

TREASURER'S REPORT—1911-1912.

Cash Dr.			
Balance on hand June 10. 1911	\$	429.24	
To Cash Dues, 1904 to 1909		16.00	
1910		74.00	
1911		\$133.00	
Sale of Journals		98.33	
Sale of Binet-Simon Tests- Pamphlets	-	6.37	
Sale of Reprints	-	3.75	
			\$760.39
Cash Cr.			
By Composition Work on Journals. Printing of Programs, etc.	\$	139.25	
Proofreading		52.00	
Stock and Envelopes for Journal		75.11	
Stenographic Work		42.00	
" Clerical Work		15.00	
Postage on Journals, etc.		22.86	
Advertising—Card in "Survey"		15 ⁰⁰	
Guides to Current Literature, 5 vols. Index Catalogue of Library of the Surgeon General, and 1 copy Am. Medical Directory	-	17.50	
Telegrams and Express		3.94	
Engraving of Cut		2.50	
Membership Cards		1.00	
Personal Expenses		1.50	
Balance on hand	-	373.03	
			\$760.69

Audited and approved,
 G. S. BLISS,
 A. E. CARROLL,
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Committee.

REVIEWS AND NOTICES

The Conservation of the Child. A Manual of Clinical Psychology Presenting the Examination and Treatment of Backward Children. ARTHUR HOLMES, *Assistant director of the psychological clinic; assistant professor of psychology, University of Pennsylvania, Philadelphia and London. J. B. Lippincott Company, 1912. Pp. 1-345-*

the psychological clinic at the University of Pennsylvania was begun by professor L. Witmer a number of years ago. Under his direction it has rapidly passed the experimental stage and has become an organization of far-reaching influence. This book by Dr. Holmes describes in a most practical and intelligent way the purposes and the methods of the clinic as conducted at the University of Pennsylvania. To those unfamiliar with the rapid developments in this held during the last few years the book will be a revelation. To psycho-clinicians it should prove a most helpful contribution. The following chapter headings indicate its scope:

1. Historical sketch. 2. Constitution of the clinic. 3. The function and the held of the psychological clinic. 4. Operation of the clinic. 5. Classification of clinic cases. 6-7. Methods of classifying clinic cases. 8. Classification of moral deviates. 9. Sociological relations of the clinic. Alter the historical sketch on the care and training of mental defectives in institutions, in special classes for defectives in the public schools, and of the more recent application of psychology to the general problem, he describes the necessary equipment of rooms, apparatus, clinic staff, the qualifications and duties of its members. The purpose and function of the clinic is not merely that of a laboratory to get scientific facts, nor that of a training school to give pedagogical advice. It is both. It is "to restore the special child to normality or as near to normality as possible." Among the tasks of the clinic are: "Collection and tiling of data: the development of the best clinical tests for measuring the mentality of children: the training of teachers and social workers for service among mental defectives; the diagnosis of mental diseases; and the most expeditious and satisfactory methods of connecting backward children with the proper sources of aid for relieving or ameliorating their condition." In the fourth chapter a general description is given of the procedure in the several examinations made of the child. These examinations are four in number. 1. Oral examination, made by the psychologist, inquiring into the pedagogical and family history of the child. 2. Physical examination, made by the physician, including anthropometric measurements. 3. Mental examination made by the psychologist, including general observations on the child while in the clinic, a set of simple tests, such as the Binet-Simon tests, and more elaborate laboratory tests, when necessary. 4. Social, made by the social worker, including arrangements for visits to the home, and advice to parents after such visits. Defective children

are classified first into two large groups, mental deviates, and moral deviates. Mental deviates are sub-divided into curable and incurable. The incurable are the feeble-minded as illustrated in the institutional case. The curable are again sub-divided into three classes according to the time required to restore them to a relatively normal condition. In this classification the practical point of view of prognosis is strongly emphasized. "A mental diagnosis is essentially a prognosis." "The essential quality to be sought in a mental classification is not the child's mental attainments, nor his present mental capacity, but his present mental potentialities." This prognosis, he thinks, is usually indicated by the results obtainable in the examinations. A good third of the book is devoted to the "methods of classifying clinic cases," in which the procedure in the several examinations is described in detail. It includes lists of questions and outlines for inquiry into the (1) pedagogical history; (2) past medical history; (3) family history; (4) personal capacities; (5) social capacities; (6) moral capacities; (7) industrial capacities, (8) anthropometric measurements; (9) dynamic measurements; (10) medical examination; (11) pedagogical tests; (12) the Binet-Simon tests; (13) special tests for mental analysis. The special features of this rather elaborate program are the pedagogical tests, and the special tests of mental analysis. The former are on the order of school examination questions standardized for each grade from the second to the fifth grade, inclusive. The latter are laboratory tests on (1) sensation and perception, a group for each sense department; (2) reproductive memory; (3) apperception; (4) volitional motor ability. Directions for each individual test are given. They require considerable apparatus, involve a good deal of technique and are intended to be given by a well trained psychologist only. Their purpose is to "decide fully upon any doubtful case or to locate peculiar mental disturbances. It is, in a sense, a court of last appeal, and at the same time an instrument of searching clinic exactness which requires for its application an experienced examiner and a psychological laboratory equipped with a full quota of scientific apparatus."

In discussing the classification of moral deviates two questions are raised for the clinician: "What is moral imbecility?" and "How shall it be diagnosed?" The history of opinion is reviewed in regard to the former question. Among the conclusions arrived at are the following: (1) Moral imbecility may exist in conjunction with or without intellectual defect. (2) It may be either congenital or developmental, but the bad conduct is an habitual expression of character, not occasional or exceptional. (3) The bad conduct may be due to lack of moral sense, of social instincts, or of reason. (4) The true moral imbecile is incurable, his character is irreformable, and his conduct unchangeable. The problem of the clinician is to determine whether any particular case is curable, whether he can be restrained in any way from bad conduct in the future. This question, however, cannot be decided from the symptom complex alone. A boy may be guilty of any or several crimes and yet come to live a moral life later. Nor does a study of physical characteristics and facts about heredity help to decide in the individual case. The

examination of the moral deviate follows the same lines as in the case of the intellectual deviate. The reader is left to conclude that the clinician will be able to diagnose the curability or incurability of the moral deviate from the combined results of these several lines of inquiry already outlined for the mental deviate. The closing chapter on the sociological relations of the clinic discusses the different strata of society from which the cases come, the classification into curable and incurable, together with modes of procedure in dealing with them.

The book is a timely one and cannot fail to receive an extensive and hearty welcome. It makes no apologies for the existence and claims of the psychological clinic, and it does more than any other publication that has so far appeared to show that none are necessary. There are a few instances in which the author seems to go too far, or at least leaves the impression that the clinic can accomplish things where the same has not as yet been sufficiently demonstrated. (1) Certain chapters give the impression that a large share of the retarded pupils in the public schools can be brought up to normal or nearly so; they are curable. The reviewer knows of no evidence to indicate that this is so for more than a rather small minority, except in cases where the retardation is merely pedagogical. The value of an accurate diagnosis as to mental development lies not so much in the curability of the defect when recognized as in adapting treatment and training to the needs and capacities of the case, irrespective of the future mentality. (2) There are surely many cases in which a correct diagnosis does not indicate the prognosis. Prognosis requires an accurate knowledge of the nature of the causes of the mental deficiency, and this is in very many cases not obtainable in a measure required for a reasonably well founded prediction as to the outcome of the case. (3) The special tests described for use of mental diagnosis in cases that remain doubtful from the results of the usual tests are of no great value to any one who has no norms for them, and no norms are given by the author. We can draw no conclusion from the results of these in any given case when we do not know what results we would get with the tests on normal children. (4) In discussing the normal deviate the problem set the clinician is again to determine whether a given case is curable or incurable. The author fails to make clear how this can be done with the methods described.

Faribault, Minnesota.

V. KUHI-MANN.

Ueber Hirnrindenveraenderung bei Mongolismus, Kretinismus und Myoedem. W. WEYGANDT. *Zeitschrift fuer die Erziehung und Befandlung des jugendlichen Schwachsinnigen auf adssensc/altliefies Grundthge. Fuenfter Band, 1912, Pp. 429-454.*

Weygandt reports on the findings on the brain changes in three cases of Mongolianism, one case of endemic Cretinism, and one case of Myxoedema. Two of the Mongolian cases died at the age of ten years, the first of diphtheria, the second of scarlet fever. The third Mongolian case died at the

age of twelve years of tuberculosis. The other cases were both apparently adults. He gives a brief clinical history of the third case of Mongolianism, and of the case of Cretinism and of Myxedema. The microscopic study in all cases seems to have been limited, to a few sections taken from the frontal and occipital lobes. In general, the findings do not indicate anything characteristic of these types of cases. In the three Mongolian cases the tangential fibres were more markedly absent than the radial. The association groups are not mentioned. In all three cases the cells show the embryonic type of structure, the first case about like that of a seventh month foetus, except that the cells are arranged more in groups and layers. In the other two Mongolian cases the general cell development was a little more advanced. The clinical description of the third case indicates a mental development of at least several years. In the first case the Nissl bodies show fairly well in some parts. In other parts they are small to granular. With Nissl staining the nucleus stains little, the processes show poorly. Elements suggesting neuroblasts are numerous. In the second Mongolian case the cell changes were similar, except that many cells showed two nuclei or nuclei with two bodies. Some are granulated towards the point and base. Some are swollen, but the vessels show no changes. The characteristic of the changes in the third case in distinction from the other two is a predominance of secondary changes—sclerosis, swelling, and fatty deposits. The sections suggest cells that were arrested and then changed further through secondary disease. The Cretin had an intelligence of about that of a normal child of one to two years. The gross brain development showed nothing special. The general development of the cortex is much more advanced than that of any of the Mongolians. The cells suggest a granular degeneration. The processes are visible for a long distance, and much entangled. Apparently primary and secondary destructive factors were combined. But there is no special increase in neuroglia. The blood vessels show no changes. A detailed clinical history is given of the case of Myxoedema. It shows a history of hallucinations and prolonged insane delusions. The brain changes are those of an inflammatory degenerative process. The article includes four half-page [dates of brain sections, two of Mongolianism, and one each of Cretinism and Myxoedema. These are too small to show much of the changes described in the text. Four more half-page plates are given showing individual cells from the first and second cases of Mongolianism, and from the two cases of Cretinism and Myxoedema. These supplement the text admirably.

By way of interpretation it is pointed out that some of the secondary changes found may have been *due* to the diseases causing death, and not to the primary causes of arrest.

The article is a contribution to the very limited number of studies on this question. But evidently much more extensive studies will be required to show what the characteristic brain changes are in these types, if there are any that are characteristic

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STATEMENT OF THE OWNERSHIP, MANAGEMENT,
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(Signed) A. C. Rogers.

Sworn to and subscribed before me this 7th day of Oct., 1912.

(Seal)

Jean Monty .

(My commission expires July 9, 1915.)