

REPORT OF THE DEPARTMENTAL COMMITTEE ON DEFECTIVE AND EPILEPTIC CHILDREN.¹

CONSTITUTION OF THE COMMITTEE.

THE appointment by the Lord President and Vice-President of the Committee of Council on Education of a Departmental Committee on Defective and Epileptic Children was announced in our issue of January 9th, 1897.² The Committee, as originally nominated, consisted of the Rev. T. W. Sharpe, C.B., then Her Majesty's Senior Chief Inspector of Schools; of Messrs. Pooley and Newton, of the Education Department; of Mrs. Burgwin, Superintendent of Special Instruction under the London School Board; of Miss Pauline D. Townsend, a lady of experience in the industrial training of feeble-minded girls; and of Dr. G. E. Shuttleworth, formerly Medical Superintendent of the Royal Albert Asylum, Lancaster. To these the name of Prof. Wm. Smith, M.D., Medical Officer to the London School Board, was added, so that the Committee ultimately consisted of three officials of the Department, two ladies of special experience, and two medical men. Mr. H. W. Orange (Examiner at the Education Department) acted as Secretary.

THE SCOPE OF THE INQUIRY.

The Committee, under the presidency of Mr. Sharpe, held 28 meetings and examined 46 witnesses, in the lists of whom we find the names of Drs. Fletcher Beach, W. S. Colman, Ferrier, Harris, Holm, Kerr, Shuttleworth, Tait, Walmsley, and Warner. Information as to the Darenth Schools for Imbecile Children was given by the Clerk to the Metropolitan Asylums Board, by the present and the late Medical Superintendent, and by the Head Schoolmistress. The officers of the other English institutions for idiots and imbeciles furnished a conjoint memorandum in reply to questions sent to them, but did not attend as witnesses. Dr. Alexander of Liverpool also furnished a memorandum with regard to the treatment of epileptics at the Maghull Institution. Amongst other witnesses were Sir Douglas Galton, Mr. C. S. Loch, Mr. Penn Gaskell, Mr. Van Praagh, Mr. Knollys, of the Local Government Board, Mr. Scott Lidgett, Miss F. A. Cooper, Miss Sewell, and Miss Margaret Hodge. Full information as to the special classes now in existence in London, Leicester, Bradford, Brighton, and Bristol was derived from personal inspections, and also given both *vis à voce* and in writing by the managers and teachers attached. Several of Her Majesty's inspectors stated their views with regard to these classes.

CLASSIFICATION OF CHILDREN.

The topics discussed in the report include definitions of terms, the description and number of the children referred for inquiry, and the state of the law affecting these. Proposals are submitted with regard to modes of discrimination of defective children; an examination of the present system of dealing with such children is made, and certain desirable changes are pointed out. The cases of physically defective and of epileptic children are considered.

It is remarked that the term "feeble-minded" (used in the reference) is open to the objection that it has come to be applied to all classes of mentally-defective children, including imbeciles; and it is explained that, as the reference expressly excludes the cases of idiots and imbeciles, "the word 'feeble-minded' as used in the report denotes only those children who are not imbecile, and who cannot properly be taught in ordinary elementary schools by ordinary methods."

"FEEBLE-MINDED" AS DISTINGUISHED FROM IMBECILE CHILDREN.

Of such children the Committee approximately estimates the number at 1 per cent. of the school population. In arriving at this estimate, the experience of the German auxiliary classes, the observations of Dr. Warner in London, and of Dr. Kerr at Bradford, the evidence of managers of certain provincial centres for special instruction, and local inquiries made by several of Her Majesty's inspectors are taken into account.

With regard to the state of the law affecting feeble-minded children, it is pointed out that "if children are not legally

provided for as idiots or imbeciles, they are in the same position as any other children during their school life." They are subject to the same laws and by-laws relating to school life, but cannot be compelled *quâ* feeble-mindedness to attend special classes rather than an ordinary school.

The law relating to imbeciles is briefly stated so far as it affects school authorities in their relations with mentally deficient children. The public provision for the training of imbeciles in institutions being very inadequate, there is a tendency for children of this grade to be sent to special classes where such exist, and it is important that the boundary line between imbecility and mere "feeble-mindedness" be so defined as to exclude from the classes children so deficient as to be incapable of receiving proper benefit from instruction therein. It is pointed out that there is an essential difference between the modes of training pursued in imbecile institutions and those practicable in public elementary schools worked under the Education Acts.

With regard to the discrimination of "feeble-minded" from non-educable children, the Committee recommend that each school authority should appoint a medical officer whose duty it should be to examine every child who, by reason of any mental or physical defect, is not sent to school; and that his certificate should be in the form that the child is either (1) capable or (2) incapable of receiving proper benefit from instruction (a) in ordinary schools, or (b) in special classes for feeble-minded children. If incapable of benefit from the latter, the certificate should be in such a form as to render it available for the child's admission (if desired by the parents) to an imbecile institution.

SPECIAL CLASSES FOR FEEBLE MINDED CHILDREN.

After reviewing the modes of admission to special classes at present constituted, it is recommended that the medical officer of the school authority should receive from the teacher presenting the child alleged to be "feeble minded" a form, duly filled up, containing a statement of the child's attainments, and that after conference with Her Majesty's inspector and the teachers of the child and of the special class, he should make his recommendation to the school authority in the form:

I certify that A. B., not being imbecile, is, by reason of (1) physical, or (2) mental defect, incapable of receiving proper benefit from the instruction in ordinary schools, but capable of receiving instruction in the special classes.

It is anticipated that with all these safeguards there would be no great difficulty in arriving at or in enforcing a decision; but in doubtful cases there should be an appeal to the Education Department, which "should have at their disposal the services of a medical adviser." It is also recommended that, besides other school records, medical records should be kept of the cases selected for special instruction, and that a regular medical examination should be held of every class, every twelve months, by the medical officer.

With regard to schoolage it is not proposed to admit children younger than 7 to the special classes, as it is thought that infant school teaching is in such cases sufficient. But pupils should be retained in the classes up to 14 years of age, school managers having discretionary power, on the recommendation of their medical officer, to provide for suitable cases being kept at school up to 16.

Some hints are given as to the special training of teachers, and as to the school hours and time table appropriate to special classes. It is pointed out that, while it is not desired to thrust the "three R's" into the background, manual instruction is of special importance in the case of feeble-minded children, and this may partake of the Kindergarten character for younger pupils and of technical instruction for the oldest. The choice of suitable physical exercises adapted to feeble-minded children, especially with a view to their physical defects, is commented on. Such forms as breathing drill and eye movements are particularly referred to.

With regard to feeble-minded children residing in districts where, owing to paucity of population or otherwise, special classes have not been established, it is proposed to give school authorities powers of boarding-out near centres of instruction—with the consent of the parents—as in the case of blind and deaf children, one defective child only being as a rule lodged in the same house. In certain cases it is con-

¹ Eyre and Spottiswoode, 1898, pp. 42.

² BRITISH MEDICAL JOURNAL, vol. 1., 1897, p. 105.

sidered desirable to provide for maintenance at institutions, which must be exclusively confined to children under 16 and not contain more than 20 inmates. It is thought that such training homes might be specially serviceable in the case of feeble-minded girls leaving school at 14 and requiring careful preparation for work in the outer world. As regards rural schools, it is suggested that voluntary aid in the special instruction of the one or two feeble-minded children therein should be, as far as practicable, utilised.

CHILDREN PHYSICALLY DEFECTIVE.

With respect to physically defective children, it is recommended that they should be admitted to special classes only when chronic ill-health renders them incapable of receiving proper benefit from instruction in the ordinary school. It is not thought right that children of normal intellect should be educated with mentally defective children simply because of a physical defect which renders their care amongst ordinary scholars a matter of difficulty.

EPILEPTIC CHILDREN.

The number of epileptic children is estimated at 1 per 1,000, of whom one-sixth are severely afflicted. It is recommended that epileptic children of normal intellect should be left in ordinary schools if the fits are not frequent or violent fits do not occur in school, and that teachers be provided with instructions as to the treatment of children known to be epileptic. Feeble-minded epileptics may be received into special classes when the epilepsy is not severe; and for such cases it may be necessary to provide guides or conveyance between the home and the school. With regard to severe cases, whether mentally feeble or otherwise, treatment in residential homes seems essential, proper classification being provided. Each house of residence should consist of one floor only, and should not contain more than twenty inmates; but there may be an aggregation of such homes round an educational centre, as in the colony plan. It is recommended that school authorities should have power both to provide homes and to contribute to voluntary homes which conform to the conditions laid down.

SUMMARY OF RECOMMENDATIONS.

Legislation is suggested so as to provide for the education of feeble-minded children under similar conditions to those laid down in the Blind and Deaf Act, 1893, which is printed as an appendix. School authorities are to be required to appoint medical officers to advise them as to the discrimination of defective and epileptic children; and, as a corollary, it is recommended that the Education Department, as the supervising authority, "should consider whether a medical adviser should be appointed, whose duty it should be to advise the department on all matters arising out of the education of defective and epileptic children, and to inspect homes and classes for such children when required."

The minutes of evidence extend to 283 pages. Although valuable evidence was taken on the financial aspects of the proposed changes, no reference is made to this in the report, which states that with regard to grants, it was understood to be no part of the duty of the Committee "to make specific recommendations on this head."

THE LOCAL GOVERNMENT (IRELAND) BILL.

I.—INTRODUCTORY.

It would be an interesting inquiry, perhaps, how it comes to pass that the introduction of a democratic, and in some respects a revolutionary, measure, such as the Local Government (Ireland) Bill, should fall to the lot of a Conservative Government. Such a line of investigation, however, is quite foreign to our present purpose, and may safely be left to those who derive enjoyment, if not profit, from studying the vagaries of politics. At first sight, indeed, it might seem that the medical profession had no direct interest in the Chief Secretary's Bill, and that we might look on as mere passive and passing spectators while Mr. Balfour piloted the ship which "carries Cæsar's fortunes" safely into port. But this is exactly what we cannot do, having due regard to the public weal and to the interests of the profession in the sister country.

The introduction of the Local Government Bill marks a

new era in the social and economic life of Ireland, and it should also mark a new era in the sanitary organisation of that country, on the efficiency of which organisation the health and welfare of the people so largely depend.

HISTORICAL.

In order to understand the subject it is necessary briefly to trace the development of sanitary legislation in Ireland. Previously to 1866 various Acts of Parliament had been placed on the Statute Book for removal of nuisances and other matters connected with Public Health. The administration of these measures was entrusted to different authorities, so that there was a divided responsibility. The Sanitary Act of 1866 (32 and 33 Vict., cap. 108) was passed, and made applicable to all Ireland. To a certain extent it codified previous enactments, but unfortunately its powers were merely permissive, and the various sanitary authorities did little. The next step was taken in 1872, when by the Local Government Board Act (35 and 36 Vic., cap. 69), a general supervision over the local sanitary authorities was vested in the Irish Local Government Board. In 1874 the first Public Health (Ireland) Act (37 and 38 Vic., cap. 93) made compulsory the sanitary powers which had previously been only permissive.

THE EXISTING SYSTEM.

Between 1874 and 1878 the conviction gained ground that the sanitary system established in Ireland by the Act of 1874 was eminently unsatisfactory.

For the purposes of the Public Health Act of 1878, Ireland is divided (Section III) into sanitary districts, urban and rural, each of which is subject to the jurisdiction of a sanitary authority. Urban sanitary authorities are (Section IV) the town councils of corporate towns, the commissioners, municipal commissioners, town commissioners, or township commissioners of other specified towns or townships. Every urban authority may appoint (Section V) out of their own number a committee or committees to transact the business of the authority with certain exceptions. The area of every Poor-law Union, with the exception of those portions (if any) of the area which are included in urban sanitary districts, forms (Section VI) a rural sanitary district, and the guardians of the union are the rural sanitary authority, subject to certain specified conditions. Section VII of the Act empowers the Local Government Board, by provisional order, to alter sanitary districts on petition from the towns, townships, or districts affected by such order, but, in the event of any objection being taken by any person so affected, not until after due local inquiry.

Sections XII and XIII authorise the formation of a united sanitary district, governed by a joint Board, for (1) the procuring a common supply of water; or (2) the making a main sewer or carrying into effect a system of sewerage for the united district; or (3) any other purposes of the Act.

The eleventh section is so pertinent to our present purpose that we quote it *verbatim*:

Sanitary Officers and Superintendent Officers of Health.—Every medical officer of a dispensary district shall be a sanitary officer for such district, or for such part thereof as he shall personally be in charge of, under the title of medical officer of health, with such additional salary as the sanitary authority thereof may determine, with the approval of the Local Government Board; and every sanitary authority, whether urban or rural, shall appoint such other sanitary officers, including a medical superintendent officer of health when deemed necessary, as the Local Government Board shall in each case direct, with such salaries or additional salaries as the said sanitary authority shall determine, with the approval of the Local Government Board; and the said Board shall assign to the medical officers of health, and to the other sanitary officers, if any, and to the medical superintendent officer of health, if such an officer be appointed for the sanitary district, their respective duties and functions in the discovery, or inspection, or removal of nuisances, in the supply of pure water, in the making or repairing of sewers and drains, or in generally aiding the administration of the sanitary laws within the district.

Provided that with regard to salaries or additional salaries whereof any portion is to be recouped to any local fund from moneys voted by Parliament, the amount of any new salary and the proportion between any existing salary, and the addition thereto, shall be approved by the Commissioners of Her Majesty's Treasury.

Every such salary or additional salary so determined or approved shall be payable from such local fund as the Local Government Board shall indicate as properly chargeable therewith, and such part thereof as Parliament shall from time to time determine shall be recouped to such local fund out of the moneys to be voted by Parliament; and the Local Government Board shall have the same powers with regard to the qualification, appointment, duties, regulation of salary, and tenure of office of