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WASSERMANN TESTS: SIX HUNDRED CASES OF
BLE-MINDED AT THE MINNESOTA SCHOOL
FEEBLE-MINDED AND COLONY FOR
EPILEPTICS

BY A. B. MOULTON, M. D.

The work undertaken at this institution in testing children for evidence of syphilis by means of the Wassermann reaction, an incomplete preliminary report of which affords the basis for this paper, has been undertaken as a part of the work conducted by this association,* leading toward a more accurate and comprehensive knowledge of the factors which enter into the causation of feeble-mindedness. Our endeavor is to correlate serological findings with the conditions determined by clinical workers, and in the tables given we have indicated briefly, so far as the cases have been investigated, their findings, which tend to throw helpful side lights on the results obtained. This report will be given in connection with the tables. This report includes the results obtained on the examination of 599 boys and one girl the girl being included as her serum was used as one of the positive controls.

The method employed in our work has been the modification of the original Wassermann test. The acetone-soluble fraction of tissue lipoids being used as antigen, a human hemolytic system, inactivated serum to be tested, an amboceptor, the serum of rabbits immunized against human erythrocytes. The bulk of the antigen used was secured from the Rockefeller Institution through the kindness of Dr. J. H. Dr. That which was subsequently used was prepared in our laboratory following the technique given in the second edition of Dr. Noguchi's book on "Serum Diagnosis." This antigen was tested against that received from the Rockefeller laboratory using the same sera. The blood to be tested was drawn from the subject on the day examined, though on

secured the previous evening. At first we depended on the natural separation of the serum, but were bothered by spontaneous hemolysis, which required repeat work. Later we allowed the blood to coagulate in the tube it was centrifuged for from three to five minutes, the serum perfectly clear and untinted. With few exceptions we secured very small quantities of blood, the serum inactivated at 56 degrees C. for twenty minutes. The complement was never more than 18 hours old and the tests was used within six hours and when not being used on ice. Whenever specimens were found to give weak reactions, they were tested a second time with the next day's blood. When examined the second time we used an extract of syphilitic foetal liver as an antigen.

Results of these tests show that of the 600 specimens examined 87 or 14.5 per cent. showed complete hemolysis and can be considered as negative, while 77 or 12.8 per cent. showed inhibition of hemolysis, ranging from complete arrest to a trace of inhibition, as is shown in the following tables. According to the degree of hemolytic inhibition, we separated them into four groups. In the first group, as indicated in table I, we included only those where inhibition was complete. In group II, as shown in table II, we included those cases where inhibition was not complete, with not over 15 per cent. of hemolysis, which corresponds very closely to Noguchi's weak positive. The third group comprises those cases in which less than 30 per cent. of the red blood cells were dissolved, while in the fourth group, we included those specimens that showed over 30 per cent. of hemolysis. In studying our results, we have found one instance where two patients' sera show inhibition, one a clear cut positive with complete hemolysis, while the other taken on the same day, and with the same reagents in the same set of tests showed only partial hemolysis. This in view of the fact that we have no history of syphilitic treatment.

Turning to table I of the sixteen cases showing complete inhibition of hemolysis, two show clear cut physical signs of tertiary syphilis, Hutchinson teeth, iritis and keratitis. In one instance a positive history and a positive history is present. In a fourth in-

stance there were four sibs that died within a very short time after birth and there are also four living sibs that are feeble. Three others came to us from the Minnesota State Public Health School. To summarize, in four cases the family history shows a marked probability of specific infection, and in three cases, from a complete lack of information, the children coming from the Public Health School, where only orphans or children living under the most bad conditions are taken in, at least raises a suspicion that a study of these families will probably shed added light upon the question. In table II, comprising 17 cases, there are 11 cases, one is from a thoroughly degenerated stock, with insanity in the family, more, a total of six. While the direct clinical evidence of personal or parental luetic infection is not so direct, there are conditions that give warrant for further study. The third and fourth tables show the same questionable conditions but they have not been studied sufficiently to know the full significance of the findings.

In the study of complement fixation in these feeble conditions, certain questions arise relative to interpretation. While the meaning of complete hemolysis as well as of inhibition is quite clear and we may justly lay much weight upon them, what value are we to place upon the intermediate degrees of hemolysis? It seems to be the general opinion when not over 10 or 15 per cent. hemolysis, we can in the presence of suspicious clinical conditions, consider the person luetic, as compared with the others, in our particular problem of searching for a means of determining the relative importance of various causative factors and where direct treatment is not the question, where do we draw the line saying that a given complement fixation on one hand specific and on the other means nothing?

TABLE I

REACTION POSITIVE

Complete Inhibition of Hemolysis.

Mental Age	Stigmata	Notes on family history
6		Sister F. M.
4		Father F. M., luetic
11 3-5	Hutchinson teeth	Mother ill repute
8	Iritis, keratitis	Father luetic
8	Eucuation poor	Father, brother and sister F. M.
6 3-5		A founding
1-2	Paralytic	Two sisters, 3 brothers F. M.
	Tubercular	Two sisters, 2 brothers died few days old
8		*M. S. P. S.
8		Mother F. M.
6	Spastic paraplegia	M. S. P. S.
		Brother F. M.
6		
8 4-5		M. S. P. S.
6	Paralysis Agitans	Father epileptic
6	Paraplegic	
8	Hutchinson teeth	Brother at School for Blind
	Thickened tibia	
5		
5-1-5		Father, mother, sister and brother F. M.

P. S.—Minnesota State Public School.
 strongly positive used for positive control.
 gives V. W. Positive

TABLE II

REACTION WEAK POSITIVE

Inhibition of Hemolysis, 85 per cent. to 100 per cent.

Mental Age	Stigmata	Notes on family history
6	Facial asymmetry	M. S. P. S.
8	Paresis lower limbs	Sister F. M.
8		
6	Illegitimate	Mother F. M.
4		
5		
6	Slight microcephalia	
2		Mother insane
5		
9	Partial paraplegia	M. S. P. S.
6		
7		
5		Mother, father, brother and sister F. M.
9		M. S. P. S.
6	Tubercular	
6	Epilepsy	
6		Father insane

TABLE III

REACTION VERY WEAK POSITIVE

Inhibition of Hemolysis 70 per cent. to 80 per cent.

Case No.	Chrono. Age	Mental Age	Stigmata	Notes on family history
1	15	6	Deaf and dumb	
2	23	6	Dwarfed	
3	7½	4	Illegitimate Hydrocephalic	Mother F. M.
4	21	6		Father thief Mother F. M.
5	25	3		Brother F. M.
6	20	3		Father heavy drinker
7	25	8		
8	26	6		Brother F. M.
*9	13	10-3-5	Increased intra-ocular tension	Brother and sister F. M.
10	6	2		Mother syphilitic

Note *—Brother four years younger shows clear positive.

TABLE IV

REACTION FAINT OR DOUBTFUL

Inhibition of Hemolysis 50 per cent. or less

Case No.	Chrono. Age	Mental Age	Stigmata	Notes on family history
1	24	10		
2	12	5		
3	27	7		
4	19½	8		
5	18	7-2-5		Father F. M. Two sisters immoral
6	33½	7		
7	16¼	10		Home conditions bad
8	13½	8		
9	22	11	Epileptic	
10	19	7		
11	13	4-3-5		
12	9	3-3-5	Mongolian	
13	15	3	Paresis lower limbs	Brother F. M. and Ep. M. S. P. S.
14	14	10		Three brothers F. M.
15	32	3		
16	56-2-3	2		
17	28	7		M. S. P. S.
18	14	4		Mother and brother dull
19	30	6	? Deaf and dumb	
20	9	6-2-5		M. S. P. S.
21	25	2		Brother F. M.
*22	18	3	Deaf	
23	14	7		
24	14	9		Mother dull
25	10	7		
26	11-2-3	5		
27	35	7		
28	17	6		
29	13	5		
30	13	8?		Father F. M.
31	14	3-3-5		
32		10		Mother blind
33	25	2		
34	11	6		

* Cases 22 to 34 inclusive show very slight hemolysis.

ANNUAL REPORT ON WASSERMANN TESTS

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At the last meeting of the Association, I presented a paper "A Preliminary Report on Wassermann Tests." I report that up to and including May 5, 1912, we had examined one hundred and eighty inmates of the Sonoma State Home at Sonoma, California. Positive tests were obtained in thirty-five or about four per cent.; indefinite reactions in seventeen or about two per cent.

Grace Linforth-Boalt, our expert in the Wassermann test, still continues the research work and from July 9, 1911, to January 17, 1913, one thousand one hundred and thirteen tests have been made. Positive tests were obtained in 30 males and 23 females, made a total of 53, or about 5 per cent. Of these cases include the 35 before reported.

The prevailing ages of males were nine to thirty-eight years, the youngest male (feeble-minded) giving positive reaction, forty-one years. The prevailing ages of females were twelve to sixty-six years, oldest female (an epileptic) giving positive reaction, sixty-five years.

Nationality: American, forty-eight; Mexican, one; English, one; Portuguese, one; Italian, one; French, one.

GRADE	MALE	FEMALE	TOTAL
Idiot	16	10	26
Feeble	10	8	18
Imbecile	2	5	7
Mongolian	2	0	2
	—	—	—
	30	23	53

Of this number, on the male side, one was a moron mute, one a mongolian mute; two were epileptics; five were paralytics; one was a case of athetosis. Of this number, on the female