

fect or almost absent, certainly not sufficiently typical to justify medico-legal deductions, one being a case of cancer of the seminal vesicles and prostate, and the other double chronic vesiculitis with corpora amylacea very abundant in the prostate. In both of these, spermatozoa were present in the semen.

Hypertrophy of the prostate did not appear to affect the reaction. In one case the reaction appeared to be present before the period of puberty (seven and one-half years), though here it did not appear to be perfectly typical and satisfactory. I could not find it in the secretions of infants and very young children.

These few observations are not recorded here so much with a view of passing judgment upon the percentage reliability of the test as to indicate the direction in which observations might be made, as the total number of observations I have been able to make so far is not sufficient to justify general conclusions.⁵

With regard to the practical merits of the test, I think that those who use it for testing seminal stains will agree as to its decided value as a preliminary test, and accord it a position analogous to the guaiacum test for the blood, by which we can promptly find out whether there is a probability of positive results being obtained upon further examination. Personally, if it was obtained in a typical manner, I should regard it as very strong corroborative evidence in a case where spermatozoa were claimed to be present.

With regard to its independent value as a test, Florence formulates his conclusions as follows:

(1) From the occurrence of the reaction alone, without discovering even fragments of spermatozoa, he would conclude that it was probably a seminal stain.

(2) From the coincidence of well-formed and typical but detached heads of the spermatozoa, along with the reaction, he would affirm positively the presence of semen.

(3) With *débris* of spermatozoa or even with perfectly-formed heads, but without the reaction, he would not feel certain that he was dealing with a stain produced by human semen.

It will be noticed that Florence attaches to the detached head of spermatozoa more significance than is accorded to them by our standard authorities. It must be mentioned that Florence has added materially to the data which may be used in identifying the heads of human spermatozoa, as the result of his careful study by means of oil immersion leuses and staining methods. By these more refined methods, highly characteristic details were brought out which would escape notice if ordinary dry lenses of moderate magnification were the only ones employed. The illustrations of spermatozoa given in his monograph are far superior to the illustrations which adorn the average medico-legal text-book, which are in many cases little more than caricatures. It must be remembered that the drying and subsequent moistening of the spermatozoa have a tendency to deform them somewhat, so that the appearance

⁵ Two instances of advanced and well-marked disease of the seminal receptacles is obviously a very high proportion for only 22 cases. In both these two instances of organic disease the fact of iodine reaction being interfered with while the spermatozoa were still present indicates the greater certainty of the spermatozoon test.