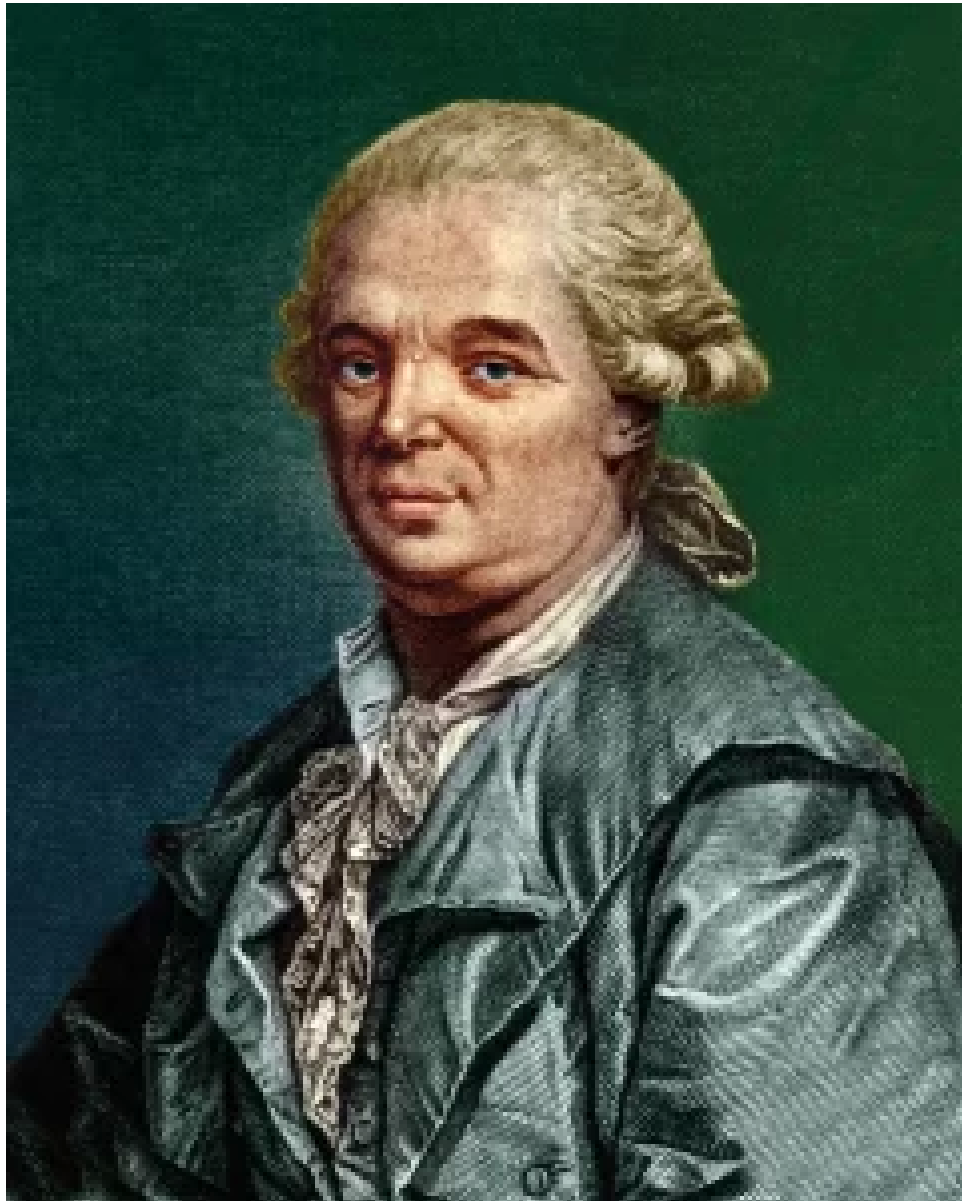


# Apologies to Dr. Franz Anton Mesmer



**Franz Anton Mesmer**

by [Peter Glassman](#) (February 2022)

**Dr. Franz Anton Mesmer found** he could manipulate patients by his voice, hand movements, and with moving devices. He claimed he could take over their personalities and, in susceptible individuals, have them conform to his direction. In 1774 he called this phenomenon “animal magnetism.” Today’s hypnosis or Mesmerism is still defined along those lines of observation

although the exact mechanism within the brain is unknown.

During the Vietnam War years when I was a Navy Anesthesiologist, I studied the use of acupuncture and hypnosis as adjuncts to providing anesthesia for surgery. Anesthesia by acupuncture did work in some agreeable patients but took up to two hours to induce a sleep state with subsequent addition of anesthesia agents. This was too long for my busy OR schedules. Sodium thiopental, for example, took 15-seconds to induce anesthesia.

As an anesthesiologist, after my Navy days, I found I had little time to spend with patients for pre-operative hypnotic anesthesia inductions. The OR medical staff didn't have the time to wait until I induced a hypnotic state. The surgeons complained that one hour to put someone to sleep was ridiculous. Their work schedules forbid such delays.

I gave it up—except for special situations. However, three cases had side effects that made me feel uncomfortable, because these events were difficult to treat. Two occurred when I was in the Navy

The first patient was a young Navy wife whose husband was a Navy helicopter pilot dodging bullets in the skies over Vietnam's jungles. A Red Cross lady and the head of Navy Medical Services at Portsmouth Naval Hospital, New Hampshire (LCDR Jacobs) entered my office.

Jacobs stood up, "Dr. Glassman, we have an issue you might help us with."

The Red Cross woman remained seated, "Oh Doctor, I heard you may assist us in bringing back a combat soldier to be with his ailing wife."

I sat at my desk and stared at them, "What are you talking about?"

Jacobs folded his arms and looked down at me, "Doc, we have a woman in the female dependent section who has developed complete paralysis in both legs. She can't walk. She claims the condition came on when she heard her husband's helicopter was shot down. He's okay. The Navy gave him another chopper. She needs him home to care for her." He motioned for the Red Cross lady to speak.

"Dr. Glassman, if we can prove that her disability is due to her obsession with her husband's fate on the front line, the Red Cross can activate a Federal emergency leave for him to be with her."

I looked from one to the other, "I'm an anesthesiologist. What is it you feel I can do for this soldier's wife?"

Jacobs took over again, "Dr. Cobb, our neurologist says that if you can hypnotize her to walk again, it'll be proof of psycho-trauma. It'll provide her husband's commanding officer the reason to get him home within a week."

I leaned back in my squeaky desk chair, "I rarely do hypnosis anymore."

Jacobs smiled, "The patient's family called their congressman who called our CO, Captain Graig, who called Dr. Cobb, who told him you're the only one trained in hypnosis methodology in the Atlantic Coast Navy."

"That may be, but I don't practice hypnosis except in rare cases and only for anesthesia."

"Capt. Craig wants you to examine the lady, her name is Mrs. McCloud, and assess the feasibility of what we're talking about here. And you know what the word 'suggest' means in the Navy, Doc."

\* \* \*

Mrs. Juniper McCloud was a 25 year-old red haired lady lying

quietly in bed when the ward nurse introduced us. Her watery eyes looked up at me.

I used my most caring tones, "Mrs. McCloud we need to discuss your situation. For me to help you, you must want to regain strength and sensation in your legs."

She gave a tearful rendition of the same story I heard in my office, finishing with, "If only I could even walk just a little. My husband could help me gain full recovery."

Examination of Mrs. McCloud verified Dr. Cobb's findings of intact nerves and muscles. Her problem was indeed cerebral. She had produced an hysterical paralysis.

I discussed the situation with Dr. Cobb, "I agree her pathology lies between her ears. Why did you tell the MSC that I knew hypnosis? I don't have time for this kind of thing. It could take me an hour every day for a week to get her to walk."

Cobb smiled, "And if you do, both you and I are heroes in the eyes of Capt. Craig. He'll owe us. He'll stop his threats to send us to Vietnam if we don't go along with his weekly uniform inspections, getting haircuts, and wearing blemish free white shoes."

\* \* \*

It took me only one day to get Mrs. McCloud relaxed enough to delve into getting her to do things per my suggestion and getting her to think they were her ideas. Getting her husband home would be possible only if she could regain any movement and sensation in her legs. "Mrs. McCloud, I want you touch your legs with the fingers of your dominant hand, the right, hand."

She complied.

"What does it feel like?"

"It feels like I'm touching someone else. I don't feel anything."

"But you feel things when I or Dr. Cobb touch your legs?"

"Yes?" She had a querulous look.

"Okay, I want you touch your right index finger to each leg and then touch the little finger of your left hand."

"I don't feel my legs, but I can feel my left pinky,"

"Good, tomorrow morning we're going to do this again at exactly 8-o'clock. At that exact time your body will feel different. You'll make it feel different, and you'll be so relaxed and comfortable. I'll see you tomorrow."

At five minutes to eight I walked into her room with the nurse. "Good morning, Mrs. McCloud. could you please sit with your legs dangling over the side of the bed. We'll help you."

She looked at the clock behind me. "Yes, Doctor."

"Okay, at exactly 8-o'clock I want you to do what you did last night. You're to touch each leg with your right index finger, and then touch your left pinky."

She looked expectant as I continued, "But this time you're going to transfer how your legs feel to the left little finger." I pointed to the clock. "Okay it's time"

She performed the motions and looked at the clock.

"What you've just done is taken the numbness and lack of movement from your legs to your left pinky. How does your pinky feel?"

She touched her right hand to left little finger. "It feels numb, Dr. Glassman."

"Okay, move your legs up and down."

Her eyes widened as her legs moved under her own willingness. "Mrs. McCloud, can you move your left little finger for me."

She looked at it. It didn't move. "Oh, dear it's not doing anything."

I turned to the nurse. "She'll need physical therapy to get her legs used to walking and weight bearing again. I'll write up my notes for the Red Cross and MSC to get her husband out of harm's way."

I turned to Mrs. McCloud as I left. "As long as you can show improvement with your legs, your husband will be brought back to the states."

"Oh, thank you Dr. Glassman."

However, this was not a total success story. I saw her twice over the next year and her left little finger was still paralyzed. She did not want her motor ability to change. I did write down a method to undo the situation for her future medical care. Mrs. McCloud was lost to follow-up when her husband left the service.

I detailed the above case for the reader to comprehend hypnotic suggestion side effects. A second one occurred with a pregnant Army wife who had significant rheumatic heart disease. Her mitral valve was so diseased she would go into heart failure with subtle changes in weight gain, drinking too much fluid, minimal exercise, or anything that resulted in elevation of her blood pressure. Her obstetrician, Dr. Amadeo Rosalia, contacted me while I was stationed at Chelsea Naval Hospital in Boston.

"Peter, I need your help." He described his cardiac-diseased patient. "Her name is Mrs. Maria DiNapoli. Her husband's a marine just back from Nam. I advised her not to get pregnant. The extra weight gain, blood pressure changes, and fluid retention could send her into fatal heart failure. If she

makes it to term, I'm doing an elective C-section. She'll need anesthesia that does not touch her heart or pulse rate. After anesthesia the pain from surgery will kill her with the blood pressure rise. Opiates can't be used because of the depressive effects on heart. She cannot experience any pain." Rosalia paused, "I know you sometimes use hypnosis. She has six weeks left in the pregnancy. Can you come up with a plan, Peter?"

This was the first time I was faced with a life or death situation demanding a hypnotic solution. I met with this charming lady who added one more challenge. "Dr. Glassman, I want to see my baby when it's born...just for a few seconds."

I contacted my mentor at Brigham and Woman's Hospital who felt it would be dangerous to take her out of hypnosis to look at her baby. "Peter, if you interrupt the anesthesia, the pain will kill her."

\* \* \*

Maria was a wonderful young woman with a strong Italian background. I was brought up in an Italian household. We had common ground. What's more she, like me, was an accordion player in her youth. I wracked my brain and realized there was no anesthetic I could give her that would be risk free. I needed to keep her awake and pain free during and after surgery. I needed just the right trigger. One morning, while we were discussing favorite Italian songs for the accordion, she said her most favorite was Santa Lucia.

"Santa Lucia!" I shouted. "My Italian grandfather had me sing and play that for him many, many times." I had my trigger and Maria and I worked on it right up to her C-section date.

That morning came fast upon us. Maria was placed on the OR table with the IV bottle dripping slowly and nasal oxygen flowing. Her belly was prepped with iodine solution and draped for surgery. Dr. Rosalia looked over the drapes, "Dr. Glassman, are you ready?"

I placed earphones over Maria's ears with the words, "The song will numb your tummy like we worked out." I pressed the Walkman button. She closed her eyes humming Santa Lucia. "Okay Dr. Rosalia, test her tummy."

Rosalia pinched her belly with a hemostat clamp. Maria didn't move or react. She kept her eyes closed humming occasional lyrics of the Italian song.

A screaming baby boy was born in less than five minutes. After the baby was placed in the isolette and cleaned up, the nurse brought him over to us. Maria said nothing until a minute later when she shouted, "Oh, yes, he's beautiful"...and she went back to her closed eyes and resumed humming.

Rosalia approached me in the recovery room. "Peter, it worked. I have to admit I was worried. I listened to that tape and it freaked me out."

"Why? It was just me playing the accordion and singing Santa Lucia."

"It was when you sang Maria look at the baby now' and then 'okay go back to singing'. I thought the anesthesia would end and we'd have a cardiac arrest on the table."

"Look, Amadeo, as long as she has the earphones on with the tape playing, her belly is numb. She'll feel no pain."

Two years later, I received a call from Maria. "Dr. Glassman, the tape is wearing out. Can you make another? I used her old tape to make sure it was an identical reproduction."

Some cases do not always have happy endings, although my next case did have a simple solution to its complication. I use it to explain to patients that side effects with hypnosis can be unpredictable.

I was fifteen years into private practice when a 59 year-old man was referred to me by his distraught son. "Dr. Glassman, I



heard you have good results with people with addictions using hypnosis.”

I folded my hands, “With any addiction, except eating disorders, an addicted person must stop their use of their substance before therapeutic hypnosis can take effect. The goal will be to keep the person’s substance use stopped. An intervention interview to assure he’s a good candidate comes first. Controlled withdrawal must take place in someone who wants to cease their dependence on whatever is controlling them. Who is this person?”

“It’s my father, John Doyle. He has bad COPD because of smoking. Dr. Clement, who suggested you, told us that if he continues smoking, he has less than a year to live.”

“Does he want to stop?”

“He’s begging for a solution. He just became a grandfather and wants as much longevity as he can get. My God, Dr. Glassman one cigarette turns his fingernails and lips almost black.”

\* \* \*

Mr. Doyle was indeed a willing candidate. “Mr. Doyle—John—fortunately, there are multiple modalities to bring your nicotine craving down. In people with your degree of nicotine use, four packs of cigarettes a day, we’ll have to use all of them.”

“I’ve tried the nicotine gum and the patch and the pill. Everywhere I go I see a smoker or smell the smoke, and the craving starts up again.”

“Mr. Doyle, you are going to use the patch, the pill, and nicotine anonymous to get you stopped. After two months of this and while your program continues, we begin hypnosis to accelerate your withdrawal. Each day you’ll smoke one cigarette less.”

I had to get to know Doyle and learn what other habits he associated with smoking. What kind of domestic, social, business, and other of his life's activities required the presence of a cigarette? In his case it was just about everything. He even needed to get up at night to smoke because of his craving.

We reached a point where I was seeing Doyle three times a week and keyed him to listen to my words on tapes. If I didn't do this, he'd call me several times a day or night with a panic attack about lighting up a cigarette. After another month, with withdrawal complete and one month totally abstinent of cigarettes, I used a replacement transference technique.

"John, what is your favorite food?" I asked.

He smiled, "English boiled dinner."

"Okay John, and this is most important, what kind of food, and this includes deserts and things like cookies and candy, do you hate. I mean dislike it so much you would never put it in your mouth?"

"That's a no brainer, Doc, I can't stand sour ball candy—hard or soft."

Within two weeks, I had Doyle totally primed. I'd test him twice a week to maintain our transference. "Okay John, I want you to light this up." I placed a cigarette in front of him.

He complied, and promptly stubbed the cigarette out. "Damn, Doc, this taste like the worst sour balls ever."

I handed him a sour ball.

"Taste like a cigarette." He let out a cough. "It makes me want to take a deep breath." He laughed, "Dr. Clement says I should take deep breaths a lot to bring up my mucous. I can't believe it Doc. This candy is inhalation therapy for me."

"It's more than that John. It's adding years to your life. You can see your grandchildren grow up." We shook hands. "John, there may be a down side to this and you must accept it. You'll think of sour balls when you smell the smoke of others. It'll disgust you. When someone asks for any objections to his or her lighting a cigarette, you'll have to give a loud 'No smoking please, I can't be near cigarette smoke'!"

"I can live with that, Doc."

I would see John Doyle once a year. He did well, lost weight, increased his physical activity, and had a new sense of hope and domestic tranquility—until five years later. He showed up unscheduled in my office with his wife and son.

"Doc, I'm doing good with the no smoking. I'm staying stopped." He looked at his wife and son, "But Doc, I have diabetes now and can't touch those sour balls. My blood sugar is getting out of control."

I laughed, "John, we have to have one more week of hypnosis to readjust your tape. You can start yourself today by buying a bag of sugar-free sour balls. Buy lots of them, so you never run out."

John Doyle was an easy fix. Mrs. Juniper McCloud was lost to follow-up but any medical Mesmer-wise MD, could give life back to her little finger. As for Mrs. Maria DiNapoli, a simple revision to her tape enabled her to have a mitral valve replacement and other children.

Dr. Franz Mesmer's goal was to be able to take over the will of his patients to conform and comply with his suggestions. Today the goal with medical patients is similar except that suggestibility is designed to make the patient feel that they are using their own free will for medical compliance. It does not work, however, on my wife's nagging.

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**Peter Glassman** is a retired physician living in Texas, who devotes his time to writing novels and memoir-based fiction. He is the author of 14 novels including the medical thrillers *Cotter*; *The Helios Rain* *Who Will Weep for Me*. Some of his short stories were written for presentation at the San Antonio Writers Group Meetup. You can read more about him and his books [here](#).

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