

REVIEWS AND CRITICISM.

Nervous and Mental Diseases of Children. Die Geisteskrankheiten des Kindesalters, mit besonderer Berücksichtigung des Schulpflichtigen Alters. By Professor Th. Ziehen, 3 Parts, Berlin: Reuther und Reichard.

Defective children, their nature, care, and training are to-day the subject of scientific thought and experiment. A large and ever growing literature bears striking testimony to the interest in this work shown by medical men and alienists. Germany, more than any other country, has comprehended the diversified character of the problem; and under each of the numerous rubrics of defective children—sense defects, juvenile delinquents, mental arrest, and the varied neuroses common to the young—German psychologists have made notable contributions.

Professor Theodore Ziehen, now of the University of Berlin and formerly at Jena, is well and favorably known to students of physiological psychology and psychiatry and his recent monographs on the nervous and mental diseases of children will be read with interest by students of child psychology and allied subjects.

Hysteria, which, as Professor Ziehen notes, increases up to the fifteenth year and reaches its height at the time of puberty, can only in a few cases be traced to organic brain disease or spinal paralysis. While characterized by an abnormal increase in the bodily expression of emotions, the emotions do not always produce this increased activity. Its marked physical symptoms are speech defects, particularly stuttering, convulsive contraction of the eyelids, trembling of the extremities, and paralysis of the muscles used in walking. The hysterical child is often depressed before he is conscious of the cause of his depression. Egotism is even more apparent with hysterical children than with hysterical adults. Although the child so afflicted may make a temporary sacrifice under the influence of an extraordinarily strong idea, he is in general incapable of objective, impersonal interests. He himself is the customary central point of his changing emotions. This possession of a single dominant idea is noteworthy. He lacks power of voluntary attention and logical thought, and his recollections are often modified or false; but his capacity for deception and treachery suggests mental power of no mean order.

Falsehood comes naturally to hysterical children, but they are often able to draw the line between pathological inventions and conscious untruths. The chief motives for falsehood seem to be the desire to make themselves interesting, to gratify some active desire, or to avert punishment. Vanity likewise plays a leading rôle. They like to say that they have already accomplished that which they really hope to accomplish in the future. These phantasies are often concerned with the writ-

ing of dramas, novels, and poems. They come to hysterical children with great frequency and cause them to neglect school work, play, food, and sleep.

Sense delusions are common to hysterical children. Generally they occur in the form of visions, illusions, and hallucinations. The dream-life, likewise, is abnormally lively, resulting frequently in somnambulism. The desire to pilfer dainties and sweets, as well as money, is also common; and the latter is not infrequently stolen for no other reason than the pleasure gained from stealing.

With reference to the treatment of hysteria, Professor Ziehen maintains that it is generally safest to withdraw the child from its immediate family. Parents often foster the disease unconsciously by offering the child a bad example in their own neurotic tendencies. He does not believe in the congregation of hysterical children in sanitariums or special schools, but suggests that they be placed in healthy families, and preferably in the families of physicians. So far as school work is concerned, the hysterical child can be trained in the same way as the normal child.

Neurasthenia, notes Professor Ziehen, is caused by the fatigue of the central nervous system and it may be due (1) to a weak nervous system, (2) to nervous strain, (3) to insufficient sleep, (4) to malnutrition or (5) to a chronic toxic condition. He makes two statements which do not tally with the reviewer's experience: (1) That neurasthenia is less common among school children than hysteria, and (2) that it occurs more frequently among boys than girls.

A characteristic symptom of neurasthenia is motor exhaustion, although paralysis, which is so common in hysteria, seldom occurs. The child tires easily in walking, playing, writing, and the like. When reading the print becomes blurred, the eyes ache and the body trembles with exhaustion. Such children have restless and disturbed nights owing to a habit of talking continually in their sleep.

The progress of the disease is remittent, progressive, or retrogressive, depending upon the effectiveness of the treatment. If the parents are careful to follow direction, the neurasthenic child need not be removed from the home. Constant attention must be given to his food and rest. The diet should consist of milk, eggs, fruit and vegetables; tea, coffee and meat should be excluded. After study periods, he should have long rest periods. Walking and other forms of active exercise should not be allowed until he is gradually habituated to such forms of activity.

Chorea, which is so insidious in its development, is apt to be overlooked by parents and teachers until it has reached a rather serious stage. In its incipient stage the power of motor inhibition is its chief symptom. Choreic children become angered easily; they are singularly sensitive, and they are more easily frightened than normal children. Loss of the power of voluntary attention is early apparent, and even in conversation such children are apt to lose the thread. As the disease

develops they become passionate, disobedient and quarrelsome. Suicide and juvenile crime are not infrequently the result of such impulses. Isolation and rest are what the choreic child most needs.

Mania and allied mental and nervous diseases are discussed in the same simple but helpful manner. The work of Professor Zichen is intended primarily for teachers and parents who are ignorant of the technicalities of medical science; and considered from this point of view his book is a praiseworthy contribution to the literature of the psychology, pathology, and hygiene of childhood.

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NEWS AND COMMENT.

The Massachusetts Board of Education in January, 1907, issued a little pamphlet containing suggestions to teachers and school officials regarding medical inspection of the schools. The book is designed to assist in the effectual execution of the act of 1906, which requires the school committees of every city and town to cause every child in the public schools to be separately and carefully tested and examined at least once in every school year. The object in view is to ascertain whether he is suffering from defects of sight or hearing, or from any other disability or defect tending to prevent his receiving the full benefit of his school work, or whether a modification of the school work is advisable in order to prevent injury to the child or to secure the best educational results.

Infectious diseases, diseases of the eye, ear, throat and nose, skin, bones and joints, teeth, children's diseases and nervous diseases, are discussed by specialists, their evils are pointed out and also the signs by which their presence may be detected.

During 1905-06 an examination of the eyes of 883 students of the University of Pennsylvania was conducted by Dr. William Campbell Posey and Dr. R. Tait McKenzie. The results show that 30 per cent of the students had defective vision and also that there was a steady increase of myopia during each of the four college years: 12 $\frac{3}{4}$ per cent of the students in the two lower classes were myopic, while 19 $\frac{3}{4}$ per cent of those in the two upper classes were myopic, an increase of about 2 $\frac{1}{2}$ per cent of myopia for each college year.

The finding of so large a percentage of progressive eye defects in university students emphasizes the necessity of a more thorough examination of the eyes of the children in the lower schools in order that their defects may be corrected early in life before the strain of study has unnecessarily increased them.