

DEPARTMENT OF EDUCATION

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CHILD PSYCHOLOGY

IN THE

PUBLIC SCHOOLS

OF

BALTIMORE, MARYLAND

(With Some Suggestions For the
Application of This Method to
Rural School Conditions)

A THESIS

SUBMITTED FOR THE DEGREE

OF

MASTER OF SCIENCE

June, 1927

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Most teachers have the conception that psychology deals with the mind as physiology deals with the body. There is a tendency to contrast mental functions and physical functions in spite of Flechner's doctrine of psycho-physical parallelism which has governed science for some sixty years. Most of us assume an influence of mind over body and of body on mind although we are prompted in this attitude by plain common sense rather than theory.

This is not surprising. It is only comparatively recently that the role played by the emotions has been clearly understood. Medical men have been prone to treat bodily symptoms without regard to mental attitudes. Only a few years ago a celebrated physician, in addressing the Medico-Psychological Association, emphasized the subjective character of the mental facts, suggesting that mind can be of use to the physician in the form of symptoms, but not as causes and objective facts like the other objective facts of medical observation.

"The difficulty lies in the hesitancy to accept a frankly biologic view of the reactions and behavior of man", says Meyer. "As soon as mental attitudes and mental activities are accepted as definite functions of a living organism, mentation and behavior is treated as a real chapter of the natural history of man and animal, and psychology ceases to be a puzzle supposedly resisting the objective methods of science. 'Mental attitudes' and 'mental activities' certainly are doings and activities of definite individuals; we see them and prove them to be present or absent or changed, as attitudes and actions of other as truly as we know them in ourselves. We may know some of our mental states in more detail; but that which counts is attitude, activity and behavior, observable in anyone, and sometimes rendered more accessible by inducing the subject to amplify his activities verbally or in other ways until

we know the facts, that is, until they have been made objectively evident. What is of importance to us (the physicians) is the activity and behavior of the total organism or individual as opposed to the activity of single detachable organs. It is more than cerebration; we must take our domain broadly as behavior and passive and constructive adaptation of the entire individual. It differs from the ordinary physiology because it represents an integration of biologic activity on a specific level through its having the characteristic of more or less consciousness and because of its hanging together by associative function. From the viewpoint of science, behavior and mental activity, even in its implicit or more subjective forms, is not more subjective than the activity of the stomach or heart or blood serum or cerebro spinal fluid or the knee jerk. Each individual has his own mental activity, but to say that we cannot see it and make it accessible and understand it in others is a philosopher's scare like the statement that we can never know whether the world exists, because we know only mental states or processes. Common sense has never worried about the reality of the world. I hope we shall soon be agreed on the fact that we need not worry about the psycho biologic reality and the objectivity of those actions and internal workings of living beings which we call mentation and behavior. I should quit being a teacher and a physician if I felt compelled to doubt the possibility of my studying and knowing your minds and those of my patients well enough to draw practical conclusions from such knowledge. If solipsistic philosophy, i.e., the assumption that one can know only one's own mind, were true, one might as well retire into absolute solitude. By making of mind something like the religious-philosophic concept of the soul, something opposed to the body instead of a function of the individual as a whole, traditional philosophy and psychology have rendered us a poor service."

Since Dr. Meyer spoke these words in 1915, great strides have been made in psychiatry and applied psychology. This progress is largely due to Dr. Meyer himself. Accepting, with a grain of salt, the theories propounded by Freud, Jung, Adler and Janet, Meyer has built up a school of psychiatry at Johns Hopkins University that is recognized as the best in the world. Medical students who have specialized under Dr. Jung in Switzerland and Dr. Adler of Vienna are to be found in Baltimore doing graduate study under Dr. Meyer and acting as internes and physicians in the \$12,000,000 psychiatric clinic of which he is the head. Meyer and Watson have done a tremendous amount of research work. It can now be truthfully said that Meyer's new science of psychobiology is established, that the study of human behavior is on an objective basis and that thousands of persons are being adjusted and made fit for the battles of life who were sick and discouraged - past all help from the average physician. It is true that quacks and charlatans have followed close upon the heels of this movement. New York City is full of men who will psycho-analyze one for a consideration. The "clinical psychologist" has established an office and is ready to dupe the discouraged patient. Mystical cults prey upon the sick. But this is only a passing phase. The good that is being done by the trained psychiatrists outweighs these evils.

It was the author's good fortune to observe the work of trained psychiatrists in the city of Baltimore. As a patient in Dr. Meyer's psychiatric clinic, he had ample opportunity to learn the methods employed in restoring health and peace of mind to people who were obviously sick upon admittance. Most of these patients would have been classified by the average individual as "blue", "nuts", "neuresthenic", "crazy", "peculiar", suffering from "nervous disorders", "nervous temperament", "nervous indigestion", hallucinations and what not. The most of them were wealthy or they would have been sent to an

asylum for the insane, there to end their days in mental torture and with little hope of relief. To see these men and women going home happy and "normal" after a few weeks treatment was a revelation. One could write a book upon an experience such as this was. But the work of the school psychiatrist of the Baltimore City schools was even more interesting and inspiring. A group of school children is no longer just a "group" to me. As the oceanographer, looking at the radiolarian ooze out of the sea bottom, sees minute individual radiolarian skeletons and not mud, as would the average man, in like manner, I shall, henceforth see individuals. The object of this paper is to make you see individuals also.

History of the work in Baltimore

Not until 1922 was there a school psychiatrist in the Baltimore school system. Prior to that time, slow, subnormal children were sent to the clinic at Johns Hopkins Hospital. Such wonderful results were obtained in these sporadic cases that it was deemed wise to employ a full time school psychiatrist. An expert was employed who had had a thorough training in medicine and, in addition, had been a specialist in psychiatry for eight years.

The newly appointed psychiatrist made a tour of the city school system to meet the principals and teachers and get a general idea of the situation, including the methods of grading children, school equipment, variations of curriculum to fit pupils, personnel of teachers and the psychiatric problems which faced the schools. He found that the slow children were suffering the most and giving, in return, the most trouble to the schools. There were children who learned more slowly than the average and who were soon compelled to repeat a grade. These boys and girls soon became too large for the class (for instance an eleven year old boy with nine year old children) and were "pushed up". They then found themselves beyond their

depth and unable to do the work. Naturally, they became discouraged and disinterested and turned to annoying the other children by way of pastime. They took up the teacher's time, held the class back and learned nothing themselves. Habits of loafing and of disorder naturally followed and a vicious cycle of truancy and disciplinary troubles developed.

These slow children were found in every class of the lower six grades. They were a real problem. To keep these slow children interested alongside of average and bright children was a heavy drain upon the vitality of a teacher.

The administrative officers, principals and teachers were naturally interested in the solution of this problem. Special classes for slow children were provided, trained teachers employed and all special slow classes and ungraded classes were put under the direction of a supervisor of special classes. Into these classes trickled the children who could not get along in the regular classes - the truants, the misbehaving children and those who could not learn. They then came within the province of the school physicians and nurses and were given a thorough physical examination. Physical defects having been corrected, if the child still showed inability to do good school work, the case was referred to the school psychiatrist and his assistant nurse.

Each child was an individual problem for the school psychiatrist. His examinations were thorough and made only at the request of the principal, the teacher or the child's parents.

How Examinations Are Made

The psychiatrist makes a visit to the child's home to find out as much as possible about his heredity, his family and his environment. What are the parents like? What are their capabilities, their strong and weak points and what can be expected of them? What about the environment? Is there room

for play or does he find himself forced to play in the street? Who are the child's companions? How does he spend his spare time? What has been his development? Has he had any illness or has he been blessed with health? How has he been treated? Has his father been cruel to him? Has his mother spoiled him? What psychological influences have affected him? It can readily be seen that this home visit is necessary and important.

The psychiatrist next interviews the child's teacher. What does the child's school record show? Does he learn quickly or slowly, is he interested in some things and not in others, does he learn more quickly at some times than at others? What is his behavior at school? Does he keep to himself or run with the crowd?

After interviewing the teacher, the doctor makes a psychiatric examination. All the data mentioned above are pieced together and special tests are made of his memory, his ability to utilize what he knows, his concentration, his endurance, whether he learns quickly or slowly, his balance, his associations of ideas and, in fact, anything that may throw light upon the case. A psychiatric examination sometimes takes weeks because all of the facts and reactions that go to make up a behavior pattern cannot be obtained at one sitting.

The psychiatrist studies the case to determine the situation present, to diagnose the causes of the situation and to devise the best means of meeting these causes. Here is where psychiatry stands alone since it takes account of the sciences of medicine, psychology and education in its viewpoint. Not only must the physical condition of the child be kept in mind - his eyes, ears and general health - but the psychological conditions which affect him at home, the encouragement he gets and the mental stimulation found there. What psychological problems does he ^e fact at home, at school, at play? Does he

find freedom for expressing the growth of his mind and for following his greatest interests? Does the school meet his needs? Does the teacher understand the child's inability to adjust himself? Does the school system offer something worth while for him? The school grade is an academic formula prepared for the child of average intelligence. Goddard, in "The Child, His Nature and His Needs", states that 30% of public school children are above "average intelligence", that approximately 45% are of "normal intelligence" and that 25% are below average "intelligence". According to him, then, about 55% of our school children are not satisfactorily ministered to in our schools. The psychiatrist knows this because the children who are sent to him are seldom from the "average intelligence" group. They come from the upper and lower groups.

Perhaps a few case studies would clarify the situation. The following cases are from the records of Dr. Charles B. Thompson, School Psychiatrist of Baltimore:

Case 1.

"This boy was of normal intelligence, in fact was rather bright and was an only child. He had been placed in the ungraded class because he had gotten into difficulty with his teacher not once but many times. His teacher reported that he was impertinent and unruly especially answering back when addressed, and speaking out loud from his seat. The boy reported that the teacher called him names and scolded him for what other boys did. It was noted that this particular teacher has sent quite a number of boys to the ungraded class. Presumably there was something correct in the statement of each. This represented a situation very often found wherein two individuals cannot get along together no matter how each tries.

"With another teacher this boy did very well. It was also noted that

when this first teacher addressed the boy it was only to scold him in a rather prejudiced fashion. The boy being emotional and feeling himself unjustly accused answered up before she had finished. When he returned the language addressed to him it was unfortunately regarded as impudence.

"This boy was very upset over being placed in the ungraded class and was anxious to work his way out by good behavior when some promise of release from the ungraded class appeared. He behaved well for the period of probation and was then transferred to another school where there was much more freedom and physical activity and where he was expected to act like an ordinary boisterous buoyant normal spirited boy. Here he has done well from the first.

"This type of boy has been found in practically every ungraded class so far examined.

Case 2.

"This boy was placed in the ungraded class because he was constantly misbehaving. On analysis of his situation it was found that this was due to conditions at home. These were frightful. His parents were dead, and his foster-parents were always fighting, the father was a chronic drunkard and beat the boy unmercifully whenever he could get hold of him. The boy consequently spent all of his spare time on the streets. He naturally made no progress in his studies and was easily upset in class and rude to his teacher. Since his situation was traceable to his home conditions, another home was secured for him with people who are kind to him and treated him with understanding and tolerance. He has become industrious and orderly and represents a boy's life saved.

Case 3.

"This boy was previously put out of school for hitting a teacher. He is said to have been coming in with the other children up the stairs, shouting out loud. The boy says the teacher choked him. He is said by the teacher to be a bully and to have no respect for authority.

"There is a very disturbed home situation. There is a large family and the boy has several older brothers, who pick on him. The father comes home late at night drunk and rows with the mother and there is an uproar. At times he beats the boy.

"There are many redeeming features of this boy's character. He is anxious to go to work. He serves papers after school and gets up early all summer to work on a baker's delivery truck. He went all the way across town to the Health Department to obtain a birth certificate and so establish his correct age. He has ability with handwork and passed a good arithmetic test. He is industrious and cooperative when interested. But his emotional reaction can be quite violent due to the very disturbed psychological background. He is an enigma to his teachers, who think he causes the difficulties in which he becomes involved. He, on his side, thinks it is he who is offended against.

Case 4.

"This boy is 8 years 5 months old. He is considered in school to be dull, over age for his class, a repeater, slow and unable to learn. His reading is poor, though his number work is fair. His mother, however, feels that the boy is not slow at home and need be told a thing but once to acquire it. He is somewhat wild at home but very nice with the younger children.

"On examination it was found that the boy, if anything, is brighter than average. His drawing and his memory of words was equal to that of a child

two years older than himself. He had a spontaneous interest which soon tired of routine work but he did well in work that interested him.

"The school has not yet found provision for his particular type. He is distracted and scattered by the condition of the large regular class. In a small special class where his interests will be allowed to operate spontaneously he will show good progress.

Case 5.

"The boy of 13 has repeated the second, fifth and sixth grades. He annoys others in class, he is inconsiderate and obstinate. He is listless and indifferent to school work. He works for his father, who is a tailor, after school and as he has no time to relax outside of school, this fact affects his behavior in the classroom.

"The mother seems quite sensible and interested, says this boy is slow.

"With the examination, the boy is afraid to make his answers. He is probably much scolded at home. He has too much work and too little play. Here a boy who has difficulty in his school work and needs special training has further burdens imposed on him at home.

Case 6.

"This boy of 14 appears in his school work to be dull; he is good in drawing but poor in everything else. He has repeated the first grade and the second. He annoys others and is obstinate. He wants to draw all the time, wants to study at the Maryland Institute.

"With the examination, though this boy is slow in classroom work, he has quite a talent for drawing. He wants to learn the printing trade. His ability in drawing would be of great assistance to him in this trade.

"The boy was placed in a subnormal class without, however, any trade facilities and there he showed some improvement in his class work, but is still a behavior problem, in that he is sullen and inattentive.

"This boy with markedly good drawing ability and interest in a trade in which he would probably do well is finding no place in the school system to meet his needs for development. Sullenness and inattention on the part of the boy are inevitable.

Case 7.

"The boy, aged 6, is reported in school as being dull and making but very little progress. He is active, plays several pieces on the mouth organ. He does not like school but loves music. The father plays the accordian and this boy can play a tune or two on it. He can run simple errands. Here is a child whose organism is integrated along the lines of music instead of class work. He seems helpful also. He needs study and helping along musically. He may be a musical genius if encouraged. This is possible only in a special class. "

Dr. Esther L. Richards, Assistant Psychiatrist-in-chief of Johns Hopkins Hospital, has done some research with the children of Public school number 76 in Baltimore. She examines some school children who come to her at the Phipps Clinic Dispensary. Allow us to quote a few of her cases as found in the Baltimore Bulletin of Education. Below are given three cases of children showing individual differences as regards temperament and reactions of nervousness:

Case 1.

"X. Y. is a boy of 17 years who was brought to the Phipps Psychiatric Dispensary of the Johns Hopkins Hospital in October, 1926, because of wandering about the house at night; refusal to eat at table; and standing in the corner

of a room with face to the wall; outbursts of giggling without any obvious cause; sitting or standing in fixed position for an hour at a time, and suddenly dashing out of the house to be found later walking aimlessly around a vacant lot. Examination showed a lad whose behavior was all that the parents described. His walking and speech were characterized by all sorts of mannerisms. He was quite definitely hearing imaginary voices. When he could be aroused from his preoccupation with day-dreams, his memory was found to be excellent. He could take 7 from 100, coming down to 2 in three minutes. He could repeat seven digits correctly after once hearing them from the examiner. Physically he showed no sign of systemic disease. Psychiatrically he belonged to a group of mental disorders in which the process of habit deterioration begins early, and, unless it can be stayed in its incipiency, progresses as in the case of X. Y. to the point where psychiatric hospital care is imperative. The early story of such children, both at home and at school, is usually suggestive. X. Y. was brought up in a home of comfort and good hygiene. He was precocious in his early development, walking and talking earlier than the average child. His quietness and docility and dislike for boys' games were construed as indications of delicate health and shyness, so that he was shielded in many ways. He slept with his father till six years and his mother from six to ten years. At nine years of age he had a tutor, so that when he entered school at ten years he made the first and second grades in one year. His school progress, as indicated by grades and marks, was as follows, with a year, or less, devoted to each grade from the third on:

3B, E; 3A, E; 4B, E; 4A, E; 5B, G; 5A, G; 6B, G; 6A, G;

7B, M; 7A, M; 8B, P.

Failing and leaving school in February, 1925, at sixteen years.

"During the first year of school he enjoyed the work. No child could

get ahead of him. He would sit up till nine or ten at night to study. Up to thirteen years he took piano lessons. Much of his leisure time he spent reading in the library or at home. The child changed schools three times, so that the only facts obtainable in regard to his school behavior were the impressions of the teachers in the schools he attended for two and a half years before he left. The teachers who had him in sixth and seventh grades recalled that he seemed an odd, shy child who never "volunteered", did better in written than in oral work, and was so "embarrassed" when called upon to recite that he often snapped out "I don't know" in a disagreeable manner. By the time he reached 7A they never called on him for oral work. His written work was very satisfactory. In 8B it was noticed that if he was spoken to by teacher or children he would turn and twist his head and body and make gestures that seemed meaningless. When writing or studying a lesson, he was observed to frown or smile without any apparent cause, as though his thoughts were far away. Because the children were distracted by his peculiarities he was put in a back seat in a corner.

"X. Y. does not seem to have been a problem child from the school standpoint. He kept up with his class, made no trouble, and until the last year of his school appears to have attracted no attention. Yet his school record shows that in spite of a healthy body, a satisfactory intellectual equipment, and regular attendance, he appears to have declined in required productivity. During his last one and a half years his behavior was conspicuous for preoccupation with day-dreams, empty smiling, aggressive seclusiveness and antisocial trends, inability to recite orally, and finally such peculiar gestures and mannerisms as to make it necessary to move his seat because he distracted other children. Now experience has shown that such development in the adolescent is almost invariably preceded by a small edition of similar behavior in the young

child. That such traits were manifested in this boy from the pre-school age is indicated by the mother's story. What can be done to modify such tendencies in growing childhood? Mental hygiene is not able to answer this question yet, because parents and teachers fail to recognize this behavior material until it has advanced to the stage of X. Y.

"Day-dreams and air castles are common pathways of childhood into the land of fairies and "Injuns" and buried treasures and jungles. From these adventures in make-believe the average child returns to express his fancies in constructive play,

"Filling from time to time his humorous stage

With all the Persons down to palsied age

That Life brings with her in her equipage."

"In other children the day-dream does not stimulate activity, but seems more and more to replace it. Preoccupation and fantasy become ever increasing sources of refuge from disagreeable contacts with noise, rough and tumble games, arguments and fussing. This type of reaction is often found in children who are timid and shy and quiet, and sensitive to teasing and defeat.

They shrink from struggle and competition, not because of laziness but because of certain temperamental characteristics. Such an introverted child finds life progressively harder year by year. Every teacher recognizes these children in her class, but has little time to spend on them because of more pressing classroom problems.

Case 2.

"G. O. was such a boy of ten whose mother complained that he would run home rather than fight for his rights on the playground. The teacher was hardly aware of his presence among the thirty-five children in her room, and the other children didn't seem to know him. His mother left early in the

evening to work as a charwoman at night. His father was dead and he was the only child, staying alone in the house most of the night. In talking with him one found a boy who had read a surprising number of books, and was particularly interested in soldiers and travel. All sorts of odd bits of information were stored away in his mind. It was suggested that he utilize this and make a place for himself in the classroom by working up some topic from time to time and having a special place in the daily program. Other work was found for the mother so that she could spend more time at home with the boy. A summer in the country taught him to swim and do some exploring among woods and rocks. Later on it was arranged that he join a Boy Scout troop. When he left school he had made a place for himself in the world, and actually enjoyed all its contacts.

Case 3.

"The day-dreaming school child, however, does not always have an introverted temperament. One frequently finds the reaction developing in the upper grades in association with certain studies that are distasteful either because they are hard or are poorly taught. B. J. was eleven and a half years old when he was referred for great unevenness in his sixth-grade work. At times in educational group tests he has achieved 121 and 134. At other times he has gone as low as 70. In shop work he stands around passing tools to other children. It takes him three weeks to do a job that another boy will do in two days. In history, geography and English, he is alert and uniformly responsive. In mathematics he works for a while, and finally relapses into dreaming. "My mind wanders off when work gets too dreary." Where does it go? "Sometimes to things like out West in the movies, and sometimes to stories I read." In appearance B. J. is puny and small and lacks physical development. He dislikes gymnasium and playground, cheats in games when possible, or makes himself un-

popular by slyly punching a classmate in the stomach or pinching his leg, and then dashing away to escape retribution. Five days a week the child goes to Hebrew school from four to five in the afternoon. In talking with him one finds him social and chatty. "My mother wants me to be a lawyer and my father wants me to be a doctor. What is the use of my learning a lot of stuff I don't need? What good are games? They just make you scrap and get hurt too. I'll learn more if I sit in the Pratt Library and read." No prophet is needed to discover that these remarks are the reflection of parental viewpoints. The parents when interviewed were lukewarm towards the child's school difficulties. They expressed themselves as "satisfied" with their son, and openly refused to cooperate in keeping him up to the best standards of which he is capable. With such a child the teacher can do very little except to avoid accusing herself of failure in the presence of the inevitable."

Dr. Richards, in an article dealing with the extreme rarity of "laziness" among school children, (Baltimore Bulletin of Education, February, 1927) gives four cases and discusses them. Because they are typical of her work and of interest to teachers, I am quoting from the article:

Case 1.

"R. T. was 12 years and in the fifth grade when seen in 1915. He was described by his teacher as dull and lacking in initiative. The Binet-Simon test showed a mental age of 10 years. His parents are Bohemians and keep much to themselves. R. T. was an odd, stand-offish child who was supposed to resemble his father so much that they got on very badly together. He never put his best foot forward in school, and seemed almost stubborn and irritable when prodded into the limelight. He was interested in pattering around machinery, but nothing of this sort was provided to meet this interest in his school curriculum. We got him lined up with the Boy Scouts and some social activities of a local church. R. T. went through the eighth grade, finishing between 15

and 16 years of age. His work improved so that he reached a mental age of 14 years, according to the Binet-Simon test, by the time he left school. At his own request he became a machinist apprentice to a firm where he did good work, seemed happy and alert, and was in turn well liked. After two of his four years of apprenticeship were ended, this firm failed and R. T. was out of work for some time. During this period he hung around home, was irritable, stubborn, and accused of laziness by his father. The latter finally got the boy to take up work with him in the same concern. R. T. has never been happy in it. He has no push or ambition to get ahead and be promoted, and is constantly nagged at by the father, who regards him as shiftless and no good. On the other hand, R. T. has gotten to be assistant scout master of his troop; he spends three nights a week in this recreation. Two nights a week he attends a class in machinist's drawing at night school. We are endeavoring to place the boy in another industrial adjustment. The mother realizes the fallacy of further insistence on his working with his father and R. T. himself is eager for the change.

"Discussion. In R. T. we have a boy accused of laziness by school and father. To be sure, he does on occasion deliberately and willfully balk in school work and later in shop work. This behavior is not due to constitutional inertia, or poor habit training, but to mental attitudes of unhappiness and rebellion. Given new interests besides home and school, R. T. shows plenty of activity, in fact demonstrates qualities of leadership, and the impetus to perfect himself along certain lines in night school. He reacts to discouragement and disappointment quickly and definitely, as is seen in the period of slump following failure of the firm where he had completed only two years of apprenticeship. From the standpoint of mental hygiene treatment, R. T. would receive no constructive help from prodding, argument or public rebukes

involving odious comparisons. Such methods of procedure drive the stopper into the bottle still further. Home and school must get together on a study of this boy's needs and plan for them intelligently.

Case 2.

"E. C. was a boy of 8 years, 9 months, who was referred to our Psychiatric Dispensary in November, 1925, because of "laziness, stealing, mean disposition, and inability to be promoted out of the first grade," where he had been for four years. He was the youngest of three children, his brothers being bright and energetic. As a young child he often wandered away from home and stayed for hours. He had nightmares and whined over his food. Children always teased him. At 6 years he began the first grade, got infections and was out two or three months that year. When he went back he could not get on and was mischievous. Then he was placed in a private school for four months, and withdrawn because of low finances. The next move was back into another public school. He was said to grasp little, walked around the room, misappropriating ruler or pencil of another child. The teacher sent him home frequently. The mother was undisguisedly ashamed of him. He began to take ten to fifty cents from his mother or father.

"Examinations showed a friendly, willing child whose reaction to a few words of approbation was pathetic. He held his head very close to what he was trying to see. Eye examination showed 20/70 vision in one eye, and 20/100 in the other. But defective vision was not the only cause of his school difficulties. Binet-Simon intelligence test showed a child who could answer all of the seven year group questions, and three of the eight year group. For the past year he has been in one of the special classes where he is happier because he is getting more out of the work. Mother and teachers say he tries hard and keeps at whatever he does. Music, drawing and handwork are well done, but grade work is hard for him.

"Discussion. E. C. is now 10 years of age and is still a year behind, according to the last Binet-Simon test. The child is undoubtedly retarded and this retardation plus defective vision were responsible for accusations of "laziness". Management of him, from the school standpoint, consists of putting things simply to him, giving generous encouragement, making the mother feel that there is nothing to be ashamed of in his special difficulties, and that he has a place in the world just as much as his brothers and other children.

"In contrast with these two children are two other boys concerning whom there were similar accusations, but on still different bases.

Case 3.

"H. A. is a boy of 9 years, 8 months, who is shuffling along in 4B. He has been a year in each grade, with the mark of "G" till recently. The following description of him is given by his room teacher:

"A very, very difficult problem. No idea of being under authority. Does exactly as he wishes. Unconcerned about ideas of right and wrong. Spends great deal of time in drawing or in something else in which he is interested while others are working. Gives unconcerned excuses for doing wrong things. Punishments do not help. Does same things repeatedly afterwards. Sits with legs over back of seat; sometimes on his head. Sent to office; no effect. Torments girls until he is tired of doing so. Jumps on backs of others while in street. Complaints constantly in order. Has possibilities but in order to have opportunities given he would require a bodyguard of soldiers to watch him. How shall I get him to work? Please advise. Father asks me to whip him. Can tell of an interview with father. Oh my! How much longer?"

"Examination shows a grubby, mischievous boy who seems slyly

amused over the "rise" he is getting out of his environment. Although not taking the Binet-Simon test seriously, he easily makes an intelligence quotient of 100. There is nothing bad about him. He reminds one of an unbroken colt with energy going into kicking up his heels instead of adjusting himself to halter and harness that will later on enable him to pull a load. Obviously school is not the only place where he shows these slipshod habits. Inquiry into the history shows that his mother died when he was five; that he is being brought up by a maternal aunt. The father sits around home all day, claiming that he is not able to work, is content to let an older brother of H. A. earn the family support. If the aunt tries to have H. A. go to bed at a reasonable hour, or eat regularly, the father feels that she is "picking" on the child. A 14-year-old sister takes the same attitude of defending him. The father asks the school to whip the boy and threatens in the child's presence to "put him away".

"Discussion. Again we have a lad who is suffering not from inertia, but from mismanaged energy. He is lazy in the sense of deliberately leaving undone those things he should do, but his activity is continuous. It is desultory, unorganized, and more or less demoralizing in that it is unconstructive and asocial. Unlike R. T., his habits are so poor that his interests have no chance to develop. Unlike E. C., he has good intellectual equipment and a healthy body. Experience has shown that such a combination in childhood is apt to go over to delinquency. There is a bare chance that when this boy gets far enough along to go into shop work at 12 years, he will find something in the school to interest him enough to make him develop some habit training on his own initiative. The chances are greater, however, that the above-mentioned characteristics will have gathered such a momentum by that time that a correctional school is his only hope of rehabilitation. Even the organized play of school athletics makes no appeal to him. School has no chance to train this boy, because the competition of home influence is too great.

Case 4.

"E. B. was a boy of 9 years when first seen in September, 1920. He had begun school in 1916, and in 1920 was beginning his fourth year in the first grade. He came from a comfortable home, had regular habits of hygiene, and was physically in good condition. His teacher described him as "too lazy even to tell what he knew". Binet-Simon test in September, 1920, showed a mental age of 8 years. The lad slouched in his seat in the classroom, walked about the corridors or playground with hands in pocket; he was always late for school; if he were in sight of the door and heard the bell ringing, he would rather be marked late than run. His mother is a large, easy-going person who worships E. as the only male in a family of three girls. She was always sorry for him and declared she could not get him to school on time. She defended him with a generous stock of excuses. His sisters considered him "the white-headed boy". His father is stolid and silent. E. B. was put for one year into a small special class where every effort was made to awaken his interest and give him some healthy habit responses. Under this intensive treatment his school work improved, so that in June, 1921, he made the third grade, and acquired an intelligence quotient of 100. Personality study of him from the schoolroom standpoint was discouraging. He was not shy or timid; neither was he mischievous or annoying in any other way. Classmates never cared for him and his reaction to them was absolutely neutral. Put into a regular third grade, he behaved as formerly, except that he managed to pass the third, fourth, fifth and sixth grades by virtue of heroic effort on the part of everybody but himself. Placed in the shop he behaved as in the classroom and in the gymnasium. Five years of constant work on the part of his teachers failed to elicit a spark of initiative in any sphere of school activity. In February, 1925, he withdrew from school and went to work. From February, 1925, to January, 1927, he has had fifteen different jobs, found for

him by family, friends and acquaintances. He has left each, either because the work was too hard, or because he was discharged for tardiness or loafing. His mother continues to excuse him, ask him how he feels, and hope that he will soon find some work that suits him. Evenings are spent in fooling with the family radio or sitting around talking.

"Discussion. We have here a boy whose inertia is not associated with physical weakness, or mental retardation, or a psychopathic strain of day-dreaming. That he has the ability to produce satisfactorily is demonstrated by the fact that so long as he had special attention and prodding he could make one and one-half grades in a year. Withdraw the external stimulation and he slumps. One feels quite sure that he will never have a nervous breakdown. He belongs to a group of individuals who, like the cabman's horse in Pickwick Papers, need the shafts of continuous necessity to keep them on their feet, and to keep their feet moving. As long as he can find parents, or sisters, or friends, or social organizations to live on, he will accept their attentions with equanimity. In my experience E. B. is the exception rather than the rule among children characterized as "lazy" by their teachers."

An effort has been made by the writer to give a cross section of the work of a psychiatrist by using the case method. As may be seen, the psychiatrist must have the cooperation of teachers, parents and administrative officers in order to carry out his program. Special classes must be organized; individual behavior patterns studied and modified; the factors which cause backwardness in school work must be sought out and corrected. Unfavorable conditions, whether at school or at home, must be improved because psychiatrists have found that truancy, misbehavior and other disciplinary troubles are often

a healthy protest against unfavorable conditions which often exist unsuspected by the teachers and parents.

Boston, New York, Philadelphia, Cincinnati, Dayton, Oakland, and other cities are trying to get at the root of their school troubles by using school psychiatrists and organizing special classes. This course of action takes money, but the money is well spent when one considers the fact that between eight and ten per cent of the school children are "backward". And if positive methods of assisting the slow or backward children are found, who shall say that equally efficacious measures will not be discovered that will benefit the other children?

Some Suggestions For Using the Baltimore System in Rural Schools

It is very easy to do correctional work in a large city, but how about the rural school? This question naturally presented itself to the writer. He had seen school children - groups of them - doing good work and adapting themselves to life as we find it - children who would have been a total loss had they lived in the country. Does the rural school have its "backward" children, its morons, its psychopathic cases? Decidedly yes. Perhaps a larger per cent of them are found in the country than in the city because of poor living conditions, long working hours, lack of recreation and the rural inferiority "complex".

Dr. Thompson, the Baltimore psychiatrist, in answer to the writer's question, replied,

"I feel the work could be done very readily in the rural communities where there are consolidated schools. Even in communities where the schools are very small, I think the slow children could be given a special curriculum in which they could make definite progress."

As a matter of fact, the writer visited a class for slow children

in Handley High School at Winchester which was doing very well. Some of the children observed there and classified as feeble-minded by the teacher would, doubtless, respond to psychiatric treatment. No psychiatric treatment was given but the children were put to work at drawing, making rugs, making chair bottoms and woodwork. This special class, to say the least, was bothering nobody.

As to the employment of a trained school psychiatrist by a community or by a county, that is impossible. The very scarcity of these men makes their services highly remunerative. Johns Hopkins University turns out only three or four per year. No other medical school in the country is training psychiatrists with the exception of Washington University at St. Louis. This latter institution is just getting started. It is necessary for a young man to spend four years in College, four years in a good medical school and then be lucky enough to get an internship at Phipps Psychiatric Clinic - only eight internships are available - and then spend two years there under Dr. Adolph Meyer before becoming a recognized psychiatrist. Thus we see that it takes the high school graduate ten years to become a beginning psychiatrist - provided he is good enough to be accepted as an interne in the clinic. It is true that Dr. Jung and others are training good psychiatrists abroad but the fact that most imported psychiatrists speak English poorly and lack a knowledge of our customs and manners makes them unfit for school psychiatrists. Once they have established themselves here and learned our language they can make an annual income larger than that of the Governor of a state. We cannot employ trained psychiatrists for our rural schools.

Nor can we employ psychiatric nurses in lieu of physicians. Very few nurses specialize in psychiatric work. A graduate nurse, who had specialized in psychiatric nursing, located in Denver last fall. She is the only one west of the Mississippi river. Most of them are employed by wealthy men and women

in the eastern cities where "nervous breakdowns" and psychoses seem to center.

No course in psychiatry is offered to the medical students in this state. They get something about the diseases of insanity but the emotional side is left out - replaced by three weeks on tropical fevers!

In the first place, we need more psychiatrists. The only way to get them is to train them. There should be a good psychiatrist at the Medical College of Virginia and another at the University of Virginia. These men should give the average medical student a foundation in this work. The country doctor of the future would then be able to help the teacher out with her problems. The professor of psychology at the normal school should have some work in psychiatry. He should avail himself of the opportunity to sit at the feet of Dr. Adolph Meyer for three months at Johns Hopkins University - meanwhile watching the work of the school psychiatrist in Baltimore. Inspired by what he sees and hears, he should modify his course in child psychology or educational psychology so that the teachers he is training will be capable of discerning the hidden impulses, trends and causes back of the behavior of a child.

These methods of meeting the situation will take time. They depend upon the training of people who are now in high school and who will not be doctors and teachers for some years.

Meanwhile, something should be done. May I suggest a course of action, purely as a "stop-gap" proposition?

1. A state psychiatrist to be employed jointly by the State Board of Health and the State Board of Education whose duties shall include lectures to teachers at the various district conferences and county meetings and lectures to trainees in the various state colleges for teachers. He should

put on a demonstration in some typical rural county in Virginia and publish his findings and results.

2. The organization of committees on child welfare in Virginia.

There should be a committee for each high school composed of

- (a) The principal of the high school
- (b) A physician
- (c) The County nurse or Red Cross worker
- (d) The judge of the Juvenile Court.
- (e) A patron of the school possessed of an unusual amount of common sense.

The committee on child welfare, if it is to function properly, should be considered as an advisory board for teachers and pupils. Teachers should report all slow, unruly or truant children to the board. The members of the board should inquire into the home situation as well as the school situation and endeavor to adjust the child to school. If it is found that there are several children who cannot adjust themselves, then the school should be adjusted to this group. In this event the board should recommend that the county school board employ a teacher for this special group in order that these children may not be a hindrance to the others. This special class should be reported to the state psychiatrist who should visit the class and examine as many of the pupils as possible with a view to helping them solve their difficulties and progress, in a normal way, through the school. Records of the physical and mental progress of these pupils should be kept and the state psychiatrist should keep the history of each case he takes in hand.