DEATH AND HYPNOSIS: 
TWO REMARKABLE CASES 

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Abstract 
The Journal of the American Medical Association reported The First Recorded Death in Hypnosis in its issue of October 27, 1894. Ninety-nine years later, on September 23, 1993 a healthy 24-year old mother of two was found dead at home, fully clothed and draped across the foot of one of her children’s bed, 5 hours after volunteering as a subject for a stage hypnosis show. The suggestion given to terminate the trance had been that when the hypnotist said, “Goodnight”, several subjects would feel 10,000 volts of electricity through the seat of their chairs. Unknown to the hypnotist, she had been phobic about electricity ever since a childhood shock, and would not even change a light bulb or plug in a cord. The coroner’s verdict was death by natural causes. 

Keywords: Death, hypnosis, electric shock, stage hypnosis, prolactyn, prolactin. 

First Case: Reproduced verbatim from JAMA (1894) 

The first recorded death in hypnosis — The death of Ella Salamon, in Tuzer, Upper Hungary, at her home, on Sept. 17, 1894, while in an hypnotic state, has attracted much attention, owing to the fact that it is the first recorded instance of death of this kind. We are able to give the following abridged statement from the pen of Dr. William von Vragassy, who was visiting at the home of Count Laslo Forgach, an uncle of the unfortunate victim, and who was present during the hypnotic experiment, and witnessed her death and the subsequent autopsy. 

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“Miss Salamon was hypnotized in the presence of her parents and several relatives and friends; the operator, Mr. Neukomm, with the permission of the family and a full understanding with Miss Salamon, wished to induce in her an hypnotic state to gain information concerning the illness of the operator’s brother, about whose malady the attending physicians differed. As Miss Salamon passed into hypnosis she seemed to be fatigued. The operator explained that he would attempt a very interesting experiment. He stated that for some time his brother in Werschetz had been raising blood, and the physicians could not agree that it came from the lungs or the stomach. Calling upon Miss Salamon to exercise clairvoyance while hypnotized, she gave a wonderful description of the patient’s lungs, with the topography, pathology, diagnosis, and prognosis. The operator said to her: ‘We are now in Werschetz; do you see my brother?’ ‘I do not see him,’ she replied. He then explained to her the location of the house in which his brother lived, and said: ‘My brother is in the third room.’ ‘Yes, yes,’ said the subject, in tones of conviction, ‘we are there.’ ‘How is my brother?’ he questioned. She replied: ‘He is very ill.’ In answer to more questions, the subject then went on to explain the details of the patient’s malady. She spoke of the lungs of the distant patient as though they were before her on a plate. She used technical language with the greatest exactness, though she had never had medical training. After this, the subject’s face was very pale and she seemed exhausted. The operator asked her a final question: ‘What do you think of my brother’s disease?’ With difficulty she answered, ‘Be prepared for the worst.’ At that instant she fell from her chair with a hoarse cry; her tongue protruded from her mouth, and she became collapsed. Her head was lowered, clothing loosened, artificial respiration performed after Sylvester’s method, and ether injections given; later she was wrapped in blankets, but she died almost in a few seconds in spite of all.

“The autopsy was conducted by an assistant in the Pathologic Institute in Budapest in the presence of Dr. Jozsas and myself. The brain exhibited a high degree of anemia and consecutive malnutrition, with indications of edema; otherwise there was no abnormality. I consider the cause of death acute anemia of the brain, incident to the hypnotic state, with syncope and heart failure.”

Professor R. von Krafft-Ebing writes: According to reports, the case is so unheard-of that there must have been concurrence of quite extraordinary occurrences. In medical experience, it is the first case of death in hypnosis. Inasmuch as there are thousands of hypnotic experiments performed daily by the laity without injury to health, one must regard this exception as inevitable.

“There is no doubt that Ella Salamon died in hypnosis, but that she died by hypnosis is questionable. In the absence of a history of her life and a detailed description of her mental and physical condition during the fatal hypnosis, the manner of death can not be determined with certainty.

“It appears that Miss Salamon was about 23 years old, very nervous, and that she had often been hypnotized. On this occasion she appeared weary. The hypnotizer, in accordance with an unscientific belief of the laity, induced in her an alleged capability of clairvoyance, which for a person so intelligent as Miss Salamon, was a new and very trying experiment, calculated to cause her great emotional excitement. Miss Salamon then exerted herself, according to report, to be agreeable and useful in the suggested capacity. While in the hallucinatory state, she believed that she saw a diseased lung, and she
gave a long description of the pathologic condition, in an excited and agitated manner. The final question of the operator had an intense emotional effect on her, and caused her collapse.

"The brief report of the autopsy leaves no doubt that she died of cerebral anemia. It can be certainly stated that she did not die of suffocation (there was no spasm of the tongue); nor from cerebral hemorrhage; and not from auto- or imparted suggestion—causes which might prove fatal under certain circumstances. All the symptoms given point to the brain as the organ concerned in inducing death, but it is uncertain whether through serous apoplexy or so-called nervous apoplexy. "The question of the cause of death in this case probably permits this answer: The unskilled use of hypnosis by a layman and the unusually violent cerebral excitement stand as the cause of death; but it must also be considered that the victim was probably a morbidly constituted person, with a personality which reacted abnormally to stimulation, and whose death might have been hastened when awake by a violent psychic force.

“This case teaches that the laity should not practice hypnosis; that one should not play with hypnosis. In Austria, there is an enactment of October 26, 1845, which permits only authorized physicians the use of magnetism (hypnotism), and makes its use by others punishable."

Author’s comment: There were no references in the original article in JAMA.

The nature of this death is an enigma. Although clairvoyance is not accepted in the scientific community, there are many anecdotal reports, including the clairvoyance in hypnosis of Victor Race, reported by the Marquis de Puységur (1784). If clairvoyance is actually a unique gift of rare individuals, what is its essence? Do they psychically become the other person, much like the novel The Corsican Brothers (Dumas, 1845), in which at the same moment one is shot in a duel in Paris, his brother in Corsica is struck down with wounds in the same anatomical parts of the body? Wouldn’t it be fascinating to know if Mr. Neukomm’s brother died at the exact time as Ella Salamon?

Second Case

This report is a compilation of information obtained from David Pedersen, MD past president of the Section on Hypnosis and Psychosomatic Medicine of the Royal Society of Medicine, who obtained a copy of the autopsy report and other information. Also included were papers forwarded by Michael Heap, PhD, and a thesis on the case published on the internet by Tracie O’Keefe, PhD (2001). In addition, I have consulted the forensic pathologist of the Orleans Parish Coroner’s office, Alvaro Hunt, MD, regarding my speculations on the case.

Sharon (spelled Sharron by O’Keefe) Tabarn was a 24-year old mother of two who was “estranged” from her husband (mother’s statement). She was in good health, and an ordinary social drinker. On the evening of September 22, 1993 she and her husband and two friends attended a hypnosis show at a pub in Leyland, Lancashire, UK. Her husband said she drank half of a bottle of wine before going to the pub at 8:00 pm, and he did not know how much she drank while there. She volunteered as one of the subjects for a hypnosis show, and was accepted as a good subject, while her husband was rejected and sent back to the audience. She performed the usual antics of a stage hypnosis show, and the alerting suggestion was that when the hypnotist said “goodnight” the subjects would feel 10,000 volts of electricity through the seat of their chairs. A witness said that Sharon “flew off her chair.” According to the hypnotist,
she stayed for awhile socializing and drinking, and even chatted with him. Her husband stated that they returned home about 11:30 and she complained of ‘feeling pissed’ (drunk) and said the room was spinning. Her husband found her dead at 7:00 am. She was fully clothed.

The coroner’s report says, “They showed me into an upstairs room where there was the body of an adult female, later identified to me as being that of Sharon Tabarn, dob 9.10.68, lying on her left side partly on the lower part of a single bed. There was no evidence of any disturbance in the room which clearly belonged to one of the children. I was told that it was believed that the husband had slept on the bed during the night and that he had gone to sleep with his arm around the neck of the deceased.”

Based on her temperature and rigor mortis, the coroner estimated her time of death at 5:00 am, “maybe an hour or two earlier.” Pertinent findings included 5 recent bruises – elbow, thigh, and three on the shins. There were a few petechial hemorrhages in the visceral pericardium, but no other significant abnormalities in the heart. The stomach contained some watery fluid with small pink particles. There was a good deal of frothy fluid in the airways. The lungs were both oedematous, and the right lower lobe was congested and hemorrhagic. Microscopic examination of the lungs showed “significant numbers of gram positive organisms, probably actinomyces. These appearances indicate inhalation of gastric contents.” The blood alcohol level was 78 milligrams per 100 ml, and the Prolactyn level was “grossly raised” (exact level not given). The cause of death was determined to be: 1) Pulmonary oedema and 2) Inhalation of gastric contents. Conclusion, Death by natural causes.

The coroner’s report says, “The cause of death was fluid in the lungs. This was caused by inhaling gastric contents into the back of the throat. . . . It appeared as if she was intoxicated either due to alcohol or drugs, but there was no evidence of drugs.” Since it is known that Prolactyn rises after true seizures, he concludes, “I am reasonably certain she had a fit, although there was no history previously. . . . The position would be aggravated by alcohol.”

The coroner consulted Michael Heap, PhD, about the possible role of hypnosis in this case. Heap later wrote an extensive report (Heap, 1995), expressing his opinion that “There was no immediate reason, therefore, why this person should have lost consciousness and inhaled gastric contents; my reply to the pathologist’s question on this was that previously experiencing hypnosis would not have such consequences.”

The family felt strongly that there was causation from the hypnosis, particularly because she was phobic about electricity. At age 11 she had put her finger into a 250 volt socket and was shocked across the room. After that, she would not change a light bulb, or plug into a socket. The family attempted to reopen the coroner’s inquest, but were unsuccessful.

My consultation with the local forensic pathologist, Dr. Hunt, was very interesting. He agrees that this was indeed an anoxic death. He is impressed by the petechial hemorrhages in the pericardium. He says that as often as four to six times a year (in a city of 500,000) he autopsies an epileptic patient who stopped taking medicine, went into generalized spasms, and died of anoxia. Similar petechiae are often present. However, he does not consider the actinomyces as pathognomonic of aspiration because they grow rapidly after death and are often present with other causes of death. There
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was no vomitus on the bed or floor, and the stomach contained only “some watery fluid with pink particles.” He points out that alcohol is metabolized at about 20 mg per hour, and 80 mg is considered as DUI evidence of being too drunk to drive. To still have a level of 78 mg at death, she would either have to have drunk 3-4 ounces of whiskey in the past hour, or have had a level as high as 150 mg five hours earlier on her return home, which would have metabolized down to the measured 78 mg. Prolactin is elevated after generalized tonic-clonic seizures, and also after syncope (Chen et al, 2005). Whether or not she aspirated, he concludes that her terminal event was most likely a seizure with anoxia.

I asked a neurologist friend about prolactin, and he said that a level over 100 mg per ml is significant evidence of a true seizure, and that we learned it from the psychiatrists who do electro-convulsive therapy for severe depression. There are no controlled studies of prolactin levels after an electric shock without a seizure. However, Martin Orne has demonstrated in his laboratory that a hypnotically suggested electric shock produces a measurable physiologic response comparable to the response to an actual low voltage shock (Orne, 1982).

What, if any, was the role of hypnosis in this case? Granted, she didn’t drop dead as she “flew off the chair.” How might the two circumstances of her hypnosis and her unexpected death be more than a coincidence? Certainly, ‘Death due to suggestion’ is not a diagnosis any coroner is likely to put on a death certificate.

There are many gaps in the information that are police issues rather than coroner’s. What is an “estranged” husband doing going home with his wife (they were said to be separated)? It could happen, but why didn’t they go to bed in their own bedroom? What is she doing fully clothed lying across the foot of her daughter’s single bed at 5:00 AM? Is it likely that she got up at 4:00 AM and drank enough alcohol (3 to 4 ounces of whiskey) to have a level of 78 at 5:00 AM when she died? Don’t social drinkers come home and change into nightclothes and sleep in their own beds? Why didn’t her daughter hear her having a fit and getting bruised at 5:00 AM? Why didn’t her husband know she had gotten up, if he went to sleep with his arm around her neck? If they were together, why didn’t he hear her at 5:00, rather than just finding her dead at 7:00 AM? Was he such a sound sleeper, or did he drink too much? If he paid for her drinks, wouldn’t he have some idea of how many she drank?

Crimes of passion are a well known cause of death for otherwise healthy estranged young wives. It is assumed that the police ruled out foul play in this case.

Sherlock Holmes once said, “You know my methods in such cases, Watson. I put myself in the man’s place, and having first gauged his intelligence, I try to imagine how I should myself have proceeded under the same circumstances.” (Doyle, 1892).

Using Holmes’ method leads me to believe that Sharon’s death was a delayed consequence of the hypnotic experience. I speculate that a parsimonious scenario would play out like this: for the show, she was a carefully chosen somnambulist. O’Keefe (2001) points out that she had both babies without chemical anesthesia, and that Kroger (1977) notes that women who can do this have a natural ability to dissociate. We know that trauma focuses attention and produces a hypnoidal state. I have written that when I see a freshly burned patient in the emergency room, I don’t have to do an induction; I simply take charge of the trance state the patient is
already experiencing (Ewin, 1983). Considering her phobia and the suggestion of a shock of 10,000 volts, I think that rather than alerting her, it projected her into a deeper trauma type trance that persisted until her death. Richard Kluft, PhD, MD lectures to us about the dangers of not fully alerting patients from trance, even giving workshops on the subject (Kluft, 2007). He cites some serious consequences, including suicide.

I would expect a phobic to be very anxious after the suggested electric shock, and to seek sedation from what was readily available — she drank too much and came home so ‘pissed’ (drunk) that she didn’t even change into a nightgown or go to her own bedroom, just passed out on her child’s bed. As she metabolized the alcohol and came partially awake, but still not out of trance, all the fears could have been mobilized and re-experienced, and combined with the alcohol caused her to vomit and have her first ever fit.

Being frightened to death is nothing new. In the 1993 Northridge earthquake, 15 uninjured people died of heart attacks within an hour of the shock (Leor, 1996).

My interpretation of this case differs from Dr. Heap’s in that he perceives that the electric shock suggestion alerted Sharon, while I believe that it projected her into a deeper trance from which she never fully alerted.

If this is what actually happened, then both of these women died in trance, each being the subject of a lay hypnotist who had no intention of harming her, but who had his own interests at heart. The interest of the client/patient, rather than oneself, is the concern of a qualified therapist.

REFERENCES


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AUTHOR’S NOTE

The report of the first case is copied verbatim with the permission of the JAMA editor. Some pertinent facts about the second case are reviewed along with speculations about the possible role of the hypnosis in this tragic incident.