tive of a class "numbering perhaps a majority of the younger alienists in this country." But from the whole tenor of the article, it seems that his object is not to point out my deficiencies, but to draw attention to his own slighted merits.

Dr. Mercier accuses me of impudence. What term, I wonder, should be applied to one who writes as follows? "'Broadly speaking,' says Dr. Turner, 'every individual' [he means every person; at least I suppose so, for he can scarcely intend to say, though he does say, that every individual dinner-plate," etc., etc.].

If Dr. Mercier will turn to *Murray's Oxford Dictionary* he will discover that one of the definitions of individual is "a single person" (I suppose the immaculate Dr. Mercier would cavil at this as not including a married person). Are we to take Dr. Mercier, then, not only as the sole source of all that is worth knowing in psychiatry, but as our authority in style and grammar? Heaven forbid!

The whole article by its intemperate language defeats its intention, whether that is to wither me or belaud himself.

The Medical Examination of Backward Children in Schools.

By JOHN FORTUNE, M.D.Edin., D.P.H.Oxford, M.P.C., Assistant M.O.H. Ipswich, formerly Senior Assistant Medical Officer, Devon County Asylum.

WE are apt to consider that, as the object of medical examination of school-children is the improvement of the national physique, such an object is already brought much nearer by the adoption of medical inspection. That it can only be reached through the individual and that these individuals are not responsible for their condition is apt to be overlooked, as is also the necessity for educating that part of the population responsible for the children in the various factors concerned in deterioration. At present the majority of children have parents uninterested in the means adopted in their education—they are at school, *ergo*, they will be educated; they have a physical instructor, a hygiene teacher, and now a school doctor, *ergo*, they will be made healthy or kept healthy.

As yet methods of treatment have been divorced in most

places from medical inspection, but there are signs that this separation is not likely to be permanent. It is fortunate that medical men from their training are taught to consider patients and not diseases, as the stereotyping of work is apt to stereotype the modes of thought. In officials whose reports must always include classifications, the mind is apt to be captured by the words or names, and the tendency to generalisation is readily acquired. Even in an age when socialistic measures are no longer looked at askance because they are socialistic, there is evidence of this tendency to generalisation in all directions wherever individuals can be classified by any common characteristic.

The name-word for the mass holds the imagination to the exclusion of the consideration of the unit. One is ready to talk of mankind while forgetting that it takes all kinds of men to make this world.

Contemporary literature teems with examples of this attitude of mind; and it is largely the result of slovenliness, and not a desire for precision of thought, such as animates the official making his reports. The desire for amusement and mental recreation, which is at present so widespread, and which exhibits itself in the thronged enclosures of playing-fields and the crowded picture-houses, has encroached on the method of written expression. And a glib phrase of wide meaning is readily seized on as a stimulant to a jaded imagination. It enables one to "talk big." A classification embracing many units is one of the easiest methods of obtaining such an effect, and makes a ready appeal in these days, when to most the daily round is monotony. And so the method of expression which is used to obtain lucidity is also used to arrest attention regardless of exactitude, and the servant becomes the master of the intellect.

This danger is not confined to the general public whose reading is not related to their daily avocation; it is in danger of extending into more technical courses, wherever, in fact, men find that a generalisation will result in arresting attention by a phrase, where a more accurate statement would prove bald and unimposing, and probably pass unobserved.

Even medical men, in spite of their training, are at times captured by the generalisation. A discussion on standard bread in a daily paper can be rivalled by a discussion on

dispensary tuberculin treatment for consumptives, and the policy of secrecy in foreign affairs capped by the mode of dealing with the unfit. The requirements of the unit as a distinct unit are conveniently overlooked, much as the sorrow of the bereaved in the triumph of a great battle. But the battle could not have been won save by the soldiers.

It is with such reservations that one must approach the examination of mentally backward children. As a rule the medical inspector will have the children's names given him by the teacher. A child does not come up to the level of the class, and so is classified as backward. This preliminary definition must of course be elastic and varies with the teacher. In some schools a large percentage of the children are stated to be above the average mentally, in others the tendency is to consider them below average. The teacher's previous experience will have some effect on his or her present judgment. Nevertheless, in making an inquiry into the prevalence of backwardness and feeble-mindedness amongst school-children, the first step may be safely left to the teachers.

Abroad, attempts have been made to discover a simple series of tests which may be readily used to detect a degree of mental deficiency. If such a formula could be relied upon most of the examination could be left to the teacher, who would readily learn the rationale, and the medical inspector's province would be the classification of the type or degree of mental defect.

On the other hand, in various parts of this country the examination is of a very thorough type, and the excellent scheme of examination described by Dr. Steward (1) is an example. In carrying out an investigation in the Ipswich schools, at the instigation of the M.O.H., I devoted most attention to the question of the classification with a view to further action in the way of treatment, that is, the suitability of the child for instruction—

(*a*) In an ordinary school.

(*b*) In special schools, where the training is of the manual description adapted for children of feeble intellect, or those deprived of any of the special senses.

It was also sought to discover those whose ultimate fate was to be segregation in an institution, as being unlikely to benefit by instruction. As the purpose of the inquiry was of this

practical nature, and as it required to be executed within a limited period, copies of the card appended were distributed amongst the various schools. The object of inserting printed words which could be deleted was to ensure uniformity in the part of the report entered by the teachers, and also to avoid omission in the more physical part of the medical examination. The avoidance of finality of diagnosis at a single examination is provided for by the space left for a report on the progress of the large class (*a*) or certain of those (*b*) where the defect amounted to feeble-mindedness. The children to be removed to institutions must of course pass from observation.

Whilst admitting the immense value of previous asylum experience and of contact with various forms of imbecility, I found that experience of the healthy child's mind was of much more actual value in the mental examination. The number of cases where the defect was so marked as to be classified by any of the types of feeble-mindedness or imbecility was comparatively small. After excluding the cases where no defect of intellect could be found, I was left with 112 cases out of a school population of 12,000.

Microcephalic	2	Epileptic (not mentally deficient).	7
Mongol	1	„ (mentally deficient).	6
Scaphocephalic	4		
Paralytic	2		
Infantilism	1	Simple congenital feeble-minded	35
Neurasthenia	1	Backward	45
Deprivation of special senses	7		
Word-blind	1		

The group defined as "simple congenital" were all of the degree requiring instruction in special schools, while those defined as "backward" were marked to remain at ordinary schools for observation and repeated examination. As each school in Ipswich is visited by the medical inspector every three weeks there is ample facility for repeated observation. This is of vital importance where easily remediable physical defects are found, *e.g.*, deafness associated with enlarged tonsils and adenoids, defective vision due to refraction errors, or to ciliary spasm, the presence of malnutrition, etc. Owing to the excellent accommodative power of childhood, there is no doubt that many cases of astigmatism have been hitherto overlooked in school-children. As the correction of refraction errors is

part of the duty of the medical inspector in Ipswich, I have been astonished at the prevalence of hypermetropic astigmatism and the frequency of ciliary spasm amongst school-children. In ordinary routine examination over 16 *per cent.* of all school-children have been found to have some refractive error, and the commonest variety of all is hypermetropic astigmatism. As regards ciliary spasm, this is often the result of illness or malnutrition, and can only be detected by retinoscopy. Much apparent backwardness is corrected by finding a suitable place in his class for the child whose defect in hearing or in vision is slight, and more by an operation on the throat or by the provision of spectacles where these procedures are found to be necessary. As to the results of manual training, I have not sufficient experience to speak authoritatively; but it is full of promise in the cases adapted for such education. There are many obvious drawbacks in keeping a child of ten or eleven in an infant department because of his intellectual inferiority, and to place him in an upper standard among his equals in age is unfair both to the child and to his teacher. Nowhere, in my opinion, is attention to the individual more repaid than it is in the consideration of this question of the mode of dealing with the backward child. They are a collection of units which must be treated by a study of their individual needs.

Out of the total of 112 children who were definitely behind others of their age in mental capacity, 54 were of such a character as to require other than ordinary school attendance for the education, and 58 were marked as fit subjects for further observation in ordinary schools. Six epileptic children were included in the latter group, and 7 in the former. Excluding the epileptics, this leaves 52A and 47B, as classified in the card.

The 52A consisted of 26 males and 26 females, the 47B of 28 males and 19 females. The epileptics consisted of 2 males and 4 females in A group and 5 males and 2 females in B group. The proportion of mental deficiency is thus more marked in boys than in girls as far as this inquiry goes, but the figures are too small to permit of any accurate deductions. I wish, however, to refer to the question of stigmata, which is a physical characteristic not affected by any personal factor in the making of the examination. Out of these 112 children of less than average mentality, 78 showed

deformity of the palate, including 1 cleft palate, 10 had Morel ears, 7 showed the Darwinian tubercle on the ear, 6 had markedly large and 2 markedly small ears, and 6 had asymmetrical ears. Strabismus was present in 14 cases, and fissured tongue in 13 cases. In 4 children the thyroid was large, and in 4 also the condition of epicanthus was present. One case only showed decided asymmetry of the head. As regards the crown of the head, in 27 children this was eccentric, 12 showing the crown to the right, 8 to the left, and 7 exhibiting a double crown. In 1 case only the teeth were presented in a double row, and in 44 cases the little fingers of the hands were unduly short and incurved. From the observation of many normal children I am inclined to attach most importance to the last, the incurving along with shortness of the little fingers, as a stigma of degeneration. In the examination of several thousands I have never found this to reach 10 *per cent.*, which figure also exceeds the percentage of deformed palate. But eccentric crowns of the hair are just as common amongst normal as in the abnormal children referred to in this article. The existence in 12 *per cent.* of strabismus requires special notice. Accommodation and convergence go together, and exceptional demand on accommodation is apt to result in strabismus in children. The percentage of strabismus in 4,000 school-children examined is only 2·5. It has to be borne in mind that it is only in recent years that attempts to ascertain the visual acuity of the child of school age have been made. Also that education is compulsory, but the efficient lighting of schools is not so. One must infer that undoubtedly damage has been done in many instances to children by their compulsory instruction in badly lighted schools.

There is one truism which the school inspector carries with him—that the child is father of the man—and there is another which the asylum physician bears in mind—that many forms of mental aberration have a physical basis. In the examination of mentally defective children one has to remember both. Also the duties of a medical official are apt to become monotonous whenever he forgets the predominance of the individual case over the type of disease. While it is with the mental examination that the interest of the school medical officer with an asylum training must surely lie, it is, on the other hand, on a careful physical examination that he must rely for a ready

detection of the means to amelioration. It is with an emphasis to this view that I submit the results of this investigation. I must express my obligation to Dr. A. M. N. Pringle, the M.O.H. for Ipswich, for much valued advice and for permission to publish. That I have not elaborated the mental examination is due to the fact that it is in physical, not mental, conditions that the greatest hope lies for improving backward children, and the results of repeated examinations have convinced me that faulty nutrition and *compulsory* education of children without a standardisation of the child's and the school's conditions are largely responsible for the existence of "backwardness."

MENTALLY ENFEEBLED OR EPILEPTIC.

[*This side to be filled in by Teacher up to No. XV.*]
Delete terms where necessary.

I. Name :—
(Surname first.)
II. Date of Birth :— Address :—
III. School :— Age :—
IV. Education Authority :— Standard :—
V. Height :— General Health :— Epileptic :—
VI. Intelligence :—(*a*) Attention
(*b*) Memory
(*c*) Reading
(*d*) Writing
(*e*) Arithmetic
VII. Receptivity for Instruction :— Poor. Negligible.
VIII. Habits :—Careless. Mischievous. Quarrelsome. Lazy. Deceitful. Dirty. Cruel. Well-behaved.
IX. Temperament :—Apathetic. Nervous. Emotional. Stubborn. Anxious.
X. Morals :
XI. Home Circumstances :—Comfortable. Overcrowded. Poverty.
XII. Attendance at School :— Underfed. Illegitimate.
XIII. Number in Family :— Place in Family :—
XIV. Progress at School :—
XV. Date :— Teacher's Initials :—
XVI. Mental Examination :—

I. Heredity :—1, Tuberculosis. 2, Alcohol. 3, Insanity. 4, Epilepsy. 5, Feeble-minded. 6,
II. Suggested Cause :
III. Physical Disease : Deformities :—1, Congenital.
IV. Nutrition :— 2, Pathological.
V. Attitude :— Gait :— Expression :—
VI. Head :—Asymmetry Shape. Circumference. Antero-posterior. Transverse.
VII. Stigmata :—Palate. Teeth. Tongue. Lips. Ears. Eyes. Crown. Fingers.
VIII. Thyroid :—
IX. Special Senses :—
X. Nerve Signs :—Face Twitchings. Invol. Movements. Nystagmus. Inco-ordination. Hand-balance. Reflexes. Pupils.

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XI. Speech:—Stammer. Staccato. Slurring. Lalling.
Word-blindness. Word-deafness.
XII. Type:—
XIII. A. Remain at school for observation. B. Special school.
C. Unlikely to benefit at any school.
XIV. Date:— Initials of M.O.:
XV. Progress:—

(1) *Journal of Mental Science*, October, 1911.

Clinical Notes and Cases.

The Genealogy of a Case of Criminality with Insanity, with the Clinical Notes. By G. N. BARTLETT, M.B., B.S., Assistant Medical Officer, Horton Asylum.

IN publishing the case of an insane criminal with an account of his astoundingly criminal family I feel no apology is due, seeing that heredity is coming more and more to the fore, and the detailed investigation of the family history rightly forms a part of the routine examination of every patient. The case itself, as the clinical notes show, is not an unusual one, but the genealogy, which comprises five generations and includes the normal with the known abnormal constituents, presents a very interesting study. The genealogy has been compiled from the patient's information, corroborated by his mother, sister, and niece, and reports from the prison authorities.

A. B. C—, æt. 30, single, was admitted to the Acute Hospital at this asylum on October 2nd, 1911. Anthropometry: Height, 5 ft. 7¼ in.; weight, 10 st. 4½ lb. Cranial measurements: Horizontal circumference, 57·5 cm.; greatest transverse diameter, 16 cm.; greatest antero-posterior diameter, 20 cm. He was in good physical health. The following stigmata of degeneration were present: Asymmetry of both face and head, a high narrow palate, small ears, with small and partly adherent lobules, and deficient helices.

Personal history.—He was a full-time child of instrumental delivery, the sixth of a family of eleven. His mother had two miscarriages, and the eighth pregnancy resulted in twins. He cut his teeth, walked and talked at the usual times, and had no convulsions in infancy. At ten, he was sent to an industrial school as a truant and unmanageable at home. He left there at fifteen, only reaching Standard V. Shortly afterwards he went to prison for three days for using obscene language, and at the same age he had five days' and fourteen days' imprisonments for stone-throwing and assaulting the police respectively. At sixteen, he had