

than in sleep, even passing over to the motor-centres, thus causing the hypnotic condition to resemble the waking state. Hypnosis has its origin in suggestion, supported by other factors, which produce one-sided direction of the mind. Consequently, while in dreams the ideas and illusions fly from one thing to another, the hypnotized mind can only be influenced by stimuli connected with the suggestion, but by these it is very strongly affected. The conditions mentioned plain without difficulty the general phenomena of hypnotism.

Here we have reached the climax of a most interesting paper, and therefore we have given it more fully than perhaps a review requires. In the rest of his article Wundt treats of the value of suggestion, and comes to the conclusion that if it is of minor use for the advancement of psychology, judiciously used it may be of great value in therapeutics. He demands, however, that by law medical men only should be allowed to practise hypnotism on account of the dangers and disadvantages connected with its abuse.

We cannot conclude this review without expressing our pleasure that Wundt's paper is the protest of science against the occultism at present in fashion amongst us, which stands in the same relation to real psychology that astrology does to true astronomy.

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*French Hypnotic Literature.*

*Grand et Petit Hypnotisme.* Par J. BABINSKI. Paris: E. Lecrosnier et Babé. 1889.

This monograph deals with the relations of hypnotism to hysteria, and, faithful to the traditions of the Salpêtrière school, M. Babinski, a pupil of Charcot, endeavours to prove that the views of Bernheim and the Nancy school are, if not erroneous, much exaggerated.

The objective signs of the hypnotic state—neuro-muscular hyperexcitability, cataleptic plasticity, musculo-cutaneous hyperexcitability—are discussed, and the characteristics distinguishing them from simulated phenomena emphasized. "Grand hypnotisme" includes those cases only which exhibit Charcot's three classical stages of lethargy, catalepsy, and somnambulism; "petit hypnotisme" includes those in which one or more of the stages is or are deficient, or in

which they are ill-defined, and in which there is often an absence of physical or objective signs.

Patients with "grand hypnotisme" are always hysterical, and most of the cases of "petit hypnotisme" belong also to the hysterical class, although Babinski acknowledges that one may find in many no stigmata of hysteria. The Nancy school is accused of putting down all hypnotic phenomena to the effect of suggestion; the tendency with the Salpêtrière school is to call it all hysteria.

Charcot's views (and his adherents'), are briefly:—

1. The objective signs of hypnotism are of fundamental importance, and in their absence simulation cannot be properly eliminated.

2. "Grand hypnotisme" is characterized by its three distinct stages.

3. The objective signs of hypnotism may appear independently of suggestion.

4. Hypnotism, when well developed, is a pathological condition.

Bernheim, on the other hand, says that "grand hypnotisme" is an artificial creation; no importance is to be attached to objective signs; and hypnotism is a physiological condition. What is white in Paris is black at Nancy, and *vice versa*.

But Babinski pertinently asks: "Since the true objective signs cannot be simulated, whether due to suggestion or not, are they not trustworthy evidence of the hypnotic condition?"

What guarantee, on the other hand, have we that Liébault's and Bernheim's slight cases are genuine? Have we any proof of the reality of purely psychological phenomena?

Bernheim cannot induce "grand hypnotisme" in his subjects, and, therefore, denies its existence. Charcot and his followers reply that it is because the subjects are not selected, they are not "grands hystériques." Charcot began his inquiries without any preconceived ideas; the three states were simply observed; the patients were, so to speak, virgin subjects as regards hypnotism. Let Bernheim, therefore, select a subject, not hyperexcitable to begin with, and prove that by suggestion he can induce "grand hypnotisme."

Tamburini and Seppili, Rummo, Vizzioli, Oct. Maira and David Benavente, Ladame, etc., have confirmed the Salpêtrière observations.

In conclusion, Babinski dwells on the points of affinity between hysteria and hypnotism (contractions, varieties in attacks, alternation in phenomena, etc.), and looks upon hypnotism as belonging to the large family of neuropathies.

*Hypnotisme et hystérie ; du rôle de l'hypnotisme en thérapeutique.*  
Par J. BABINSKI. Paris : G. Masson. 1891.

This is a natural sequel to the preceding monograph, and the author dilates at greater length upon the similarity between hypnotism and hysteria :

α. As regards physical manifestations, motor paralysis, contracture, anæsthesia ;

β. Psychological phenomena, exaltation of suggestibility, etc. ;

γ. The therapeutic benefits of hypnotism are almost solely observed in hysterical cases ;

δ. Hysterical and hypnotic phenomena are often interchangeable or alternate ;

ε. Hypnotism may produce an hysterical attack.

Hence Babinski concludes : " We might almost say that hypnotism is a manifestation of hysteria."

Bernheim's views of hypnotism and hysteria are certainly widely different from Charcot's, and no doubt this explains much of the discrepancy in their results. Bernheim doubts the existence of hysteria in men, which is very common according to the Salpêtrière school. Bernheim defines suggestibility as " a condition in which the subject is influenced by an idea accepted by the brain, and realizes it." " But then," says Babinski, " we are all suggestible ; and if hypnotism is merely a degree of suggestibility, where are we to draw the line ? "

As regards the therapeutical effect of hypnotism in nervous cases (nearly always hysterical), Babinski arranges these in five groups :

1. Those in which there is no improvement ;
2. Those in which the improvement is slight ;
3. The improvement is rapid, but not permanent ;
4. The improvement is slow, but permanent ;
5. A few cases where the cure is rapid and complete.

In cases of organic disease associated with hysteria, the hysterical element may be cured by hypnotism, and occasionally certain symptoms of organic disease may be relieved by it, *e.g.*, the lightning pains of locomotor ataxy.

If we examine 208 cases mentioned by Bernheim (" De la