A large number of children suffering from enuresis have been examined critically: 129 were boys and 123 girls. The author concludes that the voluntary nervous system plays an unimportant rôle in enuresis and that the condition is a disturbance of the physiology of micturition, probably due to stimuli arising in the bladder itself, which for the time being place it beyond the control of the will. Consequently disciplinary measures are found ineffectual. Most benefit was derived from the administration of atropine and from massage of the bladder: this form of treatment resulted in a cure in 80 per cent. of the cases.

The author gives a classification of the types of hypertrophy occurring in infancy and childhood. He divides them into true and false hypertrophies. In the true the skeletal system as well as the muscles and soft tissues is involved. The skin may be rough and thickened and may show pigmented areas, naevi and telangiectases. Characteristically it does not pit on pressure. The true hypertrophies may be partial, that is, affecting one digit or limb only or they may affect one half of the body. They may also be crossed, e.g., the right arm and left leg being affected. Nothing definite is known as to the etiology of either the congenital or acquired variety.

The false hypertrophies are those in which the skeletal system is not involved. Under this heading the author includes Milroy's disease and congenital elephantiasis. In Milroy's disease the skin itself is but little affected though some fibrosis occurs in the subcutaneous tissues. In congenital elephantiasis there is marked fibrosis and an increase of fat in the connective tissue layers of the skin, together with a variable distention of the lymphatics and capillaries.

PROGNOSIS AND TREATMENT.

The study is based on the examination and treatment of 61 cases diagnosed as subacute combined degeneration, admitted to hospital during the last four years. The criteria on which the diagnosis has been made do not appear open to criticism, although the authors have excluded cases with loss of deep reflexes because "a certain number of patients with pernicious anaemia exhibit these phenomena" (sic). A study of the geographical distribution of subacute combined would appear called for and likely to prove of value, if an average of 15 cases a year (and of the above-mentioned limited class) is found at the Royal Victoria Infirmary of Newcastle.
Of the 61, 30 were treated with liver, and the following are the results in liver-treated and non-liver-treated cases respectively:

<table>
<thead>
<tr>
<th></th>
<th>Liver</th>
<th>No liver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>In statu quo, or worse</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Deaths</td>
<td>5</td>
<td>28</td>
</tr>
</tbody>
</table>

These figures are rather remarkable and not quite consonant with the results of other investigators. Nevertheless they are highly impressive.

The authors administer cooked liver (3 1/2 to 4 lbs. per week) for four to six weeks, followed by 1 1/2 to 2 lbs. of liver indefinitely. When such large quantities cannot be taken, the equivalent in liver extract may be substituted for all or part of this amount.

Arguing from the clinical recovery of some of their cases, the authors say that "since all evidences of cord involvement may disappear, it is clear that the degenerative changes in the white matter in this disease are not of a permanent character."

J. V.


The term neurorecurrence is limited to a syndrome consisting of the sudden appearance of signs and symptoms of involvement of the central nervous system in a patient with early (primary or secondary) syphilis who has received an amount of treatment insufficient to eradicate the infection, and has then lapsed from treatment. The clinical manifestations are varied, but usually consist of an acute or subacute syphilitic meningitis, commonly with, but sometimes without, focal lesions of the cranial nerves. In a series of 81 cases studied by Moore neurorecurrences occurred in at least 0.2 per cent. of patients. Males appear more susceptible than females, and the type and severity of early lesions do not apparently play any part in its production.

Neurorecurrences are rare after the administration of bismuth, and always follow inadequate treatment, which often consists of a few injections of arsphenamine without mercury or bismuth.

The behaviour of the Wassermann reaction during the treatment preceding the neurorecurrence is not significant. The reaction in the blood is frequently completely negative at the time of appearance of a neurorecurrence, and the spinal fluid does not show anything characteristic, though it usually gives positive tests.

The time interval between the last treatment and the development of a neurorecurrence averages eight weeks, the extremes being one week and six months. The immediate clinical response is usually satisfactory except in lesions of the auditory nerve; here the paralysis is frequently permanent.

The ultimate prognosis of neurorecurrences is grave. Of patients with neurorecurrences who were given inadequate treatment, 50 per cent. developed
clinical neurosyphilis, and even after adequate treatment this occurred in four of fourteen patients. Three developed paresis.

The probability of a neuroreurrence can be minimised in several ways, the most important of which is that the treatment of early syphilis should be continuous without any rest periods until the point is reached when treatment may be finally stopped. In the Medical Clinic of the Johns Hopkins Hospital an arsphenamine dosage of 0·1 gm. per twenty-five pounds (11·3 kg.) of body weight for the first three injections of the first course of treatment, and the substitution of intramuscular injections of bismuth for inunctions of mercury in the interim, have apparently reduced the incidence of neurorecurrences.

R. M. S.


The purpose of this paper is to put on record the experiences of the authors in the operative treatment of angina pectoris. In a series of eight cases various operations were performed. In five cases the superior cervical ganglion was removed, with complete relief in one only. Removal of the cervical sympathetic chain was performed in two cases giving considerable relief to only one.

The only case in which the inferior cervical and first thoracic ganglia were removed proved fatal; while in another case death occurred before the completion of the operation. In a further series of eight cases, paravertebral alcohol injections were performed with complete relief in three cases and partial relief in the remaining five; several of these patients were able to resume work. From these statistics it appears that alcohol injection offers more hope of relief and is less dangerous to life; the results on the whole are disappointing.

E. A. C.


Luminal sodium is an efficacious sedative and soporific in mental and nervous disease cases, particularly in those which contain elements of agitation, anxiety, various degrees of overactivity, and extreme insomnia. Its use is not so much indicated, however, in those cases having marked affective reactions of the hyperactive and elated types. In 90 cases, 73 showed good sedative effects; 39 showed good soporific effects; 4 showed transitory sedative effects; 11 showed poor sedative effects; 5 showed poor soporific effects; and 7 showed untoward results. Susceptibility to this drug varies markedly. Minimal doses produce toxic symptoms as well as massive doses; toxicity is not common, but idiosyncrasy may be present in more cases than usually expected with other drugs used for similar purposes. The dose should ordinarily range from
one and a half to four and a half grains for sedation and securing slumber. Larger doses may be given cautiously if the reaction of the patient to smaller doses has been studied. Its use is indicated in depressed manic-depressive states, involutional melancholia, dementia praecox excitement, anxiety states. It is contraindicated in gastritis, nephritis, and psychoses with emotional states and activity above that of normal.

C. S. R.


Plessner, in 1915, demonstrated before the Berlin Medical Society four workmen suffering from trichlorethylene poisoning. Symptoms comprised vertigo, malaise and vomiting; examination revealed slight papilledema and anaesthesia over the face. Sensation in other regions remained normal. Oppenheim, who was present, suggested that the apparent affinity of trichlorethylene for the sensory division of the trigeminal nerve might be utilized as a treatment for facial neuralgia. The procedure as now employed consists in the inhalation of 20 to 30 drops of trichlorethylene sprinkled on gauze, thrice daily; the drug may also be given internally in the form of capsules containing 0.25—0.30 g. No serious untoward effects have been described, other than giddiness and muscular weakness. Rarely, unconsciousness has resulted. The drug has been dispensed in the United States, under the trade names of 'gemalgine' and 'trethylén.' In the author's series of 31 cases, six were rapidly and completely cured; four showed remissions lasting from two weeks to six months; and three showed improvement with subsequent relapse. In 18 instances, no benefit was noted.

M. C.


Dial (diallyl-barbituric acid) has been extensively employed in this country as a safe and efficient hypnotic for at least ten years. In the present communication, Hoven records the use of dial in rather larger doses than usual. He concludes that it is a sedative and hypnotic which gives very good results in psychiatric practice, and is unassociated with grave complications. In excited states, he gives 20—30 cg. daily (=3—6 grains). In severe cases of mania he gives 2—4 ampoules (each of 20 cg.) daily, in combination with 0.5—1 mg. of hyoscine. The usual dose of dial employed in this country is 1½ grains (10 cg.).

M. C.
In cases of visceral pain, if the pain is referred it should be abolished on rendering the painful skin area anesthetic: if the pain is essentially visceral no alteration should take place. Working on such a hypothesis, 25 cases were so studied. By means of skin infiltration with novocain the localized pain was entirely relieved but in many a dull unpleasant sensation remained: the latter sensation is considered by the authors to be true 'visceral' pain. Their observations largely confirm the work of Head. In a series of controls when localized pain was obtained by distension of the oesphagus, skin infiltration caused the pain to migrate to segments above or below the original site. As a result of their investigation they conclude that skin infiltration may be of therapeutic value in cases with severe visceral pain.

E. A. C.

Psychopathology.


The belief of many people that the blind either do not dream at all or that if they do, their dreams must be very vague and incomplete, is shown here to be erroneous. The majority of people are so accustomed to thinking and forming their mental images almost entirely in terms of vision that they are apt to forget that there are several other sense modalities in terms of which imagery may be built up. The blind not only dream just as vividly as those who see, but are perhaps less cognizant of the lack of vision when asleep than when awake. The conclusions here drawn are from material obtained from children in Blind Schools and from the writer's personal experience. It is shown that the imagery in the dreams is entirely auditory, kinesthetic, static, and tactile. The sense of hearing usually plays the most important part, while the others seem to be of about equal moment. Gustatory and olfactory imagery is negligible.

C. S. R.

The psychological conception of mental disease.—Edward A. Strecker. Mental Hygiene, 1928, xii, 343.

The psychological conception of mental disease begins by advancing the hypothesis that the mind operates according to certain laws which are as fixed as the law of physics. From this basic element of the theory, it follows