TWO INSTANCES OF HYPNOTIC SUGGESTION (?)

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THE following two cases have occurred in my practice within six months of each other, and present such similarity of detail that it appears to be worth while reporting them, if only with the object of sparing others engaged in the administration of anaesthetics the extreme mental distress they entail when met unexpectedly.

CASE NO. 1.

A girl aged about 23 years, for tonsillectomy. This patient was of an extremely nervous temperament. I visited her the evening before operation and found that she was terrified of the anaesthetic and dreaded the loss of consciousness more than anything else. By dint of encouragement and a detailed explanation of the anaesthetic technique, I managed to extract a promise from her that she would do as I told her. I took great pains to impress upon her that the anaesthetic would make her ears "buzz" and that she was then to "go to sleep."

She was given a hypodermic injection of atropin gr. 1/100 45 minutes before the time of operation. She entered the operating theatre without any sign of the terror that she had shown the previous day, and submitted quite calmly to the administration of a 50 per cent mixture of chloroform and ether on an open mask.

I then said "go to sleep."

Instantly her colour changed to an ashen grey, her pupils dilated, and the corneal reflex was absent.

The respiration was regular, unobstructed, but rather shallow.
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The pulse was regular and unvarying at the rate of between 70 and 80 per minute.
I removed the anaesthetic mask at once and administered oxygen.

Her condition was unchanged at the end of approximately ten minutes, so I induced the surgeon to remove a tonsil with the object of stimulating her.

The tonsil was removed and, beyond the tiniest ooze, the bed showed no sign of haemorrhage.
The other tonsil was then removed with a similar result.

Every effort was then concentrated upon trying to make the tonsillar beds bleed, but without success.

As a last resort the patient was turned on her side and the nasopharynx was curetted.

The effect of this procedure was dramatic.

Instantly her colour changed to normal, haemorrhage commenced, and consciousness returned.

The haemorrhage soon ceased, and she was returned to bed conscious but in a dazed condition.
She made an uninterrupted recovery.

The time that elapsed from the removal of the anaesthetic mask to the return of consciousness was about 30 minutes, and the amount of anaesthetic used was found to be exactly one drachm.

Case No. 2.
A man aged about 45 years for submucous resection of the nasal septum and reduction of the inferior turbinates.

This patient was not seen by me before entering the operating theatre.

The anaesthetic technique employed was the same in every detail as that in the first case.

The same dramatic change took place in the patient's colour on my telling him to "go to sleep."

With some difficulty, I induced the surgeon to operate at once.

In spite of the fact that, owing to an oversight, the nose had not been prepared in any way, only one strip of gauze was used for swabbing and this was just slightly stained with blood.
At the end of about 15 minutes, for no reason that I can suggest, his colour returned to normal, his nose commenced to bleed, he opened his eyes and asked "why am I still in the operating theatre?"

His recovery was uninterrupted.

The amount of anaesthetic mixture used was found to be just under two drachms.

The points of similarity in the two cases are:—
1. The dramatically instantaneous change of colour and loss of reflexes when told to "go to sleep."
2. The regular respiration of the somnolent type.
3. The regular and unvarying pulse.
4. The almost complete failure of the peripheral circulation.
5. The dramatically instantaneous return to normal.

There can be little doubt that the amount of anaesthetic used cannot be held responsible.

The condition appears to be closely allied to that of the cadaveric state of hypnotism.