

The Certification of Children of School Age. (Stud. Ment. Ineffic., April, 1920.) Shruballs, F. C.

The writer cites the various Acts dealing with defective and epileptic children, comments on the mechanisms involved, and gives practical elucidations toward diagnosis. Between the ages of 7 and 16 years provision for education and to a certain extent residential school accommodation must be made by the local education authority. Parents' interests are safeguarded, but consent must not be unreasonably withheld. Should a child be discharged from a special school as no longer defective the certificate is returned to the parent, and cannot be received in evidence in legal proceedings without the consent of the child or its parent.

In certification it is important to determine deficiency as against mere backwardness, and further, where defective (but not imbecile or idiot), whether the child is educable in a special school. Diagnosis is essentially composite, and the examination is conducted *abroad* by a commission of three—an inspector, the rector of the school and a medical officer. In this country the usual practice under Act 1899 was for the statutory examination to be held by the medical officer in the presence of a special school teacher and the class (or head) teacher from the ordinary school, thus permitting consultation, which is eminently advisable. The Act 1914 contemplates similar procedure but by way of written reports. The medical officer is solely responsible for the final decision; it is, however, only right that a member of the profession primarily concerned should certify the failure to profit in the usual channels.

The scholastic retardation being decided, the cause is sought and the question of permanency considered. Mental deficiency forms but a small proportion of the total cases, of which one-fourth are due to physical defects and sick-absence; rather more than a fourth to truancy, change of school and bad home conditions. It is common to find hereditary limitation of educability. Such information is essential to the medical officer, who obtains it (1) from the form of nomination, (2) from the attendance officer, and (3) the care committee. Large allowances are necessary for illness and malnutrition. The capacity is estimated in grades and standards, and average progress demands advance of a standard a year, from Standard I at $6\frac{1}{2}$ years to Standard VII between 13 and 14. Backwardness is noted, as a rule, about $6\frac{1}{2}$, when a child leaves the infant for the senior school. There is no precise definition of backwardness, but from the regulations this appears to mean a lack of two to three years behind the normal. The backward child will make steady progress, but not at the normal rate, and will attain Standard IV in the ordinary school classes; the deficient will need individual attention and a special school. Defects of vision or hearing, or ill-health, should be treated prior to the statutory examination, and where such are detected the child should be referred back to ordinary training.

Educability depends not only on general intelligence but on special aptitudes. Normals vary in accordance with the laws of probability, but defectives of all grades are characterised by great irregularity of mental development. Even highest grade normals may fail in special

aptitudes, as music, drawing, and unless of social importance this passes unobserved. But even a genuine defective may maintain a position in the world if possessed of special aptitude of social value. Normal education methods postulate facility in linguistic and numerical symbols; manual dexterities are only of late being introduced. Children failing in these postulates are defective, for the definition of feeble-mindedness in the child is incapacity for education by ordinary methods—yet such children will be acceptable in the world if they possess the power to reason out problems of daily life and social life. It is to be noted that the German Common Law Code defines imbecility (which includes our feeble-minded) as the inability to consider the consequences of acts. The examination is essentially the assessment of this ability by tests appropriate to the age of the child.

The imbecile or idiot is one who cannot care for himself in due proportion to his age; the deficient one who can fend for himself, but cannot compete with his normal fellows in the earlier school classes and needs special instruction.

The Board of Education requires a special record under motor and sensory reactions, emotions, intelligence, mental age (by Binet-Simon tests), will-power, other moral characteristics. The tests are simply performances to order on the basis of which a quantitative estimate can be made of the shortcomings from normal standard. Good relations between observer and child are essential.

Ordinary school is indicated by a deficiency of 2 years Binet to age eight, 3 years to age twelve, and 4 years above this. Deficiency in excess of this predicates a special school, with the proviso that information as to attainments, general behaviour and street knowledge is used as a check. It is not the results of the tests, pass or fail, which are important, but the behaviour of the child to each test. The total result gives mental age, the behaviour may show lack of attention, co-ordination and memory. Emotional conditions may mean reference back to school and a subsequent re-examination.

Children aged seven years testing near 3 years go to special school; testing below 3 years with restlessness and no attention cannot so benefit, but are re-tested later. Children seen at seven to eight years not previously tried in the infants' department have a mentality of 3 years or less; they should be seen on two occasions with some months' interval before they are labelled imbecile. A child in an infant school without interest, vegetative and placid, or restless and wandering, may be diagnosed at once.

In general, a child up to eight years who can do some 4-year tests and up to ten who can do some 5-year tests would be given a trial at school.

Children from a special school are termed imbecile after long trial without appreciable progress—usually 5 years' retardation and basal Binet age (*i.e.*, all tests passed) appears unchanged or advanced only 1 year after several years' trial. No child should be excluded if there is progress, however slow. If good advance is obtained in a special school he may be returned to ordinary school if likely to maintain the advance; but it is to be considered that this will mean association with younger children in a low standard, and, perhaps, loss of the manual training

which has engineered his recovery. A consultation should obtain between the head teachers of the special and ordinary schools, as special oversight must be continued. Dispute is referred to the Board of Education.

On approaching the age of sixteen—the school-leaving period—each case requires review as to suitability for employment and social efficiency. General adaptability is the criterion, capacity for fulfilling tasks and following instructions, also the possibility of opening for employment. If diagnosed feeble-minded, guardianship or institutional care is requisite. The evidence from all sources need not be sufficient to enable the local authority to prove that withholding of consent is unreasonable, but if this factor is present it should be recorded.

JOHN GIFFORD.

Part IV.—Notes and News.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE QUARTERLY MEETING of the Association was held in the Rooms of the Medical Society of London, 11, Chandos Street, W., on Thursday, May 25th, 1922, Dr. C. Hubert Bond, C.B.E., the President, occupying the Chair. The Council and various committees met on the previous day.

The minutes of the last meeting, having already appeared in the Journal, were accepted as read and duly signed.

OBITUARY REFERENCES.

The PRESIDENT said that since the Association last met it had lost by death three valued members. They were Dr. F. C. Blakiston, who had not long been Superintendent of the Isle of Man Mental Hospital, Dr. H. K. Abbott, who for many years had occupied a similar position at Fareham, and, lastly, Dr. J. Middlemass. With regard to Dr. Middlemass, he made the announcement with a deep sense of personal regret, a feeling which he knew was shared by every member of the Association, particularly by those who had been associated with him on the Council, and notably, lately, in connection with the revision of the Nurses' Handbook, as well as on the various committees of the Association. For the past twenty-three years Dr. Middlemass had been Medical Superintendent of the Sunderland Borough Mental Hospital, and his membership of the Association commenced in 1893. There were but few who had the foresight or the opportunity to lay so sure a foundation for their medical studies as did Dr. Middlemass, for before commencing them he attended all the courses for the full curriculum, first in Arts, then in Science, in both of which Faculties at the University of Edinburgh he was a graduate before he proceeded to the degrees of Bachelor and Doctor of Medicine. During the brief period of the speaker's residency at Morningside he came into close touch with Dr. Middlemass, who was then Pathologist there under Sir Thomas Clouston. He was possessed of very high scientific attainments, was most painstaking in his work, and his counsel, teaching and friendship would long be treasured by those who were privileged to obtain them, among whom the President had always been glad to count himself.

For the past three years Dr. Middlemass had been Lecturer in Psychological Medicine at the University of Durham, and the last letter the speaker received from him expressed the desire to see developed, at Newcastle and at the neighbouring public mental hospitals, arrangements for teaching and research in mental disorders, which would be worthy of the name of a school of psychiatry. Those in a position to do so owed it to his memory to do all they could to secure the fulfilment of that wish. In this room and at other places where the Association had,