will not do well on poor gasoline; nor an engine with poor coal; nor an electric light bulb with poor current; nor the brain with a poor blood supply and poor oxygenation. Over half the weight of this earth-globe of ours consists of oxygen.

Since the blood supply to the brain is in pool with the blood supply of the ears and face, we have used the pallor or pinkness or redness of the face and ears as a clinical help in estimating the brain oxygenation of our patients. In the United States, the use of facial make-up is universal, so we have used the color of the ears as a better index than the colour of the face as to the oxygenation of the brain in our American women would be if we looked at theen faces. Brain oxygenation means brain function. It must! The human being is a human being because he has a brain better than the animals. I believe, just as Dr. Kaufman does, that the brain and general nervous system is an allergic shock organ and just as common as the skin is an allergic shock organ. Dr. T. JR. Randolph of Chicago and I spent many hours in 1950 observing the correlation between the degree of redness of the face and the emotional, psychological and intellectual actions of thousands of people whom we saw or met. The correlation between the appearance in redness of the face and the volume of speech and the absence of speech was very remarkable.

It is also interesting to watch the anoxi of the brain following the ingestion of a food to which the patient was sensitized. The patient stops smiling, stops talking and stops reading. The patient is further depressed, becomes irritable, becomes cold, gets angry or goes to sleep. I do have the feeling, as does Dr. Kaufman, that our colleagues, the psychiatrists, are in error saying that asthma, dermatitis, psoriasis and such diseases which have an emotional and a strong psychiatrical association, are caused by thoughts or the emotion. I feel that there is associated with all allergic diseases an edema of the brain a lack of oxygen, and a poor function, as demonstrated by the actions and thoughts of the patient. The term that has been popular among us in the last few years, "psychosomatic", should be changed to eomapsychotic.

W. Kaufman, Bridgeport: I wish to thank Drs. Harkavy, Pollak and Clark for their kind remarks. It is heartening to note that we, working independently, have seen the same clinical patterns of food allergy. I am very glad that Dr. Harkavy discussed the mental syndrome in relationship to inhalant allergies. I too have seen it. Since this paper was limited by the time for presentation, I regret that I was unable to discuss the mental, fatigue, and pain syndromes in relationship to inhalant allergies, and in relationship to concomitant food allergies. There are certain unconscious secondary behavior patterns I was unable to discuss today but hope soon to have published a communication on this subject.

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L'appendicite allergique
L. BUSINCO
En tudiant l'histologie de l'appendice de 100 patients opérés, dans les services de chirurgie d'un grand hôpital, pour un syndrome appendiculaire typique, nous avons trouvé vingt appendices normaux, trente appendices présentant une inflammation purulente et cinquante appendices des signes manifestes d'inflammation allergique (dème, congestion, infiltration osinophile de tout le parenchyme, agrandissement et dème des centres germinatifs, etc.).

Comparant les tableaux cliniques et les données des examens histologiques, nous devons conclure l'impossibilité d'un diagnostic différentiel clinique entre appendicite purulente et appendicite allergique, l'une et l'autre se manifestant par une Symptomatologie souvent identique, telle que douleur, fièvre, etc. (Présentation de diapositifs illustrant le tableau microscopique de l'appendicite allergique.)

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