Dr. Hugh T. Patrick said that in 1897 he had reported a somewhat similar case to the association. In 1896 Laehr had reported seven cases of syringomyelia with trunk analgesia.

Dr. J. Arthur Booth read a paper with the title: Aneurism of the Left Anterior Cerebral Artery With Rupture Simulating a Brain Tumor. (See this *Journal*, page 528.)

Dr. Charles I. Lambert gave the post-mortem findings.

Dr. C. Eugene Riggs read a paper with the title: Angiosarcoma of the Left Hemisphere.

Dr. Philip Zenner read a paper with the title: Two Cases of Tumor of the Pons. (To be published in this *Journal*.)

MONGOLIAN IDIOCY

By William N. Bullard, M.D.

Dr. Bullard considered the origin of the name; the class of idiots or feeble-minded denoted by this term; the differentiation of "Mongolian" from other forms of idiocy; symptomatology; pathology.

This was introductory to the exhibition of X-ray plates showing the condition of the bones in these patients.

Dr. L. Pierce Clark said that in a very considerable material of Mongolian idiocy in his service of idiots on Randall's Island he has noticed almost unmistakably the presence of a very small and short little finger. He was surprised that the literature seems to have veered away from this concept. Although he has made no X-ray analysis he was sure such would bear out his contention regarding the presence of bony defect in his own cases. Of course it is well known that similar bony defects in the hands of idiots obtain rather frequently but in such the defects are symmetrical. He desired to know were Dr. Bullard's cases pure Mongolians or were they Malayan or Mongolians. X-ray analysis of the pure types of cases, which are exceedingly rare, might show more osseous deficiencies.

Dr. Bullard said that peculiarities in the shape of the little finger in Mongolian idiots are said to occur, but it has been found that they occur in other feeble minded children. No peculiarity of the little finger has been shown by these radiographs even when the finger clinically seemed to be rather crooked.

In regard to the grade of Mongolian idiots represented, Dr. Bullard would say that they were of the median type, not extreme, except in one or two cases. It is quite possible that if we take the extreme cases we might find greater differences in the structure of the bone and cartilage than we have in these cases.

A CASE OF SUBCORTICAL AUDITORY APHASIA, WITH DESCRIPTION OF THE ANATOMICAL LESION.

By Albert M. Barrett, M.D.

The paper reports the disturbances of speech in a man who, following an attack of apoplexy, became unable to understand spoken words, and to repeat mechanically. Reading and writing preserved. Spontaneous speech intact, except for a very slight paraphasia.

Post-mortem findings were softening in right and left first and second temporal convolutions. Lesion largely subcortical. Preservation of the cortex of the inner half of the middle part of the left first temporal convolution and the entire root of this convolution.

Dr. Adolf Meyer drew the attention of the members to the fact that within two weeks Liepmann has informed the neurological public that Freund has obtained an autopsy in the case Henschel, and that the subcortical avenues to the auditory center on the left side were found destroyed.

The lack of coincidence of the areas of vascular destruction with the areas marked off by differences of cortical stratification make it difficult to judge how far we should allow ourselves to go in anatomo-clinical correlation. In the present case it also was impossible to make an accurate perimeter examination to determine the effect of the interference with the optic radiations. The reported absence of degeneration in the internal geniculate bodies may well suggest insufficiency of our present methods to show slight alterations. It will take a large number of very clear cases of the auditory as well as the emissive mechanisms to arrive at any sort of reconstructive understanding of speech function. For this series Barrett's case is an excellent addition and most creditably worked up.

Dr. Barrett closing, said he thoroughly appreciated the difficulties in the matter of drawing conclusions. At the same time, some cases, as this one, warrant us in going a little far in drawing inferences which may be helpful as to the localization of certain functions, and all that he had endeavored to call attention to is that certain components of the auditory elements of speech are preserved when certain areas in those regions of the brain anatomically related to the auditory functions are left uninvolved. This is in his case the upper surface of the left first temporal convolution and its continuity with the island of Reil.

He thought one could make another observation regarding the conditions where lesions of both temporal lobes occur, and that is that it is not so much that two sides are involved as it is the manner and extent in which the left first temporal convolution is affected, this region being one we know is concerned with the functions of speech.

DIFFERENTIAL DIAGNOSIS BETWEEN THE PSYCHO-NEUROSSES NOT ALWAYS NECESSARY

By George L. Walton, M.D.

Great confusion exists in the diagnosis, excepting in sharply defined cases, between manic depressive insanity, hypochondria, hysteria minor, and neurasthenia, with its numerous subdivisions. Study of the textbooks and practical experience show that in very many of these cases we are attempting to distinguish between the undistinguishable.

Dr. Morton Prince said that he thought we could all sympathize with Dr. Walton's point of view so far as it was a protest against collecting a mass of heterogeneous symptoms without analysis and without regard to the pathological processes involved, and then grouping them together as an entity and dumping them into several omnibuses labelled neurasthenia, hypochondriasis, manic depressive insanity, etc. But so far as