Recent endeavors to throw light on the etiology of Mongolian idiocy have resulted in considerable literature on the subject during the past few years. The rarity of its occurrence in more than one child in a family is an observation of universal note.

Goddard\(^1\) has collected the histories of 322 cases of Mongolian idiocy, and in not one instance was there a history of more than one Mongolian child in the family. McClelland\(^2\) remarks that it is a common observation in no family was more than one Mongolian idiot encountered. Shuttleworth\(^3\) says that the production of more than one Mongol in the same family is a great rarity, he himself having heard of only two cases and having never seen any. He also reports the case of twins, one normal and the other a Mongol, as does Van der Bogert,\(^4\) first, a syphilitic child was born, second, a normal child, and third, twins, one of whom was a syphilitic of the Mongol type. Babbonieux and Villette\(^5\) tell of a family of four Mongolian children whom they consider congenital syphilitics because of two maternal miscarriages, the death of six other children when infants, the presence of Hutchinsonian teeth in these offspring, and a buccal leukoplakia in the father.

The family that has come under my observation is interesting not only from a statistical point of view, owing to the fact that two of the children present classical textbook pictures of Mongolian idiocy, but also from an etiologic point of view, since it presents two possible etiologic factors.

REPORT OF CASE

Family History.—The father, an Italian by birth, aged 49, formerly a bookkeeper, now a postoffice clerk, came to this country before his children were born. His ancestors were of an intelligent class, including lawyers, physicians and druggists, and there is no history of mental disease. The mother, also of Italian birth, aged 42, was the daughter of an engineer. Her mother had diabetes. She is large, obese, and has always been well except for frequent frontal headaches. Her pregnancies have been borne without any difficulty, and she has eleven living children whose ages are 27, 22, 20, 18, 17, 15, 13, 11, 9, 7 and 4. Between the last two children, she had two induced miscarriages. All of the children above 15 have finished school and have taken business courses so that they are contributing their bit to the support of this large family. Their mentality is remarkable.

History.—Robert P., aged 7 years, was born after normal but rather prolonged labor. He has always been well but slow to develop. He was brought to see me because of his failure to talk, his vocabulary being limited to single words. He is able to call his parents and some of his brothers by name, and he seems to understand a great part of what is said to him. He is easily embarrassed, good natured, and somewhat restless in his activity. Physically he is undersized and bears the following characteristics of the Mongol: He has blepharitis, almond-shaped eyes with oblique palpebral fissures, epicanthic folds and an external strabismus in the left eye; the mouth hangs open; the lips are thick and

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one cases treated by fulguration only 13.1 per cent. recurred. This shows a decided advantage in favor of the fulguration method in benign papillomas.

Radium has now been used for a number of years in the treatment of malignant bladder tumors; and the results, while far from being satisfactory, have been somewhat encouraging. The unsatisfactory results are partly due to faulty application of the radium. As radium acts in proportion to the inverse squares of the distances from the tissue acted on, it is obvious that it must be placed directly on the tumor or inserted into the mass to get the maximum effect. It may be applied in a specially constructed sound or cystoscope and kept in place on the tumor by holding the instrument with special clamps designed to keep it from moving (Young).

**AUTHORS’ PROCEDURE**

Our usual procedure with a tumor thought to be malignant, if located in an accessible part, is to excise the growth and with it resect the entire bladder wall of that region, using an electrocautery knife in preference to the ordinary scalpel. Those tumors located in parts of the bladder not easily accessible, such as the trigon about the internal urethral orifice or closely associated with the ureters, are excised through the open bladder, carrying the incision down to the muscularis (Fig. 1 a), using the electrocautery knife (Fig. 1 b), following which radium is applied (Fig. 1 c) to the denuded surface from which the tumor has been removed.

Sessile growths and those with broad pedicles may be treated by introducing needles containing radium directly into the growth. When this is not possible, the radium may be applied on a staff or sound either through a suprapubic opening or through the urethra, care being taken to keep it in contact with the involved area.

Many of the unsatisfactory results in the past may be charged to the inaccurate placing of radium in the bladder. It is of the utmost importance, therefore, that the radium be not only placed accurately but also kept in place throughout the entire exposure.

It is known that commonly prostatic cancer spreads and involves the bladder wall; and for this reason, the treatment of certain types of prostatic cancer will be included in this paper. Radical excision of a malignant prostate cannot be carried out with any reasonable degree of safety and success, except in very early cases. Those cases of cancer of the prostate which are not too far advanced and which show no evidence of metastasis are thus treated with radium:

A suprapubic cystotomy is made with a liberal high opening so as to give easy access to the involved bladder neck. A bimanual examination is made to determine the limits of the tumor. By means of a needle carrier, a number of hollow needles, each containing a capsule of radium, are inserted directly into the mass about 1 cm. apart in different directions (Fig. 2). A silk guide attached to each needle extends out of the suprapubic wound, by means of which the needle is withdrawn (Fig. 3). These needles are left in place from twelve to twenty-four hours, depending on how much exposure is desired. It is surprising how little reaction occurs from these long exposures as compared to the extensive burns which we see on the mucous membrane of the bladder and rectum when the radium is placed directly on these membranes. One such exposure usually causes the removal of most of the upper part of the tumor, though it may be repeated in a few weeks if found necessary. As most of the tumors begin in the lower part of the gland, a second introduction of needles is made into this part of the tumor by making a dissection through the perineum, exposing the prostatic mass, and introducing the needles carrying the radium into the mass from below.

We have not described this method of attacking the malignant prostate with the intention of reporting cures, because the time since operation has been too short (about two years); however, our results are sufficiently encouraging to warrant continuation of the method.

32 North State Street.

**National Department of Health.**—In the creation of a department of health, all of the bureaus and parts of the bureaus and divisions could be easily adjusted without the loss of prestige by any of them. Some functions could be consolidated into single bureaus. The plan should be constructive of the agencies we now have; certainly no destructive. The Public Health Service, owing to its size and present organization, would constitute the main foundation on which to construct such a department. Its mobile corps of medical and sanitary personnel is an excellent one to expand so as to include in the commissioned corps all of the scientists and specialists transferred from the other departments in grades according to the nature of the work and experience of each. Furthermore, some provision should be made to commission high class specialists in the various branches of preventive medicine from civil life, in grades commensurate with their ability and experience. The mobile corps, as expanded, should continue under the supervision of the surgeon-general, and should perform all of the medical and sanitary duties for all of the bureaus and divisions of the department. The provisions for one well organized, disciplined mobile corps of highly trained health experts to perform all of the medical and sanitary duties for all of the bureaus and divisions will doubtless be an effective agency in coordinating the work of those bureaus.—B. S. Warren, Pub. Health Rep., Dec. 5, 1919.
the tongue is large and protruding, having deep transverse fissures and prominent papillae; the nostrils point forward from a broad, flat nose. The expression is dull and stupid.

The skin is soft, dry, and slightly puffy with plenty of subcutaneous fat; the joints are lax, showing a hypotonus. The fingers are short and thick; the little finger is obliquely cut off and the little finger is only half the usual length. Besides these signs he has small genitals with undescended testicles, and until a few years ago he wet the bed. The teeth are very bad, and there is no sign of second dentition as yet.

Edward P., aged 4 years, was born after normal labor. His development was slow. This child wets himself, and is noisy, destructive, and ceaseless in his activity, but is affectionate and good natured. It was most difficult to persuade him to submit to examination and to be photographed. He cannot talk and makes only unintelligible noises. His physical status is the exact counterpart of that of his brother: bullet head, brachycephalic skull, grimacing face with slit eyes, blepharitis, drooling mouth, thick lips, protruding tongue, hypotonus, hand of the typical spatular type, and skin of the same quality as that of his brother. To describe one is to describe the other.

The illustration shows the characteristic facies and the spade hand of the younger, though the difficulty in controlling the children made a better picture impossible. As I could not obtain consent for a Wassermann test, those data are unavailable; but a survey of the family history, with nine healthy children previous to these two, and parents who have no evidence of the disease, seems to be sufficient to exclude syphilis.

COMMENT

In these two Mongolian imbeciles we have the last children of a large family, a potent argument for the theory that they develop from a parent in whom the germ plasm has become defective through exhaustion. A history obtainable in over 50 per cent. of Mongols is that the idiot child was the last one of a large family, when the mother was far advanced in her reproductive life, or else that the child was the product of a marriage consummated late in life.

Let us consider this hypophrenic type from the endocrine aspect, for it is almost impossible to observe this peculiar appearing creature without remarking the growth and the tissue abnormalities. For some time the few points of similarity between the Mongol and the myxedematous cretin have been emphasized and made the basis for thyroid medication; but how different is the restless activity of the former from the dull sluggishness of the latter. So far, absolutely no results have been obtained with thyroid feeding in mongolism. In this family there is a strong endocrine heredity especially on the maternal side; her mother had diabetes, and she herself is of a pronounced dysplitary type with nasal eyebrows, spacing of the incisors, obesity, and frequent frontal headaches. The children with their dry, smooth, hairless skin, prognathous jaw, small stature, abnormal bony growth, and undescended testicles show some very definite signs which could be classed as polyglandular. Therapy along these lines has, thus far, failed to bring about any cures, but further work will, we believe, throw light on this probable etiologic factor.

74 West Forty-Eighth Street.

AERIAL DUST.—Establishments devoted to the manufacture of abrasive materials may present conditions in regard to aerial dust content that can scarcely be equaled in any other industry. The study of such conditions and the devising of adequate means for so controlling them as to protect the workers in this trade from the menace of tuberculosis would seem to invite serious attention.—Public Health Reports, May 30, 1919.
SUMMARY

The clinical findings can be summed up as a flaccid atrophic, partly degenerative paralysis of the left lower limb, with involvement of the main branches of the great sciatic nerve (external and internal popliteal nerves), anterior crural and obturator nerves. The paralysis was of fourteen years' standing, and occurred after a fall in a 4-year-old child with the legs abducted. Recovery occurred nine months after the injury, was never complete, and for the last four years the condition had become worse. The extensive paralysis was associated with comparatively mild sensory and indefinite, rather unusual, electrical changes. Bone changes, in spite of a long duration of the paralysis, were totally lacking.

COMMENT AND CONCLUSIONS

The clinical findings in this patient very much resemble those observed by Lorenz, Bernhardt, Schuster, Bade, Peltesohn and others in patients after not altogether successful attempts at reduction of dislocated hip joints. Thus, Lorenz speaks of a "tearing paralysis" (Zerrungslähmung) of the sciatic nerve which he has observed twice in 360 cases of so-called

Fig. 3.-Tibia and fibula of affected side, lateral and front views; no changes.