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EDITORIAL

It is a pleasure to note the evolution of the movement to give a scientific interpretation to the vast store of biological, psychological and pathological facts available for study in our public institutions for feeble-minded and epileptic. It is a long jump from that first beginning of psychological studies by Dr. Wylie, while nominally serving as pharmacist at Faribault, to the world renowned work of Goddard at Vineland, Huey at Lincoln, and the brief work of Wallin at Skillman and Lange at Glenwood, and the systematic and intensive studies of Kuhlmann at Faribault. While the Faribault laboratory was provided in 1900 with a suite of seven rooms for research and clinical studies, including bacteriology and psychology, photography, lectures, etc., and all

modestly equipped with apparatus, Dr. Wylie's studies in sense reactions and ergograph readings were conducted between times when not filling prescriptions, and it remained for New Jersey to secure the full recognition of the department of research independent of routine administrative duties.

The increased opportunities for scientific research are a tribute to the foresight and breadth of mind of members of institution boards, who, while obliged to keep in close touch with public sentiment, are big enough to assist in educating it and thus securing support for research. The public can always be depended upon (1) to assist its afflicted

ter wisely directed investigations for causes of social defect or distress. While the public will not patiently support wasteful expenditures, it will always support and approve liberal care as against that type of economy that results in neglect of personal care. This it always condemns when the facts are known. So it will always support scientific investigation when there is a reasonable prospect that it will produce definite information as to how to lessen human affliction or social misery. It is to be hoped that this movement is now in the process of healthy and permanent growth, but to insure its continued support and preserve for it the confidence of the public, it is important that it should be conducted in a scientific spirit. It must be devoid of spectacular features and those who engage in it should have the patience to be thorough and critical, promulgating only truth.

A. C. Rogers.

REVIEWS AND NOTICES

Backward and Feeble-Minded Children. A Clinical Study in the Psychology of Defectives, with a Syllabus for the Clinical Examination and Testing of Children. EDMUND BURKE HUEY, Baltimore: Warwick and York, Inc., 1912. Pp. XII+221.

This work is the first fruit in book form of the realization of the long desired plan of placing an investigator upon the staff of our public institutions for the feeble-minded and epileptics, who could devote himself to pure scientific investigation, unencumbered by executive duties—the ever present handicap of the most enthusiastic superintendent.

The book is, as its sub-title states, "Clinical Studies in the Psychology of Defectives, with a Syllabus for the Clinical Examination and Testing of Children." It is divided into seven chapters of which one is devoted to the general Introduction, one to Classification and Terminology and two to Clinical Studies of Border Cases. These studies are selected from 140 cases examined by Dr. Huey according to the Binet-Simon tests out of the 147 received at the Lincoln State Home from November 17, 1909 to November 16, 1910. Thirty-seven clinical cases are given with 32 portraits. The cases are written up very clearly. The mental age, retardation, school performances, industrial accomplishments and disposition give the reader a good mental picture of each case—even without the portraits. The book will be especially interesting to teachers and from it the laity will get a better idea of the high grade feeble-minded than is usually supplied by the text books. One only regrets that Dr. Huey could not have spent a longer time in studies of a wider range of cases in the large population of the Lincoln Home, though, if only one group were to be selected for intensive study and only a few months could be devoted to them, no group is more interesting than the morons. The work done with them so far by all investigators of mental defect is but the preparation for a hoped-for better understanding of that still smaller group of young people, of about normal intellectual capacity and without psychosis, that seem to make failures in life. This book will give the laity a better conception of the problem.

The title, it seems to the writer, is rather unfortunate in that it suggests a general treatise on the subject of backward and feeble-minded children, although the sub-title correctly defines its scope. The work deserves a good circulation.

A. C. Rogers.

Some Fundamental Verities in Education. MAXIMILIAN P. E. GROSZMANN. Boston: Richard G. Badger, 1911

The author offers this small volume as a companion to his book, "The Career of the Child from the Kindergarten to the High School." "It emphasizes," he says, "some of the arguments presented there, and endeavors to prove the fundamental value, in education, of the native instincts and tendencies of the child. * * * This volume also adds an experimental justification to the theory of developmental periods, or culture epochs of the child," etc. The author not only urges the training of the sense perceptions but makes very proper plea for motor training and emphasizes the educational advantage of art work "co-ordinated with all those activities and interests in which the children take their most spontaneous and deepest interest."

Children's original expressions of art compared with primitive art of peoples is a unique feature of the book

A. C. Rogers.

Height-and Weight of Feeble-Minded Children in American Institutions. HENRY H. GODDARD. *Director of Department of Research, Training School for Backward and Feeble-Minded Children, Vineland, N.J. Journal of Nervous and Mental Disease, April, 1912.*

A valuable contribution to the literature of the feeble-minded. The subject is fully presented by tables, curve charts and text, as the result of a study of 10,844 cases—5,923 males and 4,921 females, of ages from birth to sixty. These are taken from the population of nineteen American institutions. The conclusions are as follows:

The above figures seem to warrant the conclusion that we have a remarkable correlation between physical growth and mental development.

The low grade (idiot) has not only a disturbed brain function but his entire organism is disarranged and growth processes upset.

In the imbecile the same is true but to a less extent. In the moron we have the interesting phenomenon of practically normal growth during the immature years, but an arrest of growth earlier than in normals.

All defectives are heavier at birth than normals. This would once have been thought to be correlated with the defect through greater difficulty of birth necessitating the use of instruments with resulting injury. But in the light of our findings in heredity this is seen to be without force.

Sex differences are less and less marked as we go down the grades of defect.

A. C. Rogers.

Wasserman-Noguchi Tests. DR. CHARLES BERNSTEIN. *Seventeenth Annual Report of the Board of Managers of the Rome State Custodial Asylum at Rome, N. Y., 1911.*

Male cases tested, 570:

| | | | | |
|------------------------------|------|----|-------|-----------|
| Positive | .81 | or | 15.96 | per cent. |
| Weak positive | .172 | or | 30.18 | per cent. |
| Very weak positive | .108 | or | 18.95 | per cent. |
| Faint positive | .66 | or | 11.58 | per cent. |
| Doubtful | .36 | or | 6.32 | per cent. |
| Normal | .97 | or | 17.01 | per cent. |

Female cases tested, 330:

| | | | | |
|------------------------------|------|----|-------|-----------|
| Positive | .43 | or | 13.03 | per cent. |
| Weak positive | .122 | or | 36.97 | per cent. |
| Very weak positive | .48 | or | 14.55 | per cent. |
| Faint positive | .37 | or | 11.21 | per cent. |
| Doubtful | .19 | or | 5.75 | per cent. |
| Normal | .61 | or | 18.49 | per cent. |

In commenting upon the results, the doctor states: "If the technic of the test is right, positive and weak positive must be regarded as evidence of syphilis. This would give in this institution 46.14 per cent. of the male cases

and 50 per cent of the female cases as syphilitic. One would expect a higher per cent among the males and this would no doubt have been the result if the 300 male patients in Building J, had been tested."

A. C. Rogers.

Two Thousand Normal Children Measured by the Binet Measuring Scale of Intelligence. H. H. GODDARD. *Pedagogical Seminary*> 1911, Pp. 232-259.

Dr. Goddard reports here in full the results of examining 2,000 public-school children with the Binet-Simon tests. The children were non-selected, none being eliminated for retardation or precocity. The tests were made by five assistants from the Vineland laboratory, who each examined from twelve to thirty children a day. Coaching of some children by others who had already had the tests was found to be of negligible influence, because "the child who had thus been told was found to be unable to retain what had been told him, if it was something that was beyond his normal mental age." In his main tables the results of 1,547 children figure, being those of the first six grades. To show the degree of general reliability of the system of tests as a whole he gives the following figures:

| | | | | | | | | | | | | | |
|----------------|---|---|---|----|----|-----|-----|-----|-----|----|----|---|----------------|
| At | | | | | | | | | | | | | |
| Yrs. below age | 7 | 6 | 5 | 4 | 3 | 2 | 1 | age | 1 | 2 | 3 | 4 | Yrs. above age |
| No. cases | 1 | 6 | 8 | 37 | 79 | 156 | 312 | 554 | 329 | 49 | 14 | 2 | No. cases |

The designation "at age" means children whose chronological and mental ages agreed. He next gives a table showing the distribution of the number of children of each chronological age over different mental ages. (This table is given in full in this Journal, this number, P. 115). He concludes that "The results could not arrange themselves on this curve * * * if the questions were not carefully graded. Secondly if they were not right, age for age, but were too hard or too easy, the largest group would not be one at age, but would be a year below or a year above according to whether they were too hard or too easy." To find whether the individual tests in the different age groups are all correctly placed he gives a table for the 554 children who tested at age, showing the number for each chronological age from five to thirteen that passed and the number that failed in each individual test from age group III to age group XIII, inclusive. For a test to be considered correctly placed seventy-five per cent. or more of the children of the corresponding chronological age had to pass it. On this basis, he regards the following tests as too difficult: VI 2, VIII 1, 5, IX 3, XII 3; and the following as too easy: VIII 3, IX 2, XI 2, XII 2. He notes further that "on the whole the results agree very closely" with those given when all the children are taken into account instead of only those who tested at age, but gives no further figures on this point. High School pupils and some adults were tested with the tests of age group XIII, the results indicating that these are too difficult, especially the first. A revision of the scale of tests

is offered, comparing it with the 1908 scale and also with Binet and Simon's 1911 revision. There are some important differences between the two revisions. On the whole he concludes that "The tests up to and including twelve years are certainly eminently satisfactory. Our proposed list for XV and Binet's 'Adult' must be further tested to see if they are of any value * * * We need above all things a test for boys and girls beyond twelve years." The article includes also many other tables and deductions of important educational bearing which are not concerned with the tests as a means of diagnosing mental development.

The article is a most valuable contribution to our knowledge of the Binet-Simon tests. It supplies the data that we have wanted, especially for American children, and represents an undertaking that few have opportunities for carrying out. This fact should not be lost sight of in considering a number of minor criticisms which, at this later date, appear valid. (1) Some of the testing seems to have been done rather hurriedly. No examiner can test thirty children a day without a considerable risk of errors in the results because of haste. (2) The children tested should have been selected on the basis of some adequate standard of normality, so as to eliminate the precocious and the sub-normal. We cannot eliminate such cases on the basis of the results obtained with the tests themselves when the degree of accuracy of the tests in determining this very question is aimed at. (3) Fractions of a year in the chronological ages of the children tested seem not to have been taken into account. This procedure would also not be fair to the tests, as it would show much greater and more frequent variations in the mental ages of normal children than the tests really give. (4) The author's general conclusions are not entirely verified by his statistical data on which they seem to be based, but are more favorable to the tests than the figures alone justify. According to these figures the tests are not in general just right, age for age, but for six out of the nine chronological ages, from five to thirteen inclusive, they fit another age as well as they do the age for which they are given. This is not to be taken in the sense of a contradiction, but simply indicates that the author considers the tests as satisfactory and correct if they give an error of no more than a year in the mental ages. The reviewer cannot subscribe to this attitude as to what is satisfactory. We usually regard a thing as satisfactory only when it fulfills a purpose at least as well or better than anything else, and when we see no possible way of getting anything better. If for the lower part of the scale the tests made frequent errors of a year it would be a serious lack of accuracy, and we could undoubtedly devise tests now that would do better. An error of only a year in the upper part of the scale, however, would be much more accurate than anything else we have or can hope to get immediately. (5) In making his revisions of the scale the author follows neither his statistics nor his previous conclusions as to which tests are misplaced in the scale entirely. This discrepancy results in part from the fact that he changes the nature of the test or the procedure in using it so as to make it right for the place