

too extreme to be practical. Granting that the female is the only sex to be considered, the radical obliteration of her ability to procreate other imbeciles seems to me to argue our inability to properly care for her. And if we produce such a condition, simply to relieve ourselves of the protection she deserves, we are licensing an evil condition, and if her condition was known, throwing a veritable firebrand into the community. Procreation is not the worst evil that can obtain from the contact of sexes where one is weak, the other an unmitigated scoundrel.

3. Experience has proved the value of early recognition of mental deficiency, and application of proper training, hence the value of expert examination of school children, especially the so-called "incorrigibles," "truants," "juvenile delinquents," et al, and their grouping either in state institutions for the feeble-minded or in special classes under special instructors.

4. Our normal schools should make the study of training backward and mentally deficient children a compulsory and thorough course, that our public school teachers may be better able to co-operate with the medical examiner in detecting signs of mental deficiencies, and thus aid in weeding out the defectives from the ordinary schools.

5. The system of manual training as pursued in our polytechnic schools is one that is advantageously used in our institutions for the feeble-minded, and at least one-third the schedule time of school work might be passed in properly equipped shops with advantage.

6. Purely abstract education should be limited to the highest grades, and where these show signs of moral obliquity, every effort should be made to advance the physical rather than the mental development.

KERATOLYSIS OR "SKIN-SHEDDING."

R. M. STONE, M.D.

OMAHA, NEB.

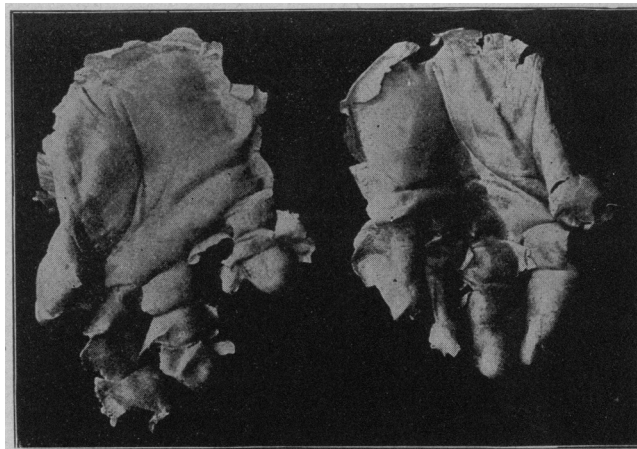
I had the good fortune recently to see one of the rare cases of "skin-shedders." This was a man of 50, strong, hearty, quite intelligent and entertaining in his description of his peculiar condition.

Family History.—He comes of a long-lived race, two of his grandparents having reached over 100 and his father being alive at about 90. He has six living brothers and sisters. No one of his family has ever been known to shed his skin.

Personal History.—His parents told him that he was born in May, 1849, and that he shed all his skin in the July following, and every year of his childhood. Since he has reached years of ability to remember, he states that he has shed all the skin of his body every summer and, in the years 1893, 1894, 1899 and 1900, has shed it the second time about a month later than the first shedding.

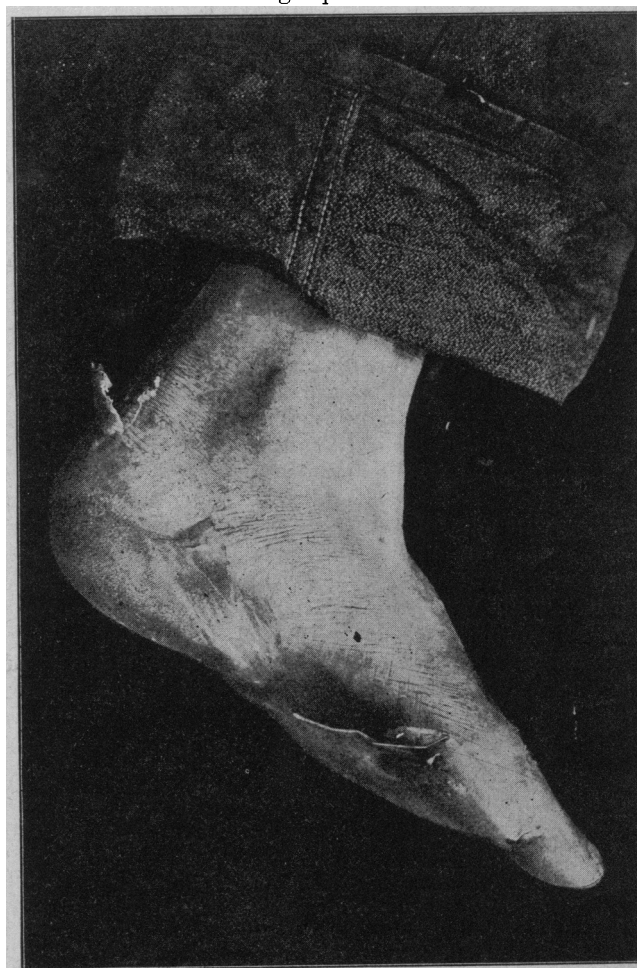
The period of shedding is ushered in by a feeling of malaise and chilliness, followed by fever, which has risen as high as 103 F. The skin of the body generally scales off, while that of the palms, elbows, buttocks, penis and scrotum, the knee-caps and feet comes off in mass. The hair of the head, the eyebrows and his moustache all are lost. He is not rendered bald each year by the loss of hair, but it comes out little by little as it does after typhoid fever. A few times only has there been a shedding of masses of the skin of the legs. The nails of the hands and feet participate in the shedding. The new nail is, as would be expected, more sensitive than any other part of the body, and some-

what slower in renewal. In general, the body is not very sensitive, for he is able to work right through it if he wishes. Forty-eight hours after he has shed he can take a full cold bath without discomfort or danger.



He sometimes wears gloves for a day or two after the shedding.

When the skin begins to shed, the perspiration ceases to pass through to the outside and raises up the epidermis, which dries and becomes somewhat hard before it is cast off. When this is struck with a pencil it gives off a sound as of striking a piece of celluloid.



He spent twelve years in the regular army, and supposes that his case was reported to the surgeon-general.

He has been examined by many physicians, but has never been able to secure any suggestions as to relief

from the annoyance. He has never taken any medicine other than a little quinine for the fever present during the process.

To-day he has nearly completed the shedding; this year he has gone through two periods, and has three coats of skin on his body at places. The heels are just about to lose a very heavy layer, and beneath it can be seen a layer less heavy which is peeling, and yet beneath it is a new skin entirely normal.

The case is one of keratolysis, and is described and illustrated best in "Anomalies and Curiosities of Medicine," by Gould and Pyle.

IMPERFECT DEVELOPMENT.

REPORT OF A CASE OF LACK OF DEVELOPMENT OF THE
RIGHT SIDE OF HEAD WITH CONGENITAL MICROPH-
THALMUS, COLOBOMA IRIDIS, LACK OF EX-
TERNAL AUDITORY CANAL AND IM-
PERFECT FORMATION OF
AURICLE.

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Dr. George K. Throckmorton, of this city, kindly called my attention to the above case about eighteen months ago. At my earliest convenience thereafter the patient was visited and inspected. It is a matter of great regret that no photographs accompany this description. Before the arrangements could be completed for taking the child's photographs it died.

At the time of the visit to Mr. G.'s house we found a seventeen-months child. The right side of the head was about two-thirds that of the left side, the latter being perfectly developed. The right eye was microphthalmic with coloboma of the iris downward. The coloboma was quite large. The eye was apparently blind.

No vestige of the right bony auditory canal could be detected. There was only a slight depression in the temporal bone, and that was covered with skin. Of the auricle, the lobe, tragus, antitragus and inferior portions of the helix and antihelix were wanting. The child had a mouth like a catfish. Both maxillary bones showed a fairly perfect development on the left side, but imperfect on the right side. What teeth the child had were imperfect and had not appeared in the usual order.

The right side of the body showed a lack of development, the arm and leg being markedly smaller than those on the left side. Otherwise the development was normal. The condition as noted in the child is very rare, and on this account is reported.

Concerning absence of the lobule, with absence of the external auditory canal, a case has been reported by Szenes.¹

American Medical Association Meeting.—There was a notable lack of such experiences as have caused some members to vow that they never would attend a meeting of the Association, if held in a city of less than 200,000 inhabitants, and those who staid away this year on account of such a vow should be told about it. The fact is that the number of permanent inhabitants in a city has very little connection with the extent of its hotel accommodations, and gives very little indication of its capacity for handling a convention. This suggests the question: Is the nominating committee, as at present constituted, the best possible body for investigating the suitability of a

place for a meeting of THE AMERICAN MEDICAL ASSOCIATION? Its members are chosen one day, meet the next, and often complete their labors at a single sitting. They have so many other things to do, that in the absence of better reasons the "I've helped you, now you help me" argument has too much weight. Lacking time to study and think about the question, lectured to urge the claims of their respective cities that a wise the committee is so largely at the mercy of the orators sed-judgment must be almost impossible. This can all be said this year without seeming invidious, for although other places talked about it, St. Paul was the only city that had nerve enough to come into the committee with a formal invitation for the meeting, and to urge its acceptance. It would at least be wise to expect henceforth, that a city aspiring to this honor should, through THE JOURNAL, extend its formal invitation, and explain its abilities to do well what it wished to undertake, as Denver did, several weeks prior to the meeting of THE ASSOCIATION. And in the putting forward of its claims, the situation and capacity of its hotels should be given prominent mention, rather than the number of its inhabitants. It is interesting to note that in the table of membership, submitted by the trustees in their annual report, Colorado has 327 members, a number exceeded by only seven other states, while only Pennsylvania, Illinois and Ohio have over 500 members each. Unquestionably, for her population, or for the number of her physicians, Colorado furnishes a larger number of members to THE ASSOCIATION or any of its sections, and but one member of one committee was from Colorado. There seems to be no reason for this except excessive modesty on the part of the Colorado members, and indifference to the way in which the affairs of THE ASSOCIATION are conducted. For instance, when the time came at which, according to the program, "Delegates from the various states meet in the places designated, for the purpose of electing one member from each state on the nominating committee," one solitary member from Colorado sat in the place designated, and listened to the pushing, and caucusing and vociferating of the delegations from other states around him. Then, when the allotted time had expired, not knowing who else from Colorado was in attendance, this solitary delegate sought the secretary and—at great strain to the modesty above mentioned—handed in his own name, that the state might not go wholly unrepresented. There is no reason either in lack of ability or in the attitude of delegates from other sections toward Colorado members why they should not take their fair share of the official life and honors of THE ASSOCIATION. A wholly impromptu and unsupported attempt came within one vote of capturing for the state the Oration in Medicine, an opportunity which rightly used would be worth much to Colorado and more still to the profession and the people of other sections of the country. The mere medical politician may be the bane of our professional organization, but his opportunity lies wholly in the neglect of the better members of the profession to give sufficient time and attention to the essential details of organization.—*Denver Medical Times (August).*

Hematolysis Test of Molecular Concentration of Blood.

—Changes in the molecular concentration of the blood and in its osmotic pressure can be tested by the hemolysis which occurs in solutions of sodium chlorid or nitrate in varying concentrations. It is a more sensitive test than determination of the freezing-point, and requires only a minute quantity of blood. Teissier derived important conclusions from it for his address on "Edema of the Lung" at the International Congress. He compared the hemolysis in blood drawn before and during experimental edema and thus estimated the decrease in the resistance of the corpuscles and the increase in the total molecular concentration of the blood under the influence of the pathogenetic intoxication. Defibrinated blood, 1 c.c., was added to 20 c.c. of one of the solutions in each of the ten test-tubes. The fluid was stained by the hemoglobin diffused by "laquage" in case of hemolysis. It first appeared in the 45 per cent. chlorid and 65 per cent. nitrate solution. As the edema progressed, hemolysis was apparent even in the 60 per cent. chlorid and the 75 per cent. nitrate solution.

¹ Archiv f. Ohrenheilkunde, Vol. xxiv, p. 185; Dench: Burnett's System of Dis. of Ear, Nose and Throat, Vol. i.