THE NERVOUS AND MENTAL MANIFESTATIONS INCIDENT TO SCHOOL LIFE.*

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So much has been written upon the subject under discussion that it would seem useless to spend any prolonged time in introducing it, as doubtless much of the literature is familiar to you. Less than a week ago a paper by Dr. Hollopeter appeared, which had been read several months earlier, in which he makes a special plea for the physician to interest himself in the subject in order to educate the parents to a proper conduct or oversight of the child's mental and physical health. Dr. Hollopeter makes a very interesting comparison between the standards established for certain school grades in 1888 and the present, showing that there has been a considerable advance in the intellectual requirements of school children. He believes—and I think the majority of physicians will agree with him—that there is great danger in advancing the intellectual standards, as a considerable degree of mental overstrain may result, with the consequent mental impairment of the child. In some schools it is possible that the danger line has been transgressed. Dr. Hollopeter makes a special plea for the backward child, alleging that the teacher should bestow greater attention upon him than upon his more brilliant brother, and, as a gauge of the capacity of the child for learning, Dr. Hollopeter suggests that the attention be used,

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and in this I heartily concur. There are many other good papers upon the subject, and I should like briefly to refer to them, but time does not permit, and it is presumed that a number of them at least have been read by you.

It must be remembered that for a considerable part of the child’s school life he is passing through a critical period, that of adolescence, and that overstrain occurring then will usually be attended by far more serious consequences than overstrain occurring later.

Concerning teaching, in Adolescence, page xii, Dr. Stanley Hall says: “Reading, writing, drawing, manual training, musical technique, foreign tongues and their pronunciation, the manipulation of numbers and of geometrical elements, and many kinds of skill have now their golden hour, and if it passes unimproved, all these can never be acquired later without a heavy handicap of disadvantage and loss. These necessities may be hard for the health of body, sense, mind, as well as for morals, and pedagogic art consists in breaking the child into them betimes as intensely and quickly as possible with minimal strain, and with the least amount of explanation or coqueting for natural interest, and in calling medicine confectionary. This is not teaching in its true sense so much as it is drill, inculcation, and regimentation. The method should be mechanical, repetitive, authoritative, dogmatic. The automatic powers are now at their very apex, and they can do and bear more than our degenerate pedagogy knows or dreams of. Here we have something to learn from the schoolmasters of the past back to the Middle Ages, and even from the ancients.” I hardly think that the majority of physicians will agree with Dr. Hall in his opinion, and personally I feel that it is through just such means that the child is subjected to overstrain.

In all probability an inquiry made among this company for the purpose of determining what is considered an ideal school life would bring forth many different opinions, and we should doubtless have some difficulty in coming to an agreement as to what constitutes the ideal conditions under which a child should study, but I think that the majority of persons who have investigated or thought upon this subject will agree that attainment of the following will go far toward reaching an ideal. In the first place, after having submitted to all laws of hygiene by providing a healthy place in which the child may study, we must see that the hours of study are not too long and that they are interrupted by periods of play, which not only permit a relaxation of muscles but also a relaxation of the attention. The child may not be conscious of any feeling of effort, but we know that to a greater or lesser degree it is present, and must be ended before it has gone too far. Second, the manner of learning should follow as closely as possible the natural method of thought, and by association “facts and figures” should be acquired rather than by arbitrarily making memory impressions, as most of us learned the multiplication table. As an illustration of how little the child may learn from this arbitrary memory method I would say that some time since I was talking with a teacher in this city concerning the progress made by a child in whom I happened to be interested, and who had, up to her thirteenth year, been educated in one of the public schools of Pennsylvania, and was told by the teacher that, while the child apparently did fairly well, in reality she did not, and, as an example of her comprehension of history, he stated that, while this pupil knew that Sir Walter Raleigh was one of the courtiers of Queen Elizabeth, she probably did not appreciate the fact that Sir Walter Raleigh was a man. This child was ap-
parently bright and most certainly could not be
classed as mentally defective, so that I am forced
to conclude that the method of instruction in her
case was not what was required. As a third require-
ment of ideal study conditions, there should prob-
elly be not more than twenty nor less than ten pu-
pils under the charge of a teacher, although on this
point I do not speak so positively, as I have not had
an opportunity to experiment; but it seems to me
that a teacher cannot well control more than twenty
scholars, and a less number than ten does away with
a feeling of rivalry or of companionship, which may
be made of considerable value. Fourth I would
place the teacher, not because I do not believe he is
most important, but because experience has proved
that, even although he may have mannerisms or
methods which are distinctly bad, we find that the
pupils learn despite them. The personal influence
of a teacher is tremendous, and in many cases serves
to make or mar the pupils, but in just as many per-
haps this influence is without any but temporary
effects. In our list of requirements for an ideal
school life it seems that the teacher occupies a vary-
ing place. If we can have a perfect one he should
be placed first, but if he has imperfections he may
be placed last.

In this discussion it is hoped that we physicians
may learn something from the teachers in order that
we may instruct parents, and also that we may be
able to show the teachers how certain diseases may
have mental effects which interfere with the pupil’s
power to acquire knowledge. Besides the introduc-
tion of the subject, my own part includes mention
of the nervous and mental diseases which we may
find in school children, and which have a direct
effect upon the pupil's ability to learn or which may
affect his fellows.

In the first group I would place chorea, which is
undoubtedly the most important of the nervous dis-
eases met with among school children, because it is
so frequent, and because parents and teachers do
not seem to recognize the fact that the subject of
even the mild forms shows defects of memory and
attention which are sometimes interpreted as being
due to sulkiness or ill temper. It is the wisest
course to withdraw the child from school, as his best
interests are thus served, and the other scholars are
not liable to develop tics or habit spasms, as they
may, by watching his movements.

This last statement also applies to the subject of
tics and of epilepsy, and probably it is the compan-
ions of the subjects of these last diseases who should
be most considered by the teacher rather than the
individuals themselves. Both the ticer and the epi-
leptic should be so seated that they are not observed
by the other pupils, and if the epileptic has an attack
during school hours he should be laid upon his back,
the clothing loosened about his neck, precaution
taken to prevent his biting his tongue by the inser-
tion of a piece of wood or some other form of mouth
gag between his teeth, and after the convulsion has
subsided he should be permitted to rest quietly until
consciousness returns and he is able to go home.
The resumption of the interrupted school work as
soon as the convulsion has subsided will go far
toward dispelling the mental shock to the pupils oc-
casioned by the convulsion. Should the epileptic
have frequent attacks, he should not be allowed to
attend the general school, but should be forced to
attend a special school or special class. The teacher
should bear in mind that frequently these patients
have an irritable disposition, and that following the
convulsion there may be a condition of automatism
in which the patient is not responsible for his acts.
It should also be borne in mind that there is usually
mental dulling, which is frequently increased, I re-
gret to say, by the injudicious administration of bromides by the physician, and that the epileptic must therefore be regarded in many instances as a backward child.

Hysteria with its multiform manifestations may be encountered, and the teacher can wield a tremendous influence for good in these cases by inculcating habits of proper mental hygiene.

Nervous exhaustion, or neurasthenia, may be met with, and here the most conspicuous symptom may be the tendency to fatigue, both mental and physical.

These are the principal nervous diseases which the teacher may encounter, and in all of them the attention may be used as an index of the power of the child to learn, although the memory will also serve as an additional point for observation.

Of the mental diseases but two are commonly met with among school children, and these are imbecility and dementia praecox. Of the former there may be all grades, from the one who is but little above the idiot to the one who is bright intellectually but deficient in moral sense, the so called moral imbecile. It is a condition which is unfortunately fairly common and easy to recognize, so that it needs but to be mentioned.

Of dementia praecox, on the other hand, there is so much that should be said that I am not going to make the attempt, as there is not sufficient time, and instead I am going to recommend that you all read a paper by Dr. Smith Ely Jelliffe entitled The Signs of Prædementia Præcox: Their Significance and Pedagogic Prophylaxis, which appeared in the American Journal of the Medical Sciences for August, 1907 [cxxxiv, p. 157], and which contains all that I want to tell you and more. I am sure that by a perusal of this paper you will be helped more than you could by any brief résumé of the subject which I would have to give you at the present time.