Dr. Cronin of New York state that out of 150 defectives, in certain of the New York special classes, 81 had adenoids. He had had them operated upon with the result that 76 were put back into the regular classes the next year. Dr. Cornell has at least half a dozen photographs of children before and after the removal of adenoids, to show the remarkable improvement resulting.

The point of view one gets of these cases largely depends on the grade of children habitually dealt with. If you are a neurologist you examine actually feeble-minded children, make an autopsy and of course often find the brain to be morphologically imperfect. If you are a general practitioner, a nose and throat specialist, and especially if you are not trained in medicine, you never see these cases, and consequently are more disposed to dwell upon adenoids and sociological conditions as causes of backwardness.

Dr. Cornell said he had not mentioned syphilis as a frequent causative factor. He said that he had incidentally mentioned the fact that in a poor school, near 9th Street and Montgomery Avenue, it was a frequent cause of physical defect, the disease being present to a marked extent in the parents of the children. In his book, Barr mentions a neurotic taint, insanity of the parents, alcoholism, and tuberculosis as the four primary causes. He called attention to the boy, the one of the negroid type, who possibly had inherited syphilis. This boy had a dusky skin and curly hair, indicative of this class of defect, together with a corneal opacity and internal strabismus.

Dr. Cornell said he could not answer Dr. Mitchell's question as to chorea, as he had not made a systematic study of the subject. He has seen children with chorea and a considerably larger number of cases of habit spasm. These are frequently incorrectly classed as chorea, with the result that accurate information upon the subject is not obtainable at the present time.

DEGENERATION IN THE PERIPHERY OF THE SPINAL CORD

By S. D. Ludlum, M.D.

Changes shown by cutting longitudinal sections of the cord and staining with a silver stain, which changes are not shown by the usual methods of procedure.