

published reading or number schemes for normal children. However, their book does provide a great deal of data which can be used as a basis for planned experiments at the daily living level. One of their practically useful findings was that non-mongoloid imbeciles are better than normal children in their kinesthetic and tactile learning.

This systematic investigation of speech and language in severely subnormal patients might well serve as a model for the investigation of speech and language in normal children. O'Connor and Hermalin point out the need for such research.

ELSPETH STEPHEN.

Education and the Handicapped 1760-1960. By D. G. PRITCHARD. London: Routledge and Kegan Paul. 1963. Pp. 250. Price 28s.

This book challenges comparison with Kathleen Jones' works on the history of progress in the treatment of mental illness. The procedures of dealing with handicapped children have followed a parallel course, if we substitute the word "education" for "treatment", and "school" for "hospital".

There was the same ignorance and superstition and the same occasional forerunner of enlightenment and compassionate treatment of the blind, deaf and mentally defective in the long history before organized facilities existed. The author takes his period of study as from 1760 to 1960. He makes brief reference to earlier provision but his main subject is the history of the public recognition of the special needs of these children in the nineteenth century. The mental defective child or adult was at first not distinguished from the insane. Crippled children and idiots were admitted to the same institutions, some of which survive, having contributed to our knowledge and understanding of the separate disabilities.

The problem of specialization and segregation remains. Education of the handicapped shares with treatment of the mentally ill the aim of integration of the affected individual into the community.

The 1944 Education Act, with its Ministerial powers to make subsequent regulations, has allowed for the provision of special educational facilities for eleven categories of handicap—all to be dealt with within the educational system. Psychiatrists have special concern for the educationally subnormal and for the maladjusted pupil, but it is necessary also to be aware of the provision for other categories of physical and sensory handicap.

There may be an advantage in the use of the word "handicap" to describe defects or disabilities due to inherent or acquired causes. The danger, however, is that these conditions may come to be looked upon

as permanent if the disposal or placement remains a purely educational one. It is true that the word "asylum" has been succeeded by the word "school" and "training" by "education", but there should also be a place for *treatment*. In this, the psychiatrist has some part to play along with other medical colleagues. Nevertheless, it is necessary for the psychiatrist to have precise knowledge of the statutory and administrative framework within which all provision must be channelled. We owe it to the fact that education for all children is compulsory that children may receive physical and psychological assessment through the School Health and School Psychological Services. The Education Authority has thus become the responsible organization.

In his final chapter, the author states (p. 217) "Section 34 of the Education Act of 1944 retained the principle that medical officers should have a say in the selection of children for special schools. There was, however, one major change. Prior to 1944 the medical officer, by the very act of certification, decided that a child should go to a special school. *But Section 34 makes it clear that the decision must now lie with the L.E.A. and that the opinion expressed and the recommendation made by the medical officer are in the nature of advice*" (my italics). We may think that this is regrettable but it is the present position.

Fortunately, decisions are usually made on the basis of consultation, and co-operation is made easier when the psychiatrist has some knowledge of the regulations which made the decisions possible.

For this reason alone, apart from the intellectual pleasure of seeing present provision against a historical perspective, this book is essential reading for psychiatrists working in child psychiatric or child guidance clinics.

J. H. KAHN.

Test d'imitation de gestes. Techniques d'exploration du schéma corporel et des praxies chez l'enfant de 3 à 6 ans. Par J. BERGES et I. LEZINE. Paris: Masson. 1963. Pp. 120. Price 33 NF.

In clarifying the development of gnosis, praxia and the body image in infants of 3 to 6 years, the authors have studied infants' ability to copy gestures of varying complexity of form and direction. Throughout they accept the general view of the maturation of the motor nervous system and also Piaget's theory that whereas the infant copies gestures by mimicking the movements involved (visuo-kinetic) the older child does so by forming and then acting upon his own mental image of a