a family which was under the care of the Society for the Prevention of Cruelty to Children at Third and Tasker Streets; they were all feeble-minded, the father, the mother, a son was at Spring City at the institution for feeble-minded and five children were feeble-minded. The Charity Society knew of this family three years ago when there were three feeble-minded children and now there are six. But under the present legal statutes there would be nine probably as the woman is now 45.

Dr. Tom A. Williams asked Dr. Ludlum to state more specifically the figures. He said that nearly all cases in which the history could be obtained showed definite disease in the parents. Dr. Williams would like to know in what proportion of histories obtained the children showed that degeneracy. He would like to ask in view of the results from the New Jersey school would it not be interesting to find out whether in many of Dr. Ludlum's cases there was present the sign which Dr. Graves, of St. Louis, has attached so much importance to, that is the scaphoid scapula, which he believes is due to degeneracy, due to syphillis of parents or ancestry. It would be interesting to know whether many of these patients presented this stigma.

Dr. S. D. Ludlum said he had never seen a Wassermann reaction transmitted through several generations. He did not know that it was ever transmitted through two generations. Several cases at the Witmer School showed no reaction. Whether they had spirochetes he did not know. They might have inherited the disease; he did not know. Dr. Ludlum said he had read Dr. Graves' articles, and they seemed to find the scaphoid scapula in children who are as healthy as any others mentally. Dr. Ludlum said they had been collecting stigmata of degeneration, and found that the worst syphilitic or degenerate did not seem to have hardly any.

TRAVMA AS A CAUSE OF AMYOTROPHIC LATERAL SCLEROSIS, WITH REPORT OF TWO CASES

By Andrew H. Woods, M.D.

Five hitherto unreported cases and a review of those recently collected by Mendel, Gelma and Stroelin, and others.

The insidious weakness and awkwardness of this gradually developing degeneration might be expected often to first announce itself through an accident. Hence the trauma might be the result of the already begun disease.

After separating all cases where this might be the sequence, there still remain grounds for a strong presumption that trauma may be the proximal or inciting cause of the disease.

The ultimate or essential cause is not known. It may be a congenital fault in the cells and tracts which renders them liable to break-down if later shocked by trauma, infectious diseases or strains.

Dr. George E. Price said in reference to the case reported by him that he had considered the question as to whether or not the accident or accidents had anything to do with the resultant atrophy. The first accident, a sprain, was not so severe as to prevent the man from walking, and it seemed to Dr. Price that it was probable the sprain fixed his attention on the leg and caused him to discover the wasting. In reference to the second accident, the fact of his noticing the lump in the middle of the
triceps was simply an indication of the fact that the extremities of the muscle had wasted to a greater extent than the central portion, this atrophy antedating the alleged cause. In the Jefferson Hospital dispensary almost every case of amyotrophic lateral sclerosis studied would claim trauma, but in nearly every instance the examiners were able to satisfy themselves that the trauma had very little if anything to do with the pathological condition.

Dr. Tom A. Williams said that in the interrelation of amyotrophic lateral sclerosis and trauma we must take into consideration also two facts, one that it is not easy to postulate in all cases the diagnosis without examination post mortem. That is to say, when you have, as in the second case a syndrome which seems to be amyotrophic lateral sclerosis it may have another etiology. Hence it may have been caused by an ascending infection along the nerves causing disease of anterior horns and contiguous structures as Orr and Rows’ experiments showed. In the second place, you must take into consideration the research of Roussy and later of Rossi, who showed that in cases of amyotrophic lateral sclerosis they found always a definite dystrophy of the cells in the Rolandic area, so it would seem that the true syndrome of amyotrophic lateral sclerosis should require the ascertaining of that post mortem.

Dr. S. Leopold said as to the question of the incidence of amyotrophic lateral sclerosis, as in pneumonia trauma may play a part in the production of the infection, in the same way he felt that in some of these cases of amyotrophic lateral sclerosis it acts as a secondary factor in starting the process.

Dr. Alfred Reginald Allen said that one of the most interesting cases of amyotrophic lateral sclerosis that it was ever his good fortune to examine was in a case he was asked to see in the northern part of New York state where the winters are very severe. The woman in question had fallen into a well in the winter time, had been rescued with some degree of difficulty and terribly injured so far as cold and wet and scarification and bruises were concerned. She developed amyotrophic lateral sclerosis. One of her brothers or sisters had Parkinson’s disease and the father was one of those peculiar characters whose hand came right out of his shoulder. It was a queer family.

SIMULATED QUADRANTIC HEMIANOPSIA

By Tom A. Williams, M.D.

An ex-sailor of 41 years was referred by Dr. Henning, to whom he had been sent by Dr. Burch because of inability to perform more than light work. He has a small pension and has applied for an increase. He declares that he was believed epileptic in the Navy, and that since the accident of falling out of his hammock while asleep fifteen years ago (from which he became, too, totally blind, remembering nothing), life has seemed a dream, it is hard to understand people, his memory is poor, and he is very nervous on the street, not being able to see out of one side of the eye, and bumping into objects.

As the hemiplegic person usually carries his head turned towards the side of the sound retina and has to turn his head still further to see objects on that side of him, this man was suspected at once; for there was