

1892 BMA Report on Hypnosis

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In 1891, the *British Medical Association* (BMA) appointed Sir William Broadbent, Sir William Gairdner, and a Committee of nine doctors ‘to investigate the nature of the phenomenon of hypnotism, its value as a therapeutic agent, and the propriety of using it.’ The main technique of hypnotism evaluated was probably the classical Braid method, although the Committee also sent a representative to investigate hypnosis as used in the Paris and Nancy schools, i.e., the techniques of Charcot and Bernheim.

At the Annual Meeting of the BMA, in 1892, the Committee presented and unanimously endorsed the following report which was referred back once more for further consideration. In 1893 the Committee’s report was resubmitted along with an appendix containing further documentary evidence. The Committee were thanked for their work and the report, which accepts the therapeutic use of hypnosis and rejects the theory of Mesmerism (‘animal magnetism’), was then officially received by the BMA.

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The Committee, having completed such investigation of hypnotism as time permitted, have to report that they have satisfied themselves of the genuineness of the hypnotic state. No phenomena which have come under their observation, however, lend support to the theory of ‘animal magnetism’.

Test experiments which have been carried out by members of the Committee have shown that this condition is attended by mental and physical phenomena, and that these differ widely in different cases.

Among the mental phenomena are altered consciousness, temporary limitation of will-power, increased receptivity of suggestion from without, sometimes to the extent of producing passing delusions, illusions, and hallucinations, an exalted condition of the attention, and post-hypnotic suggestions.

Among the physical phenomena are vascular changes (such as flushing of the face and altered pulse rate), deepening of the respirations, increased frequency of deglutition [swallowing], slight muscular tremors, inability to control suggested movements, altered muscular sense, anaesthesia, modified power of muscular contraction, catalepsy, and rigidity, often intense. It must, however, be understood that all these mental and physical phenomena are rarely present in any one case. The Committee take this opportunity of pointing out that the term hypnotism is somewhat misleading, inasmuch as sleep, as ordinarily understood, is not necessarily present.

The Committee are of opinion that as a therapeutic agent hypnotism is frequently effective in relieving pain, procuring sleep, and alleviating many functional ailments [i.e., ‘neurotic’ or ‘psychogenic’ conditions]. As to its permanent efficacy in the treatment of drunkenness, the evidence before the Committee is encouraging, but not conclusive.

Dangers in the use of hypnotism may arise from want of knowledge, carelessness, or intentional abuse, or from the too continuous repetition of suggestions in unsuitable cases.

The Committee are of opinion that when used for therapeutic purposes its employment should be confined to qualified medical men, and that under no circumstances should female patients be hypnotised, except in the presence of a relative or a person of their own sex.

In conclusion, the Committee desire to express their strong disapprobation of public exhibitions of hypnotic phenomena, and hope that some legal restriction will be placed upon them.

F. Needham, Chairman.

T. Outterson Wood, Hon. Sec.