be 0·02 per cent. or less—that is, normal—in seven cases of papilloedema, while in papillitis of inflammatory origin it was 0·04 and 0·10 per cent.—that is, from two to five times the normal amount. In papillitis of non-inflammatory origin due to transudation of fluid rich in albumen, as in renal retinitis, the protein content was 0·03 and 0·04 per cent.—that is, about twice the normal amount, an increase that is also definitely pathological. The protein determination of the aqueous enables the observer, therefore, to differentiate choked disc from papillitis. In the writer's opinion the clear-cut results obtained and the theoretical soundness of the principles involved warrant the use of this test as an additional aid in the differential diagnosis of papilloedema and papillitis.

R. M. S.


A case is presented in which a pedicle flap from the right nasolabial region was substituted for the right four-fifths of the lower lip, the latter having been destroyed in an accident. The dissection of the flap resulted in denervation of the outer fourth of its free end, but the original nerve-supply entering from the pedicle was left intact and sensations from this sensitive portion were referred mainly to the upper lip and cheek.

Results of localization tests carried out on the sensitive part of the flap revealed a progressive shift of 'local sign' from the upper lip and cheek to the lower lip. The development of reorientation required several months. A transitional stage was observed, involving considerable confusion and a tendency to localize sensations in an area intermediate between the old and the new locations of the flap. This tendency was interpreted as a resolution of the conflict arising between the old and the new orientation habits.

No 'reference' was observed on return of sensibility to the denervated portion of the pedicled flap. The ability to localize sensations within this area began to return within six weeks and was apparently coincident with the ingress of nerve-fibres from the edges of the chin and lip to which the flap was attached. These results clearly indicate that 'local sign' depends mainly on habit-formation, involving the association of cutaneous impulses with the kinaesthetic impulses.

R. M. S.

PROGNOSIS AND TREATMENT

[158] A special form of tract disease (subacute combined degeneration) of the spinal cord and its therapy (Über eine besondere Form funikulärer Spinalerkrankung und deren Therapie).—E. ILLING. Münch. med. Woch., 1934, 81, 1265.

The author describes cases of subacute combined sclerosis in which there was no disorder of the blood, no achlorhydria and no psychosis. In several recent
cases of this type good results have been obtained by treatment with yeast continued for four to five months.

A definite cure resulting from this treatment can be confirmed only by prolonged observation. Complete recovery will probably not be attained as those tissues in the spinal cord which have already been destroyed cannot recover. The probable cause of the spinal cord lesion in these cases, the author maintains, is an avitaminosis, as no sign of pernicious anaemia could be detected.

M.


Twenty-five cases of multiple sclerosis have been treated by hyperpyrexia, produced by diathermy, radiothermy, and the electric blanket. Forty-four per cent. were much improved. An additional 40 per cent. were improved to a lesser degree.

During the time interval in which these cases were observed after treatment, all remained stationary. This interval varied from a few weeks to 18 months. One case returned to the hospital with an exacerbation of symptoms. Two patients died, one as the result of treatment.

No claims are made for the ultimate success of this therapy.

R. G. G.


In a case of status epilepticus which seemed to be desperate a very good result was obtained by giving both an intravenous and an intramuscular injection of 5.5 c.cm. coramine. In a previous paper by Salerni (Minerva Medica, 1934, i, 324) 15 cases of status epilepticus are recorded as relieved by coramine. Three of these cases were especially striking as they had appeared extremely severe before the injection was given.

M.


Thirty cases of various myopathies have been studied as regards the creatin and creatinin excretion before and after glycine therapy. Both subjective and objective clinical improvement was noted in 10 patients, and subjective improvement only in seven patients whose creatin excretion rose from
50 to 200 per cent. above that of the control period. In four other cases the progress of the disease appeared arrested. No clinical improvement resulted in 13 patients, nine of whom were suffering from neuromuscular conditions in which increased creatinuria was absent or less than 50 per cent. above that of the control period. The result of these studies confirms the authors' view that both creatin and creatinin may have an exogenous origin from the amino-acids of the diet. Glycine therapy had little effect upon the distribution of nitrogen in the urine of three cases in the form of the total urea, ammonia, uric acid and undetermined nitrogen. The increase in creatin and creatinin excretion was affected in only one of these cases. Some evidence is presented that the lower motor neurone with the muscle it innervates must be functionally intact for creatin formation from amino-acids.

C. W. D.

Psychopathology

PSYCHOLOGY


Older children were found to have a more definite discrimination of feeling of difference between colours than younger children. This discrimination tends to increase with age. The boys on the whole show this more than girls. Even children of a very young age like any colour better than white. Yellow tended to be the least esteemed of the colours, and red was thought highly of by all age-groups. On the whole blue tended to be more esteemed with increasing age, and the divergence between it and yellow tends also to increase with age. There is a tendency for the ratios between the 'pulls' of red and green, and of orange and violet, to decrease with age.

C. S. R.


In the author's experiments an analysis of the emotional experiences aroused shows that there is a different pattern of affective dimensions for fear and disgust. The variations noted between the organic-kinæsthetic disturbances concomitant with fear and disgust suggest that the physiology of different types of emotions should be made more explicit if the rôle of the autonomic nervous system in the development of emotions is to be known. The adrenalin syndrome is more typical of the bodily reactions in fear than in disgust. The sensory concomitants of the emotional experience are secondary to the experience conceptualized as a whole. The awareness of some object or