On Mental Inspection in Schools.

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THE examination of the mental condition of children in elementary schools presents many difficulties, the foremost being lack of time, owing to the large number of routine physical inspections which have to be completed within the limit of school hours, rarely allowing so much as ten minutes for each child; however, in the smaller rural schools, when it is impossible to get to another school within the same session, owing to distance, there often is sufficient time to enable one to make a detailed examination of some of the mentally defective, and dull and backward children.

Since it is presumably the improvement of material with a view to educational development of the mind which is primarily sought in medical inspection, much more good would surely be effected by supplementing "mental inspection" in every school.

To carry this out properly under present conditions is impracticable, but, if medical officers could be appointed to examine systematically (with a view to special tuition for those requiring it), all those children who at nine years of age are quite unfit for standard I, or at that age, or earlier, are suspected of being mentally abnormal, much might be done to increase their efficiency in after life, and the teachers and children in the upper standards would gain by their removal; up to eight years of age the majority of them may well remain in the infant school as the training is more or less suitable.

It is only children of a very low type of intelligence, and those with a marked hereditary or moral taint, who, in my opinion, should be sent away to special schools or colonies, and over them a life-long supervision is desirable; their number would, I think, be greatly diminished by such an inspection, as many who are now treated as mentally defective, especially those who show great improvement under special tuition, are probably not defective at all, and might be recognised, in the first instance, as belonging to the much

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larger class of dull and backward children, who could be made into useful citizens by means of special tuition in centres for manual training, without incurring the stigma and other disadvantages attached to a school for the mentally defective.

Such centres already exist in many counties and their number is steadily increasing; each one should be able to provide for a small class of suitable backward children, selected from the schools which feed it, who would be given a practical education on lines between the ordinary and the special schools.

In order to discover the mentally defective and the dull and backward, and to be able to prescribe a course of training likely to be of greatest benefit to each individual, it is necessary to make a careful physical and psychological examination, and to consult with the teachers. To attempt to come to a diagnosis in a few minutes by using half a dozen standard tests (the same for each child regardless of his circumstances) must often result in an inaccurate conception of the child's intelligence and ideational type, especially if the examiner has little or no experience of the normal; a considerable time should be spent on each case, not only to overcome shyness and other emotional difficulties, but to enable one to make the tests numerous and varied, in order to avoid confusing experience with intelligence, and to enable one to ascertain the range of the higher faculties, especially of association of ideas, judgment and reason, *i.e.*, "common sense," the most difficult to estimate, and, at the same time, probably the most important factors in determining the child's capacity for looking after itself, and hence in distinguishing hetween the mentally defective and the dull and backward.

I find that a printed form, such as the one subjoined, reduces the clerical work and recalls essential points.

The teacher's report, which is printed on one side of a single sheet of foolscap, gives some indication of the lines on which the child's mind tends to develop under ordinary tuition, and, with supplementary information from a parent, supplies facts as to temperament, emotions and moral character which might not be elicited in a brief interview.

The medical form is printed on three sides of a folded sheet of foolscap, the first side being devoted to history and environment, the second to the physical, and the third to the

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psychological examination, the fourth side remaining for special notes or subsequent reports.

The family and personal histories, home circumstances, physical state, stigmata, etc., may suggest a cause, and thus influence the prognosis; they may also enable one to detect backwardness due merely to physical causes, or environment, remediable by means other than special tuition.

It is important to obtain corroboration of the family history, as given by the parent, either from the teacher or the local clergyman, when possible. I have more than once received an entirely fictitious history given through shame of confessing to insanity, alcoholism or immorality.

The apparatus required for the psychological examination, apart from the contents of the pockets and of the "school bag," consist of a tape-measure, some string, and large, coloured beads in a tin box, a humpty-dumpty book, an envelope containing various picture postcards, and three pieces of cardboard, having emery paper pasted on one side of them, and cut out as a circle, a square, and a hexagon respectively.

Tests should be adapted to the nature and environment of the child, *e.g.*, rural subjects for the rustic, and must therefore be varied, both in number and in kind, according to circumstances. The psychological headings are arranged in order of ascent, from the lower to the higher faculties. Many of the tests cover more than one heading.

The general appearance attitude and gait having been noted from observation of the child as he entered the room, his power of perception, including word-perception, may be shown by his handling the cardboard shapes and comparing scale-weights placed on the open and extended palms (so that their size may not be palpable) while the eyes are kept closed; by naming from sight, and after handling (the eyes being shut), a knife, pipe, box of matches, forceps, etc., by naming objects in the illustrations of, and reading simple words in, the humpty-dumpty book; by copying a square, a diamond, and figures with more complex sides, and by writing from a copy. Colour-perception and co-ordination by threading the beads, matching their colours and shades.

Motor response and co-ordination have come into play in handling the articles used for perception, and in undressing and dressing for the physical examination. In these and in

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further tests note should be made of impulsive and slow response, of secondary inertia, of antics, or of katatonic signs, and a full record should be made of the child's manual accomplishments at home and at school with the opportunity that he may have had for acquiring them.

Recent memory (with attention and praxis) is obtained in response to simple drill orders, *e.g.* "Arms upward stretch!" "Hips firm!" and by the execution of double, treble, or quadruple commands.

Recent memory also (mainly dependent upon volitional attention) by recapitulation of eight common objects which have been shown on the table, named, counted, and then covered up; by repetition of a simple sentence from dictation; and by recollection of four or five facts from a paragraph read or dictated from the humpty-dumpty book.

Past memory by various answers on events in the everyday life of the child.

In speech note the presence of echolalia, verbigeration, idioglossia, coprolalia, etc. (apart from defects of articulation recorded in the physical examination).

Orientation may be tested by questions on time, the day of the week, distance from home, etc.

The scope of the higher faculties is more difficult to determine, and at the same time is of greater importance from a diagnostic and a prognostic point of view, as most of the backward children, and some of the defective ones, respond more or less readily to the previous tests, except perhaps in the case of the most difficult ones, and of attention.

Ideation, or memory images, may be tested by naming eight birds (or other suitable objects), and extracting *seriatim* a description of them by comparison or contrast.

Association of ideas, judgment and reasoning power by descriptions obtained of the various picture postcards, leading the child on, by stepping-stones of suggestion, to associations which they may recall, allowing him to follow his own trend of thought as far as possible; further, descriptions of imaginary objects and incidents may be elicited, together with reasons for what he says. For instance, let the child imagine that he has picked up a penny or a shilling, let him describe how he would proceed, what he would buy, why so, etc. (incidentally his knowledge of counting and of coin values may be tested,

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though this is rather a test of experience than of intelligence). Try to find out if he would know what to do in a specific accident, what he would use to wash with ; how he would go about more complex occupations, and so on.

Sentiment is shown by the effects of the various post-cards —ludicrous, pretty, ugly, etc.

So far as character goes, much information may be gathered from the parents' and teachers' reports ; in addition, questions on the right and wrong of various actions may elicit a distinction between moral sense and fear of punishment. Lack of inhibition of the instincts (and hence weak will-power) such as is indicated by greed, immodesty, stealing, noisiness, filthiness, etc., disorders of instinct such as unsociability, etc., the emotions, temperament and will-power may be noted partly by observation during the interview, but largely from the parents' and teachers' account of the child.

It is absolutely necessary to examine, in the same way, a very large number of average children at various ages (say seven, ten, and thirteen) in order to obtain some idea of variations in the normal, and of the most successful methods of extracting useful information. Routine medical inspection affords exceptional opportunities for doing this, without too great an expenditure of time, if each child of a series is tested under one heading only at a time. Without such experience it is impossible to recognise abnormality or to estimate its degree.

During one year's inspection of seventy-two schools, composed of 111 departments, and of a little less than 16,000 children, of whom those of the ages five, seven, ten, and thirteen, with special cases at other ages (about 6,000 in all) were medically inspected, I could not spare the time to examine the mental state of more than 171 (twenty-nine of them in great detail, as described above, eighty-six of them fairly thoroughly, and fifty-six superficially), although many of my schools are small and situated in rural districts, thus affording greater opportunities than the urban schools. In the latter it was impossible to examine other than the most obvious cases occurring in the routine age-groups, and the remaining abnormals at other ages (except a very few specials) were necessarily neglected.

In order to obtain the best results from education, a psychological examination should, in my opinion, be made of all the

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abnormal children, and for this purpose it would be wise to provide mental inspection in addition to medical inspection. Ample repayment would be found in the large addition to the number of efficient citizens which would almost certainly follow.

I am grateful to Dr. A. F. Tredgold for suggestions as to some of the methods of examination, and to Dr. T. Henry Jones (C.M.O. Surrey), for permission to publish.

TEACHER'S REPORT.

(*This report will be treated confidentially.*)

Name (surname first)

Age *Standard* *School*

Standard of School Work.

The child's capacity to be expressed by placing opposite to each subject the figure corresponding to the age of a normal child who could do the same; *e.g.*, this child's arithmetic is equivalent to that of an average child of eight, then arithmetic = 8.

Reading	Nature study	Housewifery
Writing	Physical drill	Needlework
Arithmetic	Singing	Woodwork
Composition	Bead-threading	Gardening
Recitation	Modelling	Games

Character.

(Answer "Yes" or "No.")

Attentive	Impulsive	Affectionate	Foul-mouthed	Destructive
Stolid	Obedient	Solitary	Modest	Truthful
Easily laughs and cries	Easily led	Sociable	Sulky	Honest
Reasonable	Wet or dirty	Passionate	Well-behaved	Spiteful
Timid	Clean and neat	Violent	Mischievous	Cruel

Can the child dress itself?

Has it any peculiarities or tricks? If so, what?

Do you know of any insanity, weak-mindedness, fits, consumption, or drink among the child's relatives? If so, what and in whom?

Is the home a good one?

Does the child do home-work? If so, what? And for how many hours?

Signature,

Special Remarks.

I.

Form for Psychological Examination.

Name (surname first)

Date—Of birth Of examination

School Standard

Regularity How long in attendance

Home address

„ conditions

„ work

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Family tree (insanity, feeble mind, epilepsy, phthisis, alcohol, syphilis, neurosis, etc., expressed by initial).

Grandparents
Parents, uncles, etc.
First cousins
Brothers and sisters (number and order)
Note illegitimacy or relationship of parents

History of pregnancy

„ *of birth* (and parents' ages)

Personal history—

Defect or injury at birth	Malnutrition
Rash, snuffles, etc.	Rickets
Began teething	Paresis
„ walking	Chorea
„ talking	Rheumatism
„ to control bowels, etc.,	Otorrhœa
Fevers, etc.	Tonsils or adenoids
Fits	Onset of dulness

Diagnosis

Probable cause

Recommendation

Signature,

II.

Physical state.	*Condition and stigmata.*
Height	Hand extension
Weight	Fingers, etc.
Nutrition	Ext. eyes
Cleanliness	„ ears
Vision, R.	Nose
„ L.	Face and brow
Colour match	Lower jaw
„ name	Glands
Hearing	Skin and hair
Articulation	Limbs
Heart	Body
Circulation	Teeth
Lungs	Tongue
Rickets	Palate
Reflexes	Throat
„ organic	Mouth-breathing
Nervous tremors, etc.	Special

Cranial measurements, etc.

Summary of School Report—

Reading	Composition	Drill	Manual, etc.
Writing	Recitation	Singing	
Arithmetic	Nature	Games	

Summary of character

Manual accomplishments, etc.

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III.
Psychological State.
Expression, attitude, etc.
Perception of—
    Touch
    Weight
    Vision
    Hearing
Motor response
Drawing
Reading
Writing
Co-ordination
Recent memory
Past memory

Summaries of Subsequent Examinations.

IV.
Attention
Speech
Orientation
Ideation
Association of ideas
Judgment
Reasoning power
Imagination
Sentiment
Moral sense
Instincts
Emotions
Temperament
Will-power

The Deviation of Complement in Cases of So-called Idiopathic Epilepsy. (Essay for which was awarded the Bronze Medal of the Medico-Psychological Association, 1911.)

By G. H. GARNETT, M.B., Ch.B.Edin., Assistant Medical Officer, Perth District Asylum, Murthly.

THE word "epilepsy" is used to describe a group of signs and symptoms which are associated with a disease that primarily affects the nervous system. We find grouped together under this name several diseased conditions which, so far as their clinical manifestations are concerned, bear a common relationship, but differ in regard to their exciting causes.

Dr. Aldren Turner in his Morison Lectures (*Lancet*, July 16th, 1910) has divided the manifestations of epilepsy, according to the exciting cause, into the following groups: (*a*) The organic epilepsies, (*b*) the early epilepsies, (*c*) the late epilepsies, and

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