In surgery hypnotism has frequently been employed to procure anæsthesia, both before and since the invention of ether and chloroform.

Like all other anæsthetics it has its advantages and disadvantages. Once anæsthesia has been obtained it can be continued for any length of time, and can be re-induced by either the written or verbal command of the hypnotiser when required. Nervousness can be removed. No preparation is necessary; the process is absolutely safe and pleasant, and, of great importance in operations on the mouth and throat, there are no gags, tubes, or other apparatus to get in the way of the operator; there is no post-operative vomiting; pain after operation, and at subsequent dressings can be entirely prevented, and frequently the rapidity of healing is marked.

Numbers of cases of painless parturition during hypnosis have been reported, and certainly the uterine contractions can be modified by the action of the voluntary muscles. Pregnant women are more easily hypnotised than those suffering from nervous diseases, but, though over 90 *per cent.* of people can be hypnotised, it generally requires several preliminary attempts before a sufficient depth of hypnosis can be obtained, and so, until the methods of induction are greatly improved, the use of hypnotism as an anæsthetic must always be restricted.

Naturally, many attempts have been made to explain how the phenomena of hypnotism are produced.

Mesmer believed in a vital fluid or force which was transmitted from the operator to sensitive subjects, and which also existed in metals, crystals, and magnets.

According to Braid, everything was due to changes in the patient's own brain, one idea becoming dominant through the temporary inhibition of the other ideas which normally control it. Later, he came to the conclusion that the only explanation of the condition was the intelligent action of a secondary consciousness.

Charcot's views were simply those of the mesmerists, only that he terms the subjects hysterical instead of sensitive.

The Nancy school reproduces Braid's earlier and discarded theory of psychological inhibition, and attributes all the phenomena to suggestion.

The theory which, according to Bramwell, affords the best working hypothesis is that of the subliminal consciousness. It presupposes a secondary consciousness, capable of exerting powers over which we normally have little or no control; and certainly the phenomena of hypnotism all show increased, not diminished, mental power.

J. R. Lord.

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2. Clinical Psychiatry.

A Comparison of the Wassermann Reaction among the Acute and the Chronic Insane. (*Journ. Nerv. and Ment. Dis.*, *Sept.*, 1914.) *Darling, J. A., and Newcomb, P. B.*

By a routine application of the Wassermann test to the blood serum of all new admissions to the Warren State Hospital, very frequently the

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attention was first directed to the luetic origin of various mental disturbances which presented at first glance the clinical features of other psychoses. This was especially true in numerous instances of paresis and cerebro-spinal syphilis simulating a manic attack, the disturbed delirium of dementia præcox, or the agitated confusion of an arterio-sclerotic or senile psychosis. This innovation was extended to all the patients already resident. The technique adopted is then described. Eight hundred and forty-nine specimens of blood were obtained from those patients who had been admitted prior to such tests becoming a routine practice, with the result that 5·06 *per cent.* were positive. An examination of 452 admissions gave a positive result in 20·4 *per cent.* The obvious explanation is due to the brief and fatal termination of the cases of paresis and cerebro-spinal lues, which comprised 12·16 of the recent cases. In the remaining 8·18 *per cent.* syphilis was not held accountable for the psychosis. Of the cases already resident (849) only two were attributable to syphilis, leaving 4·94 *per cent.* with positive reactions in whom syphilis did not cause the psychosis. Thus, the prevalence of this disease in the chronic insane differs but little from its probable prevalence in the community at large. J. R. LORD.

Case of Ganser's Symptom-Complex in a Military Prisoner [*Syndrome de Ganser chez un détenu militaire: contribution à l'étude des rapports de la simulation et de la démence précoce*]. (*Rev. de Psychiat., May*, 1914.) *Livet.*

The case reported by Dr. Livet is chiefly of interest as bearing on the question of the simulation of insanity. The patient, a man, æt. 25, a soldier in the Foreign Legion, with a bad criminal history, was court-martialled for striking his superior officer, and, having acted in a very eccentric manner, was sent to the asylum for observation. The atypical character of his symptoms, and their sudden development under the threat of punishment, led to the diagnosis of malingering, but at the same time their very puerility and exaggeration appeared to indicate an underlying condition of debility. And the subsequent development of mannerisms, stereotypisms, slight catatonic manifestations, and emotional indifference, confirmed the opinion that the case was one of dementia præcox. Both in the early phase, in which the author considers that there was undoubtedly conscious simulation, and in the later stages of enfeeblement, the patient showed in a marked degree the symptom of irrelevance of reply (Vorbeireden), described by Ganser in cases of hysterical dreamy state. Dr. Livet remarks that the occurrence of this symptom-complex of Ganser is not infrequent at the beginning of dementia præcox in prisoners and soldiers, and that in such cases it is to be regarded as a pathological simulation. It tends to persist as a stereotypism marking the special conditions of the milieu in which the psychosis developed. The point is of practical importance, as the presence of this symptom, with its obvious suggestion of malingering, may lead the hasty observer to overlook the existence of the real disease beneath it W. C. SULLIVAN.

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