lids. The eyes are of a clear blue and present no lesions. The nose is flat. Sometimes there is slight epistaxes and sneezing. Cheeks are full and puffed. The mouth is large; the upper lip rather thin; the lower one bulky but not drooping. The tongue is thick which fact attracted the attention of the mother. The ears are close to the cranium; their hem is rather pronounced in their two upper thirds; the lobe, rather bulky, is detached. The whole face, which is round, has a yellowish waxy tint.

The neck is short and thick, 37 centimeters. In the back the skin and the well marked underlying adipose tissue form a fold over the child's amber-necklace ("fait hernie sur le collier d'ambre del'enfant"); it is impossible to feel the thyroid gland. The back and abdomen resemble those of Fernand. The fatty layer of the supra-clavicular spaces is more prominent than in the case of other children of this age. At the breasts, the thorax measures 36.5 centimetres; the abdomen 40 centimetres at 2 cm above the umbilicus which is a little prominent. While the back and lumbar regions are wide the pelvis appears contracted. The coccygeal dimple is covered with numerous hairs. The mons veneris is prominent. The labia majora are also prominent and puffed. The mucous membrane of the vulva is moist. The arms are short and thick. The circumference is 13 cm at the bend of the elbow and 9.5 cm at the wrist. The hands are puffed up; the fingers slightly purple and cold. (At birth the nails, said the mother, were hidden by the flesh at the end of the fingers). The thighs and the legs are also short.

Circumference at the fold of the groin 21 cm and 15 cm at the calves. The feet are thick, cyanotis; the toes normal; but the nails are scarcely formed. They did not appear at all at birth.

The child nurses well, does not vomit; is subject to constipation. Her mother has already remarked that her daughter resembles her little boy and that she presents the same appearance that he did at the same age. Height, 56 cm; weight, 4.800 kilogrammes.

July 31st.—The child appears to come on well. The skin is dry and has everywhere a waxy tint. The hair is thin. The scalp is covered with scales and pellicles. The anterior fontanelle is 6 cm in both its dimensions. The posterior fontanelle is 4 cm by 1 cm. The right frontal boss and the left occipital boss are more prominent than their congeners. The lashes are long and thick. The child gazes and smiles. The cheeks are pendent. The tongue is very thick, the saliva abundant. There are no teeth.

A recent examination of the anterior region of the neck only confirms what we have said about the probable absence of the thyroid gland. The mother says that the child droops and drags her body.

October 25th.— had bronchitis at the end of the month of August. She recovered in two weeks. Two weeks ago, for four days, the whole left side of the body was swollen. Her eyes do not express much, said her mother, she does not smile, The past week, without motive, she has laughed aloud. She does not use her hands at all and

does not stand. Her sleep is prolonged. She seems to be very sensitive to cold. The hair is dry, chestnut red, thin on the temples and on the vertex, (The mother has very brown hair; father the same, but his moustache is red.) The scales persist: same condition of fontanelles.

Maximum horizontal circumference	41	cm
Bi-auricular "		24.5 cm
Root of the nose to the occipito-atloidian articulation		25.5 cm
Maximum antero-posterior diametre		14. 1 cm
Bi auricular "		9. cm
Bi-parietal "	9.	cm

The eye-lids are puffed and bluish, as well as the edge of the lips. The nose is flat. (The mother has an aquiline nose, sharpened, a little hooked, although she is not a Jewess. Her father had a long and sharp nose.) The chest bulges out more than before. The abdomen, always large, now shows a little umbilical hernia. The pseudo-lipomata of the supra-clavicular spaces are more apparent. The feet and the hands are swollen, cold and cyanotic. The yellowish and waxy tint of the skin, especially on the face, is more pronounced. The voice is shrill like that of her brother.

December 1st.—The child became ill Nov. 15th and gradually lost flesh. The 29th she was taken with convulsions towards 4 o'clock P. M.: rigidity, then general spasms, frothing at the mouth, lasting 4 to 5 minutes. Convulsions again toward 11 P. M.; then Nov. 30th, 2 A. M. other convulsions which ended in death.

Autopsy:— The child having died at her mother's house in the city, it was not possible to examine the neck. We removed the larynx, trachea, and muscles and a close examination proved to us a complete absence of the thyroid gland.

These two cases observed in the same family are entirely typical. Let us remark in passing two curious details presented equally in all the cases with which we are personally acquainted. First:—the peculiar shape of the nose of the patients—the flat nose—; then, that their parents have the acquiline or a nose of a different character. Second : — the reddish color of the hair, while the parents have brown or blonde hair.

A CASE OF SPECIAL PRECOCITY WITH EARLY DEGENERATION.

A. C. ROGERS. M. D., FARIBAULT, MINN.

M. WAS admitted to the Minnesota School for Feeble-Minded Sept., 19,1899, being at that time about 14 years of age; weight, 105 pounds; height, 5 ft. 6 in.; complexion fair, eyes blue and hair of a light color; his expression sad and eyes downcast; no communication except to answer questions in monosyllables; habits cleanly; appetite poor, only eating as a result of much urging. He seemed afraid

of other children and so was permitted to stay in the office of the pavilion building- and had his food served there; paid little attention to anything around him, standing for hours in about the same position if not requested to sit down; if seated, soon would rise to his feet again; could read and write nicely but had no desire to do so. If a letter was suggested he would state in short sentences as questioned what he wanted to say, but could not seem to remember it long enough to write it, and could write only one word at a time as it was given him. When standing he was restless, stepped backward and forward; hesitated in all his movements, at table picked up knife and fork and put them down again. In undressing he would take a garment, fold it up, smooth it, lay it down, fold and unfold it again and if urged to hurry or asked what he was doing he would say, "I want to do it once more", without any reason for so doing; dressed in much the same manner.

The family history shows two cases of insanity, a grandmother and grandaunt, also evidences of hysteria and neuralgia in other members of the same family.

His history shows that he was a strong babe, weighing twelve pounds at birth. He was artificially fed when an infant, though not from a bottle, drinking from a cup or spoon from the beginning. He began to walk at about eleven months of age and to talk at eighteen months; always was robust and healthy. In temperament he was apathetic but obstinate, with quick perception of the humorous. He went to school at the usual age, was obedient and learned rapidly, developing a special talent for drawing. His powers of observation and imitation were good. He was quiet and reserved in manner, and never took an interest in boyish sports and games. He was a great reader, and when not in school spent about all of his time with his books and pictures. He was very neat about his person and methodical in all he did, often being annoyed by other boys because they interfered with the exact order in which he kept his things. He was very sensitive, remarkably so for a child, and seemed to see far beyond his years in matters which children as a rule do not seem to understand. There always was a vein of the humorous in his nature, and he was surprisingly quick in seeing the point of a joke. His precocity took the form of ability for caricature, as shown by the sketches.

About one year before his admission to the school, or when about thirteen years old, he began to be absent-minded and dull, gradually assuming the condition described above.

Good nutrition was the main treatment employed, with attempts to get him interested in the new surroundings. After a short time he gained in weight and appearance of health, and improved mentally, sufficiently to do occasional errands with limitations indicated below, for the nurse between his building and the office. During this stage it was necessary, for some time, to telephone between the buildings to be assured of his whereabouts, as he would stop at the door of the building he was to enter and stand for an hour or more, or until some one came along to instruct him to go on. By Novem-


MERRY
CHRISTMAS
MERRY CHRISTMAS

GROUP 1

NO. 3 (A)

FIRST TRANSITION PERIOD

NO. 5

NO. 4

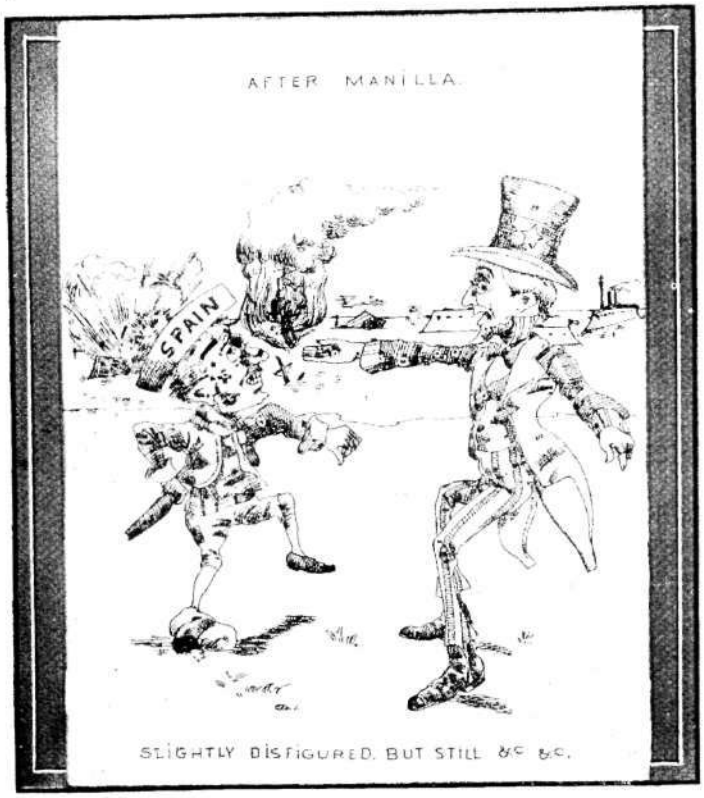
THE FISHING SEASON IS OPEN

This cartoon was executed by Master [illegible] ideas of the cartoon suggests itself to him and he works it out free hand without assistance. He has executed several cartoons much more elaborate than the above, all of which indicate a remarkable talent for such work.

NO. 6

NO. 7

NO. 14 [c]

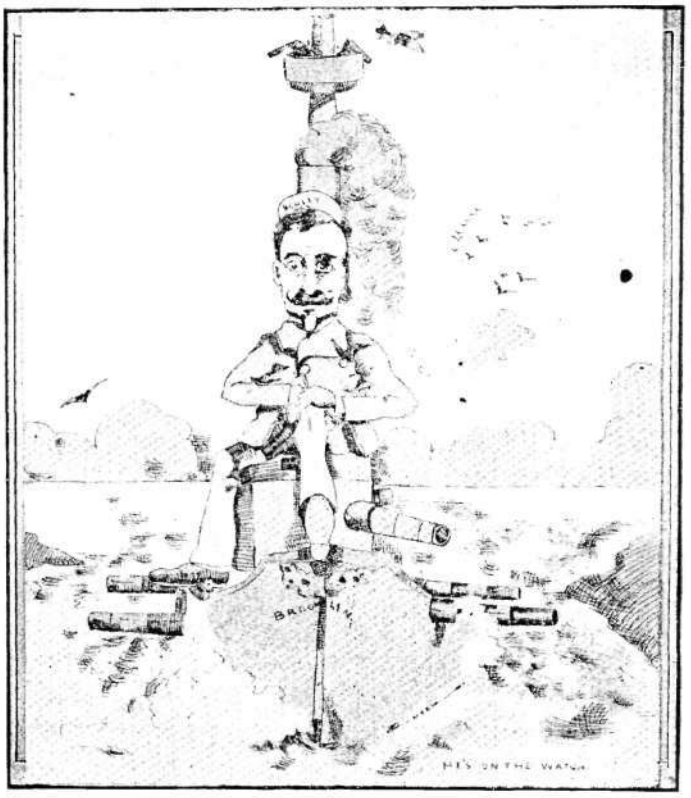


NO. 10 [c]

GROUP 2

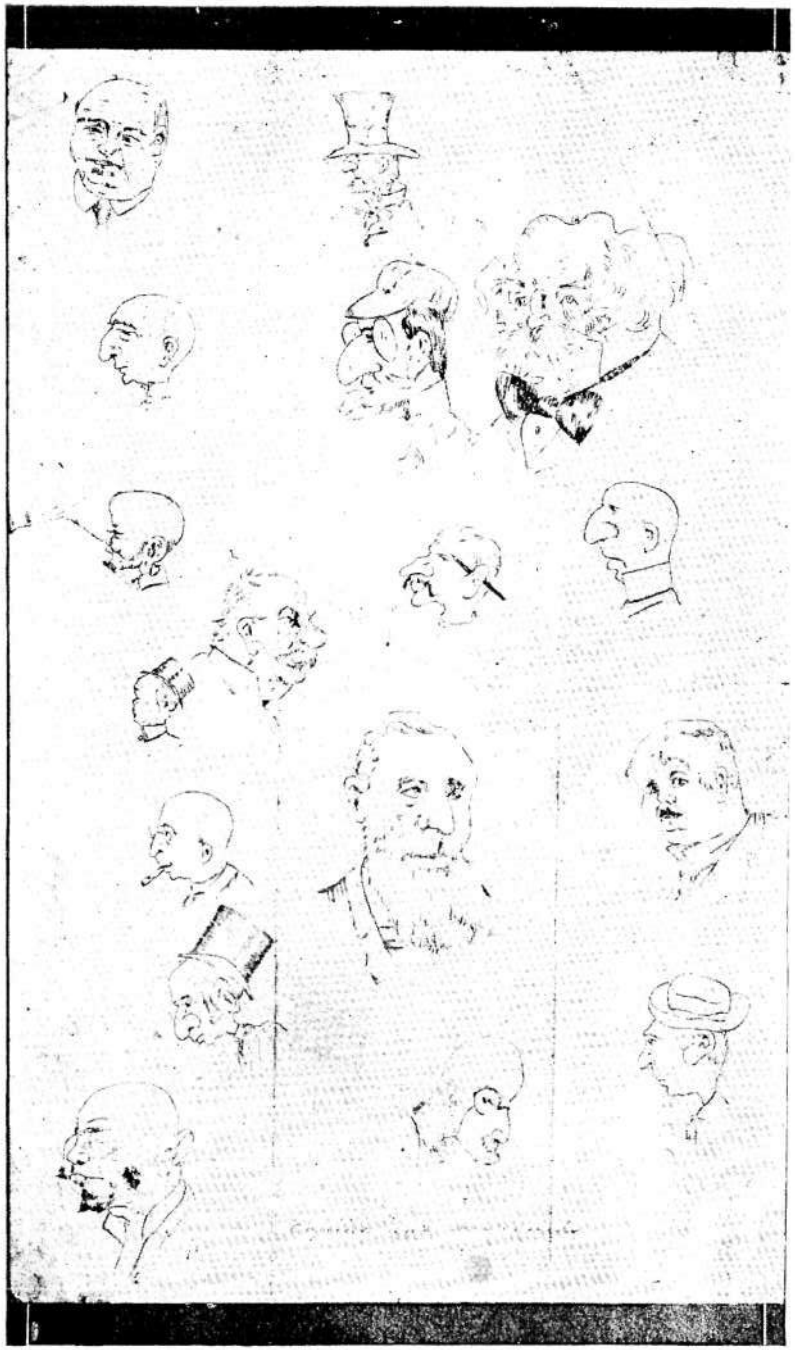
GROUP 2

NO. 13 [Z.]



NO. 12 [c]

SECOND TRANSITION PERIOD NO. 15



NO. 16 [N]

ber he could write letters again without assistance and even draw a few sketches. Later in November he grew worse, losing interest and showing irritation if corrected or urged to do anything. He also became very uncleanly in his personal habits, failed in appetite and general nutrition and was placed in the hospital. Upon my advice, the father took him home on Dec. 20th, and he remained until April 4th, when he returned in about the same condition as when first admitted. After about three weeks he began to show signs of improvement again The nurse devoted considerable of her spare time to him, taking him out for walks, etc. His sense of humor in part returned and he became especially mischievous and even boisterous. He would do errands but could not be trusted; would go and hide himself instead of performing his duty.

One day in the early summer he received a letter stating that some one was coming to take him home for a visit. This upset him entirely and he became very homesick, refused to eat and lost interest in everything. I again advised the father to take him home for a while.

Upon returning in September he was very homesick for a time, but gradually became interested in little duties about the building. He was placed in the industrial class in school and in time became quite interested in his work. During the latter part of November and December he netted a very nice laundry bag. He performed his errands well; wrote letters home without any assistance; and drew pictures, usually with an eye to the humorous. He would pick up a book or paper and talk about what he read; was interested in everything about him; in fact, acted very much like a normal boy.

He spent the holidays at home. When he returned in January his health was good and he was in pretty good spirits. He assumed his duties, but, though he does pretty well, he does not seem so bright as he was in the autumn. He is indifferent about receiving letters from home and does not care to write; has written only a few letters since he returned, and has drawn only a few pictures. He sometimes is quite boisterous and inclined to be profane, but as a rule is obedient. It should be noted also that he at times gets quite excited and will do ridiculous things; for instance, will run as fast as he can go through the halls and when he gets to the end will turn around and laugh. Late one evening the matron heard some noise in his room, and upon investigating found that he had thrown all his and his companion's bedding upon the floor and was having a merry time generally. He also had torn up a lot of old papers and thrown the pieces out of the window. The next morning he was asked to pick up the paper on the lawn and he not only good naturedly did this, but picked up everything else that he could find.

A stud}of the sketches shows: 1st, an early development of artistic ability; 2nd, a strong interest in the events of the Spanish American War, with an emphasis upon the superiority of the United States in every respect; and 3d, the development of a period of intense exaggeration as shown in numbers 16 and 17, as the mental degenera-

tion progresses.

The points of interest in this case are: 1st, The remarkable precocity both for drawing and for seeing the humor of political situations as illustrated in his cartoon sketches. Very few of them, however, could be reproduced because of the fine or close detail employed.

2nd, The early degeneration, and, 3d, the unfavorable prognosis of the case.

SPECIAL SCHOOLS FOR DEFECTIVE CHILDREN.

ELIZABETH DANIELS NASH.

OF all the schools that have recently sprung up in this country for the instruction of various classes of unfortunate children, perhaps none have met with so hearty a welcome from the public school teacher as the special classes for the mentally deficient. As yet but few of these schools have been established, but considering the immense advantage that has already come through them to parent, child, teacher, and even the community at large, it seems likely that the good work will continue.

In the past five years one or more of these schools has been established in New York, Chicago, Philadelphia, Boston, Providence, Worcester and Springfield. Providence started the first school in 1894. The schools of Chicago and Philadelphia were established simultaneously with the one in Boston.

Europe has been far in advance of us in making practical arrangements for the education of this large and ever-increasing class of children who are not subjects for institutions, and who still cannot profit by the ordinary school curriculum. Forty years ago the first class was established in Germany and now it is estimated that more than six thousand children are receiving special instruction within the German Empire. They have demonstrated that the children that have been considered hopeless in the regular schools have been able to lead useful lives. The large extent of these classes in a practical country like Germany is perhaps the best testimony to their success. The Scandinavian countries followed next and have gone one step farther for they have separate schools for the merely backward children.

The first great impetus given to the recent organization of these special classes came through Great Britain under the auspices of various medical and charitable organizations, beginning some ten years ago and extending over a period of five years. Dr. Francis Warner conducted extensive examinations upon 100,000 London school children. The results have been given to the public in a comprehensive report entitled, "Report on the Scientific Study of the Mental and Physical Conditions of Children with Particular Reference to Children of Defective Constitution; and with Recommendations as to Education and Training."

Having considered the history of the special class movement, I shall now attempt to give you some description of these unfortunate children.

While it may not be necessary to go into the causation of the subject, I want to give you some idea of the heredity of feeble-minded children that you may have more sympathy for their irresponsible condition.

I heard the superintendent of a well-known institution for the feeble-minded say, "If there are those who doubt the truth of the second commandment that the iniquity of the fathers shall be visited upon the children unto the third and fourth generation,' I should like to show them a few living examples of this sad truth." However unjust these afflictions of the innocent may appear to us, it has always seemed to me that the law of compensation comes in here to help lighten the burden. For these children are usually happy and free from care, and rarely, if ever, realize their great deprivation.

There seems to be no one cause to which alone we may attribute the majority of cases of mental defect, for on investigation we find usually that several causes have acted together. Then it is nature's way to repair and build up instead of tear down so that a single transgression of psychological law rarely results in mental abnormality, but when nature's laws are repeatedly violated we must expect degeneration to follow.

Children who have drunken parents are not always idiotic, but they often inherit a nervous temperament which, when combined with aggregating causes in another generation, is apt to result in mental degeneracy.

The most important factor conducing to idiocy is perhaps tubercular inheritance, and two-thirds or more of the feeble-minded have a scrofulous constitution. In most cases the hereditary tendency alone is insufficient to produce idiocy, but it is a fact that a pathological evolution, or more correctly, a pathological degeneration of mind does take place through generations. A family history where there has been a record of insanity, epilepsy, deafness or some other nervous disorder, is usually the one where we may expect degenerate types, for these diseases act with marked efficiency upon individuals of nervous constitutions.

Consanguinity of parents was formerly thought to be a more potent factor in producing idiocy than now.

Many cases are attributed to natural ill-health, accident, or shock, and a larger number still to causes operating after birth as convulsions, falls, and frights. Parents readily give these last as causes when more often the causes are pre-natal. Most authorities agree that in the majority of cases of this kind the children have inherited some brain abnormality that renders them susceptible to convulsions, epilepsy, infantile paralysis, etc. Feeble-minded children are often the