTION by August Forel, M.D., Ph.D., LL.D., former director of the Insane Asylum in Zurich, Switzerland. The medical profession will find the republication of this famous classic on hypnotism a welcome addition to current literature on the subject. Forel's book may be regarded as a reservoir wherein all knowledge of hypnotism prior to the Freudian era in psychiatry is stored. Forel shows that hypnosis has a valid place in therapy and that it can be a curative power in the hands of capable therapists who are aware of its advantages and its limitations—and its areas of applicability. Per copy, \$3.50.

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DR. REXFORD L. NORTH

26 St. Botolph Street

Boston 16, Mass.

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Dr. Rexford L. North, Editor
Harry Arons, Associate Editor
B. H. Yanover, Research Director
Len Leonards, Art Director

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Between Ourselves

With this issue we are going into our second year of publication and I'd like to thank all who have made the JOURNAL a success through their support. Almost 100% of our subscribers have sent in their renewals.

Congratulations have poured in from all over the world and I'm very grateful. Dr. Milford Ellison of the College of Applied Psychology in Miami, Florida, sent copy for a full page ad congratulating us but almost all pages had already been made up and we reluctantly returned his check. But thanks for the thought. I'd like to take this opportunity to thank all of you who sent in letters and telegrams.

About the time that this issue reaches you, our New York classes and lectures will be in full swing. We are operating in temporary quarters until we can find a good permanent location. However, full details about the Friday night classes and lectures are available through our Boston office.

Recently the Ralph Slater case in England attracted much attention. This is certainly one of the biggest stories in a long time and the dynamite behind the case has many worried. Few are aware of the full facts behind this case. We are having the case investigated and a full report will appear in the next issue of the JOURNAL. Don't miss this story. Regardless of your interest in hypnotism, you'll want to read the facts about the Ralph Slater case.

HYPNOTISM IN MEXICO. Somehow or other, we hear quite a bit about the activities of hypnotists in Canada but very little is heard from the country below our southern boundaries. Next month we will feature an article on HYPNOTISM IN MEXICO by James F. Butterfield. Mr. Butterfield has promised to illustrate the article with a number of photos. (Soon we'd like to illustrate ALL articles.) It is very interesting to note that Mr. Butterfield is producing a television show called "THE POWER OF SUGGESTION". While hypnotists (myself included) appear as guests off and on for television shows, I've never heard of anyone in America having a regular full-scale TV show.

HYPNOTISM GROWS UP is the title of a very fascinating booklet written, published and printed by Jesse A. Sheterom of Saxton, Penna. The booklet doesn't carry a price tag but I'd suggest that you write and ask about it.

(Continued on Page 20)

INSTANTANEOUS HYPNOSIS

By HARRY ARONS

Part III

The Hands-Clasp Method

Methods of instantaneous induction, based on the hands-clasp test, are generally credited with originating with Emile Coue, the French druggist who popularized the auto-suggestion "Day by day, in every way, I am getting better and better". It is assumed that most of the readers are familiar with the test itself; others can obtain this information in any number of authoritative courses and books that are available.

The subject is usually given a number of the minor preliminary tests, culminating in the hands-clasp test. While he is vainly struggling to open his hands, the operator gazes fixedly into his eyes, assumes a very authoritarian air and commands: "Now close your eyes and—SLEEP! You're going deep asleep now—sound asleep—deeper and deeper asleep every second." To establish good control, he may proceed thus: "When I count 'three' your hands will open and fall to your sides and you'll go into the very deepest hypnotic sleep possible. Now—one—two—three—", etc.

Dr. Rexford L. North uses this method almost exclusively. His striking appearance, his position of prestige in the field, plus his ability to assume the necessary authoritarian demeanor, all contribute towards making this method a "natural" for him.

Ralph Slater uses variations of this technique, usually adding a twist of the subject's head for emphasis. When Slater conducted his half-hour broadcast on a WOR Mutual network some years ago, he added a bit of psychology that helped popularize his name. He would start by having his subject clasp hands in the usual manner, and then his line ran something like this:

"When I speak my name and snap my fingers three times, you will fall fast asleep. ONE—my name is Ralph Slater—(SNAP!)—you're getting very sleepy . . . TWO—my name is Ralph Slater—(SNAP!)—very sleepy and tired—your eyes are closing and you are about to fall asleep . . . THREE—my name is Ralph Slater—(SNAP!)—you're going deep asleep—SLEEP—you are sound asleep!"

Most operators adopt individual variations on this old theme, and the beginner will be wise to try a number of the usual twists to decide which is most adaptable to his particular style and personality. In due time he will find himself using an individual variation of his own.

Author's Favorite Method

My own variation, developed over a period of years, is intended not only to produce a good degree of rapport with the subject before me, but also to impress other potential subjects in the audience.

I take a standing position only if I am taller than the subject; otherwise I find it is more effective to sit opposite him. In the former case I instruct him to stand erect, facing me, with his feet together, and to inter-



Unique subject's-eye view of Harry Arons during an instantaneous hypnosis experiment. This photo appears on the cover of his new book, "*How to Make Money with Hypnotism*". Students in search of an unusual fixation object can cut out this photo, paste it on cardboard and use it as a hypnodisk.

twine his fingers in the usual way. I fix my gaze steadily and earnestly upon his eyes, and instruct him to do likewise and not to look away even for a second. Sometime; I make passes from the shoulders downward over the arms, suggesting rigidity of the muscles, tightening of the ligaments, etc. When I reach the hands, I press them together by giving them a short, intense squeeze, simultaneously increasing the intensity of my gaze and my general manner.

All the while I am speaking earnestly and authoritatively, but not loudly, and keep repeating the usual suggestions of rigidity of the muscles, tightening of the hands and fingers, whiteness of the knuckles, etc., and



Harry Arons illustrating his favorite method of instantaneous induction on beautiful Keni Shor. In this photo he has just snapped his fingers and is about to make the pass that will cause the subject to close her eyes and go to sleep.

produce the expectation that on the count of "three" his hands will be stuck together and that he will be unable to open them no matter how hard he tries.

I study him carefully, watching for indications that the "psychological moment" is at hand. Only experience can teach you to recognize the symptoms, but the following may serve as good indications:

1. A fixed, unblinking expression of the eyes. Should his eyes waver even momentarily from mine, the indication is unfavorable.
2. Sometimes, conversely, unusually rapid blinking is a good sign, particularly if accompanied by spasmodic swallowing.
3. A strained, almost fearful expression, jaw hanging open, face flushed.

When I feel that the time is about ripe, I proceed as follows:

"Your hands are now stuck tightly together. Tight—very tight!" Using both my hands, I again give his wrists a brief but intense squeeze. My left hand now moves under his and grasps them from underneath. My right hand moves unobtrusively away and to the right; then it moves upwards in a shallow arc until somewhat above the subject's eye-level. Now it moves inward, palms toward the subject, fingers slightly curved and pointing at his eyes (see photo).

"On the count of 'three' your hands will be glued together and you will be unable to open them. You will try—and the more you try the tighter your hands will stick. Now . . . ONE!—they are getting tighter and tighter . . . TWO!—very, very tight—your hands are stuck and you are powerless to open them . . . THREE!—they're stuck tight now—very, very tight! You cannot open your hands. You can't—you can't! Try—but you can't open them!"

It is important that you hold his attention with your eyes. Don't glance away or at his hands and he will not be inclined to do likewise. Your left hand under his will tell you exactly what is happening there.

The subject should not be allowed to continue his efforts to unclasp his hands for more than five or six seconds. During this fleeting period my right hand has been hovering, as previously described, slightly above the level of the subject's eyes, fingers curved and pointing at his eyes. I now bring my fingers together in the position for snapping. Becoming very authoritative in my manner, I stare piercingly into his eyes and command—

"Now close your eyes and—SLEEP!" at the same moment snapping my fingers sharply right in front of his eyes. His eyes may not close on the instant, as he is somewhat startled by the sudden command. Immediately after snapping my fingers my hand opens into the previous position, rises slightly above his eye-level and moves downward again, over his eyes and over his face, without touching him. This gesture, known as a pass without contact, is intended to emphasize the command to close the eyes and sleep. The subject's eyes usually close as the fingers pass over them suggestively. If eye-closure does not happen immediately, I repeat the command and the pass, but not the snap of the fingers. However, this repetition is very rarely necessary.

It is always wise at this point to deepen the trance as much as possible by means of additional suggestions. Though the closing of the eyes indicates entrance into trance, the subject does not go into the deepest possible trance until he is thoroughly conditioned to react in this manner through repeated hypnosis.

A Unique Arm Levitation Method

I find this method quite spectacular. I have used it on a number of occasions successfully with suitable subjects. It is not original with me, but I cannot recall my first contact with it, so I am unable to give the originator due credit.

The subject is instructed to stand facing the operator at a distance of about five feet. He is told to point at the operator's feet with his outstretched right arm and to fix his gaze upon the pointing finger.

The operator proceeds in this vein:

"As you point at my feet, you begin to feel a certain lightness in your arm. A cool and light feeling. Gradually, your arm will begin to rise upward—of its own accord. Upwards towards my eyes. Higher and higher it will go, with your eyes steadily focussed on your forefinger all the while. Higher and higher it will rise, until your finger reaches the level of and is pointing directly at my eyes. The instant your eyes meet mine, you will fall into a deep hypnotic sleep. Your eyes will close—and you will fall fast asleep!"

As soon as the arm begins to rise, seize upon this reaction and thenceforward make your suggestions more positive. Continue until the subject's finger is pointing directly at your eyes. Then deliver a forceful *coup de grace* and the job is done.

The advantage of this and similar methods lies in the fact that the subject goes to sleep when *he* is ready; he selects his own speed. The operator gauges his suggestions in accordance with the subject's visible reactions. He is taking no chances in using this method. If the subject's arm does rise involuntarily to the desired point, his going into hypnosis instantaneously thereafter is almost an assured fact. On the other hand, should the levitation not proceed satisfactorily, the operator's logical excuse is simply that the subject did not pass the *test* of suggestibility.

Wolberg's Levitation Method

Wolberg, Erickson and others of the hypnoanalytic school seem to prefer the method based on hand levitation. They argue, and logically, that the subject is made to feel that the desired reactions stem from his own mind rather than the hypnotist's. This attitude minimizes the possibility of resistance.

Wolberg, who works entirely in a clinical or private office setting, usually has his subject in a sitting position, with his hands placed flat on his thighs just above the knees. The subject is instructed to gaze upon his hands intently and expectantly, and to watch and anticipate certain reactions which "normally" occur in such situations. These reactions might be a slight twitching or other movement of a finger, a feeling of lightness in the hand, a gradual separation and arching of the fingers, etc. The subject is told to watch for the slightest movements and to concentrate upon

them when they occur. As soon as the first of these reactions becomes noticeable, the operator seizes upon them as evidence of good progress. The subject is made to feel that he alone is responsible for these reactions and that they emanate from his own mind. This encourages further and more rapid progress.

Both operator and subject concentrate their attention upon the hand which shows the first signs of movement, ignoring the other completely. The subject is led to expect that the hand will gradually rise from his thigh and will continue rising until it reaches shoulder-level or thereabouts. The subject all this while keeps his eyes focussed on the rising hand.

To this point no suggestions of sleep or hypnosis have been made. But when the hand has risen sufficiently, the suggestion is given that the arm will begin to bend at the elbow and that the hand will now move towards the subject's face. The operator now begins to impress upon the subject that when his hand touches his face the SUBJECT WILL BE READY TO FALL ASLEEP—and that he will indeed go into hypnosis at the moment his hand touches his face!

It is practically impossible to fail with this method once the experiment has progressed to this point.

Swayback Method

Many contemporary lay hypnotists, including Bellows, Tarni, Weisbrod, Ringel and others, use a method based on the falling backward or swayback test. So far as I have been able to determine through research, this technique originates with Bellows; I am not certain, however, and would appreciate hearing from any reader who can present evidence to the contrary.

The operator stands a few inches behind the subject, holding him lightly by the shoulders while instructing him to relax, etc. The subject's eyes are open. The operator now stretches both arms out alongside and extending beyond the subject's head, hands open, palms facing one another, fingers spread out. He begins the usual suggestions for falling backward. In the course of the patter, he mentions that when he draws his hands back toward himself, the subject will feel impelled to fall backwards.

The operator now draws his hands back, at the same time executing a waving or rippling motion with the fingers. He draws his hands back slowly and steadily alongside the subject's head, but without touching him. This motion is repeated until the subject begins to fall. The operator now takes a short step backward to brace himself, and lets the subject fall against his chest. If necessary, he grasps the subject's shoulders for additional support.

As soon as the subject falls, the operator passes his right hand over his face, either with or without contact, and commands him to close his eyes and go to sleep. It may help to actually place the fingers upon the subject's closed eyes and exert a slight pressure for a moment or two. In this position, the subject is actually slightly off balance, resting in the operator's arms against his chest. There is no hurry in restoring the subject's equilibrium; sleep suggestions are continued until the operator feels

hypnosis is fairly assured. Then he slowly pushes him back to an even keel.

There are many other techniques, or rather variations of techniques for inducing hypnosis speedily or instantaneously, but no purpose will be served in describing more than I have done already, as these form the basis of most of the other methods known. I might mention, however a method used by X. Lamotte Sage some thirty years ago, in which he keeps tapping the subject's jaw while making suggestions that a toothache is imminent and commands him to sleep as soon as he jumps up with a howl of pain. The method, based on Chevreul's Pendulum, is more practical. In this method, when the pendulum is swinging in a wide arc the subject is told that he cannot stop it even if he tries; if this part of the experiment works the subject is then simply told to close his eyes and go to sleep.

(The next installment will recount an actual case of cold, unprepared, instantaneous hypnosis under the most adverse conditions imaginable.)

BREAKING HABITS THROUGH HYPNOSIS



Dr. David F. Tracy here illustrates his method for breaking a subject of the smoking habit. When the attractive young lady awakens from the trance, she will find it amusing and hard to believe, but her cigarette tastes just like burnt rubber.

(NOTE: This photo is from Dr. Tracy's brand new book, "How to Use Hypnosis". The book is available through this magazine at \$2.50 postpaid.)

HYPNOTISM and MEMORY

By HERBERT CHARLES

Foreword

"You can't see the wood; for the trees," is an old German proverb. It is eminently suitable to describe the age-old search for an aid to the normal memory. Hypnotism, with many of its other potentialities the subject of bitter controversy, can prove incontrovertibly that the recall of past events or experiences, in a word memory, is one of its undeniable properties; hypnotism is the "woods" obscured by the "trees".

When Dr. Rexford L. North, who is rapidly taking his place as one of the world's leading research directors of psychological and hypnotological phenomena, commissioned the author to investigate the possibilities of hypnosis as a memory aid, the first step taken, naturally, was to see what the existing literature on the topic could reveal. NOT A SINGLE WORK COULD BE FOUND. This is even more amazing than it appears at first glance since it is well-known that hypnotism is able to bring into consciousness past experiences which have been forgotten, although this facet of hypnotism is generally used in other than what we may call everyday existence. It is as if man did not use the electric light for finding his way in the dark but only turned it on for some special emergency use.

Let us examine some of these emergency usages of hypnotism as memory aids. One of those more or less commonly known is in cases of amnesia. The amnesiac is found without any apparent knowledge of who he is or where he came from. Ordinary questioning normally elicits no information of value and may tend to confuse him the more. Present day procedure of first choice is to place the amnesiac under hypnosis and more often than not he will be able to recall everything, including what he did in the state of fugue. This is clearly evidence that hypnotism is a memory aid.

Another instance of hypnotic recall is shown with victims of so-called battle shock. In these cases the casualties "forgot" the traumatic incidents which directly precipitated their condition. Psychiatric procedure prescribes that these incidents be recalled to consciousness in order to obliterate their effect and it was found that hypnosis was an excellent means of securing such recall.

Another instance of hypnotic recovery of memory is shown in hypno-analysis wherein the subject may be regressed to actual re-living of childhood experiences and authenticized recollections are elicited.

It is well to point out that in all the above instances the people concerned had purposeful motivations for this type of "forgetting". The amnesiac may have been escaping from an environmental or social situation which he could not endure; the battle shock casualty may have been running

away from a memory which evoked unconscious guilt feelings; the hypno-analysand "forgets" his childhood catastrophic happenings because they bring feelings of anxiety. Despite this resistance to recall, hypnotism is able to dig out these lost experiences, these lost memories. Certainly it is a much easier task without this resistance, when one wishes to employ hypnotism as an aid to normal memory.

Of a certainty the author is not advocating that one go into a trance state when something one wants to recall to memory proves elusive. Not at all. It will be shown that the training of the memory is like the development of a muscle. A muscle can be developed by a set of exercises but that does not mean that the muscle can only be used for the exercises alone; on the contrary the muscle is fit for other activities. In a like manner a set of exercises will be established for memory training purposes and the memory will be thereby strengthened for diversified usage.

Once Dr. North pointed out the direction, this small work practically wrote itself. The usage of hypnotism to bring recall satisfactorily was an established fact, and there was available a system of mnemonics (memory aids) which had proved of worth down through many centuries. It only remained to work out a methodology which would suitably coalesce the two. This presented no major problem since all the memory systems used suggestive devices for their associations and it is well-known that in hypnosis a highly suggestible state of mind is attained.

The reader might well ask why the usage of hypnosis is advocated if there are available memory courses which have stood the test of time. Unfortunately, in order to learn these systems of memory, it seems necessary to take a memory course in order to be able to remember them. Lest the reader think that a magical formula is to be offered which will require absolutely no effort on his part, he must be disillusioned at once. Concentration and application is necessary to learn the Charles system, albeit it will be found easier to acquire and retain. Hypnotism is a science and is bound by certain scientific laws. Within these boundaries the phenomena evoked are truly extraordinary but no magic nor mysticism is involved and to gain benefit requires a certain amount of effort. Let it be understood then; a practical course is offered and hypnotism is offered as an aid in acquiring mastery of that course by easier and pleasanter means.

A simple non-technical discussion of the brain's workings is presented as the writer sees it, with the thought that such an exposition will help in the understanding of the memory processes. For the sake of clarity the author admits guilt of over-simplification, perhaps, but since this work is not meant for a treatise on brain surgery but only for memory improvement it is hoped that the simplification will not be considered inconsistent with the main purpose.

The author is not unaware of the possibility of the monumental upheaval of the educational system as a whole if hypnotic learning were universally adopted. The teaching techniques of today are sadly in need of overhauling, it is true, but this work does not attempt to deal with them although it may serve to point the way. Man spends so much of his time in learning what others have done that he scarcely has the time left for his

own creative thinking. The author attempts to shorten that period of learning so that more time will be left for individual research.

But the writer does not wish to burden the reader with the consideration of a new world which may result from this work, but merely to present a system of memory training which will aid him in his daily pursuits and which may at the same time afford him pleasurable relaxation. If it is presented in a parlor-trick style it is only with the desire to make the exercise more interesting; and one tends to concentrate more on subjects which have interest and it will be seen that a certain amount of concentration is necessary to effect hypnotism and for memory training alike.

Finally, some doubt may be thrown on the genuineness of the hypnotic state induced since the type shown herein is commonly thought of as auto-suggestion rather than heterohypnotism, but the author contends that with the particular usage of the FIXATION IMAGE the student is following the suggestions of the author rather than his own. Further criticism may be leveled at the lightness of the depth of the trance at first but it will be found that the depth will increase with practice. Actually it will be found that some will only attain the hypnoidal stage but for the purpose of the work that stage is sufficient.

The Brain

The human brain is about 8 inches long and 4 inches high and weighs about 3 pounds. Popular belief is that it is the largest of mammalian brains which it is not. However what the human brain lacks in total size it more than makes up in the cortical area, the cerebrum cortex, which is the seat of logic, reason and memory. The cortex covers an area of about 80% of the whole brain and it is larger than that of any other mammal.

While most of the processes of the body are yielding up their secrets before the steady onslaught of scientific research the brain of man is proving the most stubborn bastion of them all. The recent wars have provided a vast new source of information, especially in the areas governing the motor activities, but the process of thought in the brain is the subject of the greatest controversy. Men like Pavlov and Herriek attempt to make thought the inevitable action of objective physiological processes while the Freudians and many psychologists lean towards the subjective psychical patterns.

For the purpose of acquiring better memories it will not be necessary to enter into any deep consideration of these arguments but it will be interesting to look at some of the physiological workings of the brain in an attempt to pin down some facts which can be used as a basis for memory training. The brain's duty is to receive impulses via the nerves and take such action as is consistent with the needs and welfare of the organism. Sometimes the brain receives an impulse and takes no action if such inhibition is deemed best for the organism; this is an inhibitory mechanism. Whatever the impulse, whatever the action taken, all experience is stored in the brain for possible future use and such storing is called memory.

An impulse is received from the organs of internal or external perception and the memory is laid physiologically in the form of a defined path, in a neural pattern. The retention of the memory in consciousness depends on the importance that the memory has for the organism. The fact that

some important experiences cannot be easily brought into consciousness does not mean that they are not in the memory. Freud showed that some memories may be repressed because of their anxiety producing content. Fortunately the memory training we envision does not involve such psychically distressing factors, but merely seeks the retention of factual data.

Although the brain can take action from stimuli received from within itself, that is from memory of past experiences, most of the brain's work is concerned with impressions received from without. The body is equipped with sense receptors and special sense organs which transmit their fact to the brain for action, inhibition and retention (memory). The special sense organs are five in number; smell, sight, taste, touch and hearing. These however are only the external sources of perception and there are also organs for receiving internal stimuli which are handled by a nervous system called variously the sympathetic vegetative or autonomic system. To go further with the external senses, since they are the ones the memory courses is concerned with, they may be broken into further divisions, into subdivisions, as it were. The sense of taste, for instance, can convey distinct sensations of sweet, sour, salt and bitter. The sense of touch has receptors for cold, heat, light touch, deep pressure and pain and such receptors are individually capable of conveying only one of these stimuli. The sense of smell is said to be able to distinguish six different and distinct odors. Sight and hearing have their subdivisions also.

It is important to realize, in studying memory improvement, that any one of the senses give impressions, which cut neural paths, which establish better memories. For instance, if you think of burning leaves (some people must smell them) it may bring vivid memories of another time when you experienced the same sensation or it may be associated further with some event which took place when you smelled the burning leaves. And all lovers sigh when they hear "our song" since auditory memories are very strong. As to taste memories, does your mouth "water" at the thought of a sour pickle? Touch memory is strong, too. You remember how a piece of silk should feel. There is no need to go on with further examples of sensory memory since we are all familiar with them. A point of importance, however, is that if we *perceive* incorrectly our *memories* are apt to be *faulty* also. Did you ever listen to different witnesses describe the same event? Their stories will conflict at those points where their respective perceptions differed.

Once the sensory organs have received a stimulus, that impulse must be conveyed to the brain where it will become part of the memory. A specialized cell has been developed for this job which is called a neuron. To understand the workings of the neuron is to understand the make up of the brain since not only does the neuron carry the sensation but it is the very substance of the brain. The millions of sense receptors throughout the body are each attached to a neuron which makes connections with other neurons. The neurons go in cables to the spine and the brain except as in the case of the nerves from the eyes and nose which go directly to the brain. The neurons differ in size depending on what part of the body they are found in, but the basic design is one. The neuron consists of three parts;

the axon, the cell body and the dendron. Between the dendron of one neuron and the axon of a connecting neuron there is a minute separation called the synapse, and the impulse is said to "jump" the gap by a chemical action which takes place. This juncture is very important since there is more than one neuron which can carry the same impulse to the brain. When the same path is taken over and over in obedience to an identical stimulus the action is easier to take and we tend to form a habit. When we have to "stop and think" it is usually because the stimulus is a new one. Of course bad habits may be formed by habitually taking the wrong channels also.

When the various reports are received by the brain they are consolidated into a single thought process. Otherwise these individual sense reports would mean nothing, they "wouldn't make sense". Physiologically, definite neural patterns are formed in the cortex and these patterns remain for later use in the same or related situations. Interconnections exist between all the neurons of the brain so that the patterns of all memories may be utilized. The more experiences we undergo, the more we learn, the more patterns we have available for use, the better we can think, the better we can remember. It is a common saying that "experience is a wise teacher".

Not all action is initiated in the higher brain center, the cerebral cortex. In the evolutionary process incidental to the acquirement of the cerebral cortex by the vertebrates, there were developed other centers for the centralization of the receipt of stimuli and the reaction thereto. In man, these primitive brain forms still exist and they have individual functions which, however, are under the over-all control of the cortex. It is the author's opinion that habits acquired in the cerebral cortex do not necessarily require the cortex for retention of those habits and that the subcortical areas carry on these habits. The subcortical areas then are capable of carrying on the action necessary for the expression of the habit unless a new stimulus interferes with such action, whereupon the higher senses are again involved.

A brief look at the primitive brain centers of man is in order. The spine, the first of the old order, can initiate reflex actions without recourse to the cortex. The patellar reflex (the knee jerk) is one such action and the curling of the toes when the sole of the foot is stroked is another. It has been thought that the reflex action of the spine is entirely beyond the possibility of any cortical influence because it was felt that such reflex could not be inhibited but it has been shown that under hypnosis, the patellar reflex, at least, can be so inhibited.

The next of the old brains is the medulla oblongata which is located within the skull on top of the spine. It is diamond shaped as its name implies, and is about $\frac{3}{4}$ inch long and $\frac{1}{2}$ inch across. The functions of this brain are carried on without consciousness (in health) and are such as control breathing, heart beat, digestion, etc., as determined by the autonomic nervous system. Such reflex actions as sneezing, blinking, coughing, etc., are governed by the medulla but again we see the over lordship of the cortex since we can consciously control these actions.

The next higher brain is the cerebellum (the little brain) which lies at the extreme back of the head. All vertebrates possess this brain which is

in charge of muscular activity. The size of the cerebellum is correlated with the activity of the animal and so we see a diminutive cerebellum in a vertebrate of little muscular activity, eg. the alligator, while the cerebellum is the largest part of the entire brain of the bird. Of course we know that muscular activity can be inhibited, if we so desire, which proves again that the cortex is in charge. An infant is born with full development of the spine and medulla oblongata but the cerebellum does not attain its full strength upon birth but gradually it is brought into more and more use and ability by increased usage. Sometimes people think that an activity like walking is not activity requiring thought but it is actually a learned process. As the child walks more and more he acquires cerebellum proficiency and the action becomes automatic; it doesn't require thought.

The final brain, the cerebrum, appears to be a mass of uncoated gray cells but a cross section shows a white inner mass which is comprised of neurons which have acquired, *through use*, a coating of a fatty glistening substance called *myelin*. It is of particular importance to note that with the exception of a few cables of neurons which he requires for immediate use, the neurons of the central nervous system of the new born infant are not *myelinated*. The greater the activity of the organism and the more impressions it receives the more neurons are myelinated and, in fact, the neurons can not operate with any efficiency without it. The gray outer coating, the cortex (the cover) is responsible for man's high place in the animal world. It is responsible for the development of man's association centers. There are specific areas in the cortex which receive impressions from the special sensory organs and the duty of these areas is to analyze these impressions; in other words to "make sense" of the impressions. These areas are themselves linked together by neuron connections in the association areas. It is this type of complicated and complex interconnections which is the real seat of man's brain power.

The step from sensory impression to the reaction phase is called the neural arc and the more use this arc receives in any activity the easier the activity becomes for the organism and the more quickly it reacts to the stimulus. When the activity has taken place often enough in a manner which removes the stimulus satisfactorily, the neural path becomes deeper and more easily traveled and the neural arc tends to grow shorter until such a time when the higher cortical centers no longer need involvement in the carrying out of the act and the acts are carried out as a habit; we are then doing things "automatically".

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The SCIENCE of HYPNOLOGY

By DR. MILFORD J. ELLISON

PREFACE

Shortly after the March issue of the journal of Hypnotism was released, our office became inundated with mail from countless places across the nation. The comments were heartwarming and inspiring, urging us to continue and expand upon our work and our much needed series of writings. Many requests poured in for our bulletin, for information concerning matriculation towards the bachelor's degree in hypnology and for graduate work leading to the doctorate. Unfortunately, our forces are limited, and we have been unable to keep pace with the steady flow of inquiries. Therefore, we request your indulgence if you have not heard from us. We are answering all mail in the order received, and application for admission to the college in both residence and home-study matriculation are being processed with all possible haste.

He is a craftsman, a skilled performer in his field, but his limitations do not permit him to undertake scientific research work in the various aspects of electricity or electronics. In any electric research laboratory, we shall see another man, also skillful in the field of electricity, but his specialization takes on a new form. In general, his background of science is broad, and his approach to his field of work takes on a more theoretical and academic aspect than that of the aforementioned electrician. Invariably, this man is a scientific engineer whose primary function is concerned with the testing and application of new concepts within his field, and framing these findings into some practical application. He may not be as proficient in the manipulation or the employment of the electrical products he helps to design and erect as is the electrician who utilizes these products, but his is the better understanding of their nature and behavior.

Part II: Definition of Terms

This series of writings is entitled, "The Science of Hypnology". The word, "hypnology" implies the word, "science", and therefore, the reader may query, "Why do you utilize the redundant term, 'science'? Why not entitle the series, 'On Hypnology'?" To carry this thought further, why make a distinction between hypnology and hypnotism? Then again, what characteristic elements distinguish the hypnologist from the hypnotist? Is all this nothing but semantic prattle, an ostentatious painting of an old vehicle? In this connection, I think some further elucidation is in order.

In short, hypnotism is an art, a craft, or if you prefer, a skill. Hypnology is a field of science, a scientific study, a compilation of all the knowledge known to us or made available to us by scientific experimentation. Where is the margin of difference in these two meanings? For a closer view, let us illustrate the significance of these thoughts in a brother science, the field of electricity.


A man may, with some specialized training in electricity, in the principles of wiring, etc., earn a livelihood as an electrician if he becomes skillful in this field of work.

To carry this illustration even further within the field of electronics, the electronic engineer, through scientific research, designs electronic devices such as the radio and television. The radio repair man, trained in only the general concept of electronic communication, could not develop new and improved component parts of the electronic equipment he repairs, but on the other hand, he is more capable of recognizing the source of any faulty operation of said equipment than the engineer, and in addition, will be better able to make the needed repairs than the engineer.

Now let us return to our original problem, the distinction between the hypnologist and the hypnotist. The hypnologist is a scientist, one who examines, studies and experiments with hypnotic phenomena in a scientific manner. His work is mainly clinical, academic, theoretical, and experimental. The hypnotist, on the other hand, utilizes the hypnotic phenomena as a showpiece, as a form of entertainment and diversionary art. While he must have a well-grounded understanding in the basic concepts of the hypnotic phenomena, he is primarily interested in a rapid induction technique, in full exploitation of the entertainment value of the situation, i.e.; he must be a competent

showman. As in the parallel examples of the electrician and radio repairman, the hypnotist utilizes some practical applications of the hypnotic phenomena, and is invariably more proficient in the technique of induction, while the hypnotologist opens the path to new functions and applications of the hypnotic phenomena via research. We may say then, that the chief distinction between the hypnotologist and the hypnotist lies in the foll: The hypnotologist is a scientist whereas the hypnotist is an artist. Just as it is possible for a competent electrical engineer to master the technique of communication repair in addition to his existing knowledge, and conversely, just as it is possible for the repairman to master the science of electronics, so is it possible for the hypnotologist to master the technique of the hypnotist, and the hypnotist to master the science of hypnology. This is the ideal relationship we should strive towards in our work, wherever possible. This is the function of our program in our courses of study at the School of Hypnology at the College of Applied Psychology.

Hence, we can now see that our reason for the apparently redundant employment of the term "science" in the title, is to give the scientific nature of the word "hypnology" increased emphasis in distinction to the term, "hypnotism". As the title of this series implies, we shall treat of hypnology and the work of the hypnotologist; not of the hypnotist. Other writers are coping with the technique of the hypnotist in this publication, and are covering that material in an excellent manner. Having disposed of the question of the nature of the distinction between the hypnotologist and the hypnotist, let us venture into the matter of further definitions to help clarify our work.

We are often asked, "What do we mean by the hypnotic state? How can the hypnotic phenomena be defined?" Most hypnotists have a clear conception of the actions and reactions which take place in the hypnotic state, yet, the actual explanation seems elusive or incomprehensible. Indeed, it is simpler to induce a hypnotic state than to describe the relative forces involved; it is an easier task to cause the subject to perform in accordance with hypnotic suggestion than it is to explain why the suggestions are being followed. Before analyzing the hypnotic procedure, let us seek some adequate definition. Our first task is to seek an understanding of the hypnotic .

All human beings are influenced by suggestive forces. The degree to which the individual is modified and molded by external suggestion is determined by his temperament, intelligence, outlook and stability. Our reactions to external stimuli are conditioned by our environment, i. e.; by the social forces surrounding us. If we participate in any social activity, our moods vary in direct proportion to the general mood of the group at hand.

If we listen to, or observe a comedian, our reactions will closely parallel that of the audience. If the entire audience evokes howling laughter, we find ourselves equally amused amongst them, whereas a passive audience causes us to find the comedian to be lacking in humor. It is true, that, in general, the audience will express greater mirth at the performance of the great comedian than at the performance of one whose humor is not as comical. But the role of group or mass suggestion is all important to the comedian, and he attempts to frame his show in such a manner as will cause the audience to laugh in a spontaneous, chain-reaction manner. In this way, the viewers are so conditioned to the spirit of laughter, that they will find humor in even the simplest and most crude antics of the performer. In short, the comedian trains us to laugh at anything, to visualize humor in situations that under ordinary circumstances would hold no source of humor, whatsoever.

Participation in any activity arouses and conditions our emotional involvement towards the situation. If we read the details of yesterday's ball game, we are not as enthused as we would have been had we been able to hear the game on the radio. Since, by listening to the radio, we are permitted to hear the enthusiasm of the spectators as well as a description of the game, we find more enjoyment in this, than in reading the details in the press, even though this reading may be our first source of knowledge of that game. In this connection, it should be pointed out, that we derive more enjoyment from a "live" broadcast, i. e.; one in which the announcer describes the action from the ball park, than one in which the announcer describes it to us from a studio, relating the action as it reaches him by wire. To continue in this vein, we must recall that our enthusiasm for the game waxes when we are permitted to see as well as hear the game on television. On the screen, we can experience the excitement of the crowd by observing it, and hence, derive considerable more

satisfaction from the game than we could by radio. Finally, when we are afforded the opportunity to witness the game at the ball park, we find that our enthusiasm and enjoyment approaches its zenith. We derive the highest degree of satisfaction when we share our enthusiasm with others, and are permitted to share theirs. Only in actual physical participation is full emotional participation possible.

The pattern illustrated points to the inseparable role that suggestion plays upon our life's course. But these suggestions are not organized, they are not funneled into a general direction. If we can concentrate the suggestive forces of the individual into any particular train of thought, we can create new conditions, we open new potentialities in the arena of human thought. This is actually what we are doing in the hypnotic process. By inducing a hypnotic state, we cause the subject to submerge all extraneous thoughts to the single thought pattern given by the operator. The hypnotist can make the subject oblivious to all sound other than his voice and to most existing thought which weigh upon the individual while in a hypnotic state. In this manner, the suggested thought pattern elicited by the operator, becomes paramount in the mind of the subject to a far greater disproportionate degree than could be achieved in a "waking state", causing these suggestions to assume an omnipotent and omnipresent nature in the mind of the subject.

Thus, we can say that a hypnotic state exists when the thought pattern of the subject is focalized into a single general pattern, suppressing and rejecting all competing thoughts and assuming the one dominant remaining train of thought. The depth of the hypnotic state is directly proportional to the degree of the relative dominance of the intended suggestion. The greater the degree of the dominance of the suggested thought, the greater is our ability to cause the subject to perform according to our instructions and to experience the sensations or the lack of same, as the situation may require. In clinical work, where it is necessary to give the subject instruction requiring considerable focalization of thought, we are often compelled to resort to a process called "conditioning". By this, we mean repeating the hypnotic procedure at regular intervals over a period of time, each time causing the subject to experience a greater degree of concentration than was experienced previous to that session. This is often

needed in cases involving childbirth, operations of such nature where conditioning is possible beforehand, and in the correcting of objectionable habits.

The technique of inducing the hypnotic state is generally similar among all hypnotists. In general, it includes a method of relaxing the individual so that he becomes prone towards induction, and a repetitive patter causing the subject to lose some of his awareness of reality and submerge his thought pattern to that of the hypnotist. Once the desired depth is attained (assuming that it is attained) the hypnotist makes such suggestions as are required of him for the purpose at hand. Following this, some post-hypnotics (suggestions to be followed after awakening) are given; invariably to cause the subject to become better conditioned in the future, and to be relaxed upon awakening.

In the light of this article, we can readily understand the valid claim of those in the hypnotic profession who insist that the degree of susceptibility has no necessary relationship to the "strength" or "will-power" of the subject, but rather, is in direct proportion to the intelligence of the subject. It is well-known that the greater the intelligence of the individual, the greater is his ability to organize and concentrate his own mental process. While this cannot be accomplished in a voluntary manner to the degree attainable in a hypnotic state, the basic truism holds in both cases, i.e.; that the greater the intelligence, the greater is the degree of focalization of thought in any particular direction possible. While the hypnotic state is most easily produced in a heterogeneous manner, it can also be realized through self-induction, or auto-suggestion.

Before leaving the question of the hypnotic state, we should dwell upon still another common fallacy which often confronts us. The term "hypnotism" implies "sleep" from its derivation. Yet, as we can visualize from the above concept of the hypnotic state, the two have only a similar physical appearance in common. While hypnotism can be successfully employed in the induction of a state of sleep as well as that of relaxation, we can also create conditions directly opposite to the state of sleep. Through hypnotic suggestion, we can have the option of either activating (through increased concentration) or retarding the momentary mental alertness of the subject. This voluntary function is not possible in sleep. Very often, we find hypnotists defining the hypnotic state as a

"sleep-like state". This, too, is obviously erroneous, since it implies a distorted picture and does not present the actual view.

In this article we have attempted to define some of the most common and important terms employed in our science. The College of Applied Psychology intends to publish a glossary of terms and definitions for the lay and professional at a future date. To facilitate our work, we welcome comments in this connection by those interested, to submit new terms, connotations, or suggested phraseology to facilitate us in our work. In this connection, Mr. Herbert Charles, in a recent article, suggested "hypnotee" as a synonym for the term "subject". It is our intention to incorporate this term in future articles.

In our subsequent articles, we shall dwell in the arena of organized research projects we have undertaken, and shall open the doors upon our findings.

BETWEEN OURSELVES (Continued)

Ormond McGill is currently touring through Canada. I hope that our Canadian subscribers will go to see his demonstrations when he appears near them. We have been getting a lot of queries about McGill's new books. We are just finishing the editing. As soon as the books are ready for sale we will announce it in the JOURNAL.

You'll notice that I've changed the heading on this column. After all, they weren't really editorials and I feel that in a business as highly personalized as this, I might as well just break down and admit that I was just writing down my thoughts "Between Ourselves".

I guess that's it for this issue but we are already working on the next one and it will be a good one. Be sure you get it.

REXFORD L. NORTH

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AUTOHYPNOTIC THERAPY

By ORMOND MCGILL

With the appearance of Life Magazine's article on Andrew Salter in 1941, his book "What Is Hypnosis", and subsequent work "Conditioned Reflex Therapy", the word *conditioned* has become a prominent one in the hypnotist's vocabulary.

Despite the fact that he has sometimes been accused of condensing too much of man's psychologies under the all inclusive "God-word" of conditioning, Andrew Salter has made his mark on the pages of hypnotic history.

Our chief interest, as hypnotherapists, in Mr. Salter's work lies in his advancing and developing an idea of autohypnotic coaching to such a successful degree that he has received national recognition, and a paper written by him on the subject was considered worthy by Clark Leonard Hull to be published in the Journal of General Psychology under the title: THREE TECHNIQUES OF AUTO-HYPNOSIS.

Let us quickly review these techniques, and then standardize them into a practical therapeutic method for clinical practice.

In brief, Mr. Salter describes three methods for the inducing of auto-hypnotic states in subjects:

METHOD ONE: By use of posthypnotic suggestion predisposing the subject to have the ability to hypnotize himself.

METHOD TWO: By teaching the subject to hypnotize himself while still conscious, by use of memorized hypnotic formulas; in this instance, the subject does not receive post-hypnotic instructions regarding acquisition of the auto-hypnotic control.

METHOD THREE: By use of what Mr. Salter chooses to call "fractional auto-hypnosis" (borrowing the term from Hull); in which the subject is taught to enter the trance state step by step; first by gaining the ability to suggest muscular affects on his own person, and from thence led on into the trance state.

In the first two techniques, Mr. Salter lists good hypnotic ability to enter deep trance as a prerequisite to teaching of *autohypnosis*, and, in the third, good response to "waking suggestion".

His preliminary explanations to his subjects lie largely in the direction that it

makes no difference from what source the suggestions originate: "either from within or without" the subject's mind. In other words, "he can be his own Svengali and Trilby simultaneously". Salter then proceeds to illustrate this point by causing the subject to fall over forwards in response to his suggestions, and then to have the subject give himself "falling forward" suggestions with exactly the same affect.

That this possibility of teaching a subject to hypnotize himself works goes without question. Most hypnotists have frequently performed such experiments, and the author has often employed the technique of asking the subject to report verbally when they had entranced themselves and entered into their deepest possible hypnosis.

Mr. Salter lists as the chief advantage of the auto-hypnotic method the fact that the subject learns he has a power within himself, and does not, therefore, become dependent on the hypnotist. (It has long been one of the chief criticisms of hypnotherapy that the subject stays cured only as long as the hypnotist remains to guide. Once the operator has gone, the subject quickly regains his former maladjusted condition, and the effect of the "cure" is nil.)

It goes without saying, this technique of having the subject hypnotize and give himself suggestions deserves study, practice and consideration, but, likewise, it bears some cautious criticism.

First, from Salter's own words: "The subject must be made to realize that pain is often only a symptom for something actually organically wrong in the body (nature's danger signal), and that it would be folly merely to dissociate the pain from the cause while the latter goes on unchecked." Despite the sage warning, how many persons could be trusted to follow it through if they had such a power developed to kill immediate pain; the danger is obvious!

Then again, persons in requirement of psychotherapeutic attention are, in a large majority of cases, already too introverted and wrapped up in themselves. The auto-hypnotic technique proposes to offer them even more retreat into the depths of their

own minds for relief from their sufferings; the danger is obvious!

Despite the unquestioned value of developing the patient's confidence in himself (reliance on themselves rather than complete dependency on the hypnotist), just how many doctors would feel justified in turning over their pharmaceutical kit for the patient's personal use in order that he might administer to his own needs? The patient's self-confidence might be increased by being his own doctor; but the danger is obvious!

How many patients in need of psychotherapy really are capable of curing themselves? In a large number of cases, there is a most urgent need to put trust in someone outside of themselves (directly contrary to within themselves), and such trust is decidedly to be valued, as it offers the first step in heading the patient toward an extraverted life.

Now, these criticisms are in no sense offered to discourage the practice of auto-hypnosis, or even reject it as a therapeutic adjunct, but are directed solely to point due caution in its use: FOR AUTO-HYPNOSIS AS A THERAPEUTIC AGENT UNQUESTIONABLY DOES POSSESS GREAT POSSIBILITIES. Today, that status may be somewhat questioned largely because of the "bad name" hypnotism often gives its practitioners, the claim that it treats symptoms rather than causes, and that it produces (more or less) too much dependence on the hypnotist.

Undoubtedly the above claims are based on some facts, and the critics go on to state that in almost all cases the same and even superior therapeutic results can be obtained by the use of mere waking suggestion.

While it is true that the use of waking suggestion, on some patients, has many beneficial results, it is the opinion of the present writer that suggestions given in the waking state can never hope to equal the power of suggestions given under deep hypnosis (consider blister raising and control of organic functions).

Tested experiments with deep hypnosis have clearly shown its power, and since the use of complete hypnosis calls for most careful handling in order to avoid detrimental effects, the following technique is proposed, combining, as it does, both the hetero control and auto-control advocated by Mr. Salter, as getting close to general therapeutic usefulness:

A PRACTICAL HYPNOTIC TECHNIQUE FOR CLINICAL THERAPY

GENERAL PRACTICE:

Subject is taught that hypnotic control originates in himself, that his is the ability to cure himself, but that the hypnotist will act as his guide (or doctor) in the matter of directing his powers to the best possible advantage in the curing of himself. Subject is then taught to hypnotize himself (but only when in presence of doctor). Subject can give himself suggestions (but only suggestions doctor directs him to give). Other psychotherapeutic methods, hypnoanalysis and such like, can be utilized to get at root causes so suggestions can take an active, direct course in removing the basic cause rather than mere surface symptoms which would otherwise only be hypnotically repressed to possibly reappear, or recur in a more violent form, later on.

Used thus, such a technique solves much of the hypnotic therapy criticisms and points a way to its successful practice. As will be observed; subject now builds confidence and control in himself. Hypnotist is no longer a prime irremovable factor, yet he still retains control in the treatment of the subject to the extent of being able to guide the patient towards "health" (in almost exact physician-patient relationship). Hence the subject is limited and discouraged from turning inward upon himself (indeed every effort should be directed to a contrary effect), and the stress on basic causes eliminates the "symptom cry".

STANDARD PRACTICE:

While no technique in handling psychotherapeutic cases can be totally standardized in any sense; a basic routine of operating procedure might be developed; possibly something along these lines offers a trend in the direction of a solution:

(1) Subject interviewed and all possible basic causes for troubled condition revealed.

(2) Subject hypnotized. Opiate suggestions given to relieve suffering, build confidence, and offer immediate help.

(3) Hypnoanalysis.

(4) Subject taught auto-hypnosis under direct control of operator.

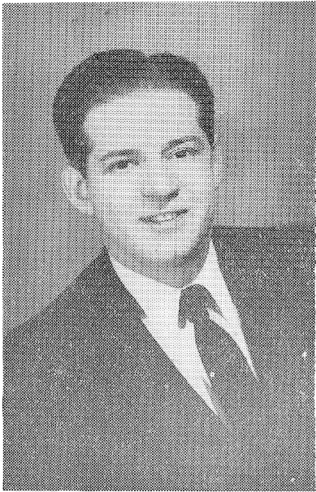
(5) Auto-hypnotic treatment on basic causes.

(6) As treatment progresses and patient improves, more and more waking suggestions are used; gradually weaning the patient away from the use of hypnosis, until, by end of treatment series, patient no longer is utilizing it or has the power to continue hypnosis of self.

BEHIND THE CURTAINS

By GEORGE L. ROGERS

The National Guild of Hypnotists is forging ahead. It is impossible to welcome all members in this column. If you are desirous of contacting members from distant places, here are a few. Dr. K. B. Lele, Sharadashram, f8, Dadar, Bombay 28, Bombay. . . . Delbert S. Westling, 1307 Waiiau Place, Honolulu 14, Territory of Hawaii. . . . José Arjonilla Coral, P.O. Box 20908, Mexico City, Mexico.



Arnold I. Levison, Treasurer of the Guild, diligent worker and ardent Hypnotologist, resides at 30 Marvin Lane, Newton, Mass. Drop him a line if you have any problems, he will be glad to hear from you.

No doubt most of you know about the "Slater Story." If not, Ralph Slater, one of the better known American Hypnotists, was sued for \$3170 by an English woman for allegedly causing her suffering because of being hypnotized. This should definitely make a strong impression on all of us as to care in selection and treatment of subjects. Her story was that Mr. Slater in hypnotizing her was rough and implanted suggestions that caused her 18 months of suffering.



Known as "Byrne the Magician" from 333 Madison S.E., Grand Rapids, Mich., Byrne is only 19 but has been giving demonstrations for business, civic and church groups for 5 years. Started with magic at 14, but developed into a very fine Hypnotist.



Marcus Bloch of 240 Rivington Street, New York 2, N.Y., is 45 years old, a hypnotist since the age of 15. In 1924 he studied Hypnotism in Egypt. Mr. Bloch is one of the better known practitioners and is currently doing lectures and demonstrations in New York and vicinity. At present, writing a book on Hypnotism.



Many of the members of the Guild have been sending in ideas and suggestions about our Guild Trademark. We realize it is impossible to please everyone but we have taken the ideas of the majority and here it is.

From Colonel Lawrence M. Zaumeyer of Fort Knox, Kentucky, we have one of our best ideas to date—The Certification of members. If you have any ideas on the matter we would be glad to hear from you.

The Detroit Chapter of the Guild held their first meeting on Monday, March 21, 1952. Ed Morroy, chairman, officiated and at the members' suggestions the following members were selected as officers: Richard Tait, Sergeant of Arms; William Brittain, Secretary; Roy Haag, Historian; Clyde Collins, Entertainment; John Brinck, Outlook Committee. The meeting place is to be 9574 Patton, Detroit 28, Michigan. Meetings to be held on the first Monday of each month at 7:30. The meeting was conducted as an open forum with members discussing their own betterment, mentally and practically, by the use of hypnotism. Everyone was enthusiastic and are looking forward to the next meeting to be held April 7th. Besides the men mentioned above, the following members were present—Orville Plake, Harry Heffernan, Dr. J. S. Wisniewski and M. C. Bello.

The Boston Chapter with 60 active members is really rolling along. With meetings at the Hypnotism Centre, 26 St. Botolph St., Boston, Mass., the third Wednesday of each month. The March meeting was the most successful to date owing to the fine work of Dave Morse, Donald Ainsworth and Charles Miller. Each of these gentlemen gave a terrific lecture. Attendance was too great to list all members attending, but many thanks for your good work and enthusiasm.



Dr. Ralph J. Philabaum, better known as "Dr. Martel," did U.S.O. Shows in China-Burma-India Theatre during last war—a prolific writer and good Hypnotist.

BACK ISSUES

A limited number of back issues of THE JOURNAL OF HYPNOTISM are still available. You can have a complete file by ordering those you don't have at 50¢ each. Please order by date.

MAY, 1951

This was Vol. I, No. 1, and will soon be a Collector's Item. This issue featured Dental Hypnosis, How To Make Money with Hypnotism, Anyone Can Develop Hypnotic Ability, etc. Supply is limited.

JULY, 1951

This issue featured Hypnotism and Sexual Frigidity In Women, Breaking Bad Habits With Hypnotism, Man Loses Money—Hypnotism to Blame?, etc.

SEPTEMBER, 1951

This issue features Medical Hypnosis, The Challenge of Hypnotism, At Nancy with Bernheim, What Is Hypnotism?, etc.

NOVEMBER, 1951

This issue featured Hypnotic Conditioning for Childbirth, The Case for Stage Hypnotism, Hypnotism and Crime, Herbert Charles Tells the Kefauver Committee, etc.

JANUARY, 1952

This issue featured Hypnotism and Sports, Painless Childbirth, Mental Magic, The Therapeutic Value of the Hypnotic Situation, etc.

MARCH, 1952

This issue featured Hypnosis in Diet Enforcement, The Science of Hypnology, Hypnosis and Dianetics, Hypnotism and Chiropractic, etc.

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THE JOURNAL OF HYPNOTISM

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BOOK REVIEWS

HOW TO USE HYPNOSIS

By DR. DAVID F. TRACY

This is the newest of a series of popular books on hypnotism by Dr. Tracy, well known New York psychologist. Tracy has a remarkable facility for writing upon the subject of hypnotism. Many will recall his best-selling *THE PSYCHOLOGIST AT BAT*, and will remember that the book was written about his experiences while with the St. Louis Browns.

In *HOW TO USE HYPNOSIS* Dr. Tracy certainly covers a wider latitude than has ever been attempted by any previous writer. He gives you his own technique for induction with detailed instructions that are illustrated so that even a beginner can follow it with success. While most books stop at this point, Tracy follows through with ideas and suggestions for the practical application of hypnotic suggestion in a wide variety of fields. This book tells you how to use hypnosis in selling, advertising, sports, theatrical demonstrations, etc. Down to earth material that will prove of value to all who are interested in the art of hypnotism.

If you want to increase your personal magnetism, get people to do what you want (as long as it isn't against their moral principles), put on a stage show, gain self confidence, master the principles of auto-suggestion—beg, borrow or steal a copy of *HOW TO USE HYPNOSIS*. Better yet, buy a copy.

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HOW TO SLEEP WITHOUT PILLS

By DR. DAVID F. TRACY

This is the first time that we have ever reviewed a book that was not about hypnotism. Neither have we ever reviewed two books by the same author in the same issue. We make the exception because we feel our readers will want to know about this wonderful little volume.

Using neither pills nor actual hypnosis, Dr. Tracy tells you the facts about sleep. He tells you *HOW* to sleep anywhere, any

time. If you work nights this book will tell you how to sleep days. If you have noisy neighbors, he tells you *HOW* to sleep without giving up your home or quarreling with them. If you can't sleep while your children are out on dates, while your mate is out, while on trips, etc.—read Dr. Tracy's relaxing "Round Robin" method and really sleep. Hard covered, illustrated.

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Hypnotism in the News

By FRANK GRAHAM

The biggest recent news story about hypnotism was the Slater case. This was carried on all of the wire services so that just about every paper in the country carried it. It is unfortunate that such wide-spread publicity had to be given to a story that has blackened hypnotism again. The next issue of the *JOURNAL* will give the true story about this sensational case.

Associated Press has an unusual item on the wires about Dr. John Bjoerkhem of Sweden who sailed on the liner *Gripsholm* for New York with the objective of putting a person in Sweden into the trance via transatlantic radio from the United States. He was quoted as saying that the experiment would be made from Durham, N.C. He said he had been invited to this country by Duke University.

Dwight Damon has been getting some fine newspaper stories as a result of his demonstrations at the Coast Guard Reception Center in Cape May, New Jersey. It seems that Dwight has the whole center fascinated.

The Chicago Sunday Tribune published a series of photos about hypnotism in dentistry. The picture-story showed how Dr. Arthur Kuhner of Cleveland, Ohio, uses hypnotism as an anesthetic. The patient is shown as smiling upon being awakened in the last photo. Why shouldn't she smile? Hypnotism made the work fully painless and Dr. Kuhner has carried hypnodentistry another step forward.

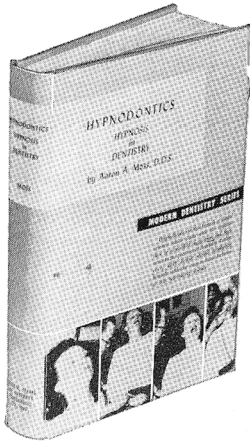
We ask our readers to please send us clippings about hypnotism from magazines and newspapers. Send them to me in care of the *JOURNAL*. Thanks.

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This photo illustrates the favorite induction method of Professor Victor Trevino, noted Mexican hypnotist. Subject's eyes are closed with the hypnotist's hands placed on her temples to establish his presence behind her. A deep, persuasive voice is Professor Trevino's basic and most important factor in inducing the hypnotic trance. The Baroness Maria Ivette von Kories zu Goetzen is the subject.

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Dr. Aaron A. Moss, the author of this book, is an experienced hypnotodist. His purpose is to present to the dentist in general practice and the dental students in training, a carefully prepared guide to the science and art of hypnotodistics, drawn largely from his personal findings.

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THE MAN ON THE COVER

Daniel Schmidt, this month's cover subject, was born in Bucharest, Roumania 45 years ago. His parents brought him to America as a boy and the family settled in Pittsburgh, Penna. Although he took psychology at Duquesne University, he took his degrees in law (B.A., J.L.B.).

Schmidt practiced as an attorney for 20 years while maintaining his interest in psychology and hypnotism. He became connected with the Pennsylvania Psychological Research Institute and worked with them for about seven years. He now resides in New York City. He is married and his charming, attractive wife assists him at his lecture demonstrations.

Daniel has set something of a record for the number of appearances at naval and marine installations though he has presented his lectures before all kinds of audiences all over America. He was the first one to succeed in hypnotizing the Eillon Sisters, the famous Siamese twins.

Mr. Schmidt has authored a number of articles on hypnotism and various other phases of hypnotism.

HYPNOANALYSIS

By LEWIS R. WOLBERG, M.D.

Dr. Wolberg here presents the fascinating account of his hypnoanalytic treatment of a patient ill with a severe emotional problem. Is the illuminating record of this transformation of a mentally sick individual into a socially integrated being.

As a therapeutic technic, hypnoanalysis has recently received impetus from its widespread use in the neuroses of war during World War II. Hypnoanalysis has a number of advantages over other psychotherapeutic technics. It contributes the elements of speed and directness to therapy without altering the dynamics of analytic treatment. As an interpersonal experience it can have great vitalizing values for the patient.

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A regular feature in which recent and out of print books and papers on the subject of hypnotism, both domestic and foreign, will be catalogued. A complete reference file will be the eventual result.

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Schools of hypnotism in many of our larger cities, as well as numerous correspondence courses and books, are turning out large numbers of embryo hypnotists every year. Most of these men and women are completely at a loss as to how to apply their newly-acquired talent, or attempt to break into fields in which legal or ethical restrictions conflict with their limited educational and other qualifications. Thus years of time and energy are wasted in blind-alley activities.

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