prevention, like so many of the great health problems of Southern India, largely resolves itself into an economic one to be dealt with by the financial rather than the medical authorities.

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ANNOTATION

The Psychology of Vision

The science of psychology, for science it may now be called since its rescue by Darwin from the mediaeval burdens imposed on it by metaphysical philosophy, is the most important science of all, for all others, even philosophy, are subject to its laws. Like all other sciences its laws must be based on observed facts and not on mere plausible hypotheses. Ophthalmology is in a very special way able to be of use in this connection, and it was a happy idea to devote a discussion at the last meeting of the Ophthalmological Society of the United Kingdom to the subject of the Psychology of Vision in Health and Disease. The discussion was introduced by papers by Prof. C. Spearman and Sir John Parsons. Both of these papers are already so condensed by two such masters of the art of condensation as to make further condensation impossible; they must be read in full. The subsequent discussion maintained the high scientific standard set. Sir Robert Armstrong-Jones laid stress on the importance of feeling tone, what has been described as the hedonic tone in dealing with the psychology of vision. He pointed out that in every sensation there is an attitude of the subject in the presence of an object, each sensation having its own state of feeling tone. He gave some interesting details on the effects of colour on the mental patients at Claybury and the Maudsley Hospital.

Dr. Kinnier Wilson dealt at considerable length with the psychological peculiarities in certain visual auras in epilepsy of
the type described by Hughlings Jackson as a "voluminous" mental state. He divided this class of case into two main groups: (1) The familiarity type and its reverse or unreality type; (2) the visual memory type. These, he pointed out, must carefully be distinguished from the group of special sense auras described in a Bowman lecture by the late Sir William Gowers, although certain hallucinatory phenomena in the sensory sphere of taste and smell are associated with them, constituting what is known as the uncinate variety of epilepsy. He discussed the various psychological solutions suggested and said that the view he preferred was the one that takes cognisance of a separate "familiarity-quality" (Bekantheitsqualität) as a psychical phenomenon attending perception. If Jackson's view that the state is not the result of epileptic discharge of the highest centres, but of over-activity of the next lower centres, as yet untouched by the discharge, were correct we should expect the phenomenon to be present in practically every case of epilepsy. While he did not wish to be taken as attempting to localise the physiological substratum of the "déjà vu" phenomenon in the cortex of the temporal lobes, he felt that he might go so far as to say that when, in idiopathic epilepsy, the discharges involve the neural elements of the temporo-sphenoidal lobes a peculiar mental state is particularly apt to develop; it may take, inter alia, either the "familiarity-unfamiliarity" form, or that of the "visual memory"; the latter results from excitation spreading to physiologically related centres, while the former has a special psychological quality of its own, not to be localised on the physiological level.

Mr. Percival continued the discussion, and although warned off mathematics by the secretary, was unable to resist the temptation just to mention the "innocent-looking" expression \( \frac{d^2y}{dt^2} = \theta \).

He pointed out that we might fairly consider the physico-psychical apparatus of vision as a perfect or reversible engine, and suggested that the absence of the nodes of Ranvier in the optic nerve might indicate that that structure was of a commissural nature. He next referred to the question of the oscillatory discharge of nervous current seen in tremors, and suggested that this phenomenon might afford an explanation of the curious fact that in optic nerve lesions the estimation of light difference is much more affected than that of the light minimum.

Mr. Juler's contribution to the discussion dealt with amblyopia from disuse. In order to get more exact data he had collected a series of cases of juvenile traumatic cataracts. The cases were 22 in number, and he considers that they give evidence in favour of amblyopia from disuse affecting the eyes of children up to six years of age, that it does not attack eyes after the age of seven years,
that it is not merely a standing still of the development of the retina or certain cerebral associations, but that it causes a real retrogression of the effective power of the retinal impulse on the consciousness, after the macula has reached an age at which central vision of 6/6 is normally present. A table with full details of the cases accompanies the report in the Society's Transactions.

Dr. Harford next discussed the relation of the psyche, soma and pneuma as forming the tripartite nature of man and illustrated his views by diagrams which are reproduced in the Transactions. He pointed out that while the psyche includes all that is expressed by the term "mind," it is also the domain of the emotions, the thoughts, the memory and the imagination, and is the recipient of the impressions which come to it from outside through the medium of the special senses and the director of the various activities of which the human body is capable. He followed McDougall in explaining the method of working of the psyche by classifying its activities under three heads, which may be described in their relation to vision.

1. Cognition, by which a visual image is recognized.
2. An affection, or the effect produced on the feelings or emotions as a result of (1).
3. A conation or the action of the will produced by (2).

He further illustrated his views as they applied to visual testing and coal miners' nystagmus.

Mr. Worth said he had never come across a case of false macula, that is, true fusion in an abnormal part of the retina, but that in a case of squint with no binocular vision and no trace of fusion sense, with good vision in the deviating eye, there was no suppression for moving objects in the part of the field of the deviating eye which was not overlapped by the fixing eye. As regards amblyopia ex anopsia he cited an involuntary experiment in which an eye, originally sound, was occluded in the treatment of squint and became nearly blind as a result of the occlusion being unduly prolonged, which had convinced him of its existence.

We hope that this very imperfect summary of a most interesting discussion may induce our readers to study the original with more interest than is usually accorded to the transactions of learned societies.