THE EDUCATION OF THE DEAF: ITS PRESENT STATE IN ENGLAND, WITH SUG- GESTIONS AS TO ITS FUTURE MODIFICA- TIONS AND DEVELOPMENT.

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II.¹—THE CLASSIFICATION OF THE DEAF.

IN my first article I gave some account of the practice in different countries in regard to the classification of the deaf child for purposes of education, and I pointed out that, in two great nations at least, there was ample opportunity for evolving a system that should be as near perfection as it is possible to attain in the light of modern knowledge. These countries are the United States, where a series of experiments is being carried out on a large scale and practically regardless of expense, and England, and especially London, where the evolution of a system of classification may be said to be in an active stage. London, the metropolis of the world, the hub of our great Empire, has the right, if she will but use it, to take the leading part in this great work for humanity, and I am confident that, could her citizens but be brought to take an active interest in the subject, a properly organised system would shortly become an accomplished fact.

Among the beneficial results that must accrue from the working of school medical inspection should most certainly be included a practical and scientific classification of deaf children. This is to be expected because, with the increased interest in and wider knowledge of the physiology of education will come a better recognition of the vast, the paramount importance of perfect hearing to the scholar. The question of the teaching of the deaf will therefore appeal to a larger and more extended mass of educationalists instead of to the somewhat limited body more immediately interested hitherto. Further, the periodical assembling of international congresses on school hygiene must tend, in the near future it is to be hoped, to make any improved scheme of classification an international one, to be more universally adopted and to approach more nearly to perfection because of the more varied experience that can be brought to bear upon it.

The systems of classification at present in practice, and which I have already outlined, are by no means equal in merit. In some countries—as, for instance, in Denmark—the method in use is more liberal in conception, more practical in execution, than in others. In some, again, it is fettered by prejudice or cramped by the too narrow views of those by whom it was framed or with whom rests its application. That is why, in the United States, the achievement of great results is likely, because the system is there in an experimental stage, and there are no very hide-bound customs and prejudices to be overcome before the best arrangement can be evolved.

When it is considered how widely the methods of deaf education and the legislation concerning them vary in different parts of the world, it is not surprising that opinions as to the classification of the deaf child are equally variable, or that a very considerable literature has accumulated thereon. A study of this literature and of the opinions that it represents is alike interesting and disappointing. I have no intention to review these opinions, but I would point out that the subject has been often too much obscured by the bias of the writers, according as they are pure oralists or enamoured of various other methods, combined or otherwise. There can, however, be no doubt that the opposition to pure oralism is diminishing steadily as the latter becomes more and more improved by the experience of its advocates. One feature of the different schemes of classification stands out conspicuously to those whose prospect is not obscured by prejudice—they have been built upon too shallow a foundation, conceived from a too limited point of view. So far as my own knowledge goes, Kerr Love, of all writers upon deaf education, is the only one who has spoken from a broad standpoint and with an eye which commands an extensive

horizon. He asserts² that “further progress in the education of the deaf-mute depends not on the study of methods of deaf education, but on a study of the deaf themselves, a study which will give a scientific classification, and which will enable existing methods to be applied with greater efficiency,” and he has suggested that a better classification of the deaf would be into two groups:—“1. The subjects of ‘surdism.’ Those congenitally deaf or becoming deaf so early in life that no speech will develop apart from tuition. 2. The semi-deaf and semi-mute. The former have some speech in virtue of their power to distinguish the separate tones of the human voice; the latter may have no hearing at all, but speak in virtue of the hearing and speech present before deafness occurred.”³ It is generally assumed that the semi-deaf belong wholly to those having become deaf adventitiously. Most of them do so, but a few, as we shall see, belong to those *congenitally* deaf.”⁴ This author, in striving to obtain a rational and practical classification, has followed the only really right direction—viz., the direction of the *individual*, based not upon abstract ideas, but upon actual facts, facts that are staring us in the face, facts that we can glean only from a study of the deaf child himself. This is alone sufficient to place Kerr Love in the front rank of modern writers upon deaf education.

But this classification does not go far enough. The term “deaf-mute,” as applied to the deaf child requiring special teaching, which is always cropping up in matters of deaf education, has been a great stumbling-block in classification. This has been accentuated by the entirely erroneous tendency among those ignorant of the deaf child to class him with the mentally defective and imbecile—a tendency recently exhibited in a remarkable manner by one who gave evidence before the Divorce Commission, in which the congenitally deaf were classified with lunatics, idiots, imbeciles, feeble-minded, sane and insane epileptics, and chronic inebriates! The education of the deaf is no narrow question which concerns only the deaf-mute, it is a far wider one which embraces, or should embrace, the teaching of all sorts and conditions of children who have, to any extent, however small or however great, lost the sense of hearing. Kerr Love has recognised this and substitutes the term “deaf child” for that of “deaf-mute,” and I believe that, at no very distant date, educationalists and, after them, legislators will recognise this fact, and that the future education of the deaf will form a vast system which will comprehend the proper method of teaching the deaf from the very slightly deaf child to the blind and mentally defective deaf-mute. That any scientific classification of the deaf child for educational purposes will have to be thus widely inclusive must be patent to all who have given the matter proper consideration. Once this great fact has become recognised and admitted it will be but a short step to the introduction into every country of one universal and international system of deaf education.

As I pointed out in the concluding paragraphs of my first article, changes which have begun to take place in the education of the deaf show that it is becoming more and more recognised that not only the deaf-mute, or, as I prefer to call him, the very deaf child, requires special education to fit him for useful, self-supporting, and self-respecting citizenship, but also the scholar with a, comparatively speaking, much less degree of deafness. And this, it may be fairly and confidently asserted, is due to the awakening of educationalists, by the establishment of efficient school medical inspection, to a sense of the necessity of a study of the *physiological* aspects of education.

Upon what system, then, must a rational classification of deaf children for purposes of education be based? It should, as I have indicated, be made to include *every child who shows any sign of loss of hearing, be it ever so great or ever so small.*

The form of classification which, so far as my present opinion goes, would be best for adoption is a modification of that foreshadowed in my paper on Deafness in Relation to School Medical Inspection, written in 1908.⁵ It is to some extent a modification of those advanced by Laubi⁶ and Kerr

² The Study of the Deaf Child, Glasgow, 1907, p. 4.

³ If the occurrence of complete deafness in the adult can give rise to the results detailed in THE LANCET, Feb. 4th, 1911, p. 530, how much more readily and rapidly must the semi-mute child lose his power of speech.

⁴ Loc. cit., p. 31.

⁵ British Journal of Children's Diseases, November, 1903.

⁶ Swiss Society of School Hygiene, 1903.

¹ Article I. was published in THE LANCET of Feb. 25th, 1911, p. 495.

Love.⁷ It necessitates the preliminary inspection of all school children in the first year of school life and a special examination by an experienced otologist of all those who are found wanting in this respect. By this means the deaf may be classified into three primary groups—the very deaf, the semi-deaf, and the slightly deaf. Not only would this inspection lead to a more efficient classification for education, but of the whole number of cases detected by this method some 50 per cent. could be cured, and of the remainder a good proportion would be capable of considerable improvement. It would thus serve a double end—efficient education and efficient treatment, at which all rational school medical inspection must aim, or it is futile.

One word here as regards efficient treatment. It is one thing to talk about it, another thing to obtain it. With the detection of early deafness by school medical inspection should come prompt treatment, but, however much school medical inspection may insist upon this, there are two obstacles at present in the way—the attitude of the parent and the attitude of the practitioner. Both want waking up, both want educating in the matter. The former is too often neglectful of the best interests both of himself and of his child. Life is hard and time is precious, but intact senses are of yet greater value, and the parent must have it brought home to him by argument and, if necessary, by legislation that he is not doing his duty to the child he was instrumental in bringing into the world unless he does the utmost in his power to preserve not only his general health but that of his special senses. It is largely the general practitioner's duty to bring the parent to a proper sense of his obligations, for he is the expert with whom the father or mother comes most in contact; but, as I tried to point out in my paper on the duty of the practitioner to the deaf child,⁸ not infrequently the practitioner requires educating also, and in some cases not merely the general practitioner but the specialist as well. Were the general practitioner and the specialist more alive to this fact and the parent more amenable, there would be a far less number of deaf people in the world.

Between the three groups of deaf children obtained by the method suggested above there is no absolute line of demarcation. In the very deaf class must be included the normal and defective (blind and mentally deficient) deaf-mute and those with residual hearing (vowel hearing or for very loud speech close to). The semi-deaf should comprise those who are possessed of a greater degree of residual hearing, sufficient to give them a certain amount of residual or natural speech—the “semi-mute.” The slightly deaf may be divided further into two groups of “very slightly deaf” and “hard of hearing.” The educational methods necessary for the efficient teaching of the three primary divisions range from the various deaf schools to the ordinary hearing classes of the elementary school. Bezdold considered that school work is possible when the scholar can hear loud speech at two metres, as the teacher can generally manage to place himself at that distance from him; those deaf children whose minimal distance is less than half a metre he thought could be taught if the teacher can pay him special attention. With this opinion, however, I cannot wholly agree. In large classes it is impossible for the teacher to pay much individual attention to a child who can only hear loud speech at less than half a metre, and one whose distance for the same vocal effort is two metres must, even when placed in the front desks, lose a large part of the instruction offered. Our aim is to obtain for the deaf child the best education possible, and, even if he is a good lip-reader, a child with the defect just described cannot fulfil this end. The scholar has to receive instruction whilst he is bending over his exercise or reading his book, and he must not lose the thread of an explanation given by the teacher who has his back to him whilst writing on the blackboard or explaining a diagram. Hence the test that must form the basis of classification in the slightly deaf class of child is what is known as the forced whisper. For practical purposes of efficient teaching slightly deaf children should be subdivided by this means into the very slightly deaf who can hear the forced whisper at three feet or over, and the hard of hearing whose acuity is less than that distance. And into this test

the mental quickness of the individual scholar must also enter. Indeed, in every classification two factors—degree of hearing and mentality—must be taken into consideration. The very slightly deaf (whisper three feet or more) can very well be taught in an ordinary hearing class, the worst specimens, from either the hearing or mental point of view, being kept in the front row. The hard-of-hearing child (whisper less than three feet) requires more than this; he should receive a part of his curriculum in the front row of a hearing class, whilst he also receives instruction in lip-reading in a special “hard-of-hearing” class where attention can also be paid to his speech and any existing defect of which can there be remedied. He could be returned permanently to his ordinary hearing classes when he is fit to do so in the opinion of his teacher and the medical officer. These hard-of-hearing classes could be held upon specified days of the week and should be in charge of a visiting teacher who is a certificated teacher of the deaf. Such classes ought not to contain more than 15 scholars on the roll at the utmost. Probably, too, there would have to be two classes, one for pupils between the ages of 5 and 10, the other for older children; the experience at the hard-of-hearing experimental class recently instituted by the London County Council seems to indicate this. It is important that these classes should be held in hearing schools in order that the scholars should not be permitted to mix with the very deaf children of the special schools.

The semi-deaf class comprises those who cannot hear the forced whisper and whose hearing for spoken speech is four feet or less,⁹ a comparatively considerable amount of residual hearing when contrasted with the deaf-mute. It is obvious that the range of hearing in these cases will be wide and that the factor of individual mentality will be of even greater importance than in the slightly deaf class. Hence these children will naturally fall into two groups—the better cases and the worse cases. The former, scholars of good mentality, fair residual hearing, and natural or residual speech,¹⁰ would be best educated as permanent units in special classes under teachers of the deaf. It is to these classes that the present experimental hard-of-hearing class, already mentioned, is more nearly approached. These classes should also be held away from a deaf centre to prevent the children attending them from mixing with the very deaf either at work or at play. The very deaf and the totally deaf differ markedly in their method of thought from their more fortunate fellows, and the semi-deaf should, therefore, be made to mix with normal companions whenever it is possible. Moreover, the deaf child is ever ready to pick up the bad habit of signing, even when his hearing defect is of a less degree, and such habits are difficult to eradicate. The child possesses the faculty of imitation even more than does the man, and consequently exercises it whenever he gets the chance. It is thus that stuttering may arise, and one signer in an oral class of deaf children will readily find willing imitators.

The worse cases, with more marked degrees of deafness—of doubtful mentality, or with defects of speech (“semi-mute”), are on the borderland between the better cases of the semi-deaf and the very deaf. They would probably be taught more advantageously in special classes in a deaf school under the oral system, *the study of each individual child being of paramount importance*. Here comes in the great question of day schools *versus* residential schools, a question upon which opinions have been much divided. In this matter, as in most others, the extremist is wrong; what is required is to take a middle course. Where there is no deaf day school near at hand, as in the country districts, it is better for the deaf child to go to a resident institution than not go to school at all. Resident institutions have their uses, and for those deaf children who are defective they are no doubt excellent. But whenever it is possible for a normal deaf child to remain with his parents (provided they are worthy to have him in their care) that is the best environment for him to be in. When this is not possible he should be boarded out with a good foster-mother. Residence in an institution means less opportunity for the deaf child to mix

⁷ Transactions of the Second International Congress on School Hygiene, London, 1907, vol. ii., p. 828.

⁸ THE LANCET, Sept. 10th, 1910, p. 781.

⁹ I must here remark that the distances proposed in this article must not be taken as final; further experience, and especially that gained by the working of this or an analogous system, will be certain to modify them.

¹⁰ This natural or residual speech would, without special training, deteriorate.

with the hearing environment, which is so important a factor in the success of the oral system. Another point in this question is, again, the necessity for studying the deaf child as an individual; the defective deaf are certainly more fit for residential institutions.¹¹

With the worse cases of the semi-deaf, like those of the totally deaf, no modification of ordinary hearing school methods is of the slightest use: they must be educated in a special day school or residential institution. Under present conditions the worse cases of the semi-deaf must be taught, as, indeed, they are, with the totally deaf. It is quite likely that it may be found possible later to classify both classes and rearrange the educational methods applied to them to better advantage. If the totally deaf and the worse cases of the semi-deaf fail under the oral method they must not be allowed to influence the oral successes, but must be transferred to a school where the manual or combined systems are taught. Every oral failure is a source of danger to the oral successes, and the sooner this is recognised in deaf schools the better. The oral failure uses signs, and for this reason contaminates the oral success. This matter I have already touched upon in my first article. That is why I am strongly opposed to the institution of a "duffers" class in a normal deaf school. If it is proved that a child, after thorough and careful trial, will never attain to speech, he should be transferred as soon as the fact is recognised beyond a reasonable doubt to a school where systems other than oral are practised. The late Mr. van Praagh, whose experience was very great, once stated that every deaf child, provided that he was not mentally defective or imbecile, could be taught by the oral system, and no doubt this is true provided all obstacles to success are eliminated. It is with a view to the recognition and elimination of these obstacles that the system of classification, which may at first sight appear somewhat elaborate, here suggested has been framed.

A careful study of the mental capacities of the totally deaf and of the worse cases of the semi-deaf is highly important, and those whose defects are pronounced cannot, I think, be properly taught in a day school. In dealing with borderland cases one has to take into account the mental attainments of every child and endeavour to classify him for educational purposes, so that his teacher may get the best out of him. This is by no means an easy thing to do, and it would probably be made easier if the child were got to school at an earlier age. The slightly dull child who may be left hopelessly behind in a class of deaf scholars of normal mentality may appear quite bright in one of the mentally defective deaf because he is *univoculus inter cæcos*, and he is not receiving his full educational rights if he is placed in either class. The mentally defective deaf should be placed in a residential institution, to be got at by methods adapted to each individual case by teachers of proved experience. This is one of the real uses of a resident institution. At the same institution the dull or backward child, the one just referred to as on the borderland, might attend special classes as a day scholar. There are some such children who would so benefit by such a class that they might later be saved to the oral method and be allowed to return to the normal deaf school.

Normal semi-deaf or totally deaf children are better in day schools provided their parents feel their responsibilities sufficiently to help in their education at home, and this home education, in the hands of good parents who loyally help the teacher and the doctor, is of very great value. Where the parents are neglectful and unmindful of their duties, or alcoholic, or responsible for bad school attendance, and where the home surroundings are morally bad, then the child should, for his own sake and for the sake of his future as a citizen (for the State should come, without compromise, before the parent in such cases), be taken from the parents and either placed in a residential institution or, preferably, boarded out with a good foster-mother. I do not write thus without good reason. I have met with cases in which the scholar's whole future, educationally and morally, was being blighted by the unwholesome effects of bad home surroundings and alcoholic or immoral parents. I have seen children making good progress taken away hopping or fruit-picking, or used for purposes of begging, and returned at long intervals to school with all

the knowledge they had so laboriously acquired forgotten and wiped out. I have seen children kept from school because the only clothes they had to wear had been taken away and pawned by the parent for drink. The difficulties which lie in the way of the educational authorities in such cases are great, and will remain so as long as the great fetish of the "liberty of the subject" is worshipped, forgetful that liberty really means, as Burke once put it, "equal restraint for all." The machinery that should correct such abuses moves so slowly, and there are so many loopholes for the wrong-doers, that much valuable time is lost before such cases can be remedied, but a very great deal could be achieved if the Children Act were adequately amended and adequately administered.

At the outset of the deaf child's education the parents should be interviewed, and an endeavour made to impress upon them the necessity for regular school attendance and home educational help; they should be enjoined to coöperate with the child's teachers in giving the oral system every possible chance, and should be warned against allowing home influences to degenerate into the substitution of signs for lip language. Here I may point out that good school attendance means, *for the deaf*, as constant and regular attendance as possible. This is of far greater importance for the deaf than for the hearing child. A loss of one schoolday a week means far more for the former than it does for the latter, for the deaf child under present conditions seems to forget what he has learned more quickly than does the hearing child, probably because his command of language, for want of continuous education through the ear, is much more limited.

The defective deaf (blind and mentally deficient) require very special instruction under highly experienced teachers, such as they obtain in our London County Council Centre at Homerton. The blind need to be taught the Braille method as well as special manual systems of communication, whilst the methods upon which the mentally deficient require to be trained are such as those so well outlined by Mr. F. G. Barnes in his paper read before the Third International Congress on School Hygiene, held in Paris in 1910. A school or institution for the defective deaf must be kept for such cases alone; it should not have its classes taken up by the imbecile deaf; such cases contaminate the scholars who are capable of education and take up too great a share of the teacher's time, to no purpose whatsoever.

The system of classification here advocated, and which endeavours to give to the individual child the highest form of education to which he is entitled, may be tabulated as follows:—

Class of deafness.		Educational treatment.	
A. Slightly deaf...	Very slightly deaf ...	{ Hearing school, preferably front row.	
	Hard of hearing... ..	{ Hearing school and special classes under visiting teachers of the deaf.	
B. Semi-deaf ...	Better cases... ..	{ Special classes under teachers of the deaf in hearing school.	
	Worse cases... ..	{ Special classes in deaf day school.	
C. Very deaf (deaf-mute) ...	Oral successes	{ Special deaf day school or residential school (better boarded out).	
	Oral failures	{ Separate classes of manual or combined system in residential school.	
Defective deaf		{ Special individual systems in residential schools.	

In a recent paper written for the Third International Congress on School Hygiene¹² I advocated the commencement of the education of the very deaf at a much earlier age than is at present the case in most countries. My reasons for doing so will be given in detail in the third of these articles, and I am strongly of the opinion that the period of instruction should be made to embrace the life of the very deaf child from 3 to 18 years. I mention this here because I consider that this extended period is a natural and necessary corollary to any system of classification of the deaf for educational purposes. There are very strong physiological reasons why the earlier age is advantageous, and these will be stated later. There are equally strong reasons why

¹¹ It would be better if they were kept in them permanently.

¹² At What Age should the Education of the Deaf Child Commence? British Journal of Children's Diseases, October, 1910.

control should be maintained until a later age than is at present considered necessary by legislators. To give only two of these: it must be insisted that the deaf child is entitled, and justly, to as much advanced education and to as advanced teachers as possible. We have not yet arrived at the time when every precaution is taken to diminish, by negative and positive eugenics, the number of the congenitally deaf, nor have we reached perfection in the prevention of acquired deafness in children. When so ideal a state of affairs has been accomplished we shall not have so many deaf to educate, but until then we have this great problem of the deaf child to face, and it must be faced squarely and the very best done for them that can be devised—for their sake, for the sake of the State, and for the sake of humanity.

Secondly, under the shorter period, the scholar is removed from the teacher's influence just at the time when that influence is most felt, most required, and most likely to make a lasting impression. The first two years of instruction, from three to five years, should be passed in a preparatory class, where the child's capacity, his mentality, and his chance as an oral success or failure could be ascertained by experienced teachers. Teachers of the highest experience and capacity are most needed for this part of his training. Much precious time could be saved by this arrangement, and each child could be drafted at the age of five years into an elementary deaf school in a better state of fitness for his curriculum.

It will be remembered that in the first of these articles I postulated certain conditions that I considered to be needful for the ultimate improvement of deaf education. The first of these is that discussed in the present paper, the third and fourth may be reasonably noticed now. The need of greater care of the deaf child whilst at school, by care committees and similar means, whereby it can be assured that his attendance at school is regular, his meals are adequate, that he is not neglected or exploited by his parents, and that he is removed from the influence of bad companions and bad home surroundings, is a consideration which hardly requires discussion. Parts of it have already been touched upon, and all I need add is that legislation is urgently needed to ensure greater control over the deaf child, and more people are wanted to take an interest in him. There seems a curious lack of sympathy with the deaf, especially when it is compared with the quantity lavished upon that much happier class of the physically defective—the blind. It seems so difficult to make people understand the position of the deaf child, that he is neither imbecile nor mentally deficient, but simply a normal child deprived of that sense which might be, of all his senses, of the greatest educational value to him. It does not take long to discover from contact with deaf children what a charming and loveable class they are, and I would appeal to the charitable to take up their cause with more vigour than has yet been the case.

The fourth need postulated was the encouragement of the deaf child to mix with hearing people. This would be greatly helped by an extension of the later educational course. The last two or three years, from 15 or 16 to 18, would be occupied in an advanced school where special training would be given in some trade or occupation and where moral training suitable to the more advanced age of the pupil would be made a feature. Possibly it might even be better if the advanced school life should be, as at present, from 14 to 16, scholars from 16 to 18 passing to a college for the deaf, where they could obtain a course of training which should be a modification of the ordinary university life.¹³ This could, however, be settled when the extension of the educational age had been secured by legislation. This system, or a modification of this system, is already in vogue in some parts of the United States, where it appears to have been eminently successful.

I feel sure that by some such arrangement as is here advocated the very deaf child would leave his educational courses better equipped intellectually, usefully, and morally

than can possibly be the case under present methods. The aim of all education is to fit the child, in the best possible manner, for self-reliant, self-supporting citizenship, and if this is so for the scholar who is fully equipped as regards his senses, it holds good equally for the normal deaf child. I believe that the whole secret of deaf education is to give to the young deaf child that physiological training that his defect has denied to him and whereby he is, at seven years, like a normal child of two in mentality, and to keep him longer at school in order to give him as advanced an education as is possible to equip him for his career in the world in order to remove, or at least to obviate, the handicap which nature has imposed upon him.

In conclusion, I wish to touch upon a matter which is of a very delicate nature, alluded to in the concluding words of the fourth postulate in the first article, "a more careful supervision of religious missions to the deaf." Nothing is farther from my mind than to make any charge of neglect, or to write anything that can reflect in the least degree upon or wound the feelings of any person or persons connected with any particular mission, all of which are conducted by high-minded, disinterested, and, in many cases, self-sacrificing men, actuated solely by the unselfish wish of benefiting the deaf community and ameliorating the conditions under which they live. But these worthy people are too apt to lose sight of other and important considerations in their ardour for their religion. The question is a delicate one and requires careful and tactful handling. The free signing which goes on amongst the deaf-mutes who attend these missions cannot be controlled and those in authority are powerless to prevent it. If any teachers of the deaf read these articles they will fully understand to what I allude, and may, possibly, be prevailed upon to give their own experiences of this matter. The remedy lies, of course, in the better education of the deaf, and the universal encouragement of the oral system among the deaf and the discouragement by missionaries of its abandonment after leaving school. Until then, however, I would earnestly advocate that it should be the future care of these missions to regulate their meetings with a view to greater restraint. They should hold different sittings for different sexes (especially when lantern lectures are given), and, an item of equal importance, they should hold different meetings for the old and for the young.

(To be concluded.)

A CASE OF SUPRARENAL APOPLEXY.

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FOR the clinical details of the following case I am indebted to the house physician, Dr. Norman W. Steinberg.

A male child, aged 8 months, was admitted into the Royal United Hospital under the care of Dr. E. J. Cave on Oct. 30th, 1910, with the history, obtained from the parents, that throughout the morning the child had been very drowsy and had "looked strange," but that he had not seemed to be in pain, had taken nourishment readily, and that the bowels had acted as usual. About 3 o'clock in the afternoon he vomited, and as the baby appeared to be getting worse he was brought to the hospital. Previously the child had always seemed perfectly healthy. He had been breast-fed until three weeks before admission, when a mixture of cow's milk and water was substituted. On account of the parents' conscientious objection the child had never been vaccinated. The mother had had one other child, who died at the age of two years from pneumonia after an illness lasting ten days, and two miscarriages.

On admission the infant was obviously very ill: complexion grey, eyes dull, breathing rapid, shallow, and noiseless; temperature 100.4° F., pulse 140, and respirations 72. Râles could be heard all over the chest, especially at the bases behind. The abdomen was soft and not tender. There were no signs of meningitis, and nothing abnormal was to be seen in the mouth or fauces. Two hours after admission an extensive eruption of purple spots and blotches appeared over the whole trunk, upper arms, and thighs. The temperature had fallen to 99.4°. The child rapidly grew worse,

¹³ If education commenced at three, instead of at seven, a further modification of what is here advocated would be possible, for, as will be seen in the third article, the effect upon speech and language teaching would be such that the scholars would be much more advanced than they are at the present time. There are, moreover, reasons for believing that a university course in an ordinary hearing college would be more acceptable and more advantageous than the foundation of a deaf university. The Gallaudet University in the United States is a great success, but the alternative would be better calculated to encourage the mixing of the deaf and the hearing.