

enced by his acquaintance with the schools at Gary. Under the system at Gary it is not necessary to keep a defective child in the school much longer than necessary to make a diagnosis and then put him in a special school. He can get mechanical training in the normal school. I knew of a boy Waverly, Massachusetts, who was a destroyer. He tore every piece of plumbing to pieces. He would unscrew the fixture and take out the pieces, and do all this without tools. Fernald very wisely put the boy on the plumbing force, and he became a useful member of that plumbing force. He can do things; he had mechanical sense, and lack of the use of tools that made him destructive. That's true of the destructive children in a great many cases. If we find a child has a special aptitude for any one thing it is well to provide him work along that line. It's simply a question of finding out what the child can do.

It's undoubtedly true that a teacher for feeble-minded children must be the best. She must have the benefit of a great deal of patience, and originality, to look at the problems that come to her. Any teacher that will make a fine success in the public school, put into a school for feeble-minded, and given a year or two of training there will make a success, in my opinion.

In regard to the matter of reading, I would make a great exception in training in reading than I would in anything else. I want to cite something that we are doing at Ft. Wayne. We have a library there for our boys and girls. That library is presided over by one of our teachers. It is full of books for children. We have about 1,000 volumes for children. The teacher goes into that library every evening. She puts the boys and girls in separate rooms. They come in voluntarily without any compulsion at all. In our main building at this institution at Ft. Wayne we have about 500, boys about 250 and girls about 300. In our girls' library on a Wednesday evening, which is the evening most of them go there, we had as high as 99 girls in there reading, and on the boys' side 75 to 80. A great many of the boys wouldn't be without the library for anything. I sent some of the boys out to the farm last spring. Three of them came right back to the institution. They didn't have any library at the farm. The result is that in the evening after their work is done, the discipline of the children is almost nothing, simply because the ones that we make trouble are in the library. I would teach reading and give them a library. We can work that out for them. It's well worth while. The teacher who is in charge picks a

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According to the child's mental age. He gets something that can be interested in, that will hold his attention, if it's anything but a picture book. He gets something to look at. The library is one of the most popular places in the institution for the children.

Dr. MacMurchy (Toronto) said that the discussion once more illustrated the fact that the public schools followed what the training of the feeble-minded had taught. It was necessary to have a great many more things to do for the feeble-minded than is required for the normals, in order to keep up their interest; the feeble-minded gets "bored" easily. She defined the social test of feeble-mindedness as the ability and desire to look forward to and possess and keep a home.

Adjourned.

REVIEWS AND NOTICES

Standard Method of Testing Juvenile Mentality by the Binet-Simon with the Original Questions, Pictures and Drawings. A Uniform Procedure and Analysis. By Norbert J. Melville, Director of Psychological Laboratory, Philadelphia School of Pedagogy. Pp. XI 142. J. P. Lippincott Company, 1917.

In a "Uniform Method" of applying the Binet-Simon Scale in the which the authors left it in 1911, this manual for examiners is particularly valuable in that it standardizes each detail of procedure. By a study of the methods used by other experimenters and by application of those methods in "over a thousand cases" in the Philadelphia Public Schools, the author has done for Binet's 1911 revision what Terman has done for the Stanford revision and extension of the scale—a painstaking development of each detail of procedure and scoring. The aim of the Standard Method, as set forth by Dr. Healy in the introduction, is "to devise more exact methods of using the scale, while at the same time absolutely insisting on the setting of sharp limitations on the interpretation of findings by the scale."

The first part of the manual is a discussion of general procedure in testing and analyzing the data. It deals with the nature and use of the Standard Method, an analysis of results of mentality tests, individual evaluations and classifications, the problem of statistical interpretation, the problem of clinical interpretation, together with general specific directions to examiners concerning procedure, interpretation and scoring.

The second part contains the "uniform method" of applying the Binet-Simon scale with plates and notes indicating modifications found in various adaptations of Goddard, Kuhlman, Bobertag and Terman. The procedure is in every detail definite and precise. Questions as to how to use the scale, how to employ in a given case, repetition of a question, how to employ precise standards of judgment in the interpretations of results are dealt with explicitly.

The arrangement of tests is intended to eliminate the factor of personal judgment or the necessity for "random testing" on the part of the examiner. The test order is such that the examiner begins every case, with the first test in age group III. This is the Binet picture test and may be scored at any one of three levels according to the response of the child. The form of the question is such that neither enumeration, description, nor interpretation is suggested. ("What is this?") The response to this question determines whether the examination proceeds at the three year level, the seven year level, or the fifteen year level (i.e. whether the reply is enumeration, description, or interpretation). If the response is, for example, descriptive then the examination proceeds to the first test in the VIII year group and so on, giving the first test in each succeeding age group until the child fails in one. Then the examiner must return to the second test in the age group from which he started (i.e. in our illustration, test 2 in age group III) and proceed as before unless the child fails in the test, in which case he must proceed backward using always the second test in each age group until he finds a test in which the child passes. The third, fourth, and fifth tests in each age group are used in the same way. The tests are then continued in a second and third sequence according to a definite rule of procedure until two age groups in which no tests have been failed, and two age groups in which no tests have been passed are found.

Taking the first test in each group to constitute the "a series," this series is so arranged as to include only tests that "have shown the highest diagnostic value in differentiating mentally deficient from normal subjects." In the same manner, the "b series" is made up of the next in importance, the second test in each age group constituting the series. Tests involving similar materials or methods have been so arranged as to be given in sequence, as for instance, the digits series would seem to the reviewer that such an arrangement, lacking the variety of varied tasks, would tax the child's power of concentration or attention unduly. He would soon tire of so mechanical a performance and the later series of digits would fail to measure his real mental span for lack of interest.

The scoring is worked out with the idea of evaluating the significance of the "Binet base" (the higher of two successive years in which the subject passes all tests) in cases where there is a "scattering" of successes through the higher age groups, and of correcting, to some extent, the shortness of the scale at the upper end. The regular scoring is used up to year nine; "add to the base year 0.2 credit for each test passed above the base year, irrespective of the extent of scattering of such make up tests." Beyond year nine the following is used:

Above IX, 1st— 5th test passed=0.2 credit each.
6th—10th test passed=0.4 credit each.
11th and beyond=0.6 credit each.

We will be interested to see the promised "detailed presentation of the experimental and logical basis of the standardization in the report on the Standardization of Binet Testing" now in preparation. The results must be very satisfactory to warrant so radical a change in procedure in the order of giving the tests for the sole object of eliminating personal judgment of the examiner in the matter of where

mination shall begin. Students of the scale will be interested to know whether the results show that the new manner of scoring corrects the error of the old scoring at the upper end of the scale.

The significance of the Binet base for mental classification has been emphasized by Ellis and Doll, to whom the author refers, and by Stern, who also has worked out a scheme for evaluating scattered successes. The author suggests that a Binet base six or more years below the life span shall justify a diagnosis of potential mental deficiency, and that a Binet age score below eleven, when accompanied by a sub age (retardation) of more than three years is usually indicative of serious mental deficiency." He wisely cautions his examiners against making a diagnosis of mental deficiency on the basis of their own findings without the consent of a consulting psychologist.

The author disagrees with the psychologists, who are using the intelligence quotient as the most significant method of expressing the relation of level of intelligence of an individual to the average level of intelligence among normals, for the reason that "the mental quotient has the disadvantage that it requires more interpretation than the values from which it is derived." The experience of psychologists, who have been using the "mental quotient," has been quite the contrary. It has not been more readily comprehensible to the lay mind that John's intelligence is only fifty per cent of that of an average twelve year old boy, than that John's Binet age is six and his sub age (retardation) six. The severity of the retardation seems to be more readily grasped when expressed in terms of per cent of normal development than it is when expressed in terms of number of years retarded, owing to the difference between the rate of development at the various age levels (i.e. a retardation of three years at the age of six is vastly more serious than a retardation of three years at the age of eleven.)

The author emphasizes particularly, the necessity of conscientious attention to the details of procedure and interpretation, a matter surely of primary importance in the use of mentality tests. And one which can be too emphatically impressed upon "Binet examiners who shall be given first aid," and who shall not have had psychological training in the use of the scale. He emphasizes, also, the interpretation of results in the light of supplementary data. "We insist that a Binet age score, a Goddard age score and the like shall not be taken on their face value, recommending their interpretation in terms of individual growth periods in the light of group norms and supplementary data."

To that end he appends an "orthogenic table" as a tentative working plan whereby a "child's mental growth period" may be determined from his Binet age or Binet base and his "characteristic functions" defined for "purposes of institutional or special class instruction." His use of "orthogenic" in this connection is not, perhaps, so clearly clear, unless his readers are acquainted with Dr. Witmer's use of orthogenics as "the science which treats of the restoration of the normal and the deviate to normality." He recommends the use of new supplementary scales instead of making adaptations of the Binet-Simon scale. If the object of mentality tests is to develop a scientific method of measuring intelligence, is it not a step in the right direction to try to incorporate all of your bases of judgment in one scale and to make definite evaluations, rather than to open the way for personal judgments, which all agree are so liable to err, in the interpretation of combined results? How much weight, for instance, shall

we give to a child's ability or inability to perform certain constructive tests in comparison with his Binet age? To incorporate in a single scale with definitely determined values all of the data necessary to make an accurate scientific diagnosis of level of intelligence has been the aim of those psychologists who have been revising and extending the Binet scale. Such scales are Dr. Terman's Stanford revision¹ and a further extension and revision of Dr. Kuhlmann's.²

As an aid "in the careful training and exact guidance of Binet examiners," the procedure of the manual is admirably explicit and should be useful in that it emphasizes the necessity of accurate scientific method in the application and interpretation of mentality tests. Its usefulness will undoubtedly be limited, however, owing to the preference of many psychologists for the 1908 Binet revision and owing to the development of adaptations and revisions of the Binet scale along the lines which have already proved so valuable.

Faribault, Minnesota.

M. A. MERRILL

NEWS AND NOTES

Dr. Pearce Bailey, chairman of the National Committee for Mental Hygiene, announces the following:

"The National Committee for Mental Hygiene has created a sub-committee on furnishing hospital units for nervous and mental disorders to the United States Government, the project having been approved by Surgeon General W. C. Gorgas of the U. S. Army.

This sub-committee, of which Dr. Pearce Bailey of New York is chairman, is authorized to secure the services of alienists and neurologists to be commissioned in the Officers' Reserve Corps, Medical Section and to serve in the neuro-psychiatric units which are to be attached to the base and other hospitals of the military services of the United States. Further information will be given, and application forms sent to physicians qualified in this branch of medicine, on application by letter or in person to The National Committee for Mental Hygiene, 1215 Union Square, New York City."

Lillian J. Martin, Ph. D., has opened a mental hygiene clinic in San Francisco. The object of the clinic is stated in the following announcement:

"To decrease the mental disturbances growing out of a severe emotional strain; to banish abnormal persistent ideas; to do away with some of the mental disturbances of the stress periods of adolescence; to change of life and old age; to increase a person's power along the lines of observation, attention including concentration, memory and will; to eliminate injurious mental and physical habits; to get rid of distressing dreams and sleeplessness; to destroy the painful and paralyzing mental after-effects which sometimes follow a successful operation and

¹Psychological Clinic, Vol. II, No. 9, February, 1909.

²Measurement of Intelligence, Terman, 1916.

³Measurement of Mental Development, A Further Extension and Revision of the Simon Scale. Kuhlmann (in preparation).

cure of a disease; and to prevent and overcome the formation of alcohol and drug habits.

"To assist in the protection, proper care and education of insane and feeble-minded persons.

"To aid mothers and teachers in educating and managing, not alone their nervous children, but also those who are healthy, through applying the results of recent investigations in psychology along the lines of heredity and mental diseases.

"To help in the personal application of some of the more recent studies of unnecessary fatigue.

"To assist students and others to adjust themselves to their work, and to aid in the selection or change of a vocation; in general, to help people to increase their efficiency and happiness."

Millicent Cosgrove, M. D., is associated with her as mental tester.

A program of the New York City Children's Hospital and School, Dr. William Burgess Cornell, Medical Director, in connection with sessions of the American Medical Association, contained the following papers given June 4th and 5th:

"The influence of endocrine disturbances in the causation of feeble-mindedness, with a presentation of several cases showing the influence of treatment." Dr. Walter Timme, New York.

"The relation of syphilis to feeble-mindedness, with illustrative cases." Dr. Morris J. Karpas, New York.

"The influence of heredity in the production of feeble-mindedness." H. H. Goddard, Vineland, N. J.

"Cases of psycholepsy treated by educative and psychoanalytic methods." Dr. James J. Putman, Boston, Mass.

"Considerations of convulsive episodes in psychopathic children." C. Macfie Campbell, Baltimore, Md.

"Polyglandular disorders with relation to epilepsy." Dr. Charles Dana, New York.

"The prognostic value of psychometric tests as compared with clinical signs in epilepsy." Dr. L. Pierce Clark, New York.

"Some cases of internal glandular therapy among the mentally retarded children." Dr. Mary Sutton, Macy, New York.

"Cases of anaemia in children, with demonstration of blood pictures." Wm. J. Mersereau, New York.

"The value of transduodenal irrigation in epileptics in diminishing number of attacks." Dr. Herman Eichhorn, New York.

"Consideration of conduct disorders in the feeble-minded." Dr. S. Clark, New York.

"The relationship of the ungraded classes of the New York City Schools to institutions for the feeble-minded." Miss Elizabeth C. Hill.

"Dissimilarities in cases having similar Binet-age, with demonstration of cases." Dr. W. B. Cornell, Randalls' Island.

Along with these papers, a number of clinics were held and an exhibition of the methods and the work of the educational division of the Children's Hospital.