

clinicians unacquainted with the laboratory side of syphilology for four reasons: "1. The discovery that the reaction was a nonspecific one. 2. The attempt to modify the reaction so as to make it available to the practitioner in his office. 3. The use of reinforced antigens and other changes in technic to render the reaction more sensitive. 4. The practice by some physicians of sending their blood specimens to commercial in preference to recognized hospital laboratories." The first factor was a disappointment. Nevertheless, while the authors could not explain why alcoholic extracts gave positive fixations with specific serums, the fact remained that such was the case, and to the serologist is left the problem to be settled at a future date. The application of the test is another matter. The second factor, the attempt to modify the reaction so as to make it available to the practitioner in his office, is a serious one. Makeshift methods are too quickly accepted, and the need of special training of the serologist has been too much overlooked. The use of reinforced antigens and other changes in technic to render the reaction more sensitive, has also been a stumbling block to physicians. In recent cases of florid syphilis the Wassermann reaction is, as a rule, strongly positive with all antigens, but the old and long treated cases require one or more synchronous test for their detection. The fourth factor, the practice of physicians of sending their blood specimens to commercial laboratories, few of which, according to the authors, deserve serious recognition, is met with in all laboratory work. The authors give their experience in the various forms of syphilis, and point out the value of the Wassermann reaction. Pathologic study is the one method for an accurate estimation of its value. Spirochetal demonstration would be the ideal method, but it is not so often possible. They summarize their paper in the following: "The term 'Wassermann reaction' includes several methods of serologic procedure. An accurate interpretation of each method is essential in arriving at a proper diagnosis. A positive reaction is the most constant symptom of syphilis. The value of the reaction in diagnosing undoubted syphilis is shown by the fact that: 1. The reaction is positive in practically 100 per cent. of the cases of florid syphilis. 2. In active tertiary syphilis of the skin and bones the reaction is positive in about 94 per cent. of the cases. 3. In syphilis of the central nervous system, cognizance must be taken of the reaction in both blood and spinal fluid. The blood is positive in about 80 per cent. of the cases. 4. In a pathologic study, the Wassermann reaction (alcoholic antigen, warm fixation) was positive in 94 per cent. of the cases of syphilitic aortitis. As a means of corroborating syphilitic infection, the Wassermann test is at least 90 per cent. dependable, as shown in a series of positive reactions in which 90 per cent. could be