absence of symptoms indicating the situation of the tumor. The characteristic symptom of disease of the cortex of the cuneus and of the gyrus lingualis is a crossed homonymous hemianopsia. That this symptom was present is explained by the fact that there were tumors almost symmetrically localized in the two hemispheres, which to a certain extent would efface any unilateral limitation of the field of vision. A short time before death there was ataxia of the limbs which permitted the assumption of an injury of the cerebellum. As the section showed there was pressure on the cerebellum from the growths in the two hemispheres—a possibility referred to in the literature, by Oppenheim and others. When the left occipital lobe is affected the fact usually becomes manifest in disturbances of speech (aphasia), but in the author's case no aphasic symptoms were observed. There was no mind blindness, which is the usual symptom when both occipital lobes are affected. There were also no hallucinations and no evidence of disorientation.

7. NEUROSYPHILIS.

Solomon, H. C. AGREEMENT IN RESULTS OF THE WASSERMANN REACTION. [Jour. A. M. A., Mar. 20, 1920.]

The blood serums of 3,000 patients were subjected to the Wassermann tests by two independent laboratories and showed a complete uniformity in the findings of the two laboratories in 93.44 per cent. The 6.56 per cent. variation included cases reported as doubtful. Considering only the variation of cases reported positive by one laboratory and negative by the other the percentage variation was 4. This was 1.4 per cent. positive in one laboratory and 2.6 per cent. positive by the other laboratory. Some of the cases reported positive by one laboratory and negative by the other were known to be syphilitic, so that the negative reaction was the incorrect one. Considering then, the cases that either laboratory may have reported as positive in nonsyphilitic cases, the percentage was 3.16. This is probably a higher percentage for false positives than actually occurred, as some of these cases were presumably syphilitic. This percentage variation is based on only one test. Repetitions resulted in a uniformity of findings in the majority of cases. This is considered a good testimonial for the accuracy of the tests as performed in these two laboratories.

Wolbarst, A. L. WASSERMANN CONTRADICTIONS CONSIDERED FROM THE CLINICIAN'S POINT OF VIEW. [N. Y. Medical Journal, January 31, 1920.]

In a rather exhaustive study covering 271 cases the author discusses the contradictory reports of serologists on the Wassermann reaction. He invariably draws blood for the test into three test tubes and has them worked independently by three serologists. These serologists are chosen according to their conception of what the Wassermann stands

for in its relation to the diagnosis of syphilis. The first serologist believes that it is his duty to uncover every suspicious case of syphilis; he makes his reagents so sensitive that there is no possibility of the slightest positive reaction escaping him. He would rather get a positive reaction on a non-luetic than to have a weakly luetic escape with a doubtful or negative Wassermann reaction. The result is that this serologist obtains far more positive reactions than others do. The second serologist believes that the Wassermann reaction should protect the patient against a wrong diagnosis of lues. Hence he requires a strongly positive reaction before he considers the patient Wassermann positive. He obtains comparatively few positive reactions, in consequence. He would have the weakly positive luetic escape rather than convict a non-luetic. The third serologist runs a commercial laboratory and occupies a "middle of the road" position, and in consequence his results reflect this tendency. In 219 cases worked by three serologists, Wolbarst found these different results: Serologist A found 93 positives (43 per cent.) and 125 negatives (57 per cent.); serologist B found 104 positives (48 per cent.) and 115 negatives (52 per cent.); serologist C obtained 121 positives (55 per cent.) and 98 negatives (45 per cent.). It is thus evident that the character of a Wassermann report will depend very largely on the personality and technic of the serologist. The writer adopted the same method of study in 33 cases, in which the blood was tested for complement fixation for gonorrhea. Here too, distinct contradictions were found.

The author concludes: The Wassermann test and the complement fixation test for gonorrhea should be made by at least three serologists working independently; the serum should be taken simultaneously and sent to the different laboratories under identical conditions; one serologist is not to be depended on, however capable he may be. Three serologists will agree in approximately 53 per cent. of Wassermann tests and approximately 42 per cent. of gonorrhea fixation tests. That is, the chances are about 53 in 100 that three serologists will agree on any given serum. Curiously enough they are more likely to agree, when they do agree, in the negative cases than in the positive cases. At all events, in view of these contradictions and uncertainties, it is well to devote more study to the clinical features of our cases and trust not quite so implicitly on our laboratory workers for our diagnosis. [Author's abstract.]

Warwick, M., and Nixon, F. THE COLLOIDAL GOLD REACTION AND ITS CLINICAL INTERPRETATION. [Arch. of Int. Med., Feb., 1920.]

This study is based upon observation of over 800 spinal fluids from 408 patients in a general teaching hospital. The authors give a comprehensive review of the voluminous literature upon the subject and a detailed description of the technique of the globulin reaction, cell count