

## **Notebooks and miscellaneous papers**

### **Publication/Creation**

late 19th Century

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POST



CARD



*Dr. Coupland*

*R. A. S.*

*Lancaster.*



36 Lamballe Rd NW3. 16. IX. 20

Dear Dr. Campbell: Many thanks for y<sup>r</sup> note  
& congratulations on your excellent Report  
especially on the low death rate which I  
believe is a record since 1871 when we  
scored 2 (200) with 55 average residents  
all was then new & good. You so I think  
you may fairly claim a record for the  
going concern after half a century war.

Very sorry not to be able to be at this meeting  
which would have been my jubilee, but I am  
only just home, & now a back traveller. With  
best wishes for a successful meeting, & kind  
regards, I am Yours very sincerely

Next lowest mortality G. S. Smith has with  
in my time was 1.2 in 1872. Excuse R. Campbell

62401

# Lewis's Medical and Scientific Library.

136 GOWER STREET, LONDON, W.C.

No 6968

Received this 17<sup>th</sup> day of July 1888

of D<sup>r</sup> Shuttleworth the sum of two guineas

being his subscription to the Library from July 18/88 to July 17/89

for 4 Volumes at a time.

£ 2 : 2 : 0



H. Lewis R.S.

\* Subscriptions are due in advance and at the commencement of each subsequent Term.

5136/2



5136/3

35, LIMEVILLE ROAD,

HAMPSTEAD, N.Y.C.

18th September, 1920.

Dear Dr. Coupland,

I arrived home only late on Thursday or would have written to you instead of sending you a telegram. I had been wondering about seeing patients at Brighton and Burgess Hill earlier in the week, and had also paid a visit to Earlswood so that I could not find <sup>time</sup> to write and congratulate you on your most interesting and satisfactory report which you were good enough to send me.

With regard to the very low death rate I presume this is for nine months only, and I hope it may still be entitled to be called a record one at the end of



the twelve months. I though how-  
ever you may like to know that the mor-  
tality for the twelve months between  
September 1871 and September 1872  
was

5136/4

10 LAMBOLLE ROAD,

HAMPSTEAD HEATH,

Dec<sup>r</sup>. 4. 1923.

My dear Miss Eyre

With much chagrin I became conscious  
this afternoon that I had omitted to write  
to you as usual to wish you many happy  
returns of your

2400 -  
1920 July 27, Land 5.5.0



36, LANBOLLE ROAD,  
HAMPSTEAD, N.W.3.

1 Nov. 25

Dear Dr. Compland

I was glad to hear you had so  
successful an afternoon at Ellington  
& thank you for sending me your very  
interesting paper. Thank you also for the  
addl. copy of your annual Report. The  
'Lancaster Observer' said in its weekly edn.  
of Friday last & that is the only time I have  
seen about the Annual Meeting. The £1600  
Donation through the Rochdale Insurance  
seems very satisfactory, looking into next  
the £1000 donation re

36, LANBOLLE ROAD,  
HAMPSTEAD, N.W.3.

Nov. 2. 1925

My dear Miss Macdonald

I hardly know how to express my grief at my inability to have carried out my intention to have expressed out my intention of paying you a visit in October. I came to town at the end of September in consequence of its being necessary for me to see the lawyer in town representing the Guardians in Canada of the young lady at St. Michael's Hospital Northampton whom I mentioned to you. Now I did on Monday Sept. 28<sup>th</sup>, but found it would be imprudent to proceed as I had intended to Northampton next day. I saw the Ayton boat train in London later on but the case has been a worrying one & we are not "back of the wood yet" - My Doctor has warned me against taking long journeys unaccompanied so I have not ventured to suggest a date for the visit to you yet & I think you will be fully justified



in superseding me by a more capable  
medical visitor. I shall always think  
of my association with you work as one  
of the most gratifying experiences of my  
professional life. I shall greatly miss the  
much appreciated quarterly visits, but in  
this world all good things must come to  
an end—



working rather too hard  
considering her age I  
have been unable to look  
her up since but she must  
not overdo herself.

I am glad to hear so good  
an account of Mr. Mulford  
& your daughter, to whom  
please kindly remember  
us, ~~with~~ & with best  
regards to yourself.

Believe me

Yours very sincerely

J. S. Shuttleworth

If I can get to Victoria  
again I should like to  
look you up once more

5136/7

38, LANEOLLE ROAD,

HAMPSTEAD, N.W.3.

June 18/27.

Dear Mr. Francis Mulford

I owe you many apologies  
for not having returned  
you long ago the publica-  
tions you were so  
good as to send me  
from the Childhood Soc-  
iety. These helped me  
to compile a notice of the  
late Dr. Francis's work. This  
was however found some-  
what too long for the space  
at liberty in the January  
h: of "Mental Culture" &

the article actually inserted  
was by another hand.

I ought to have returned  
to you the pamphlets sent  
without delay, but un-  
fortunately they rolled  
to a book-case where  
they have remained till  
now. Pray pardon my  
senile negligence, but  
I unfortunately don't now  
do my duty as I wish,  
as I get older.

I have not been to town  
for several months now  
or should have brought  
these pamphlets back  
long ago. I trust the  
Child Study Socy is  
still doing useful work,  
though of course we must  
be prepared for vicissitudes  
after so many years -  
yet over 30 now I think  
it is several months  
since we saw Miss Dixon  
& last time she called  
I felt a little anxious  
about her as she seemed



Telephone—2578 HAMPSTEAD.

~~XXX~~LANCASTER~~XX~~ PLACE~~X~~ 36, Lambolle Road,  
HAMPSTEAD, N.W. 3.

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# Med. Supt. Report.

In his 11th annual Report Dr. W. H. Crawford the  
Med. Supt. states that there were in the host  
on March 31 that were 536 males & 202 female  
patients total 738, that the aggregate number  
resident during the year preceding that date  
had been 858, & the Daily Average 537 m.  
& 269 f. 808, & the maximum number on  
any one day had been 812. 540 m. 272 f.  
There had been admitted 38. 12 x 50

discharged 26 x 33

died 15. 02. 27.

last year. av. of last 25 yrs. 2.5 h.c.

Sept 1924

Diseases fatal

- Cancer 1.

March 1925

Influenza &amp; Influenza pneumonia

W. C. since 1919.

Total no of

cases

240 cases

Camden Reception Home  
& from air school

Camden Reception Home

1st ad on road

Chapman Road



The Royal Albert Institution, Lancaster

The sixty first Annual Report of this  
 useful Charity, instituted in 1864 for  
 the care education & training of the improvable  
 feeble-minded, of all classes belonging to the same  
 northern counties of England (including Cheshire  
 was presented at the Annual Meeting at Rochdale  
 Town-Hall in October last & has recently been  
 circulated amongst the subscribers. From this we  
 learn that since the opening of the Institution at  
 Lancaster in January 1864, 4286  
 patients of both sexes have been received for training  
 in the Institution many of whom have been considerably  
 improved, some can now not only become practically  
 self-supporting under friendly supervision, scarcely  
 any case leaves the Institution altogether unimproved.  
 Accommodation has now been provided for  
 about 800 patients in the main building &  
 its various associated dependencies, & as there  
 is 277 acres of excellent land attached to the  
 Institution, out-door employment in  
 the garden & farm continues to be a happy  
 feature of the industrial training of the  
 male patients, & no less than 40 patients  
 are provided for in the Farm Colony situated  
 on the high ground facing the main building  
 & employed on the land & the work of  
 a dairy-farm. A large number are also  
 employed in the care of the kitchen garden  
 & grounds, & some 20 of the older girls  
 are industriously employed in the Stang  
 Home a detached & elegant building  
 for some 20 patients on the hill side  
 facing the main building, the gift of  
 the late Sir Thomas Stang, of Lancaster



Amongst recent additions to the detached  
accommodation of the establishment may be  
mentioned the open-air school opened  
in February 1923 & since found very  
serviceable for the use of children & of  
patients formerly attending classes in the  
Lismarburgh Hall & the Cornacott Reception  
House, within the precincts of the Rodgall  
Infirmary, has proved a valuable adjunct in the  
treatment of new patients. Dr Campbell, the  
Medical Superintendent speaks highly of the value  
of these recent adjuncts, & is securing up the  
statistics of last years history states that for  
the 12 months ending towards St. 1923 there were  
admitted 52 new patients  
(38 male & 14 female.) & that 33 (28 male & 5  
female) had been discharged, & that 27 (15 male  
& 12 female) had died.

The chief cause of death had been influenza &  
its complications; 9 cases of Pulmonary Tuberculosis  
the number of lung cancer cases reported to the

Board of Control amounted to 245 patients  
with in addition 16 in-door staff, & in previous years 8  
cases there were listed as influenza & its complications  
in addition to that of a large-scale influenza epidemic

It is also to be noted from influenza patients  
from 7 years further service. On the 1st of January  
1923, measles, chickenpox & whooping cough  
were recorded during the year, some of which  
interfered with the attendance at school & on the  
hospital & at the same time the patient to the Report  
Board to have been a long one for Dr. Campbell &  
his staff had to be made to be made. Dr. Campbell  
& Dr. Campbell & Dr. Campbell & Dr. Campbell  
being most successful.

The school, however, though modified by the  
presence of infectious disease has had to be  
modified to meet difficulties in 1923. The  
applied has produced admirable results

344  
243

5136/11

1/2

Lessons of Nervous System  
Crocker. & Skin diseases

Brian Vol. xii. 1884

h 343

Alumina Sabacum

h 726

Crocker

Sensory 26

h. y. Ind 1/2 June 1882

h. y. Ind Rec. Aug 1885.

—



The lesions are rounded, convex papules, & most of them are from a millet to a hempseed in size, but the extremes are a pin's head to a half pea. The majority of the lesions are of a bright <sup>crimson</sup> red colour from minute telangiectic vessels on & around them, but they may be quite colourless, & slightly translucent, like liver wax nodules, while others forward show them of a brownish-red tint. They do not all pale on pressure, & the telangiectases vary much in extent, sometimes being almost absent, at other times very abundant, in tufts & stars, & imparting a uniform red colour.

Warts, true warts, & fungoid?

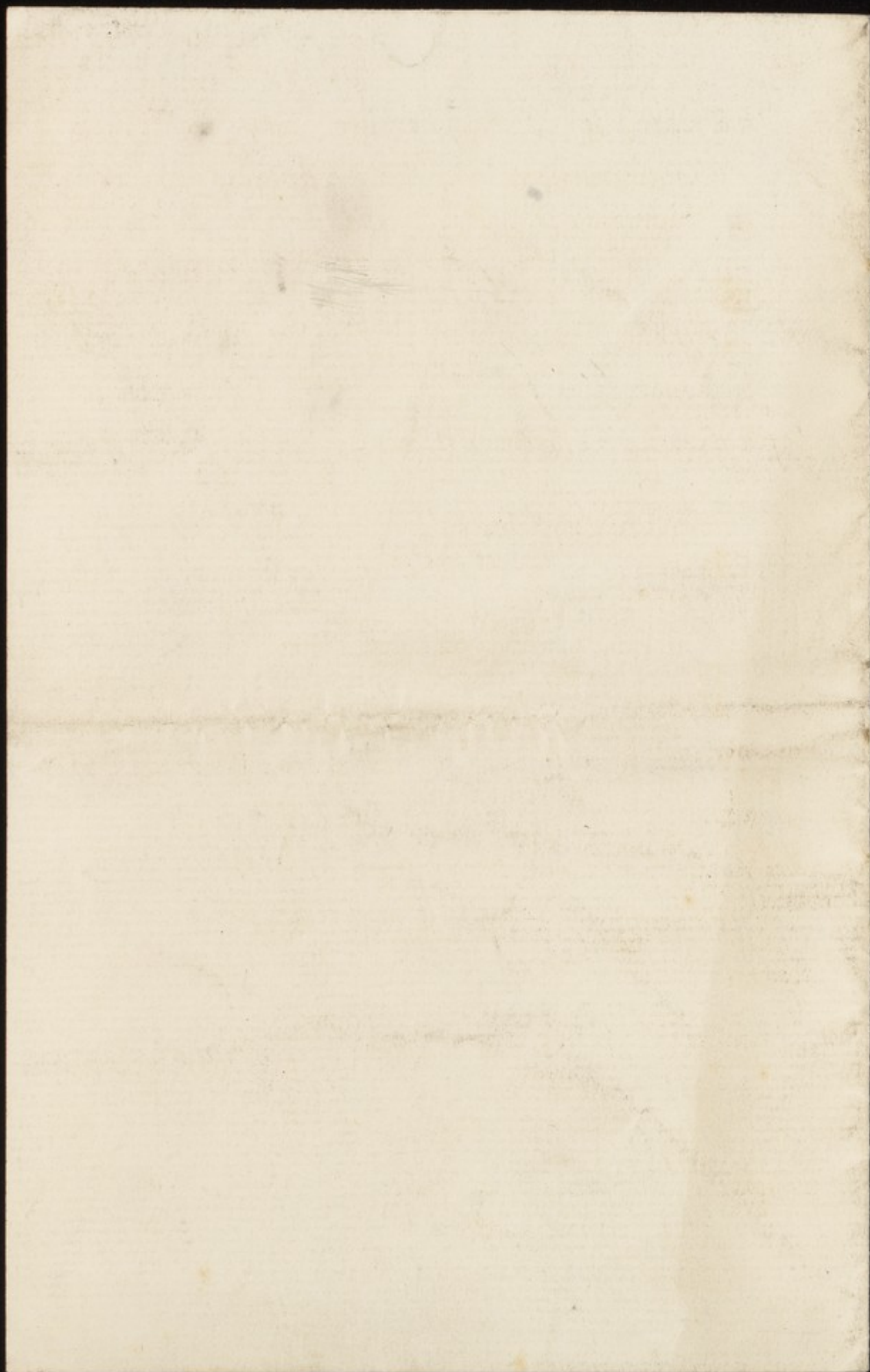
are also to be met with

Pathology - The disease is  
presumably an error of  
development in the stage of  
a congenital outgrowth of  
an adenomatous character,  
developing from embryonic  
elements in the skin, but  
really affecting all the appendages,  
& therefore really a *juvenile*  
*adenoma* -

See also the next page

William Lloyd Garrison  
born Feb 12 1804  
in Newburyport Mass  
a Unitarian minister  
and abolitionist  
active in the  
anti-slavery cause  
and editor of the  
Liberator





## Epileptic Children

100 cases.

13 reported Congenital      "not bull?"

12 under 1 year of age

15 under 5 "

12 under 10

1 under 15 "

Breeding      "not 5th"

Father's Cousin 8.

Father's uncle

"      "

Mother &amp; grandmother 16 &amp; 19.

Mother, half-sister 1 and 2.

Father's brother.

Breeding      "not 1st. 8th child"



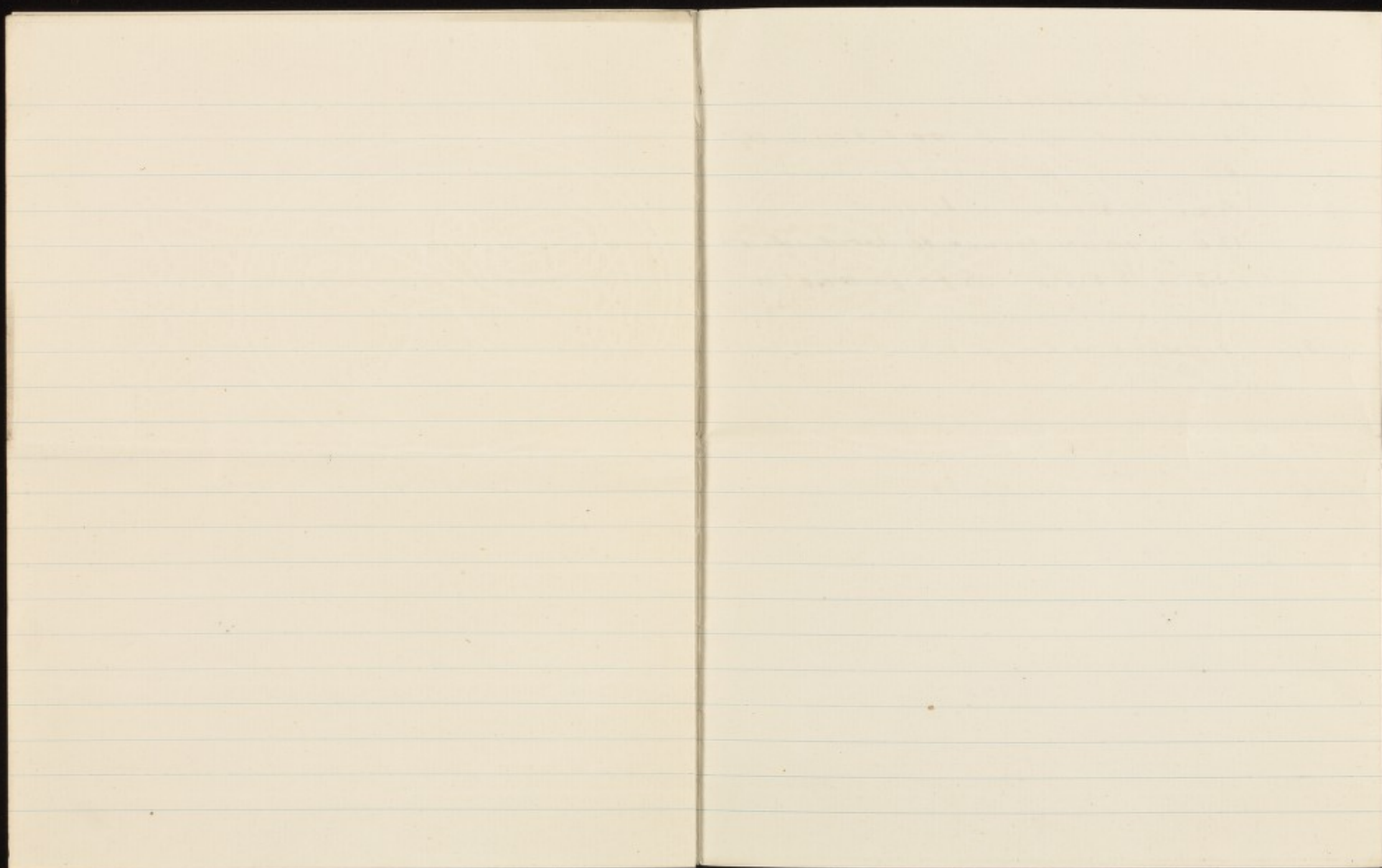


*In connection with  
a large institution*

Dr. G. SHUTTLEWORTH, from his experience of epilepsy in children, could only record one instance of recovery out of a large number of cases. Further, as one of the medical officers of the London School Board, he had seen some 340 cases of epilepsy in children with a view to determine their educational possibilities. The proportions were, of 340 cases, 17 per cent. were considered fit to continue at the elementary schools; 27.5 per cent. were not fit for ordinary classes, but were intellectually suitable for the special schools; and 40 per cent. were fit only for special institutional treatment. About 13 per cent. were said to be congenital, in 12 per cent. of cases the disease had appeared under 1 year, 15 per cent. under 5 years, and 12 per cent. under 10 years of age, while only 3 per cent. occurred between 10 and 14 years, most of which were attributed to some traumatic cause. As to the influence of marriage, in many cases an epileptic mother having an epileptic child had got married with the idea of getting rid of the fits herself. Of one family of ten, of epileptic parents, eight had had fits. In only one case was pressure of education assigned as the cause of the fits.

5136/12

3/3





In 1900 - 1st 3 months -

344 cases seen + 100 subsequently

21.3. 16 58 . 17 h.c. fit for E.E. Sa.

25.3. 19. 94 . 27.5" . . H.C.

32. 24. 136 . 40 h.c. <sup>Edwards</sup> ~~residual~~ <sup>tail</sup>

21.3. 16 53 . 15.5 h.c. only fit for <sup>work</sup> or <sup>copy</sup>

13 h.c. reported as Congenital - most well

12 . . . under 1/2 of age

15 . . . under 5" age.

12 . . . under 10

1 . . . under 15"

most robust

*Swinnor carbide*

? diet ? biochem treatment - 2 m.c. salt

Infantile convulsions <sup>Dr. C. G. Jones</sup> <sup>Phosphorus</sup> Neurotic 34 h.c.  
(Convulsive ataxia)



Cumhuri

5136/13  
1

$\frac{1}{6}$

Children are not of  
necessity M. D because  
they do not make  
Standard progress  
in ordinary school  
classes. Physical  
debility from  
infirmity & con-  
-sequent ill atten-  
-dance at school  
imperfection of  
senses - E.g. in M-

5136/13

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7

tempered by  
circumstances  
of transient or  
permanent  
mental states

Valuable info  
for teacher  
& for parent too.  
must not be  
disregarded



S136/13

$\frac{3}{6}$

13

Length test - not  
different for mds

Weight means

Comparison

(8 m  
ground)

difficult

M D Anderson rarely  
reach to grow land

Deficiency in  
farms - lead  
insects

5136/13

4/6

14

Fanning sentences  
app -

Triple command

Questions of Com-  
-prehension very  
incomprehensible

What do you do?  
You need a train  
Wave my bonnet  
to the folks in it



5136/13

18

5/6

Goddard: Scale

as measure of

progress - 3)

67 no change 33 some

25 per.

Limits not applicable  
to Idiot

Psychological capacity  
does not improve

Pedagogical results  
may. Limits of level.

5136/13

6/6

Goddard ax con  
7 m children are  
trainable but not  
improvable in  
intellectual capacity  
Recognize limit<sup>us</sup>  
make best use of what  
capacity exists  
4e can't put in what  
the almighty has  
left out, but ye can  
make the best of what  
he's got



From

Specielle Krankenversorgung  
für Schüler und Lehrende.

The no. of Hülfschulen has  
in recent years considerably  
increased in Germany. According  
to Kullhorn's statistics in 1894  
there were 30 towns with 115  
teachers in 110 classes, & 2240  
scholars: according to  
Wintermann (Beiträge zur  
Krankenforschung Heft III.

Die Hülfschulen Deutschlands  
von Wintermann Langensalza  
1898.) There were in 1898

in 53 towns 202 classes with  
225 teachers & 4280 children.

This compilation is not quite  
complete so that practically  
nearly 6000 children are

Wien hat 189,5 russ. Klassen

vorwegen:

auch

Schweden

Frankreich

Polen

} fehlen die  
nicht (?)

Ebenso wie in Amerika

Dr. L. L. L.

Defects of School Arithmetic

Practitioner July 1897



instructed in German to the  
 by no means sufficient to  
 as in Germany there are probably  
 about 60000 Schwachsinnige  
 und Schwach begabte to provide  
 for. Halle u. S. and Dresden  
 were the first towns, viz. in  
 1863 & 1867 respectively exhibiting  
 "Vereins Klubs", out of which  
 Hilfsschulen developed. These  
 followed Gera (76) Altdorf (77)  
 Elberfeld (79) Brunswick (80)  
 (81) Halberstadt & Dortmund  
 (83) Königsberg & Pr. Crefeld,  
 Chemnitz (85) Guben Köln (86)  
 Düsseldorf, Cuxhaven, Aachen  
 Karlsruhe, Lübeck (88) Bremen  
 Altona Hannover Frankfurt a. M.  
 Erfurt Jena (90) Weimar  
 (united)  
 Soltau



Kaiserslautern (90)  
Hamburg, Mainz, Magde-  
-burg, Stettin, Breslau,  
Nordhausen (92) Zwickau,  
Görlitz, Charlottenburg,  
Plauen i. V. (93) Göttingen  
Munich (94) ~~Göttingen~~,  
Göttingen, Brandenburg  
Essen, Mülhausen i. R. (95)  
Eisenach, Lüneburg, Bremen  
(96) Danzig, Cottbus, Bonn,  
Posen, Pforzheim, Strassburg  
i. R., Kettin i. S. 97  
Bremerhaven 98

In der Schweiz haben

Auch 81. Basel 87 St. Gallen  
(90) Zurich (91) Bern (92)  
Schaffhausen (93) Winterthur  
Sollingen 97 Neuchâtel  
und Yverdon Schulen



Mr. Clement Lucas -

Shrewsbury.

Conjugal - Venereal - Hereditary

Cancer Epithelioma pallida  
fungus.

Infection of mother. Syphilitic only.

Cancer law. Mother must be first infected

Infant mortality  $\frac{8}{10}$

Teeth. Syph. 1st molar - Constricted

Hydrocephalus - Clome shaped.

Purser - Maternal  
Hereditary?

Enlarged Spleen  
Syph

Keratitis. Interstitial

$\frac{2}{3}$

20 - 35 41. 61 62

Skin diseases

Certs.

Nephritis.

Syph Throat

Pouch

Muscle.

Amoebae

5136/15

Skin - the teeth. the bones the  
eyes - the kidneys - heart -  
lungs -

2/2



8 x 15  
 Elysi Calici Culo 8x1 - 20 for 3 days  
 3 times a day.

623

1903  
 Arch. ophthalmology - G. A. Watson M.B.  
 12 Cases. 10 had known - 8 signs Cong. Syph.

In no single case at the effect of Syph.  
be excluded -

Syphilis plays an essential part in the genesis  
 of the disease, but the juvenile gen. paralytic  
 come of a prolific but degenerate stock.

Path. changes - e.g. Fibrosis of organs - chronic  
 vascular changes - arterioles & capillaries affected  
 hyaline degeneration - atrophy of nerve cells &  
 nerve fibers. Especially in the pre-frontal regions -  
 neurone degeneration. Pia thickened.

Cases.

5 male & female      As char. of elements of Syph -

4 had good intell. previous attacks

5 somewhat deficient in intellect

Age at onset 14. 14 17 14 13. 14 12 18 14. 12

Student of Med. 421 July 1901.

Gen. Paralysis not uncommon with tertiary Syphilis

1876 Houston reported case

Bramwell's case -

Deconized Cerebro spinal lympho. cytores pouley  
to lymph infundib. the no stigmata or herlog  
tuberc. bronchopneum.



From a paper by Dr. Mott  
 "Practitioner" Jan'y 1908 (p. 5.)

*Dr Mott states*

"I have now collected more than 40 cases of juvenile general paralysis; Congenital syphilis could be determined in 80 per cent., & in the remainder it could not be excluded; but the existence of syphilis can very often only be determined by careful examination of brothers & sisters, by the history in the mothers of miscarriages & still-births, & by a careful examination & inquiry of both parents. It is remarkable how often one found absolutely no signs of syphilis on the body of a juvenile paralytic patient suffering from general paralysis, whereas brothers & sisters showed well-marked signs."



## Dr. Gustavus Book

Unannounced.

Chap. 1. Theatrical boot Sibs?

Three

as to generic use of F in U.S. see p. 4:

Select: mental age up to 2 yrs inclusive

Imbecile " " 3 to 7 "

Idiot " " 7 to 12 "

3 degrees of incapacity

2% School popul. inferior (mostly idiots)

50% of criminals defective

Alcoholism?

Chap. 2 - 50% of prostitutes

50% of paupers in almshouses

Widow do well. Orphans.

Foolish workers

Kallikak Family

Chap. 3. 327 families

16th century handwriting 34 probably handwriting

37 metric handwriting

8 no name desc'd. 27 unclassifiable



Note Bonnier's pedigree p. 96. 7.  
Mosa 1st.

2. 1st do not always produce nothing  
but 2. his - see pedigree 28 p. 126.  
82 p. 194- 83. 196. 37 p. 130.  
Cousin. Chart 52 p. 154 also 57 p. 166  
63-64 Gustav h. 191-2.  
72. (181) 84 p. 192.

Cousin. Gustav

3. 2. "The Mongolian is congenital but  
not hereditary" see chart 352

Incidental birth only 1 only due to this cause  
in all 28. 1st hered. 2nd hereditary  
to accident also

1450. Mongolian Group

of 294 cases. 151 last born = 51%

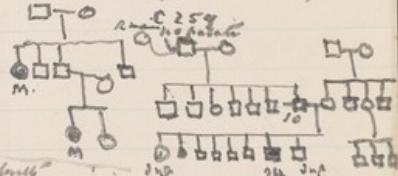
In 295 cases in 1st. Parents' age is known -  
Mongolian age 16. 14

Longevity. of 332 cases living in 1913  
15 between 30 & 40 = 1. 53.

The mortality of the Mongolian child  
unusually high

Mongolian charts 250. 260 demonstrate  
Mongolism is not only hereditary -  
there is higher than in lower social  
grades. in better class by 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

Accidental  
Syphilis frequent



Accidental  
cases.

(accidental cases only  
of 16 had Mongolian  
2 accidents at infant's head)





## Two cases of "Adenoma Sebaceum"

First let me apologise to the President and members of this Society for venturing to bring forwards this evening two cases somewhat out of the prescribed line of discussion. But the opportunity of gaining the opinion of dermatologists as well as neurologists as to the nature of certain ~~some~~ remarkable affections of the skin rarely seen in other than <sup>of abnormal nervous system</sup> nervous persons has induced me to show the accompanying photographs with a few words of explanation. While in medical charge of the Royal Albert Children, where in the aggregate some 1600 cases of itching & unbecoming <sup>itching & unbecoming</sup> passed under my observation, 4 instances <sup>of</sup> occurred of disfigurement of the face by spots, of which the following is a general description. The part of the face affected was the middle two-thirds, the sides of the nose & adjacent cheeks being first marked with a number of pale

*all unbecoming children from 10 to 20 years*

populus spots the size of a millet seed,  
these included in the form of butterfly's  
longitudinally & downwards



Handwritten text, likely bleed-through from the reverse side of the page. The text is mirrored and appears to be a list or series of entries, though the specific words are illegible due to the bleed-through effect.

5136/20

1/2

Oct 11-97

## CRYSTAL PALACE CONCERTS.

If the success of the first concert may be taken as an earnest of what is to come, a prosperous musical season

*Daily Telegraph*  
Oct 11-97.

to the presence of the latest musical prodigy is an open question. But, be that as it may, it is something to know that a worthy and long-established enterprise, which a few months ago showed such alarming symptoms of weakness, is not, after all, tottering rapidly to its grave. We have spoken of a "musical prodigy," for it cannot be disputed that in the list of marvellous children whom, in their very cradles, Music has marked for her own, young Bruno Steindel has a place. This tiny pianist—his years number but seven—has already been heard at Queen's Hall on two occasions, when the precocity of his performance made men wonder; and they wondered again on Saturday at the fluency and understanding that distinguished the boy's playing. But, for ourselves, we are constrained to cry once more "The pity of it!" Genius is always a rare and delicate plant, to be nurtured with the greatest caution and solicitude; and when that genius chooses to find a home in the heart and mind of a little child, the necessity for care and tenderness is increased tenfold. Possibly those who have young Bruno Steindel in charge can justify to themselves the policy they are pursuing. But that their policy must be fraught with the greatest danger to, if not the certain destruction of, the boy's future we are steadfastly convinced. Unfortunately, there is a ready market nowadays for the fragile nerves and brains of children upon whom the gods have showered some of their choicest gifts. Little Bruno Steindel, aged seven, took his seat at the piano on Saturday afternoon in answer to that demand—a demand which may easily rob a future generation of a consummate pianist. The risk is a terrible one, but there are those who are always ready to run it. Again we say, "The pity of it!"

*Prodigies are not all made in Germany*  
*2-2 Miss Mabel Mustard*  
*Oct 6*



02/9315

1/2

ing the credit of being the first to take the lead  
and more recently some trick or professional  
style exhibition games of bicycle polo at the  
Crystal Palace. Their performance was cer-  
tainly clever, but it in no way resembled polo.  
The play on Saturday was of a different descrip-  
tion. Taking the Hurlingham rules as a  
foundation, two teams, respectively termed A  
and B, and composed as follows—Mrs. Blake  
Trescott; Miss Vernet, Miss M. Wilson  
and B, and composed as follows—Mrs. Blake  
Trescott; Miss Vernet, Miss M. Wilson  
Mr. Blake, and Mr. Humphreys—entered the  
arena. Some really capital work was witnessed  
the riders being adepts on the cycle. The game  
calls for much skill, with a very considerable  
amount of danger, as the chances of collision  
and falls are many, thus at once commending  
it to all lovers of sport. The ground used for  
the contest was the club tennis-green, which  
measures about 100 yards in length, with  
breadth of about seventy-five yards.  
Salden, where Lord Orkney has an excep-  
tionally fine show of cubs, provided the Whaddo  
Chase Hounds with a capital start on Saturday  
Getting settled to a traveller the pack raced away  
by Newton Longville to Bletchley, and passing  
the Park crossed a road line by Coldharbour

Prodiges are not all made in Germany  
2-2 Miss Ina and Mustard  
1816



<sup>often</sup>  
 multinationian? as we hear them called.  
 The average parent will probably think  
 it his duty to cultivate the "natural bent";  
 but physiology teaches that to primarily  
 stimulate the already unduly developed  
 faculty is a mistake, if (as is often the  
 case) the other faculties are left ~~to~~ <sup>to</sup> ~~find~~  
 to take care of themselves. I could instance  
 cases of extraordinary ability in a special  
 direction amongst acknowledged idiots  
 & imbeciles - boys weak in reasoning  
 but with prodigious memories (Carroll  
 perpetual ~~calendar~~ <sup>calendar</sup> & tutorial clock) - others  
 who could commit Braille to memory  
 though unable to write out a simple sum -  
 others again magnificent in music but  
 devoid of all moral sense - In these  
 cases one brain area has been <sup>abnormally</sup> over-  
 developed at the expense of the  
 rest; and stimulation of what may



It may be that musical like  
artistic talent is usually pre-  
cocuous in its manifestation. One  
is struck with this in reading the  
lives of the great musicians.

Handel 74. Fond of music early but  
fallen into bad habits.  
Gluck. 73. rec'd a good educ<sup>n</sup>,  
at the Jesuit Coll. of Rome.

Haydn. 77. at 18 composed his first  
stringed quartet?

Schubert 31. Composing music at 13.

Chopin 39. noticed child consumption

✓ Mozart. 36. "Took burning out"  
"obviously is the wind".

Beethoven 57. In early childhood  
showed a strong dislike  
to music.

(8) Mendelssohn's brain was from the first  
over stimulated. Before he  
was 8 played music at sight. } died at 38  
Hawes.

What becomes of the musical prodigies. Jeanne Donath who played at the Langham Hall when 5½ yrs. old. Haydn & Mozart. "With surprising execution" ?

"At an age when he (the juvenile prodigy) ought to be munging with his schoolfellows & joining in their ball games, the prodigy is poring over books of abstract science, if his bent is scientific: he spends fine afternoons playing the piano when he ought to be playing cricket, if his bent is musical."



Not all genius

~~Progeny~~ Precocious children -

Parents sh. be careful

Prodigies at early dates  
don't last

A short life & a megayear  
develop talent.

Musical develop? - Early

Joseph Hoffmann - artistic founder

Musical genius -

Need of Caution

Can't quench a faculty.

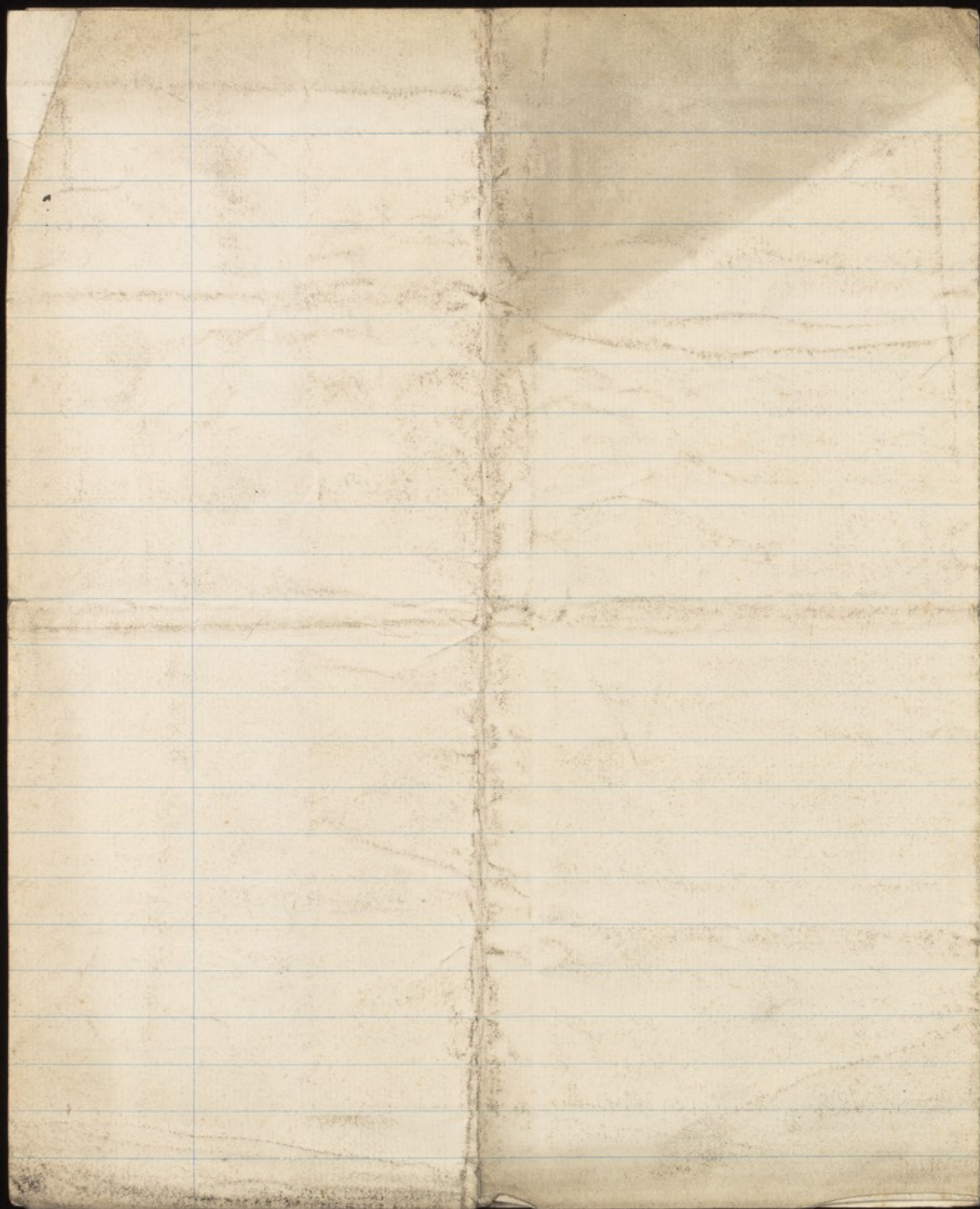
16 May

Table of Causes of Idiosyncrasy and Intoxication,  
being Extract from Article in the new  
"Dictionary of Psychosomatic Medicine".  
By Drs. Shuttlesworth and Fletcher Beach



Dept of Pub in article on  
 History of Young Men's  
 Soc. 1864. "Thank You's" Plitz of Hydrographic  
 Service.

	Royal Albert Asylum—1200 cases.		Dunelm Asylum—1130 cases.		Total—2330 cases.	
	Number of Times Recorded.	Percentage.	Number of Times Recorded.	Percentage.	Number of Times Recorded.	Percentage.
I. Causes acting before birth —						
Family history of (A) Phthisis	24	2.0	33	3.45	574	28.31
" (B) Insanity	182	15.17	291	17.79	362	15.47
" (C) Inebriety	4	4.00	58	4.91	117	4.99
" (D) Keadysey alone	41	3.41	119	14.05	259	8.59
" (E) Other causes	159	13.25	221	39.75	380	11.57
" (F) Intemperance	159	13.25	12	1.01	259	10.38
" (G) Syphilis	1	1.33	12	1.01	259	1.17
Parental or grand-parental —						
(H) Consanguinity	70	5.83	30	2.54	100	4.27
Abnormal condition of mother during gestation —						
(I) Physical	661	21.41	391	34.47	711	30.57
(J) Mental.	191	1.61	35	3.05	259	1.17
Old age of parents	3	0.25	19	1.61	41	1.76
Illegitimacy	23	1.91	35	3.05	84	3.58
II. Causes acting at birth —						
Premature birth	37	3.08	47	3.95	421	20.57
Prædisposing	228	19.00	264	23.36	492	20.97
Pathological nutrition —						
(a) Protracted pregnancy	37	4.75	212	25.80	339	14.84
(b) Instrumental delivery	59	4.75	40	3.56	79	3.34
(c) Asphyxia	32	2.61	133	11.76	36	1.51
Accident at birth	47	3.85	9	0.79	26	0.96
Fatal birth	37	1.41	6	0.53	23	0.96
III. Causes setting after birth —						
Infantile convulsions	391	34.58	261	22.11	652	27.39
Idiosyncy and cerebral affection	57	4.75	136 (epilepsy)	11.53	191	8.11
Paralysis (infantile)	15	1.25	7	0.50	29	0.62
Injury to head from fall, blow, &c.	99	8.25	48	4.24	147	6.37
Crack or shock (mental)	27	2.25	46	4.02	73	3.06
Non-treue	8	0.65	5	0.43	13	0.54
Febrile illnesses—e.g., scarlatina, whooping-cough, measles, typhoid fever, small pox	119	9.91	23	1.91	149	5.95
Overcrowding at school	3	0.25	1	0.08	4	0.16





# Adenoma Sebaceum -

Vegetations Vasculaires (Rayer)  
Navi Vasculaires et papillaires.

Vidal

Neoplastic papules on the face of congenital origin but of later development -

Patient often epileptic & passes into hands of neurologist rather than of dermatologist. Affection practically confined to the face - generally involves two cheeks. Most abundant along sides of nose, & naso labial folds - often in form of butterfly wings. Often semi-confluent about nose: least marked on forehead -

Lesions roundish, convex papules varying from size of lunula to thumbnail. Majority of bright red colour, from minute telangiectatic vessels, but may be quite colourless & slightly translucent - some of brownish red tint -

Some appear at birth: more at puberty. In childhood papules do not increase much in form but become more numerous. Warts, true warts & other imperfections often associated. E.g. syringoma.

Etiology - Subjects usually epileptic or imbeciles; but Crocker describes case in boy of 14, and above average intellectually, & in intelligent lady of 48.

Pathology - Error of development in shape of longitudinal overgrowth of adnomatous character. Pili are shorter thickened corium, & hyperplasia of sebaceous glands, increase also in number of sweat glands. Papillary vessels conspicuous & increased. Moderate increase of connective tissue.

Scraping has been tried: also electrolysis.

Embryonic  
not  
become



1923. Pass Book.

Jan 1.	Credit Balance	124	14	11	
Jan. 16	Exp. for Alfred V. Freese.	4	4	0	
Jan. 16	Imp. Dr. on a/c. $\frac{C}{H}$ 79397 (end. Jan 16/23)				
	credit H. Western Bank	129	0	1	
	+ Co. and J. Freese. Redemption Bk.				
	Bank payments	5	5	0	✓
	R.S. 121.				
	in P a. -	1	11	6	✓
	Balance	1	0	0	
	Charges				
Jan 1	Imp. S. Rebate	20	0	0	✓
Jan 4	Self.	10	0	0	✓
Jan 8	Wages Lady St. Hope Film.		10	8	
" 27	Telephone	2	18	5	
" 30	Gas Light & Coke	7	16	7	✓
"	Tray House Exp. to -	14	17	6	✓
Feb. 2.	Imp. S. Rebate		16	6	✓
" 20	Coal Donations	4	12	0	✓
" 26	Self	5	0	0	✓
Mar 1.	Imp. S. Rebate	1	10	0	✓
" 2	Self	6	8	1	62
April	Imp. S. Rebate	8	0	0	
" 20	Imp. S. Rebate		10	8	
" 30	Self	10	0	0	
" 28	Gas Light & Coke	2	4	6	
" 28	Wages Paid Bank	2	8	0	

credit Imp. S. Rebate 25.4.0

Apr 10 Cr. 162.12.1 } Bal 71.3.1  
 Dr. 91.9.0  
 Bal.

Apr 10 Self 10.0.0 Cr. 21.0.0 Pay  
 25 Coal 2.9.6  
 Paid Rent 2.2.0 & 10.2.0

May 5 Gas Light  
 Coal 2.2.6  
 Tel. 2.18.1  
 10.1.1



add'l. June

8 13 6.

Pact Book up to Dec  
1913.

Oct 20

5136/24

Case of Ellen Cottrell right arm atrophied and partially paralyzed; thumb drawn into palm, fingers extended especially index, wrist extended - Leg only slightly affected. She was ~~delivered~~ all right up to age of 18 mos. when she had severe fit lasting 3 days, with jactitation of right arm.

Case of Oliver Taylor Oct 11 'Fetorinis laboris; born asphyxiated' but there is no note of forceps.

Left eyelid droops, and there is internal squint of left eye; left eye appears to be on lower level than right. I fear I do not understand the drift of the other questions. In the old books the nature of the birth does not appear to have been investigated. In looking over the <sup>3</sup>new books, I find there are 14 cases of ~~the~~ forceps delivery recorded out of ~~about~~ 231 cases in which the history of birth was attainable and in 8 cases (excluding the forceps cases) blueiness or difficulty in resuscitation is recorded; but there are many others in which the labour was said to be prolonged simply -

It does not appear that more than ~~two~~<sup>3</sup> of the cases (Stevenson and Barber and Whitaker) ~~have~~ yet retain the forceps marks, and I am doubtful of these as I have not seen them.

In one case (Doddie) labour was prolonged and there are said to be marks of midwife's fingers on back of head -

August 2<sup>nd</sup> 1881

If I can ascertain any more definite facts before next time tomorrow, I will do so - H.G.J.



The late Dr. H. B. Wilbur, who for 30 years most ably directed the New York State Idiot Asylum wrote to the following effect: - "As regards cases of idiocy, accompanied with confirmed epilepsy, there will not be much difficulty in deciding to exclude such from the Asylum. The presence &c.

of Epilepsies into Institutions for Imbeciles  
Against.

Dr. H. B. Wilbur. Superintendent for 30 years of the New York State Idiot Asylum, writes as follows: . . .

"Cases of idiocy, complicated with epilepsy, have appeared so little promising, there will not be much difficulty in deciding to exclude them from the Asylum."

The presence of the two conjoined (whichever manifestation precedes the other) usually indicates the existence of a common cause, in organic disease of the brain or spinal cord.

In such cases the epilepsy is generally invariable. Each recurring paroxysm injures the more the intellectual faculties, till complete dementia & death are the result.

Even when in the intervals between the convulsions, a marked improvement in all respects has rewarded the persistent efforts of training & instruction, a single recurrence of the disease will destroy the labour of months. Under such circumstances, an Institution offers no very essential advantages over a home, & its accommodations should be reserved for those who can be radically benefited."



Spideps

For.

Views as to advisability of Admission



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1/8

# EXERCISE BOOK.

Name *Examinations*

Subject *December 1896*

Standard

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Scripture.

	1	2	3	4	5		
1 Mora.	20	20	20	20	15	Very good.	1
2 Gladys.	10		10	10	10		II
2 Elsa	10		10	10	10		III
2 May	10		15	15	10		I
1 Olga	20	15	15	10	-	Good	3
2 Winnie	5		5				II
2 June	10		10	10			III
1 Herman.	20	10	10	10	-	Fair	4
Hurry							
Edward							
1. Herbal	20	15	20	20	10	b.g.	2

## Geography

made

Mora	9 4 9 29.	24 9 29	1
Ada.	6 4. 9 f.	1 f.	4
Herman.	1 9 9 9.	9 9 - f.	2
Herbert.	1 9 9 0	9 9 - 6 9	3

made

Gladys	9 f 9	9. 9 9 9	
Jennie	1 f.	9 9 9	
May	9 19	19 9 9	1
Winnie	9 f.	f f	
Ella -	9. f	9 9 9	

I

Shapes of Earth.  
Geographical Terms.  
Continents & oceans  
Islands on maps.

II

Outline map of Europe

Day and  
night.



Forming letters on blackboard.  
a b c d e f g h i.

5136/28  
 5/8

Writing. 14 Dec. 96

Glady's	vg.	f	vg.	g	vg	g	vg.	g	g
Jennie	g	g	g	g	g	g	vg	g	g.
Winie	g.	o	vg	g	f	o	o	makes a i c n m o	
Elsa	g	g	g.	g	g	g	f	g	g
Mary	g.	g.	vg	g	g.	g	g	f	g

Measure of Romans -

Saw - To William Long -

5

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History, Dec 14.

Harrell	5	5	5	5	2	-	-	5	5	3	3	-
Mora.	5	5	5	5	5	5	5	5	5	5	5	5
Ada	-	5	5	5	5	5	5	5	-	-	-	-
Hermann	5	3	3	-	5	-	-	3	5	5	-	-
Edmund	5	-	-	5	5	5	-	-	5	-	2	5
Harry	5	-	5	5	5	5	-	5	5	5	5	5



## Arithmetic. Dec 15 -

12. 3

Mora 5 5 5 5 5 5 5

Herbert 3-4.5 2 2 3 3 3

Hermann 5.5.5 3 3 2 3 2 2

Simple proportion  
Reduction.

Barry 5 4 5 3

Ellenad 3 4 5 0 Slow —

Wolcott Home.

10.132.

Reading without Tears 18

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8/8

Reading & Spellings

Wolcott. Reads quickly. Spells well  
Harrison. Reads quickly. Spells well  
Herbert. " " " " " " " "  
Ada. " " " " " " " "

May. Reads small words well. (Wolcott & 1844)  
Spells small words (in up. class)  
Winnie. Reads small words well. O.S.A.T?  
Gladys. A.M.S.H. no. H. H. H. H. W  
Jennie. M.S.S.D. no  
Ella. O.S.A.T. M.H.W



# Writing

Glady - 9 books show up  
written letters + small  
words to copy,

Jim - uncertain - learning

Mora - improved a writing

Dec - fare

Combed multiple

Aman

Improving in

represents to

Combed multiple

Mary varies - describes

Elsa - proper - writing  
flow

Chris - Sautter -

Crabbe - varies - does

learn to

# Geography Quiz.

Jamie	1	1	1	Geography prize
Mon	1	1	1	
Glady	1	1	1	
May	1	1	1	
Essa	1	1	1	
Norman	1	1	1	

## Play

Jamie Sawd Crooked Bullion  
good

Norman Sawd Stomach  
shaggy, jagged

Norman - Sawd Stomach  
bent, jagged



Scripture. 13 July 96

	1	2	3	4	5	6	7
H. Comyns	5	5	3	3			
E. Iggleden	5	5	3	3			
J. Davidson	1	0	0	1	0		
H. Hobson	0	0	0	1			
Gladys	3	3	3	2	3		
May	1	5	3	5	2		
Ellen	1	3	5	5	2		
Mona	5	5	5	3	5		

509

Childhood

39.

History

16/10/96

English & History Reading Book P2

18.

06.

H. Comyns	3	3	3	3
E. Iggleden	3	3	3	3
J. Davidson	0	0	0	0
H. Hobson	0	0	0	0
Gladys	0	1	3	3
May	1	1	3	2 2
Ellen	1	1	3	2 2

Puze

Not can for last

Don't know

How-



## From Savage on Nervous Children

The nervous child is as a rule rather above the average in ability & I must have refer to certain points in the development of Mental Capacities. In some there is a premonition of brilliant powers, occurring in flashes & at points of ability in special lines. Precocity is an attractive but dangerous gift; it may lead to an early exhaustion of nervous energy. The old proverb is "a man at 5, a fool at 15," the bird of promise never having power fully to expand. There is danger in precocity & as a rule the truly precocious child does not grow into a genius, yet we have to recognize that precocity may be but the early evidence of splendid powers; it may be the premature or exhausting display which leaves exhaustion, or it may be merely the



from more developed than it is assessed  
 to in the end presents only normal development.  
 Precocity is a natural development & cannot  
 be stopped any more than the too rapid  
 growth of the body. The best that can  
 be done in both cases is to supply the  
 food to support the growth, & not to take  
 advantage of it.

Precocity is more frequently seen  
 along some lines than along others.  
 Poets, musicians, artists & calculators  
 are born & that made, & these powers  
 may appear ready made to hand at  
 a very early age. Though the highest  
 is the most slowly developed as a  
 rule, yet to meet with mental  
spurts or prodigies

Some of these, particularly musical  
 prodigies may start brilliantly at a very  
 early age & yet may go on till the end



of life, ahead of the rest of their  
fellows -

The treatment of precocious children  
is a different question. I believe it is  
generally for parents to be rather proud,  
tho' they deny it, of having precocious  
children. My advice is to consider  
the child first to think that you  
possess a treasure that is to be  
world's wonder. If the child is a  
genius nothing will suppress it  
it will be all the better for a certain  
amount of oppression? - Granting that a child  
has a distinct gift; how should you treat  
it to avoid the possibility of developing  
neuroticness. I believe it is better to  
let the child have the ordinary education,  
for in all things too early specialisation  
injuries the full growth of the mind.  
World's work needs word knowledge,



& the crumpled Speculant may be  
a prodigy but will hardly be a  
blessing. -- I believe in seeing the  
child's happiness rather than sacrificing  
it to curies. The growth of the Measle  
is almost certainly hindered at the  
expense of some other faculty & it is  
well to recognize that the growth of  
the more abstract powers is made at  
the cost of the more human ones, so that  
geniuses are not infrequently touching in  
true sympathy.

One Hereditary aptitude or gift  
common to with some of the best less  
vigorous children is a marvellous  
memory for details. Such children  
<sup>very</sup> ~~in~~ months for years the power of  
learning words & places which is  
as surprising as it is appearing  
for the child with such a memory



rarely but the ability to make use  
of the stores collected.

"Knowing is the art of forgetting" this  
is one of my favorite aphorisms, &  
it is true that the person who does  
not forget the trivial things has a  
loaded not a useful memory. In  
training the memory child one has  
to deal with a mind which rapidly  
takes up but also rapidly drops.  
It is just as well to remember that  
our memories are like our capacity  
likely fixed quantities, & tho' we  
may train our memories in the way  
of arranging, we do not increase  
their relative power much by practice.



## Lecture I.

Ladies

Let me very briefly before proceeding to the subject matter of our Course express my satisfaction at the spread of public interest in the amelioration of the condition of those poor children to whom nature has not been <sup>as</sup> liberal <sup>as to others</sup> with those higher endowments which differentiate the human being from other members of the animal kingdom — I mean those more or less mentally deficient or feeble — we have evidence of increasing practical sympathy with these — our weaker brethren — on every side. Up to 50 years ago little, if anything was done for this class, and there is something inappropriate to the <sup>several agencies for benefiting them</sup> ~~future~~ <sup>that have been</sup> of things that during the present year of grace which may be regarded as the jubilee of systematic effort in this direction + for it was in 1846 that Séguin published his Classical Treatise on the Treatment & Education of



of Idiots "et des autres enfants  
 arriérés", i.e. children <sup>backward or</sup> of retarded  
 mental development, such as it is  
 the fashion now-a-days to call "feeble  
 minded". This term which I do not  
 admire - personally preferring the  
 equivalent, mentally feeble - had  
 its origin with our Transatlantic  
 Cousins (one of whom I once told me  
 that he guessed their feeble minded's  
 were about as good as our average  
 school children), but it has obtained  
 official currency from the fact  
 that it was adopted by a Royal  
 Commission (of which Lord Eglinton of  
 Tallon was President), ~~report~~ their  
 report referring to the feeble minded  
 children as superior to imbeciles  
 but yet so backward as to require a  
 different treatment to that of the  
 ordinary children in elementary  
 schools. This Royal Commission  
 after receiving evidence on the subject  
 recommended "that with regard to



feeble-minded children they should be separated from ordinary scholars in public elementary schools in order that they may receive special instruction; & this recommendation has been carried into effect by the School Boards of London, Leicester, Birmingham, Brighton & Hove, Bradford & Bristol. Up till now however there has been no methodical training for the work of imparting such special instruction, & I congratulate the authorities of the Froebel Educational Institute on being the first in this country to take up this useful work.

It is an arguable question whether the backward & mentally feeble children are best taught in association with normal children, or in special classes by themselves. The arguments pro & con will be considered later in the course; for the present it must suffice to recognise the fact that in a miscellaneous assemblage of school-children there will always



be a certain percentage (which Dr. Warner puts down from his experience of elementary & pauper school children at about 1.5) of pupils notably behind the others & presenting certain abnormal conditions. A doctor is perhaps apt to look at these matters rather from a different point of view than the teachers: the ~~teacher~~ <sup>physician</sup> of physical condition more readily strikes the one, those of mental condition, the other. The whole truth is not however to be gained by gazing only at one side of the shield; & much good will result from the mutual co-operation of observers whose training & opportunities enable them to study the different aspects of child nature.

I suppose that if we were to look round any assemblage of young children under instruction, an experienced eye would detect evidences of the marked superiority

of some in power of attending to their lessons, & in keeping their thoughts continuously in one direction. We should also find on asking questions that certain children would always be behind the others in replying, & in some this unreadiness would be accentuated by imperfect powers of speech - not to say of expression. In some instances we should find that the powers of memory were very feeble, & that even when it had not been a case of "in at one ear & out at the other" from failure of attention, the poor child retained little recollection of what it had appeared to learn the day before - we might notice someone heavy eyed & gaping: showing not the vivacity of healthy childhood but something resembling the decrepitude of old age. Then again we see the fretfully irritable child: the child who cannot sit still & is a nuisance to his neighbours, with whom he will often quarrel.

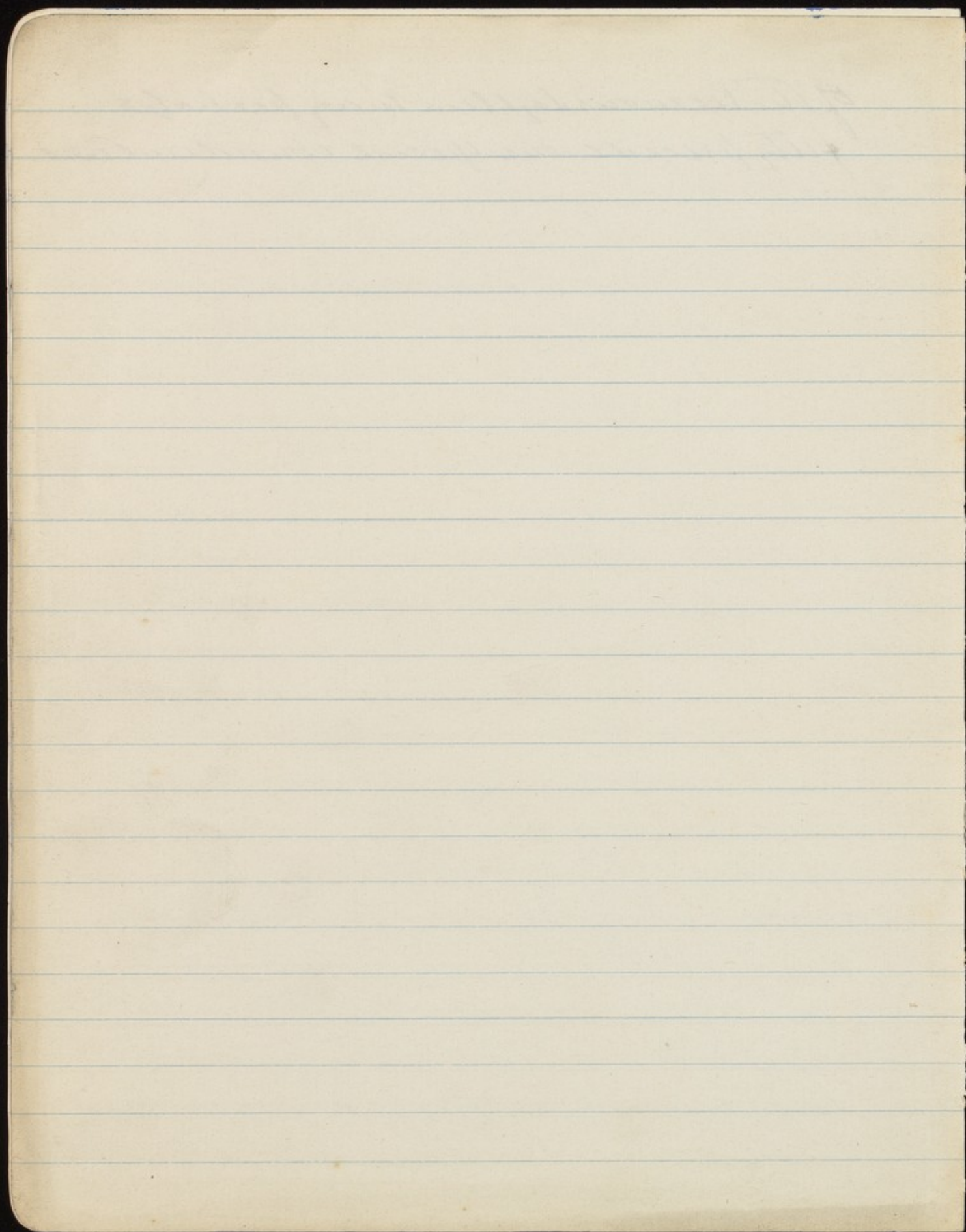


perhaps itself) without adequate  
Cause - Others will be moved to laughter  
or tears (sometimes uncontrollable) on very  
slight provocation so as to interfere with  
the discipline of the class - These, you will  
admit, are phenomena not confined to  
children recognized as "feeble-minded"  
for this account I ask you to consider  
them first so that we may pass more  
gradually from the known to the unknown.  
The object of the present lecture will be to  
elucidate as far as possible the  
physiological conditions which  
underlie these manifestations.

I labour under the disadvantage  
of not knowing the extent of the  
physiological knowledge of my audience,  
but I am glad to ~~know~~<sup>hear</sup> it is a subject  
carefully taught to the students of this  
Institute (Faraday's advice to Sturtevant)  
You will forgive me therefore if in my  
observations I give you credit for less  
knowledge than you actually possess,  
& a simple exposition of the main features

of the new system may perhaps  
fully present our special considerations.





M. Pott Paper. C. S. Macrae 1908

A.C.

of 46... 18 (34.1%) at work 2p. to 12/6 (46)  
as 7.1. per week

10 out of 18, <sup>more</sup> likely to become

Self-subsisting

1 mixed colony when patients die,  
7 more also require Colony

6 moral defectives -

23 permanent cure

Causes of failure

(1) Bad ~~Character~~ (2) Bad homes

3 (Females) (4) Children physically  
unable to attend Sp. Centre.

Boarding Se. not necessary for all

132 at Sp. Cn. } in Berlin  
222 not at Se. }

of 132 43 to 50, 28 Col.

25 Col. after Sp. Cn.

of 222 10 to 16, 75 Col.

Educ. Authority Boarding

2 to 50 c for 20 b. 20 g



[Cp 252] 45 at least 1d. & 1mb.

Cooper: of 9d.

Provision provided for children  
in the ward of Union Refuges  
Lacking necessary care Girls get  
into Maternity wards. Boys  
into prison.

Case of Girl of 16 in Maternity  
ward - Inq. to me 2 yrs then  
prison then Maternity ward  
Finally workhouse with pregnancy  
The woman in Ben. 9 times  
in Maternity ward - now selling  
matches in streets!

(? Echo of Colours & Warnings re)  
Agt. in diagrams of Antio.

In consequence of loss of work  
making no not suitable for  
Woolen Clay Environment

Types - as 2d - Bm 2d

Study of 863 fms in Ben. Ben  
1. Dr. Port's Hospital Home  
of 94 adults. 26 were for  
4 moral and 12 for 1 deaf mute

Degenerate alt of Wumba 36 (87.11.2)  
Require permanent control —

Of 20 p.m.

12 in workhous

1 Knows

3 homes (Magd)

1 L.A.

1 Prison

1 off home

3 in home at present  
may

Out of 28, 21 have had <sup>to 4.44</sup> be provided  
for 1 more than 2 a  
2 a 2 a 8th House

In 2 Homes for Girls (seems not Magd)

(1) 20 ~ 6 pm (2) 20 - 5 3 14 - 4

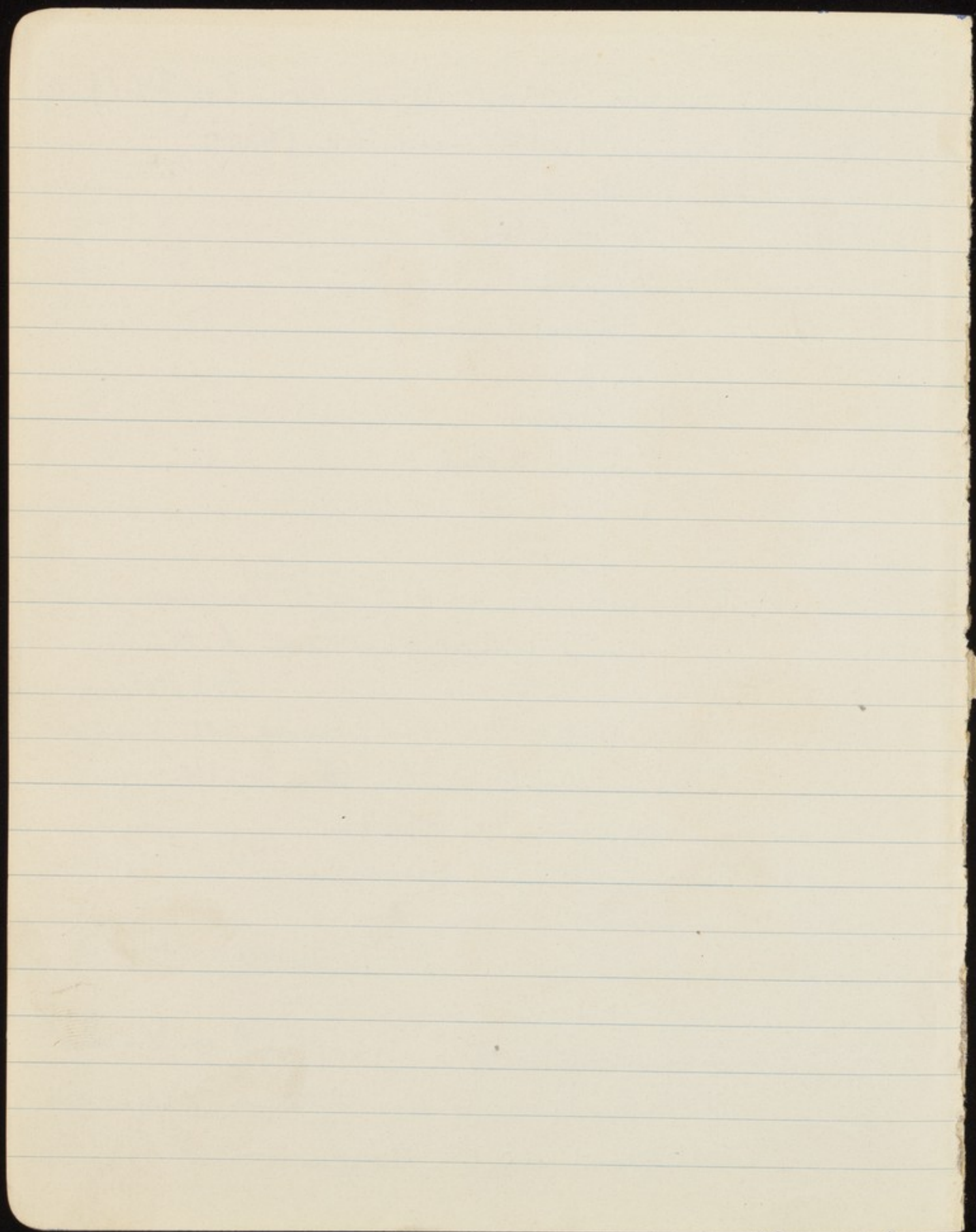
50 p.c. on whole

In Family home for domestic service  
23 - 5 pm

In 9th House where first was scheduled  
4 - 1 pm

Of 862 young people housed in Home  
94 or 10.9 p.c. 7th House  
Permanent care —





Types

- 30 p.a. Hemotie class
- 2 - - - Rickets & malnutrition
- 13 - - - Measles (under 19 in)
- 4 - - - Mumps
- 2 - - - Tubercle & certain cases in B.

Industrious Homes under Colonial  
with facilities for interchange  
of cases -

- (1) Malaria
- (2) Tuberculosis
- (3) Malnutrition cases

More alcoholism present same  
mixture of effect



St Christopher

5136/34

1/2

Beck Rosamond - adm<sup>d</sup> May 1909 - age

cousin to Miss Barrow. Father clergyman

at Folkestone

A highly nervous but fairly intelligent  
child. Wanting up self control. apt  
to vomit. Some irregular nervous  
movements

5136/34

2/2

Thora Rusli admt Sept 1910.



Eric Houghmont. Admitted Jan 1911.  
Born Sept 8. 1910. (Christiansburg, Va.)  
1st born of family of 5. Otherwise normal.  
Father was 50 at birth of this child. No  
heredity acknowledged.  
Large headed baby. No fits. Brought up  
on mother's food. Has been 2 years at  
order school & has learned a little  
reading & writing but cannot calculate.  
Walked at age of 19 months. Late in  
talking.

See page 100 of 100

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Stuttering. John Madison Fletcher -  $\frac{1}{2}$

American J. of Psychology - Apr. 1914

$\frac{1}{2}$  million French departures in 1914

Guglielmi. Words of Berlin.

Stammering is mispronunciation. Stammering

can always speak. 1. Anatomical

2. Developmental - fainter speech - leading to

Stuttering intermittent & mental nervous

Humanal effects of "Shastic coordination

nervous

For correct speech is essential

Coordination of 3 muscles -

A. Breathing

B. Vocalization

C. Articulation

A. Breathing

Waller found 1/3 of breathing on all

Can economy of breathing.

Attempt at speaking during sleep

Withholding breath after speaking.

B. Vocalization ? Remarks on

C. Articulation consonants

Different consonants at last part of phrase  
beginning of phrase

D. Coarticulation: in consonant pairs

K. Preliminary -

h r c g k.

Shabbat



THE ROYAL ALBERT INSTITUTION, LANCASTER.

The Fifty-ninth Annual Report of this Charitable Foundation, instituted <sup>in</sup> 1864, for the Feeble-minded of the Northern Counties, mainly through the efforts of a <sup>for 1864</sup> Lancaster Physician, Dr. Edward Denis de Vitre, contains an interesting retrospect of its history during over half-a-century, <sup>with a</sup> ~~and the~~ statement of its present position financially, and otherwise, together with projects for its extension. <sup>(The old building is being replaced by a new one, 1916.)</sup> This report was adopted at a General Meeting of subscribers, (drawn from a wide area) on 28th September, 1923, which was followed by the celebration of the Quinquennial Festival and laying the foundation stone of a new ~~Reception~~ <sup>Reception</sup> house to take the place of an earlier one now used as a Tuberculous Sanatorium. At each of these functions the energetic Chairman of the Central Committee, the Right Hon. Lord Richard Cavendish, P.C., C.B., C.M.G., presided, and in moving the adoption of the Report gave interesting details of the work of the Institution, making a special reference to the Report left after an official Visit, <sup>by two Commissioners of the Board of Control</sup> in May last in which they wrote as follows:-

"We have to-day visited all parts of this well-managed Institution, and have been very pleased with and interested in the excellent work that is being carried on. The patients of both sexes had a happy and contented appearance, and there can be no question that they are treated with all proper kindness and consideration." The training in the schools and workshops is also commended.

<sup>inspecting</sup> An address was subsequently given by Sir Fredk. Mott, M.D., F.R.S., on his investigations as to the causes of feeble-mindedness, and he expressed his high appreciation of the ameliorative measures he had seen in operation during his inspection of the institution.

The Report (which is admirably illustrated) points out that whereas on the occasion of the first Quinquennial Festival, held in 1873, there were only 141 patients resident, there are now 800 with a prospect of considerable addition when new buildings have been provided for custodial cases, for the erection of which there are happily funds in hand. The income in 1873 was £5,523; to-day it is £55,042. Altogether 4200 patients have been dealt with in the Institution since 1870, four-fifths being reported as improved, <sup>in some cases remarkably</sup>



5136/36  
So, as in the instance of a former patient now earning his  
living as assistant to a well known photographer in filming important  
events, & of a semi-invalid who had been so successfully trained as to become  
Acknowledgments are made to the various local organisations for  
raising funds, and it is mentioned with regret that Sir Charles Brown,  
F.R.C.P. who had been for more than fifty years the Hon. Secretary  
of the Preston Committee has found it necessary to retire. Grateful  
testimony is quoted from the friends of patients as to the improvement  
observed in their children. The training in the workshops has been  
very successful and the farm<sup>& garden</sup> land now consists of 277 acres, on which  
~~many~~<sup>some</sup> of the older patients are usefully employed.

The Report of the Medical Superintendent, Dr. W.H. Coupland, for  
the year ending March 31st. 1923, shows a total of 118 patients  
admitted, 36 discharged, and 19 who had died, out of the daily average  
of 760 residents, equivalent to a death rate of 2.5 per cent. The  
largest <sup>mortality</sup> ~~fatality~~ being due to pneumonia in conjunction with influenzal  
and tuberculous infections. It is stated that for the previous year  
1921-22, the death rate was exceptionally low - only 4 of either  
sex. Reference is made to the question of the propriety of admitting  
to institutions under the Mental Deficiency Act of patients who have  
suffered from Encephalitis lethargica ("sleepy sickness") and Dr.  
Coupland expresses the view that "if the damage to the brain is  
obviously permanent and the children are not above the age of 15 years  
then it is justifiable to certify them under the Mental Deficiency Act."  
As a clinical curiosity attention is called to a curious maldevelopment  
of the neck and upper thorax existing in one of the female patients as  
an example of the condition which has lately been described in French  
and Scottish periodicals, in the former under the title "les hommes  
sans cou," but in which Professor Sir Arthur Keith has suggested the  
designation "brevicollis" as a preferable designation. The example  
at <sup>the R.A.R.</sup> ~~Lancaster~~ of this rare condition seems to be unique in respect of  
mental deficiency, ~~has previously described having been of normal mentality.~~

In conclusion Dr. Coupland refers to the subject of Sterilisation  
and records his <sup>view</sup> ~~opinion~~ "that it is real <sup>in scientific & engineering</sup> education that will bring this  
about, and then a well-instructed public opinion will not need to  
invoke the law of compulsion."

*Limits of space prevent our noticing many other points of interest*



## HEREDITARY NEUROSIS IN CHILDREN

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### I. Relations of nervous disease and mental disorder

"Mental disorder neither more nor less than nervous disease in which mental symptoms predominate" (Maudsley)  
 Examples: Family neuroses. Degenerating families.  
 Sins of parents visited upon children. Transformation of neuroses. Illustrative cases.

### II. Forms of manifestation of hereditary neuroses in early life.

In infancy, idiocy or imbecility, nervous irritability or instability, convulsions, hydrocephalus, etc. In childhood, passionateness, recurrent headaches, epilepsy, spasmodic asthma. In Pubescence, tendency to excitability, impulsiveness, and instability, migraine, (nerve storm headache,) neuralgia, hysteria, neurasthenia, evil habits, Chorea, hereditary ataxy (Friedreich's disease)

juvenile dementia or genl. paralysis. Precocity in relation to hereditary neurosis; moral imbecility.

### III. Parental conditions leading to neurosis in offspring

Phthisis; mental unsoundness or defects; epilepsy; neuralgias; alcoholism; syphilis; influence of consanguineous marriages; of disparity of age,

*Similarity  
 Immaturity?*

*Phthisis*



(2)

temperaments of parents, etc.

- IV. Laws of heredity in relation to neuroses. How a neurosis may be started in the life of an individual. How it may be transmitted and how modified in succeeding generations; occasional latency; influence of environment; nature's tendency to throw back to normal type; parental prepotency in determining form of neurosis or in minimising it; practical considerations to selection in marriage in relation to neuroses.

Syllabus (Confidential)

G. E. Shuttleworth



5136/37

1/3

12 May/26.

My Dear Mrs

I have looked over the copy you left  
I now return it with thanks for your very  
kind & serviceable help.

I shall have to knock out some 100  
words, but time not been able to fix what  
about last, appears in a medical paper &  
will have to be excised on the first page, &

58. LAMBOLLE ROAD,  
HAMPSTEAD, N.W.3.

I have to say a little more on the medical  
aspects of the case. I cannot decide  
till I see you, & I mean to write on  
this being posted at once & cutting down  
is always a tedious process. She is going  
to the store this afternoon to see about the  
apparatus for her ill-ventilated & which  
Mr. Pridmore gives full consent  
will have to have & to you, 4th Avenue N. 11th St.



The sixty first Annual Report of this useful Charity, ~~institute~~  
instituted on Dec. ~~21<sup>st</sup> 1864~~ <sup>1864</sup> for the benefit of the ~~Feeble~~ <sup>feeble</sup> ~~mind~~ <sup>ed</sup>  
~~ed~~ of the Northern Counties, and which came into practical oper-  
ation for patients at the end of ~~1870~~ <sup>1870</sup> ~~has~~ <sup>has</sup> recently been distri-  
buted to Subscribers. This Report <sup>was</sup> recently submitted to and  
approved by the Annual general meeting at the ~~Town Hall~~ <sup>Town Hall</sup>, Rochdale,  
the Council Chamber of which was kindly lent for the purpose by ~~the~~  
~~the~~ Mayor of Rochdale, Alderman E. Thomas ~~who~~ <sup>was</sup> presided at the Pub-  
lic Meeting following that of the Central Committee ~~at~~ <sup>at</sup> which the Rt.  
Hon. Lord Richard Cavendish P.C. C.B. C.M.G. took the chair. At  
the first meeting the Report for the year was adopted, and at the  
second ~~over which the Mayor presided.~~ <sup>over which the Mayor presided.</sup> Lord Richard Cavendish pointed  
out the essentially charitable nature of the Institution, and that  
the Royal Albert still rested upon a voluntary basis, not merely  
for the care and maintenance of the inmates, but that they tried to  
do a great deal in the way of teaching and training, besides pro-  
viding useful occupation and suitable amusement...

It is stated that since the opening of the Institution for  
patients in ~~1870~~ <sup>1870</sup> ~~patients~~ <sup>4286</sup> of both sexes have been received ~~in~~  
the aggregate ~~for training at the Institution at Lancaster~~ <sup>many of</sup>  
whom have been considerably improved, some ten per cent having be-  
come practically self-supporting under friendly supervision. Scarcely  
any case leaves the Institution altogether unimproved."

Accommodation has now been provided for about 800 patients in  
the main building and its ~~various~~ <sup>various</sup> dependancies, and there is <sup>277</sup>  
acres of excellent land attached to the Institution. Outdoor ~~Empley~~  
~~ment~~ <sup>in the garden</sup> ~~plantations~~ <sup>50 words</sup> and farm lands continue to be a  
striking feature of the Institution, and there is a farm colony  
for 40 youths who work on the land, and in the care of the fine herd  
of cows and ~~in of the numerous pigs~~ <sup>which</sup> which serve the daily needs of  
the Institution; the Dairy Farm being a most valuable adjunct to  
the Establishment. The Farm and the garden account is accredited ~~with~~  
with ~~21757~~ <sup>1727</sup> ~~14~~ <sup>14</sup> ~~7~~ <sup>7</sup> with farm produce sold during the year in addition  
to ~~6300~~ <sup>1767</sup> ~~16~~ <sup>16</sup> of produce supplied in the Institution. Industrial traig-  
ing is carried on in an admirable system of workshops and specimens  
of the handicrafts formed an interest <sup>feature</sup> feature of the meeting at ~~the~~  
Rochdale as well as the educational achievements in the way of draw-  
ings and exercises from the Schools.

The eleventh Annual Report of the present Medical Superin-  
tendent, Dr. W.H. Coupland, gives interesting particulars of the Est-  
ablishment during the year ending March 1925. During that period the

on March 31<sup>st</sup> 1925 16112



residents - 536 males, 262 females = 798

There were admitted to the Institution 50 new patients (38 male 12 female), that 33 (25 males and 8 females) had been discharged and that 27 (15 males and 12 females) had died. This death rate which was exceptional, that in the previous 12 months had been an exceptionally low one, and the average per centage of mortality having not exceeded 2.55 per cent of those resident during the year of the number of patients in residence. The existence of much infectious disease in the institution, including an epidemic of influenza extending to 240 patients, and a charge nurse who unfortunately died from its effects. *It is the indoor staff, amongst whom was the first case, had been reached during the year by antibodies of German measles, measles, diphtheria, whooping cough, but happily these did not contribute to the mortality, though they hampered the arrangements for training. It might be said did space permit of the special educational arrangements carried on by Miss Greenhalgh & her staff, & especially of the fund value of the open air school recently added to the resources of the Institution.*

*400 cases*  
*25, 1906*  
*the last 25 years*  
*500*  
*Staff would be proud of resources*  
*541*

Besides influenza the institution has had ~~cases~~ had outbreaks of diphtheria, all recovered. This hampered the special training arrangements of Miss J. & her staff. The open air school recently added has proved valuable.









# The Paedologist.

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Vol. I. No. 3. NOVEMBER, 1899.

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Price 6d.

## EDITORIAL.

We enlarge our borders daily. We have added to our exchange list a Japanese Magazine on "Child-Study," of the contents of which we should be glad to get some knowledge. We trust that before our next issue appears someone familiar with the Japanese language will volunteer to translate or abstract portions of it for the benefit of our members.

We hope that an opportunity for coming into still closer *rapport* with Child-Students in other parts of the world will be afforded at the International Conference in Paris next summer; a meeting of representatives of different societies working in this field could give a great impulse to the work. We trust that the Officers of our Association will exert their influence to bring about such a reunion. Dr. Stanley Hall expresses the same feeling in the last number of *The Pedagogical Seminary*. He says, "the hope has been expressed by a number of the friends of the cause abroad, that at the Great Exposition to be held at Paris a year hence, there may be some further organisation of an international character. Some affiliation of the workers would unquestionably be helpful to all concerned; and it is to be hoped that the American friends of Child-Study may not be remiss in co-operating with our friends and co-workers abroad, in instituting such an international association."

We are sometimes asked whether there is any central body in the B.C.S.A. of which one can be a member without belonging to any particular Branch. At present there is no such body, and those who wish to become members should join a local Branch and pay its subscription.

We have little sympathy with people who do indifferent work, and excuse themselves for it, but we feel that we are justified on this occasion in claiming the indulgence of our subscribers for errors and omissions that may occur in this number, as it has been brought out under circumstances of peculiar difficulty.



## Exceptional Children.

BY G. E. SHUTTLEWORTH, B.A., M.D.

(*Examiner of Defective Children, London School Board, formerly Medical Superintendent, Royal Albert Asylum, Lancaster. President of the London Branch of the B.C.S.A.*)

In discussing the subject of "Exceptional Children," I propose to take a somewhat comprehensive, and consequently superficial, view of the subject. I use the term *Exceptional* in its broad significance as opposed to *average*; and thus we may include children *above* as well as *below* what one regards as the normal level of intelligence. Above, we find exceptionally quick, precocious, "specially-gifted" children; below, those that are sensorially, mentally, or morally deficient. In a "Report on 100,000 children observed in Schools" (with which the name of my friend Dr. Warner is specially associated), I find the term "Exceptional" appropriated to those "children whose physical or mental condition shows them to be at a permanent disadvantage therefrom in social life," including in the group idiots, imbeciles, children "feebly-gifted mentally," "children mentally exceptional," epileptics, dumb, crippled, deformed, maimed, paralysed children. I see no reason, however, why the term should not apply to all children requiring exceptional educational treatment as compared with those of average endowments.

The objection may be raised at the outset that there is nothing in common between a precocious child and one of deficient intellect. In a learned paper by Mr. Hastings Gilford, read at the Royal Medico-Chirurgical Society, on "Mixed premature and immature development," it was suggested from physical considerations that there might be traced in the genesis both of giants and of dwarfs a common pathological factor. From the psychological side we may quote the analogous observation, at least as old as Dryden, that

"Great wits are sure to madness near allied  
And thin partitions do their bounds divide,"

and those who have experience of defective children—at any rate of the cultured classes—know that they not unfrequently belong to families other members of which have displayed mental ability beyond the average. Many such cases I could

\* Published at Parkes' Museum, Margaret Street, W.



cite which have fallen under my own observation, were it not that one must not transgress the bounds of professional confidence. In a general way, however, one may state that amongst cases of mental deficiency seen there have been descendants of poets of the first rank, children of great mathematicians, of eminent theologians, of conspicuous classical scholars, and of artistic, musical and literary celebrities, not a few. It would seem as if a marked departure from the normal in one generation in the ascending direction is but too apt to be compensated for by a corresponding deviation downwards in the next—or at any rate in succeeding generations. Nature dearly loves an average; and towards this there is a tendency in the psychical as well as the physical realm. Without subscribing to the depressing doctrines advanced by Nordau and Lombroso, that genius *is* degeneration, and that talent is essentially a neurosis, I think there is good reason for believing that in many—perhaps the majority of—instances, precocity is a morbid product, and childish brilliancy is associated with nervous instability. How often, alas, is the too brilliant dawn of the morning of life succeeded by the leaden-dull grey of incapacity, or gloom of sudden storm, in more mature years!

We are all familiar with the child of high-strung nerves, the progeny probably of high-strung parents. He picks up knowledge quickly, perhaps he is over-conscientious in following out what has been set before him as the *duty* of acquiring learning. But if we watch his career we shall find that matters educational do not continue to run smoothly; the chances are that unless judiciously managed he becomes irritable, in short, evidence of the instability of the nervous system shows itself, especially at some critical period of development. This may take the form, especially in girls, of chorea (St. Vitus' Dance), the sequel of other "nerve signs" unobserved or not understood; or epileptiform attacks may attest the occasionally explosive character of the nervous energy which has in infancy gladdened the too enthusiastic parent. Such a case appears to me to differ only in degree from that of the child unable to fix his attention to any one subject of study by reason of irregular discharges of nerve energy (with feeble inhibitory power) who is recognised as an imbecile of neurotic type, and has the advantage of being treated accordingly. I have indeed known two such children in the same family, and in the long run the specially-trained imbecile became a more useful member of society than did his prematurely brilliant sister.

Again, let us take the case of precocious children, and compare them with children of *slow* brain development—(I con-



sider the latter at this stage because though such cases may originally be classed as *below* our normal line, they will usually in time surmount it). Precocious children are often the progeny of neurotic ancestry: sometimes one parent is highly nervous, the other of consumptive tendency—(a specially risky blend, in my opinion)—and the children inherit a double liability to break down, mental and physical. With such antecedents they need much discretion in their management; but what is the course too often pursued by fond and foolish parents? They take a pride in the hazardous precocity of their darlings and urge them on apace, with the vainglorious view of parading them to their friends as infant prodigies. It is melancholy to read of such an appeal as was recently noticed in the *Pall Mall Gazette*:—

#### INFANT PRODIGIES.

PROFESSOR CARL STUMPF has discovered an infant prodigy, and the *Vossische Zeitung* commends his appeal to Teutonic benevolence for means to cultivate it. This is all very well, but persons who remember the historic instances of the phenomena are not much impressed by the report of little Otto Pöpler's achievements. Shorn of embroidery, the list is brief and vague. He taught himself to read at two years old. At his present age—four—he recites the birth and death of "many German emperors, from Charlemagne downwards," of generals, poets, and philosophers also. The names of most capitals of the world are familiar to him, and the dates of the chief battles in ancient and modern wars. And he loves to read the inscriptions on monuments.

We are told no more, though doubtless there is more to tell. On the other hand he does not know any Latin, much less Greek; for this incapacity circumstances may be responsible. But "he was taught with difficulty to write the first letters of his Christian name, and he does not wish to write at all." To claim the title of "infant prodigy" for a four-year-old upon such grounds shows a strange ignorance of the class.

There is no need to cite ancient instances or dubious authorities. Hear what the rigid Dugald Stuart said of his nephew's manuscripts in a private letter after the boy's death. We put these general remarks first and then descend to particulars. "I have never seen anything which at so early an age"—twelve apparently—"afforded such splendid promise of mathematical genius: and yet I am not sure that they convey to me a higher idea of his philosophical turn of thinking than some of his speculations on the metaphysical principles of the modern calculus," &c. Now for some independent evidence. Mr. Lemaistre came across the boy in Germany, at the age of five—mark that!—and mentioned him in his "Travels." He sits on a carpet surrounded by his books, which dealt with various sciences, history, music, and in especial geography. . . . "I begged him to tell me how I could return to England without touching on the Hanoverian, French, or Dutch territories, and he instantly traced on the globe the only remaining road." Having taught himself to write from books, he used printed characters, beginning at the right hand instead of the left—an interesting peculiarity. He "knew" Latin, he had begun Greek, and he spoke English, German, and French. Mr. Lemaistre was no judge, perhaps, of the mathematical and philosophical and metaphysical powers which amazed Dugald Stewart. At twelve or thirteen years the prodigy broke down, and died,



worn out, at nineteen. No reasoning mortal would believe that John Evelyn told a wilful falsehood, but it is in his secret diary, while the corpse of his little son still lay in the house, that he recorded the child's "perfections." At two and a half years he could read "any of the English, Latine, French, or Gottic letters, pronouncing the three first languages exactly"—Latin was not pronounced as English then. In his fifth year he declined all the nouns, conjugated the verbs regular and most of the irregular, turned English into Latin and *vice versa*, "began to write legibly, and had a strong passion for Greeke. He had a wonderful disposition to mathematics, having by heart divers propositions of Euclid which had been read to him in play, and he would make lines and demonstrate them. . . . He had learned by heart divers sentences in Latin and Greeke which on occasion he would produce even to wonder. . . . He was all life, all pretinnesse, far from morose, sullen or childish in everything he did. But on January 27, 1658, died my deare son Richard to our inexpressible grief and affliction, aged five years and three days old onely."

These are but samples of much that might be quoted anent "infant prodigies" deficient in "staying power." As a judicious American writer well observes: "It is high time that mothers should be told that early precocity is an *abnormal* condition in the human infant, which, if encouraged, may result in actual disease and permanent mental impairment." Lombroso endorses an Italian proverb that "a man who has genius at five is mad at fifteen"; and although the case of John Stuart Mill (described by one who knew him as a "very disquisitive youth"), and some few other eminent men might be cited as exceptions, the balance of evidence shows that precocious children mostly disappoint the high hopes of their parents. For this, however, their mismanagement is usually to blame. Too often, alas, parents insist, like the inconsiderate father in Marie Corelli's "Mighty Atom," on their education being conducted on the system of Professor Cadman-Gore, who considered "the young human brain as a sort of expanding bag or hold-all to be fitted with various bulky articles of knowledge, useful or otherwise, till it showed signs of bursting!" Every teacher and every parent should lay to heart the words of Herbert Spencer on precocity. "The abnormally rapid advance of any organ in respect of structure," says he, "involves premature arrest of its growth, and this happens with the organ of the mind as certainly as with any other organ. The brain, which in early years is relatively large in mass, but imperfect in structure, will, if required to perform its functions with undue activity, undergo a structural advance greater than is appropriate to its age, but the ultimate effect will be a falling short of the size and power that would (otherwise) have been attained."

Contrasting with these juvenile geniuses, we are all familiar with examples of children accounted dull in early life, and as such escaping the "*nimia diligentia magistri* (vel



*magistræ*),” who have turned out useful, and in some cases brilliant, men and women. Children whose brain development is abnormally slow must indeed by no means be written down as necessarily fools, for even Sir Isaac Newton and Sir Walter Scott (and I have read also Froebel and Edison) were accounted dull by their schoolmasters and teachers, who, however, had not learned the lesson of the Oak and the Gourd. It may indeed be said to be a principle of the economy of nature that the higher the organism in its ultimate development, the longer it takes to mature.

An American writer (Hawley Smith) speaks of those whom I have designated *Exceptional Children* under the quaint terms of “Born-shorts” and “Born-longs.” As we are on the descending grade we will take the last first. They include those children with certain abnormally developed faculties—or supposed natural bents—*born* musician, *born* artist, *born* mathematician, *born* mechanic, as we often hear them called. The average parent will think it his duty early to cultivate the “natural bent”; but we learn from physiology that *primarily* to stimulate the already unduly-developed faculty is a mistake, if (as too often the case) the other faculties are left to take care of themselves. I could instance cases of extraordinary ability in a single special direction amongst acknowledged idiots and imbeciles—boys weak in reasoning but with prodigious memories (e.g. the “Historical Cook,” of Earlswood, and the “Perpetual Calendar” of the Royal Albert Asylum), and magnificent musicians devoid of moral sense. In these cases it would seem that one brain area has been over-developed at the expense of the rest, and stimulation of what may be called a morbid hypertrophy is a mistake. True education aims at the harmonious development of all the faculties, not merely the exclusive cultivation of the one that is prominent. Otherwise instead of an all-round development of mental power, we shall have merely the exaggeration of an excrescence. The remarks I have just made apply with equal force to the artistic as to the literary side of education. For my own part I think that when there is a talent for music in a child, care should be taken that it be not too early and too exclusively cultivated, or mental deterioration will inevitably follow. “Society” of the present day loves a sensation, and when a boy of seven or a girl of six is announced to give a piano recital lasting half the afternoon there is sure to be an eager audience. But no child of tender years can be fit for a concert platform without spending a preposterous portion of his time in practice and preparation. Children’s games he cannot take part in, for cricket would spoil his hands for the piano; and for the ordinary school studies he can



spare only odds and ends of time. Perhaps his enterprising parents take him touring through the country, for starring in the provinces is a lucrative affair. "But for ourselves" (I quote the *Daily Telegraph's* remarks on little Bruno Steindel), "we are constrained to cry once more 'The pity of it!'" Genius is always a rare and delicate plant, to be nurtured with the greatest caution and solicitude; and when that genius chooses to find a home in the heart and mind of a little child, the necessity for care and tenderness is increased tenfold." Musical, like artistic, talent is usually manifested early in life; but that is no reason for allowing the immature child to specialise too soon. Have we not the master musician Mozart as an example of early inspiration, some may say? He is said to have played the harpsichord at 3, composed a concerto at 4, and performed in public at 5, &c., &c. But there is something very melancholy in Mozart's maturity—the prey of morbid fancies, he died at the early age of 35, and so impoverished that, though in his youth he had played before all the Courts of Europe, he was at last laid to rest in a pauper's grave.

In thus deprecating the exclusive cultivation of a natural bent at too early an age, do not let me be misunderstood as protesting against specialising in due time. Let the whole intellectual field, however, receive its needed attention during the pliable period, after which the predominant or leading faculty, if there be such, will assert its supremacy, determining the individual's life or course of action, supported by at least well-trained faculties in other directions.

Descending the scale, we must devote a few words to children morally but not mentally deficient. These are found in all grades of society: in the family of the peer as well as of the pauper; not only amongst the "submerged tenth," but amongst those whose parents are men and women of "light and leading." Moral obliquity (such as I refer to) is not necessarily the result of neglect, though it will be aggravated by mismanagement. That "you cannot put old heads on young shoulders" is a maxim applicable to moral as well as mental training. "There is even a danger," as Herbert Spencer remarks, "in excess of moral precocity, as in excess of intellectual precocity . . . our higher moral faculties, like our higher intellectual ones, are comparatively complex. By consequence, both are late in their evolution. And with the one, as with the other, an early activity produced by stimulation will be at the expense of future character. Hence the not uncommon anomaly that those who during childhood were models of juvenile goodness, by and bye undergo a seemingly inexplicable change



for the worse, and end by being not above, but below *par*; while relatively exemplary men (and women) are often the issue of a childhood by no means promising." It is sad indeed to see worthy parents harassed with unworthy children; but we must remember that heredity is not always direct and immediate; there may in some cases be reversion to the low moral tone of a remote ancestor. However inherited, it is a melancholy fact that ingrained as well as inborn perversion of the sense of right and wrong is most difficult to deal with; ordinary moral discipline, even of a severe kind, will fail in effect. Efforts at reclamation, however, must not be abandoned in despair. In such cases personal influence is the magician's wand; love is not only the fulfilling of the law but leaves an impress of obligation on these weaker brethren. I have said that discipline often seems nugatory; yet I would not counsel its being withheld. The difficulty is to find the "punishment that will fit the crime," and so to apply it as to meet the limited scope of responsibility of the individual.

(*To be continued*).

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## Hearing as a Factor in the Education of a Child.

By M.D.

(*Being a Lecture delivered before the Edinburgh Branch of the British Child-Study Association. 8th February, 1899.*)

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I must confess that in appearing here to-night I feel that in regard to the question of Child-study I would stand before you more fittingly in the relation of pupil than teacher. As parents and teachers you are brought into close contact with many children, and your experience, therefore, in child-life and its varying moods must specially qualify you to understand and appreciate them. But perhaps I may be allowed, in the short time at our disposal, to lay before you certain facts which scientific study has revealed to us, and I trust in this way to give you some additional assistance in your daily work.

A child may persistently remain below that standard which experience has taught us to consider approximately as the average at any given age. We cannot, of course, dogmatise in



## IN MEMORY OF EDOUARD SEGUIN, M.D.,

Being Remarks made by some of his Friends at the Lay Funeral Service, held October 31st, 1880. G. P. Putman and Sons, New York.

The name of Edouard Seguin will long be pre-eminent amongst those who, to use the forcible expression of Esquirol, have laboured to remove the "mark of the beast" from the forehead of the idiot. Forty years and more have passed since the world awoke to a sense of its duty towards these waifs and strays of humanity; and during these forty years the spirit of Seguin would seem, in one way or another, to have animated the work on both sides the Atlantic. A brief obituary notice has already appeared in this Journal (Jan. 1881, p. 643), and it is not our present intention to do more than to refer to some of the salient points of the addresses delivered at the funeral of Dr. Seguin, now printed in the form of a memorial volume.

In these addresses by Drs. Brockett, H. B. Wilbur, George Brown, and Marion Sims, we find not merely the admiring tribute of personal friends, but the appreciative criticism of scientific collaborators. The remarks of Dr. Brockett supply interesting information as to Seguin's early career, political as well as professional; and those of Dr. Marion Sims testify to the value of his labours in connection with the general practice of medicine, specially as regards various means for promoting uniformity of scientific observation. The addresses of Drs. H. B. Wilbur and George Brown, themselves superintendents of well-known American institutions for idiots, refer more particularly to his labours in the field of idiocy.

At the present time it is not easy for us to realise the absolute hopelessness with which efforts to ameliorate the condition of the congenitally imbecile were regarded by psychologists and physicians at the period when Seguin commenced his labours at the Bicêtre. The standard "Dictionnaire de Medicine," published in 1837, had broadly stated, "It is useless to attempt to combat idiotism. In order that the intellectual exercise might be established, it will be necessary to change the conformation of organs which are beyond the reach of all modification." And even Esquirol himself had penned these desponding words: "Idiots are what they must remain for the rest of their life; everything in them betrays an organisation imperfect or arrested in its development. We do not entertain the idea of its being



possible to change this condition. No means are known by which a larger amount of reason and intelligence, even for the briefest period, can be bestowed upon the unhappy idiot." Providentially this pessimism was not allowed to prevail; and whilst Guggenbuhl on the Abendberg, and Saegert in Berlin, were independently working out plans for benefiting the cretin and the imbecile, it was Seguin who, in the wards of the Bicêtre at Paris, was most conspicuously demonstrating the means of which Esquirol had despaired. There is little doubt that to Seguin, who commenced his labours in 1837, is due the credit of priority in the work of the reclamation of idiots, although with characteristic modesty he himself avers that "at certain times and eras the whole race of man, as regards the discovery of truth, seems to arrive at once at a certain point, so that it is hard to say *who* is the discoverer." Step by step the work progressed, and gradually it earned recognition at the hands of the leaders of medical opinion. Thus in 1843 we find the illustrious Voisin, in a paper read before the Royal Academy of Medicine in Paris, referring in terms of warm appreciation to Seguin's studies and successes. "While we are speaking" (says he) "of the men who have occupied themselves with idiots, we should not fail to mention here, with some distinction, M. Seguin, whom M. Ferrus and myself were so very fortunate as to recommend to the esteem and favour of the Council-General of Hospitals, and who was therefore appointed director of our idiot-asylum at Bicêtre. Endowed with an energetic character, full of capacity, a good observer, and with his whole time at command, he has all the qualifications for this special work, and, at the same time, rendering a service to science and humanity. Already in 1838, and since, he has published the results of his efforts on behalf of a certain number of pupils, whose condition he has favourably modified. His studies, during a later period, are entirely unique, and I trust that their publication by him will not be long delayed; and I do not doubt that the time is not far distant when he will be entitled by his psychological contributions to take a distinguished rank among his cotemporaries." Voisin's prognostications were fully realised by the publication in 1846 of Seguin's *magnum opus*, entitled "Traitement Moral, Hygiène et Education des Idiots, et des autres enfants arriérés."

Defining idiocy as "an infirmity of the nervous system, which has for its effect the abstraction of the whole or part of the organs and the faculties of the child from the normal

action of the will," he proceeds to divide all cases into two principal classes, those of profound and those of superficial idiocy. The basis of the treatment which he proposes is in the main identical with that which in later works he described under the designation of *physiological education*. Starting with the axiom that "The education of the senses must precede the education of the mind," he argues that the true physiological method of tuition for persons whose nervous system is imperfectly developed is (i) "to exercise the (imperfect) organs so as to develop their functions," and (ii), "to train the functions so as to develop the (imperfect) organs." Ingenious devices are described whereby the organs of the senses may be methodically exercised, and cases are given in minute detail in which such exercises have been adapted to special incapacities.

A treatise containing so much that was novel and of deep interest, not only with regard to the training of the idiot, but in its relation to the principles of education generally, could not fail to elicit attention, and Dr. Brockett tells us "it was crowned by the Academy," whilst Dr. Wilbur mentions that the author received from Pope Pius IX. an autograph letter of thanks for the service he had rendered to mankind. But the most practical result was the attention it attracted to Seguin's work at the Bicêtre, which was speedily visited by psychologists of many nations, and amongst them by Mr. Gaskell and Dr. Conolly. The former published in "Chambers' Journal" for 1847 an appreciative notice of Seguin's school, whilst the latter testified, in the "British and Foreign Medico-Chirurgical Review," his high estimation of the skill and science of the master. It is not too much to say that the establishment in England of the asylums for idiots at Earlswood and Colchester, and even at a later date of the Royal Albert Asylum at Lancaster, was due to a large extent to the influence of the principles and practice set forth by Seguin at the Bicêtre. The fame of his work moreover spread to the United States, and an approving report by Messrs. Horace Mann and Sumner of what they had seen in Paris, gave strength to the movement which ultimately led to the institution of state asylums for idiots in Massachusetts and New York.

It is curious that the torch from which so much illumination was kindled should have at length been allowed to go out. But with the revolution of 1848, Seguin's connexion with the Bicêtre, and with France, came to an end. An earnest Republican, and distrustful of the designs of the Prince President, he resolved



to become a citizen of the United States, and for a time he engaged in general practice in Ohio. Soon, however, he became acquainted with the recently-established Institutions for Idiots in his adopted country; and for a period he presided over the Pennsylvania Training School. But his want of familiarity with English, and his distaste for mere administrative detail, rendered this post irksome to him; and for the last 30 years of his life he practised as a physician in New York. His love for his early work never left him, and in 1866 he published, with the assistance of his son, Dr. E. C. Seguin, a book in English on "Idiocy, and its treatment by the Physiological Method." This, notwithstanding its occasional Gallicisms, has a charm of style which renders it very lively reading.

In the last decade of his life he was a frequent visitor to European Medical Congresses, where he figured more especially as the advocate of a uniform metric system, and of "mathematical" thermometry in medicine. He lost, however, no opportunity of aiding in the progress of the scientific treatment of idiocy; and in his official "Report on Education," *apropos* of the Vienna Exhibition of 1873, he records his visits to many of the English and Continental institutions. His latest writings were monographs on the "Training of an Idiotic Hand," and the "Training of an Idiotic Eye," in which he puts forward observations to show that cerebral and cranial development followed the training of those organs. It is interesting to learn that the last enterprise of his life was the establishment in the City of New York of a "Physiological School for Weak-minded and Weak-bodied Children." From the prospectus of this, dated October, 1880, we quote the closing paragraph—"The application of physiology to education was the work of my youth, and has been the main object of my thoughts for forty-two years. I give it my last years, with the assistance of my wife, meaning to leave her the young and clear-headed exponent of the method I have scattered, but not exhausted, in many books, pamphlets, and living lessons." It is melancholy to think that within a few weeks after he penned these words he was snatched by the hand of death from the fresh sphere of usefulness he had contemplated. His devotion to his work was of the most unselfish kind, and, to borrow the words of Dr. Brockett, the most appropriate and truthful inscription on his monument would be, "He loved others better than himself."

G.E.S.



5136/41  
For

Lunacy

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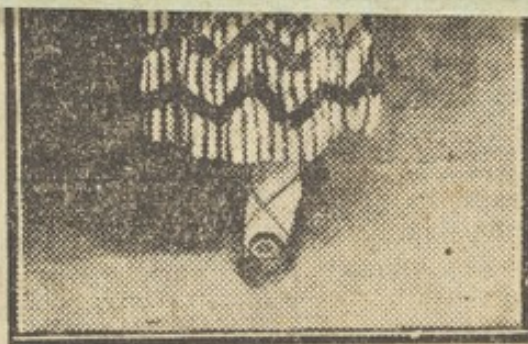
13 Sept

1916

#### A CURE FOR LUNACY.

Some days ago we commented upon the report of the superintendent of a Belfast Asylum in which it was stated that the number of admissions had considerably decreased since the outbreak of war. Cases of mental breakdown due to the war are no doubt numerous enough throughout this country and the sister isle; but the figures given by this specialist appeared to point to the general conclusion that the balance of gain was on the side of sanity. We are not forgetful of the fact that compulsion is not in force in Ireland, but the same causes which operate in the direction of increased sanity by arresting habits of severe introspection and checking hypochondria and other morbid tendencies, are to be found there as well as in this country, though perhaps to a less degree, and seem to strengthen the conclusion that the war, in absorbing people's thoughts from day to day, giving them an objective rather than a subjective form, makes for the improvement of mental health. It would be foolish to dogmatise upon the matter at present or until fuller data are available, but it is worth a passing note, more especially when one reads the report of a meeting of the County and City of Cork Lunatic Asylum House Committee, held on Monday, when Dr. Cashman, acting resident medical superintendent, reporting on the escape of lunatics from the Asylum, said that since the last meeting of the committee a former patient, who escaped some months ago, turned up at the asylum in khaki, having served six months in France. This man, he declared, was better mentally after six months in the trenches than when he escaped from the institution. It does not follow, of course, that this drastic remedy would be effective in other cases of similar nature, but the incident is suggestive.





Miss Mabelle Thorn, in "Some Treasure,"  
at the Pavilion Theatre, Newcastle,  
this week.

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#### SUNK AT SEA.

The steamer Petritsis has landed at Savona  
47 persons of the crew of the Norwegian  
steamer Elizabeth IV.—Lloyd's.

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Mr. Geo. R. Sims, discoursing to the  
Editor of the "Daily Mail" on the subject of Tatcho, his  
wonderful hair grower, said, "Look at my hair now."  
Thousands have reiterated Mr. Sims' injunction. Tatcho  
is sold by Chemists and Stores everywhere.—[Advt.]



For

Lunacy

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Dated February

1917

Address of Journal

Luro

**ELIZABETH BARCLAY HOME  
CARE OF MENTAL DEFECTIVES IN  
CORNWALL.**

The annual meeting of the Elizabeth Barclay Home of Industry, Bodmin, was held at Bodmin, Mrs. Arthur Tremayne presiding, in the unavoidable absence of Viscountess Clifden (the president). There were also present Lady Smith, Mrs. T. C. Bickford-Smith, Mrs. Edward-Collins, Miss Paull, Ingeborg Lady Molesworth St. Aubyn, Mrs. Vernon Shaw, Mrs. Peter Hoblyn, Mrs. Coode, Mrs. Vinter, Miss E. Wills, Mrs. Henwood, Mrs. Wales, Mrs. Dawson, Mrs. L. Foster, Mrs. W. H. L. Shadwell, and Miss L. Gregory.

The Secretary (Miss Shaw), in her report stated that they had hoped to see State Institutions for the violent and dangerous defectives, and adequate accommodation provided in each county for all who came within the scope of the Act. But the war had interfered with their scheme of domestic progress, and now, after two and a-half years of war, their hands were still tied and no county dared incur the heavy expense of opening a certified institution for its defectives. In spite of difficulties, however, some progress had been made, and a voluntary association in the county had been formed for the help and care of all mentally deficient persons. The large majority of feeble-minded men and women could not be brought under the Act, because they were not, strictly speaking, "neglected, or without visible means of support"; they were not cruelly treated at home, nor did they belong to the criminal class. On the contrary, they had been very much struck by the great care and devotion shown by their relations to a great majority of the 1,100 cases inquired into. At the same time the fact that many of them were unable to do any work for lack of training, rendered them a burden and anxiety to their families. There was need for training centres and voluntary homes, where these people could be taught useful occupations. Their own homes met the case, but only for a very limited class of girls and women. The Board of Control fully recognised the usefulness of the Elizabeth Barclay Home, and had granted a certificate of approval for a period of five years. During the year the general health of the girls had been good, due in a large measure to the matron's wise care and constant watchfulness. The girls had been much interested in making comforts for the soldiers, also in helping to prepare sphagnum moss, so much valued for dressings for the wounded.—The report was adopted.

The County Committee was re-elected, with the exception of Lady Trelawny, Mrs. A. Coode, Miss Martyn, Mrs. Robins Bolitho, Mrs. Bain, Mrs. Sumner, and Mrs. E. Rashleigh, who had resigned.



is expected that a patriotic effort will be made by everyone to limit consumption wherever possible to below the standard rationed, and by so doing render rationing unnecessary.

The Food Controller is confident that every individual will co-operate loyally. To the men of the country, who in this emergency exercise so much influence, a special appeal is made. Economy is not only a patriotic duty but a necessity. Extravagance is obviously unpatriotic. The power to purchase does not constitute the right, and nobody should have more than is necessary to suffice. Frugality practised at home will ensure a plentiful supply for all despite any effort of the enemy, and as hitherto an unstinted provision for our soldiers and sailors. There is hardly a household that has not a keen interest in some loved one fighting for the nation's honour. Nor is a comparison possible between their sacrifice and suffering and the demand which these conditions will impose on those who enjoy at home the security which our valour has established.

Every act of self denial here is a help and encouragement to those fighting for us on sea and land.

DEVONPORT, Food Controller.

#### Urgent and Necessary.

Devonport on Friday afternoon addressed a meeting of Pressmen for the purpose of announcing his decision on the subject of rationing. He stated that food curtailment was urgent and necessary and he had taken into consideration whether it should be brought about by compulsion or by voluntary means. He would issue a notification which would have the effect of an Act of Parliament immediately and placed his name to it, but after very much consideration he had decided not to impose compulsory rationing, but appeal to the people to ration themselves voluntarily.

At the same time he had not ruled out that

The month of and in January the S. three 30th,

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At Mr. (agriculturism) susfig return such the la sentat the co Col. letter statem having other ring tell any of the from mends Lover Wit the se S. Si letter



SYLLABUS of a Course of Lectures on "GROWTH AND DEVELOPMENT OF THE INTELLECTUAL FACULTY," to be delivered during the Lent Term, 1888, by Dr FRANCIS WARNER in the Literary Schools on Wednesdays and Saturdays, at 2.15, commencing January 25, 1888.

Lecture I. **The child a part of Nature's work.**

Children compared with other living things. The child in harmony with nature. An important hypothesis. Use of analogy. Cause and effect. Methods of observation, thought, argument. Processes of nutrition. Preparing our minds to observe the brain.

The *seedling pea-plant*. Spontaneous movement, its mechanism and results. Arching of the stem of seedlings. Light affecting growth, it controls spontaneous movements in plants. A *potato*, its parts, forces necessary to growth. A *turnip* has no separate growing points, it is simpler than the potato. A wild and a cultivated carrot compared.

**Double results of nutrition** in plants, assimilation and storage. Movements of tentacles in *Drasora* leaf. *Convolvulus* shows **proportional growth** of leaves. *Buds* of horse-chestnut, proportional growth of scales and leaves, results. **Time of growth**. A *sunflower*, two kinds of florets, cross-fertilization follows. Flower of *fuchsia*. All parts of an object to be observed. **Forces control growth**, light, heat, pressure, gravity. Stimulation necessary to action.

**Limit of capacity** for action in all living things. Cultivation and training increase capacity. A *mimosa* plant. Exercise in every part of a brain necessary. Action proportional to stimulation up to a certain point. Duration of life more limited than quantity of action. Defoliation of trees. Nature guides our observation and thought. **Attributes of action** in all living things compared. Study of an *Iris* flower. **Aptness** for action. Chloroplastids. *Spontaneous action*, in plants, in children. Antecedent and sequent. Nature's works to be studied together.

Lecture II. **Study of the brain as a part of the child.**

The thing observed divided into parts capable of separate action. Limitation and expansion of the field of observation and thought. Brain divided into *nerve-centres* which can act separately. General description of the brain and its structure—*afferent* and *efferent* nerves. Muscular movement our index of action in the centres. A **nerve-muscular apparatus**, its stimulation through the senses. All action is sequent to stimulation. **Limit of action** in a nerve-centre; blood supply. Capacity of a centre, the value of its action or of the movement resulting. Spontaneous action of nerve-centres. **Centres free**, or highly stimulated. A hand free or disengaged.

Theory of postures. **Postures** express ratios of action. **Double-action** in nerve-centres—local and efferent action, these may occur separately. **Delayed expression** of impressions. **Aptness** in a centre for action, impressionability, retentiveness. Reflex-action. Inhibition. Exhaustion of centres, its causation.

Hypothesis of *unions of centres for action*. Examples. Unions of centres formed by sight and sound. Observations and inferences in support of this hypothesis. Effects of practice and training. Centres acting in groups. Study of the brain in action by means of the movements it produces. Imaginary view of the brain in action. **Coincident development** of brain and body.



### Lecture III. Action of the brain in displaying mind.

Methods of observing and describing must be appropriate to the purpose in view. Botanical classification according to structure and colour. Physical signs here to be studied, subjective conditions are passed over. **Psychosis**, i.e. function of brain in displaying action of mind, an object of physical study. *All expression of mind is by movement, and results of movement.* A thought cannot be observed, but its expression is a physical fact. Actions consist of movements. Methods for analysis of movements suited to analysis of psychosis. Movements expressing mind imply local changes, and efferent currents from nerve-centres. The nerve-mechanism corresponding to a thought is probably a part of the mechanism for its expression. Movements following mental action suggest the hypothesis that *every act of psychosis, as every motor action, depends upon the formation of a certain group of cells into a union ready for action.* Phenomena of mind consist of acts of psychosis. Slight stimuli may form functional unions of cells. Thought corresponds to the formation of the union, its expression by movement may be delayed.

A boy gazing at an object. Unions of cells may be firmly united, or easily dissolved. Movements of each side of the face, and of the eyes. A boy learning his lesson. A man looking out of window from a train. Efferent action of a union of cells may produce movement, or it may produce other unions. Unions may be produced by sight or sound. A child's fixed thought. The chief character of an act of psychosis depends upon time, hence it is not correlatable with mechanical work done. Intellectual value of an act does not depend on amount of work done, but on its following exactly upon stimulation. Original thinking exhausts greatly. Deductions from our hypothesis—calculations, formulae, necessary sequences. Instinct and intelligence. Mechanism for instinct exists at birth, *intelligence* partly results from impressions of surroundings, and is due to several brain properties. Spontaneous, voluntary, and fixed thoughts. Memory.

### Lecture IV. Abstract. Observation and description of facts.

Note present occupation; height; weight; complexion, etc. Form, proportions, and general make of the body. The **head**, circumference, position of greatest transverse diameter, facial angle; forehead; hair. Ears, lips, eyelids, cheek-bones. Texture of skin; mobile colour. **Trunk and limbs.**

**Defects** in features, eyes, etc. Eyesight; squint.

Nutrition seen in face and limbs; brain nutrition.

**Postures and Movements.** Head. Face. Eyes. Skin. Arms and legs. Typical postures: **head**, rotation, inclination, flexion. The straight hand. Do. with thumb drooped. Hand in rest. Feeble hand. Nervous hand. Energetic hand. Hand in fright. Convulsive hand. Finger movements. *Symmetry and asymmetry* of postures; are they equally marked on both sides? Postures indicate ratios of action in nerve-centres.

**Movements.** Parts seen moving; large parts; small parts. *Symmetry* of movements. Direction of movement. Quantity. Time of movement; frequency; quickness of action; interval between stimulation and action. *Combined movements*, many or few parts acting together. *Antecedents* of movements; light, sound, touch, feeding, etc. **Face** has upper, middle and lower zones, movements usually symmetrical. Eyes, move up, down, equally to right or left, and they converge on near vision. Pupils. **Hand**; fingers move in flexion, extension and laterally. The palm may be contracted.

*Spontaneous movements*; note whether they are controlled by sight and sound. Movements indicating action of mind. Twitchings; tremors.

All movements have a physical cause.

Observation; comparison and accurate study necessary.

### Lecture V. Description of various conditions in children.

*Consciousness*, and observations during sleep; tooth grinding; dreams. Signs of *Fatigue*, exhaustion; irritability. Postures and twitching movements, reflex action in excess. *Rest* followed by activity and playfulness. *Nutrition*, a bright face, motor signs. Headaches, accompanying signs of exhaustion. Description of a nervous child, its body and signs of brain condition. Inertness.

Signs of increasing brain power. Signs of mental anxiety and bodily pain. Signs of Joy. Blushing. Imitation.

Stooping, bent backs. Restless eyes.

Mal-proportional growth and weak postures often co-exist.

*Imitation.* Importance of studying mental states by their physical expression.

### Lecture VI. Method, management and practice.

We must study the children and train ourselves. Thinking about children. Fidgetiness, its signs and causes. Peevishness. Lying in children, coincident brain conditions. Inattention; management. Hysteria due to want of impressions from without. Mental habits; introspection; absent-mindedness; fixed mental impressions. Illusions. Memory. An object lesson in Botany; teach thinking as well as observing. Extend and limit the field of observation and thought; prolong period of observation. Teach order of sequence rather than causes. Mental states, their inheritance. Calisthenics as a means of improving the brain; methods. Care of children of defective development; signs of their condition. Stammering.

Common defects in schools, and mistakes in management of children. Over work. Neglect of training injurious to nervous children. Importance of watching young students. Good education improves the brain. The scientific study of children is a duty, and leads to knowledge as to methods of moral and intellectual culture.

Inspection of schools, and reports.

*The course will be illustrated by casts, diagrams and botanical specimens.*

Raa  
Hilary



# ROYAL ALBERT ASYLUM. REVISED DIETARY.

	BREAKFAST, 7-45 to 8-15					DINNER, 12-30 to 1							TEA, 5-30 to 6					EXTRA MEALS	
	DIETS					DIETS							DIETS					Luncheon	Supper
	Soup	Porridge	Colon	Milk	Bread	Cornd Beef	Meat	Soup	Potato Pie	Fish or Liver and Bacon	Potatoes and Vegetables	Puddings	Cocoa	Tea	Milk	Bread	Butter, Drippings, Treacle, or Jam		
	Flits	Flits	Flits	Flits	Onc.	Onc.	Onc.	Flits	Onc.	Onc.	Onc.	Onc.	Flits	Flits	Flits	Onc.	Onc.		
<b>Sunday</b>	<u>Pea Soup</u>					<u>Corned Beef, Vegetables, and Raisin Pudding</u>							<u>Tea and Bread &amp; Butter</u>					FOR WORKING PATIENTS AND INFANTS.	FOR PATIENTS WHO SIT UP TILL 8 P.M.
	A	1 1/4	...	...	...	A	4	...	...	...	10	6	A	...	5/8	5/8	8	5/8	
	B	1	...	...	...	B	4	...	...	...	10	6	B	...	5/8	5/8	6	5/8	
	C	3/4	...	...	...	C	3	...	...	...	7	4	C	...	5/8	5/8	4	5/8	
	D	Bread and Milk	1 or 1/2	6 or 4		D	...	...	...	Milk Pudding	12		D	Bread and Milk	3/4 or 5/8	5 or 4	...		
<b>Monday</b>	<u>Milk Porridge</u>					<u>Meat, Vegetables, and Rice Pudding</u>							<u>Cocoa and Bread &amp; Treacle</u>					Bread and Cheese, Cake before going to bed.	FOR FEEBLE AND WAKEFUL CASES
	A	...	5/8	...	5/8	A	...	5	...	...	10	6	A	5/8	...	5/8	8	5/8	
	B	...	5/8	...	5/8	B	...	4	...	...	10	6	B	5/8	...	5/8	6	5/8	
	C	...	5/8	...	5/8	C	...	3	...	...	7	4	C	...	5/8	5/8	4	5/8	
	D	Bread and Milk	1 or 1/2	6 or 4		D	...	...	...	Milk Pudding	12		D	Bread and Milk	3/4 or 5/8	5 or 4	...		
<b>Tuesday</b>	<u>Bread and Milk</u>					<u>Soup, and Suet Pudding with Treacle</u>							<u>Cocoa and Bread &amp; Dripping</u>					Warm Milk and Bread to be administered by Night Nurse.	
	A	...	...	1 1/4	6	A	...	1 1/4	...	...	...	6	A	...	5/8	5/8	8	5/8	
	B	...	...	1	5	B	...	1	...	...	...	6	B	...	5/8	5/8	6	5/8	
	C	...	...	3/4	4	C	...	3/4	...	...	...	4	C	...	5/8	5/8	4	5/8	
	D	Bread and Milk	1 or 1/2	6 or 4		D	...	...	...	Milk Pudding	12		D	Bread and Milk	3/4 or 5/8	5 or 4	...		
<b>Wednesday</b>	<u>Cocoa</u>					<u>Meat, Vegetables, and Dripping Pudding</u>							<u>Tea and Bread &amp; Butter</u>					EXTRAS.	SUPPLIED UPON ORDER OF MEDICAL OFFICERS.
	A	...	...	1	6	A	...	5	...	...	10	6	A	...	5/8	5/8	8	5/8	
	B	...	...	3/4	5	B	...	4	...	...	10	6	B	...	5/8	5/8	6	5/8	
	C	...	...	3/4	4	C	...	3	...	...	7	4	C	...	5/8	5/8	4	5/8	
	D	Bread and Milk	1 or 1/2	6 or 4		D	...	...	...	Milk Pudding	12		D	Bread and Milk	3/4 or 5/8	5 or 4	...		
<b>Thursday</b>	<u>Lentil Soup</u>					<u>Potato Pie</u>							<u>Milk and Bread &amp; Treacle</u>					Eggs	Gruel
	A	1 1/4	...	...	6	A	...	...	5	...	10	...	A	...	...	8	...		
	B	1	...	...	5	B	...	...	4	...	10	...	B	...	...	6	...		
	C	3/4	...	...	4	C	...	...	3	...	7	...	C	...	...	4	...		
	D	Bread and Milk	1 or 1/2	6 or 4		D	...	...	...	Milk Pudding	12		D	Bread and Milk	3/4 or 5/8	5 or 4	...		
<b>Friday</b>	<u>Milk Porridge</u>					<u>Fish, Vegetables, and Raisin Pudding</u>							<u>Cocoa and Bread &amp; Dripping</u>					Beef Tea	Lemonade, &c.
	A	...	5/8	...	5/8	A	...	...	...	5	10	6	A	5/8	...	5/8	8	5/8	
	B	...	5/8	...	5/8	B	...	...	...	4	10	6	B	5/8	...	5/8	6	5/8	
	C	...	5/8	...	5/8	C	...	...	...	3	7	4	C	5/8	...	5/8	4	5/8	
	D	Bread and Milk	1 or 1/2	6 or 4		D	...	...	...	Milk Pudding	12		D	Bread and Milk	3/4 or 5/8	5 or 4	...		
<b>Saturday</b>	<u>Cocoa</u>					<u>Meat, Vegetables, &amp; Hominy or Sago Pudding</u>							<u>Milk and Bread &amp; Jam</u>					Corn Flour	Wine
	A	...	...	1 1/4	6	A	...	5	...	...	10	6	A	...	...	8	...		
	B	...	...	3/4	5	B	...	4	...	...	10	6	B	...	...	6	...		
	C	...	...	3/4	4	C	...	3	...	...	7	4	C	...	...	4	...		
	D	Bread and Milk	1 or 1/2	6 or 4		D	...	...	...	Milk Pudding	12		D	Bread and Milk	3/4 or 5/8	5 or 4	...		
																		Barley Water	Brandy, &c.

- A.—Full Diet, for Working Patients over 16 years of age.  
 B.—Ordinary Diet, for Patients from 9 to 16 years of age.  
 C.—Infants' Diet, for Patients from 6 to 9 years of age.  
 D.—Milk Diet { Bread and Milk for Breakfast and Tea.  
 { Rice, Sago, Hominy, or Bread Pudding (made with Milk), for Dinner.

JAMES DIGGENS, Principal.

T. TELFORD-SMITH, Medical Superintendent.

FEBRUARY, 1895.

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were cut away from the ventricular base until connected only by a moderately broad bridge of tissue. The extirpated dog's heart beat if perfused through the left descending coronary artery with blood half diluted with saline. If tetanized it fibrillated only during the period of stimulation. If normal dog's blood were used for the perfusion and the beating heart was then tetanized, the fibrillations became lasting, but could be removed by the perfusion of diluted calf's blood. A strip of ventricle connected to the base by muscle and the coronary vessels beat more seldom than the rest of the heart. If fibrillations were induced in the heart the strip participated, but began to beat when the vessels were ligatured. In one case the bloodless strip fibrillated also.

Dr. Imchanitzky-Ries proved microscopically in 1905 that quickly fixed pieces of the *pulsating* ventricles showed an equidistant transverse striation everywhere, whereas pieces of the *fibrillating* heart showed fibres in different stages of contraction.

The phase of contraction, therefore, does not pass beyond the bounds of the fibre. Inside one fibre also the transverse striation can be different.

This discovery proves that the muscle fibres possess no direct functional connexion. As in the *beating* heart the fibres all show the same phase, the connexion must be independent of the muscle—that is to say, through the nerves.<sup>6</sup>

At Palermo I found with Spaletta in the heart of the turtle a nervous bridge running on the outer side from the auricles to the ventricle. Section of this bridge destroyed co-ordination.<sup>7</sup> In hibernating animals (rectal temperature of 5° to 8° C.), with the heart beating 12 to the minute, the strongest induction shocks did not produce increase in the rhythm, whereas moderate shocks in the awakened warm-blooded animal would produce fatal fibrillary contractions;<sup>8</sup> consequently the muscle is not directly excitable.

Paukul in a series of experiments carefully ligatured the auriculo-ventricular bundle (the bundle of His). Microscopic examination confirmed the crushing by the ligature. Nevertheless, the auricles and ventricles con-

## NOTES ON TWENTY-EIGHT CASES OF MONGOLIAN IMBECILES:

WITH SPECIAL REFERENCE TO THEIR OCULAR CONDITION.

BY  
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AND  
A. W. ORMOND, F.R.C.S.,  
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The following characteristic features were observed in the study of 28 cases of Mongolian imbecility at present resident at Earlswood Asylum. Before discussing them it should be noted that, as judged from 50 consecutive cases, the lives of Mongolians are comparatively short. At Earlswood, the average age at death has been 14 years 7 months for boys, and 14 years 6 months for girls, as judged from 21 consecutive cases. Death was due to the tubercle bacillus in nearly 100 per cent. of the cases. This is clear from the following table:

Cause of Death.				Males.	Females.
Pulmonary tubercle	...	...	...	29	12
General tubercle...	...	...	...	8	5
Tabes mesenterica	...	...	...	5	2
Acute miliary tubercle	...	...	...	1	1
Pneumonia	...	...	...	4	—
Bronchopneumonia	...	...	...	1	1
Morbus cordis	...	...	...	1	—
Erysipelas	...	...	...	1	—
				50	21

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...is found to consist entirely of a blue-stained residue. Here and there tubercle bacilli are conspicuous by their reddish colour. In most instances they require much searching, as their total number is small. Only in two of the considerable series of specimens examined by us could they be said to be abundantly present.

Some doubt might be suggested as to the identity of the bacilli. Willson and Rosenberger were able to distinguish the bacilli in the stools examined by them by means of prolonged exposure to Pappenheim's stain. Other acid-fast bacteria, with the exception of the bacillus of John's disease, lost their carbol-fuchsin stain in twenty minutes. Tubercle bacilli retained it for one hundred and sixteen days.

Our slides were decolorized with alcohol as well as acid. Bacilli were not present in the faeces from the normal cases examined. The bacilli in both sputum and faeces possessed the same characters. One case with short, thick bacilli in the sputum had short, thick bacilli in the faeces.

We attempted to make cultures from the faeces, but a large number of resistant spores occur in faeces, and we were unable to destroy them without also destroying the tubercle. While it is possible to obtain pure cultures of the tubercle bacillus from sputum, faeces present greater difficulties, and so far our attempts have proved unsuccessful.

The results obtained by us may be summarized as follows. Altogether 109 different specimens were examined. Of these, 99 were from patients suffering from pulmonary tuberculosis, in different stages of the disease, in the Royal Victoria Hospital for Consumption. None of the patients had intestinal tuberculosis. The others were from patients in the Royal Infirmary, one from a case of tuberculous peritonitis, and the others from patients without a suspicion of tuberculous infection.

Of the 109 persons, only 34 had sputum in which tubercle bacilli had been discovered; 42 had sputum in which no bacilli were found, and 24 had no sputum whatever.

and that the process of faecal examination, which is apt to be repellent to some observers, has most of its unpleasantness removed by the method which has been described.

#### REFERENCES.

<sup>1</sup> Rosenberger, *Amer. Journ. of Med. Sci.*, February, 1909. <sup>2</sup> Willson and Rosenberger, *Journ. of Amer. Med. Assoc.*, 52, 1909, No. 6. <sup>3</sup> Klose, *Muench. med. Woch.*, January 14th, 1910. <sup>4</sup> Uhlenhuth and Xylander, *Berl. klin. Woch.*, 1908, No. 29. <sup>5</sup> Seeman, *ibid.*, 1909, No. 14.

### THE EXPERIMENTAL EVIDENCE FOR THE THEORY OF THE NEUROGENIC CO-ORDINATION OF THE HEART IMPULSE.\*

BY

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In an abstract of the work of Cohn and Trendelenburg in the *Centralblatt f. Physiol.*, 1910, No. 5, p. 183, doubt is cast upon the observations, made many times in the Hallerianum Berne, which speak for the neurogenic nature of the conduction of the heart impulse. The authors have obviously not had time to study the work on this subject, and yet pronounce the opinion that the fundamental experiments of Paukull were carried out "with entirely insufficient methods." In August, 1907, Paukull communicated and demonstrated his experiments to the Seventh International Physiological Congress in Heidelberg.<sup>1</sup> Not one of the experts present doubted the result.

The myogenic theory does not explain how it is that the ventricles can fibrillate while the auricles pulsate, and vice versa; or why a thrust in the right spot into the intraventricular septum brings the heart into fibrillation; or why, what is easier, paraffin injected into the peripheral twigs of the coronary arteries produces a like

\* See Appendix D, pp. 224-227, in Sir Lauder Brunton's *Therapeutics of the Circulation* (John Murray), 1908.



It is more than probable that the tuberculous element may have been overlooked in some of the cases, as the records go back a considerable time. One case was complicated with status epilepticus, but this is the only mention we have of a Mongolian ever suffering from epilepsy.

The average age of the 20 males at present in residence is 16½, and of the 8 females 13 and 7 months, but of the males 30 per cent. are over 20. This means, we hope, that in the future the average age at death will rise, owing to the better ventilation and steam heating of the present day, and already it is noticed that the chilblains on their hands and feet do not cause so many of them to be kept almost permanently in bed in the infirmary through the winter months.

At a more advanced age the Mongolian seems to be liable to pass away suddenly with acute miliary tubercle; whilst the younger cases contract pulmonary tubercle, and at death general tubercle is found.

#### MENTAL CHARACTERISTICS.

With regard to education little is to be said; under the most favourable conditions their mental ability is of the lowest order, consequently the most interesting lesson fails to gain their attention. Generally speaking, they are inert, apathetic, give very little trouble, and are quite content to pass their time in an aimless, desultory manner.

Though all Mongolians share the foregoing characteristics, certain among their number are lively in disposition and appear to be altogether more intelligent; but this apparent increase in ability is, with some exceptions, directed more or less to mischievous ends.

Great perseverance on the part of the scholar results in some progress being made in writing, in simple manual occupations, and other work of a mechanical nature.

Imitation is the most strongly marked capability; and this power and love of imitation makes many small children most useful in house work and helping with others, though at school they can be taught nothing.

Almost every one of them is very fond of music, and will beat time correctly all through an hour's performance of the band, and will often imitate the conductor accurately, and be perfectly happy playing imaginary violins, drums, and trombones.

They are most affectionate, and extremely fond of being taken notice of. As a rule they are rarely addicted to the curse of the imbecile, self-abuse, and, if spiteful, seem to do things to the other children for amusement to themselves, and not on purpose to give pain.

#### PHYSICAL CHARACTERISTICS.

A typical Mongolian has certain well-marked characteristics. The percentages of these characteristics will be given in a small summary at the end of the paper.

He is of short stature, usually under 5 ft., and compared to his height is generally heavier than normal, this being accounted for by the fact that the spine is longer in comparison to the length of the lower extremities.

The shape of the head is usually brachycephalic; the hair is usually scanty, also dry and wiry.

The face is round and has a reddish flush extending from the malar bone to the lower jaw; the lips are transversely fissured and the lower lip sometimes protruded, giving the face the appearance of being underhung. The tongue is markedly fissured (Fig. 2). The mouth is sometimes kept open, but this is generally not the case, as they have usually a well developed posterior nasopharynx. It has been stated that Mongolians always have a contracted posterior nasopharynx; this is not so, and among our cases we have not a single one suffering from post-nasal deafness or aural discharge.

The ears are small, rounded, and devoid of dependent lobes.

The nose has a depressed and broad base to the bridge, and is thus short and squat, generally the nostrils look slightly forward.

The profile is characteristic on account of the usually short and squat nose with ill-defined bridge, thick pursed lips, and tendency to prominence of lower jaw which gives a slightly bulldog aspect to the face, and this must be coupled with the usually poorly developed occipital protuberance (Fig. 1).

An atypical type of case shows the long in contradistinction to the round face, and the dolichocephalic in contradistinction to the brachycephalic head.

The next most characteristic feature is the hands (Figs. 3 and 4); these are "podgy," with short and squat fingers, of which the distal phalanx is nearly as broad as the proximal, and square-ended. The little finger is incurved, and does not reach the last joint of the ring finger, and the skin of the hand is coarse, transverse wrinkles prominent, and sometimes only two well-marked palmar lines are seen.

Another feature is the cleft between the big toe and the rest of the toes (Fig. 5). Knock-knee and flat-foot are almost typical, as is also the very characteristic way of sitting cross-legged like a tailor.

The skin is dry and rough, and sometimes has a downy growth on forehead and nape of neck; the voice also has a distinctive character, a kind of guttural inflection, and a tendency to lalling in which the patients cannot properly pronounce certain consonants—for example, they say "famb" for "thumb," "yabbitt" for "rabbit," "lellow" for "yellow," "belvet" for "velvet," "tissors" for "scissors."

The teeth, though not showing any originality in shape, are usually badly formed, loosely set in their sockets, irregular in their position, prone to decay, and are generally lost early; the eruption of the teeth seems to take place at the normal periods. The occlusion of the jaws is generally bad; out of 23 cases examined 16 showed inferior protrusion, 5 were practically normal, whilst 2 showed superior protrusion. The typical palate has been well described as "a contracted vault with the sides sloping more steeply in front, so that an anterior plateau is formed, usually rigid in the median line."

#### OTHER PHENOMENA.

The Mongolian smile is often in great contradistinction

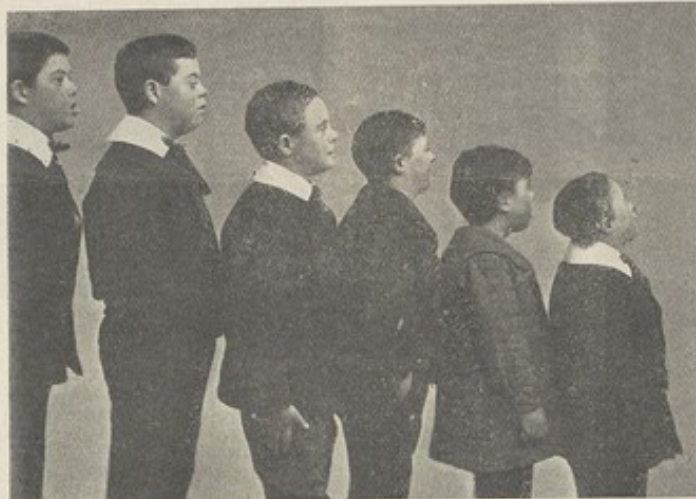


Fig. 1.—To illustrate the rounded head and profile.



Fig. 2.—Case 16. Shows the fissured tongue.



to their usual placid look, and comes and goes instantaneously.

The blood examination of the cases showed:

Red corpuscles	...	5,600,000
White corpuscles	...	8,300
Percentage of reds	...	112
Percentage of haemoglobin	...	118
Colour index	...	1.05
Differential—		
Small lymphocytes	...	30
Large lymphocytes	...	6.8
Polymorphonuclears	...	56
Eosinophiles	...	4
Mast cells	...	2.8

The urine showed specific gravity 1018. It was acid, and contained no abnormal constituents.

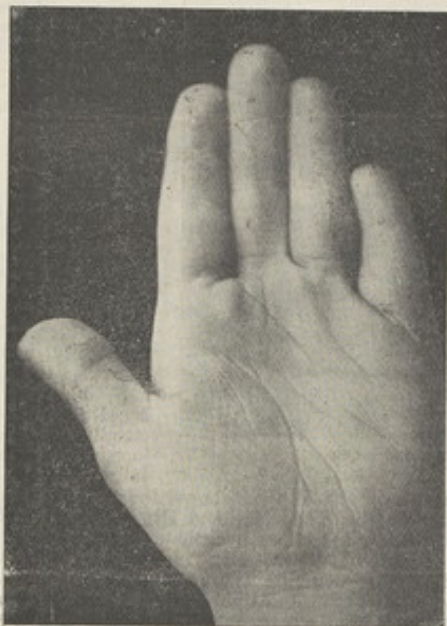


Fig. 3.—To illustrate the transverse markings of the hand.

The knee-jerk, tendo Achillis jerk, abdominal and cremasteric were normal; ankle clonus and Babinski absent.

In only two cases—one male and one female—were there any congenital heart lesions, and except for bronchitis, no



Fig. 4.—To illustrate the incurved little finger and stumpy hands.

other abnormal physical signs were detected in the others, except one male who has tuberculous glands in both inguinal regions, and one male with tuberculous glands of the neck.

#### OCULAR CONDITION.

In examining the ocular condition of these children, one is struck at once by the large number who have some eye defect, either squint, nystagmus, ectropion, or defective vision, but so far there has not been noted any constancy in the ocular condition, and we should like to draw atten-

tion to the frequency with which a definite form of cataract is found to be present.

Among our cases, 28 in number, 19 have lens opacities in some form or another, and 18 have a form of cataract of a particular type. This form is seen fully developed in several of the older patients, and it is present in what is probably an earlier, that is, a less mature form, in some of the others, but it is not found under the age of 9 years in any of the patients we have examined.

In the least-marked varieties the opacities consist of small dots in the cortical portion of the lens, deep to the capsule, and nearer the anterior than the posterior surface (Fig. 6, Nos. 5 and 6). These dots are best seen by focal illumination, and are so small that they are invisible when seen by transmitted light. In the mature cases the opacities consist of two layers enclosing a clear nucleus, the posterior lamella being concave forwards, and corresponding in curve with the posterior surface of the lens, the anterior lamella being much flatter and situated about midway between the centre of the nucleus and the anterior surface of the lens. The opacities do not reach to the equator of the lens in any direction. The lamellae consist of dots, numerous, small, and discrete.

The posterior pole of the cataract, which appears to correspond with the posterior pole of the lens, is often marked by a star-shaped opacity. The anterior pole of the cataract, which does not correspond with the anterior pole of the lens, often has a similar opacity to mark its position (Fig. 6, Nos. 3 and 4). The more fully developed might be described as lamellar cataracts, the slighter as congenital "dot" cataracts. Very young Mongolian idiots, however, do not exhibit this change, and the fact that it seems to be better marked in the older cases suggests that it is a late development.

It remains to be seen whether in the cases in which slight opacities are found to-day an increased number of dots appear later, or, in other words, whether the cataract is a progressive as well as a partial one. It is probably a partial and progressive cataract, developed as the result of changes taking place in the lens after its formation.

Though the teeth of these patients are defective they do



Fig. 5.—To illustrate the gap between the big toe and the rest of the toes.

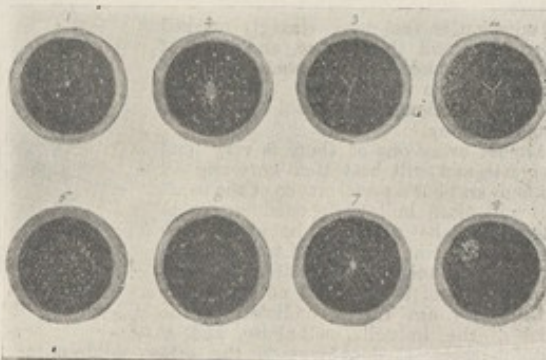


Fig. 6.—To illustrate the cataracts. Nos. 1, 2, 3, 5, 6, and 7 are "dot" cataracts with more marked changes at the poles. No. 4 has only a Y-shaped change at anterior and posterior poles. No. 8 is atypical.

not show the "honeycombed" condition found so frequently in cases of lamellar cataract, but the hair and skin show characteristic changes.

We are unable to record accurately the visual acuity of these children, and they are not sufficiently controllable to be entrusted with glasses.

The ectropion found in so many cases is due to a superficial contraction of the skin of the lower lid, which is



Table showing the Ages and Ocular Changes in the Twenty-eight Cases Described.

Number.	Initials.	Age	Direction of Interpalpebral Fissure.	Nystagmus.	Squint.	Inflammations of Lids.	Epicanthus.	Cataracts.	Remarks.
<i>Males:</i>									
1	A. A.	24	Up and out	Yes	—	Yes	Yes	Yes	Both eyes have well marked lens changes.
2	A. P.	12	Up and out	—	—	—	Yes	Yes	Both eyes have cataracts; slight fundus change.
3	C. J.	14	Up and out	—	—	—	—	Yes	Both eyes hypermetropic astigmatic.
4	H. S.	14	Up and out	—	—	—	Yes	Yes	Both eyes cataractous.
5	G. J.	20	Up and out	Yes	—	—	Yes	Yes	Both eyes cataractous.
6	D. B.	9	Up and out	—	Yes	Yes, ectropion	—	Yes	Both eyes v-shaped, slight; left eye defective vision.
7	A. B.	23	—	—	Yes	—	—	Yes	Corneal opacity left eye.
8	P. J.	21	—	—	—	—	—	Yes	Very fine.
9	C. W.	21	—	—	—	—	—	Yes	Right eye, typical; left eye, iritis; synechiae and cataract.
10	W. W.	14	—	—	—	Ectropion	—	Yes	Myopic changes in fundus. Left eye, complete cataract, with iritis.
11	F. K.	14	Up and out	—	—	Yes; ectropion	—	Yes	Slight, both eyes.
12	B. S.	18	—	—	—	Yes	—	Yes	Both eyes cataractous.
13	T. W.	11	—	—	—	Yes	—	Yes	One eye only—right eye.
14	H. T.	16	—	—	Yes	Yes	—	—	Disseminated choroiditis both eyes.
15	R. O.	39	—	—	—	—	—	—	No changes.
16	S. L.	43	Up and out	—	—	Yes	—	Yes	Well marked changes in lenses.
17	L. P.	12	Up and out	—	Yes	—	—	Yes	One eye only—right eye.
18	B. A.	8	Up and out	—	Yes	—	—	—	No change.
19	M. G.	5	Up and out	—	Yes	—	—	—	No change.
20	C. B.	15	—	—	—	—	—	—	Hypermetropic astigmatism, normal.
<i>Females:</i>									
21	E. B.	17	—	—	—	Yes	—	Yes	Both eyes cataractous.
22	E. H.	12	Up and out	—	—	—	—	—	Has patches of choroidal atrophy at each macula.
23	G. H.	9	—	—	—	—	Yes	Yes	One eye. Right eye, hard, atypical.
24	W. C.	13	—	—	—	—	—	—	Quite normal.
25	C. D.	31	—	—	—	—	—	Yes	Old iritis and cyclitis, both eyes.
26	G. N.	6	Up and out	—	Yes	—	Yes	—	No changes in lenses.
27	F. R.	22	—	—	—	Yes	—	Yes	Fine fringe of opacities at equator.
28	E. D.	11	Up and out	—	—	—	—	—	Hypermetropic astigmatism.

Table showing the Percentage Occurrence of the Characteristics Noted in the Twenty-eight Cases Described.

	Males.	Females.		Males.	Females.
Tongue sucking ...	30	0	Hands typical ...	85	62.5
Tongue protruded ...	5	12.5	Incurving of little finger ...	25	50
Tongue fissured ...	90	75	Little finger does not reach last joint of third ...	80	100
Enlargement of papillae ...	70	75	Ulnar deviation of hand ...	30	62.5
Mouth kept open ...	65	75	Thumbs small ...	35	37.5
Lips transversely fissured ...	35	62.5	Three lines on hand ...	85	100
Lower lip protruded ...	30	25	Hyperextension of fingers ...	95	100
Ears small and round ...	60	75	Knock-knee ...	65	100
Of simple type ...	85	67.5	Flat foot ...	65	75
If devoid of pendent lobes ...	55	75	Cleft toe ...	70	62.5
Nose short and squat ...	75	62	Hyperextension of knee ...	50	50
Nostrils look slightly forwards ...	55	37.5	Skin dry and rough ...	80	100
Flush on cheeks ...	55	85.5	Skin covered with fine hairs ...	40	12.5
Face round ...	50	62.5	Extremities cold ...	75	100
Face depressed as a whole ...	15	12.5	Nasal catarrh ...	65	62
Lower part of forehead on plane posterior to upper ...	15	0	Bronchitis ...	49	62.5
Occiput in direct line with neck ...	45	37.5	Cracked lips ...	60	50
Profile characteristic ...	90	85.5	Lalling ...	50	7 (only a few will talk to order)
Adenoids ...	45		Deep reflexes normal ...	100	100
Posterior nares contracted ...	40		Sits cross-legged ...	90	100



rough, glazed, and dry, and the marginal blepharitis is probably in the first instance the result of infection from the hands, which are frequently used to rub the eyes with, and is kept up by the ectropion, error of refraction, and dirty habits of the patient.

The number of patients examined was 28, corresponding to 56 eyes.

	Per cent.
19 patients have lens changes	67.8
18 patients have typical lens changes	64.3
35 eyes have cataract changes of some sort	62.5
35 eyes have typical changes in the lens	58.9
10 patients have some inflammation of the lids	35.7
7 patients have squint	
4 patients have choroidal changes	
2 patients have nystagmus.	

The age of the youngest patient is 5 years and the oldest is 43.

The youngest showing cataract is aged 9, and the oldest patient has a well-developed typical cataract of the kind described.

Fourteen patients have the interpalpebral fissure directed upwards and outwards.

We wish, in conclusion, to offer our best thanks to Dr. Caldecott, the Medical Superintendent of Earlswood Asylum, who has given us every facility for investigating these cases.

### SOME EXAMPLES ILLUSTRATING CASES OF CHRONIC TOXAEMIA AT VITTEL.

BY

H. J. JOHNSTON-LAVIS, M.D., D.Ch., M.R.C.S., ETC.

PERHAPS in the whole history of the growth of a spa or hydro-mineral station none can compare with the remarkable rapidity with which Vittel has jumped into fame. Ten years since it was known to comparatively few physicians, and ranked as a fourth or fifth rate station so far as its resources and number of visitors were concerned. It now stands in the very first rank.

I have practised there seven seasons, and done two cures there myself annually, and may, therefore, claim to speak with some experience. I propose to select a few of my cases from one season's (1909) practice, and to point out the results, and illustration of the beneficent action of the cure in somewhat varied ailments. The cases of "physiological disequilibrium" and ailments that are relieved by Vittel treatment, of however varied facies, may all be summed up as the result of chronic toxaemias due to either perverted nutrition, defective metabolism, or incomplete elimination. This condition, which we English physicians denominate as "goutiness" and the French medical man as *arthritique*, is ill expressed by such terminology. All originate in an excess of one or more of the normal constituents of the blood or the presence of abnormal ones. When we look at these different disturbances of the physiological balance we shall all the more clearly appreciate the close association of many different ailments. We shall also be able to comprehend how a cure such as Vittel is one of the most effective and rational methods of restoring physiological equilibrium.

Who can draw the border line between acute and chronic gout, calculosis, some forms of nephritis, arteriosclerosis, neurasthenia, asthma, chronic bronchitis, some dyspepsias and entero-colitis, many skin diseases, neuritis, some rheumatisms, etc.?

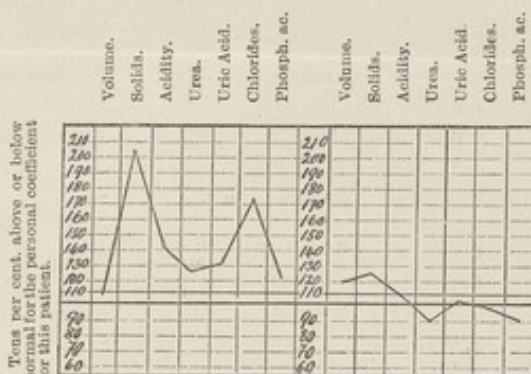
When I have at other times sustained this thesis, critics have held me up to ridicule. My answer has been, Think over it, and tell me why we so often find several such states associated in the same individual at once or alternating with each other, and why the same cure with suitable modifications is so efficacious in relieving or curing these troubles.

All the analyses are of the entire and carefully collected quantity of twenty-four hours. They are made in my own private laboratory, fitted with the most modern and approved apparatus by my analyst, Dr. Burrais, of the Pasteur Institute. He knows nothing of the cases, and is therefore quite free from any personal equation modifying the result. All the results are calculated on the personal equation of each individual based on weight, height, and

age. Where extraordinary results are obtained, both of us repeat the determination. All calculations are based on the personal coefficient. I have much pleasure in thanking him for his valuable and skilful assistance.

J. M., a highland chief, aged 53, 6 ft., weight 77 kilos, sent by the late Dr. Radcliffe Crocker. Has suffered for years from eczema on neck, fingers, toes, and fork of legs. He complained of feeling stiff in his movements, lacking energy, and always tired. Has also patches of psoriasis on knees. Two fingers and one toe suppurating around nails, the region of which is red, swollen, and angry. There is no syphilitic history. The son is a fine specimen of an officer in the Guards, wife in good health. Patient has always been temperate, has fairly good digestion, but takes an aperient every morning, "which keeps him all right." His skin acts freely. He is a strong, otherwise healthy man. He has been twice to Homburg, and three times to Schinznach, with little benefit.

On July 18th, day after arrival, had a mean blood pressure of 135 mm. His urine is represented in the following diagram, which is remarkable by the enormous amount of solids, com-



J. M., July 20th, 1909.

Traces of some reducing material (D-glucose). Slight traces of true and modified biliary pigments and of scatol. Abundant deposit of urates and some pavement epithelium. Purines 0.518 per 24 hours.

August 9th, 1909.

True biliary pigments in traces, as also faint reaction of scatol. Urates and cells much less. Purines 0.689 per 24 hours.

posed of all the elements of the urine, but specially chlorides, which were 75 per cent. in excess. His urea-uric acid coefficient is sensibly normal, but both are increased nearly thirty per cent. above what they should be.

After a few days he was drinking 1,800 c.cm. of Grand Source before breakfast, and 900 c.cm. in the afternoon. The skin was kept active with baths at 36° C., and a low semivegetarian diet ordered, excluding salt as much as possible.

Another twenty-four hour urine analysis, made on August 9th, one day after the cure was stopped, shows a remarkable change. The curve has the same general form, but approaches quite near to the normal line. Solids have fallen from 204 to 125 per cent., acidity from 144 to 110 per cent., urea from 128 to 90 per cent., uric acid and chlorides to normal, and phosphates to 9 per cent. below normal.

Simultaneously with this all his feelings of stiffness, loss of energy, etc., have disappeared, and all his skin lesions are rapidly healing.

I think we have here a case of excessive assimilation which led up to a state of autointoxication in which the skin was most affected, but he was on the verge of an outbreak of joint, muscular, and nervous trouble.

The lixiviating effect of a rapidly absorbable and rapidly excretable non-chloride-bearing waters is striking.

The purin bodies as a whole seem to have increased at the end of the cure. Whether we can interpret this as increased production or increased excretion of a retained stock could only be determined by ulterior analyses, which unfortunately could not be obtained.

The following three cases I have chosen because they consist of father, mother, and adult daughter living under sensibly the same conditions, and furthermore that, as they enjoyed Vittel so much, they stopped on for some weeks after their cure, and the second urine analysis was made at a considerable interval after their "cures" had stopped. These are rare opportunities, and I think worthy of study.

Dr. Curguenven, who sent them to me, says:

"Mr. S. had an attack of cardiac weakness and irregularity about two years ago—a very irregular pulse, high arterial tension, a tendency to dyspnoea, and a dilated stomach; this was caused, I think, by living at too high a pressure, and too



DEPUTATION TO MR. HERBERT  
SAMUEL.

A delegation yesterday visited on Mr. Herbert Samuel, President of the Local Government Board, at the House of Commons and advocated the adoption of measures for the early treatment of mental cases with a view to the prevention of insanity. The members of the delegation were Mr. John Jordan, M.P., Dr. Christopher Williams, M.D., Dr. W. C. Cheadle, M.D.,

Mr. Percy Atkins, M.P., Mr. J. W. Birk, M.P., Mr. T. E. Harvey, M.P., Sir Henry Gresh, M.P., Dr. F. W. Sears, Dr. H. Semmery, Dr. J. Glicks Colby, and Dr. William (Secretary deceased).

[illegible][illegible]

The object of the movement here represented is to prevent people becoming assimilated. It is particularly desirable that these institutions should not be regarded as "Ladies' Homes" devoted to teaching, but as a place where the children of those who are in the early stages of assimilation which is so necessary to a preservation of identity, it is suggested that the institutions here proposed should be large, wholly outside the jurisdiction of the Board of Control. The patients are to be employed as well as all other persons, and are to be treated as such. The Board of Control is to be consulted only through the Board of Control, whose function it is to deal with people belonging to the advanced stage of assimilation, and not concerned with institutions such as are

distributed pattern to individualization. The results are thus completely open. First the Los Angeles County Health Department, which is a public health, has an intention to encourage the provision of all forms of domestic sewage as well as those which may reach its drains who are affected by land disposal. Second, the County Health Department has been engaged with the metropolitan area authorities in planning and planning accumulation of the regional sewage in one system. The result of measures is that the County Health Department is now planning to build a new sewerage system to be built, which will anticipate the capacity of the area of early sewage treatment. It is not possible to say whether the results of the measures would not be a great gain to the community, but would materially reduce the expenditure on the sewage treatment plant. The Los Angeles County Health Department has been engaged with the metropolitan area authorities in planning and planning accumulation of the regional sewage in one system. The result of measures is that the County Health Department is now planning to build a new sewerage system to be built, which will anticipate the capacity of the area of early sewage treatment. It is not possible to say whether the results of the measures would not be a great gain to the community, but would materially reduce the expenditure on the sewage treatment plant. The Los Angeles County Health Department has been engaged with the metropolitan area authorities in planning and planning accumulation of the regional sewage in one system. The result of measures is that the County Health Department is now planning to build a new sewerage system to be built, which will anticipate the capacity of the area of early sewage treatment. It is not possible to say whether the results of the measures would not be a great gain to the community, but would materially reduce the expenditure on the sewage treatment plant.

Dr. John Keeble, stated that experience had shown that many cases of breakdowns during the early years of local health, sewerage, and water are only a perjury if treated by ordinary methods. In many such treatment was being given, but in many cases, especially among the poor, there were no facilities for rest or change. Something was done by hospitals, charities, local authorities, and the hospitals, but a great deal of good might be effected by the methods there advocated.

Dr. Croome referred to the work that had been done in Scotland under the Local Government Board in Glasgow special wards had been selected from Glasgow District Hospital. People who were supposed to be insane were admitted in the morning, and there was a hope if improvement they were transferred to the hospital without further delay. Out of 1,200 patients who had passed through the ward last year 200 had been cured, 100 had been improved and one had had had to go to an asylum. It was a surprise to the public and the doctor had to be congratulated and was being personally placed upon the doctor. The Glasgow district was then an extraordinary one they wanted the entire

[illegible]

Mr. Elmer Soren, replying, said all would be made their fellow-creatures from mental failure. For awhile the work was mostly as friends, and if a part of it was used by the community by early action, a source of double value would have been secured. In this, he is in many other things, friends near the border were in advance of the slow-moving people of South Dakota. For some years past the Literary Commission had advocated the study

ment of novel language for persons not conversant with them. There would be difficulties of classification, & thus no doubt could be surmounted. The Supreme had not quite specified when they wanted done. By legislation necessary, so did they want the Louisiana Government bound to pass the Prior Law authorities. They would thereby want steps to be taken not only to those who fall on the Prior Law, but also to those who while unable to maintain themselves, were not prepared. Legislation had been introduced on these matters.

[illegible][illegible]

H. J. Buckman, Dr. V. H. Robinson, Dr. E. Canon, Dr. C. Madenier, Dr. Benjamin Moore, Dr. C. M. E. Shearn, and Dr. W. B. Worthington, Manchester; Dr. J. Eury, Dr. F. Thomas Moore, Dr. E. A. Reynolds, and Dr. B. E. Will, Leeds; Dr. A. S. Burn, Dr. J. W. O'Shea, Dr. J. E. Janssens, and Dr. W. H. N. Telling.

[illegible]

William, E. A. W., 1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580,



## BANKING AMALGAMATION

## TWO HISTORIC ROGERS

The following brief official announcement was issued yesterday by Messrs. Coats and Co.:

"An amalgamation has been arranged between Messrs. Coats and Co. and Messrs. Roberts, Lythall, and Co., subject to confirmation by the shareholders of Messrs. Coats and Co. The business will be carried on under the name of Coats and Co., and the management will be continued in the same hands and in the same manner as before."

THE AMENDING BILL ALL  
BUT DEAD.

MIL BEDMOND'S POUND OF  
FLESH.

BY OUR POLITICAL CORRESPONDENT.

It is due to the inactivity of the Opposition that the usual reading of the Addressing Bill is to be taken on Monday. The inactivity of the Government at the rising of the House on Wednesday was not unusual previously, to postpone the business to be taken on a day as possible next week. The Opposition, however, would not consent to any further delay and obtained fulfillment of Mr. Asquith's previous promise.

The Bill is all but dead. For reasons of tactics the Government would like to bring it alive long enough to pass its various stages in the Commons, and so give them an excuse for saying that the Lords killed it. Ministers would conceal the fact that they themselves limited amendments, and when amendments were made refused to consider them—though this is the fact. Whether a device of this sort would do the Radical Party any good is doubtful, but that it is a part of their plan is indicated.

Mr. HARRISON ARNOLD

The mutual negotiations between the Government and the Nationalists have been led to an achievement of Mr. Redwood's mission not to enhance in his acceptance of the offer of the Government to the country council, and as this will not in any way be to the detriment of the Government, it is to be hoped the Government will accept the proposal. Mr. Redwood would not hear of any such plan. There is, as I have said, a powerful feeling of the Cabinet that the Government should be made responsible for this scheme whatever the Nationalists might do, but I am sure he considered there that so many Redwoods would not be so ready to accept the plan.

A. C. CROFT, JR.

[illegible]

A FURTHER OF DUTIES.

The situation is full of perilousness and danger. Mr. Hilsent is credited with the notion of leaving their security alone when the Provisional Government is established, as planned it is said to be with the result of permitting government and the smothering of armed members of an illegal association through the highway of the provision. If he prevails on the Cabinet as he has prevailed on it before, there will be another case, with possibly some of the dangers therein applying for the Chinese Republic and creating again for their consciousness as Independent Republics.

## CLUSTER LIMIT

THE PLANTATION COUNTRY  
PROPOSAL

(FROM OUR SPECIAL CORRESPONDENT.)  
 BELFAST, Thursday.

Regarding the suggested basis of compromise in the Chamber petition, that the Government might be inclined to accept the cessation of the Protection Committee if the rest of Ulster were allowed to pass under the Nationalist Home Rule scheme, I have endeavored to avoid giving advice here-to-day, leaving the leaders and some of the rank and file. There was no encouragement to believe that any such compromise would be acceptable. On the contrary, it was urged on all sides that that compromise would mean an abandonment of the Government, in part at least. All opinions suggested that such an abandonment would not pass the Provisional Government.

It was pointed out that while the Federal Government is unwilling now to act for the President in taking any step to remove the confidence of the public, he has no authority to consent to the inclusion of any part of it in a House Resolution. The Provisional Government would have to be called together again if anything were sought for such an endorsement in the Government, and, besides here, as I have said, is against the President's wishes. The President's attitude is clear. What cannot be too often repeated in English public opinion is that the Chinese people are not only convinced of the malignancy of the Japanese Cabinet, but also of its powerlessness. Any comment made in it they will regard as a confession of weakness, and they will choose to give themselves to a nation of ferrets.

UNIVERSITY COLLEGE, LONDON.

The local Congressmen from within are unanimously opposed and frightened here. The British Consul told me that the majority of the British community in the Arabian Sea and Persian Gulf waters would have left within an hour if the ship at the House had been hit. The Government from is still talking that away from the consequences. It is reducing either on the Nationalist Volunteers according to the House Volunteers or on the Government suppressing the latter by the use of the forces of the Crown. The latter is the only way to suppress the latter would accept a General Election as a necessary. A second Program plot would hit the Government and the House had hit too."

The Northern Wing says if the Legislature are to be made the victims of a corrupt and scandalous impact made by the British Government with their bitter enemies, and adds: "I trust Mr. Asquith desires to see civil war in Ireland, and probably in Great Britain as well." Another well known member of the party of a British Government in Ireland, says: "I am not so much inclined to that degradation. These nations will fight to the bitter end, and if blundered in the south the Cabinet and the British Party will have to face a war of continuing with an angry nation which they will not soon forget."

HIL, W. A. EDMOND, JR., AND  
E. C. STATION

**EXCLUSION**  
 Mr. W. A. Burrows, M.P., speaking at Tottenham, last night, said that the Lords were now working far more than the Edward Channel and his friends asked for two years ago. "The demand for the total exclusion of China had never been seriously made. In his opinion, the demand for China's total exclusion was made because the Lords knew it could not be accepted, and because they were out and for peace but for war."

ARMS FROM AMERICA FOR NATIONAL  
VOLUNTEERS.

A Nough newspaper, says it is prominently reported there that on Monday week a cargo of arms from America was landed at Noughat, Co. Kerry, Galway. Later the arms were carried through the county to the village of Williamson, and in the course of last Saturday night were transferred across Long's Doo to Beragh, on the Tipperary shore. Next day, while the police were on guard duty at the Volunteer celebration at Nough, they were advised it was a bag show by.

GLASGOW VOLUNTEERS FOR ULSTER.

Headbooks of Glasgow Ulster Volunteers are now on holiday and are leaving for Belfast, where they will complete their training. The Glasgow contingent has been advised that the Ulster headbooks are to be withdrawn for any emergency. In the meantime, the efforts are asked to keep their sets in check and present a list of Glasgow Volunteers free to proceed whenever they wish.

5134/48  
*Dr. Shuttleworth*

# Durrant's Press Cuttings,

ST. ANDREW'S HOUSE, C  
HOLBORN CIRCUS, LONDON, E.C.  
(Late 57, Holborn Viaduct).

## The Manchester Courier.

Cannon Street, Manchester.

(Thos. Bowler & Sons, Publishers.)

Cutting from issue dated *Sept. 21* 1903 *3*

### ROYAL ALBERT ASYLUM.

#### ANNUAL REPORT OF THE CENTRAL COMMITTEE.

The thirty-ninth annual report of the Central Committee of the Royal Albert Asylum, Lancaster, to be presented at the seventh quinquennial Festival of the Institution on Wednesday next, gives a brief review of the history of the Institution, beginning with the first meeting of the Provisional Committee held at Lancaster on the 14th November, 1864. The first quinquennial Festival was held in 1873, under the presidency of the late Earl of Derby; the Marquis of Hartington presided in 1878, Lord Egerton of Tatton in 1883, Lord Henshall in 1888, the Earl of Derby in 1893, and Sir John T. Hibbert at the last Festival in 1898.

#### INCREASING SURVIVORS.

On the 30th of June, 1903, there were in the Institution 500 patients, 290 being boys and 210 girls. Lancaster sent 160 patients, Yorkshire 170, Cheshire 57, Durham 49, Cumberland 26, Northumberland 14, Westmorland 13, and four were from other counties. It is expected that the number of patients will soon be increased to about 650, necessitating, of course, a corresponding increase in the income; whilst it is considered that the Institution and its branches, being fully provisioned for modern hygienic requirements, have accommodation for a total number of 600 patients. It is most important to avoid overcrowding. The finances of the Institution are in a satisfactory state. There has been received a maintenance account during the year £25,953 13s. 6d., showing an increase on the previous year's total. There has been a slight decrease in the annual subscription, although it is most desirable that the amount so contributed should not diminish, but, rather, grow steadily. On the 31st of December, 1902, the total amount £20,991 10s. 3d. has been received, and the gross receipts for the year from all sources have been £25,002 8s. 7d.—one of the largest totals for any one year. The voluntary contributions from the associated societies have been—Lancashire, £6,307 12s. 7d.; Yorkshire, £2,870 10s. 1d.; Cheshire, £200 11s. 8d.; Westmorland, £209 8s. 5d.; Cumberland, £5,354 10s. 5d.; Durham, £413 17s. 9d.; Northumberland, £41 10s. 6d.

The following legacies have been received:—Mrs. Thomas Rymor, Calder Abbey, Cumberland, £5,000; Mrs. Charles Turner, Eagle Black, Liverpool, £1,000; Mr. Charles Barrowclough, Rochdale, £1,345 13s. 3d.; Miss Anne Wilson, Bostham, additional from residue of estate, £1,381 3s. 2d.; Miss Barbara Galloway, Bury, London, £430 for the River Blime; Mr. Richard Shaw, Rivington, Bolton, additional, £1 13s. 3d. The Committee trust that legacies will continue to be contributed, as they promote the financial stability of the Institution. For the perceiving, self-sacrificing charities of the ladies connected with the Ladies' Association, the Committee feel that they cannot be too grateful. During the year these ladies have collected in subscription and donations £2,822 10s. 1d. The Manchester District Association (including Rochdale, Emsay, Bury, Oldham, and Ashton) had collected £242 12s. 7d.; Cheshire, £242 12s. 7d.; Durham, £209 8s. 5d.; Halifax, £209 8s. 5d.; Cumberland, £209 8s. 5d.; Bradford, £209 8s. 5d.; Westmorland, £209 8s. 5d.; Liverpool, £242 12s. 7d.; Huddersfield, £209 8s. 5d.; Leeds, £209 8s. 5d.; York, £209 8s. 5d.; Southport, £209 8s. 5d.; other places, £209 8s. 5d. It is still a matter of regret that as few employers and masters make collections or offerings on behalf of the Institution, although candidates presented by them afford a strong ground of appeal to their congregations.

#### APPRECIATION OF FEDERAL SERVICES.

The Committee express deep regret at the death of Mr. Chas. Fraser, who had been hon. secretary of the Bradford Committee for 37 years. After the Bradford meeting six gentlemen were added to the Central Committee as further representatives of the West-riding Committee: Mr. F. W. Crossland, Kendal; Mr. W. G. Green, Winderesore; Alderman John Mouldhouse, Mayor of Kendal; Mr. Geo. E. Munn, Kendal; Mr. W. Haddon Parker, Kendal; Mr. E. W. Wakefield, Kendal. Expression is given to the Committee's high appreciation of the valuable services rendered to the Institution by the principal and secretary (Mr. Egmont, who, notwithstanding his 37 years' work, has continued to watch over the Institution with his usual energy and devotion); but it is recognised that the time has arrived when arrangements must be made for securing him more extended periods of rest and relaxation than he has hitherto enjoyed. The Committee also gratefully acknowledge the valuable cooperation of Dr. Douglas and the other members of the staff.

The efforts of the Institution are touched upon as a problem of vital importance, and it is urged that great advantage might be conferred by well-considered legislation for the training and permanent care of this afflicted class. In conclusion the report states that "The Central Committee gratefully acknowledge the generous financial support which they have always received in the past, and especially during the last twelve months. The Institution is in a prosperous condition, and is fulfilling the intentions of its founders. In the thirty-three years of its active existence, it has undoubtedly proved a blessing to hundreds of poor families which have been relieved, for a long time at any rate, from the harassing anxiety involved in the presence and care of an imbecile child; and the great majority of the patients who have been discharged have returned to their homes distinctly much better, both mentally and physically, while not a few have been enabled to take their place in the industrial ranks of society."

#### REPORTS OF THE PRINCIPAL AND THE MEDICAL OFFICER.

The report of the Principal (Mr. James Figgens) states that on July 1st, 1903, there were in the Institution 574 patients. During the coming twelve months there will be 160 admissions and 37 discharges and deaths, bringing the number of patients up to 595. The average number resident during the year has also been 595. The majority of the patients admitted within the twelve months have improved, and some of them greatly so, while patients in whom the same and badness have shown very slight, if any, benefit, have gratified their friends by signs of improvement when being visited. He again urges the importance of remembering that the Institution is a training institution, and not a place for the care of hopeless cases. With regard to the discharged patients, there are very few who have not benefited from the treatment received, and there are cases of very great improvement.

From the report of the resident medical officer (Dr. A. R. Douglas), it appears that the degree of imbecility manifested by the majority of the 125 patients admitted during the year compares favourably with previous years. Of the 27 patients discharged 26 had been much improved, and 25 to a less extent. The death rate has been still up to a percentage of 5.2 of the average number resident, chiefly by a very severe epidemic of influenza, which attacked over 200 of the patients and nearly the whole of the staff. He anticipates that the sanitary and other improvements in progress will prove of great benefit, and reference is made to the operant treatment of tuberculosis, a disease which seriously influences the death rate.







Chairman of the Central Committee—  
The Right Hon. LORD RICHARD CAVENDISH.

Telegraphic Addresses:—"DOUGLAS, LANCASTER."  
"KEIR, LANCASTER."

Telephone 21.

5136/49

1/2

## The Royal Albert Institution:

For the Feeble-minded of the Northern Counties.

Lancaster, August 30th, 1915.

Medical Superintendent:— ARCHIBALD R. DOUGLAS, L.R.C.P., L.R.C.S.

Secretary:— SAMUEL KEIR.

The Editor,  
The British Medical Journal,  
429, Strand,  
St. Martins in the Fields,  
Middlesex.

The Acting Medical Superintendent has pleasure in enclosing for the use of the Editor of the "British Medical Journal" a cutting concerning the career and lamented death of his late colleague, Dr. A. R. Douglas. The enclosed cutting is an extract from the "Lancaster Guardian" of August 28th.

W.C.C.  
Enclosures

Announcement and cutting from Lancaster Guardian"

*manager*



# DEATH OF DR. DOUGLAS.

It is with profound regret we have this week to record the death of Dr. Archibald Robertson Douglas, the esteemed Medical Superintendent of the Royal Albert Institution, which occurred with almost tragic suddenness early on Thursday morning. The deceased gentleman was taken ill on the evening of the 29th inst., but no alarming symptoms were observed until Wednesday morning, when it became evident that his condition was such as to arouse apprehension. The same day he was seen by two specialists from Liverpool, but they pronounced his case to be beyond surgical aid, and he passed away about half past one the following morning.

Dr. Douglas, who was only 47 years of age, was a Scotman, but spent his youth in the neighbourhood of Tyneside, receiving his education in Madras College, St. Andrews, and the Newcastle School of Medicine and at Edinburgh. His degrees were L.R.C.P. and L.R.D.S., Edinburgh, and L.F.P.S., Glasgow, 1888. His first appointment was that of resident surgical assistant at the Royal Infirmary, Newcastle, and he also held the appointment of registrar and clinical assistant at the Newcastle Throat and Ear Hospital; but throughout his career he has devoted special attention to mental disease, and for a time held the position of resident and clinical assistant at Danston Lodge Asylum, Ormskirk, and that of assistant medical officer at the East Riding Asylum, Beverley. With the exception of a period of two years, when he acted as deputy medical officer at Portland Prison, Dr. Douglas has been officially connected with the Royal Albert Institution since November, 1893, when he was appointed assistant medical officer, the senior medical officer at that time being Dr. Telford Smith. When the latter resigned his position in November, 1899, Dr. Douglas was appointed resident Medical Officer, and subsequently when the death of Mr. Duggan (the late Principal and Secretary) in May, 1900, necessitated a change in office, Dr. Douglas became Medical Superintendent, a position he has filled with conspicuous ability during a particularly arduous and trying time. During his tenure of office many important developments have taken place at the Royal Albert, the chief being the erection of the Ashton Wing for the accommodation of epileptic and feeble patients; the provision of the James Duggan Memorial Reception Room, which enables the classification of the patients to be carried out with a greater degree of efficiency; and the initiation and development of the Farm Colony system, under which provision is made for 50 patients. With an extensive practical experience of the treatment of all kinds of mental diseases, Dr. Douglas combined a marked ability in organisation and administration which has tended in no small measure to enhance the high reputation the Royal Albert has from the first maintained, and enabled it to be recognised as one of the leading institutions for the care and education of the feeble-minded in the country. It is a tribute to his skilful management that the weekly cost of maintenance per head has been greatly reduced, whilst not only the reports of the Committee, but of the Lunacy Commissioners, afford satisfactory proof of the high state of efficiency attained in other directions. His relationship with the staff was always most cordial, his geniality, kindness and consideration endearing him to everyone with whom he was brought into contact.

Dr. Douglas always emphasised the fact that the Royal Albert was an institution for the training of the feeble-minded, and the development of the educational work of the Institution, not only in the schools but in the Herbert Huxley workshops, had his fullest sympathy and constant encouragement. The introduction of many new features which have led to a beneficial effect being largely due to his earnest desire to secure for the afflicted people under his care the fullest advantage that systematic industrial training could bring about. During what may be termed the transition period which led to the passing of the Mental Deficiency Act in 1913, Dr. Douglas was more than once requisitioned to give evidence before Parliamentary Committees, and the changes involved by the Act, which brought the Institution under the authority of the Board of Control, necessitated a great amount of arduous work, most efficiently and successfully performed. A feature of the Royal Albert, during the superintendency of Dr. Douglas, has been the successful character of its entertainments. In earlier days there had, of course, been entertainments on a small scale, participated in to a considerable extent by residents; but under the inspiration and zeal of Dr. Douglas, himself a skilful musician and an enthusiastic amateur actor, the staff developed a musical and histrionic ability which won for them a considerable reputation in the capable presentation of some of the most popular musical comedies of the day. It is no secret that the lion's share in the work of preparation for the annual entertainments on the advent of the New Year fell upon Dr. Douglas, though he never appeared before the public. He was responsible, not only for the training and rehearsal of both principals and chorus, but for the stage management and general supervision of the productions, a fact which tended in no small measure to the great success achieved.

Outside his work for the Royal Albert Dr. Douglas had many interests. He was a lecturer to the St. James Ambulance Association, and a joint-examiner for the nursing certificate of the Medical-Psychological Association, vice-president of the Asylum Workers' Association, and vice-president in 1910 of the Section of Psychology and Neurology of the British Medical Association. Though not a voluminous writer he has contributed to medical and other journals several papers of importance upon the mentally defective and kindred subjects, including "Fetal Servitude and Lasciviness" (Journal of Mental Science, 1900); "The Improvable Idiot: His Training and Future," 1900; "Criminological Responsibility of the Mentally Defective Psychologically Considered" (Hospital, 1901); "The Royal Albert Institution, Lancaster: A Brief Review of its Development and Work," 1901; "The Care and Training of the Mentally Defective" (Journal of Mental Science, 1901); "The Asylum: His position in the community and his influence on the future of the race" (Practitioner, 1911); and "Some Suggestions Regarding the Care of the Feeble-minded under the Mental Deficiency Bill, 1913" (Medical Psychological Journal). He also contributed to the International Congress of School Hygiene at Paris in 1910 an informative paper on "The training of the imbecile in institutions and special schools."

Dr. Douglas took an active interest in Frobenius, and had been a member of the Rowley Lodge, Lancaster, for some years, and was also a member of the Royal Arch Chapter. He was W.M. of Rowley Lodge in 1913. He was a keen singer, and spent most of his leisure time at Rathfriland in the Lake District. In religious matters Dr. Douglas was a Churchman, and attended Christ Church, Lancaster. A man of great amiability, he made many friends, by whom his untimely death will be sorely regretted.

Dr. Douglas married a Miss Fisher, of London, who survives with two sons, one of whom is being educated at Rome, and the other at the Lancaster Royal Grammar School.

The remains of the deceased gentleman are to be interred in Southforth Cemetery on Saturday afternoon, a preparatory service being held to commence at Christ Church at 3 p.m.

Lancaster Guardian, August 28th/1915

## LOCAL WAR ITEMS.

## National Egg Collection.

Eggs to the number of 850 were collected from the following Lancaster depots last week-end:—Mrs. Wigley 122, Queen's Hotel 120, Miss Tower 55, Mr. Lyle 55, Police Station 26, Canon Roy Rovers 135 and 5d. subscription, Quenners School 136, Hulton 112, Gulgate 62.

## The Inspiring Pipes.

Signaller and Lance-Corpl. R. Johnson, of the 7th South Lancashire, writing to a Lancaster friend on August 25th, says:—"We have just come out of the trenches after a ten days' spell, and are in billets a few miles behind the firing line. The weather was bad, but you have to take things as they come and say nothing. We are a bit better off than the English Regiment, as we have our bagpipes playing when on the march, and you don't know how it helps you. I have seen many just about done up when the pipes have struck up an old Scotch tune, and you back up again, and go along with the step you started with."

## Pte. E. Carter.



1720 Pte. Edward Carter, 5th King's Own, who was in May reported wounded and missing, is now stated by the War Office to have been buried by the Germans at Fromberg on May 19th. Carter was only 19 years of age, and was in the machine gun section. When the war broke out he resided at Ridge Cottage, Canon-road, and the news that he was wounded in the arm came from Pte. Smith, of St. Mary's Place. His mother feared the worst, because she said her son had promised to write. The shock of his reported death doubtless was too great for her, as she died suddenly in her home just as the family were removing to Rochdale. The father now lives in Denmark-street, the Marsh, and was notified of the death of Pte. Carter on Sunday last. The fact that he was wounded was published in the *Guardian* on May 19th, so that Pte. Carter must have lain a few days on the battlefield if he was not buried on May 19th.

## Pte. W. Thompson.



1326 Pte. W. Thompson, of the 5th King's Own, has arrived at his home, 41, Canon-road, after being under treatment for 27 weeks for serious wounds. He got his in the side by shrapnel as he was carrying a wounded comrade on April 23rd, and after being in the base hospital, was transferred to the Western General Hospital, Howard Gardens, Cardiff, where a large piece of shrapnel about 2 inches long was taken from the region of his kidneys. Pte. Thompson was in hospital ten weeks, and was then removed to a convalescent home at Cottesmore House, Pottsgate, Bedfordshire. Here he stayed ten weeks, and got to Lancaster on Monday. His wound is still troublesome, and it is doubtful whether he will be fit for active service again. Pte. Thompson was in the Machine Gun Section, and a member of "B" Company.

## Corpl. George Butterworth.



One of the six soldier sons of Mr. James Butterworth, 4, Blincoe-avenue, Bath, has been home on furlough this week. Corpl. George Butterworth, is a reservist of the South Gloucestershire. He went to Canada in 1914.



## A DANGER TO THE STATE.

### THE SURVIVAL OF THE UNFITTEST.

A growing danger to the State was discussed at an influential gathering yesterday in the Brighton Pavilion. The danger is the way in which all modern methods, intended to be humanitarian, are tending to foster the survival, and indeed the increase, of the unfittest. The gathering was the Conference of the National Association for the Feeble-Minded on the subject of the after care of these poor creatures. It brought together a large number of ladies and gentlemen who are members of Boards of Guardians and Education Committees, and medical people (of both sexes) who have this problem under their immediate attention. The Conference seemed open to the criticism of being a little unwieldy; for too many papers were given to be read, and there were too many people, accustomed to speaking, who wanted to speak. Nor were matters helped by an arrangement which, more courteous than effective, caused the day's proceedings to be presided over by four different chairmen—the Mayors of Brighton and Hove, and the Chairmen of the two Education Committees. The result was that the last Chairman, Councillor Stevens, did not have an enviable task when dealing with points of order and conflicting resolutions, and things got a little out of hand. However, the strong man came to the fore, and the Conference wound up by passing a resolution which came to close grips with the main question at issue. This resolution was as follows:

That this Conference emphatically expresses its belief that the time has arrived when the Government should pass a Bill making the permanent segregation of the feeble-minded compulsory, and urge the immediate preparation and passage of such a measure.

This resolution is to be sent to the various bodies represented at the Conference, and to the Government.

There were some main points brought out by the papers and discussions. One was that under our present system the provision made for dealing with mentally deficient children is worse than useless. It tends to promote their multiplication. They are carefully tended in special schools until they are 16. They are then turned adrift into the world. Unfit, unemployable, they rapidly degenerate into vagrants, loafers, the permanent population of our workhouses and prisons. The law does not recognise them as fit subjects for interference, as it would if they were totally insane. The result is that they are at liberty to reproduce their kind. They do so with unfortunate fertility, and the numerous offspring are almost invariably a grade more unfit, helpless, and vicious than the parents. The rapid increase of the unfit on the one hand, and the reduction in the birth rate of the fit, therefore presents a very grave national danger of degeneration.

This subject was tackled now by the speakers—ladies as well as gentlemen—with considerable business and with a refreshing absence of false shame and sentiment.

A feature of the debate was the number of instances mentioned of the way these helpless degenerates are continually adding to their kind, and periodically bringing into the world another helpless life to add to the general mass of helplessness and to increase the burdens of the ratepayers.

#### Rough and Ready Law.

A cordial welcome to the town was given by the Mayor, Alderman Thomas Stamford, J.P. He said that most of us were well known to him from the petty crimes which the Magistrates have to deal with daily are closely bound up with the question before the Conference. The law has had a rather rough and ready way of settling between those who are responsible and who are not. Undoubtedly there is need for approaching the question in a different and more scientific way. He hoped to learn something from the Conference.

Statistics referring to 3,283 cases of feeble-minded children that had been drawn up were presented by Sir William Osborne. A significant fact was that nearly 1,000 of these cases were found to be "absolutely useless to society." It was pointed out that these children, when out of the special school, rapidly degenerate, and the contrast between them and the ordinary worker becomes more and more marked with years. Nothing but compulsory registration and supervision of cases of mental defect will prevent what is a rapidly growing evil.

The statistics, said Sir William at the end, prove how imperative it is that the Government should take the matter in hand and rescue, by means of institutions affording permanent care, these unfortunate beings, a danger to themselves and to the community.

One speaker mentioned the case of a woman of 67 who has been an inmate of Colney Hatch Asylum fifteen times and has been in other asylums eleven times. Married at 18, she has had thirteen children, of whom five are dead, and the others are showing signs of insanity. She has two sons in asylums, and two sisters who became insane.

Another typical instance was the case mentioned by a lady Guardian where a feeble-minded man and woman come periodically into the workhouse, the woman each time to become a mother.

A speaker observed that in Dr. Barnardo's Homes there are some 200 adult feeble-minded, who are treated with very satisfactory results. They become domesticated like cats, and are attached to the home. There must be segregation.

#### Colonies Essential.

These two points were maintained by Dr. Helen Boyle, of Hove, who, as the result of a recent motor accident, appeared with her arm in a sling. There must be colonies, she said. She is interested in a home in Brighton, which has eleven beds for afflicted women. The patients love the home; when sent away as incurable, as so often happens, they implore to be allowed to come back. The poor creatures would be only too glad to be looked after in a home. Dr. Boyle dealt with "borderland cases" where it is difficult to decide exactly what should be done. England rigidly refuses to treat a case unless it is unmistakably insane. The trouble of the poverty of the East End would be helped to disappear with proper treatment of the feeble-minded. The children of the feeble-minded are generally the unemployable, or if not mentally deficient, they become criminals or paupers.

Dr. Boyle quoted some typical cases where she said emphatically the only place for the girls concerned is a colony. There they would be happy and contented, and would be practically self-supporting. To keep them out of a colony will cost the State ten times as much as keeping them in a colony. Sometimes it is a case of diseased brain, sometimes of faulty environment, sometimes of absolute mental defectiveness. Helpless, incapable of keeping themselves clean, subject to strange moods, they are bound to meet with disaster in the world. In a colony they would be safe, from their own point of view and from the public point of view. Dr. Boyle's impression was that ultimately

such colonies could be made self-supporting. Looked after properly, these feeble-minded people can often do a great deal for themselves. It is cruel to leave them to battle in the world alone, and then punish them because they fail in the fight. "I had to give evidence at an Assize once. It was almost laughable, were it not so sad, to note the way feeble-minded persons were brought up for punishment." We must grapple with the question properly if we are not to become a decadent nation.

Dr. R. J. Ryle, of Brighton, dealt with "The Origin of Feeble-mindedness." Feeble-mindedness goes along with certain recognized physical defects. Where we find mental deficiency, the pathologist will find definite physical and anatomical defects. Sometimes the abnormality is chemical, and not anatomical. Dr. Ryle went learnedly into the question, dealing with the biological aspect of the subject. He held out the warning that we must not jump too readily to explanations of the origin of feeble-mindedness as being due to the alcoholic habits of the parents, to their consumptive tendencies, or to such accidents as falling on the head when children, or shocks or illness. These are often collateral causes, or, in the case of alcoholism or consumption, they are less causes of feeble-mindedness in the children than they are symptoms of feeble-mindedness in the parents. Dr. Ryle had a good deal to say about the tendencies of heredity, and the connection between mental defects and such bodily defects as hare-lip, cleft palate, malformation, or rickets. He found the mental and the physical defects symptoms of the same trouble. His main conclusion was emphatically in favour of segregation, to prevent the passing on of hereditary taints. The difficulty is where to begin. Some of the cases that most require segregation, where the most good may be done by it, are the cases where the greatest difficulty is found in meeting the objections of parents or of society.

Dr. Shuttleworth, a leading specialist in lunacy, pointed out that it was a frequent incident in his practice to be consulted about the feeble-mindedness of children of really distinguished people, distinguished in the State and in business. One must be careful, then, in one's pronouncements about heredity. He commended to the Conference the Brighton home under Dr. Helen Boyle: he was most favourably impressed by it.

In answer to the statement that Boards of Guardians have sufficient power at present to deal with the matter, a lady Guardian, understood to be from Portsmouth, said that they tried to detain a large number of women who are continually in and out of the workhouse and adding to the feeble-minded population. But the Guardians found that they would be subject to heavy penalties if they did detain them.

#### The Murderous Unfit.

Dr. G. A. Auden, of Birmingham, pointed out that out of 80 murders committed last year 32 were perpetrated by people proved to be insane. When two aliens kill three policemen, the whole country is agitated to restrict the entrance of aliens. But when the mentally deficient kill thirty-two people, no one seems to worry.

The afternoon was devoted to papers describing methods of dealing with the feeble-minded in Scotland, in America, and on the Continent. For want of time, papers dealing with France, Germany, Italy, and Norway were not read.

Of the other papers, those on Scotland and Egypt only went to show that the methods in those countries are inadequate. The only papers that were of actual use were papers by lady doctors. This was the paper on American methods, prepared by Dr. Isabelle Thompson Smart, medical examiner of mentally defective children in New York. The paper was sent over by her to be read. The other papers were read in person by Dr. Alice Vowles Johnson, who gave voluminous information as to the Ghel system in Belgium and the Ursberg colony in Bavaria.

America, as usual, was found to be go-ahead and drastic. Many of the States have a variety of institutions for dealing with the varying grades of the feeble-minded, completely secluding them—mostly, one gathered, in farm colonies where every effort is made to render life happy for these unfortunate and to keep them out of harm's way. Some States adopt the more drastic plan of what the lecturer described as sterilization.

#### Successful Foreign Methods.

Dr. Alice Johnson's papers made the greater appeal. In one she described the remarkable village community of Ghel, in Belgium, where the mentally deficient are taken in as boarders, under State supervision. The afflicted are given almost complete liberty; they mix freely with the villagers who take the keenest interest in them, and the results have been invariably satisfactory. The villagers, however, are themselves rather unique. The village has been noted for its care and cure of the mentally afflicted since the miracle-working days of the seventeenth century, as if its people seem to have developed a special faculty for dealing with such people.

The colony at Ursberg would seem to be a more practicable model. Here, amid ideal surroundings, is a large town of mentally deficient people. "The only sane man among them is the engineer." The administrators, however, are religious "sisters" who are sane enough. The place is entirely self-contained, doing within its borders everything that is required for the welfare of a large community. The one resource of civilization that they do not produce for themselves is a newspaper. (Does this mean that there are no feeble-minded journalists?) Otherwise, there are not only the necessities but even the luxuries of modern life. Carefully graded, discreetly watched, given abundant freedom, and kept healthily employed, the inmates live happy lives, with nothing to remind them of their deficiency, and with everything to help them to make the best of their powers. No walls or gates are necessary. No inmate has ever wanted to run away. The only trouble is that so many have to be refused admission.

This colony clearly appealed to the gathering, and was approved by numerous speakers. One speaker said he had noted that while the feeble-minded are so susceptible to evil suggestion, they are equally responsive to good suggestion.

At the end of the Conference the members were entertained to one of the Pavilion Creamery's special teas, thanks to the generous hospitality of the Mayor of Brighton.

Arrangements for members of the Conference to visit places of interest to them in Brighton were made by the local Committee, of whom the Mayor of Brighton was chairman, Alderman Geere vice-chairman, and Mr. E. Hackforth (Clerk to the Education Committee) hon. secretary.



...a living body, with its own Divinely accredited Episcopate and ministers and its own Divinely ordained sacraments. It grows. It adapts itself to its environment. Other rites and customs may suit other places. The Church of England adapts customs and practices to suit its own needs. A custom which it adopts becomes a Catholic custom by being adopted by a true branch of the Catholic Church.

#### The "Reformation Modus Vivendi."

Mr. Clement Hill, who seconded the resolution, adopted the New Testament metaphor of the Vine to prove that the Church of England is a true and living branch of the Catholic Church. He showed the supreme value of rites and ceremonies inasmuch as they cannot be separated from the Faith which they set forth and presuppose. He admitted that the Church of England is bound "for the present" by the Reformation. But he thought it would be more correct to speak of it as the "Reformation modus vivendi" than as the "Reformation settlement." For whatever is settled, it certainly left many matters unsettled.

The Conference showed a strange shyness in discussing the subject, although it was manifest that there must have been a good deal of earnest thought at work among the representatives.

The Bishop of Chichester pointed out a weakness in the resolution. If the Conference passed the resolution it would give a national Church full power to ordain or abolish any rites or ceremonies as it likes. He would like to see the addition of some such words as these: "always provided that such rites and ceremonies are in harmony with Catholic Faith." He thought it a most dangerous thing to say that a national Church may have any rites and ceremonies that it likes. "We must insist that the Church should teach nothing contrary to the Catholic Faith, or we may open the door to all kinds of things."

The Rev. W. J. Hambro-Crofts pointed out that the intention of the old Reformers was that there should be no break in continuity. The idea which also animated them was that there should be a golden mean, which should not approach too near to the Italian shore on the one side or to Plymouth Sound on the other. (Laughter.)

The Rev. G. K. Boyd (Vicar of St. Andrew's, Worthing) boldly declared that the Church of England is not a branch of the Catholic Church. It is the Catholic Church. "The Church of Christ, founded by Himself upon the rock of His Incarnation, is incapable of division by any act of man. . . . Subdivisions made by the act of man are purely ephemeral, and we hope that in God's good time they will pass away."

On the initiative of Dr. Upcott and the Dean of Chichester, the Conference decided that the resolution should not be put to the vote.

Among the absentees from the Conference was the Rev. W. E. A. Young (Rector of Pycomb), who, until this occasion, has attended every Conference since the commencement, and has been a frequent speaker. He was absent owing to serious illness.

A word of appreciation must be said for the admirable way in which the general arrangements for the Conference were superintended by the Rev. E. H. Nash, of Fife.

#### ORGAN RECITAL AT ST. JAMES'S CHURCH.

Another interesting organ recital was held at St. James's Church on Tuesday evening, and, although the weather was particularly uninviting, there was quite a good congregation present. The programme submitted differed from the ordinary course, in that two compositions only were drawn from, namely, Bach and Mendelssohn, the former being represented by the Fugue and Fugue in D minor, the Prelude and Fugue in D major, and two Choral Preludes, and the latter by the Andante from the Violin Concerto, the Ray Blas Overture, Variations, and the well-known Sonata in D minor. Miss Evelyn Fiedrich had kindly offered to sing, but a cold prevented her appearance, her place being taken at short notice by Miss Kitty Horne, who sang "Angels ever bright and fair" (Handel) and "O Divine Redeemer" (Gounod). Miss Kitty Horne possesses a soprano voice of bright and pleasing quality, her pronunciation is good, and in Handel's solo in particular she acquitted herself admirably. Mr. Norman Richards, the organist of the church, was at his best, and held the tense attention of all present. A collection was made in aid of the church expenses.

#### BAZAAR FOR EMMANUEL CHURCH.

With the object of assisting the funds of Emmanuel Church, a bazaar was held in the Banquet Room of the Hove Town Hall on Thursday, and it was continued yesterday (Friday). A large number of stalls had been set up and tastefully arranged to tempt the visitor, and an off-room was arranged as a refreshment department, with a long counter crowded with good things and a number of tables ready set out before it.

The sale was to have been opened on Thursday by the Lady Agnes Anderson, but the Rev. J. R. Figgis had to announce that Lady Anderson could not come on account of a bad cold. Lady Chichester would have been pleased to come in her place, but she, too, was unwell. However, at the eleventh hour he had been able to secure Baron Porcetti. (Applause.) He read a letter from Lady Anderson, in which she said she took an especial interest in Emmanuel Church, as it was the one she and her husband attended on the Sunday after they were married.

Colonel Phillips having led in prayer, Baron Porcetti opened the sale. He said that he had read the church report with great interest, and noted that the funds which have kept the church going have come in almost miraculously. It was really remarkable how the funds had been provided by a very small congregation. But there is no endowment, and so external means have to be called into play. The object of this sale of work was to clear off a debt incurred in respect of unavoidable expenditure. The church, he proceeded, does a good deal of quiet, honest work in helping a number of societies, such as the Bible Society, the Church Missionary Society, the London Missionary Society, and other kindred work abroad, and a great deal of work in the town. As the present minister (the Rev. J. R. Figgis) leaves at the end of January, he is very anxious that there should be no deficit, so that Mr. Gregory, when he comes, may see a clear balance sheet. Last year the sale of work realized £255, and I hope you will raise the amount this year to £275. (Applause.)

A rather humorous incident occurred after the Baron had opened the sale. Captain Sheppard's two little children gravely marching up and presenting him with a large bouquet. It was obviously intended for Lady Anderson, but the children apparently thought that Baron Porcetti could equally well receive it.

Yesterday the sale was opened by Mrs. Figgis, and

The Rev. W. E. Cooke, who is compelled to resign the rectory of Vandonville Congregational (through ill-health), will preach his closing sermon tomorrow (Sunday) at 11 and 7. On Monday evening, a meeting will be held in Vandonville Hall by Mr. Cooke farewell. Even regret is felt in Hove at the cultured resignation of a pastor who has endeared himself to many.

At Union Church, on Thursday evening, the Rev. Rhonda Williams resumed his week evening service. Between now and Christmas he intends to deal with certain books of deliverance of importance. The subject last Thursday was Professor William James' lecture on "Human Immortality," in which that learned professor maintains that there is no scientific argument against the belief, from anything that science can prove, as to the relation of mind and brain, the brain, in the opinion, being not the producer but the transmitter of thought. Mr. Williams' subject next Thursday evening, at 8.15, will be Professor Royce's lecture on "The Conception of Immortality."

Holiday papers were contributed by members at Tuesday's meeting of the Clermont Literary Society, Froville Park, the Rev. C. Bentley Jutson presiding.

On Sunday and Monday last the St. Andrew's Froville Sunday School, Queen's Park, Brighton, celebrated its anniversary. On the first day the sermons were preached by the minister (the Rev. E. Cowan, B.A.) on "The value of small things" and "A safe partnership." In the afternoon an address was given by an old friend of the school on "Webs." Appropriate pieces were sung at the various meetings. The following evening (Monday) a service of song, entitled "A Flower Mission," was effectively rendered by the teachers and other friends under the able conductorship of Mr. G. W. Virgo, the solo pieces being given by Mrs. Talney, Miss G. W. Virgo, and Mr. Virgo, Miss L. Mills rendering good service as accompanist. In the absence of the Rev. E. Cowan, Mr. T. Bath, one of the school superintendents, presided, making brief allusion to the needs of the school, and at the close a collection was taken on behalf of the work. The school has in the three departments presided over by Mrs. Smith, Miss York, and Mr. Bath, upwards of four hundred scholars, and has outgrown the accommodation provided in the church and schoolroom. A scheme has recently been passed, by which provision will be made for additional scholars awaiting admission. Mr. H. Cullen, as treasurer, of 11, Alexandra-villas, will be pleased to acknowledge any donation for the work of the school.

The popular Saturday night at Carlton Music Hall are now in full swing. Last Saturday Mr. Charles Baldwin secured a talented company of instrumentalists, vocalists, and singers. On Monday evening Mr. J. J. Jones repeated, by special desire, his lecture on his three months' sojourn in the United States. The place was again crowded. Mr. Jones referred especially to what he considered the superior and more common-sense way of treating criminals and paupers in America. The large farm of Waverley, where the paupers work, the collection farm, where criminals work, the city hospital, and the prison, called there "The Workhouse," were described, as Mr. Jones was afforded every facility by the authorities to examine their mode of procedure. The second period, he said, to be kind to an Englishman Cleveland—about five times as big as Brighton—by the side of Lake Erie, and the outlying farm districts were described. Most of them, Mr. Jones noted, were districts where intemperance is prohibited. Niagara Falls, a journey up the Detroit river, as well as the return home by Hudson river, also came in Mr. Jones's survey.

A pretty cantata, entitled "The Birth of the United States," was very creditably performed on Wednesday at the North-east Hall by members of the 4th Brighton Troop of Girl Guides, the 14th Brighton Troop of Boy Scouts, and the Sunday School of the Queen's-road Presbyterian Church. The theme of the first part was, of course, the formation of the flag by the union of 13 stars and national emblems. After the interval, Britannia reassembled her Council and received reports of the bonds which had secured from that union, and the consequent increase of her dominion. The chief characters were Britannia, represented in queenly style by Miss Mabel Galloway, an extremely dignified Prime Minister (who was created by a member of the audience as Lloyd George), St. George, St. Andrew, and St. Patrick, two Welsh girls, and Columbus. By representatives of these characters were sung descriptive of their respective parts, the phrases being taken up by their attendant soldiers, mass of honour, etc. A hornpipe was very cleverly danced by a diminutive sailor, Miss M. Spaulding, who was accompanied on the piano by Mrs. Welch. The programme also included a tambourine dance and some very effective marching drill. The entertainment was under the management of Miss H. Waugh, assistant Guide Mistress, while Miss F. Fenner discharged the onerous duty of accompanist.



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amount, were to come later in the pupil nurse's training. Their hearts were first to be exercised by bringing their kind impulses into action. This as was there believed can be better done in the patient's homes than in hospital wards; and as years go by, I am more and more convinced that this way, which Miss Nightingale commended, is the true way of training nurses. But, as I must regretfully acknowledge, in this conviction the Waltham School stands alone; and, for attempting to follow this ideal, its graduates are ostracised by every nurses' organisation in America. Even from the leaders of the nursing profession we have, with few exceptions, met only with condemnation. Our critics are not to blame. Their own education and training is all that is needed to fit women for highest usefulness in private nursing. Under this system, it is true, hospital nursing has been revolutionised, but nurses, alas, have become institutionalised.

(To be continued.)

### MISS HONNOR MORTEN

Do the work that's nearest,  
Though it's dull at times,  
Helping, when we meet them,  
Lame dogs over stiles. . . .  
—C. KINGSLEY.

TO the various appreciative notices of Violet Honnor Morten, it seems but gracious to add some slight personal reminiscences of, possibly, equal interest to those who knew her chiefly from her public work.



MISS HONNOR MORTEN.

In her girlhood she was distinguished by her enthusiasm for everything which she took up. Amongst other subjects which then attracted her was the study of astronomy, and she worked for a time under the guidance of a distinguished astronomer.

A short period of training at the London Hospital greatly influenced her, and she had a strong attachment for the distinguished Matron of that institution.

In the preface to "Tales of the Children's Ward," which she wrote afterwards in collaboration with a hospital sister, she says: "Where the strife and noise of the world are shut out, and the stillness of pain reigns paramount, the grim struggle against death and disease is always carried on. Day and night, though there is never noise, there is ever movement throughout that great building; and, when all the surrounding houses are dark and the traffic hushed, lights still shine from those numerous windows, and the unceasing care of the sick and suffering continues without arrest." And, speaking more especially of the Children's Ward: "It would be a strange thing if all the sympathy and loving kindness which sickness always calls forth were not doubled in the case of these small sufferers, on whose tiny shoulders such grievous burdens have been bound. The Children's Ward always has been, and always should be, the recipient of all the spare love and charity of those who, rather than gold or honour, would 'win one little child's caress.'"

Her intense sympathy with children had often an outcome in practical help. When told of a "sad case," she would listen silently, and perhaps put a pertinent question or two, but often express neither sympathy nor interest; yet in a day or two some feasible scheme of relief would be evolved, and if other help were delayed, a cheque earned by a newspaper article would be quietly devoted by herself to meeting the present emergency.

She was almost abnormally sensitive to every form of suffering, although at the time when the life within hospital walls first attracted her, she was dowered with health, strength, and unusual staying power.

Miss Morten once lived for several weeks in workmen's dwellings, and studied the conditions of life under the sordid conditions of that human beehive. The people fought at night, and cries of "murder" were frequent. That the word had no foundation of fact did not detract from its fearsomeness in the ears of the solitary listener. Yet she could laugh at her own alarm when recounting her experiences, and dwelling lightly on her experiments with a hot, carbolic-laden fire-shovel, whence the fumes almost choked her as well as destroying the insect pests she was hunting.

Generous, great-hearted, and brave, she has gone from us in the prime of a strenuous life, sanctified by an ordeal of grievous bodily pain. One thinks of her in her many aspects, and remembers that she could play as well as work, and did not grudge a summer afternoon devoted to pond-fishing for objects to fill a fresh-water aquarium for a children's ward.

From wanderings on Scotch moors she would send trails of strange mosses or a fragrant bundle of heather and ling to gladden the eyes of town dwellers, from whom her thoughts were not long absent.

Her love for Nature was gratified of late years, when she made her headquarters in a cottage home built to her own design on a lovely hillside in Sussex; but of her work there, word has been already written by those who knew its fruits, and of the many afflicted little ones who shared with her its pleasures.

H. F. G.

DR. SHUTTLEWORTH, hon. sec. of the Asylum Workers' Association, writes deploring the close of Miss Morten's useful and unselfish life, a grief which will be shared by the Association, of which she was virtually the founder.

A PLEA for allowing girls to start nursing at eighteen, presumably on the grounds of economy, is advanced by Dr. John Allen Hornsby in his book on *The Modern Hospital*. He holds advanced opinions on the subject of the medical examination of probationers before they are accepted for training.



## STATE REGISTRATION OF TRAINED NURSES

THERE was a large attendance at the eleventh annual meeting of the Society for the State Registration of Trained Nurses on Friday afternoon, July 18th. Mrs. Bedford Fenwick, President of the Society, was in the chair. The Hon. Secretary, Miss Breay, presented the general and financial reports for 1912. The total number of members of the society is now 3,310, of whom 125 joined last year. The receipts were £102 14s. 2d., and there was a balance remaining of £46 19s. 3d., an increase of £6 on last year's balance.

Sir Victor Horsley, in his address, said that the public failed to recognise the importance of the registration of trained nurses, and that as long as they were content with being attended by those women whose curriculum of training did not include what was considered necessary by the best authorities, they were guilty of a gross injustice not only to themselves, but also to a body of highly trained women. All who are qualified to express an opinion on the subject were agreed with respect to the need for registration. The medical and nursing professions were absolutely united in this object, but what they had to contend with was a strong resistance to the end in view, which, worked secretly as it was, increased the difficulty enormously. The proposal made by Mr. Sydney Holland to have, not a statutory directory, but a private one, had been opposed as useless for the last twenty-five years; the only way to attain the object for which they were all working was to have the matter under State control. He thought that something should be done to interest Ministers more in the question. Mr. John Burns, for instance, might be approached with regard to the shortage of Poor Law nurses. An attempt should also be made to create a group of Members of Parliament to support Dr. Chapple in his efforts for the cause in the House. Then as to the nurses themselves, would it not be possible to get a list of those who were anxious for legislation? This movement should be associated by each individual member with other forms of work, especially with the movement of women's enfranchisement. The attainment of State registration would mean a benefit to themselves and an incalculable gain to the nation.

Mrs. Bedford Fenwick said that the history of the movement was that of almost superhuman work on the part of a few, and apathy of the many. It must be remembered that nurses were so economically dependent and so poor as a class that they could not come out and oppose those under whom they worked. There would always be a minority of working women who had courage and independence, and that number was increasing, so that where twenty-five years ago one woman came out, to-day there were thousands, and to-morrow there would be hundreds of thousands. It was only in England that there was concentrated opposition to registration. In the colonies, such as South Africa and New Zealand and Australia, and in many of the States of America, registration was already an accomplished fact. They wanted more money and the sympathy of the Press.

Mr. Munro Ferguson, M.P., referred to the deputation which had waited on the Prime Minister in March last, and said that it was most interesting, but a great deal of the information which seemed at hand came from the opposing quarter.

More could be done, he thought, at public meetings at election times, as no one was more squeezable than a parliamentary candidate at such times. It was very desirable to get a number of members to ballot on the bill for registration, and determined effort and perseverance would eventually carry the cause to victory.

Dr. Chapple, M.P., was not very hopeful with regard to the bill in making it a private member's bill, as there were 400 to ballot, and only one could win. The hope was to get the Government to take up the bill. An appeal should be made to those members of the House of Commons who are opposed to Women's Suffrage, because it was their duty to see that women who are debarred from the franchise should be under no disadvantage. Those who opposed registration worked in a subterranean method, and did not look at the question as a community interest, nor from the point of view of the

sufferer. The nursing profession needed the same guarantee which the medical profession already had—namely, that those who practised their calling had been through a recognised curriculum of training.

Miss Beatrice Kent then proposed the first of the two resolutions of the meeting, which was as follows:—

The annual meeting of members of the Society for the State Registration of Trained Nurses desires to record its protest against the practice of the Committee of the London Hospital in sending out nurses to private cases, for gain, at the end of two years' training; because it is economically unsound that they should compete with nurses holding certificates of three or more years' consecutive training in hospital wards, and because, until such time as a Nurses' Registration Act is in force, the public cannot know that the members of the London Hospital private nursing staff, for whose services they are charged full fees, are not required to attain the almost universally accepted standard of three years' training before certification.

Miss Kent said that, amidst much uncertainty, we could be sure of two good things, and those were the State registration of trained nurses, and the political enfranchisement of women. The continued opposition of a minority to flout the majority had now amounted to a positive scandal. The three years' hospital training was necessary in order that nurses should become qualified for their work, and it was surprising that the nurses trained at the London Hospital who were actually defrauded of their third year did not combine and demand it. They were actually in this way underselling other nurses. There was one other point to be considered—namely, that every penny subscribed by the public should be publicly acknowledged. The authorities of the London Hospital published no balance-sheet of the money paid for the private nurses attached to the hospital. There ought to be a government authority which should control charitable funds.

The resolution was seconded by Miss M. A. Harvey, who protested against the unfairness of working with untrained nurses.

Miss Waind proposed an amendment substituting the word "hospitals" for the name of the London Hospital. Public opinion seemed to be high in favour of the London Hospital, and she thought that any efforts to bring discredit on the hospital might injure the cause more than help it.

Mrs. Bedford Fenwick said that the London Hospital was the only one of any importance in London which persisted in undertraining its nurses, and its example had been a very bad one for other institutions—the authorities of the hospital did not, moreover, consider that the short term of training was any reflection on the management. The opposition to registration came almost entirely from this institution. The number of nurses on the staff was a large one, and it was most unfair that work was taken from fully-trained women and done by those whose training did not come up to the required standard.

In answer to the statement that the London Hospital nurses could always go back for their third year if they so desired, it was pointed out that unless a nurse's third year is a consecutive one in her training, it is deprived of a great deal of its value, as in the interval the nurse has lost her position in the wards, and is out of touch with the routine work.

A vote was eventually taken, and Miss Waind's amendment was defeated, so that the resolution was therefore carried as it was originally proposed.

Miss Kingsford then read the second resolution, which ran as follows:—

"The Society for the State Registration of Trained Nurses, in annual meeting assembled, beg to draw the attention of the Council of King Edward's Hospital Fund for London to the following provision in the Constitution of the Central Hospital Council for London, that 'The constituent hospitals shall be invited to contribute equally to the annual expenses,' and requests it to take such action thereon as shall restrict in future, to their legitimate use, the expenditure of charitable funds, by hospital committees receiving grants from the King's Fund.

"It desires, further, to point out that the work in which the Central Hospital Council for London is actively



IN MEMORIAM



VIOLET HONNOR MORTEN.

The Asylum Workers' Association mourns the loss of its Founder and firm friend, Miss Honnor Morten, whose useful self-sacrificing life came to its untimely end on July 12th, at Oakdown, Rotherfield, Sussex, where she has established, on Tolstoy's principles, a settlement devoted to the holiday care of poor children so defective in mind or body as to render them ineligible for ordinary country holiday homes. Born at Chichester, in 1860, of a family more than usually endowed with ability (her mother being sister to William Black, the novelist), and educated at Bedford College, London, she early evinced much originality of character, and soon found of the round of social functions to which so many young ladies of her social position are apt to devote their lives. With her father's consent she trained in nursing at the London Hospital under Miss Lockier, not with the idea of earning her living, but simply to acquire the practical medical knowledge which she found so useful in the benevolent schemes which she launched in afterlife. She took an active part in the inauguration of the Nurses' Co-operation in New Cavendish Street, W., and was subsequently led to interest herself in the training of mental nurses; and the conception of an Association of Asylum Nurses, with the object of raising the status of Asylum Nurses and Attendants, and leveling up their training to that of Hospital Nurses, had its origin with her. The idea assumed practical form in conjunction with her friend, Miss Laura Rimes, then Matron of the Northampton County Asylum, with the valuable cooperation of Dr. Wm. Harding, now its Medical Superintendent. On June 18th, 1904, a preliminary meeting, attended by Sir James Spence, Dr. Harding, Sir Henry Harditt, Mr. Mitchell, Mrs. Bower, Miss Reicher, and Miss Morten, was held in London, and resulted in the establishment of the Asylum Workers' Association in the following year, under the patronage of Sir Benjamin Ward Richardson, M.D., F.R.S. From that time forward Miss Morten never ceased to take a warm interest in the Association, serving on its Executive Committee until she removed from the vicinity of London, and sending as recently as February last a handsome donation to its funds. In the letter accompanying this she pathetically writes: "I am a weak and cannot help in other ways." It has been a sorrow to the officials of the Asylum Workers' Association to find out too late that she was even then suffering from a painful affection which ultimately proved fatal, and that news of her death did not reach them till after the funeral, which took place on July 12th. Copy of a resolution passed by the Central Executive Committee at its July meeting, on being apprised of their loss, will be found below.

It is not easy in a brief article to give an account of Miss Honnor Morten's many-sided activities. She had high ideals of duty and freely sacrificed her own ease and labour for the good of humanity. For children she always kept a warm place in her heart, and for several years served on the School Board for London, where she was the first to advocate the system of School Nurses, now become an integral part of elementary school organization. Afflicted children enlisted her special sympathy, and her later years were devoted to the care of halt, blind, and feeble-minded little ones, who found in her charming Sussex house and garden a periodical paradise. To help her in this good work she gathered around her a band of ladies themselves requiring change of scene and occupation, and thus the life of the community she established became like money—twice blessed. Miss Morten was a voluminous writer: in early life she was on the staff of "The Hospital" and of "The Duty Nerve"; and her books on nursing topics are well-known. She had the knack of expressing her opinions forcibly and had the courage of her convictions which did not always tend to popularity; but those who knew her well realized that with the true gift there was also in her nature boundless compassion for fellow-creatures of every kind. In her later days she shored in her comparatively secluded life at Rotherfield an intense love of nature, and her beautiful garden became the refuge of stricken birds always kindly treated there; indeed, the spirit of St. Francis of Assisi seemed to pervade the establishment. Amongst her later publications, showing the trend of her thoughts in recent times, may be mentioned "The Life of St. Clara and her Orders," whose title page revealed for some of her friends the secret of the authorship of a little devotional book called "The Endowed Nun"; though (as "The Guardian" tells us) faithful to her own branch of the Church to the last.

Tolstoy

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took much interest in the Special Schools and

She had the courage of her convictions & the knack of expressing her opinions forcibly, kindly

Honor Morten remained

G.E.S.

Please add as Note

(For the loan of the portrait-block & some of the facts above given the writer is indebted to the Editor of the "Dancing Times" in whose interesting notice of Miss Morten appeared on July 19th & 26th)



*Copy of letter handed yesterday* 5136/54  
ASYLUM WORKERS' ASSOCIATION.

*A.M.*  
*9/25*  
President, SIR JOHN JARDINE, K.C.I.E., M.P.

~~Sir William J. COLLINS, M.D., F.R.C.S.~~

Hon. Secretary,

G. E. SHUTTLEWORTH, M.D.

Asst. Secretary,

JAMES B. W. WILSON.

PARKHOLME,

EAST SHEEN,

S.W.

23rd July, 1913.

The Central Executive Committee of the Asylum Workers' Association at their Meeting held on July 23rd, 1913 heard with profound regret of the death of Miss Honnor Morten, and unanimously passed the following resolution proposed by the Rev. H. Kirkland-Whittaker M.D., Chairman of the Committee:-

"This meeting desires to place on record, on their own behalf and that of the Association generally, their deep sense of loss by the decease of Miss Honnor Morten, and of sincere appreciation of her labours in the cause of the Association of which she was the principal Founder. It was owing to her persevering efforts that the Asylum Workers' Association was established in 1895 with the object of raising the Status of Asylum Nurses and Attendants and promoting their general welfare, and she has continued to show her generous interest in its progress, having made a handsome donation to its funds during the present year. Miss Morten's many good works, not only in the field of Nursing but of philanthropy generally, will long be gratefully remembered, and the close of her unselfish life is mourned by many whom she had benefited and by none more than by the Association which owes its existence to her disinterested benevolence."

The Central Executive Committee desire respectfully to express their sincere sympathy with Miss Morten's relatives in their bereavement.





## This is to Certify

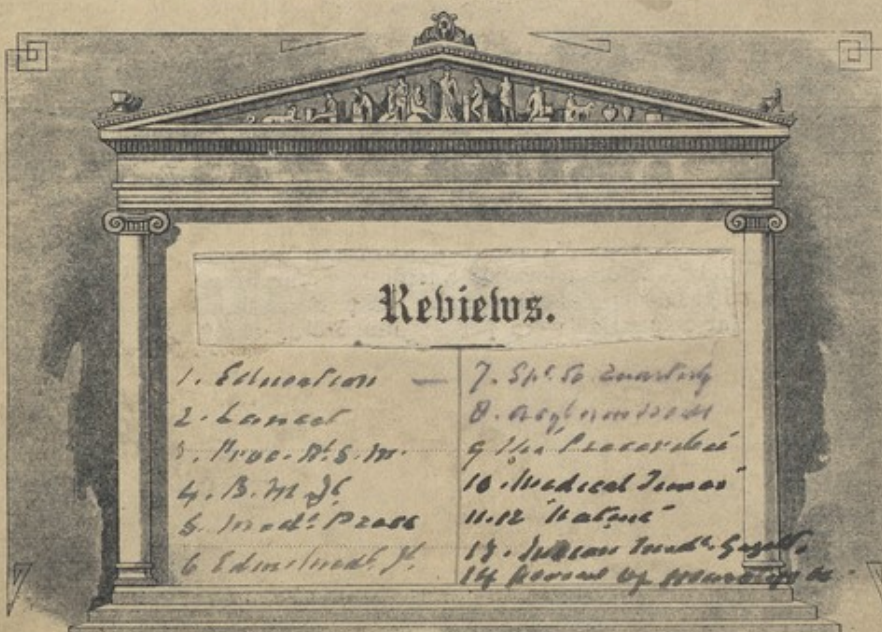
that **M**.....  
 attended a Course of five Lectures on  
**The principles of Treatment and Training of**  
**Mentally Defective Children,**  
 given (by permission of the Society of the Crown of  
 our Lord) at 75, West Cromwell Road. S.W.,  
 during May, June and July, 1913, and passed my  
 Examination thereupon in the..... Class.

*We that are strong ought to bear the infirmities of the weak.—Romans xvi. 1.*



5136/5E

(a) "Mentally Deficient Children: Their Treatment and Training." By G. E. Shuttleworth, B.A., M.D., etc., Hon. Consulting Physician (formerly Medical Superintendent), Royal Albert Institution, Lancaster, for the Feeble-minded of the Northern Counties, etc., and W. A. Potts, M.A., M.D., etc. Medical Officer to the Birmingham Committee for the Care of the Mentally Defective, etc. Fourth edition. London: H. K. Lewis and Co., Ltd. 1916. Price 7s. 6d. net.



"Mentally Deficient Children: Their Treatment and Training." By G. E. Shuttleworth, B.A., M.D., etc., and W. A. Potts, M.D., etc. Fourth edition. London: H. K. Lewis and Co., Ltd. 1916. (Cr. 8vo, pp. 303; illustrated. 7s. 6d. net.)



MONTESSORI SYSTEM OF EDUCATION.

[illegible]

SIR E. GREY AND THE OPPOSITION.

Nov. 16.  
J. FLIGHTER, Master of the Turners' Company.  
Ogging political prejudice.—Turns, &c.  
Manchester, and do so without regard to any party.  
The high office of City  
and return the candidate best fitted to fill with ability.  
The Livestock will cast their votes for  
and believe that when election day comes on the  
readers of your paper who are Livestock, and I  
be appreciated by, and should appeal to, the numerous  
men in Common Hall.

# MONTESSORI SYSTEM OF EDUCATION.

## PRAISE AND CRITICISM. M.J. 5136

A joint Conference on the Montessori system of education, organised by the Child Study Society and the Montessori Society, was held at the Royal Sanitary Institute on Saturday. Sir JOHN COCKBURN, who presided over a large attendance, said that if they continued to move in education as they were doing they would arrive at a system which was not injurious to the child. To say that the present system was very imperfect did not mean that it could be dispensed with. Most of the education was, however, directed to fulfilling conventional, and not natural, needs, and much in the system was injurious to the child. The whole aim of education and the whole view of life had altered within the last few years. Formerly education was for the individual; now they recognised that the individual was no longer the end, that the end was the social fabric in which he was to take his part. The old idea of education was simply to build up the brain as a sort of place of resort in which one could live all one's life if necessary, but that was no longer sufficient. The true object of education was not to construct a picture palace within the brain, but to fit individuals for the part they had to play in life, and to teach them the relationship they had to bear to their fellow-men. All education must be through the child's mind learning to educate itself. That was the essence of the Montessori system.

Miss E. E. LAWRENCE, speaking from the point of view of the modern Froebelian system, emphasised the necessity of discussing fully and clearing up any disagreement there might be between the two systems. Infant education had been progressing along modern lines in England for many years, and if a caricature of Montessori's work were introduced it might cause the set-back they were so anxious to avoid. The theory of Dr. Montessori seemed in many cases to be top-heavy and one-sided, and her practice to be immature. There was apparently little provision for constructive and expressive work. Did a normal child require so much apparatus? Miss LINNETTS, on the other hand, spoke of a three months' experiment made at Ranton with the Montessori system. She had heard people say that, while it might be all very well for the Italians, it would not do for us. Her experience was that it would do for us, and that we needed it. Dr. C. W. KIMMIS declared that Dr. Montessori's book on her system was a magnificent educational tonic, and Dr. G. E. SMITH indicated how valuable he had found the system as applicable to children who were not in full possession of their faculties.

The Rev. C. GASTY said the production of education had been disappointing, physically, mentally, and morally, compared with what they knew the potentialities of the child to be. Hitherto they had not had the scientific knowledge brought home to them as to how the child could be brought to efficiency in these three respects. Montessori now gave them that knowledge; they knew that in future education must begin not at twelve years of age, but at two, and that it must begin scientifically. Miss MURRAY criticised the apparatus of the system as not being childlike or natural material. Mr. BERTRAM HAWKES, who has just returned from a study of the Montessori schools in Rome, said no warning could be too strong against rushing into the use of Montessori apparatus without very careful study of the principles underlying it, but he denied that it was limiting and reactionary in its results. It was directed towards obtaining that self-control which led to liberty. The schools possessed a virile atmosphere, and struck one as a busy workshop. Dr. ERIC FETTERMAN, Captain ST. JOHN, Mr. HERBERT BURGESS, Mrs. ENES, Mr. F. KETTEL, and others joined in the discussion, and Madame PEROL-SEGALAS (Paris) answered questions.



...that it is in the highest degree desirable that anyone who is a supporter of the present Government should be elected, because it seems to him to condone the proposed action of the Government in connection with the Livery vote.

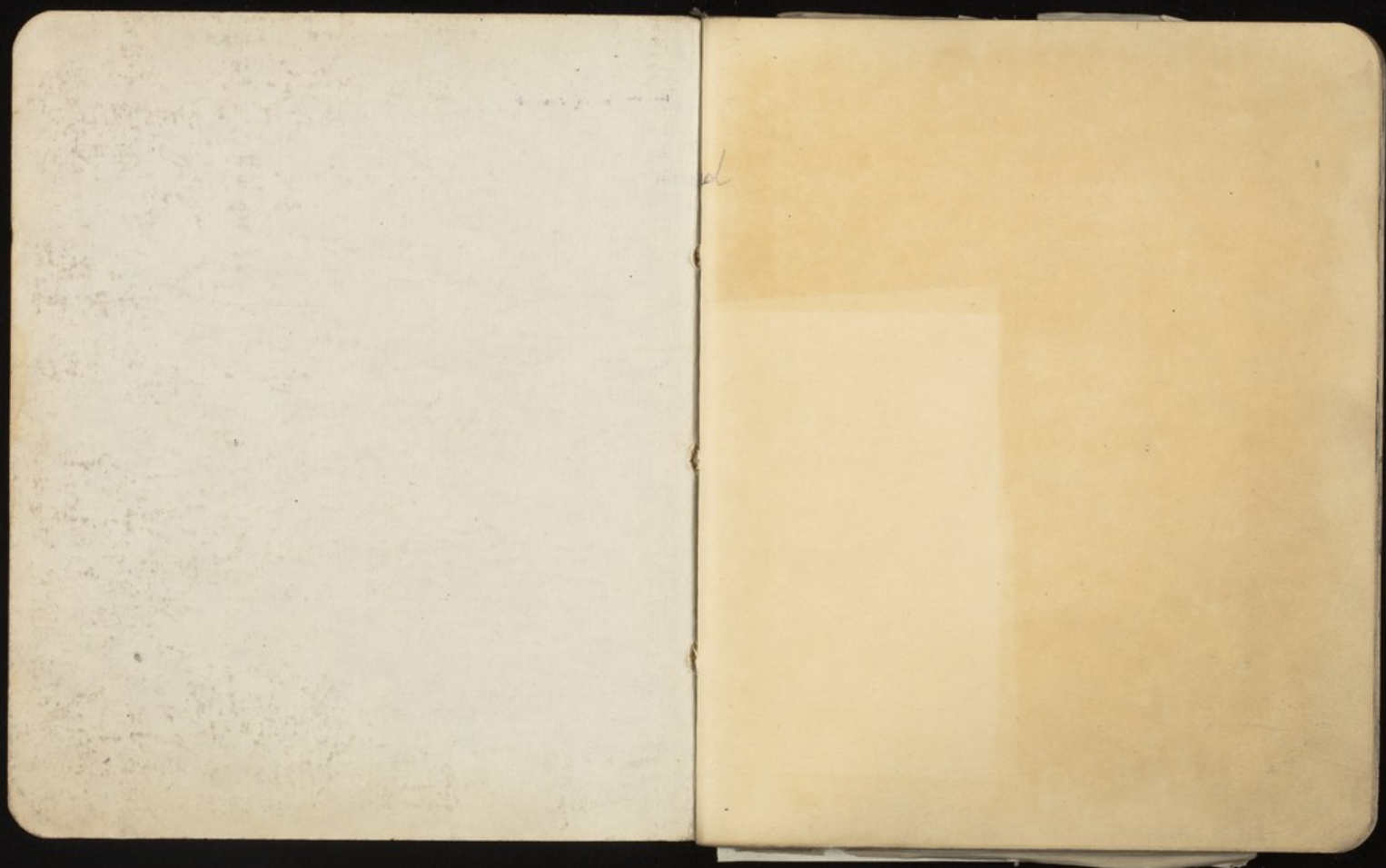
In June last I had the honour to address every one of my brother masters in regard to the effect on the City of London of the Franchise and Plural Voting Bills, and in conclusion I expressed the hope that one of the twelve principal companies would call us together to exchange views and to decide upon the course we should take to safeguard the rights and privileges of our Liverymen, which in the case of my own Company consist exclusively of the vote. With one or two honourable exceptions, the twelve principal companies evinced no interest whatever in the question, but most of those signified as we are responded sympathetically. The one outstanding exception to this general apathy was the Plumbers' Company; they were anxious that such a meeting should take place, and willing and prepared to take their part and share in whatever steps were deemed necessary. That emphatic letter was signed by the master of the Company, Sir Thomas Vesey Strong, the ex-Lord Mayor to whom Mr. Rose-Innes refers. It would afford me great pleasure privately to show this gentleman the correspondence I have had with the masters of the other City Companies if he has time and sufficient enthusiasm for the cause he advocates to call at 3a, Coleman-street, and I venture to think that he will be astonished to discover how very little interest in tackling this grave threat to us has been displayed by men who owe their allegiance to his Majesty's Opposition.

Whatever Sir Vesey Strong said on the 9th of November, 1910, the fact remains that what he did as Lord Mayor between that date and the 8th of November, 1911, earned for him a well-merited and unanimous vote of thanks and appreciation by the Liverymen in Common Hall. These are facts which should be appreciated by, and should appeal to, the numerous readers of your paper who are Liverymen, and I hope and believe that when election day comes on the 22nd inst. the Liverymen will cast their votes for and return the candidate best fitted to fill with ability, distinction, and dignity the high office of City Chamberlain, and do so without regard to any pettifogging political prejudices.—Yours, &c.,

F. FIGHERA, Master of the Turners' Company.  
Nov. 16.

#### SIR E. GREY AND THE OPPOSITION.

At a meeting of the Women's Liberal Federation at Alnwick on Saturday a letter was read from Sir Edward Grey, regretting his inability to attend. "Had I been present" (he wrote), "I would have reaffirmed my belief that women's suffrage must eventually be carried in some form. It would, in my opinion, have made greater progress if violent acts of the militant minority had not done much to disarm its supporters, to place formidable weapons in the hands of its opponents, and turn votes against it in the House of Commons. Militant tactics in Parliament are still more serious and deplorable, for the more often a scene of disorder takes place in the House of Commons the more it is likely to be repeated. We know the Opposition object strongly to the chief measure of the Government, but the Home Rule Bill has not yet passed the House of Commons a first time, and neither it, nor any measure to which the present Opposition object, can become law till after a long period of delay and three passages through the House of Commons, or else an appeal to the country. This is a waste of time and money."





### Our Bookshelf.

#### A NOTABLE BOOK.

*Mentally Deficient Children*, by Shuttleworth & Potts. (Published by H. K. Lewis & Co., Gower-street. Price 7s. 6d. net).

Some years ago a very interesting report was published concerning the research work prosecuted in an American institution in New Jersey, for mentally defective boys and girls. The director of the department, Mr. Goddard, urged the great importance of such a field for psychological study in its bearings on education generally. So much do we agree with him that we think that every student in training for educational work should go through a course of training in the principles and methods used to develop the mentally deficient whether he intends to specialise or not in that branch of pedagogy. The course might necessarily be a short one, but it should be conducted on medico-psychological lines. A little knowledge is dangerous no doubt, but not so dangerous in educational matters as profound ignorance of the characteristics of the mentally defective. The good teacher is always humble (the bad nowadays soon falls out of the ranks) and would be the first to admit that even a close study of such a Manual as offered by Drs. Shuttleworth and Potts does not qualify him to dogmatise in matters beyond his province as a teacher. He will find that his eyes are opened by it to the possibilities he might often meet in the class room. He will become wisely apprehensive of nervous breakdown from over-pressure, and more tolerant of the neurotic pupil than before, and will learn to detect in the waywardness so often punished as a crime symptoms of defect and mental weakness calling for the supervision of a medical specialist

If Dr. Mott's words be true "the secret of insanity lies in the education of the children," the teacher will realise that one, and perhaps the most important, part of his work is the prevention of mental disturbances in childhood. The detection of early symptoms is not easy and even if there should be a medical man or woman attached (as indeed Séguin wished) to every school, a handbook on the subject is called for. Other good books exist, but with the exception of Séguin's which are almost impossible to get, are written primarily for the medical student. The book before us is written also for the educationist.

"Mentally deficient children" appeared originally as the work of Dr. Shuttleworth alone, and he as the friend of Séguin and a specialist of twenty-five years' practical experience at the Royal Albert Institution at Lancaster, is himself not only a medical specialist widely consulted all over Europe, but an educationist also. He called in Dr. Potts to share in the labours of later editions—a man well known for the zeal and hard work that has done so much to promote the welfare of the mentally deficient in the midlands and especially in scholastic circles. Both doctors

have been, and are still, prominent in the furtherance of philanthropic schemes dealing with the social aspect of the subject where it touches on national efficiency—and where does it not touch? The social worker, therefore, should possess and study a copy of this book. Space does not permit us to give a resumé of the many important points discussed. We would, however, urge the student to carefully read chapter one, containing the history of the development of the work for the Mentally Deficient. Such chapters are often skipped, but this one should be got by heart in more senses than one. It is true its tone is reserved, but it is written in a spirit which cannot fail to open his eyes first to the wide importance of the subject and then to its fascination. If there be a spark of fire in his own soul, a flicker of imaginative sympathy for the mentally disabled, it will be fanned into something like a flame by the study of this chapter. He will recognise that the education of the mentally defective child—and we include all varieties of abnormality—is an adventure, a Quest, and for the Christian a crusade, and not a mere piece of business or the fancy work of altruistic persons. Séguin felt the Quest to be a religious vocation, and we recognise the same spirit in the book before us.

Again, one of the most valuable chapters for the teacher's guidance is that one on moral training, and those passages which deal with problems that arise from what is called for want of a better name, moral imbecility. Even in the scholastic world a pessimistic opinion is often met that religious and moral training is a hopeless task, or at least absolutely hopeless for the moral imbecile. But we venture to think that many a merely difficult, spoilt (by kindness or neglect) child has been dubbed a "moral imbecile" too easily and too soon; indeed, there are still many benighted people who think that beyond the provision of a limited amount of food and clothing and washing, all training is a mere waste of time.

This book suggests that "experience worketh hope" in this matter as in others. We need never despair. The strain of growth or other physical crisis is often the cause of what proves a disagreeable, awkward, disabling, even immoral but passing phase. We are bidden to learn that love works wonders with the defective, that the sunshine of love develops the delicate plant, which without it withers colourless away. Throughout we would wish the young student to recollect that the principles of physiological education in this book are those taught primarily by Séguin—principles too often borrowed without acknowledgment by modern writers on Education. There is no lack of generous appreciation for the Gospel of Séguin here.

The book is packed full of information and abounds in suggestions which the apt teacher will adapt for his own needs. The illustrations are good, the very full bibliography, and the list of existing institutions most useful.

To conclude, we cannot but notice that the twenty-one years that have elapsed since this book first appeared have seen a great improvement in the education of the Mentally Deficient, while public opinion has been aroused and steadily increases in power. The very fact that "Mentally Deficient Children" is in its fourth edition and is translated into French and Japanese, testifies not only to the wide interest taken in the subject but to the excellence of the manual. May we not say that much of this advance has been due to the untiring, we might almost say dogged, zeal of Dr. Shuttleworth and to the loyal co-operation of Dr. Potts? When the history of these years comes to be written, it will be said of them, as the dedication says of Séguin, "they loved others better than themselves."

*Also in H. K. Lewis's*

*Sept. 1916*

*Humacy*  
**DURRANT'S PRESS CUTTINGS,**  
 St. Andrew's House, 32 to 34 Holborn Viaduct,  
 and 3 St. Andrew Street, Holborn Circus, E.C.  
 TELEPHONE: CITY 4983

**Lancet**

423, Strand, W.C.

Cutting from issue dated *Sept 23* 1916 6.

**Mentally Deficient Children, their Treatment and Training.**

By G. E. SHUTTLEWORTH, B.A. Lond., M.D. Heidelb.; and  
 W. A. POTTS, M.A. Cantab., M.D. Edin. Fourth edition.  
 London: H. K. Lewis and Co. 1916. Pp. xix. + 284.  
 Price 7s. 6d. net.

THE fourth edition of this excellent manual shows evidence throughout of having been completely revised and brought up to date. In view of the increasing public attention which has been devoted to the class of the mentally defective, culminating in the passage through the Legislature of the Mental Deficiency Acts, it was to be expected that the authors would deal with the resulting educational and administrative changes, and this has been done in a useful and practical manner. From the point of view of the clinician the descriptions of the varieties of mental defect, organic and functional, leave nothing to be desired; from the point of view of the institutional physician, the medical examinations of mentally defective children under the regulations of the Board of Education, their educational, industrial, and moral training, and the question of recreation, are all handled in an eminently serviceable way. The appendices giving lists of institutions recognised under the Acts, tables of exercises and of London County Council special school methods, and other cognate matters, will be found of practical value. With a good bibliography, and with excellent photographic illustrations, the book is wonderfully compact

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*The "Lancet"*  
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This well-known work on congenital mental deficiency

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In dealing, for example, with the extraordinary discrepant results of investigations of the Wassermann reaction, varying from 1.5 to 60 per cent., the authors give an extended table (not quite complete, by the way) of the results of various workers. There is no detailed account of the Binet-Simon tests. References to these and to the classification of patients into "mentalities" are given quite briefly.

PROCEEDINGS OF THE ROYAL SOCIETY OF MEDICINE, June 1916.

*Review June/16*

EDUCATION AND TRAINING. By G. E. SHUTTLEWORTH, M.D., &c. Fourth edition. London: H. K. Lewis and Co., Ltd., 1916.

This book deals with every aspect of the education and training of the mentally defective child. It covers general, medical, and moral training; legal and social relationships; and the medical examination of mentally defective children under the regulations of the Board of Education. The whole book is thoroughly brought up to date, and the results of recent researches are discussed in a soundly critical spirit. In dealing with the Wassermann reaction, the authors give an extended table (not quite complete, by the way) of the results of various workers. There is no detailed account of the Binet-Simon tests. References to these and to the classification of patients into "mentalities" are given quite briefly.



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*Proceedings R. Soc. Medicine June/16*

56

MENTALLY DEFICIENT CHILDREN: THEIR TREATMENT AND TRAINING. By G. E. SHUTTLEWORTH, B.A., M.D., &c., and W. A. POTTS, M.A., M.D., &c. Fourth edition. Illustrated; pp. xix + 284. Price 7s. 6d. London: H. K. Lewis and Co., Ltd., 1916.

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THE enactment of the Mental Deficiency Acts for England and Wales and Scotland and the amendment of the Elementary Education (Defective and Epileptic Children) Act have made it necessary for Drs. SATTERLEWORTH and PORRS to subject their book on *Mentally Deficient Children* to a thorough revision. The report of the Royal Commission, which was published in 1908, excited widespread interest among public authorities and social workers, and as the result of considerable pressure the Home Secretary brought in a measure to give effect to its recommendations in 1913. A short account of the principal provisions, more especially those relating to children, is given in the edition now before us. There is a very good description of the pathology of forms of mental deficiency; two interesting groups of cases spoken of as word-deaf and word-blind children are described, and the microscopical conditions found in cases of primary and secondary amentia are stated. In discussing inherited syphilis as a cause of mental defect, Dr. Mott's researches are described, and the confirmatory evidence recently obtained by means of the Wassermann reaction related. The results which different observers have obtained, varying from 15 per cent. to 60 per cent., differ so much, however, that they cannot be considered as final. A new chapter on the psychopathies of adolescence, in which juvenile general paralysis of the insane, dementia praecox, developmental epilepsy and epileptic mental degeneration, pubertal perversion of moral sense, and insanity in childhood are well described, has been added, as they are often closely connected with states of congenital unfitness. The medical examination of mentally defective children under the regulations of the Board of Education is the title of one of the chapters; it contains much useful information. The chapter is rendered more interesting by the inclusion of Dr. E. S. Pasmore's flag chart of heredity and a copy of the model arrangements issued by the Board of Education circular.

The necessity for after-care of these children has been established, and much has been accomplished in this direction by the formation of the Central Association for the Care of the Mentally Defective. A list of the certified institutions in England and Wales, of institutions for Poor Law cases, of certified houses and approved homes, of institutions for imbeciles and the feeble-minded under the Metropolitan Asylums Board, and institutions in Scotland, is given in the appendix, as well as a copy of the medical certificate required by the Mental Deficiency Act. There is a copious bibliography, and the number of illustrations has been considerably increased. This is the most concise and up-to-date book on the subject which we have read, and we would recommend every one who is interested to procure it and read it.



#### MENTALLY DEFICIENT CHILDREN. (a)

A FOURTH edition of this excellent manual has just been issued, and it should command increased popularity. During the twenty-one years that have elapsed since the book was first published great progress has been made in this branch of medicine, with the result that a more accurate classification of the mentally defective has been evolved, and the diagnosis and treatment of such cases have been placed on a more scientific basis.

After a brief historical retrospect, the authors take into consideration defective and epileptic children and their special instruction. They then proceed to deal with the pathological classification of forms of mental deficiency and discuss the aetiology, diagnosis and prognosis of various forms of mental defect. A chapter is devoted to the medical examination of mentally defective children under the regulations of the Board of Education, and in the latter part of the volume the treatment of mentally deficient children is discussed in a thoroughly practical manner, special attention being given to the education, industrial and moral training of such children. While the scope of the work remains the same, further advances in knowledge have necessitated the rewriting and rearrangement of certain parts, and in this edition a new chapter on the psychopathies of puberty and adolescence has been added. Every effort has been made to bring the book up to date, and in view of recent legislative measures, administrative and educational changes have had to be set forth. In the final chapter on results and conclusions the authors strike an optimistic note and emphasise the great importance of efficient after-care in these cases, in a large percentage of which permanent supervision is necessary. At the end is included a bibliography of the more important publications germane to this subject.

The problem of the feeble-minded deserves to be widely studied. Much has been accomplished, but much yet remains to be done. The present volume covers well the ground required for the elucidation of this problem, and is an able exposition by two gentlemen whose practical experiences qualify them to write with authority on this subject. We cordially recommend the book to all who take an interest in the special education of mentally defective children.

16/8/16

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affecting the medical profession arising in connection with the war, and to report to the Council." At his first interview with the Central Medical War Committee the Director-General put forward a request for 2,500 more medical officers to be obtained before the middle of January, 1916. Possibly in making this request the Director-General had in mind the developments which have since taken place in the Balkans. The request was a large one, and called for strenuous effort; so that from the outset the first duty of the new committee was that of recruiting officers for the R.A.M.C. In furtherance of this work the War Register was completed for the whole of England and Wales; communication was established with the Scottish Medical Emergency Committee, which had already done much valuable work; and

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MENTALLY DEFICIENT CHILDREN.  
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This book is such an old friend that it is scarcely necessary to do more than announce the appearance of the fourth edition. The chief additions to the text, which has been thoroughly revised, are an exposition of the Mental Deficiency Act and a chapter on the psychopathics of puberty and adolescence. In the latter Kraepelin's views concerning dementia praecox are set forth in some detail. The Appendices contain a great deal of detailed information in a convenient form for reference.

EDINBURGH MEDICAL JOURNAL. September 1916.

**MENTALLY DEFICIENT CHILDREN.** Their treatment and training. G. E. SHUTTLEWORTH, B.A., M.D., &c., and W. A. POTTS, M.A., M.D., &c. Fourth edition. Pp. xix. + 284, with 20 plates and 8 figs. in text. H. K. Lewis & Co., Ltd., London. 1916. Pr. 7s. 6d. net.

THE special feature of this book is the large amount of attention devoted to the legislative aspect of the problem of mental deficiency. The importance of this subject was brought prominently into notice by the Report of the Royal Commission published in 1908, which resulted in the enactment of the Mental Deficiency Acts for England and Wales, and for Scotland, and the amendment of the Elementary Education (Defective and Epileptic Children) Act. A short account is given of the principal provisions and subsequent administrative and educational changes thus produced. It is most unfortunate that the War should have unavoidably postponed the carrying out of these much needed reforms. The number of cases in need of provision is large, and the accommodation so far available is quite inadequate, while the rapid increase in the number of mental defectives is bringing the problem still more urgently before the public notice.

The medical examination of mentally defective children under the regulations of the Board of Education is carefully considered, and a copy of the "Model Arrangements" issued by the Board of Education circular is appended. With regard to the Binet-Simon tests the authors agree with Dr. Fernald's attitude that "the determination of mental defect cannot be made by automatic application of any method and scale."

The after care of these cases is now being also considered, and a Central Association for the Care of the Mentally Defective has been established, and done good work. A list of the certified institutions in England and Wales, of institutions for Poor Law cases, of certified houses and approved homes, of institutions for imbeciles and the feeble-minded under the Metropolitan Asylums Board, and institutions in Scotland is given in an appendix, as well as a copy of the medical certificate required by the Mental Deficiency Act.

The more purely clinical aspect of the problem is not dealt with at great length, but one chapter is devoted to the pathological classification of forms of mental deficiency, and another to etiology, diagnosis, and prognosis. In another chapter the psychopathies of puberty and adolescence are considered. These are closely connected with states of congenital unfitness, and consist chiefly of juvenile general paralysis of the insane, dementia praecox, developmental epilepsy, and epileptic mental degeneration, pubertal perversion of moral sense and insanity in children. Separate

*Review  
of  
Neurology  
+  
Psychiatry*

chapters are also devoted to educational training, industrial training, and moral training. Castration is not recommended. The experience of institutions for training youthful defectives both in this country and in America tends to show that a considerable proportion can be taught to conform to moral and social law, and rendered capable of order. This book deals with mental defectives as a class rather than with the individual; it can be fully recommended to any one wishing to understand the present attitude of those in this country who have studied the question.

**MENTALLY DEFICIENT CHILDREN—THEIR TREATMENT AND TRAINING.** By G. E. Shuttleworth, B.A., M.D., and W. A. Potts, M.A., M.D. Pp. xix. + 284. 21 plates. Crown octavo. Price 7s. 6d. H. K. Lewis & Co., Ltd.

This useful and interesting work has in previous editions enjoyed a considerable degree of popularity, and we may mention that a French version has been published, and permission to translate it into Japanese has been requested.

During the last five years many important changes have taken place in methods of administration and education with regard to the feeble-minded, but the authors have wisely avoided an appreciable increase in the size of the volume by condensing, re-arranging, or completely re-writing many of the sections which appeared in the 3rd edition. After perusal of Drs. Shuttleworth and Potts' book in its present form, we can with confidence anticipate its continued success as a valuable guide to modern methods of care and treatment of the mentally defective. The sections dealing with pathology, aetiology, diagnosis, medical examination, and treatment are concise and illuminating, and references are made to the writings and work of investigators who have more recently come into prominence in this branch of psychiatry. The chapters "Educational Training" and "Industrial Training and Recreation" will be of much interest to the general reader, as well as to nurses and others engaged in or contemplating taking up work in this sphere.

The volume throughout is characterised by a refreshing clearness of expression, and within a comparatively small compass it is a veritable storehouse of up-to-date information on a subject which is of ever-growing importance. There are several excellent illustrations in the form of photographs, woodcuts and diagrams.

*J. F. P. in "Hygienic News" Sept. 1916.*

**SHUTTLEWORTH and POTTS.—Mentally Deficient Children: Their Treatment and Training.** By G. E. Shuttleworth, M.D., and W. A. Potts, M.D. Fourth edition. Pp. 284. London: H. K. Lewis & Co., Ltd. 1916. 7s. 6d. net.

Feeble-mindedness is one of the most vital of the sociological problems of the day, and the subject has of recent years received well merited attention. In this book the authors deal for the most part with the treatment and training of mentally deficient children. Symptomatology and pathology are also discussed, and numerous methods for investigating mentally deficient children are considered, though it is a pity that these methods of examination are not described in greater detail. A new chapter dealing with the mental troubles of youth has been added, and a critical survey of recent legislative measures is given. The book is well illustrated, and at the end has been included a useful bibliography of the more important publications connected with this subject. This volume is sure to become increasingly popular, and is, without doubt, the best small book dealing practically with this vital problem.

*16/2/1916  
C. H. J.  
Oct 1916*



**The Practitioner's Bookshelf.****ON MENTAL DEFICIENCY IN CHILDREN.**

"Mentally Deficient Children, their Treatment and Training," by G. E. Shuttleworth, B.A., M.D., etc., and W. A. Potts, M.A., M.D., etc. Fourth Edition. (London: H. K. Lewis and Co., Ltd., 136, Gower Street. Price 7/6 net).

General practitioners are often called upon to treat mentally deficient children and give evidence before a court of their condition. The subject is one that very little stress is placed upon during a student's hospital studies or at the final examination, so it is quite necessary to have a practical and scientific work on the bookshelf to refer to.

Drs. Shuttleworth and Lock's work is one that can be highly recommended for the purpose. The fourth edition has been thoroughly revised and brought up to date in correspondence with recent legislation, which shows the public interest in the subject.

The authors are experts in the subject and know how to give the matter in a clear and concise manner, which enables the reader to at once find what he is seeking by looking up the useful index.

The chapters dealing with education, industry, and moral training are most interesting and instructive; also the account of the British and American institutions for the care of the feeble-minded. The reviewer, who has devoted a quarter of a century to children's diseases and diet, has read the book with much profit to himself.

T. D.

## Nature

St. Martin's Street, W.C.

Cutting from issue dated 17 August 1916

### OUR BOOKSHELF.

*Mentally Deficient Children: Their Treatment and Training.* By Drs. G. E. Shuttleworth and W. A. Potts. Pp. xix+284. Fourth Edition. (London: H. K. Lewis and Co., Ltd., 1916.) Price 7s. 6d. net.

We welcome very heartily the fourth edition of Drs. Shuttleworth and Potts's excellent handbook on mentally deficient children. The book has been very carefully revised, and a chapter added concerning the mental troubles of youth. The main new feature of the present volume is an extremely interesting account of the Mental Deficiency Acts of 1914—these being the ultimate result of the Royal Commission of 1904.

The Acts now enable the authorities to deal with all mental defectives: (a) if under twenty-one years, at the instance of parent or guardian; or (b) at any age if found neglected, abandoned, destitute, or cruelly treated, criminal or inebriate, or being the pauper mother of an illegitimate child—and Dr. Shuttleworth states that "with the judicious administration of the new Acts it is hoped that Great Britain will stand ahead of

other countries in its treatment of the mentally defective class." He points out the great advantage of "the physiological education of the senses" (Séguin) of these children, and afterwards of their mental and moral education, both to the individual concerned and to the community. He shows how such children can find occupation and happiness as inmates of permanent working homes and contribute appreciably to the support of such homes, also how the "improved imbecile" is of far less risk to future generations, especially if carefully supervised.

Certain weak points in the Acts are dealt with, particularly the inadequate provision for "backward children," who tend to gravitate to the "special" schools, and the inadequate after-care of the children on leaving the institutions. This latter defect must necessarily damp the enthusiasm of the teachers, on whose devoted self-sacrifice the efficient working of the Acts is largely dependent. We strongly recommend the book to all interested in the subject, though mainly written for the medical profession.

W. F. B.

## Nature

St. Martin's Street, W.C.

Cutting from issue dated 23 Nov 1916

### OUR BOOKSHELF.

*Mentally Deficient Children: their Treatment and Training.* By Dr. G. E. Shuttleworth and Dr. W. A. Potts. Pp. xix+284. Fourth edition. (London: H. K. Lewis and Co., Ltd., 1916.) Price 7s. 6d. net.

The mentally deficient are of considerable importance to the community; their behaviour may be offensive, they frequently exhibit criminal propensities, and they are a source of expense in that they need special care and are deficient as producers and wage-earners. The disability is of all grades, and frequently commences in childhood or may be congenital. The principal causes in children are maldevelopment of certain parts of the brain or retarded development of the brain and its functions from some intercurrent disease. The latter may be due to injury at or after birth, fevers, convulsions, epilepsy, and syphilis. There are also certain conditions of glandular inadequacy, as in the cretin whose thyroid gland is atrophied. Probably of children of school age some 1 per cent. or thereabouts are mentally feeble.

In this book the authors first detail the pathology of mental deficiency in childhood, its etiology, diagnosis, and prognosis. They then describe the methods to be adopted for the medical examination of mentally defective children, and devote considerable space to the medical treatment and educational, industrial, and moral training and recreation of mentally deficient children.

An important chapter deals with the results of treatment and training. Of the patients treated at the Royal Albert Institution about 50 per cent. do not improve or get worse, while of the remainder 10 per cent. become self-supporting, and the rest become of more or less value—surely a very encouraging record.

The book gives an excellent summary of the subject, and should be of considerable service to the medical practitioner and to the school officer and teacher, by whom the lesser cases of mental deficiency will first be recognised, and early recognition and treatment are very essential if any good result is to be obtained. The book is illustrated with a number of useful plates.



*The Mentally Defective Child.* By Dr. MEREDITH YOUNG. Pp. ix., 140. H. K. Lewis and Co. Price 3s. 6d. net.

This book is based upon a course of lectures given as a Special Summer Course for Teachers at Birmingham, and is "specially written for laymen," i.e., non-medical people. The topics treated are:—The examination of the child; types of mental deficiency; some conditions in mental deficiency, and distinctions between mentally defective children; the moral imbecile; the Binet-Simon tests; illustrative cases; education of the feeble-minded; various Acts of Parliament.

The author writes lucidly and interestingly, and gives very helpful guidance. It should prove an excellent book for giving a young teacher a clear bird's-eye view of the problem of educating defective children. Its great fault is that it is much too brief and summary, especially on the educational side.

*Mentally Deficient Children, their Treatment and Training.* By Dr. G. E. SHUTTLEWORTH and Dr. W. A. POTTS. Pp. xix., 284. H. K. Lewis and Co. Price 7s. 6d. net.

This is the fourth edition of this widely known book, in which "much has been re-arranged and re-written. Chapter vi., dealing with the mental troubles of youth, has been added." A French edition has been published, and a Japanese translation is proposed. There is no need to recommend further a work which has been so successful as this one.

*"Child Study"*  
25. 1916

## REVIEW

From.

THE INDIAN MEDICAL GAZETTE  
DECEMBER, 1916.

**Mentally Deficient Children.**—By G. SHUTTLEWORTH, M.D., and W. PORRIS, M.D. Fourth Edition. London: Lewis & Co.

This is a useful book, and one that a general practitioner would be well advised to have by him, for it brings the reader into touch with the provisions of the Mental Deficiency Acts and the Elementary Education Act for defective and epileptic children. The authors have endeavoured to be as concise as they dare, and yet we do not find any of the many varieties of deficiency neglected. They describe some of the pathological changes found, and give some space to the psychopathies of adolescence. The sections which most interested us were those dealing with the examination and education of defective children, though we hope in any future edition they will include the Binet-Simon system as well. There is a most useful list of certified Houses, Homes, etc., at the end of the book.

This book is small, comprehensive, and up-to-date, and will be read by those interested with pleasure.

## MENTALLY DEFICIENT CHILDREN.

This is a useful book, and one that a general practitioner would be well advised to have by him, for it brings the reader into touch with the provisions of the Mental Deficiency Acts and the Elementary Education Act for defective and epileptic children. The authors have endeavoured to be as concise as they dare, and yet we do not find any of the many varieties of deficiency neglected. They describe some of the pathological changes found, and give some space to the psychopathies of adolescence. The sections which most interested us were those dealing with the examination and education of defective children, though we hope in any future edition they will include the Binet-Simon system as well. There is a most useful list of certified Houses, Homes, etc., at the end of the book.

This book is small, comprehensive, and up-to-date, and will be read by those interested with pleasure.

THE INDIAN MEDICAL GAZETTE. Dec. 1916.



THE MIND OF A MENTAL DEFECTIVE. July 11

This book has long been one of the standard works on the subject, and has been used by many teachers and investigators. It contains a wealth of information and knowledge of mental defectives, which cannot be surpassed. Detailed and careful explanations accompany every possible defect. The short chapters on the history of mental defectives, the classification of mental defectives, the value and interest to any who have not the opportunity of studying any of the more detailed works on the subject.

The edition of the Family History Chart which appeared in the former edition has been placed in the Foreword. The chart is now a separate leaf, and is not included in the main text.

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TESSERA, PUBLISHER, EUSROAD, LONDON.  
TELEPHONE: MUSEUM 1072.

Journal of Education. June 1917

Mentally Defective Children. By G.E. Shuttleworth & W.A. Potts.  
7/6 net. Lewis.

This book, now in the fourth edition, represents the experience of two of our best known authorities on the mental defects in children, and has for some time taken rank as a classical treatise on this subject. Owing to new legislation, relating to mentally defective and epileptic children having been passed since 1912, certain parts of the book have had to be rearranged <sup>or</sup> and rewritten. A most valuable addition is a new chapter on the psychopathies of puberty and adolescence.

"THE BIRMINGHAM MEDICAL REVIEW." Jan/17.

This book has long been one of the standard works on the subject, and we are glad to welcome the fourth edition, which shows a continuous study and knowledge of modern research and investigation with a wealth of intimate observation which cannot be surpassed. Detailed and careful explanations accompany every possible obscure point, and personal illustrations form convincing proofs. The short concise explanation of Mendelism now added will be of considerable value and interest to any who have not the opportunity of studying any of the more detailed works on the subject.

The exclusion of the Family History Chart which appeared in the former editions has given place to the Pasmore Flag Chart of Heredity without apparently any definite reason.

An entirely new chapter, devoted to the Psychopathies of Puberty and Adolescence, will be of exceptional value to all those connected with the training of the mentally-defective.

This is a work which ought to be in the library of every educational institution to which mentally-defective persons are admitted.

Journal of Education, Jan/1917.  
Mentally Defective Children. By G.D. Shuttleworth & W.A. Teale.

2/6 net. Lewis.

This book, now in the fourth edition, represents the experience of one of our best known authorities on the mental defects in children, and is a for some time taken rank as a classical treatise on this subject. Owing to new legislation, relating to mentally defective and defective children having been passed since 1912, certain parts of the book have had to be rearranged and rewritten. A most valuable

and this is a new chapter on the psychopathies of puberty and adolescence.



W 75 36/52

1915

Northwest to Canyon

W 75 36/52 . A.W. 3 above 12000 . R.O. 50 . Northside of Canyon

W 75 36/52

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1915

Northwest to Canyon

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#### A Municipal Mental Deficiency Home.

A DISTINCT step of progress is reported from Leicester, where the Mayor, Alderman Jonathan North, J.P., recently accepted, "for the benefit of the citizens of Leicester," from a local committee, a completely equipped home for mental cases. This, it was stated, is the first instance of the establishment of a mental deficient home under the direct control of a municipality. The presentation was made by Colonel Astley V. Clarke, the treasurer of "Sunnyholme," a home formerly carried on under voluntary auspices for mentally deficient girls. The home being now closed on the operation of the Mental Deficiency Act, the committee from funds in hand acquired a large house and garden of about one and a half acres, equipped it, and now formally handed it over to the Mayor for the service of the community, the general idea being to continue the "home" atmosphere as distinct from "institutional" treatment. Occupational training for the inmates will be provided in housework, laundry-work, rug-making, cane-work, etc., while the garden affords opportunities for horticultural training. Councillor Reynolds (chairman) paid tribute to the "Sunnyholme" Committee for their public-spirited action in spending their capital in the acquisition and equipment of the new home, which is to be handed over, free of debt and charge, to the Corporation.

W.R. 755136/56

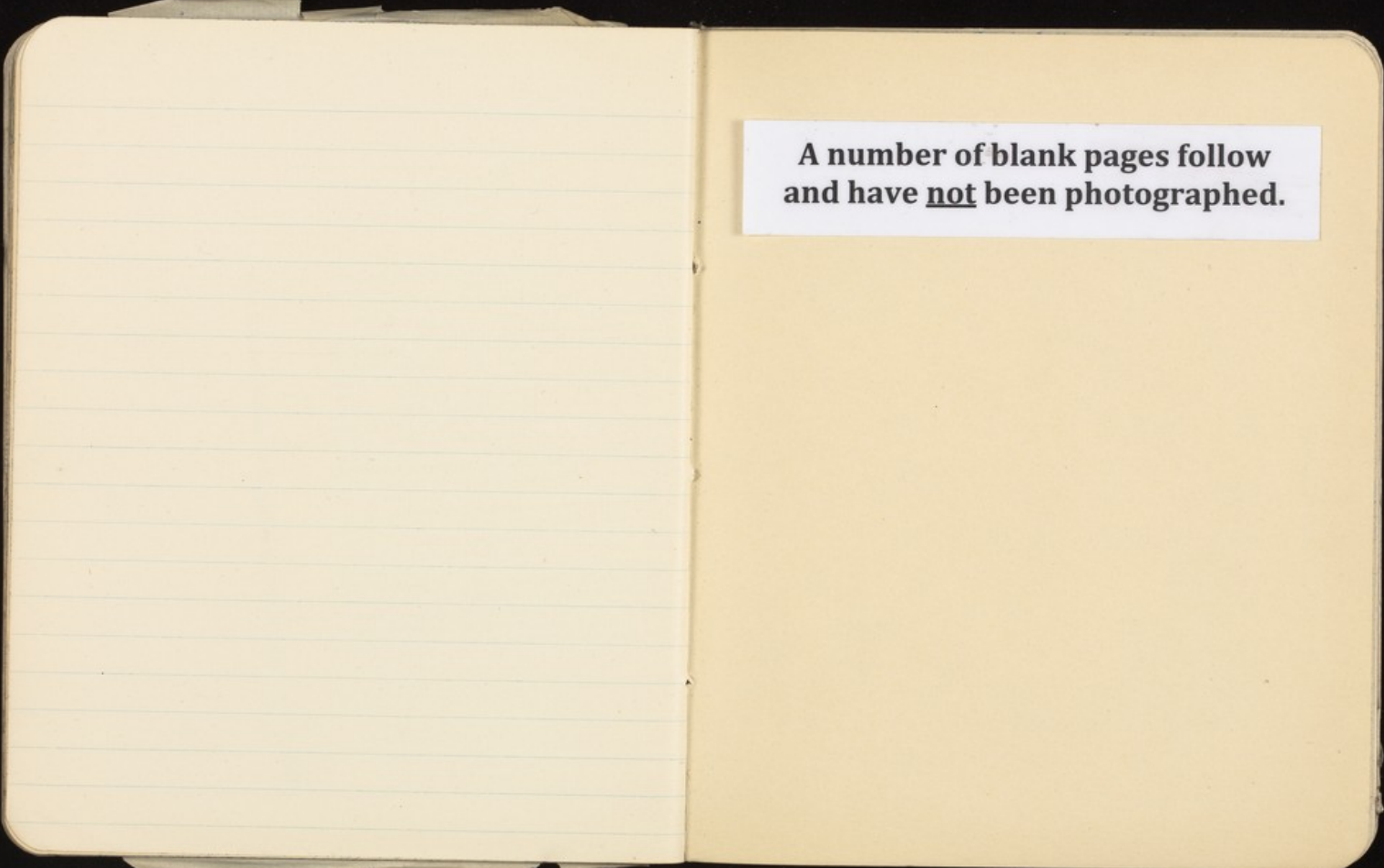
immediate benefit funds by the adoption of these proposals.

#### THE DETAILS OF THE SCHEME.

In order, therefore, to arrive at an independent judgment in the matter, it is necessary to examine the details of the proposed application of the moneys deflected from sinking fund purposes. Only by such an investigation is it possible to arrive at a proper conclusion as to the propriety of the "raid on the sinking fund"—as the general idea of their proposals has been described.

The details of the scheme to be fully appreciated demand a considerable amount of technical knowledge and an acquaintance with the practical administration of national insurance finance which few possess, and which, one may say with confidence, will not be possessed even by a large proportion of the members of Parliament who will sooner or later be called upon to decide if the scheme is to be actually adopted. Moreover, the Interim Report, though doubtless admirably written and exceedingly clear to those whose work includes the administration of approved society funds, is a document which cannot be read hurriedly, and in the circumstances it is more than probable that many of its most important points will





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MEMORANDUM. **2 DO, LTD.**  
FROM H. K. LEWIS, PUBLISHING CO., 136 GOWER STREET, W.C.

London Apr 28 1914

Dear Sir,

We beg to inform you that a Notice of  
"Monthly Abstract Bulletin" &c.  
appears in The *Medical Record Journal*  
for October/14

A copy of the Journal (price 4s) can be supplied to order.

Yours respectfully,

H. K. LEWIS.

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MEDICAL AND SCIENTIFIC CIRCULATING LIBRARY. 25





MEMORANDUM. & CO., LTD.  
From H. K. LEWIS, PUBLISHER, &c., 136 GOWER STREET, W.C.

London. December 22/1916

Dear Sir,

We beg to inform you that a Notice of

"Ment. Def. Children" &c. &c.  
appears in The Liverpool Med. Adv. N.  
for 1916 (Book's number)

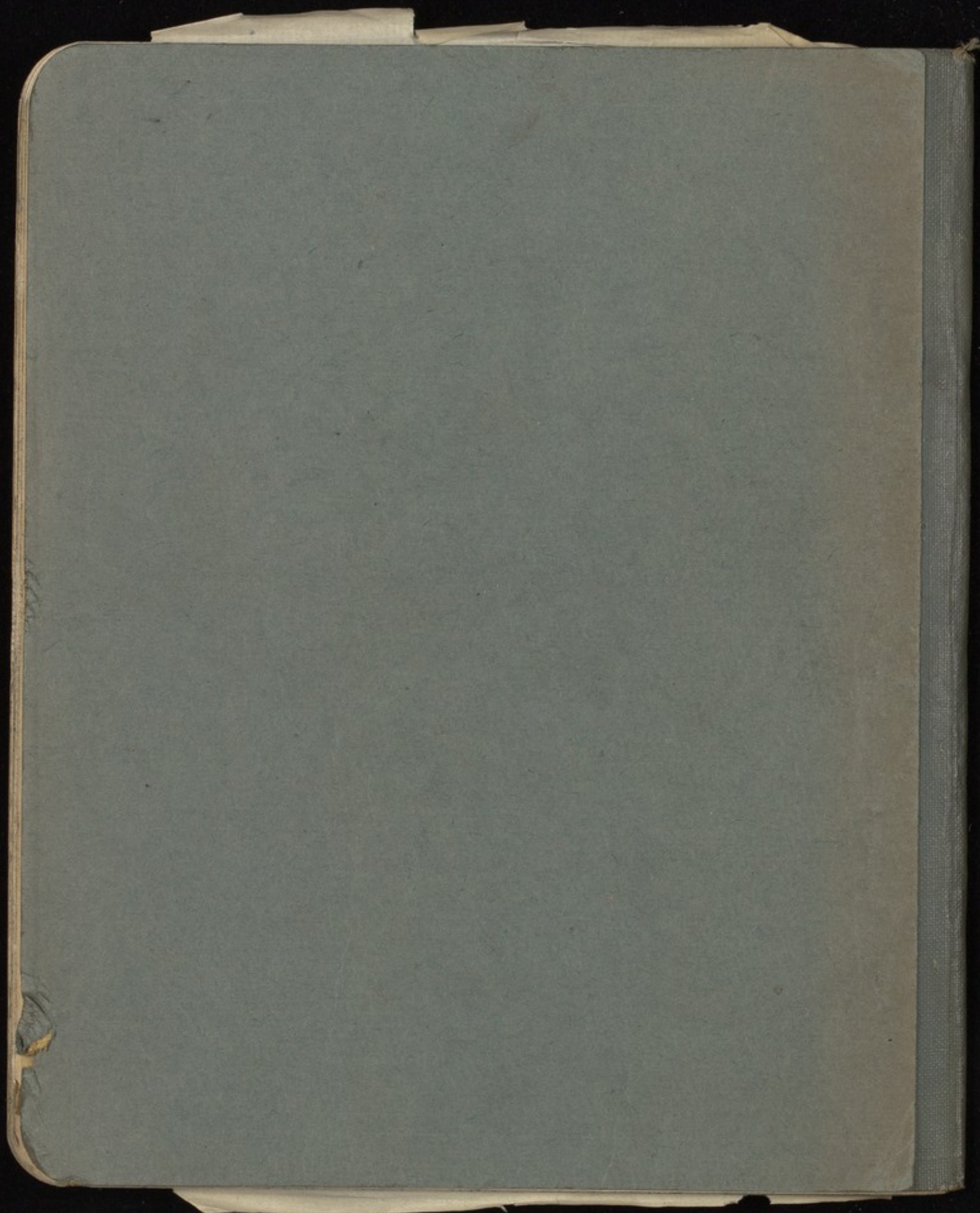
A copy of the Journal (price 7d) can be supplied to order.

Yours respectfully,

H. K. LEWIS.

MEDICAL AND SCIENTIFIC CIRCULATING LIBRARY. 85.







MISS



Sex in Educ<sup>n</sup>. The 1<sup>st</sup> May 7. 92

Rev. Mr. Brown told by Mr. La. Bequith  
that 24yrs old that the best way of  
knowing the difference between the  
intellect of men & women is by considering  
the differences between them as to their  
bodily

From Enquiries in High School.

Out of 187 girls fr: 10 to 22 yrs of age.

157 complete of head & neck. 24 had not

26 in lower. 76 in upper. 1809

37 of the 187 short & light

24 Exhibited Chorea & convulsions

Neurology in Cornelia

Two thirds completion of bones fresh.

but in 10 or 11 at length. (187 weeks)

howell the bone a few 7 1/2 in -

"When brain cells are stimulated in  
case of their power of taking up nutriment  
as in convulsions, or want of nutr<sup>t</sup>, or disease  
of the digestive power, Metabolism in these cells  
is altered & they degenerate, & soon finally  
produce degenerative symptoms in the

Our presence in schools.

Health at School. Clement D. Baker  
Lubbock Texas. Book of Excerpts.

- Wind of flowers  
 - Great thoughts  
 - Count -  
 - where some of  
 - as of mother  
 - and back weather  
 - Humorous mental state  
 - thoughtless person  
 - sleep so much  
 - he allows to  
 - by person or  
 - Lucia - Cleopatra  
 - la Helotastia



system - under a special demand in  
follows - Dilat<sup>n</sup> of heart - change in  
lion's breathing & work muscles.

The slight mental changes - loss of power  
of attention & acquiescence - great thoughts  
irregularly - - build down.

Cyclones of passion, and cyclones of  
indignation - hurricanes of moral  
impulses, or the best of bad weather  
of moral passion - Volitional mental states  
like warblers of thought, thoughts, passions  
Hesitation - or Sopor. Sleep to death  
& difficult to break as to be alive &  
Catalepsy - Generalized hypnosis &  
General delirium - Anesthesia - Chloroform.  
Gastric disease - anorexia nervosa &  
Pleurisy  
Chorea -

with 5136/57

5136/57



ON  
EDUCATION  
FROM THE  
MEDICAL STANDPOINT.

INAUGURAL ADDRESS

*As President of the Lancashire and Cheshire Branch, British  
Medical Association, June 29th, 1892.*

BY  
G. E. SHUTTLEWORTH, B.A., M.D., &c.,  
MEDICAL SUPERINTENDENT OF THE ROYAL ALBERT ASYLUM,  
LANCASTER.

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LANCASTER:  
THOS. BELL, PRINTER, "OBSERVER" OFFICE.  
1892.

Reprinted from the BRITISH MEDICAL JOURNAL, July 24th, 1904.

REPORT OF COMMITTEE ON CHILDREN  
TO THE  
COUNCIL OF BRITISH MEDICAL ASSOCIATION.

Your Committee appointed to investigate the physical and mental condition of school children have carried on the work in conjunction with the Committee appointed by the International Congress of Hygiene. A report is now presented to you on 50,000 children—boys, 26,287; girls, 23,713—seen individually in sixty-three schools by Dr. Francis Warner from June, 1892, to May, 1894.

The large amount of tabulated information now gained has made it possible to prepare a list of the signs or abnormal points observed in children classed in divisions representing the conditions of children, with the number of children presenting each defect respectively. A catalogue giving definition or description of these signs or conditions, together with the number of children presenting each condition, represents this portion of the work as far as it has been carried out.

A card has been prepared for each of the children noted as presenting a defect, and represents the condition of the individuals—boys, 5,112; girls, 3,829. These cards are being arranged in groups as to social class, nationality, town or country, etc., and results tabulated by actuarial processes. The relations of mental dulness, low nutrition, defects in development, and nerve conditions among the different groups of children are being investigated, and will be published. The work done and results so far as they have been obtained point strongly to the desirability of completing the investigation of 100,000 children, of whom half have been seen, and preparing a complete report from which conclusions may be drawn. Many of the most important groups of cases are small in number.

A CATALOGUE GIVING DEFINITION OR DESCRIPTION OF THE  
SIGNS OR ABNORMAL POINTS OBSERVED IN 50,000  
CHILDREN AND REGISTERED.

A. Defects in Development.—The term includes any point of defect in the form, proportion, or size in the body and its parts or their absence. Cases: Boys, 2,308; girls, 1,618.

a.1. Cranium Defective includes any defect in size, form, proportions, or ossification of the cranium. A given case may come under more than one of the classes below. As to a standard of normal size: In a well-developed child of good potentiality the head circumference at 9th month is 17½ inches, at 12 months 19 inches, at 7 years 20 to 21 inches. This is a rather high standard of size. Boys, 706; girls, 622.

and healing faculties were in the same hands;”\*

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business  
cases  
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a 2. *Cranium Large*.—A head of 22 inches circumference or over may be considered large in a school child; allowance must be made for age. Doubtless many of these cases are rachitic. Hydrocephalus is entered in its own class. Boys, 107; girls, 15.

a 3. *Cranium Small*.—The point of size of head is recorded as apart from the size of the child for its age. The volume is estimated in relation to the normal for age. This is determined by inspection, by the open hand placed upon the head, and by the measuring tape. A head with circumference over 20 inches at any school age is not registered as small; usually the small heads are 18 to 19 inches circumference. Small head is noted independent of stature. Boys, 149; girls, 516.

a 4. *Cranium Bossed*.—There may be bosses, protuberances, or outgrowth at the sites of the ossific centres of the frontal bones, at the parietal centres, at the site of the fontanelle, and elsewhere. These are usually symmetrical, but not always. Boys, 323; girls, 47.

a 5. *Forehead Defective*.—The forehead may be narrow, shallow in vertical measurement, or small in all dimensions; it may bulge forward and overhang. All defects of the forehead, except "bosses" and "frontal ridge" (a 4, a 6) are here included. Boys, 53; girls, 23.

a 6. *Interfrontal Ridge*.—The vertical suture between the two halves of the frontal bone may be the site of a bony ridge, present in all degrees; if the forehead be also narrow it forms the scaphocephalic type. Boys, 121; girls, 16.

a 7. *Cranium Asymmetrical*.—Asymmetry may be as to the forehead or other part; one side of the cranium may be smaller than the other. Boys, 27; girls, 2.

a 8. *Dolichocephalic*.—Head long in antero-posterior diameter. Boys, 26; girls, 2.

a 9. *Hydrocephalic*.—This term is used in medicine. Boys, 2; girls, 1.

a 10. *Other Types of Cranium*.—Square; oxycephalic, or elevated and conical; cranium larger in anterior than in posterior segment. Boys, 11; girls, 2.

a 11. *External ear defective in its parts, size, or form*. Abnormality in size, proportioning, absence of parts, texture of skin are here recorded. The ear may be outstanding with great convexity posteriorly and concavity in front; the helix or portions thereof and the antehelix may be absent; the skin over the cartilage may be tight and adherent, coarse in texture with varicosities. The ears may be asymmetrical, and the lobes may be adherent to the face. Boys, 364; girls, 110.

a 12. *Eyelids with Epicanthis*.—The epicanthis is a fold of skin continuous with the lower fold of the upper eyelid (not a fold of mucous membrane) placed across the inner angle of the opening of the eyelids covering the caruncle; it may be asymmetrical. Boys, 288; girls, 196.

a 13. *Palate Defective in Shape*.—Defects in form are described as seen in the horizontal and in the vertical plane. Boys, 406; girls, 324.

a 14. *Palate Narrow*.—Without being otherwise altered, the palate may be contracted laterally in the space between the alveolar processes. Boys, 279; girls, 163.

a 15. *V-shaped Palate*.—Pointed more or less sharply at its anterior extremity, the alveolar processes being nearly straight

lines, meeting at their extremities at an acute angle. Boys, 179; girls, 110.

a 16. *Palate arched or vaulted*, thus deviating from the normal in the vertical plane with a high roof. Boys, 30; girls, 22.

a 17. *Palate Cleft*.—A deformity which may affect the hard and the soft palate. Boys, 12; girls, 12.

a 18. *Other defective types of palate*, such as the flat and the horse-shoe type. Boys, —; girls, 1.

a 19. *Nasal bones*, wide, sunken, or indented. The bony bridge of the nose may be thus ill-shapen and depressed as in the undeveloped condition of babyhood. Boys, 153; girls, 156.

a 20. *Growth small or stature short*. Children short and small in build for their age. Boys, 275; girls, 333.

a 21. *Other defects in development*, less frequently observed. Boys, 251; girls, 213.

a 22. *Adipose Type*.—Children fat and fleshy, generally without spontaneity and slow in action. Boys, 1; girls, 4.

a 23. *Cyanosis*.—General blueness of face, lips, and ears, commonly dependent on defect of the heart. Boys, 2; girls, —.

a 24. *Dermoid Cyst*.—Tumours at margin of orbit or near the temporal fossa.

a 25. *Face asymmetrical*, one side being smaller than the other. Boys, 3; girls, 1.

a 26. *Face Small*.—The face, including the upper and lower jaws, with their bones, may be small, independent of the size of the calvarium or brain case of the skull. Boys, 17; girls, 21.

a 27. *Features Coarse*, heavy, flat, or lips thick. The features may be large and ill-proportioned. The separate features may not be individually malformed, but disproportionate one to another or to the size of the face; thus the nose may be small, the face large, round, flat, the features rising from the plane of the face. The lips may be thick and protuberant. Boys, 27; girls, 12.

a 28. *Forehead Hairy*.—The forehead may be covered with downy hair; the hairy scalp may join the outer extremities of the eyebrows. Boys, 19; girls, 4.

a 29. *Frontal Veins Large*.—There may be well-marked veins in the middle of the forehead and across the bridge of the nose. Boys, 12; girls, 4.

a 30. *Hands Blue and Cold*.—This was registered when it appeared to be a more or less permanent condition as a defect independent of weather. It may be seen in a paralysed limb. Boys, 13; girls, 47.

a 31. *Harsh Lip*.—Congenital fissure of the upper lip. Boys, 15; girls, 7.

a 32. *Ichthyosis*.—Scaly skin on wrists and arms, or general on face, ears, and all parts. Boys, 5; girls, 2.

a 33. *Moles on face or eyebrows*; they may be pigmented, and may or may not be raised, and are often covered with hair. Boys, 1; girls, 6.

a 34. *Mouth Small*.—Referring to measurement of the opening when the face is at rest. Boys, 50; girls, 38.

a 35. *Narvae*.—"Port wine stains" or patches on the face coloured by vascularity. Half the face may be thus affected, with affection of conjunctiva and mucous membrane of mouth. Boys, 4; girls, 2.

a 36. *Nose soft tissue*, wide or superabundant. The skin and

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subcutaneous tissue of the bridge of nose may be superabundant and wide, giving an appearance of great width between the eyes. Boys, 13; girls, 17.

o 37. *Orbits Oblique*.—The transverse axis of the orbits sloping in place of being horizontal.

o 38. *Orbits Sunken*.—The whole cavity and its malar boundary appearing sunken into the skull.

o 39. *Palpebral fissures defective in size or form*. The eyelids may be small as well as the palpebral fissures or openings between them, both in their vertical and transverse measurements. In some cases the opening is not symmetrical, being wider on the inner than on its outer half. The transverse axis may slope outwards and upwards, or outwards and downwards, instead of being horizontal. Boys, 41; girls, 25.

o 40. *Prognathous Type*.—The lower jaw large, heavy, underhung.

o 41. *Supernumerary ears* represented by sessile or pedunculated outgrowths in front of the tragus, sometimes nearly half an inch long. Boys, 21; girls, 12.

o 42. *Miscellaneous Defects in Development*.—Under this heading are included congenital defects of eyes and congenital deformities of the body. Boys, 12; girls, 15.

B. *Abnormal nerve signs* seen in the balances and movements of the body. Cases: Boys, 2,853; girls, 2,015.

43. *General Balance Defective*.—Asymmetrical positions of the limbs, shoulders back, slouching, listless gait. Boys, 90; girls, 115.

44. *Expression Defective*.—Want of changefulness, vacuity, fixed expression. The visible muscular action and balance seen in a face may be described, and still there may be an expression that cannot be described anatomically. A face may be balanced or moved abnormally by action of its muscles, and yet carry a good expression. Boys, 122; girls, 196.

45. *Frontals Overacting*.—The frontal muscles may produce horizontal creases in the forehead, which may be deep if these muscles overact coarsely. Sometimes these muscles are seen working under the skin in vermicular fashion, with an athetoid movement; in other cases the action is fine, producing what may be called a dull forehead. This over-muscular action does not necessarily erase expression. Boys, 606; girls, 158.

46. *Corrugation*.—Knitting the eyebrows, drawing the eyebrows together; vertical creases are thus produced on the forehead above the nose. Corrugation may coexist with over-action in the frontal muscles. Boys, 38; girls, 12.

47. *Oculiculus Oculi Relaxed*.—There is a thin muscle, the oculiculus oculi, which encircles the eyelids. Its tone gives sharpness to the lower lid, so that its convexity is seen. When this muscle is relaxed there is a fullness or bagginess under the eyes, which is not due to oedema (dropsy), and may disappear on laughter. Boys, 371; girls, 296.

48. *Eye Movements Defective*.—When an object is moved at a distance 2 feet in front of the face, the eyes normally move in following it; in some children the head always turns towards the object, while the eyes are kept still in their orbits. In other cases fixation of the eyes is bad, or there are restless, uncontrolled movements of the eyes. Boys, 348; girls, 254.

49. *Head Balance Asymmetrical or Drooped*.—In the normal the head is held erect. It may be inclined to one side or drooped. Boys, 91; girls, 274.

50. *Hand Balance Weak*.—In this type of balance the wrist is slightly drooped, the palm is contracted laterally, and the digits are slightly bent. Boys, 1,294; girls, 805.

51. *Hand Balance Nervous*.—When the arms are held out the wrist droops, the palm is slightly contracted laterally, the thumb and fingers are extended backwards beyond the straight line at their junction with the palm. Boys, 253; girls, 355.

52. *Finger Twitches*.—When the hands are held out for inspection, there may be twitching movements of the digits in flexion, or extension, or laterally. Boys, 145; girls, 144.

53. *Lordosis*.—When the hands are held forwards, an alteration in balance of the spine may appear, with an arching forward in the lower part of the back, while the upper part of the spine between the shoulders is thrown back. Boys, 36; girls, 112.

54. *Other Abnormal Nerve Signs* less frequently observed. Signs grouped for convenience of primary arrangement as being less frequent in occurrence than those given earlier, but not necessarily of less importance. Boys, 468; girls, 287.

55. *Deaf, or Hearing Defective*.—Children deaf, or partially deaf. Tests for hearing cannot be used in a school inquiry. Boys, 12; girls, 15.

56. *Grinning, or Over-smiling*.—Over-smiling or grinning may be spontaneous, or may occur on any stimulation to effort. The lines formed in the naso-labial region of the face may be fine or coarse; there may be a duplicate or triplicate naso-labial groove partly depending upon the thinness or thickness of the skin; permanent skin creases may result. Boys, 19; girls, 14.

57. *Mouth Open or Jaw Drooped*.—The jaw may be drooped, or the mouth may be open with the teeth closed. This should not be recorded as a nerve sign if it is probably due to obstruction of the respiratory passages. Boys, 233; girls, 110.

58. *Over-Mobile*.—Constant spontaneous movements. Among children in the infant school, and in some over 7 years, spontaneous movement is normal; it is most common in the fingers. Boys, 4; girls, 9.

59. *Response in Action Defective*.—Response in action following a command or in imitation may be accurate or uncertain, prompt or slow. There may be an interval between the command and the response, or the action may be continued unduly long. Response may be better when stimulated through the eye or through the ear respectively. Boys, 56; girls, 62.

60. *Speech Defective*.—Stammering (spasm), or defect in articulating certain sounds. Speech may be nearly absent; it may be indistinct. As a mental defect, the question asked may be repeated without a reply. Boys, 105; girls, 52.

61. *Stuporous or Immobile*.—Without any spontaneity, immobile except under stimulation to action. Boys, 4; girls, —.

62. *Tremor*.—A uniform rapid movement with but slight displacement of the parts moving. Boys, 15; girls, 14.

63. *Miscellaneous Abnormal Nerve Signs*.—Under this heading are included eye cases, 71, 72, and the paralytic cripples. Boys, 67; girls, 45.

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C. *Nutrition Low, Thin, Pale, Signs of Delicacy*.—This was registered to any child seen to be pale, thin, or delicate. No inquiries were made as to the feeding of the children. Nutrition of the limbs and face was observed, as well as colour in the face and lips. Cases: Boys, 749; girls, 770.

D. *Dull Mentality, or as Reported by the Teachers*.—In every case registered the teacher's opinion concerning the child's mental capacity was asked and written down; those reported as below average ability in school were registered as dull. After the children presenting visible defects had been picked out, the teachers were invited to present any other pupils known by them to be mentally dull. All grades of mental dullness were registered under this heading—see Groups D., 76, 77, 78. Total of dull children: boys, 2,672; girls, 1,632.

E. *Defects of Eyes*.—When the eyes were looked at obvious defects were noted, but no tests were used as to acuteness of vision or errors of refraction, and the ophthalmoscope could not be used in the schools. Ophthalmia was not registered, but some of its late effects are recorded under "Disease of Cornea," "Eye Lost by Disease," 68, 70. Boys, 774; girls, 715.

64. *Squint*.—Under this heading are registered cases of organic squint, one eye being turned; also temporary or varying convergence when looking at an object 2 feet from the face, which probably indicates hypermetropia. Boys, 470; girls, 345.

65. *Using Convex Glasses*.—Evidence of hypermetropia. Boys, 141; girls, 226.

66. *Using Concave Glasses*.—Evidence of myopia or short sight. Boys, 39; girls, 55.

67. *Myopia not Using Glasses*.—Short sight ascertained on inquiry. Boys, 12; girls, 11.

68. *Disease of Cornea*.—Inflammation, ulcers, white patches. It was not found convenient to record ophthalmia, but if disease of cornea were present this was registered. Boys, 32; girls, 40.

69. *Eye Lost by Accident*.—As stated on inquiry. Boys, 33; girls, 16.

70. *Eye Lost by Disease*.—Inquiry was made as to cause of loss of eye. Boys, 10; girls, 18.

71. *Nystagmus*.—Organic tremor of the eyes. This defect is also registered under "Other Nerve Signs. Miscellaneous. Bb 63." Boys, 20; girls, 11.

72. *Ptosis*.—Drooping of eyelid may be partial or complete in one eye or in both. Boys, 24; girls, 5. This defect is also registered under "Other Nerve Signs. Miscellaneous. Bb 63."

73. *Pupils Unequal*.—Inequality of size of pupils when the eyes are equally stimulated by light. Boys, 4; girls, 2.

74. *Cataract* may be congenital or the result of injury. Boys, 8; girls, 5.

75. *Miscellaneous and Congenital Defects of the Eyes*.—Including coloboma or defect in a portion of the iris. Unequal and asymmetrical pigmentation of irides and "tortoise-shell irides." Albinos destitute of all pigmentation. Excessive largeness of cornea. Congenital smallness of one eye. Congenital blindness from cause unknown. Congenital defects of the eyes are also registered under "Other Defects of Development. Miscellaneous. A1 42." Boys, 8; girls, 8.

F. *Cases of Rickets*.—When bent legs or pigeon breast indi-

cated rickets the fact was registered; conditions of the cranium were not accepted as evidence of rickets, but were registered under their respective headings (see Aa 2, 4, 5). Boys, 39; girls, 10.

G. *Exceptional Children*.—Children who on account of certain observed defects may at once be said to need individual consideration:

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| 76. Idiots.  | 89. Amputation of leg. Boys, 5; girls, 1.                                |
| 77. Imbeciles. Boys, 3; girls, 2.  | 90. Congenital absence of greater part of upper limb. Boys, 2; girls, 3. |
| 78. Children feebly gifted mentally. Boys, 50; girls, 51.                                  | 91. Congenital absence of hand.  |
| 79. Children mentally exceptional. Boys, 4; girls, 3.                                      | 92. Congenital defect of hand. Boys, —; girls, 2.                        |
| 80. Epileptics, and children with history of fits during school life. Boys, 39; girls, 35. | 93. Congenital absence of foot. Boy, 1.                                  |
| 81. Dumb. Boys, 4.   | 94. Club foot.   |
| 82. Children crippled, maimed, and paralysed.  | 95. Hemiplegia. Boys, 7; girls, 11.                                      |
| 83. Disease of hip. Boys, 11; girls, 3.  | 96. Paraplegia.  |
| 84. Disease of spine. Boys, 11; girls, 8.  | 97. Infantile palsy, upper limb. Boys, 1; girls, 3.                      |
| 85. Disease of upper limb. Boys, 7; girls, 3.  | 98. Infantile palsy, lower limb. Boys, 11; girls, 10.                    |
| 86. Disease of lower limb. Boys, 11; girls, 5.   | 99. Torticollis. Boys, 4; girls, 5.                                      |
| 87. Hand maimed. Boys, 2; girls, 1.  | 100. Blind, or nearly so. Girls, 3.                                      |
| 88. Amputation of arm. Boys, —; girls, —.  | 101. Chorea. Girl, 1.  |
|  | 102. Crippled by burn. Boys, 2; girls, 4.                                |
|  | 103. Heart disease. Boy, 1.  |

FRANCIS WARNER, *Honorary Secretary.*

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Lecture XXV. "Mental Health at School"  
Education - Exercise - Signs of Overpressure

It may seem somewhat presumptuous for me, a Medical Man, to lecture to you Teachers on the subject of Education. I shall of course however look at the matter from a somewhat different point of view to that to which you are accustomed; & in the remarks I make to-day I shall venture to follow the lines of an address which I had the honour to deliver last Wednesday to the members of the Lanc. & Chesh. Br. of the British Med. Assoc. on the occasion of their Annual Meeting at Lancaster. It may be well to preface my remarks by reminding you that you should explain with respect to the subject which I propose to-day. That it is not many

and hearing faculties were in the same hands;



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GENTLEMEN,

In casting about for a subject upon which to address you to-day, it occurred to me that possibly "Education as viewed from a medical standpoint" might prove of some interest. To our profession, indeed, the oft-quoted Terentian maxim especially applies:—"Humani a me nil alienum puto;" and whether we consider the subject of education simply as citizens or in the capacity of medical guardians of the rising generation, we shall find much that is worthy of careful attention. The extension of School Boards and of Free Schools year by year brings more closely home to us by that cogent *argumentum ad hominem*—the appeal to the pocket—the importance of the matter, and in the latest Report of the Education Department for England and Wales I find it stated that the State assists in the education of five-and-a-half million children at a cost of over four millions per annum. But it is not so much from the economical side as from its physiological and hygienic aspects that I propose to approach the subject. The relations of heredity to education, and of education to development, the importance of physical training, the approach to mind through matter by the avenue of the senses and perceptions, the question of manual training, and the rôle of technical instruction in connexion with school life, and, last but not least, education in relation to sex, are some of the topics on which I would desire briefly to touch. Should some of my audience be inclined to exclaim with Apelles, "Ne sutor ultra crepidam," let me remind them that it is not many centuries "since the teaching and healing faculties were in the same hands;"\*

that Linacre, the founder of the Royal College of Physicians, though M.D. of Padua and an Oxford don, was the tutor of Prince Arthur, and of Sir Thomas More; and that John Locke, who if not a medical graduate practised medicine in Oxford, was the author not only of the immortal "Treatise on the Human Understanding," but of "Thoughts on Education," which embody much of what I may call the medical view of the subject.

If, as has been said by an eminent statesman, "Educating is man-making," surely our profession is, of all others, the best qualified to give an opinion as to the *modus operandi*. Paley somewhere defines education as "Every preparation that is made in our youth for the sequel of our lives." It is a one-sided view of education to think of it as limited to the intellectual faculties alone; and yet it is a view which we find prominent in the writings of some who were accepted as educational authorities not so many years ago. Latterly I venture to hope that there are signs of a better understanding between members of the teaching and of the medical professions than heretofore prevailed, to the advantage of both. The Conferences on School Hygiene at the International Health Exhibition in 1884, followed by discussions at Manchester on "Education under Healthy Conditions," afforded opportunities for *rapprochement*, which have since borne good fruit; and quite recently a Committee of the British Medical Association have been prosecuting a laborious enquiry into the condition, physical and mental, of our school children, the results of which, as reported by Dr. Fras. Warner to the International Congress of Hygiene (held in London last year), may be expected to have a far-reaching influence on modes of education.



**The relations to Heredity to Education.**—It has been well said by Dr. Clouston (of Edinburgh) that "the important laws of hereditary transmission of weaknesses and peculiarities and strong points must be studied and kept in mind, so far as we know them, by the educators of youth. To hear some persons talk, you would imagine that every youth and maid had a constitution as free from faults and weak points, and as little liable to go wrong as a forty-shilling watch. Nothing is more certain than that every man and woman is like their progenitors in the main . . . It is one of the future problems of physiology and medicine to deduce the exact laws of heredity in living beings, and to counteract the evil hereditary tendencies through conditions of life. To do the latter we shall have to begin early in life, and we shall have to control the education especially, and make it conformable to nature's indications, laws and conditions."\* In other words, the physician

\* "Female Education from a Medical point of view."—T. S. Clouston, M.D., p. 7.

who is cognisant of the transmissible failings of a family may do good service by seeing that its rising members are not subjected to undue strain at school in the direction of inherited weakness. "*Per aspera ad astra*"—which may be freely rendered, "by many scars, we reach the stars"—is an ambitious motto, but is not of universal application; and children of neurotic parentage, who are often precocious, must not be pushed on, or they will break down by the way. There is sound philosophy in Gloucester's *asides* with reference to his clever but unfortunate nephew,

"So wise, so young, they say do ne'er live long."

and

"Short summers lightly have a forward spring."

Richard III., Act 3, Sc. 1.

**The relation of Education to Development** is little more than an amplification of the doctrine of heredity modified by environment. "Which of you, by taking thought,

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~~could~~ add one cubit unto his stature?" applies indeed to the mental as well as the bodily growth of the individual, so far that "every living being has from its birth a limit of growth and development in all directions, beyond which it cannot possibly go by any amount of forcing."\* On the other hand, within due limits,

\* Clouston, Lect. Cit. 1, 2.

healthy growth of organs may be fostered by appropriate exercises; and it is upon the appropriateness, both as regards kind and degree of such exercises, that the success, whether of the trainer with the racehorse, or of the tutor with the 'Varsity man, depends. But be it never forgotten that both with horse and man there is an individual limit to capacity for training, and that over-training invariably leads to breakdown. The true educator will ascertain, so far as he can, the limits in each case, and in this the family doctor, acquainted with both the personal and hereditary antecedents of the pupil, may help him much.



Happily it is unnecessary for me to spend time in insisting on the importance of physical training as a part of education. The fact has long been recognised at our great public schools and universities; and Paterfamilias has often to pride himself as much on the success of his boys at cricket and football, as in actual scholarship. And in these days of High School education for girls, it is important that active out-door exercise should form an essential portion of the daily curriculum; not mere perambulation of corridors, arms entwined round each other's waists after the manner of females, but real romps or active games such as tennis or rackets. Some of the old classic games of ball, which added so much to the grace of Grecian maidens are, I fear, in these latter days neglected, and the admirable exercise of battledore and shuttlecock seems to have fallen too much into disuse. Systematic exercises of drill are now universal in our elementary schools both for boys and girls, and musical drill (which I may say in passing has been in vogue in Institutions for Imbeciles for twenty years and more) has of late taken a prominent place in the curriculum. I venture to think that in these matters our profession has furnished useful aid to that of pedagogy, and the names of Dio Lewis, C. Roberts, Roth, and Holm occur to me as confreres who have helped to place them upon a scientific basis.

*Skipping*

Nowadays I suppose few will question that the proper **educational approach to the mind is through the avenue of the senses.** Fifty years ago, however, this was by no means so well recognised, spite of the labours of Pestalozzi and of Froebel, and of the writings of Jean Jacques Rousseau. The average pedagogue was even then much too prone (as Montaigne had complained towards the end of the 16th century) "to exaggerate the memory and reject useful knowledge." I am proud to think that amongst the pioneers of the better way was one whose name will always stand pre-eminent in the work of training and educating imbeciles—I mean Dr. Edouard Séguin. Finding by experience at the Bicêtre the futility of mere *memoriter* exercises in attempts to teach those of feeble mind, he published in 1846 a book entitled "Traitement Moral, Hygiène et Education des Idiots," in which he laid down the principles which he subsequently elaborated under the designation of "Physiological Education." Starting with the axiom that "the education of the senses must precede the education of the mind," he argues that the true physiological method of tuition for persons whose nervous system is imperfectly developed, is (1) "to exercise the imperfect organs so as to develop their functions," and (2) "to train the functions so as to develop the imperfect organs." Is it too much to say that inasmuch as in *all* children—not merely in abnormal children—the nervous system is imperfectly developed, these principles have a universal application. I venture to think, indeed, with an American writer in "Harper's Magazine" for May, that six months in the school of an Institution for Imbeciles, where these principles are paramount, would form a useful part of the training of all elementary teachers.



The question of **Manual Training in Schools** logically follows that of the training of the senses, for, as Emerson says, "Manual labour is the study of the external world," and to quote the words of Sir Philip Magnus in the *Contemporary Review*, November, 1887 (which strongly remind me of the sentiments of Séguin), "Of the several organs through which we obtain a knowledge of the external world, the sense of touch and the muscular sense have a certain prominence as giving us perceptions which are mainly intellectual. For this reason we should expect that the training of the muscular and tactile sensibility of the hand, and the training of the muscular sense generally, as exercised in the determination of size, shape, and resistance, would form an essential factor of education. But so little has this been the case, that until comparatively recent times" [Sir Philip might have added, *except in Idiot Asylums*] "the training of the faculties by which we obtain, at first hand, our knowledge of the things about us has been sadly neglected; and education has consisted

mainly in storing the memory with words, with the statements and opinions of others, and of inferences therefrom. Apart altogether from the value of the constructive power which manual skill affords, the knowledge of the properties of matter which is obtained in the acquisition of that skill is considerable, and cannot be equally well acquired in any other way . . . . 'The introduction of manual work into our schools is important,' says Sir John Lubbock, 'not merely from the advantage which would result from health, nor merely from the training of the hand as an instrument; but also from its effect on the mind itself.'

**The role of Technical Education in School Life**

perhaps demands a few remarks, for it is, as might be expected from its novelty, imperfectly understood. An objection is raised against it, in connexion with our elementary school system, that for the children of the working classes, who will spend their lives for the most part in manual work, its introduction into the school curriculum limits the time available for the acquisition of "the three R's" and of the other subjects which we have been accustomed to include in the term "schooling." Granting this, we have the authority of the distinguished sanitarian, Sir Edward Chadwick, for the statement that, dividing the boys of a school into two series of almost equal strength, and instructing in ordinary subjects one series as half-timers the other as full-timers, the half-time school often beat (in examination) the full-time school; and "if it beat it at school-work *à fortiori* beat it at games."\* And in the "sturdy North"

\*Quoted in Education and Heredity, Guyon, p. 134.

we know that the half-timers are not necessarily the inferior scholars. Why, then, in all schools, and not in elementary schools alone, should there not be an element of "Technical Instruction?" As preliminary to medical education, how useful would be the training of the hand and eye at the carpenter's bench and the turner's lathe, such instruction being valuable not only for the technical skill acquired, but as a means of discipline in scientific exactitude! From another point of view we may say that the medical man's life is a continuous process of technical education, and the habits essential for it cannot be acquired too soon. In this connexion I cannot refrain from quoting the words of a great past master of our craft, but recently snatched from us by the hand of death, the late Dr. Ross, of Manchester. In his inaugural address on "Technical Education," as President of the Manchester Medical Society in 1889, occur these words, since rendered more emphatic by his own lamented and premature demise. "Gentlemen," he says, "we have gathered a few pebbles



of truth into our storehouses of knowledge, out what are they to the, as yet, unrevealed wonders of the human body, and the unfathomable mysteries of the human mind? In the presence of the dark unknown which lies before us, how little can be effected by the consecration, not of a few years, but of a life-time, to strenuous study, and considering that any advance in knowledge we may make is generally by a process of trial and error, a process in which the very corrections of experience come to us in the solid form of a lost or maimed life, it behoves us to see that we lose no opportunity of profiting by the experience of our predecessors and contemporaries." In these remarkable words may we not fancy our much-regretted associate once more speaking to us here to-day, for in the right use of meetings such as this we are carrying out the ideas he so eloquently expressed.

And now I feel I might appropriately stop, were it not that I promised to refer to a subject which has of late been exciting some controversial interest, both in medical and educational circles, I mean **Education in relation to sex**. You are all aware of the onslaught made by Sir James Crichton-Browne in his oration before the Medical Society of London, on the system prevalent in High Schools for Girls, which he contends is one of over-pressure. Time will not permit us to critically examine his arguments as to the relative brain-weights and mental capacity of the sexes, and the replies of his opponents. We shall, I think, all concur with him in his condemnation of arduous evening preparation of home lessons, but I would query whether in some cases the preparation in the evening, "when in the cycle of daily life the pupils' brains are least capable of exertion," is not a faulty home arrangement, for which parents are more responsible than High School mistresses. The most successful student I have personally known, Senior Classic and a Senior Optime at Cambridge, captain, and afterwards head master of a well-known public school, was in his school-days forced by his father—himself a

P. Effect of overpopulation - by raising one L. &  
from per mile Competitive changes.

Delay of family system - mother - child -  
Semi - family - mother - child -  
Child.

Voluntary association - moral culture

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to the efforts of the Education Department, of the  
Training Colleges, and, last but not least, of the  
County Council Technical Instruction Committee;  
the days of such ignorance are fast passing away



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1. Agreed

2. Rapidity of increase of learning - Some Chicago  
 women say Chicago contains 1 insane  
 person to 150, but no insurance has quadrupled in  
 50 yrs. All these statements modified by confidant?

3. Use of intellect - Growing importance of abnormality - 20%  
 become not so much to profit.

4. To be a good animal in the first cond. of human  
 life. Sound health is necessary to good thinking  
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schoolmaster—invariably to retire to bed at 9 p.m.; and his home lessons were, I believe, mainly done in the morning hours, with (as I have said) conspicuous success. There seems to me no valid reason why High School girls should not follow similar system, at least in the summer months; in the short days of winter, indeed, there may be good hygienic reasons for shortening the curriculum, so as to allow ample time for exercise in sunlight. I am glad to find from the prospectus now before me of the High School of a northern city that there the hours of attendance on classes are only from 9 to 1, five days a week, and that "pupils can attend between 2-30 and 4, to be assisted by the teachers to prepare their lessons." Let us hope that these young ladies at least do not suffer from over-pressure, and that both in plumpness and freshness they conform to the canons of the "gospel of fatness" upheld by our medical critics of female education. Happily whatever may be the freaks of fashion in the education of our girls, there is a prospect of matters ultimately righting themselves, for, as Herbert Spencer has told us, "Matrimonial selection by beauty of face and form is no mere caprice of man, but a Divine ordinance for the welfare of posterity"; and it may well be that "the first in beauty shall be first in might."

A few words upon the importance of physiological instruction both for teachers and taught must bring my already prolix paper to a close. I fear that in too many cases in times past the preceptor's notions of physiology and psychology resembled those described by Carlyle in his "Sartor Resartus"—"The Hinterschlag professors knew syntax enough, and of the human soul thus much : that it had a faculty called memory, and could be acted on through the muscular integument by appliance of birch-rods." Let us hope that thanks to the efforts of the Education Department, of the Training Colleges, and, last but not least, of the County Council Technical Instruction Committee; the days of such ignorance are fast passing away.



from our land. Not only in the principles of physiology but of hygiene, all teachers, whether of elementary, secondary, or higher schools, should be trained, and in their turn they should instil a knowledge of the laws of health into the minds of their pupils. Then, and not till then, shall we cease to hear of such establishments—mis-called educational—as that long ago depicted by Charles Dickens. "Dr. Blimber's," he says, "was a great hot-house in which there was a forcing apparatus constantly at work. Mental green-peas were produced at Christmas, and intellectual asparagus all the year round. Nature was of no consequence at all; no matter what a young gentleman was expected to bear, Dr. Blimber made him bear to order somehow or other. This was very pleasant and ingenious, but the system of forcing was attended with its usual disadvantages; there was not a right taste about the premature productions, and they did not keep well. And people did say that the Doctor had rather overdone it with young Toots, who when he had whiskers left off having brains."

Whatever may be thought of Dr. Blimber, it would be unfair to blame the elementary teachers for the over-pressure which in years past has occurred in our primary schools. "*Video meliora proboque: deteriora sequor*" has been their sad experience under the grasp of a cast-iron Code. Happily, owing, no doubt, in great measure to the forcible representations of Sir James Crichton-Browne, and to the patient investigations of the Committee of our Association, directed by Dr. Fras. Warner, the Code has recently been materially modified, and school children need not now be regarded simply as grant-earning units, but as individuals with faculties to develop. Did time permit, I should like to have put before you some of the interesting physiological facts relating to school children set forth by Dr. Warner in his recent Milroy Lectures. I can only say that they

strikingly demonstrate the correlation of mental dulness with defective physical development, ill nutrition, and nerve abnormalities, and it would seem that no less than 1·5 per cent. of our elementary school children may be regarded as so exceptional as to call for special modes of instruction. Classes with this object are at the present time being organised by the London School Board.

In conclusion, I am tempted to quote, as interesting both to the medical and teaching professions, a paragraph from an admirable article on Education in the "Encyclopædia Britannica":—"The education of every public school is a farrago of rules, principles, and customs derived from every age of teaching, from the most modern to the most remote. It is plain that the science and the art of teaching will never be established on a firm basis until it is organised on the model of the sister art of medicine. We must pursue the patient methods of induction by which other sciences have reached the stature of maturity; we must discover some means of registering and tabulating results; we must invent a phraseology and nomenclature which will enable results to be accurately recorded; we must place education in its proper position among the sciences of observation. A philosopher who should succeed in doing this would be venerated as the creator of the art of teaching." And to this good work I venture to think our own profession well qualified to lend a helping hand.



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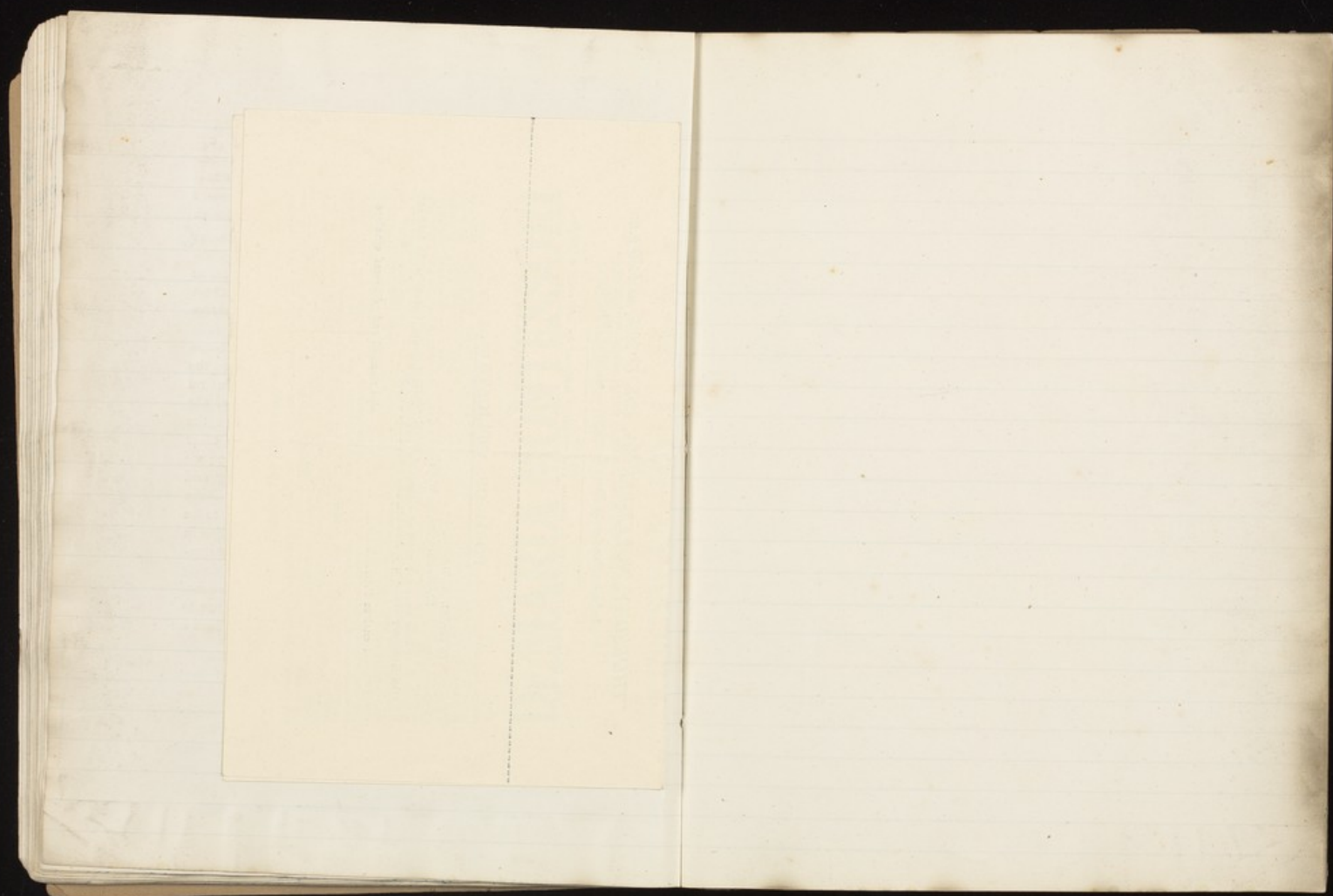
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Notes on Craniotomy  
 By G. S. Skene Esq. B. A. M.D. &c.  
 Med. & Surg. Royal Albert Dispensary,  
 Newcastle

My attention having been called  
 early in 1841 to the question of Craniotomy  
 as performed by Dr. Hise of Philadelphia  
 & M. Lamezorgue of Paris for the relief  
 of intra-cranial pressure, or of impeded  
 cerebral development consequent on  
 premature Symplocosis, I made it my  
 business to visit the Clinique of M. Dr. P.  
 Lamezorgue, at the Hôpital de la Pitié,  
 Paris on June 3<sup>rd</sup> 1841. There were at that  
 time no cases in which Craniotomy had  
 been performed in the Hospital, but Dr. Lamezorgue  
 was good enough to explain to me his  
 method of procedure, in all kinds of Craniotomy  
 & of Craniostomia & trepanne; & he assured  
 me that of 25 patients operated on by  
 himself, only one had died, & the other

They had all improved to a greater or less extent. In one case a speechless child had commenced to speak very e after the operation: in another a microcephalic idiot, 14 years old, on whom he had performed linear craniotomy, had ceased the incessant crying & waddling to which he had previously been accustomed, was learning to walk & trying to talk. Enquiring from Dr. Broussais, Physician in charge of the Department for Imbecile children at the Bicêtre what was his experience with regard to Craniotomy, he said that so far as he had opportunities of judging the effect in cases of Imbecility was "absolutely nil." So much for the result of surgery on the spot as to Craniotomy in Paris, but I note that in the British Medical Journal of June 4<sup>th</sup> 1852 that at a recent Surgical Congress in Paris 3 cases in which marked improvement



in mental condition had resulted was reported  
by Mrs. Lugeau & Chénier.

My personal experience of the effect of  
the operation is at present limited to  
two cases, both operated on by Dr. Victor Worsey.  
The first was brought to me in April 1891,  
6 weeks subsequent to the having been  
submitted to linear craniectomy. The  
child was 4 years of age, a typical example  
of microcephaly, the circumference of head  
being  $17\frac{1}{2}$  inches, & the transverse &  
longitudinal  $10\frac{1}{2}$  & 10 inches respectively.  
A linear scar extending  $1\frac{1}{2}$  inches above the  
hair at vertex & extending  $5\frac{1}{2}$  inches back -  
was the evidence the median line indicated  
the situation of the strip of bone removed  
by Dr. Worsey in the previous February. The  
present thought some improvement had  
resulted at requests habeas & restitutio.  
The child was again brought to me on Sept 28,  
91, some 7 months after the operation, & the

Report there was that the child had ceased  
to beat his head, which previous to the operation  
he did frequently, but that otherwise there was  
no marked amelioration, more than would  
result from increased age. I again saw this  
child on June 3<sup>rd</sup> 1892, & found him improving  
slightly in intelligence, but not more than one  
would have anticipated result from the operation.  
The head measurements had increased, the  
circumference to 18 in diameter 17 1/2, the  
transverse to 11 (from 10 1/2), & the longitudinal  
from 10 to 10 1/2. The boy had grown considerably.  
In this case Mr. Horsley informs me that he  
considers the operation incomplete.

The second case which has fallen under  
my notice is the child of a medical man,  
who brought him to me in July 1891. This was  
a boy of 3, with a head measuring 18 inches in  
circumference, & 11 x 10, longitudinally & transversely.  
The forehead tended to the form designated P<sup>ro</sup>truding  
with distinct medio-frontal ridge & no other

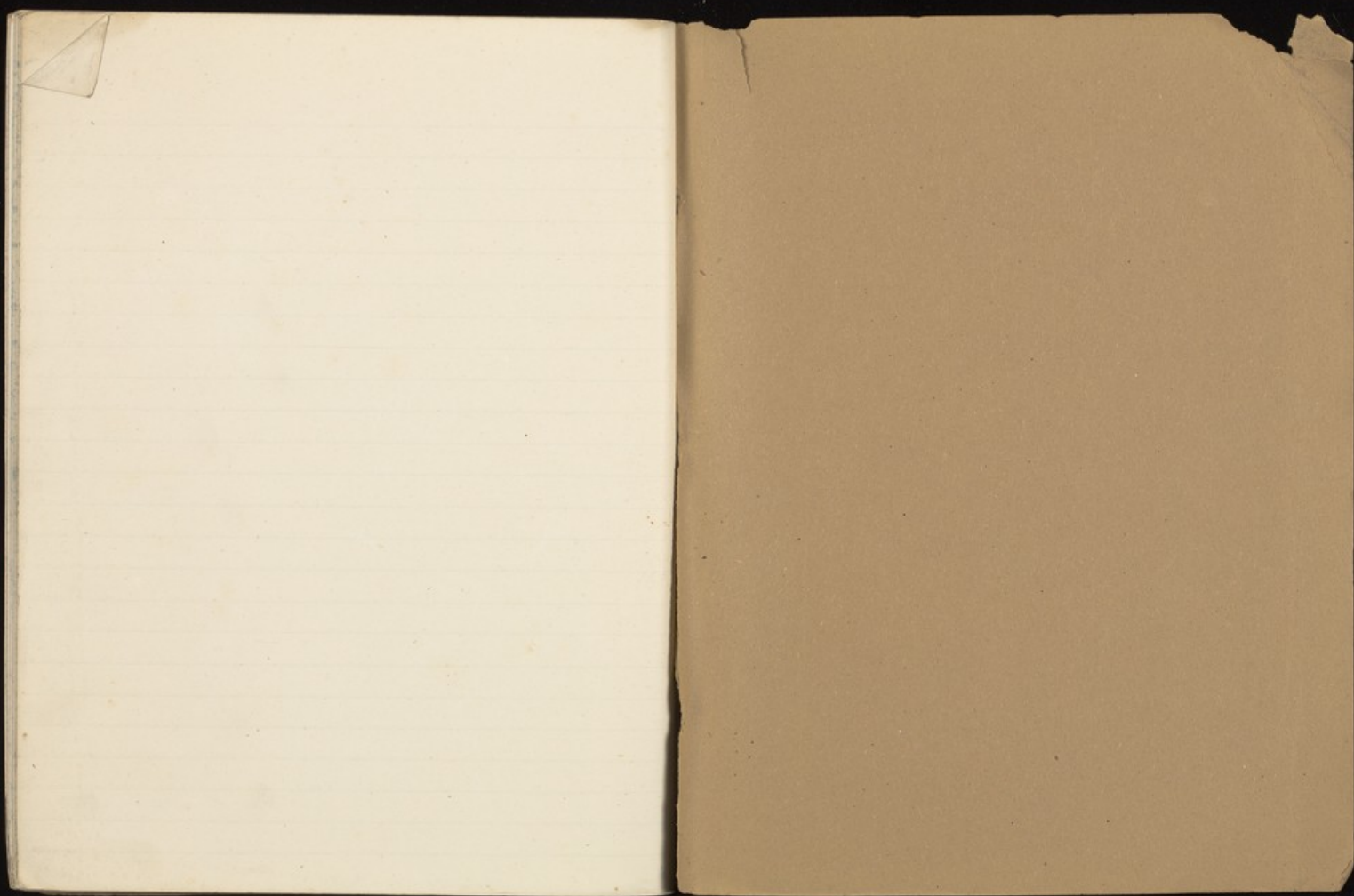


There was general paresis in this case, & an operation for club foot had been performed in infancy. In November & December 1891 Mr. Victor Housley removed at 4 stages a strip of bone - wide enough in some places to admit a broad finger - from the one limping leg to the other, & sawing a small piece at the vertex. The report of the parents, 14 months later, was to the effect that they saw no improvement in the boy physically or mentally, but that the general health had been for a time unfavorably affected by the consequent fever & other incidents of the operation. I saw this case on June 2<sup>nd</sup> 1892. I was unable to detect any improvement fairly to be attributed to the operation, though the child's powers of observation seemed somewhat better probably from advancing age. He is now 4.

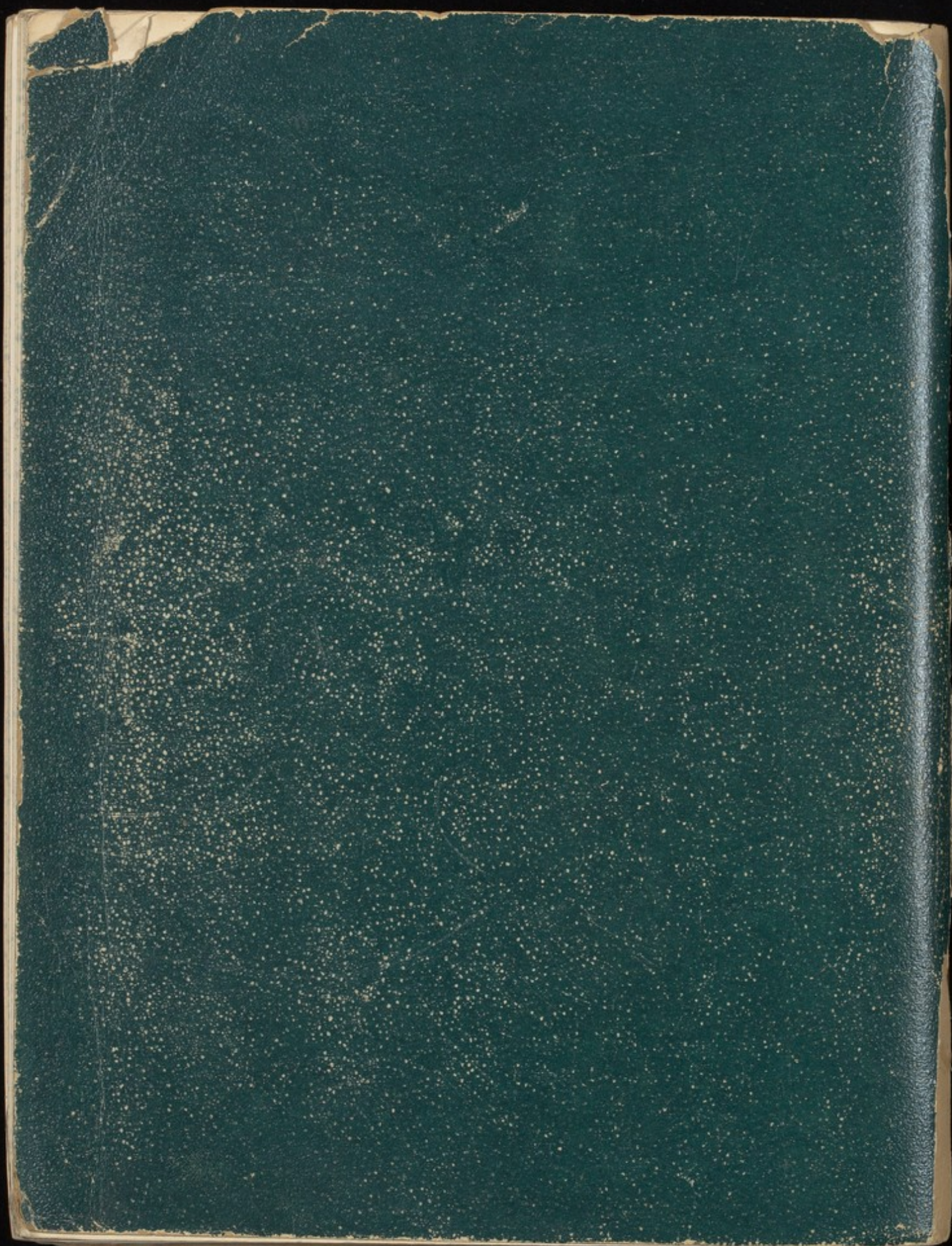
So far, therefore, as my own limited  
experience extends, I am unable at  
present to speak favorably of Crani-  
otomy, as requiring consequent mental  
improvement. A priori one would suppose  
that if microcephaly is in the majority  
of cases the result primarily of an  
imperfectly formed & imperfectly developed  
brain dating from intra-uterine life  
premature syphilis is not the cause  
but the effect of an abnormal brain  
development, & the removal of strips of  
bone cannot be expected to be of much  
worth. On the other hand where there  
are signs of pressure on the brain, from  
traumatic or pathological thickening  
of the skull, craniotomy may be of  
great benefit; & considering that but  
little risk to life attends the operation  
when skillfully performed, I think that  
in such cases the operation is to be recommended.



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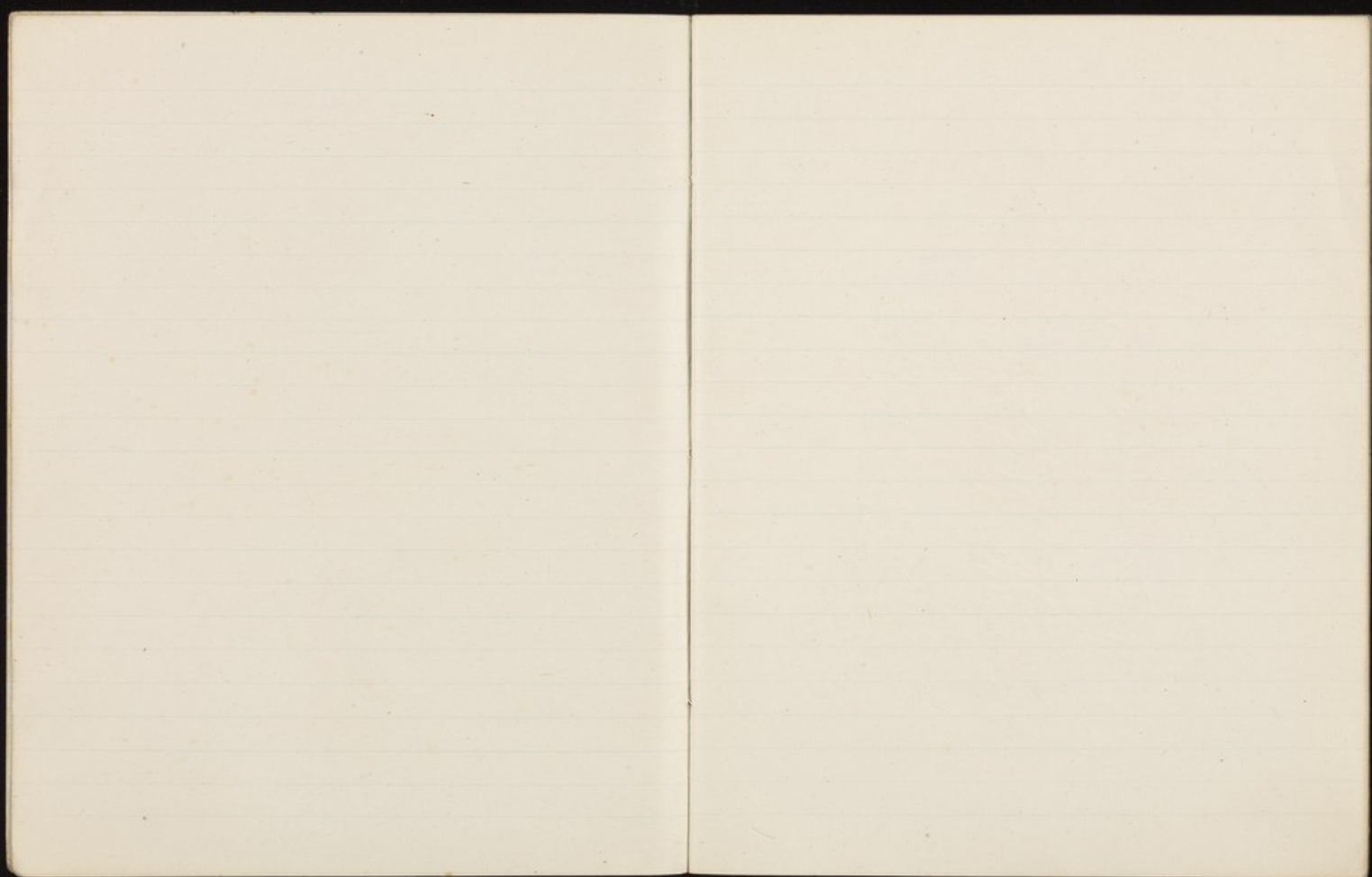








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**MENTAL OVERSTRAIN IN EDUCATION.**

*A Paper read to the Richmond and Kew Branch, P.N.E.U.,*

By G. E. SHUTTLEWORTH, B.A., M.D., &c.

In venturing to make a few remarks to this Society upon a somewhat trite subject I must plead as justification the fact that, notwithstanding much that has been said and written in the way of warning by men and women more experienced than myself, there still exist indications of a tendency to mental overstrain in certain departments of education. In the consideration of the subject it may be well to clear the ground by discussing the questions (1) What is education? and (2) What is meant by educational overpressure, or such pressure in education as is likely to result in mental overstrain? and (3) finally, to inquire into the incidence, the causation, and the signs of such overpressure. A few words may follow as regards prevention and treatment.

To answer the question, What is education? it may be useful to consider what it is not. With some so-called educationalists I fear the idea still lingers that it consists in cramming a mind with as much of as many subjects as possible. Our laughing philosopher *Mr. Punch* has, however, very truly observed that "you cannot ladle grammar, arithmetic, and geography into a child's brain as you would brimstone and treacle into his stomach"; indeed a smattering of philology will serve to show that the word "education" means not "putting in" but "drawing out." As Froebel ~~wisely~~ remarks, "The purpose of teaching is to bring ever more out of man, rather than to put more and more into him."

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And, bearing in mind the physiological interdependence of bodily and mental development, we may say that true education consists in processes of training which will produce in a *given individual* the most favourable evolution possible of all the faculties both of body and mind. A rational educational system will of course recognise the fact that children are not cast in the same mould, that there are inherent—often inherited—differences in each pupil's powers, and that to attain the best results instruction must be adapted to personal peculiarities, and proportioned to varying capacities. Moreover, the comprehensive and far-reaching character of education must be borne in mind, including as it does—as Paley puts it—"every preparation that is made in our youth for the sequel of our lives." From the theoretical stand-point, indeed, we shall all be ready to reply in the affirmative to the query of Plato, "Is not that the best education which gives to the mind and to the body all the force, all the beauty, and all the perfection of which they are capable?" Overpressure in education may in brief be described as a neglect of the principles just set forth—a neglect which cannot fail to lead to mental overstrain. Thus a cast-iron code imposing for each year of age a definite standard of acquirement, heedless of the varying capacities of children, could not fail to produce it. A disregard of physical conditions underlying mental evolution and of critical epochs of development affecting capacity for exertion is another efficient cause. And the undue excitation of the unstable nerve cells of a child of neurotic heredity to such a pitch of activity as might be harmless in a normal child will, in the case of the former, be apt to constitute overstrain. And let me remark that it is just these children of "highly-strung" parents who are precocious, and liable to be urged on beyond their strength by indiscreet admirers of juvenile genius. Overpressure, indeed, is not an absolute quantity, but has to be estimated in relation to the personal factor in each case. It may, therefore, be defined in terms of educational work as that amount which in a given case is likely to produce excessive strain of the physical or mental system, or both.

We pass now to the consideration of its incidence. Since 1870 every young Briton has been compelled to submit to educational processes of some description or other between the ages of five and fourteen. School attendance is, however, allowed to count towards a grant from the early age of three, and in some schools there are what are called "babies' classes." Formerly the leading idea with regard to these poor juveniles was that the function of school was to teach them to sit still, regardless of the incessant impulse to movement which characterises all healthy young animals.

*This is contrary to the wisdom of the  
ancient form the old deep Aristotle words?*



3 /  
In more recent days

Charles Kingsley long ago satirised the "toison d'or" fathers and mothers who instead of letting their children pick flowers and make dirt-pies, as little children should, kept them always working, working, working . . . till their brains grew big and their bodies grew small and they were all changed into turnips with little but water inside." And in days not far distant we have heard of hydrocephalus (water on the brain) as an alleged product of mental overstrain in early years; indeed, it is reasonable to conclude that, where a tendency to consumptive disease exists, brain congestion from overstrain and the stuffy germ-laden atmosphere of certain schoolrooms may conduce to tubercular brain affections. To-day a more enlightened view obtains as to the treatment of infants; and the Educational Department now officially directs the fostering of "the spontaneous and co-operative activity of such scholars." The musical drill, kindergarten games, varied occupations, and other exercises now so much in vogue in infant schools, are no doubt extremely beneficial, and in spite of sensational allegations to the contrary, I think we may conclude that with sanitary safeguards the infants in our elementary schools are better off than they would be at home or in the streets, where they would be receiving the dubious education of the gutter. Although precocious children are sometimes injured by being pushed into prominence, it is not in the infant schools that we shall often meet with instances of overstrain. Nor is there nowadays, I think, so much evidence of overpressure in elementary schools for boys and girls as was noticed some twelve years ago by ~~an~~ distinguished *confrère*, Sir James Crichton-Browne. At that time he proved to his own satisfaction (if not to that of the Education Department) that more than one-third of the children attending elementary schools in London suffered from habitual headache (52.5 of the girls and 40.5 of the boys). He argued, moreover, from the increased prevalence of nervous disease in children—and he cited in support of his argument the increase since the passing of the Education Act in the juvenile mortality from brain inflammation and from certain diseases, with marked nervous affinities—and from the frequency with which he had met with chorea, with stammering, and with neuralgia in school children examined, that overpressure certainly existed in connection with compulsory education in elementary schools. In those days it would seem to have affected most severely the backward children, classified by Sir James Crichton-Browne as either "dull, starved, or delicate," the code requirements of that date conducing to the whipping up as far as possible of all children to definite age standards.

Happily, grants are no longer made on the percentage of passes in standards arranged according to age, but after examination of the scholars by sample. Her Majesty's

to select several to press children lately (as not un- and it is motional prospect. and from

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189 necessary evil of ch might be we do not evolution at y have some ical. "They stimulate the improvement so leisure for re brain must ing marks."\*

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at in schools in the great methods, the goodly pro- ortion in the Dr. Blimber's, which there and mental intellectual common as sent day the with whom should be the ing for army e a Scottish iculty I have gh to keep e exiles from

the debating society, and I had to drive them off work on Sunday with the grudgingly conceded exception of geometrical drawing." And Dr. Almond further remarks:

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I do not think that at the present time there is much to complain of in the régime of our elementary schools as regards over-pressure. The tendency of the Educ. Dept. has happily of late years been to recognize the fact that children are not formed like in the same mould. To make special provision for those that are exceptional. Two years ago a Departmental Committee was appointed to inquire into the subject of defective & epileptic children, and to show means for giving them appropriate training - a process indeed which had already been commenced by some of our more enlightened & enterprising school-boards. Amongst others I am glad to be able to name that of Ber-  
-mingham. In London of which I have personally known more we have now nearly 50 centres established for Special Instruction, & the number of pupils on the roll is not much under 2000. Here I know there are at least 4 centres of Special Instruction.

pp. 94-97.  
a young boy's mental overstrain  
that in schools it in the great methods, the a goodly pro- xertion in the Dr. Blimber's, in which there s; and mental id intellectual so common as esent day the e with whom ould be the ring for army ew a Scottish fficulty I have ough to keep re exiles from hem off work on Sunday with the grudgingly conceded exception of geometrical drawing." And Dr. Almond further remarks:

Happily, grants are no longer made on the percentage of passes in standards arranged according to age, but after examination of the scholars by sample. Her Majesty's Inspectors are also authorised to ask the teacher to select the several children to press for children's progress, and it is an emotional prospect. s and from seem that it is school headache, or particularly necessary evil of which might be; we do not al evolution at ey have some ytical. "They stimulate the il improvement no leisure for the brain must bring marks."

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Happily, grants are no longer made on the percentage of passes in standards arranged according to age, but after examination of the scholars by sample. Her Majesty's Inspectors are also authorised to ask the teacher to select a few of the best children for examination in the several subjects, so that the tendency now is not so much to press unduly the dull children as to work up the brighter children to a point that shall dazzle the inspector. Unfortunately (as I have observed) bright precocious children are not unfrequently the offspring of highly-strung parents, and it is just these that are likely to break down under emotional excitement and the pressure of an examination in prospect. From all I have been able to gather from teachers and from

the children's hospitals in London, it would seem that it is this class that nowadays furnish cases of school headache, of chorea, and other nervous affections, more particularly about the periods of examination.

4+  
L.C.  
Competitive examinations are indeed a necessary evil of this great and glorious Victorian age (which might be characterised as "seculum examinationis"); we do not question their necessity in the stage of social evolution at which we have arrived, but nevertheless they have some great drawbacks, both moral, mental and physical. "They make brain-work mercenary, and they often stimulate the wrong sort of brain-work. . . . Intellectual improvement for its own sake is at a discount; there is no leisure for general reading (of a voluntary character), for the brain must be encumbered with nothing which does not bring marks."\*

\* Dr. Almond in *The New Review*, January, 1897, pp. 94-97.

It is obvious that this is a mean motive for a young boy's aspirations for learning, and the risks of mental overstrain under such conditions are great.

*The case of  
preparing  
schools*  
I fear I should hardly be justified in saying that in schools for senior boys there is no overpressure, but in the great public schools, and others following their methods, the tendency to brain-strain is counteracted by a goodly proportion of out-door exercise and physical exertion in the way of games. Happily schools of the type of Dr. Blimber's, satirised by Dickens as "a great hothouse in which there was a forcing apparatus constantly at work; and mental green-peas were produced at Christmas, and intellectual asparagus all the year round," are not now so common as formerly. It is remarkable that at the present day the youths most liable to overpressure are those with whom one would have thought that physical fitness should be the paramount consideration—I mean those preparing for army examinations. Yet I read in the *New Review* a Scottish headmaster complaining: "It is with some difficulty I have secured for our own army class exercise enough to keep them in good health—to say no more. They are exiles from the debating society, and I had to drive them off work on Sunday! with the grudgingly conceded exception of geometrical drawing." And Dr. Almond further remarks:



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"From a national point of view the case is very serious indeed," stating that the process that army candidates must go through to ensure success "tends to weaken, even to abolish, more or less what they have of governing qualities—as robustness, vital energy, nervous force, wholesome temper, strength of will, resource and courage in emergencies, magnetic power over the will of others." And now I pass, with bated breath, to the delicate and much debated subject of the secondary and higher education of girls. Let me say at the outset that I do not intend to pose as a mere *laudator temporis acti*, for the revolution in female education must be accepted as a *fait accompli*, whether for good or ill. "Mrs. Lemon, at whose school Rosamond Viney learned all the extras, including getting in and out of a carriage," is rapidly becoming an extinct type of schoolmistress (if not already extinct), and now the Latin grammar has replaced the Italian phrase-book, and practical geometry the use of the globes. University training, leading up (in some cases, at any rate,) to University degrees, is the necessary trade mark of teachers, as well as the ambition of promising pupils. Methods formerly *designated propria qua maribus* are now considered the common heritage of both sexes, and girls are expected to learn all that their brothers do at the same age, *plus* music and feminine accomplishments, and too often (I fear) *minus* the physical exercise and recreation which form so prominent a feature of boys' public schools. I am aware that there are some excellent boarding schools for girls where the necessities for physical exercise are not disregarded, where indeed some mothers would say the risk is of games being overdone; but if we turn to the high schools for girls, which are doing so much good work for female education throughout the country, I think we may find in this ~~sequence~~ some grounds for friendly criticism. The rapid growth and development which occur in girls from 12 to 16 (out of all proportion to those which occur in boys of corresponding ages) constitute a drain upon the girls' organism, leaving little reserve of strength for arduous mental exertion. What, however, do we find in the actual curriculum of high school girls at this age? Four hours almost continuous work in the morning, exclusive of extra subjects in the afternoon, with a minimum of from two to three hours' preparation in the after-part of the day. And to this is superadded time necessarily devoted to the practice of music and other pleasing feminine arts. Where, on a winter's day at least, are proper exercise and recreation to come in? The public school-boy has at least two hours' compulsory play (usually in the open air) during the afternoons; it is the exception, I believe, at girls' high schools to have anything so plebeian as a playground, and though there is a growing tendency to form clubs for tennis, hockey, and other out-door games played at some distance from the school, these are in no way compulsory, and are indeed outside the school routine. The morning interval, nominally

*Personal*

*regard*

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of ten or fifteen minutes, is not usually spent in brisk exercise in the open as would be the case with boys, but in munching buns, or nibbling biscuits, or, at the best, in perambulating corridors with arms entwined around companions' waists, after the manner of females. Is it to be wondered at that as the term proceeds, the roses we have been used to associate with English maidens' cheeks, gradually fade and signs of nervous exhaustion show themselves? "Surely" (as has been well remarked by one who has herself had considerable practical experience of the higher schools, I mean Miss Frances Gray), "if we take as our ideal a 'perfect woman nobly planned,' a young girl whose brain only has been developed would look as grotesque as a statue with the head of Pallas Athene on the shoulders of an Indian idol."

In these three points then—(1) excessive hours of study, especially during spurts of growth and development; (2) deficiency of systematic out-door exercise and recreation; and (3) disregard of constitutional differences between boys and girls, affecting their respective capacities for work to the disadvantage of the latter—I think the high school system needs amendment. In Women's Colleges of the type of Girton, Newnham, and the Royal Holloway, there is more elasticity in the curriculum and a certain safeguard against overpressure in the way of out-door sports. Even here, however, there is risk in the frequently recurring examinations, which are taken more keenly and conscientiously by young women than by young men of corresponding age; and with those of bad heredity especially there is a tendency to break down under the strain of competition.

We may now briefly consider the factors that may contribute to mental overstrain. First and foremost come a family history showing tendency to nerve trouble, or a predisposition to consumptive disease. So far as I have seen, signs of overpressure are rarely met with except when there is such morbid heredity, whether in elementary or in secondary schools. Secondly, malnutrition. In elementary schools there is no doubt that overpressure often means under-feeding, and even with scholars of the better social grades emaciation consequent on shirking of meals predisposes to mental breakdown. So, as Burns's grace expresses it,

"Some hae meat that canna eat  
And some wad eat that want it."

Thirdly, more especially in the female sex, disorders of development, causing irritability and deficient powers of application. Finally, with one or other of these predisposing factors we have the exciting influence of overstimulation of brain cells resulting in subsequent exhaustion.

Amongst physical indications of mental overstrain we may specify the following. In young children a weary,



9

Illustrative  
Cases

preternaturally old look, to which the furrowed forehead, knitted brow, bagginess around the eyes, and sallow complexion all contribute. A general fidgetiness and irritability—sometimes muscular twitchings especially seen about the angles of the mouth—are noticed; and there is a general want of tone and balance about the muscular system, so that the hand when extended assumes a feeble pose and we may often see or feel finger twitches. In more severe cases actual jactitations of the limbs occur and the symptoms pass, especially with girls, into well-marked chorea. Headache is frequent and an habitual attitude is with the hand pressed against the brows; sleep is, as a rule, disturbed. With young children transient nocturnal feverishness is not infrequent, and night terrors sometimes occur. In some cases the tongue and lips are tremulous and speech is stammering. There is, as a rule, evidence of digestive disorder; often we find a distaste for wholesome food, sometimes a perverted appetite, and an overfondness for sweets. In pubescent boys and girls the symptoms of nervous weakness (neurasthenia) tend to be more marked, such as incapacity for sustained attention, feebleness of memory, a tendency to answer exactly opposite to what is known to be correct, neuralgia, and (in girls) hysteria, sleeplessness or somnolence, a want of pluck and general apathy. These symptoms are often associated with such physical signs as a sallow earthy complexion, anaemia, and what has been designated in learned language *anorexia scholastica*. Aversion to solid food in the early part of the day is a frequent symptom, with a tendency to substitute nerve-titillating tea for more nourishing diet, and (as we have seen) it is not only from want, but frequently from want of appetite, that overpressed children go to school minus their breakfast. Some of us have perhaps had the opportunity of watching a High School girl, naturally of good physical as well as mental development, whose morning appetite, vigorous at the beginning of term, becomes small by degrees and miserably less as work presses and the examination period approaches. I found that, though the principal meals were served in hall, the more studious were apt to shirk the solid viands and whip up their flagging powers with tea, made (*ad lib.*) in their own rooms.

In investigating the causes of the nervous  
breakdown of a girl—studied at one of our  
best known Women's Colleges

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A few words on prevention, which we all know is "better than cure," must close this paper. As regards prevention, much rests with the parents themselves, who are but too apt to shirk responsibility and throw all blame upon the teachers. The poorer classes have indeed but little option as to the sort of education to which they will subject their children, the Education Department acting the part of Providence in prescribing the curriculum. But it has not always been a wise Providence, and its decrees might have been at times more judicious had it been able to avail itself of the assistance of a competent medical adviser. It is a hopeful sign that many of the larger School Boards have appointed medical officers, and as their opportunities of influence increase we may look for an improvement not only in the hygiene of schools but of educational systems. Parents of poor children should, however, themselves make a vigorous stand against home lessons and undue detention, the most common causes of overpressure in elementary schools. As regards secondary schools, parents have more in their own hands. It is indeed hard to resist the fashion of the day, but it is clearly the duty of medical men to protest against anti-physiological practices in schemes of education. Parents who know, or who are advised, that their children are of unstable nervous temperament, must beware of the dangerous strain of competitive examinations in such cases, especially at critical epochs of development. Much may be done by favourably regulating the home environment of children attending day schools in the way of punctuality at mealtimes, insistence on sufficient out-door exercise and ample hours of rest, a point being made of going to bed early. Of course, with overstrain as everything else, the rule of action should be *obsta principis*, and warning signals, however slight, should not be disregarded.

Study  
4 1/2 hrs at 8 to 7 at 15  
Hargreaves' Linnæa and also  
Physical exercises



augmented method of directing  
 the will is through the intellect  
 not through the senses  
 Adaptation of stages of mental  
 All knowledge in mind grows  
 from books

What work and be play - Observation  
 7 to 12 How Clasp

12 to 15 Causes of things  
 Consequences - History  
 How much

15 to 18 Human intellect  
 Improving - Principle

was common

9

The condition precedent to successful treatment is naturally the withdrawal of the pupil from conditions known to be injurious, even at the loss of a term's schooling. A term's brain rest is not always time wasted, and to wait for the full development of threatening symptoms is fatuous policy. The late Dr. Octavius Sturge gave (in a paper read at the International Congress of Hygiene, 1891, vol. x., p. 20) the pitiable history of five cases of what he designates as "school-bred chorea." These poor children having been kept with their "noses to the grindstone" in spite of morbid restlessness, the significance of which was not appreciated by the teachers, "were only removed from school when St. Vitus's dance had developed so fully as to render them absolutely incapable of school-work and sometimes even of speech." Had those in charge been aware of the "hand-test," so easily applied, timely relief might have been given and the worst symptoms averted. As to treatment, one may say in a general way, use all means that will invigorate the body and cheer the mind. "A change" is often recommended, but let it be a change with an object, for nothing is worse in mental overstrain than inactivity and leisure for morbid introspection. Physical exercise in some congenial form and taken in moderation (e.g., bicycling, boating, golf, tennis, or skating) may be of great value in restoring the balance of the circulation. A course of light literature is frequently of advantage, and an interest in artistic or manual work, such as painting or wood carving, or, what is still better, some out-door occupation, such as gardening, may be of signal service.

In conclusion, let me press upon parents and teachers alike the necessity of hygienic knowledge in avoiding the causes that lead to mental overstrain, and let me put in a plea for the inclusion of hygiene in the curriculum of schools. "Taking the word hygiene in its largest sense," says the late Dr. Parker (our greatest writer on the subject), "it signifies rules for perfect culture of mind and body. It is impossible to dissociate the two. The body is affected by every mental and moral action, the mind is profoundly influenced by bodily conditions. For a perfect system of hygiene, we must combine the knowledge of the physician, the schoolmaster, and the priest, and must train the body, the intellect, and the moral soul in a perfect and balanced order."

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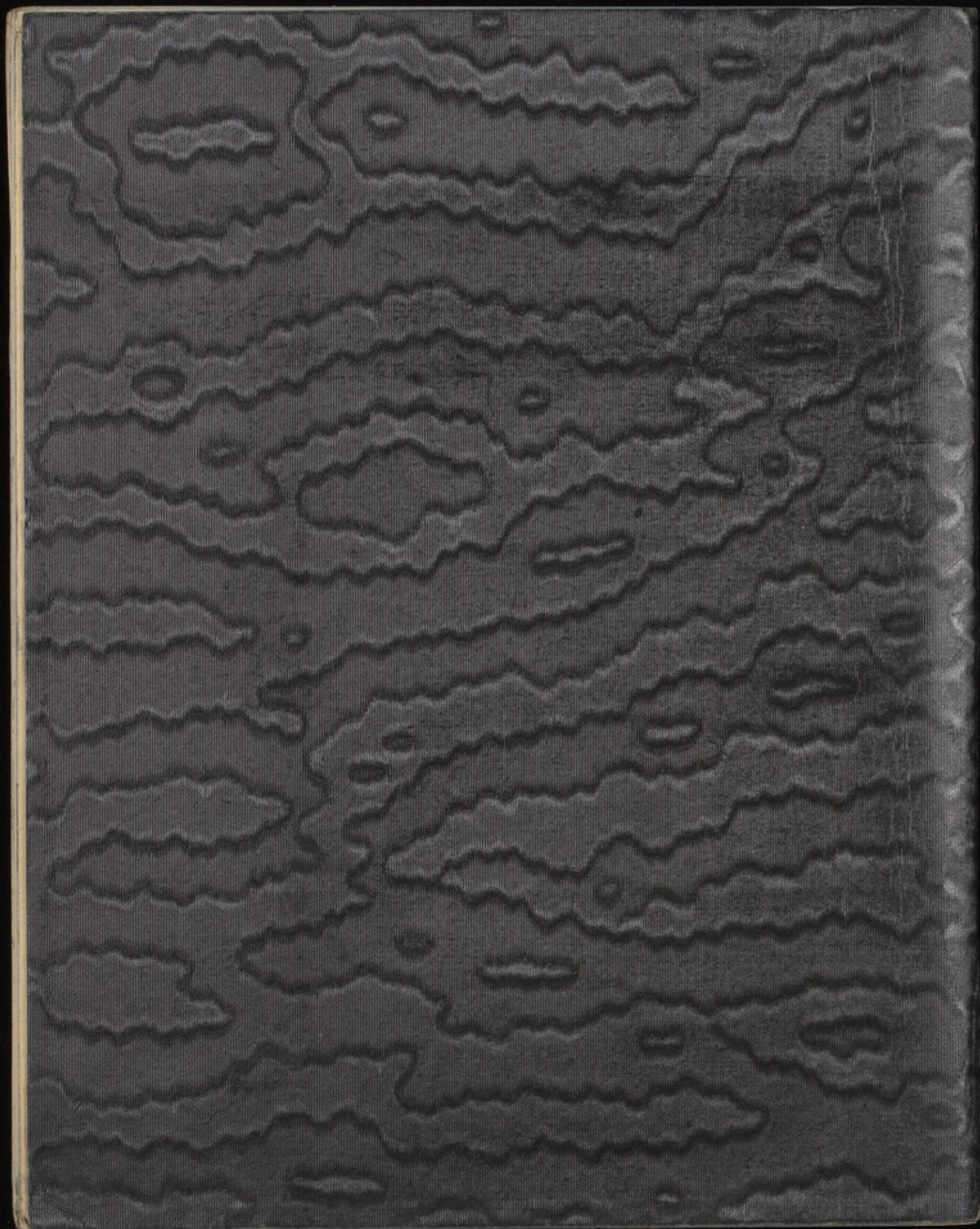
## VISIONS OF PARADISE.

### AN EXTRAORDINARY STORY.

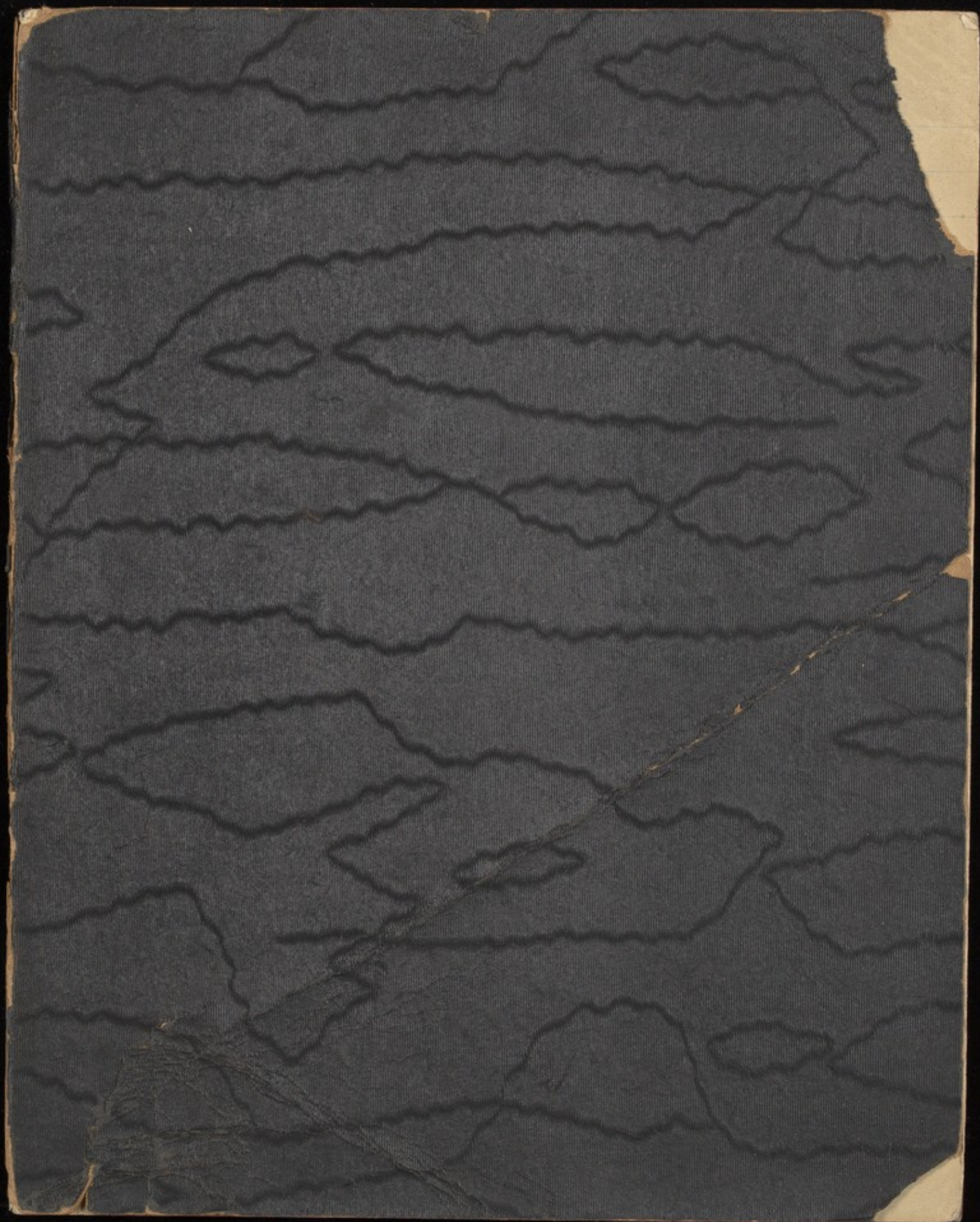
Among the applicants at Lambeth was an elderly, clean-shaven, well-built man, who told the magistrate that after living with his wife for 18 years they separated by mutual consent. He continued to visit her, but three years ago she suddenly vanished. Six months ago he was lying in bed one morning, in broad daylight, when a picture appeared in the heavens about the size of a newspaper. The body of the picture was emerald green, and there was a red cross with a bleeding Christ upon it. The Christ spoke to him and told him that he was to get up and search for his wife and daughter. A night or two afterwards the corner of his bedroom was brilliantly illuminated, and he saw a golden bed, in which his wife was lying with her arms extended to receive him. The bed was surrounded by the blue flowers of Paradise. Two or three days afterwards, in daylight, he had another vision. A wrangling took place outside his bedroom window, as though a dozen men were quarrelling outside. They all seemed to be smiling at the window. One of them said he was Christ, another said he was Jehovah, another that he was Buddha, and another that he was Mahomet, and they were all wrangling as to what punishment should be given to him for having treated his wife in the way he had done. Since then he had had several visions. The object of his application was to find out the whereabouts of his wife and daughter. He hoped the press would assist him, and said his name was Henry Scott, and letters could be addressed to him at Grosvenor Terrace, Camberwell.











51.36/59



## The Education of Mentally-Deficient Children.

A Lecture delivered before the Fernald Society, on November 10th, 1896.

By G. E. SHUTTLEWORTH, B.A., M.D., ETC.,

Ancaster House, Richmond Hill,

(Formerly Medical Superintendent of the Royal Albert Asylum for Imbeciles, Lancaster).

LADIES AND GENTLEMEN,

Some 200 years ago John Locke opened his "Thoughts on Education" with these words: "A sound mind in a sound body is a short but full description of a happy state in this world: he that hath these two has little more to wish for; and he that wants either of them will be little the better for anything else." To-night we are to consider the case of those unfortunates who, usually by no fault of their own, are defective in mind, and, more often than not, defective in body also. I hope to show you that notwithstanding the desponding view John Locke took of such at the end of the seventeenth century, it has been reserved for the nineteenth to achieve considerable success in the special training of such children. And perhaps, by way of introduction to our subject, a brief résumé of the various steps which have led to this result may not be uninteresting. *J. S. C.*

Not to go beyond the limits of the present century, let me give you the story of "Le Sauvage de l'Aveyron," as related by Séguin (himself pioneer in the training of idiots and imbeciles), whose quaint but forcible language is characteristic of the man. "In 1801" (says he) "the citizen, M. Bonaterre, discovered in the forest of Aveyron, France, a wild boy. This naked boy was marked with numerous scars: nimble as a deer, he subsisted on roots and nuts, which he cracked like a monkey, laughing at the falling snow, and rolling himself with delight in this white blanket. He seemed to be about 17 years of age. Bonaterre permitted this wild boy to escape, but afterwards re-took him and sent him at his own expense to the Abbé Sicard, Director of the Asylum for the Deaf and Dumb at Paris. Sicard had just succeeded the illustrious Abbé de l'Épée, and Bonaterre thought him to be the most suitable man to perform the miracle of which he dreamed—the education of this creature, the most inferior he had ever seen under the form of humanity." Sicard, however, seems soon to have tired of this unaccustomed task, and after some months, during which he had been exhibited as a sort of aboriginal specimen of the Genus *Homo*, the wild boy passed into the care of M. Itard, aurist to the Institution, and an aural physiologist and surgeon of considerable note. Itard took him into his own house and provided a governess for him, who for five years endeavoured to cultivate his faculties, with however but little result. In the end he was remitted to the Hospital for Incurables, and although the result was unsatisfactory, Itard's observations of the mental and sensory deficiencies of the case, made on scientific lines, and subsequent reflections as to the indications for treatment, bore fruit when his pupil Séguin undertook at his instance (in 1837) the training of a young idiot in the Children's Hospital of Paris. Itard's conclusions were that to succeed in ameliorating the mental condition of the wild boy (Victor) the objects to be aimed at were:—

- 1st. To develop the senses.
- 2nd. To develop the intellectual faculties.
- 3rd. To develop the affective functions.

This is in fact the basis upon which all successful training of the feeble-minded is conducted.

Passing over isolated endeavours, such as those made in Institutions for Deaf-Mutes for the improvement of imbecile inmates accidentally admitted, we come to the persevering efforts of Séguin himself, whose labours in the department for

Idiot children in the Bicêtre Hospital of Paris really laid the foundation of the system on which the successful training of the Mentally-defective has since been gradually built up.

At the present time it is not easy for us to realise the absolute hopelessness with which efforts to ameliorate the condition of the congenitally imbecile were regarded by psychologists and physicians at the period when Séguin commenced his labours at the Bicêtre. The Standard "Dictionnaire de Médecine," published in 1837, had broadly stated, "It is useless to attempt to combat idiotism. In order that the intellectual exercise might be established, it will be necessary to change the conformation of organs which are beyond the reach of all modification." And even Esquirol himself had penned these desponding words: "Idiots are what they must remain for the rest of their life; everything in them betrays an organisation imperfect or arrested in its development. We do not entertain the idea of its being possible to change this condition. No means are known by which a larger amount of reason and intelligence, even for the briefest period, can be bestowed upon the unhappy idiot." Providentially this pessimism was not allowed to prevail, and whilst Guggenbühl on the Abendberg, and Sager in Berlin, were independently working out plans for benefiting the cretin and the imbecile, it was Séguin who, in the wards of the Bicêtre at Paris, was most conspicuously demonstrating the means of which Esquirol had despaired. There is little doubt that to Séguin, who commenced his labours in 1837, is due the credit of priority in the work of the reclamation of idiots, although with characteristic modesty he himself avers that "at certain times and eras the whole race of man, as regards the discovery of truth, seems to arrive at once at a certain point, so that it is hard to say who is the discoverer." Step by step the work progressed, and gradually it earned recognition at the hands of the leaders of medical opinion. Thus in 1843 we find the illustrious Voisin, in a paper read before the Royal Academy of Medicine in Paris, referring in terms of warm appreciation to Séguin's studies and successes, and predicting that he would take a distinguished rank among his contemporaries. Voisin's prognostications were fully realised by the publication in 1846 of Séguin's *magnum opus*, entitled "Traité de Moral, Hygiène et Education des Idiots, et des autres enfants arriérés."

Defining idiocy as "an infirmity of the nervous system, which has for its effect the abstraction of the whole or part of the organs and the faculties of the child from the normal action of the will," he proceeds to divide all cases into two principal classes, those of profound and those of superficial idiocy. The basis of the treatment which he proposes is in the main identical with that which in later works he described under the designation of *physical education*. Starting with the axiom that "The education of the senses must precede the education of the mind," he argues that the true physiological method of tuition for persons whose nervous system is imperfectly developed is (1) "to exercise the (imperfect) organs so as to develop their functions," and (2), "to train the functions so as to develop the (imperfect) organs." Ingenious devices are described whereby the organs of the senses may be methodically exercised, and cases are given, in minute detail, in which such exercises have been adapted to special incapacities.

It may be of interest to note that the present year is the jubilee of the date of publication of Séguin's classic work, which may be termed the Magna Charta of the emancipation of the imbecile from the thrall of ignorance and neglect. It is fitting that in this country, at least, the jubilee year has been marked by onward progress in benevolent efforts in favour of the mentally-feeble class. Two societies, having this object, have recently been inaugurated; and for the first time a scheme of systematic training for teachers of "feeble-minded" children has been brought into practical operation at the Froebel Educational Institute.

But we must not linger too long at the threshold of our subject: let us enter the portal, and look round at the children with whom we have to deal. Here we



see a boy with a head but a little larger than my fist (under 13 inches); there one whose globular skull and overhanging brow give him the appearance of top-heaviness. Truly, as old Fuller quaintly says, "heads are sometimes so little that there is no room for wit; they are sometimes so long (or large) that there is no wit for so much room!" Others we shall note marked with the signs of scrofulous disease, such as glandular swellings, scars of abscesses, sore eyelids, and possibly affections of the bones and joints, some of them showing in addition consumptive symptoms. Another group, of quaint aspect (approaching that of John Chinaman), I will venture to call *misshapen* children, that is to say, children who have come into the world imperfectly developed, and bear on their features the impress of imperfection. By some this type of imbecility has been designated the *Mongol*, and a theory has been put forward that this is an instance of reversion to a less advanced period in the evolution of the race, the Caucasian throwing back (so to say) to the Mongolian. A still more remarkable conformation is that of the curious elf-like children known as *sporadic cretins*. Dwarfs in mind as well as body, they retain at adult age some of the characters of infancy, and I show you photographs of a young lady who, though 21 years of age, was under three feet in height, and weighed no more than 43 lbs. You will be pleased to hear that of late years even this hopeless-looking class has been brought within the beneficent range of medical science, and that under thyroid treatment (which consists of the introduction into their system of the corresponding gland of the sheep to that which they themselves lack) improvement of body and mind has been achieved, which seems little short of miraculous. Then, looking round again, we see a number of variously-distorted forms, some mis-shapen from birth, others with features drawn and limbs twisted by affections of the nervous system; and a few suffering from spasmodic movements, such as those of St. Vitus' Dance. Others, however, do not carry in their countenance such characteristic marks of their infirmity, but on speaking to them we find them dull in understanding and slow in response. Of these many have suffered from fits in infancy, some are epileptic, while others have not been bright since they had a fall on the head or some inflammatory attack affecting the brain. In a few we notice not stupidity and dulness, but an excessive mobility of the nervous system. Some are never at rest; children who cannot sit still or sustain attention for more than a minute or two; others weep or laugh—often indifferently—at the slightest (sometimes imaginary) provocation.

Our time will not, however, permit us further to pursue these aspects of the subject. I promised to speak especially of the education of mentally deficient children, and must now proceed with certain practical considerations.

As long ago pointed out by Séguin, all successful teaching of mentally deficient children must proceed on physiological principles. In other words the training of imperfectly developed intellects must be conducted in as close imitation as possible of the mode in which nature herself proceeds in the development of the faculties of perfect children. Idiots are, indeed, in many respects in the condition of imperfectly developed infants; and valuable hints as to the steps whereby improvements may be obtained in the former, may be gained by careful observation of the evolution of the senses and perceptions in the normal child.

Those conversant with babies will be familiar with the important rôle played by the sense of touch in the development of infantile intelligence. Dr. Séguin says, truly, that "the young baby on waking explores his surroundings, not at first with staring eyes, but with searching hands; he seeks first not for sights, but for contacts." A young child will amuse himself for hours in experiencing the rude or soft, warm or cold, contacts of his various surroundings. Thus by comparison of contacts, perceptions of differences are evolved; and so rudimentary reasoning processes are gradually established. Later the impressions derived through the sense of sight check off those of the sense of touch, and in due course a chain of

information as regards the outer world is formed by co-operation of the various senses. The intelligence of the normal child is constantly growing with the evolution of its senses and perceptions.

But with the idiot (and in less degree with the mentally feeble child) there is some hindrance to this normal evolution. The obstacle may be *superficial*, that is, dependent upon dulness of sense organs; more often it is *central*, that is, defect in formation or action of the brain renders it incapable of registering the impressions sent to it. Sometimes the intervening nervous fibres are at fault, so that impressions are not properly conveyed. Whatever the fault, our approach to the brain must necessarily be through the organs of sensation, and Séguin argues that "the organs of sensation being within our reach, and those of thought out of it, the former are the first that we can set in action," so that in practice "the physiological education of the senses must precede the psychical education of the mind."

Following Nature's example we tackle first the sense of *touch*, and we present to the child balls, cubes, objects with rough and with smooth surfaces, which he may handle so as to gain contrasting tactile impressions. We exercise his tactile sense by means of "peg-boards" and simple puzzles, by building bricks, threading beads, etc.; and, of course, all such exercise must be rather of the nature of play than of a scholastic lesson. With dull apathetic cases, with blunted sensation and feeble reaction, training is commenced by what has been termed a "bombardment of bean bags." These missiles are bright-coloured flannel bags, some five inches square, loosely filled with beans or maize, so that their impact is not hurtful. A bag is hurled by the teacher towards the child, who will not at first put up his hand even to guard his face; gradually, however, he learns in self-protection to ward off the missile. The second step, to catch the bag, and the third, to throw it back to the teacher, mark successive steps of improving mental activity, as well as of sensibility.

The sense of *sight* comes next in importance to that of touch, as regards training. And in the first place it is essential, before attempting exercises of any kind, to make sure that the eye itself is all right, and if not, to correct defects by means of glasses. Then comes the task of fixing the wandering gaze, and for this purpose much may be done by the influence of the teacher's own eye. As Séguin quaintly puts it, "the main instrument in fixing the regard is the regard." Guggenbühl, the earliest instructor of Cretins, is said to have gained his pupils' attention by writing in letters of fire, by means of phosphorus, in a darkened room. For quite young children dazzling objects, such as the silvered globes seen on Christmas trees, and for older ones the changing hues of the Kaleidoscope, are of use in this respect. Subsequently, the exhibition and matching of brightly-coloured beads, ribbons, &c., and the arrangement of colour blocks and tiles in patterns, help with discrimination of colour.

*Taste and Smell* being essentially animal rather than intellectual senses do not, as a rule, require much culture in the mentally-deficient class. But discrimination may be exercised by offering to the pupil substances of similar appearance, such as salt and sugar, to be distinguished by taste; ground coffee and snuff, to be distinguished by smell, etc. Perverred and abnormal states of these senses are occasionally met with in idiots. We have known of one whose peculiar "taste for literature" was manifested by his "devouring his book," cover and all, and another who distinguished his own and his comrades' clothes solely by the sense of smell!

(To be continued.)



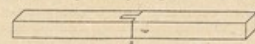
#### EXERCISE 28.

Take five pieces of  $\frac{1}{4}$  in. wire, each 6 in. long, and forge a chain of five links. (The centre link should be added last).



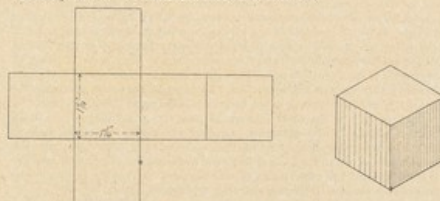
#### EXERCISE 29.

Take two pieces of  $\frac{1}{2}$  in. square stuff, fit together as in the figure, and braze. (The pieces should be held in position by being bound with fine iron wire).



#### EXERCISE 30.

*Soldering Exercise.* To construct a cube out of sheet zinc.



(To be continued.)

### The Education of Mentally-Deficient Children.

A Lecture delivered before the Froebel Society, on November 10th, 1896.

By G. E. SHUTTLEWORTH, B.A., M.D., ETC.,

Ancaster House, Richmond Hill,

(Formerly Medical Superintendent of the Royal Albert Asylum for Imbeciles, Lancaster).

(Continued from page 73.)

With regard to *hearing*, my own experience has been—(though as my cases were selected ones at the Royal Albert Asylum, deserves being a bar to admission, I do not lay much stress upon it)—that in the majority of cases mentally feeble children are not so often deficient in hearing as in the power of listening. They require, indeed, to be coaxed to listen by presenting to them agreeable sounds. Fortunately music has for this class special charms, and a song will often enlist attention when mere speech is disregarded. Our old-world nursery ditties, containing repetitions of simple sounds, such as "Ba, ba, black sheep," etc., "Dickery, dickery, dock," etc., set to attractive tunes are not without use in the education of such children, acting as they often do as the stepping-stones to speech. With some, even low-grade idiots, a tune will be correctly hummed long before any attempt at articulation; and the divine gift of music sometimes persists when there is but little manifestation of

mental power in other directions. As Southey satirically remarks, in his "*Doctor*," "Providence has given to some men wisdom and understanding, and to others the art of playing on the fiddle." Instances are not uncommon (and I have one at present under my own care) of mentally deficient children being able quite correctly to reproduce on the piano any tune they have heard; and feeble-minded instrumentalists have even figured on the concert platform.

More or less imperfection of speech is extremely common with mentally deficient children. Thus of 589 patients in the Royal Albert Asylum, Lancaster, at the close of my connection with it in 1893, it was recorded that 13 made no attempt at speech; 55 made slight attempts only; 40 made a few articulate sounds only; 88 spoke indistinctly; 166 spoke fairly well; 227 spoke well. So that in the majority the speech was defective, and in about one-third markedly so. The percentage of deaf children was comparatively small—not more than four were absolutely deaf, and about 40 others had been noted as being below the average of hearing power. It was not always the deaf children who were most backward in articulation, however.

Of the methods employed for the amelioration of speech, it must suffice to say that oral, lingual, and labial abnormalities must be looked for, and if practicable, corrected. In certain cases there is a high narrow palate, or the tongue is found thickened at its tip, and coarse in its development generally, so that its fine adjustments are made with difficulty; moreover, there is often want of power of co-ordination of the lingual muscles. Then the lips are as a rule loosely held, often so loosely that there is overflow of saliva. To improve the power of closing the lips, a flat piece of boxwood, or an ordinary bone paper knife, or penholder stick, may be held by the child between his lips for a few minutes at a time. Blowing a whistle is also of service. Opening and closing the mouth so as to bring the teeth together, putting out the tongue, deviating it to the right and to the left, and touching with it the teeth of the upper and lower jaw respectively, also the roof of the mouth, are other forms of oral exercises, serviceable in overcoming defects of co-ordination interfering with clear articulation.

This preliminary drill is, however, dull work, and the imbecile child requires to be interested in the successive stages of his "speaking lessons." Owing to the extreme difficulty of sustaining attention with this class, lessons must partake of the nature of play; and the methods of the nursery of imitating the cries of animals, naming toys, articles of clothing and common objects, have to be followed by the teacher.

From the cultivation of speech, which occupies an intermediate place between sensorial training and the co-ordination of muscular movement, we pass to the subject of physical training generally. Drill, starting with the simplest movements, is valuable not only for the purpose of muscular development, but more especially for the salutary effect it has in calling forth the faculty of attention and the prompt exercise of obedience. Made attractive, as it may be to this class, by means of music, it often forms the first step towards educational work, and it is of special value to that large class of nervous children who suffer from spasmodic, purposeless movements; the grasping and wielding of wands, dumb bells, etc., exercising both the will and the muscles.

Having thus cultivated the senses and exercised the muscles, we naturally proceed to what is commonly understood as the scholastic education of the child, with a view of promoting general intelligence and mental activity. In the earlier stages this partakes to a considerable extent of the Kindergarten character, the child's observing powers and activities being pleasantly directed into educational channels. The handling and threading of beads in series of number and colour; the perforation of outline pictures afterwards to be stitched with coloured worsted; various forms of paper-weaving, embroidery and macramé work are useful, not only



in overcoming spasmodic finger twitches and giving dexterity, but in the hands of a judicious teacher form the basis of intellectual exercises. Children with no knowledge of figures will reckon correctly beads to be threaded in series or the threads used in macramé work, and the practical matching of colours is often acquired before their names. Everything must be objectively demonstrated to weak intellects: nothing abstract left to the imagination, which is apt to go astray. Calculation is usually the *crux* of the imbecile, and though counting by rote may be acquired to a considerable extent, its practical application in enumerating objects is in many cases not understood. To aid in the appreciation of the value of money, weights, etc., a shop lesson (which is an extension of the old nursery game of shop) is in use in most imbecile institutions—the pupils taking in turn the rôle of shopkeeper and customers, weighing, measuring, and paying for in real coins, genuine samples of grocery and drapery merchandise. In this and all other lessons the old Horatian maxim is borne in mind:—

*"Segnius irritant animos demissa per aures  
Quam que sunt oculis subjecta fidelibus."*

or in briefer prose, "*Facts are better than words.*" That is to say, things done or seen make more impression than things merely heard. The usual school subjects are, therefore, taught as far as possible objectively and by illustration. Reading is best put before the child in connection with pictures or objects, the printed and written names of which are learned by association rather than by the laborious system of acquiring the names of letters of the alphabet first. There is comparatively little difficulty in the imitative arts of writing and drawing.

For the mentally deficient child especially (though I think for other children too) mere book-learning is not the most important part of training. As has been well remarked by Froebel, "In primary education, the doing, the thing done, the teaching and the learning must, in every case, rest on actual fact and on real existence," and that which gives a tangible result, to be grasped in the hand as well as in the mind, is specially helpful to exceptional children. Thus comes in the great value of manual training and of suitable industrial occupation. The testimony of certain good Spanish monks, who several centuries ago treated with success cases of mental disorder, and even of mental deficiency, by what we may call moral methods, is to the point. "We cure almost all our patients," they say, "except the nobles, who would think themselves dishonoured by working with their hands." So with the imbecile, if it can only be discovered in what direction his abilities lie (and this will be often done in the course of his Kindergarten instruction), a modicum of manual work will have most salutary influence. In training institutions it is usual for pupils to spend half day at school and half day at work, and at the Royal Albert Asylum we had a series of workshops where mat and basketmaking, tailoring, shoemaking, and carpentering were practised, many of the boys showing considerable skill, and, what was still better, a farm of 150 acres, where there was healthy outdoor employment in the cultivation of the land, and in tending the cows, pigs, horses, etc. The girls were employed in the laundry, sewing rooms, and other domestic departments, and did much of the cleaning work of the establishment; and very proud they were of their doings. The old saying that "All work and no play makes Jack a dull boy" was, however, not lost sight of, and besides frequent set entertainments, active outdoor games were encouraged, and loafing very carefully discouraged.

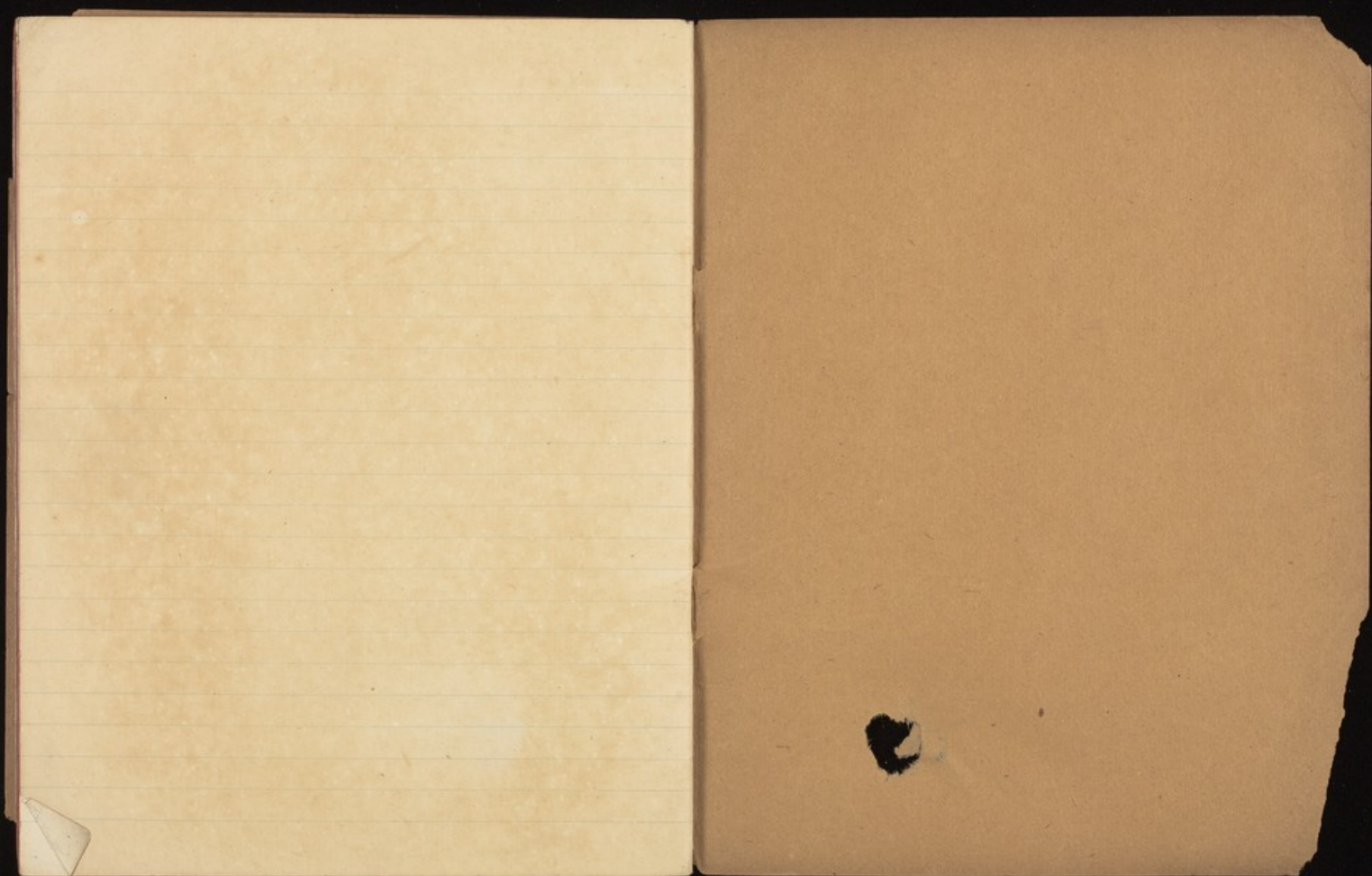
If good moral training be a prime essential in every system of education, it is especially so in the case of mentally deficient children. Not that the mentally feeble child is by nature worse than the ordinary child, but his weakness makes him more pliable, and an evil example, not to say precept, may in his case be specially injurious. Hence the necessity for a good moral atmosphere surrounding him, and

a good example on the part of those in charge of him, for he is peculiarly imitative. As a rule, moral discipline may be easily enforced, by one who has tact, on a system of mild rewards and punishments, adapted to the capacity of each case—the mind in many cases being reached most easily through the stomach. The religious feelings are not necessarily in abeyance in the mentally deficient child, and a simple confidence in the Universal Father, and an idea of duty towards one's neighbour, on the lines of the Golden Rule, should be inculcated.

In conclusion it may be appropriate in a lecture given under the auspices of the Froebel Society to offer a few remarks upon the *rite* of the Kindergarten system in the instruction of mentally deficient and "feeble-minded" children. So far as I understand the matter—and you must please pardon any ignorance displayed by one who is a mere amateur in pedagogic lore—Froebel's leading idea was that "the function of education was to develop the faculties by arousing voluntary activity." This is quite in harmony with Séguin's view—derived in part perhaps from a study of Pestalozzi and Froebel—that "the education of the senses must precede the education of the mind." Central intelligence is not absolutely absent in the imbecile class: in many cases it is merely obscured by physical defects; the mind is (so to say) isolated (like Milton's lady in Comus,—locked up in alabaster), and the difficulty is to get to it. Hence the importance of sensorial exercises in opening up an approach to the mind through the avenue of the senses. But adverse physical conditions not unfrequently interfere with manifestations of that "self-activity" (*selbst-thätigkeit*) upon which Froebel lays such store in the training of the normal child. In the first stage, at any rate, of the imbecile's education recourse must be had to the faculty of imitation, which is sometimes largely developed, especially in certain types (e.g., the "Mongol"). Thus having got hold of the child's attention and interest, the cultivation of its spontaneous activity follows in due course. As regard the immense utility of Kindergarten occupations in the training of mentally deficient children there can be no doubt whatever; and there is scarcely an institution for the feeble-minded, whether in this country or America, where Kindergarten methods and employments are not used. If I have not said as much of the training of the will as of that of the senses, it is not because it is less important. It has been well said that "love is the magnetic (and paramount) force of the moral, as electricity is of the physical, world. It vivifies and exalts all that is ethereal in man—reason, affections, will." With the lever of love on the part of the teacher, the poor imbecile may be raised from the slough of despond in which he has been plunged, and placed on the solid foothold of an active if not energetic existence. Froebel's main object in education was as he himself says: "To give the children employment in agreement with their whole nature, to strengthen their bodies, to exercise their senses, to engage their awakening mind, and through their senses to bring them acquainted with nature and their fellow-creatures; (but) it is especially to guide the heart and the affections, and to lead them to the original ground of all life, to unity with themselves." And from that unity Froebel points to the original Unity from which all proceeds, and in whom all "live and move and have their being." It is in a similar spirit that Séguin closes a series of admirable remarks upon what is required for the moral training of the imbecile in these words:—"Our work is one changing in form, never changing in object; it is a work in which the teacher, the nurse, the physician, the philosopher all have something to do. But all that each does must be done in the spirit of affection, and that of the deepest kind. . . . All of these poor children may be taught to love by being loved; and to make the idiot feel that he is loved, and to make him eager to love in his turn, is the end of our teaching, as it has been the beginning."



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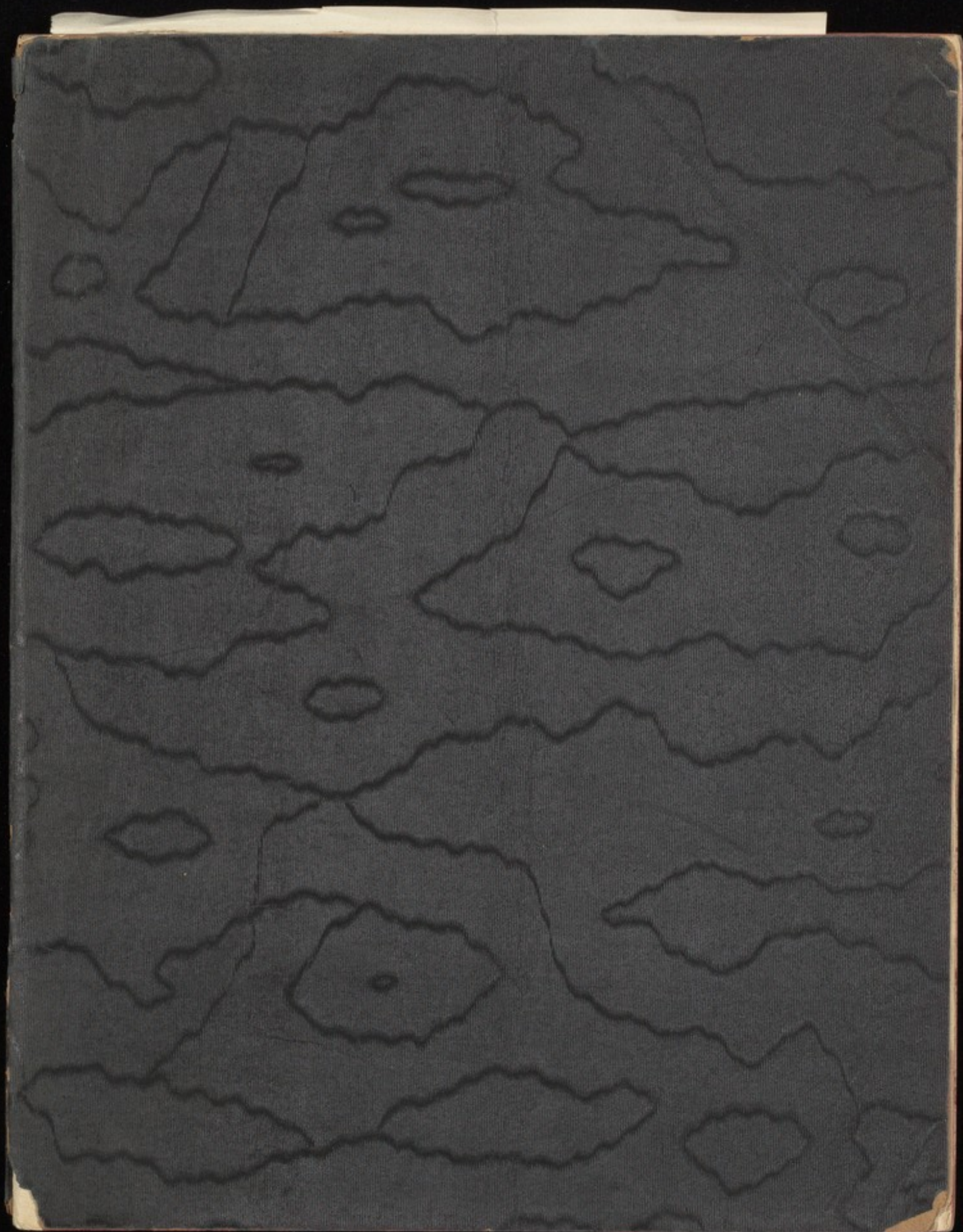




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### Exceptional Children.

By G. E. SHUTTLEWORTH, B.A., M.D.

(Examiner of Defective Children, London School Board,  
formerly Medical Superintendent, Royal Albert Asylum,  
Lancaster. President of the London Branch of the  
B.C.S.A.)

In discussing the subject of "Exceptional Children," I propose to take a somewhat comprehensive, and consequently superficial, view of the subject. I use the term *Exceptional* in its broad significance as opposed to *average*; and thus we may include children *above* as well as *below* what one regards as the normal level of intelligence. Above, we find exceptionally quick, precocious, "specially-gifted" children; below, those that are sensorially, mentally, or morally deficient. In a "Report on 100,000 children observed in Schools" (with which the name of my friend Dr. Warner is specially associated), I find the term "Exceptional" appropriated to those "children whose physical or mental condition shows them to be at a permanent disadvantage therefrom in social life," including in the group idiots, imbeciles, children "feebly-gifted mentally," "children mentally exceptional," epileptics, dumb, crippled, deformed, maimed, paralysed children. I see no reason, however, why the term should not apply to all children requiring exceptional educational treatment as compared with those of average endowments.

The objection may be raised at the outset that there is nothing in common between a precocious child and one of deficient intellect. In a learned paper by Mr. Hastings Gifford, read at the Royal Medico-Chirurgical Society, on "Mixed premature and immature development," it was suggested from physical considerations that there might be traced in the genesis both of giants and of dwarfs a common pathological factor. From the psychological side we may quote the analogous observation, at least as old as Dryden, that

"Great wits are sure to madness near allied  
And thin partitions do their bounds divide,"

and those who have experience of defective children—at any rate of the cultured classes—know that they not unfrequently belong to families other members of which have displayed mental ability beyond the average. Many such cases I could

\* Published at Parkes' Museum, Margaret Street, W.



cite which have fallen under my own observation, were it not that one must not transgress the bounds of professional confidence. In a general way, however, one may state that amongst cases of mental deficiency seen there have been descendants of poets of the first rank, children of great mathematicians, of eminent theologians, of conspicuous classical scholars, and of artistic, musical and literary celebrities, not a few. It would seem as if a marked departure from the normal in one generation in the ascending direction is but too apt to be compensated for by a corresponding deviation downwards in the next—or at any rate in succeeding generations. Nature dearly loves an average; and towards this there is a tendency in the psychical as well as the physical realm. Without subscribing to the depressing doctrines advanced by Nordau and Lombroso, that genius is degeneration, and that talent is essentially a neurosis, I think there is good reason for believing that in many—perhaps the majority of—instances, precocity is a morbid product, and childish brilliancy is associated with nervous instability. How often, alas, is the too brilliant dawn of the morning of life succeeded by the leaden-dull grey of incapacity, or gloom of sudden storm, in more mature years!

We are all familiar with the child of high-strung nerves, the progeny probably of high-strung parents. He picks up knowledge quickly, perhaps he is over-conscientious in following out what has been set before him as the *duty* of acquiring learning. But if we watch his career we shall find that matters educational do not continue to run smoothly: the chances are that unless judiciously managed he becomes irritable, in short, evidence of the instability of the nervous system shows itself, especially at some critical period of development. This may take the form, especially in girls, of chorea (St. Vitus' Dance), the sequel of other "nerve signs" unobserved or not understood; or epileptiform attacks may attest the occasionally explosive character of the nervous energy which has in infancy gladdened the too enthusiastic parent. Such a case appears to me to differ only in degree from that of the child unable to fix his attention to any one subject of study by reason of irregular discharges of nerve energy (with feeble inhibitory power) who is recognised as an imbecile of neurotic type, and has the advantage of being treated accordingly. I have indeed known two such children in the same family, and in the long run the specially-trained imbecile became a more useful member of society than did his prematurely brilliant sister.

Again, let us take the case of precocious children, and compare them with children of *slow* brain development—(I con-

sider the latter at this stage because though such cases may originally be classed as *below* our normal line, they will usually in time surmount it. Precocious children are often the progeny of neurotic ancestry: sometimes one parent is highly nervous, the other of consumptive tendency—(a specially risky blend, in my opinion)—and the children inherit a double liability to break down, mental and physical. With such antecedents they need much discretion in their management; but what is the course too often pursued by fond and foolish parents? They take a pride in the hazardous precocity of their darlings and urge them on apace, with the vainglorious view of parading them to their friends as infant prodigies. It is melancholy to read of such an appeal as was recently noticed in the *Pall Mall Gazette*:

#### INFANT PRODIGES.

PROFESSOR CARL STUMPF has discovered an infant prodigy, and the *Vossische Zeitung* commends his appeal to Teutonic benevolence for means to cultivate it. This is all very well, but persons who remember the historic instances of the phenomena are not much impressed by the report of little Otto Pöpler's achievements. Shorn of embroidery, the list is brief and vague. He taught himself to read at two years old. At his present age—four—he recites the birth and death of "many German emperors, from Charlemagne downwards," of generals, poets, and philosophers also. The names of most capitals of the world are familiar to him, and the dates of the chief battles in ancient and modern wars. And he loves to read the inscriptions on monuments.

We are told no more, though doubtless there is more to tell. On the other hand he does not know any Latin, much less Greek; for this incapacity circumstances may be responsible. But "he was taught with difficulty to write the first letters of his Christian name, and he does not wish to write at all." To claim the title of "infant prodigy" for a four-year-old upon such grounds shows a strange ignorance of the class.

There is no need to cite ancient instances or dubious authorities. Hear what the rigid Dugald Stewart said of his nephew's manuscripts in a private letter after the boy's death. We put these general remarks first and then descend to particulars. "I have never seen anything which at so early an age"—twelve apparently—"afforded such splendid promise of mathematical genius; and yet I am not sure that they convey to me a higher idea of his philosophical turn of thinking than some of his speculations on the metaphysical principles of the modern calculus," &c. Now for some independent evidence. Mr. Lemaître came across the boy in Germany, at the age of five—mark that—and mentioned him in his "Travels." He sits on a carpet surrounded by his books, which dealt with various sciences, history, music, and in especial geography. . . . "I begged him to tell me how I could return to England without touching on the Hanoverian, French, or Dutch territories, and he instantly traced on the globe the only remaining road." Having taught himself to write from books, he used printed characters, beginning at the right hand instead of the left—an interesting peculiarity. He "knew" Latin, he had begun Greek, and he spoke English, German, and French. Mr. Lemaître was no judge, perhaps, of the mathematical and philosophical and metaphysical powers which amazed Dugald Stewart. At twelve or thirteen years the prodigy broke down, and died,



worn out, at nineteen. No reasoning mortal would believe that John Evelyn told a wilful falsehood, but it is in his secret diary, while the corpse of his little son still lay in the house, that he recorded the child's "perfections." At two and a half years he could read "any of the English, Latine, French, or Gothic letters, pronouncing the three first languages exactly"—Latin was not pronounced as English then. In his fifth year he declined all the nouns, conjugated the verbs regular and most of the irregular, turned English into Latin and *vice versa*, "began to write legibly, and had a strong passion for Greece. He had a wonderful disposition to mathematics, having by heart divers propositions of Euclid which had been read to him in play, and he would make lines and demonstrate them. . . . He had learned by heart divers sentences in Latin and Greeke which on occasion he would produce even to wonder. . . . He was all life, all pretinense, far from morose, sullen or childish in everything he did. But on January 27, 1638, died my deare son Richard to our inexpressible grief and affliction, aged five years and three days old only."

These are but samples of much that might be quoted anent "infant prodigies" deficient in "staying power." As a judicious American writer well observes: "It is high time that mothers should be told that early precocity is an *abnormal* condition in the human infant, which, if encouraged, may result in actual disease and permanent mental impairment." Lombroso endorses an Italian proverb that "a man who has genius at five is mad at fifteen"; and although the case of John Stuart Mill (described by one who knew him as a "very disquisitive youth"), and some few other eminent men might be cited as exceptions, the balance of evidence shows that precocious children mostly disappoint the high hopes of their parents. For this, however, their mismanagement is usually to blame. Too often, alas, parents insist, like the inconsiderate father in Marie Corelli's "Mighty Atom," on their education being conducted on the system of Professor Cadman-Gore, who considered "the young human brain as a sort of expanding bag or hold-all to be fitted with various bulky articles of knowledge, useful or otherwise, till it showed signs of bursting!" Every teacher and every parent should lay to heart the words of Herbert Spencer on precocity. "The abnormally rapid advance of any organ in respect of structure," says he, "involves premature arrest of its growth, and this happens with the organ of the mind as certainly as with any other organ. The brain, which in early years is relatively large in mass, but imperfect in structure, will, if required to perform its functions with undue activity, undergo a structural advance greater than is appropriate to its age, but the ultimate effect will be a falling short of the size and power that would (otherwise) have been attained."

Contrasting with these juvenile geniuses, we are all familiar with examples of children accounted dull in early life, and as such escaping the "*nimia diligentia magistri* (vel

*magistra*," who have turned out useful, and in some cases brilliant, men and women. Children whose brain development is abnormally slow must indeed by no means be written down as necessarily fools, for even Sir Isaac Newton and Sir Walter Scott (and I have read also Froebel and Edison) were accounted dull by their schoolmasters and teachers, who, however, had not learned the lesson of the Oak and the Gourd. It may indeed be said to be a principle of the economy of nature that the higher the organism in its ultimate development, the longer it takes to mature.

An American writer (Hawley Smith) speaks of those whom I have designated *Exceptional Children* under the quaint terms of "Born-shorts" and "Born-longs." As we are on the descending grade we will take the last first. They include those children with certain abnormally developed faculties—or supposed natural bents—*born* musician, *born* artist, *born* mathematician, *born* mechanic, as we often hear them called. The average parent will think it his duty early to cultivate the "natural bent"; but we learn from physiology that *primarily* to stimulate the already unduly-developed faculty is a mistake, if (as too often the case) the other faculties are left to take care of themselves. I could instance cases of extraordinary ability in a single special direction amongst acknowledged idiots and imbeciles—boys weak in reasoning but with prodigious memories (e.g. the "Historical Cook," of Earlswood, and the "Perpetual Calendar" of the Royal Albert Asylum), and magnificent musicians devoid of moral sense. In these cases it would seem that one brain area has been over-developed at the expense of the rest, and stimulation of what may be called a morbid hypertrophy is a mistake. True education aims at the harmonious development of all the faculties, not merely the exclusive cultivation of the one that is prominent. Otherwise instead of an all-round development of mental power, we shall have merely the exaggeration of an excrescence. The remarks I have just made apply with equal force to the artistic as to the literary side of education. For my own part I think that when there is a talent for music in a child, care should be taken that it be not too early and too exclusively cultivated, or mental deterioration will inevitably follow. "Society" of the present day loves a sensation, and when a boy of seven or a girl of six is announced to give a piano recital lasting half the afternoon there is sure to be an eager audience. But no child of tender years can be fit for a concert platform without spending a preposterous portion of his time in practice and preparation. Children's games he cannot take part in, for cricket would spoil his hands for the piano; and for the ordinary school studies he can



spare only odds and ends of time. Perhaps his enterprising parents take him touring through the country, for strolling in the provinces is a lucrative affair. "But for ourselves" (I quote the *Daily Telegraph's* remarks on little Bruno Steindel), "we are constrained to cry once more 'The pity of it!' Genius is always a rare and delicate plant, to be nurtured with the greatest caution and solicitude; and when that genius chooses to find a home in the heart and mind of a little child, the necessity for care and tenderness is increased tenfold." Musical, like artistic, talent is usually manifested early in life; but that is no reason for allowing the immature child to specialise too soon. Have we not the master musician Mozart as an example of early inspiration, some may say? He is said to have played the harpsichord at 3, composed a concerto at 4, and performed in public at 5, &c., &c. But there is something very melancholy in Mozart's maturity—the prey of morbid fancies, he died at the early age of 35, and so impoverished that, though in his youth he had played before all the Courts of Europe, he was at last laid to rest in a pauper's grave.

In thus deprecating the exclusive cultivation of a natural bent at too early an age, do not let me be misunderstood as protesting against specialising in due time. Let the whole intellectual field, however, receive its needed attention during the pliable period, after which the predominant or leading faculty, if there be such, will assert its supremacy, determining the individual's life or course of action, supported by at least well-trained faculties in other directions.

Descending the scale, we must devote a few words to children morally but not mentally deficient. These are found in all grades of society: in the family of the peer as well as of the pauper; not only amongst the "submerged tenth," but amongst those whose parents are men and women of "light and leading." Moral obliquity (such as I refer to) is not necessarily the result of neglect, though it will be aggravated by mismanagement. That "you cannot put old heads on young shoulders" is a maxim applicable to moral as well as mental training. "There is even a danger," as Herbert Spencer remarks, "in excess of moral precocity, as in excess of intellectual precocity . . . our higher moral faculties, like our higher intellectual ones, are comparatively complex. By consequence, both are late in their evolution. And with the one, as with the other, an early activity produced by stimulation will be at the expense of future character. Hence the not uncommon anomaly that those who during childhood were models of juvenile goodness, by and bye undergo a seemingly inexplicable change

for the worse, and end by being not above, but below *par*; while relatively exemplary men (and women) are often the issue of a childhood by no means promising." It is sad indeed to see worthy parents harassed with unworthy children; but we must remember that heredity is not always direct and immediate; there may in some cases be reversion to the low moral tone of a remote ancestor. However inherited, it is a melancholy fact that ingrained as well as inborn perversion of the sense of right and wrong is most difficult to deal with; ordinary moral discipline, even of a severe kind, will fail in effect. Efforts at reclamation, however, must not be abandoned in despair. In such cases personal influence is the magician's wand; love is not only the fulfilling of the law but leaves an impress of obligation on these weaker brethren. I have said that discipline often seems nugatory; yet I would not counsel its being withheld. The difficulty is to find the "punishment that will fit the crime," and so to apply it as to meet the limited scope of responsibility of the individual.

(To be continued).

### Hearing as a Factor in the Education of a Child.

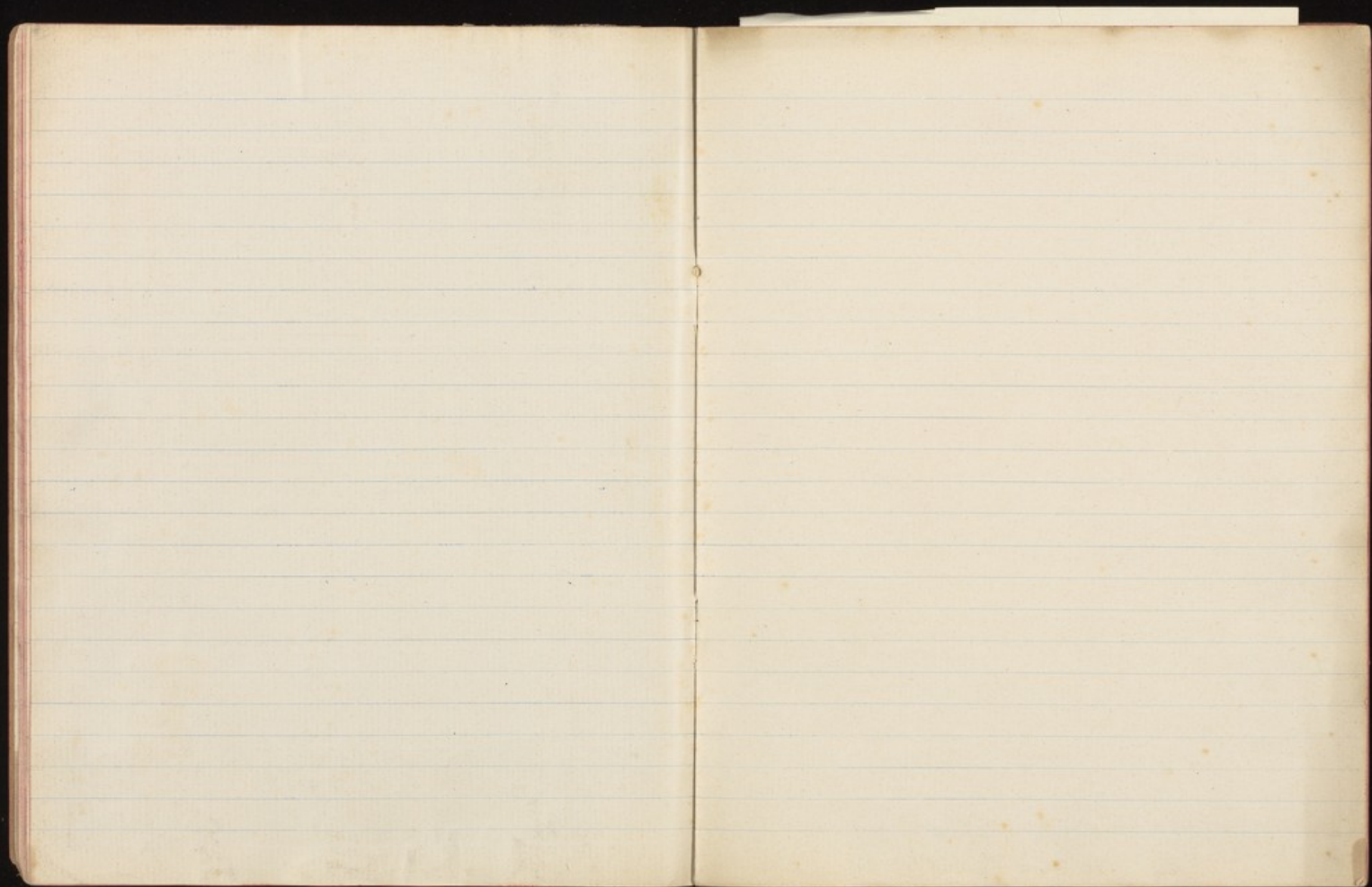
By M.D.

(Being a Lecture delivered before the Edinburgh Branch of the British Child-Study Association. 8th February, 1899.)

I must confess that in appearing here to-night I feel that in regard to the question of Child-study I would stand before you more fittingly in the relation of pupil than teacher. As parents and teachers you are brought into close contact with many children, and your experience, therefore, in child-life and its varying moods must specially qualify you to understand and appreciate them. But perhaps I may be allowed, in the short time at our disposal, to lay before you certain facts which scientific study has revealed to us, and I trust in this way to give you some additional assistance in your daily work.

A child may persistently remain below that standard which experience has taught us to consider approximately as the average at any given age. We cannot, of course, dogmatise in





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# Notes and Topics.

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of the public-school triumph the crying of those to whom this triumph means intellectual mutilation, suffering, and even death. What does it signify? The system is officially recognised. The car of Juggernaut is a glorious product of the public school educationist's art, and Juggernaut himself is a great deity, not to be denied his victims in full measure and due season. So the cry goes up, "Great is the god of the public schools!" and all who deny this obvious fact are denounced as fools, faddists, or, most objectionable of all human beings, impracticable idealists. Nevertheless a great word has been uttered by a great man. Out of the very heart of educational dry rot a living voice has breathed forth inspiration. It cannot be that this voice will be like that of one crying in the wilderness. This word must surely ring in the ears of English parents, if indeed it is not—which heaven forbid!—drowned ere it reaches them by the roar of cannon around Pretoria. And if it does reach those too often deaf ears, surely it will sink deep and in due time bring forth good fruit, even a hundredfold.



Cambridge University Extension Summer Meeting, 1900. A very interesting programme has been arranged for this now annual educational function, which will be held at Cambridge from August 2nd to 27th, 1900. The meeting will be divided into two parts. The first part will last from August 2nd to 15th inclusive, and the second from August 15th to 27th inclusive. The meeting will be opened on the morning of August the 2nd at twelve o'clock by the Right Hon. A. J. Balfour, M.P., who will deliver an inaugural address. The general subject of the lectures throughout the meeting will be "Life and Thought in England in the Nineteenth Century." The lectures will present in broad outline a review of the more remarkable movements and events of the century which is drawing to a close. Its distinctive contributions to our national life will be discussed, as well as advances in scientific discovery. An attempt will be made to show how changed conditions have given rise to new problems, and what some of those problems are. Among the items of novelty and interest we notice lectures on "The History of the Democratic Idea during the Century," by Graham Wallas, M.A.; "England in the Far East," by J. C.



Hannah, M.A.; "The Principles and Methods of Charity," by Mrs. Bernard Bosanquet, intended for the guidance of those engaged in work amongst the poor; "The Work of Women on Public Bodies," by Miss L. D. Ellis; "The Philosophical Undertones of Modern Poetry," by Professor W. Knight; "Some Poets of To-day," by J. C. Powys, M.A.; "The Development of Photography," by A. W. Clayden, M.A.; "The Brain as the Apparatus of the Mind," by Dr. Hill, the Master of Downing; "John Ruskin, Ethical Teacher and Prophet," by the Rev. W. Hudson Shaw, M.A. Section V. is devoted to education, the lectures being primarily intended for teachers. The list is worth quoting in full: "Introductory Address," (under arrangement); "Theory and Practice in Infant Education during the Century," Miss Agnes Ward; "Primary Education," Sir Joshua Fitch, M.A., LL.D.; "Secondary Education (Boys), with special reference to problems awaiting solution," R. P. Scott, M.A., LL.D.; "The Education of Girls and the Development of Girls' High Schools," Miss F. Gadesden, Head Mistress of the Blackheath High School; "The Education of Women in the XIXth Century," Mrs. Henry Sidgwick; "History as a subject in English Education during the Century," H. L. Withers, M.A.; "Science Teaching in Schools," C. W. Kimmins, M.A., D.Sc.; "National Education and Social Ideals," M. E. Sadler, M.A.; "Industrial Teaching in the 19th Century," Sir Philip Magnus; "The Training of Teachers in the Century," Miss E. P. Hughes; "History of the educational ideas of the Century," Professor Rein (Jena); "Ideals of University Extension," Prof. R. G. Moulton, M.A., LL.D. Lectures are under arrangement on the Expansion of the Universities, and other educational questions. Discussions will be arranged, amongst which there will probably be one on *The teaching of modern languages*, one on some of the problems in Secondary Education awaiting solution, such as *The registration of Teachers and professional qualifications*, and one on *The drawing together of different nations in educational matters; and the limitations on the interchange of (1) the methods, (2) the ideals of different countries*. In addition to the above attractions there will be Sectional Meetings for discussion under the leadership of several of the lecturers. Special practical courses will be arranged, primarily for teachers. Some classes and lectures have

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which the particular nerve trunk is in connection. The senses of taste and of smell may be considered together, as they have many characters in common. They are both sentinels posted at the very gates of the digestive and respiratory cavities to warn us as to what is good or ill. They are easily confused one with another. Many substances which smell before they are put into the mouth are indeed rather smelt than tasted, such, for instance, as the flavour of tea, coffee, wine, and highly-spiced food. Taste is, of course, chiefly centred in the tongue, mostly in the back part, under the tip, and along the edges; but the palate and pharynx also take part. The nerves of the tongue are derived from three cranial nerves, so that the connection with the brain is well assured. The nose passes through a sieve-like plate of bone and spreads itself by numerous filaments over the tortuous cavities which form the interior of that organ. Olfiferous particles drawn by inspired air over the moist projections which we see in the nasal cavities, and being acted on by the secretion of the mucous membrane, are brought into relation with the nerves which convey to the olfactory bulb of the brain the perception of these distinctive odours. With hearing and sight the case is different. Not only has the nerve to be spread out so as to be brought into relation with the particles of which it takes special cognizance, but special arrangements have to be made to collect and focus the vibrations of air in the case of sound, of ether in the case of light—so that they shall duly impinge on the special nerves which carry the impressions to the brain. The ear, the organ of Corti (so-called from its discoverer) consists of a large number of fibres, placed side by side in geometrical graduated order, within the cochlea, or snail shell of the labyrinth. It is probable that what is commonly called an ear for music really depends upon a good development of these fibres, of which there are no less than 3,000. The eye is a hollow globe or sphere, within which are contained various structures entering into the mechanism of vision. It consists of three coats or coverings, the outermost dense and protective (sclerotic), the middle black, permeated with blood vessels and nutritive (choroid), and the innermost nervous and sensitive (retina). It is so constructed as to appreciate not only form but colour. Whatever may be the physical explanation of colour perception, it is well known that a not inconsiderable percentage of our population (probably about 1 per cent.) are so deficient in this power as to be what is called colour-blind. The

thought that in the old days they were somewhat demoralised in their shooting by reason of the range. They hardly ever went to it. Now they journeyed down to Staines in pretty good numbers, and on Whit-Monday something like ninety men shot, the whole of whom got through their third class, the result being that there were now no third class men in the detachment. Since last year the detachment as well as the whole of the battalion had had to deplore the loss of Colonel Nettleship, who had commanded for so many years. They in Richmond knew him almost as father of the battalion. He had joined the regiment somewhere about the year '50, and had served in all the ranks, from private to colonel. He had been in the regiment about thirty-five years when he resigned last Easter. He felt convinced that he would be expressing the views of the whole of the battalion when he said that Colonel Nettleship took into retirement with him the good feeling of every officer and man. He had been succeeded by another well-known man of the Richmond Detachment, who had been with them many years, and who had for many years commanded that detachment, and whose shoes he (the speaker) very unworthily filled. They had also lost the services of Mr. Arthur Rogers-Pride, who had had to resign on account of removing from Richmond. In the matter of outings the detachment had fared very much better than it did the previous year, when they had no Easter outing. This year they went to Brighton. Some might say that Brighton was not a very good place for volunteers, but in that he was not altogether agreed. They had had excellent quarters, and although the manoeuvring ground was a substantial distance away from headquarters, it was a good one. The detachment had marched part of the distance and did fifteen miles ten minutes under the prescribed time (applause). The detachment had been singularly fortunate at Aldershot. Colonel Holt, who was in command, offered a prize to the sergeant of the best detachment present. The Richmond detachment knew nothing of this, yet he was pleased to say that they won it, and Sergeant Keene was the recipient of the prize (applause). He must say that their turnout was smart and to the battalion, for they turned out smart and clean, and were never late on parade (applause). The detachment had taken part in a night march of the Surrey Brigade, out of which they had come very well. In addition to the ordinary prizes that evening there were to be presented long

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