Book Reviews & Abstracts

A POINT SCALE OF PERFORMANCE TESTS. By Grace Arthur, Ph.D. New York. Commonwealth Fund Division of Publications. Pp. IX. 82. Price $1.50.

This little book is a manual for use in clinics, and is confined to a brief explanation of the use of the scale and the way in which it was constructed, directions for giving the tests, and the necessary tables for scoring purposes. A separate volume will give a full exposition of the details of scale construction for those who are interested in this aspect of the work.

The variety of the problems presented in the Binet scale has been an important factor in its success, but it is always desirable to supplement it by giving performance tests, and sometimes no other method of examination is possible. Although there are a number of performance tests in use, each claiming to be a test of general intelligence, in clinical practice a variety of these tests are given, but their results are stated separately. The advantages of a Point Scale by which the results can be grouped together and expressed in terms of a single Intelligence Quotient and Mental Age, as is done in the Binet test, are obvious, and it is such a scale that Dr. Arthur presents in this book.

There are two forms of the scale, so that the second can be used for re-test purposes. The make-up of the two groups is similar, the Knox Cube, Seguin Form Board, Porteus Mazes, and Kohs Block Design occurring in both, while the "puzzle" form boards (such as the Casuist), the picture puzzles, and picture completion tests differ. In each group one "puzzle" form board (e.g., the Triangle Test), serves the purpose of a "shock-absorber" for this kind of work, the result not being counted in the final score. The test takes on an average about 35 minutes to administer. The score is obtained from the tables given, and a sample score card is shewn on page 32.

Dr. Arthur and her collaborators have been working since 1917 to standardise the results satisfactorily. In the first place, 1,100 children were tested and the Intelligence Quotients and Mental Ages compared with those obtained on the Binet-Stanford, or Binet-Kuhlmann ratings. It was found that in 50% of the cases the results obtained were the same to within five points, that is, there was no more variation than might be found between examination at different times by the Binet Scale. As a means of finding out whether the larger variations were due to defects in the test, or to factors extraneous to it, 535 of the same children were then tested with Form 2 of the Scale. These examinations had to be conducted under school, instead of under clinic, conditions, after a year's interval and these factors, together with the smaller number of children tested, may account for there being a larger Probable Error between these two Performance ratings, than between the Binet and the Form I ratings.

The results are sufficiently interesting to encourage further investigation and work along these lines is more useful at the present time than the attempt to produce new performance tests. There are a large number already in existence, and what is wanted now is the establishment of a reliable scale which can be used either to supplement the Binet findings, or, where necessary, to take its place. The claims of any scale to validity can only be finally established when it has been used for some time by a large number of workers dealing with children of all types and ages, so that it remains for others to finish the work Dr. Arthur has so usefully begun.

N.T.

SOCIAL CONTROL OF THE MENTALLY DEFECTIVE. By Stanley Powell Davies, Ph.D., State Charities Aid Association of New York. With foreword by Frankwood E. Williams, M.D., Medical Director, National Committee for Mental Hygiene. Pp. 389. Thomas Y. Crowell Company, New York.

This is a simple and interesting account of some aspects of Mental Defect. When discussing important problems the writer is inclined to give lengthy quotations describing first old, and then more recent investigations, without pointing out which are the most reliable workers or which findings commend themselves to him; a more authoritative pronouncement
would have been welcome now when the public are beginning to realise Mental Defect is an important social problem, which must be tackled. As regards Prevention, the question of Heredity is dealt with at some length, and it is shown that it is impossible now to ascribe almost all the blame to inheritance; the writer, however, goes too far the other way, because we do know that it is by no means a negligible factor. After discussing Heredity, more should have been said about the results of a bad environment. Scant reference is made to the consequences of Toxaemia and Infectious diseases of one or both parents before conception, a field in which there are hopeful possibilities of prevention. A good deal of investigation has been done in this country in recent years, and the National Council of Mental Hygiene (England), among others, has published a useful pamphlet on this subject.

It is a pity that the moron, or feebleminded, as he is called on this side of the Atlantic, and who is described as having a mental age from eight to twelve years, should be placed "on the border-line between deficiency and normality." The majority with a mental age below ten and a considerable number whose mental age is between ten and twelve present no difficulty in diagnosis to the expert, who does recognise that "social competency," and not mental age, is the "final criterion." In this connection there is fitting appreciation of the recent survey of Dr. E. O. Lewis for the Mental Deficiency Committee of the Board of Education and Board of Control, but there is no mention of Performance Tests.

The chapter headed "Eugenic Alarms" is well-balanced, but exception must be taken to the statement on page 87 that Feeblemindedness "is the Mother of crime, pauperism and degeneracy." Pauperism and degeneracy may be accepted, but the cause of crime is usually a bad environment, especially as regards attitude to life, and lack of good training. The writer does not seem to understand all the "newer aspects of behaviour," and so is not at his best in dealing with them. The chapters on Sterilisation and Segregation are excellent; so also are those dealing with Institutions, and the possibilities and results of training; they will be of great value to those who have only a limited knowledge of this important subject.

W. A. Potts.

The Psychiatric Study of Problem Children. By Sanger Brown II, M.D., Assistant Commissioner, Department of Hygiene, State of New York, and Howard W. Potter, M.D., Assistant Director, Psychiatric Institute and Hospital, and Professor of Psychiatry, Columbia University, New York City. Utica, New York, State Hospitals Press, 1930. pp. 148.

The treatment of the difficult child has become so much the subject of investigation throughout America and the Continent of Europe, and now in England, that it has become necessary for all those who are engaged in the work of diagnosis, investigation, and cure to have clearly in mind the essentials of the problem. In every branch of medicine it is imperative that a method should be worked out which shall, with economy and thoroughness, deal with all the material relevant to a particular class of disorder. In general medicine such method, or methods, are comparatively simple because the data are on the whole reasonably clear and the allied departments to which a case from time to time has to be referred are also possessed of methods of their own, sometimes much in advance of the department in which the case falls; for example, biochemistry may be clearer in its concepts than the study of diseases of the kidney, which uses the results of biochemistry.

The psychiatric study of the problem child needs a careful method of investigation, not only because its central problem—the child—is so very complex as an entity, but the departments of knowledge which have to be referred to in the study of the difficult child are themselves complex and sometimes hazy. For this reason, this little handbook is to be welcomed. It sets out with great conciseness and clarity the various stages in the working out of the problem child from the psychiatric point of view. The first chapter, The Anamnesis, points out how carefully the history of the case has to be investigated. Both family and personal history have to be carefully scrutinised. Not only must a history of a child's temperament and behaviour be taken but all his physical disorders must be enumerated under such heads as will throw a light upon the causes of the problem. Environment too—home and school—is subject to a careful investigation. The authors are very conscious of the fact that
A chapter, brief though it is, is given over to the cases with variations in intelligence. We must not forget that problem children are not only the defective and retarded, but the "superior" child and the child with special abilities may be the subject of behaviour disorder in consequence of his very endowments. The book closes with a third part on the management of problem cases. This, of course, is the most difficult of all subjects to deal with. While it is always possible to examine a case methodically and widely, the management of the case becomes essentially personal. One is almost obliged to throw one's method not away, but into the background in order that the personal equation shall be uppermost in the mind. Of this difficulty the authors are fully aware. They end the book with interesting specimens of questionnaires, schemes for the management of Child Guidance Clinics and even give specimens of the dietary suited to children of various ages. We close this book with a feeling of satisfaction that the pioneers in the latest department of medicine are ready with a good foundation of method and enthusiasm.

E.M.

APHASIA IN CHILDREN. By A. W. G. Ewing, M.A., Ph.D. Oxford Medical Publications. 1930. Price 10/6.

This little book is one of great interest and importance to the aurist, to those interested in speech and to teachers of the deaf. It is mainly a very thorough investigation of ten children who had "aphasia," that is, mutism or great speech deficiency.

The first question investigated was the hearing condition, the testing of auditory acuity was carried out with extraordinary thoroughness and great ingenuity. By clever use of the audiometer, exact measurements were made possible not only of hearing in general, but of auditory acuity for each of eight different notes, i.e., vibration frequencies of 64 to 8192. In the course of this work the striking fact was noted that 6 of the "aphasic" children had a marked lack of hearing capacity for sounds of high frequency vibration. The author gives a closely reasoned account of how this would cause inability to discriminate certain vowels and consonants and thus account for failure of
speech development, and therefore he calls these six children cases of "high frequency deafness." The other four children, who did not show this peculiarity of hearing, he calls "linguistically retarded." A discussion follows of the differences between the speech peculiarities of these children and those of the cases of aphasia due to injury or disease in later life and incidentally a masterly résumé of the work of Broca, Hughlings, Jackson, Marie, Head, and others is given, and these chapters are worth the attention of physicians and neurologists.

Of congenital aphasia there is, he says, but little literature. The work of Miss Fildes on the psychology of word blindness is noted, but no reference is made to the almost classical writings of Dr. C. J. Thomas on Congenital Aphasia in 1904.

Dr. Ewing shows emphatically that on performance tests none of the children was mentally defective or even subnormal but he does not describe any investigation to ascertain mental abnormalities. These must have been the cause of the speech deficiencies of the four linguistically retarded children who had normal hearing, and it is at least possible that with the cases of high frequency deafness too, psychological factors were also at work. It would be of great value if the subject could now be studied from that angle with methods similar to those used by Miss Fildes.

A topic of great interest especially to teachers of the deaf, is how far hearing for practical purposes can be improved by special teaching. Dr. Ewing’s own results are very striking and others have obtained much success with children who had been deemed almost completely deaf. No doubt the essential factor is the cultivation of attention and the habit of listening, leading to improved recognition and interpretation of sounds, but sometimes the gain is so great as to make it seem as though the actual auditory acuity had been raised.

To those who have to deal with the ascertainment of mental deficiency, the book comes as a warning. It would be a misconception if the quotation from Dr. Burt on pages 107-8 led to the idea that there are to-day several cases of pure word blindness and word deafness in schools for the mentally defective, but such a possibility is only excluded by the fact that decisions are not made solely on verbal tests.

An outline of the research was given by Dr. Ewing in Mental Welfare for January last, but the book itself should be digested and taken to heart by a very wide circle of students.

A.C.W.

CHILDREN AT THE CROSSROADS. By Agnes E. Benedict. Commonwealth Fund Division of Publications, New York. Price $1.50.

“Children at the Crossroads” is the first book to present individual case stories of maladjusted rural children treated by the visiting teachers in the programme of the National Committee of Visiting Teachers (America). It shows how the work described in “The Visiting Teacher at Work,” has been adapted to meet the requirements of rural school situations. Rural life under its best conditions offers many important advantages to children, but many children in the country as in the town, grow up inefficient, antisocial, frustrated, due to maladjustments that might have been prevented in childhood.

There are ten narratives of rural school children who presented problems, with accounts of the methods used by visiting teachers to help them. In these narratives are shown factors in a child’s out-of-school life which militate against his success in school; such factors as the grinding pressure of farm work, the belittling of education by the parents, etc. The stories show many ways in which the rural setting must modify visiting teacher work. If the worker is to accomplish results in her own field, she must be prepared to do work in allied fields as well. She is expected to help Mary overcome her inferiority complex when these feelings arise out of the fact that Mary’s father is the village ne’er-do-well. She must see that John’s work improves, when John, whose sight is defective, is sitting at his desk all day thinking that the R’s in his reader are B’s. Again, she is expected to deal with Ethel’s stealing when Ethel steals largely because she has no one to play with, no chance to play, and no toys that are hers.

The nearest clinic or psychologist may be a hundred miles away, so like Robinson Crusoe, the worker proceeds to get the work done somehow, doing much of it by her own effort and fashioning a set of home-made tools for her-
self. To appreciate her work we must follow her along the winding country roads, through the tiny villages to the scattered rural schools and learn from the stories of actual children at the Crossroads what has been done to help solve their problems.

B.C.

Board of Control, England and Wales, Sixteenth Annual Report. H.M. Stationery Office. Part I 1/9, Part II 6/6.

It was to be expected that in their Sixteenth Annual Report for 1929, the Board of Control would deal first with the Mental Treatment Bill which received the Royal Assent on July 10th, 1930. A most important provision of the Act and one which is heartily welcomed by the Board is the authorisation of Out-Patient Clinics, where treatment can be given in the incipient stages of mental illness. These clinics, used as preventive medicine, would also encourage more severe cases to present themselves voluntarily for treatment at mental hospitals. The Board calls attention to a still more important feature of the Act, which is the provision of temporary treatment of non-volitional patients on the recommendation of two medical practitioners without the intervention of any judicial authority, so that where prospects of early recovery are favourable, the patient can escape the supposed stigma of certification. The Board further has power to approve that institutions and hospitals other than mental hospitals, be equipped and staffed to receive cases requiring temporary treatment. It rests with the Local Authorities to co-operate in these epoch-making changes, to establish outpatient clinics and separate admission hospitals supplemented by convalescent villas.

The Board points out that in future Local Authorities should investigate the needs of their particular area; this survey will no doubt increase the number of ascertained cases and, as public opinion becomes more educated, the demand for treatment and accommodation will be difficult to cope with. Medical Officers with special experience in this branch of medicine will be required, together with psychiatrists and trained mental health workers, to undertake the social side of the work.

For those who have not had the opportunity of studying the Mental Treatment Act, we would recommend this introductory chapter of the Board's Report. It is an excellent summary of the main provisions of the Act and of the possibilities of future developments.

The figures for Ascertainment show an increase. At the end of 1929, the number of mental defectives reported to local authorities was 71,439, an increase during the year of 4,981, nearly four times as great an increase as in 1927. The ratio discovered per thousand of the estimated population of England and Wales is now 1.81, as compared with a ratio of 1.69 a year ago. It should be borne in mind that the estimate made by the Wood Committee was 8 per thousand.

The provision of new accommodation again exceeds that of the previous year. Five more Local Authorities have opened institutions during the past year, in addition to the six who are members of the North Eastern County Boroughs Joint Board. Referring to the reorganisation under the Local Government Act, the Board expresses the opinion that some of the better Poor Law Institutions could be adapted at reasonable cost for the accommodation of defectives and if sufficient land could be acquired, these might serve as a Colony. But they do not consider that young, trainable and employable defectives should be permanently detained in Poor Law Institutions; where Local Authorities are building Colonies, they might be accommodated temporarily in these Institutions.

The Board calls attention to the increase in Hostel accommodation both by way of Certified Institutions provided by Voluntary Committees and functioning solely as hostels, and by Hostels forming branches of a Colony established by a Local Authority. There are now four such Hostels in each category. Though still in the experimental stage, a measure of success can already be recorded in this branch of the work.

Forty new Occupation Centres have been opened during the year. Of these, five are organised directly by Local Authorities and 35 through voluntary associations. Several home-teaching schemes have also been put into operation during the year.
Some interesting figures are given of the employment and wages earned by defectives out on licence from institutions. Taking 5/- a week with board and lodging as equivalent to self-supporting, and 20/- a week when living out, it was found that out of 300 cases examined during the year, 126 are self-supporting. This compares favourably with the number for last year, which was 105. On the whole, the practice of sending defectives out on licence is proving a successful one.

For the information of readers we quote in full the paragraphs dealing with the vexed questions of the marriage and sterilisation of mental defectives:

We are still of the opinion that an Act of Parliament prohibiting the marriage of defectives while under statutory care would be a preventive measure of great social utility. Not only would it draw public attention to the lack of wisdom in allowing defectives to marry, but it would place Local Authorities in a far stronger position by enabling them to insist on proper precautions being taken by the persons to whom defectives are licensed and by their parents and guardians.

On the question of sterilization we have little to add to what has been said in previous Reports. Since our last Report was written, Denmark has passed a law permitting sterilization with the consent of the patient or his guardian. But this measure, like much legislation on this subject, is still so recent that no sufficient data are yet available by which to test its results. We still think that the whole question calls for careful study and investigation, but we recognize that scientific and impartial enquiry is rendered difficult by the atmosphere of controversy which sterilization excites and also by the exaggerated claims which are put forward by its advocates. Sterilization will not solve the many problems of the prevention of mental defect; indeed, it is doubtful whether it will appreciably reduce its incidence. In any case, it would be absurd to suggest that its adoption would obviate the need for the institutional care and training of those defectives whose social inadaptability makes it impossible to leave them at large. But there are, in our opinion, cases in which it might be advantageous; and if the claims of its advocates are often exaggerated, the condemnation of its opponents rests on an equally unsubstantial foundation.

T. J. D.