

A Dangerous Method? The German Discourse on Hypnotic Suggestion Therapy around 1900

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Summary

In the late nineteenth century, German-speaking physicians and psychiatrists intensely debated the benefits and risks of treatment by hypnotic suggestion. While practitioners of the method sought to provide convincing evidence for its therapeutic efficacy in many medical conditions, especially nervous disorders, critics pointed to dangerous side effects, including the triggering of hysterical attacks or deterioration of nervous symptoms. Other critics claimed that patients merely simulated hypnotic phenomena in order to appease their therapist. A widespread concern was the potential for abuses of hypnosis, either by giving criminal suggestions or in the form of sexual assaults on hypnotized patients. Official inquiries of the Prussian Minister for Religious, Educational and Medical Affairs in 1902 and 1906 indicated that relatively few doctors practised hypnotherapy while the method was increasingly used by lay healers. Although the Ministry found no evidence for serious harm caused by hypnotic treatments, whether performed by doctors or by lay healers, many German doctors seem to have regarded hypnotic suggestion therapy as a problematic method and abstained from using it.

Keywords

Hypnosis – suggestion – side effects – simulation – abuse – Germany

Introduction

Hypnotic suggestion therapy became fashionable among physicians and psychiatrists in several European countries, including Germany, during the late 1880s and early 1890s, having been imported from France by visitors to Hippolyte Bernheim's clinic in Nancy. Claims of therapeutic success were especially made for nervous conditions or 'functional' disorders which had no identifiable organic basis.¹ In the historiography these treatments by suggestion have usually been considered as successors of Mesmerism and precursors of psychoanalysis and other psychotherapeutic methods.² In this article I discuss them in their own right, exploring the evidence which practitioners of hypnotic suggestion adduced in order to propagate their method and to defend it against its critics. What kind of evidence was produced, and what were the main arguments for or against the method? Which scientific, professional and social concerns worried the critics of hypnotic treatments? Within this context, I also consider the responses to Prussian ministerial inquiries in 1902 and 1906 on the use of hypnosis among medical practitioners and lay healers. In this way I intend to provide a differentiated picture of the debate on hypnotism around 1900 that helps to assess the method's contemporary medical and professional significance apart from its preparatory role for modern psychotherapy.

Criticisms and Defences of Hypnotic Therapy

In 1894, the Berlin physician Jonas Grossmann, editor of the *Zeitschrift für Hypnotismus*, published a collection of 29 international expert reports and statements, with the intention of showing that hypnotic suggestion was a beneficial and low-risk form of treatment for a wide range of medical conditions.³ Grossmann's preface reflected the confidence of medical hypnotists regarding the therapeutic value of their method, but also concerns about potential restrictions of its practice and state control. In Russia, a decree of the Imperial Medical Council in 1893 required an official report on each application of hypnotic therapy, including the names of the doctors who had witnessed it. Moreover, the

decree prohibited any form of publication on treatment by hypnosis.⁴ In France, a ministerial circular in 1890 had forbidden military doctors the use of hypnosis, including its application for therapeutic purposes.⁵ In Prussia only public performances of hypnosis had been banned by the police in 1881, on the basis of a ministerial decree that characterised them as physiological experiments which were potentially harmful to the subjects. By contrast, hypnotic *treatments* by lay practitioners as well as by doctors fell under anyone's 'right to cure' (*Kurierfreiheit*), which had been introduced for the whole of the German Reich with the Trade Ordinance (*Gewerbeordnung*) of 1871.⁶

Grossmann had solicited the expert reports primarily to support colleagues in Russia, but planned submitting the collection to 'the governments of all major countries' and to translate it into several European languages.⁷ As he pointed out, there were influential medical voices rejecting the hypnotic movement also in Germany. Rudolf Virchow, in a speech in August 1893 as Rector of the University of Berlin, deplored that back in 1816/17 his institution had appointed two proponents of animal magnetism (Mesmerism), David Ferdinand Koreff and Karl Christian Wolfart, as ordinary professors, and he warned against a recent mysticism expressed in spiritualism and hypnotism. Virchow wondered whether the government would stay strong enough to keep the 'roads of science' free.⁸ In Munich, the Director of its General Hospital, Professor Hugo von Ziemssen, had issued a negative verdict on therapeutic hypnosis, pointing to 'unsatisfactory and partly even abhorrent' results of trials made by one of his assistants, Dr L. Friedrich.⁹

The trials had been conducted by Friedrich, with von Ziemssen's permission, on the women's ward of the II. Medical Department of the Munich General Hospital. His subjects had been twenty working-class patients, aged between 15 and 35 years, who had been hospitalized for various conditions, from infectious diseases to rheumatic pains and anaemia ('chlorosis'). Inducing hypnosis with visual fixation and verbal commands, and then giving suggestions for improvement or cessation of symptoms, Friedrich had seen some success in headaches, nausea and sleeplessness. Moreover, seemingly painless extractions of carious teeth had been performed on hypnotized patients. However, in

some cases the hypnotic treatment had led to hysterical convulsions, excitement and restlessness, or spontaneous somnambulism through autohypnosis.¹⁰ Sometimes he had failed to awaken patients from the hypnotic state, so that they came out of it only after several hours, feeling weak and complaining of headaches. It made the assistant doctor feel, as he admitted, like Goethe's *Sorcerer's Apprentice*, who is unable to get rid of the spirits that he has called.¹¹ Based on his observations, Friedrich concluded that the dangers of hypnosis were not outweighed by its therapeutic benefits. Believing that a method which can cause hysterical symptoms might also be employed to remove such symptoms, he wanted to reserve hypnotic suggestion for cases of severe hysterical or nervous disorders where other therapies had failed. Hypnotism might be studied by physiologists and psychiatrists, as it might throw light on hysteria and psychoses, but should, because of its risks, be taken out of the hands of 'magnetizers and spiritualists, this motley crowd of frauds and dupes'.¹² This last of Friedrich's remarks reflected a then common attitude in the German medical profession: doctors should hold a monopoly on hypnotic treatments, which were allegedly too dangerous if applied by unlicensed practitioners.¹³

For the critics, hypnotic suggestion was a dangerous method, which could trigger hysteric fits, make nervous patients 'even more nervous', or make them crave the hypnotic state like alcohol or morphine, as the Berlin professor of psychiatry, Eduard Mendel, warned.¹⁴ Even supporters of hypnosis, such as the Viennese neurologist and psychiatrist Heinrich Obersteiner, admitted that the method had some 'disadvantages', including nervous exhaustion, spontaneous somnambulism and, in some cases, development of 'complete hysteria'. Moreover, in hysterical patients, inappropriate use of hypnosis could worsen their symptoms. Strong affects provoked by hypnotic suggestions, such as fear or horror, could result in indisposition for days.¹⁵

In this situation, Grossmann tried to pitch the authority and assurances of an international array of experienced hypnotherapists against the critical voices. His collection included statements and reports from, among others, the French medical founders of hypnotic suggestion therapy, Ambroise-Auguste Liébeault and Hippolyte Bernheim, from the

Belgian philosopher and psychologist Joseph Delbœuf, the Amsterdam neurologists Frederik van Eeden and A. W. van Renterghem, the Swiss psychiatrists and asylum directors Eugen Bleuler and August Forel, and the Berlin specialist for nervous diseases, Albert Moll.¹⁶ In the secondary literature this volume has been characterized as ‘the high point of the progress of hypnotherapy’¹⁷ as well as a last joint effort of its representatives, before the hypnotic movement diversified into various psychotherapeutic directions.¹⁸

As the doyen of therapy by hypnotic suggestion, the Nancy physician Liébeault pointed to his extensive experience with the method, over a period of 34 years, on ‘more than 12,000 patients’. This experience had convinced him that hypnosis carried less risk than treatments with medicinal drugs. Liébeault proposed that governments should create chairs for psychology in the medical faculties rather than restricting the study of hypnotism.¹⁹ Bernheim, who had adopted suggestion therapy from Liébeault and had published on the method for about ten years by that time, took issue with the doctrine of the rival school of Jean-Martin Charcot at the Salpêtrière hospital in Paris that the hypnotic state could only be produced in hysterical individuals. As Bernheim complained, despite evidence that non-hysterical persons could be hypnotized, adherents of this view had not given in, maintaining that hypnosis was nothing else but an ‘artificial hysterical attack’.²⁰ By contrast, for Bernheim suggestibility was a normal property of the brain that could be increased by the hypnotic state as it was during normal sleep. Moreover, suggestions during waking life, such as arousal of religious or political fanaticism through a passionate speech, were in his understanding not principally different from hypnotic suggestions.²¹

He admitted that hypnosis could have side effects such as headaches or dizziness, or even hysterical fits. However, he interpreted them as autosuggestions of excitable individuals which could be overcome in subsequent sessions by giving calming suggestions.²² Dangerous was the production, by suggestion or autosuggestion, of hallucinations, but Bernheim denied that this was part of the method of *therapeutic* suggestion. Instead, the method aimed at removal of pains, of convulsions, and of nervous disorders, as well as at improvements in appetite and sleep, and at mental wellbeing more generally.²³ Bernheim

claimed to have treated thousands of patients with suggestions over the past ten years, never causing harm and often improving their conditions, but he only illustrated his experience with a few case histories, including ‘successful’ treatment of hysterical fits, ‘nervous’ paralysis, attacks of dizziness, and anxiety.²⁴

Both Liébeault and Bernheim, then, emphasized the high number of cases in which they had applied hypnotic suggestion therapy and seen success with the method. The reliance on case histories was also characteristic for most of the other reports in Grossmann’s collection. The style in which cases were communicated varied widely, however. Delbœuf, professor of philosophy at the University of Liège, gave highly personalized accounts of his hypnotic treatment of two patients who had come to him, as a medical layman, through the clinic of the professor of surgery, Alexander von Winiwarter. He vividly described how the two patients, a schoolteacher’s daughter of 28 years with hemiplegia and a young man, a sacristan’s son with paralysis of a leg after poliomyelitis, showed greatly increased mobility after some hypnotic sessions. Moreover, he pointed out that the improvement was lasting, referring to the schoolteacher’s testimony and citing from a letter of the young man.²⁵ The ‘cures’, Delbœuf assured, were effected ‘solely through the spoken word, which directed the willpower [of the patients] to the sick organ’.²⁶ The healing power of hypnosis was for Delbœuf dependent on the patient’s activity, an insight which made him critical of doctors’ claims to a monopoly on hypnotic treatments.²⁷ His comments reflected to some extent the development of willpower training as a psychotherapeutic as well as self-help method in its own right, in which the patient’s will was believed to have a curative effect.²⁸

On the other end of the spectrum, with regard to the presentation of cases, was the report of the Dutch neurologists van Eeden and van Renterghem. Without much comment they provided a table summarizing their hypnotic treatment of 1,089 patients in their Amsterdam private clinic between May 1887 and June 1893. They had treated slightly more women than men (560 and 529, respectively), of various ages, though over half came from the age group of 21 to 40 years. The majority suffered from diseases of the nervous system which were subdivided into organic affections, severe neuroses and

hysterical affections, mental illnesses, neuropathies, and neuralgias or undefined pains. The two doctors had also applied the method in ‘functional disorders’ in other inner or external diseases, febrile illnesses, chlorosis and anomalies of menstruation, and to induce anaesthesia for surgical procedures. They admitted that about 5 per cent of their patients had not been hypnotizable, but they claimed to have achieved a ‘cure’ in over 28 per cent, significant or lasting improvement in nearly 24 per cent, and slight or transitory improvement in about 21 per cent of their cases. For less than 18 per cent they noted no success of the treatment; and in about 9 per cent the outcome was unclear as the patients had not returned after one or two hypnotic sessions.²⁹ With such quantification and categorization van Eeden and van Renterghem attempted to present outcomes of hypnotic therapy in the same format as treatment results were then more generally presented in medicine and surgery. The Amsterdam neurologists expressed their conviction, based on their experience, that hypnotic therapy had no undesired consequences as long as suggestions were aimed at ‘normal physiological or regenerative processes’.³⁰

Cases of serious mental disease were very difficult to treat with hypnotic suggestions, as the reports of the Swiss psychiatrists, Bleuler and Forel, indicated. Eugen Bleuler, the director of the mental asylum in Rheinau, conceded that since most of his patients were incurably insane, he could not report many successes with hypnotic therapy. Only one of the six successful cases that he summarized in his report was a psychiatric case; the other five comprised diagnoses of hysteria, neuralgia, headaches, and, in a child, *pavor nocturnus* (fear of darkness).³¹ August Forel, the director of the Burghölzli asylum and professor of psychiatry in Zurich, likewise emphasized that the insane patients of his asylum could only very rarely be influenced by hypnotic suggestion therapy. His experience with this method rested primarily on several hundred cases of other kinds of patients whom he had treated since 1887, particularly in the context of his lectures on hypnotism.³²

In Forel’s experience hypnotic suggestion could successfully be used for pain relief, for example in migraines or during tooth extractions, for the regulation of menstruation, and to treat sleeplessness, loss of appetite, and addictions, in particular alcoholism.³³ He

asserted that only lay practitioners or inexperienced doctors might cause damage to the nervous system by hypnosis, e.g. by provoking hysterical fits, but that every experienced medical hypnotist would be able to testify that in hundreds or thousands of their patients no negative side effects had occurred. Like Liébeault, Forel called for university teaching on hypnotic suggestion for medical students.³⁴

The spectrum of conditions which the Berlin physician Albert Moll had found to be suitable for hypnotic treatment broadly confirmed the experiences of the other authors: pains without demonstrable organic cause, hysterical paralyses, nervous loss of the voice, nervous coughing, pruritus, and tinnitus, enuresis in children, and obsessive ideas. He was somewhat sceptical, however, about the high numbers of cases that some authors had reported, and emphasized that in order to provide meaningful figures it was important to state also for how long a patient had been observed or treated. Polemically, Moll addressed his Berlin critics, the clinician Karl Anton Ewald, who had characterised hypnotic treatment as unscientific and unworthy of doctors, and the psychiatrist Mendel, who, as mentioned above, had warned against dangerous side effects of hypnosis, when Moll reported on his therapeutic experiences to the Berlin Medical Society in 1887 and 1889. Moll questioned the scientific nature of some of Ewald's treatments in internal medicine and pointed out that Mendel had performed many hypnotic experiments himself, despite their alleged dangers.³⁵

As these examples show, the defence of hypnotic suggestion therapy by its prominent practitioners was vigorous, emphasizing their extensive experience, but also differentiated with regard to the kinds of conditions for which this form of treatment was seen as effective. The defenders of hypnotic therapy admitted medical side effects, though they were not regarded as sufficiently severe to abandon the method. Besides these, however, two additional problems caused wider concerns: simulation by patients and their potential abuse by hypnotists.

The Question of Simulation

In 1894, the same year that Grossmann's collective defence of hypnotic suggestion appeared, Moritz Benedikt, professor of neuropathology and electrotherapy in Vienna, published a monograph in which he sharply criticized the method. Benedikt had used hypnosis on some of his patients since 1867, but after the fashion for Bernheim's suggestion method had developed in the late 1880s, he had turned into one of its fiercest critics.³⁶ When he tried, together with some young colleagues, the Nancy method on selected patients of his outpatient clinic, they confirmed to the hypnotizer that they had fallen into a sleep. But when later asked by another person, they admitted that they had only pretended to do so and had falsely claimed to have been hypnotized as they sensed that this was expected of them. Moreover, after several hypnotic sessions, some patients wanted 'to be let alone' by the hypnotizer, asserted that they had been cured, and did not return. When Benedikt checked with family members of one of these patients, who had been hypnotized for convulsions, they confirmed that her convulsions continued with the same frequency and intensity as before. Similarly, Benedikt claimed, patients with morphine addiction, alcoholism, and sexual perversions did not dare to contradict the authority of their hypnotherapist and falsely declared themselves cured just to get rid of him. At least ninety per cent of the casuistry of such 'cures', estimated Benedikt, had to be discounted because of simulation.³⁷

This was not only a polemic statement by a critic. Forel, despite being one of the most enthusiastic supporters and practitioners of hypnotic suggestion therapy, had to admit the problem regarding his own patients. In one case, the patient returned to him after the hypnotic treatment together with his doctor, confessing under tears that he had simulated. Forel salvaged the situation by hypnotizing the patient again, in the presence of the doctor, suggesting anaesthesia of one hand and demonstrating the painlessness by piercing the patient's hand several times with a needle. The patient, Forel maintained, had only falsely believed that he had simulated during the earlier hypnoses.³⁸ In another case, however, documented in the patient records, a morphine-addicted Munich industrialist, who voluntarily underwent a withdrawal treatment supported by hypnotic suggestion in Forel's asylum, provoked the latter's anger when he confessed simulation to an assistant doctor. Defending himself against Forel's accusation of having lied, the patient wrote a

letter to the psychiatrist, explaining that he had pretended to have been helped by the hypnotic suggestions because he did not want to appear disrespectful and risk a breaking-off of the treatment.³⁹ This case is all the more revealing, given that despite his relatively high social status, the patient was anxious not to challenge the authority of his psychiatrist by questioning the success of the hypnotic therapy.

Moll devoted a whole chapter of his textbook on hypnotism (first edition 1889) to the ‘question of simulation’. There were a number of ‘objective signs’ which were thought to be independent of the patients’ willpower and were used to confirm that a patient had entered the hypnotic state. These signs included convulsive upward rotation of the eyeballs and cataleptic stiffness of a lifted arm without developing signs of fatigue such as trembling and irregular breathing. In the hypnotic stage of lethargy, increased neuromuscular irritability could be observed: upon stimulation of the skin a single muscle or a group of muscles innervated by a particular nerve contracted.⁴⁰ Such signs had been particularly studied by Charcot and his school using recording instruments such as the myograph in order to demonstrate that hypnosis had ‘real’, physiological effects on patients’ bodies.⁴¹ Moll acknowledged Charcot’s efforts in this area, but pointed out that the absence of one of these so-called objective signs did not rule out that the patient was truly hypnotized, and vice versa, that there might be certain individuals who managed to display a cataleptic state by training. Moreover, some hysterical patients showed increased muscular excitability without hypnosis.⁴²

He also addressed the scenario that Forel had described, of patients confessing after the hypnotic treatment that they had simulated or had acted out suggestions to please the hypnotizer. Many of them, Moll claimed, falsely believed themselves not to have been under a hypnotic force,⁴³ others were embarrassed about the weakness of their willpower which they had experienced, and deliberately lied in saying that they had simulated. The whole issue of simulation of hypnosis was fraught with difficulties, as Moll admitted, but these had to be addressed in a ‘strictly scientific’ manner, like psychiatrists had to when assessing cases of alleged mental illness.⁴⁴

Potential Abuses of Hypnosis

The subjugation of willpower raised by Moll in relation to simulation was at the core of the other major problem perceived in hypnotic treatments: the danger of abuse. In general, two situations were envisaged, that hypnotizers might give criminal suggestions to their subjects or that hypnotherapists might abuse patients' state of weakened willpower for sexual assaults.⁴⁵ The idea of criminal suggestions was studied experimentally by both Charcot's and Bernheim's schools of hypnotism, e.g. by successfully suggesting to subjects that they must stab or shoot a particular individual, using an imagined or fake weapon. While members of the Nancy school saw a real danger indicated by the findings of such trials, Charcot's followers largely remained sceptical. It was argued that the hypnotized subjects still knew that they were only playacting and that they resisted commands that countered their sense of decency, sometimes by having a hysterical fit.⁴⁶ Benedikt a priori rejected the possibility of hypnotic crime, as for any real crime there were many unexpected situations which a perpetrator had to master and which the hypnotizer could not foresee.⁴⁷

There were however a few real-life cases in which claims were made that a crime had been committed under hypnotic influence or through posthypnotic suggestion. A much publicized case from the early 1890s was the Paris murder trial of 22-year-old Gabrielle Bompard. The defence claimed that she had acted under a posthypnotic suggestion implanted by her partner Michel Eyraud, when they jointly hanged and robbed the bailiff Alexandre-Toussaint Gouffé after she had lured him to a flat. In the expert opinions during the trial the different views on hypnotic crime of the Nancy and Paris schools hardened and clashed. The latter school's scepticism prevailed, and there was also no independent evidence that Eyraud had given Bompard a hypnotic suggestion to commit the crime together with him, though she had been hypnotized by others in the past. Eyraud was guillotined and Bompard, who had voluntarily given herself up to the police, sentenced to imprisonment for 20 years.⁴⁸ In Germany, Albert Moll, who established himself as an expert on the legal implications of hypnosis, also expressed his scepticism in criminal cases where hypnotic influence had been claimed. While he followed the

Nancy school in believing that a crime could, in principle, be instigated by hypnotic suggestion, he did not think it likely to occur often in practice because of the danger of detection for the hypnotizer. Claims of having been under hypnotic influence were often defensive lies of the accused.⁴⁹ The popularity of the idea of committing a crime in a hypnotic state probably owed more to the public's thirst for sensational stories than to a real-life problem. The topic provided fertile material for theatre productions such as Paul Lindau's *Der Andere* ('The Other') in 1893 and later for films.⁵⁰

More grounded in real cases was however the other issue mentioned: the concern that hypnotized persons might be sexually assaulted. Much attention was given to the Munich trial in 1894 of the Polish magnetic healer and hypnotherapist Czeslav Czynski, who stood accused of having misused his treatment sessions with the Baroness Hedwig von Zedlitz to give her posthypnotic suggestions which enabled him to seduce her. Moreover, he was charged with having subsequently staged a fake marriage ceremony and with forging a marriage certificate, in order to get access to the Baroness's fortune. The experts on hypnotism heard during the trial were divided in their opinions. While the Munich physician Baron Albert von Schrenck-Notzing and the professors Hubert Grashey (Munich) and Wilhelm Preyer (Wiesbaden) held that hypnotic influence had played a role in this case, the Breslau professor Ludwig Hirt concluded that the Baroness had fallen naturally in love with Czynski and that sexual intercourse had occurred consensually.⁵¹ Another expert, Professor Friedrich Fuchs of Bonn, had left the trial proceedings on the first day, having declared that all phenomena of hypnosis that he had seen were just simulated, or 'comedy'.⁵² The court sentenced Czynski to three years' imprisonment for the marriage fraud, but acquitted him of the charge of having committed a sexual crime.⁵³

A more sinister case was that of Dr K., an assistant physician in a Munich hospital. He had been accused of having sexually abused during hypnosis a 13-year-old working-class girl who been diagnosed with inactivity atrophy of one leg and general nervousness and was an in-patient because of a history of unclear abdominal symptoms. Schrenck-Notzing had been instructed by the doctor's lawyer during the criminal investigation and in 1898

published an article on the case in the *Zeitschrift für Hypnotismus*. The article, including the medical case history of the girl, the accused doctor's account, a letter by his lawyer, and Schrenck-Notzing's expert report, makes harrowing reading. Dr K. was accused by the girl of an oral sexual assault, whereas he claimed that he had merely placed the wooden handle of his shaving brush into her mouth, suggesting it was an infant's dummy on which she should suck, and put some salt on her tongue, suggesting it was sugar. He admitted that he had urinated in his chamber pot while she was in a hypnotic state, having put a towel over her head as a precaution. Schrenck-Notzing's report concluded that the girl had been in a hypnotic dream state in which she relived an actual sexual assault of the type alleged, committed earlier on her by an 'old man' (as mentioned by the girl's father). No witnesses having been present during the hypnosis, the public prosecutor stopped the investigation against Dr K., although there had been two further allegations of misconduct in connection with his hypnosis experiments on other girls in the same hospital. Schrenck-Notzing, who was a main proponent of hypnotic suggestion therapy, framed his account of the case of Dr K. as a warning to colleagues that hypnotized patients might make false accusations against them.⁵⁴ However, Leopold Loewenfeld, a Munich consultant in nervous diseases and expert on hypnotism, subsequently commented that Schrenck-Notzing's report had been very friendly towards Dr K. and that another expert might have come to a different conclusion.⁵⁵

In another case a 22-year-old magnetic healer, Carl Mainone, stood accused of having sexually assaulted and then twice raped a 20-year-old girl during three consecutive hypnotic sessions for her short sightedness. Here, Schrenck-Notzing, as one of three medical experts, concluded like his two colleagues that the girl had clearly been sexually abused in a hypnotized state. However, the jury of the Cologne court in which the case was heard in 1901 found the defendant only guilty of physical insult (section 185 of the Penal Code), not of rape of a woman lacking willpower (section 176, sub-section 2), nor of having put a person in a weak-willed state for the purpose of sexual abuse (section 177). Their verdict thus implicitly assumed at least some measure of consent. Mainone was sentenced to 18 months' imprisonment.⁵⁶ As Schrenck-Notzing critically commented, the verdict was 'almost unbelievable' in its acquittal of Mainone from the

rape charge. It showed in his view that the jurors felt unable to decide on the question of lack of willpower during hypnosis or that they wanted to avoid the problem of accepting a hypnotized woman as the only witness for her own condition.⁵⁷

It may be tempting to assume that Schrenck-Notzing's more lenient assessment of Dr K. in comparison to Mainone and Czynski was not only a matter of the specific circumstances of the different cases, but had also to do with the fact that the latter two were unlicensed lay practitioners whereas Dr K. was a medical colleague. In more general terms, however, these three cases show that sexual abuse of hypnotized patients was recognized as a real danger around 1900, although the legal authorities were reluctant to accept the statements of the female patients concerned as sufficient evidence.

Hypnotic therapy, we may conclude, was perceived as a dangerous method, both medically and morally, despite the assurances of its supporters that it was a beneficial and rather harmless treatment that suitably qualified doctors could apply in a wide range of conditions, especially nervous disorders. One needs to consider this general background in order to understand why in 1902 and 1906 the Prussian state launched inquiries into the use of hypnosis by doctors as well as by lay healers.⁵⁸

The Prussian Ministerial Inquiries

On 5 April 1902, the Prussian Minister for Religious, Educational and Medical Affairs issued two official inquiries: one addressed to the heads of governmental districts and the Berlin chief of police about treatments with hypnosis by lay healers and any damage to health caused by them; the other to the medical chambers about the extent of the use of hypnotic therapy by doctors and their success with the method.⁵⁹ The incoming reports were duly collected in the Ministry,⁶⁰ but their evaluation did not reveal any alarming findings. As a note in the ministerial files on 23 September 1903 states, the information obtained had been very limited, and it showed that some doctors and lay healers applied hypnosis for therapeutic purposes; damage to health by this had in general not been reported. The civil servant dealing with the matter recommended repeating the inquiry in

a year's time.⁶¹ For 36 governmental districts (excluding Berlin), a total of 26 lay hypnotherapists had been identified; in 19 of these districts no such persons were known.⁶² The reports of the provincial medical chambers confirmed relatively few doctors as using hypnosis, e.g. 18 out of 682 doctors in the province of East Prussia, and 97 out of 2570 doctors in the Rhine Province and Hohenzollern Lands. Those who did use the method had applied it mostly in nervous disorders such as hysteria and neurasthenia and claimed to have seen temporary and sometimes permanent improvements. The majority of doctors, however, seemed to feel that hypnosis was not essential or that some form of suggestion in the waking state would suffice in appropriate cases.⁶³ A commission report of the Berlin-Brandenburg medical chamber, with Mendel as one of the signatories, was particularly negative, maintaining that the number of successes with hypnotherapy in hysterical conditions had gone down in recent years as the method had become more widely known among the public and had been divested of its seemingly wondrous and supernatural aspects. The report also warned of the danger of hypnosis of making hysterical patients worse and prone to autosuggestion, especially if applied by lay healers. Without being able to provide statistics, the Berlin commissioners claimed that the therapeutic use of hypnosis had declined.⁶⁴

In comparison to the heated exchanges of the 1890s, the findings of the ministerial inquiries read like an anti-climax. One possible explanation might be that hypnotherapy had been sufficiently normalized and its indications reduced to those conditions where some improvement could be expected from its use. After the Ministry had issued a new inquiry in June 1906, the reports showed the existence of 226 lay healers using hypnosis, suggestion, magnetism or similar methods in 37 Prussian governmental districts, including Berlin, where 97 of them practised, but apparently only 16 doctors who applied hypnosis.⁶⁵ Without putting too much trust in the accuracy of such figures, it seems that the medical profession had become disenchanted with the method, whereas an increased number of lay practitioners appeared to use it. In fact, in the political realm, the issue of hypnotic therapy by lay healers and its apparent dangers stayed alive. On 4 March 1910, a Reichstag delegate, Neuner, spoke about this topic, calling for legislation that would permit the application of hypnosis by medical doctors only. Two dangers, he said,

motivated this demand: that hypnosis might easily be abused for committing crimes and that careless hypnotising would harm people's health and lives. The method was in his view necessary in medical fields such as neurology, but should be 'a monopoly of the doctor and of science'.⁶⁶ In his response, the Secretary of the Interior, Delbrück, promised that future general legislation on lay healers would bring a solution.⁶⁷ However, the relevant draft legislation (dating from 1907) was unsuccessful and rejected by a parliamentary commission in 1911. The Reichstag had been unwilling to sacrifice everyone's 'right to cure', which, as mentioned, covered lay hypnotizers.⁶⁸ Eventually, the First World War required attention to more urgent matters. Only public stage demonstrations of hypnosis continued to be forbidden based on a decree of the Ministry of the Interior from July 1903 which was reiterated in 1919.⁶⁹ In fact, when shell shocked soldiers returned from the frontlines, hypnotic suggestion acquired yet another field of medical application in the treatment of war neuroses, opening up a new chapter of efforts to legitimize the method.⁷⁰

Conclusions

During the 1890s hypnotic suggestion therapy was intensely discussed among German-speaking physicians and psychiatrists. While its supporters saw a wide range of applications, especially in nervous ailments, with no significant side effects, the method's critics pointed out that it could worsen patients' health, triggering hysterical attacks and causing unpleasant after-effects. The evidence provided by defenders of the method, among others in international expert reports collected by the Berlin physician Grossmann in 1894, varied widely – from personal accounts of individual treatments to tabulated summaries of over a thousand cases. The harm from hypnosis that critics feared was illustrated by some trials, e.g. those by Friedrich in Munich, and often simply asserted based on therapeutic experience.

Both critics and defenders of the method acknowledged the problem of simulation, though the latter argued that even if patients confessed to having simulated the hypnotic state, they might still be wrong about this and have in fact been under the hypnotizer's

influence. Widely discussed was the danger of abuses of the method. While the fear of instigating crimes by hypnotic suggestion was largely based on ‘laboratory’ or ‘salon’ trials rather than real cases, there were some disturbing instances of alleged sexual exploitation of patients by hypnotizers. The legal authorities, however, were reluctant to accept the accounts of hypnotized female patients as valid statements; punishments, if given, were related to collateral offences, not to charges of rape of a person lacking willpower.

The results of the Prussian ministerial inquiries of 1902 and 1906 indicated rather small numbers of medical doctors and an increasing number of lay healers using hypnosis, and no serious damage to health caused by the method. While the Prussian ban of 1881 on public performances of hypnosis was reiterated in 1903 and 1919, hypnotic therapies remained legal under Germany’s general ‘right to cure’, whether carried out by doctors or by lay practitioners.

The German discourse on hypnotism around 1900 was thus characterized by a variety of facets, reaching from medical differences regarding the method’s therapeutic efficacy and risks to health, via uncertainties about the authenticity of patients’ behaviour towards their hypnotherapists, to gender issues in the question of abuses of hypnosis and concerns about the safety of treatments by lay healers. Hypnotic suggestion was widely perceived as a problematic therapy. By the beginning of the twentieth century, many German doctors, it seems, therefore preferred to do without it, regarding it as not essential.

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² A. Crabtree, *From Mesmer to Freud: magnetic sleep and the roots of psychological healing* (Yale University Press, New Haven, 1993); H. F. Ellenberger, *Die Entdeckung des Unbewußten: Geschichte und Entwicklung der dynamischen Psychiatrie von den Anfängen bis zu Janet, Freud, Adler und Jung* (Diogenes, Zurich, 2005); A. Mayer, *Sites of the Unconscious: hypnosis and the emergence of the psychoanalytic setting* (University of Chicago Press, 2013); H. Schott, ‘Mesmer, Braid und Bernheim: Zur Entstehungsgeschichte des Hypnotismus’, *Gesnerus* **41**, 33-48 (1984); C. Schröder, *Der Fachstreit um das Seelenheil: Psychotherapiegeschichte zwischen 1880 und 1932* (Peter Lang, Frankfurt/Main, 1995). For a more nuanced account see however J. Carroy, ‘L’étude de cas psychologique et psychanalytique’, in *Penser par cas* (ed. J. C. Passeron and J. Revel), pp. 201-228 (Éditions EHESS, Paris, 2005).

³ J. Grossmann (ed.), *Die Bedeutung der hypnotischen Suggestion als Heilmittel. Gutachten und Heilberichte der hervorragendsten wissenschaftlichen Vertreter des Hypnotismus der Gegenwart*, 2nd edn (Bong & Co., Berlin, 1894).

⁴ *Ibid.*, pp. ix, xi.

⁵ *Ibid.*, p. ix; H. Bernheim, *Hypnotisme, suggestion, psychothérapie: études nouvelles* (Octave Doin, Paris, 1891), p. 180.

⁶ A. Moll, ‘Hypnotische Schaustellungen in Berlin’, *Deutsche Medizinische Wochenschrift* **20**, 815-816 (1894); J.-W. Teichler, “‘Der Charlatan strebt nicht nach Wahrheit, er verlangt nur nach Geld’: Zur Auseinandersetzung zwischen naturwissenschaftlicher Medizin und Laienmedizin im deutschen Kaiserreich am Beispiel von Hypnotismus und Heilmagnetismus (Franz Steiner, Stuttgart, 2002), pp. 185, 189-190. Regulations against stage performances of hypnosis were also issued in Saxony (1888), Bavaria (1893), Mecklenburg-Schwerin (1894), Hessen (1896), and Baden (1903); *ibid.*, pp. 189-190.

⁷ Grossmann, *op. cit.* (note 3), pp. xi-xii. Grossmann’s collection went through at least three German editions in 1894.

⁸ R. Virchow, *Die Gründung der Berliner Universität und der Uebergang aus dem philosophischen in das naturwissenschaftliche Zeitalter* (Julius Becker, Berlin, 1893), pp. 26-28; Grossmann, *op. cit.* (note 3), p. ix. On the links between hypnotism and spiritualism see H. Wolfram, *The stepchildren of science: psychical research and parapsychology in Germany, c. 1870-1939* (Rodopi, Amsterdam, 2009), pp. 83-130.

⁹ Grossmann, *op. cit.* (note 3), p. vi.

¹⁰ L. Friedrich, ‘Die Hypnose als Heilmittel’, *Annalen der Städtischen Allgemeinen Krankenhäuser zu München* **6**, 113-140 (1894).

¹¹ *Ibid.*, p. 135; J. W. von Goethe, ‘Der Zauberlehrling’, in *Goethes Werke. Festausgabe*, vol. 1: *Gedichte I* (ed. R. Petsch and E. A. Boucke), pp. 119-122 (Bibliographisches Institut, Leipzig, 1926).

¹² Friedrich, *op. cit.* (note 10), pp. 137-140.

¹³ See Teichler, *op. cit.* (note 6); Wolfram, *op. cit.* (note 1).

¹⁴ Grossmann, *op. cit.* (note 3), p. v.; E. Mendel, ‘Discussion über den Vortrag des Herrn Moll: Der Hypnotismus in der Therapie’, *Verhandlungen der Berliner medizinischen Gesellschaft* **18**, 174-175 (1887); E. Mendel, ‘Discussion über den Vortrag des Herrn Moll: Therapeutische Erfahrungen auf dem Gebiete des Hypnotismus’, *Verhandlungen der Berliner medizinischen Gesellschaft* **20**, 148-150 (1889).

- ¹⁵ H. Obersteiner, *Der Hypnotismus mit besonderer Berücksichtigung seiner klinischen und forensischen Bedeutung* (M. Breitenstein, Vienna, 1887), pp. 75-76. See also H. Obersteiner, 'Gutachten', in Grossmann, *op. cit.* (note 3), pp. 85-87.
- ¹⁶ Other contributors to Grossmann's collection included the medical professors Albert Eulenburg (Berlin), Richard von Krafft-Ebing (Vienna), and Enrico Morselli (Genoa), and the professors of law Jules Liégeois (Nancy) and Karl von Lilienthal (Marburg).
- ¹⁷ Gauld, *op. cit.* (note 1), p. 352.
- ¹⁸ Schröder, *op. cit.* (note 2), p. 48. See also Teichler, *op. cit.* (note 6), p. 56.
- ¹⁹ A. A. Liébeault, 'Gutachten', in Grossmann, *op. cit.* (note 3), pp. 3-4.
- ²⁰ H. Bernheim, 'Gutachten', in Grossmann, *op. cit.* (note 3), p. 5.
- ²¹ *Ibid.*, pp. 6-9. On links between hypnotism and the emergence of crowd psychology see R. Harris, 'Murder under hypnosis in the case of Gabrielle Bompard: psychiatry in the Courtroom in Belle Époque Paris', in *The anatomy of madness* (ed. W. F. Bynum, R. Porter and M. Shepherd), vol. 2, pp. 197-239 (Tavistock Publications, London, 1985), on pp. 228-231.
- ²² Bernheim, *op. cit.* (note 20), pp. 10-11.
- ²³ *Ibid.*, pp. 11-12.
- ²⁴ *Ibid.*, pp. 12-14. In his influential book on suggestion therapy, first published in 1886 and translated into German by Sigmund Freud, Bernheim had given details of 105 clinical cases (categorized into organic diseases of the nervous system, hysteria, neuropathies, neuroses, paralyses, affections of the gastrointestinal tract, pains, rheumatism, neuralgias, and menstrual disorders) in which he had applied the method. For nearly all of them he claimed to have achieved a 'cure' or at least some improvement. See H. Bernheim, *Die Suggestion und ihre Heilwirkung* (Franz Deuticke, Leipzig, 1888), pp. 200-405.
- ²⁵ J. Delbœuf, 'Gutachten', in Grossmann, *op. cit.* (note 3), pp. 31-37.
- ²⁶ *Ibid.*, p. 37.
- ²⁷ Cf. Mayer, *op. cit.* (note 2), pp. 102-103. On Delbœuf's contributions to hypnotism see also J. Carroy, 'L'effet Delbœuf, ou les jeux et les mots de l'hypnotisme', *Corpus* **32**, 89-117 (1997); and the article by Kaat Wils in this special issue.
- ²⁸ See Schröder, *op. cit.* (note 2), pp. 70-72, 75-76; M. Cowan, *Cult of the will: nervousness and German modernity* (Pennsylvania State University Press, University Park, 2008), pp. 69-110.
- ²⁹ F. van Eeden and A. W. van Renterghem, 'Gutachten', in Grossmann, *op. cit.* (note 3), pp. 40-41.
- ³⁰ *Ibid.*, p. 39.
- ³¹ E. Bleuler, 'Gutachten', in Grossmann, *op. cit.* (note 3), pp. 18-20.
- ³² A. Forel, 'Gutachten', in Grossmann, *op. cit.* (note 3), p. 51. As a recent study of the medical case files of the asylum patients under Forel's directorship has shown, however, about 11 per cent of these patients were treated with hypnosis, especially men from a higher social background. See M. Bugmann, *Hypnosepolitik: Der Psychiater August Forel, das Gehirn und die Gesellschaft (1870-1920)* (Böhlau Verlag, Cologne, 2015), p. 181.
- ³³ A. Forel, *Der Hypnotismus: Seine Bedeutung und Handhabung* (Ferdinand Enke, Stuttgart, 1889), pp. 26, 35, 43, 64-66; Forel, 'Gutachten', in Grossmann, *op. cit.* (note 3), pp. 48, 51. See also Bugmann, *op. cit.* (note 32), pp. 145-185.
- ³⁴ Forel, 'Gutachten', in Grossmann, *op. cit.* (note 3), pp. 52-53.
- ³⁵ A. Moll, 'Gutachten' in Grossmann, *op. cit.* (note 3), pp. 76-79; B. Wolf-Braun, "'Was jeder Schäferknecht macht, ist eines Arztes unwürdig": Zur Geschichte der Hypnose im wilhelminischen Kaiserreich und in der Weimarer Republik (1888-1932)', *Hypnose und Kognition* **17**, 135-152 (2000), on pp. 135-136; A.-H. Maehle, 'The powers of suggestion: Albert Moll and the debate on hypnosis', *History of Psychiatry* **25**, 3-19 (2014), at pp. 4-7.
- ³⁶ M. Benedikt, *Hypnotismus und Suggestion. Eine klinisch-psychologische Studie* (M. Breitenstein, Leipzig, 1894), pp. I, 17-18, 40-41; M. Benedikt, *Aus meinem Leben. Erinnerungen und Erörterungen* (Carl Konegen, Vienna, 1906), pp. 125-126, 324-326.
- ³⁷ Benedikt, *Hypnotismus* (note 36), pp. 66-68.
- ³⁸ Forel, *Hypnotismus* (note 33), p. 48.
- ³⁹ Bugman, *op. cit.* (note 32), pp. 212-213.
- ⁴⁰ A. Moll, *Der Hypnotismus* (H. Kornfeld, Berlin, 1889), pp. 166-171.
- ⁴¹ See Mayer, *op. cit.* (note 2), pp. 37-46; K. M. Hajek, 'The fear of simulation: scientific authority in late 19th-century French disputes over hypnotism', *History of Science* **53**, 237-263 (2015).

⁴² Moll, *op. cit.* (note 40), pp. 172-173.

⁴³ This claim was also made by Bernheim; see Hajek, *op. cit.* (note 41), pp. 246-247.

⁴⁴ Moll, *op. cit.* (note 40), pp. 175-177. On the related problem of feigning illness see R. Cooter, 'Malingering in modernity: psychological scripts and adversarial encounters during the First World War', in *War, medicine and modernity* (ed. R. Cooter, M. Harrison and S. Sturdy), pp. 125-148 (Sutton Publishing, Stroud, 1998).

⁴⁵ Concerns about potential sexual misconduct of the therapist were already widely expressed in the early nineteenth century with regard to magnetic healers. See, for Britain, W. Hughes, *That devil's trick: hypnotism and the Victorian popular imagination* (Manchester University Press, 2015), pp. 90-105.

⁴⁶ L. Loewenfeld, *Der Hypnotismus. Handbuch der Lehre von der Hypnose und Suggestion mit besonderer Berücksichtigung ihrer Bedeutung für Medizin und Rechtspflege* (J. F. Bergmann, Wiesbaden, 1901), pp. 433-446; Gauld, *op. cit.* (note 1), pp. 494-503; B. Wolf-Braun, 'Die kulturelle Wahrnehmung der Hypnose als Beeinflussungstechnik. Deutungen der Trance um 1900', in *Fremdkontrolle. Ängste – Mythen – Praktiken* (ed. M. Schetsche and R.-B. Schmidt), pp. 45-57 (Springer, Wiesbaden, 2015), on pp. 51-52; A. D. Kauders, 'Verführung, Hingabe, Auftrag: Hypnose und Verbrechen in Deutschland nach dem Ersten Weltkrieg', *Hypnose-ZHH* **10**, 63-80 (2015), at pp. 69, 74.

⁴⁷ Benedikt, *Hypnotismus* (note 36), pp. 60-63; Benedikt, *Aus meinem Leben* (note 36), pp. 359, 397.

⁴⁸ Harris, *op. cit.* (note 21); R. Plas, 'Hysteria, hypnosis, and moral sense in French 19th-century forensic psychiatry', *International Journal of Law and Psychiatry* **21**, 397-407 (1998).

⁴⁹ A. Moll, 'Hypnose und Verbrechen', *Die Woche* **2**, 133-135 (1900); A. Moll, 'Hypnose und Verbrechen', *Kriminalistische Probleme* **2**, 17-36 (1928); Maehle, *op. cit.* (note 35), p. 12.

⁵⁰ P. Lindau, *Der Andere. Schauspiel in vier Aufzügen* (I. Goldmann, New York, 1893); S. Andriopoulos, *Possessed: hypnotic crimes, corporate fiction, and the invention of cinema* (University of Chicago Press, 2008).

⁵¹ H. Grashey, L. Hirt, A. von Schrenck-Notzing, and W. Preyer, *Der Prozeß Czynski. Thatbestand desselben und Gutachten über Willensbeschränkung durch hypnotisch-suggestiven Einfluß abgegeben vor dem oberbayerischen Schwurgericht zu München* (Ferdinand Enke, Stuttgart, 1895).

⁵² *Ibid.*, pp. 19-21.

⁵³ *Ibid.*, p. 44. See also Loewenfeld, *op. cit.* (note 46), pp. 430-431. For a detailed discussion of the Czynski trial see the article by Heather Wolfram in this special issue.

⁵⁴ A. von Schrenck-Notzing, 'Das angebliche Sittlichkeitsvergehen des Dr. K. an einem hypnotisirten Kinde', *Zeitschrift für Hypnotismus* **8**, 193-207 (1898); A. von Schrenck-Notzing, *Kriminalpsychologische und Psychopathologische Studien* (Johann Ambrosius Barth, Leipzig, 1902), pp. 107, 135-142.

⁵⁵ Loewenfeld, *op. cit.* (note 46), pp. 432-433.

⁵⁶ Schrenck-Notzing, *Kriminalpsychologische und Psychopathologische Studien* (note 54), pp. 155-161.

⁵⁷ *Ibid.*, pp. 162-163.

⁵⁸ The Reich Ministry of the Interior had already asked the Reich Health Office in early 1895 for a report on hypnosis and suggestion, and the Scientific Deputation for Medical Affairs had reported in February 1902 to its superior, the Prussian Minister for Religious, Educational and Medical Affairs, on the same topic. Both reports concluded that hypnosis practised by medical doctors, while not without risks, was an acceptable method of treatment. See Teichler, *op. cit.* (note 6), pp. 61-62, 176-177.

⁵⁹ Der Minister der geistlichen, Unterrichts- und Medizinal-Angelegenheiten an die Herren Regierungspräsidenten und den Herrn Polizei-Präsidenten, Berlin, 5. April 1902, Geheimes Staatsarchiv Preußischer Kulturbesitz (hereafter GStA PK), I. HA Rep. 76 VIII B Nr. 1324, fol. 80; Der Minister der geistlichen, Unterrichts- und Medizinal-Angelegenheiten an Ärztekammerausschuß und Vorsitzenden Herrn Geheimen Sanitätsrath Dr. Lent, Berlin, 5. April 1902, *ibid.*, fol. 81.

⁶⁰ See Acta betreffend: die Sammlung der Berichte auf den Runderlaß vom 5. April 1902, M. 49i, betreffend die Anwendung der Hypnose durch nicht-approbirte Vertreter der Heilkunde, GStA PK, I. HA Rep. 76 VIII B Nr. 1325; Akten betreffend: die Anwendung des Hypnotismus und des Magnetismus zu Heilzwecken, GStA PK, I. HA Rep. 76 VIII B Nr. 1324, fol. 113-222v.

⁶¹ *Ibid.*, fol. 225.

⁶² *Ibid.*, fol. 219-222v.

⁶³ Aerztekammer für die Provinz Ostpreussen, Sitzung zu Königsberg, 18. Oktober 1902, Tagesordnungspunkt 3, Bericht über die Enquête betr. den Heilwerth der Hypnose, Referent Pindowski, *ibid.*, fol. 119v-120v; Aerztekammer der Rheinprovinz und der Hohenzollern'schen Lande, Sitzung in

Coblenz, 12. November 1902, Tagesordnungspunkt 2, Erlass des Herrn Ministers vom 5. April 1902, betr. die Hypnose, *ibid.*, fol. 191v-193v.

⁶⁴ Bericht der Hypnose-Kommission, Berlin, 7. Dezember 1902, GStA PK, I. HA Rep. 76 VIII B Nr. 824, fol. 461r-461v.

⁶⁵ Anwendung der Hypnose, Suggestion, des Magnetismus und ähnlicher Verfahren bei der Behandlung von Kranken durch Kurpfuscher und Aerzte, GStA PK, I. HA Rep. 76 VIII B Nr. 1324, fol. 248-249.

⁶⁶ Auszug aus den Stenographischen Verhandlungen des Reichstags, 4. März 1910, 48. Sitzung, Seite 1696, *ibid.*, fol. 257.

⁶⁷ *Ibid.*

⁶⁸ Teichler, *op. cit.* (note 6), pp. 190-191, 198-201. Abolishing the general 'right to cure' might have had the undesired consequence of a legal 'duty to treat' for doctors – a consideration that eventually led to the failure of the draft legislation on lay healers. Cf. *ibid.*, p. 201.

⁶⁹ Der Minister des Innern an die Herren Regierungspräsidenten und den Herrn Polizeipräsidenten in Berlin, Berlin, 6. Oktober 1919, GStA PK, I. HA Rep. 76 VIII B Nr. 1324, fol. 258.

⁷⁰ See P. Lerner, *Hysterical men: war, psychiatry, and the politics of trauma in Germany, 1890-1930* (Cornell University Press, Ithaca, 2003), pp. 86-102; Bugmann, *op. cit.* (note 32), pp. 112-115.