or other subjective phenomena of auditory irritation. Bone conduction was equal on the two sides.

Repeated tests of taste perception showed its absence to salt and quinine on the right half anterior portion of the tongue, and prompt and accurate on the left side. Passing a probe wound with cotton over the tongue caused a feeling of tickling on the right side, with a sharply defined boundary at the center; this test was repeated a number of times with the same result.

With regard to olfactory perception, the patient failed to recognize the oil of cloves on the right side at the first examination, but when examined four days later he had recovered this sense, the disability probably being mechanical. There was no evidence, general nor local, of involvement of the pneumogastric nerve.

A second examination made four days later showed a marked improvement in his condition: he had quite recovered the perception of smell, his taste had become normal or nearly so, and there was decided improvement in the hypoacusis. He could hear the watch tick at thirteen inches. The facial palsy, however, remained unchanged; it was complete, and there was no response to the faradic current in nerve nor muscle. The dusky appearance had left the face, which was still slightly red and perceptibly warmer to the touch than the opposite side. The vasoparesis was much less decided, and the vesicles in the concha were disappearing.

This case was of interest, Dr. Terriberly said, in that it contributed some definite data upon the question of the sensory-trophic field of the seventh nerve. Although the effects of the storm were rather wide-spread, they disappeared or improved so rapidly, with the exception of the seventh nerve, as to warrant the conclusion that the sensory-trophic phenomena were due to injury to this nerve.

Dr. J. Ramsay Hunt said he would regard this as a typical case of posterior myelitis of the geniculate ganglion. The eruption was situated within the zoster zone of the geniculate, and the facial palsy was due to an extension of the inflammatory process to the fibres of the seventh nerve. The speaker said that in addition to this group of cases, he had also isolated other groups in which the lesion was referred to the glossopharyngeal and vagal and auditory ganglia. He had also attempted a differentiation of the zoster zones of the geniculate, glossopharyngeal and pneumogastric ganglia on the external ear and within the buccal cavity (*Archives of Internal Medicine*, June, 1910).

The auditory complications in cases such as Dr. Terriberly had demonstrated were due either to primary involvement of the root ganglia of the auditory nerve (ganglion of Scarpa and ganglion of Corti), or to involvement by contiguity from the inflamed geniculate ganglion.

THE WASSERMANN REACTION IN IDIOCY; A PRELIMINARY CLINICAL REPORT

By Charles E. Atwood, M.D.

The speaker said that among idiots it was impossible to gain the slightest clue, in most cases, from appearances, symptoms or history, as to the presence of syphilis. Statistics, therefore, based on these data alone, were unsatisfactory, and varied greatly with different observers. The

Wassermann and Noguchi tests, made under certain conditions, were reliable, and were destined to aid materially in ascertaining the actual role which syphilis played in the production of idiocy.

Two hundred and four cases of low-grade idiocy from the writer's service in the New York Children's Hospital and Schools were carefully studied and classified clinically. Specimens of their blood were examined by the Wassermann-Noguchi tests at the Rockefeller Institute by Dr. Noguchi himself or under his direction. A record was kept of each case and percentages calculated for the various clinical forms of idiocy. The percentage found for the total number of cases studied was 14.7. The percentage for so-called idiopathic cases was about 10 per cent.; that for diplegics was over 23 per cent. Three microcephalic cases out of six (50 per cent.) showed a positive sero-reaction. Two idiots with cerebellar ataxia gave a positive reaction. A myxedematous idiot, a case of amaurotic family idiocy and two cretins showed negative reactions.

The writer made several interesting deductions from his study. The large percentage of positive sero-reactions in idiots with grave organic lesions superadded to those common to the disease, as in diplegic cases, would seem to point to other etiological factors for these conditions than simply trauma and asphyxia. Possibly, an imperfect development of the vascular system or other syphilitic process might be such a causative factor.

Cases of idiocy should have a serum test for syphilis before mercurial or iodide treatment was instituted, as the indiscriminate use of these powerful remedies, without a definite object, was harmful to the non-syphilitic on account of the conditions of malnutrition.

Dr. Clark said he saw many of the patients upon whom these tests had been made by Dr. Atwood, and he thought it possible that hereditary syphilis played quite an important role in the imperfect physical and mental development of these patients. It was possible that lues played a more important part in the production of diplegia than had hitherto been attributed to it. As a matter of fact, we knew that hereditary syphilis greatly prevented the proper development of the cerebral blood vessels, thus rendering them more vulnerable to rupture through physical trauma or prolonged asphyxia at parturition.