THE SPECIAL SCHOOLS OF LONDON.

BY

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Although, unquestionably to the ailing child, the restoration of health and relief from crippling conditions are of supreme importance, experience has shown that when the necessary measures are spread over a period of years under such conditions as to limit the possibilities of education, still more if they are such as altogether to prevent formal education, the child is unduly handicapped on reaching the employable age. This difficulty became obvious so soon as universal elementary education was made the law of the land.

From the first the by-laws of the various school boards laid it down that ill-health was a reasonable cause of absence from school; but in time it appeared that there were numbers of children whose condition was such that education in an ordinary school was impossible over considerable periods, if not altogether. In 1893 an Act was passed allowing provision for special education for blind and deaf children, and in 1899 for those crippled, epileptic, or mentally defective. At first the arrangements were of permissive character, and were adopted only by some of the larger school boards. After the War such provision was made a duty in all areas in England and Wales. The problems thus raised differ in nature according to whether the area is urban or rural. In large urban areas there may be such a number of children suffering from similar defects and living within a reasonable distance of one another as to permit of the establishment of day-schools. In country areas where there may be only one or two defective children in the village, day-school provision is impracticable, and any children who are to be specially educated must be sent to residential institutions or boarded out in urban areas to attend suitable day-schools.

Of recent years, hospital schools have been established, in which active surgical treatment of certain defects can be carried on, while permitting of education in classes held in the hospital itself for certain hours of the day. The value of education in such a school, even if looked upon only from the standpoint of occupying the children's minds, has been thoroughly recognised as an aid to treatment. The value of the day-school has not always been equally recognised, though as time goes on the relations between medical and educational authorities have distinctly improved. The medical profession are, however, perhaps not fully cognisant of the facilities available, and thus a brief description of the arrangements in London may be of interest.

The London County Council provides facilities for the special education of those completely or partially blind, completely or partially deaf, for the physically or mentally defective, and for stammerers, and also secures places

in residential special schools for those suffering from frequent or severe epilepsy. Prior to admission to any of these schools, the children must be specially examined by the Council's consulting medical officers, who also visit the schools from time to time for the purpose of general medical supervision. These medical officers have been specially recognised by the Board of Education for the purpose, and on their statutory certificate the attendance of a child can be enforced by the Courts.

THE BLIND, PARTIALLY BLIND, AND MYOPIC.

In law a blind child is one who is "too blind to read the ordinary school books used by children," a definition which closely corresponds to that used for adults in the Blind Persons Act, viz., "so blind as to be unable to perform any work for which eyesight is essential." Children with impaired vision of all kinds are admitted so long as the disease is of a non-infectious character; and arrangements have been made with the Metropolitan Asylums Board to send children between the ages of 5 and 14, with chronic infectious conditions such as keratitis, blepharitis, trachoma, or ophthalmia, to residential country schools.

Blind children may be required to attend at special schools from the age of 5 upwards and are conducted to and from school by guides whenever this is necessary. The instruction in the schools for the blind includes the teaching of Braille and suitable forms of handwork occupations. At the age of 12 suitable children are transferred to residential schools for special trade training, and their attendance at such schools can be enforced until the end of the school term in which they attain the age of 16. Children who suffer from high and progressive myopia, or for other reasons should not strain their eyes, are admitted to the myope classes. These are small classes with specially-trained teachers, in which the ordinary methods of reading and writing are not employed, but the children read from large sheets with at least $\frac{1}{2}$ -inch letters, and stand up to blackboards, so that writing is done at arm's length. Special attention is paid to mental work and the cultivation of "muscular" memory. Whereas in the ordinary school individual silent reading is encouraged, in the myope classes instruction is mainly by word of mouth, and the children go for oral instruction to adjacent elementary schools. Myopes as a rule leave school at the ordinary leaving age, the end of the term in which they become 14. Many myopic children are naturally studious and more prone than the ordinary child to read out of school, often from badly-printed material and in a poor light. The aim of the myope school is firmly to discourage reading other than from suitable type under suitable conditions; to avoid excessive and prolonged convergence during the early years of life; to encourage upright attitudes and to improve the general health. If the vision is so bad that work under these special conditions is impossible, the high myope needs to be educated by blind methods. No difficulty has been experienced with regard to those children who are completely or almost

completely blind, but in a certain number of instances ophthalmic surgeons have objected to the transfer of myopic children to the special classes.

THE DEAF.

A deaf child is legally defined as one "too deaf to be taught in a class of hearing children in an elementary school." In schools for the deaf oral methods of instruction are used, special attention being paid to lip-reading and pronunciation. Special provision is made for the few oral failures in a residential school at Penn in Buckinghamshire, to which are also sent those who, in addition to being deaf, are also blind or mentally defective. About the age of 12-13 suitable children are transferred from ordinary schools for the deaf to residential schools for special trade training until they attain the age of 16. Deaf children may be admitted to school from the age of 5, but by law attendance cannot be enforced until the age of 7. It has, however, been found by repeated experience that the greatest advantage is derived from commencing special education at the earliest ages, and parents are therefore urged to allow their children to attend as young as possible. Special classes are provided in separate schools for those who are not quite deaf but are so far hard-of-hearing as to require special methods of education. The aim in these classes is to reinforce hearing by the acquisition of lip-reading; in consequence the children attend part-time in ordinary classes and are mixed as far as possible with those possessed of hearing in games and the like. As soon as they have acquired sufficient powers of lip-reading they are marked for transfer to an ordinary school. Both schools for the deaf and classes for the hard-of-hearing are visited daily by a nurse, who attends to discharging cars.

PHYSICALLY DEFECTIVE.

A physically defective child is defined as "one who is by reason of physical defect incapable of receiving proper benefit from instruction in ordinary public elementary schools but not incapable of education in a special school." The usual ground for admission is some cause of crippling or some organic disease which renders attendance at an ordinary school disadvantageous, but which might not prevent the child being safely educated in a small class under constant medical and surgical supervision. An ambulance service is provided to convey children who live at a distance from the school, or are unable otherwise to attend, but those who are physically fit and whose homes are so situated that they can walk to school or can travel by public conveyance are expected so to do. Provision is made for a certain number of recumbent cases in each school, and a trained nurse is constantly present to attend to the wants of the children. The schools are visited by the school doctor at least every four weeks, and there are also periodical visits by the Council's orthopædic surgeon. Attendance at these schools can only be enforced after the age of 7, but in certain circumstances younger children

may be admitted with the parents' consent, provided their attendance does not exclude a child of higher age. Attendance can be enforced up to the end of the term in which the child attains the age of 16. When, however, a physical defect is so far alleviated as to permit of a child undertaking the curriculum of an ordinary school with safety, arrangements are made for his transfer. The constant nursing and supervision available forms a very important link in the after-care arrangements of the hospitals since children are referred back for further advice and treatment whenever an adverse change occurs in their physical condition, or when any apparatus which may be worn becomes out of repair; while relatively small but not unimportant points such as the replacing of worn straps can sometimes be undertaken as part of the instruction in the school. Thus instead of a treatment instituted and continued for a time, then perhaps intermitted for several years, to be resumed only when a relapse or the increasing evidence of deformity has induced the parent to seek aid anew, the supervision is continuous, and further advice is available at the outset of any untoward occurrence.

The children at the school are fully occupied, playing under supervision, so that their activities are kept within safe bounds, and the general atmosphere is one of happiness and contentment. This point is stressed since occasionally practitioners are opposed to the transference of a child to such a school on the ground that it might make the child feel too much of an invalid, or that he might be affected psychically by being in company with other crippled children. Whilst perhaps it cannot be said that such results never follow, the present writer cannot recall having seen any such effects in a child who had attended for more than a few days at the school. This difficulty strangely enough is raised more particularly in relation to cases of heart disease, the very class of case in which the opportunity for graduated work, exercise, and play, and for recumbency, whenever this is necessary, affords the greatest benefits. The improvement in such children attending the special schools as compared with those who have been kept out of school altogether, or those who have been allowed to remain in the elementary schools on condition that they took part in no active exercise, is most marked. The majority of children attending schools for the physically defective are those who suffer from paralysis, quiescent tuberculosis of bones or joints, congenital deformities, or valvular disease of the heart. A certain number who have suffered from rheumatism or chorea may also attend, but usually only for temporary periods, as they are returned to ordinary schools as soon as their condition permits.

In former years tuberculosis took the largest place amongst the causes of crippling, but with the increased facilities in regard to residential hospital schools, and the resulting increase in the number of cures and in the rate of cure, the proportion in the day special schools has diminished. On the other hand, a larger number of cases of heart diseases following rheumatism are being admitted.

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The numbers and ailments of those attending was shown in a recent survey to be as follows :—

Morbid Condition.

Tuberculosis—						
hip	...	...	...	...	...	506
spine	...	...	...	...	...	366
knee	...	...	...	...	...	253
other joints	...	...	...	...	...	113
various organs	...	...	...	...	...	23
Paralysis—						
poliomyelitis	...	...	...	...	...	943
hemiplegia and diplegia	...	...	...	...	...	210
other forms	...	...	...	...	...	36
Congenital deformities	...	...	...	...	...	239
Traumata	...	...	...	...	...	136
After-effects of rickets	...	...	...	...	...	235
Heart disease—						
congenital	...	...	...	...	...	216
acquired	...	...	...	...	...	707

At the date of the survey there was a total of 4,432 children on the rolls of the Physically Defective Schools. At the same date the total school population of the County of London was 697,882.

Children suffering from trivial deformities, epilepsy, or with discharges from sinuses which need frequent dressing, are not admitted. Cases of children suffering from chronic bronchitis, asthma, nephritis, some forms of anæmia, and similar conditions, require individual consideration. It is frequently found that their attendance is as irregular in a special school as it would be in an ordinary elementary school; there is little in the curriculum to confer special advantages upon them, consequently it often appears that attendance at an ordinary school near their home may be better than conveyance to a more distant special school. In such a case the school attendance department is, when necessary, informed that regular attendance cannot be expected.

Elder children are transferred to separate schools for trade instruction, and efforts are made to teach them trades adapted both to their physical defects and to the possibilities of securing employment in the district in which they live. It has been found that many can be placed in very advantageous situations. There are also a certain number of scholarships to provide courses of higher education for crippled, blind, or deaf children.

OPEN-AIR SCHOOLS.

The day open-air schools provided in London for children from the age of 8 upwards are of two kinds; the first, for the debilitated and anæmic children, and those who may be suspected of a tendency towards tuberculosis

but in whom no definite signs of the disease have been detected; and the second, for those who suffer from definite pulmonary tuberculosis, or from tuberculous glands which have not broken down. In the latter schools the children are visited by the tuberculosis officer for the district, who acts as a school doctor for this purpose. These children are conveyed to the schools on the Council's trams, and a nurse who is in daily attendance supervises meals, weighs, measures, and takes the temperatures of the children. Specified periods are set apart during which all the children rest on stretchers, and they are supplied with meals whilst at the school.

Besides the day open-air schools the Council has three residential open-air schools for non-tuberculous children who are slightly less debilitated than those who attend the open-air day school. The children stay at residential schools for some four to six weeks.

In addition to this, under the tuberculosis scheme, the Council makes arrangements for the treatment of children who need sanatorium care, whether for pulmonary or surgical tuberculosis.

EPILEPTIC CHILDREN.

The Council has arrangements for dealing with children who suffer from chronic epilepsy of such a degree as to unfit them for attendance at an ordinary school, but whose mental state is such as to permit of their deriving benefit from education in residential epileptic colony schools, if they are between the ages of 7 and 16, subject to the parents' consent.

It will be realised, however, that to derive adequate benefit from these schools, the children should be sent at a relatively early age; attendance for the last year of school life is rarely of much avail. Attention is drawn to this point since again and again parents bring up children at the end of the elementary school period asking that they may be sent away and regretting that they have declined to take advantage of the opportunities offered at an early date.

There is a certain tendency among physicians to postpone a recommendation for residential treatment, and to keep the children for considerable periods out of school. While in many cases this is no doubt desirable, in others, regular occupation is an important element in treatment. It should be borne in mind that, although there are adequate facilities for dealing with children, the possibilities of dealing with the adolescent are very small, and education authorities are quite unable to assist in the task after the age of 16.

STAMMERING CLASSES.

Arrangements exist in certain parts of London for children of the age of 8 years and upwards who stammer, to attend for a course of three months at classes taken by specially-trained teachers. This course can be repeated if desirable.

MENTALLY DEFECTIVE CHILDREN.

A mentally defective child is legally defined as "one, who not being imbecile, and not being merely dull and backward, is by reason of mental defect incapable of receiving benefit from instruction in ordinary elementary schools, but not incapable by reason of such defect of receiving benefit from instruction in special schools or classes." Before a child who is attending an ordinary school is proposed for admission to such special school, he is seen by the school doctor and arrangements are made to secure the treatment of any defect such as poor vision, partial deafness, mouth-breathing, and the like, which might be responsible for his backwardness. If, after these have been dealt with as far as possible, no progress is made, the child is examined by certain school medical officers specially recognised by the Board of Education for the purpose. Generally speaking, the children admitted are those whose mental age as estimated by tests, both of the Binet-Simon pattern and by performance tests, amount to less than three-quarters of the normal, provided that they have in other ways shown themselves incapable of education in ordinary schools. In all special schools for the mentally defective there are small classes with specially-trained teachers and a specially adapted curriculum, whilst separate schools with special trade instruction are provided for elder children of either sex. If after admission to a special school a child is found to make such progress that he could be placed into Standard III. of an ordinary school, and shows sufficient powers of attention and reasoning to follow the work, he is re-transferred. If, on the other hand, after a considerable trial a child makes no progress either in the educational or occupational side, if his attention remains fleeting and his reasoning faculties do not develop, so that he appears to be incapable of learning to manage himself, he may have to be excluded as imbecile.

At the age of 15½ all children in the mentally defective special schools are reconsidered in the light of their mentality and home surroundings. Those who appear capable of fending for themselves harmoniously with others even in a humble capacity in the world, receive ordinary after-care for the purpose of placing out into employment until the age of 18, whilst those who are deemed to need institutional treatment or guardianship on account of their lack of intelligence, usually coupled with instability, are referred for care to the authority under the Mental Deficiency Act.

An important point with regard to the provision of special schools for the mentally defective is the further retardation which is caused by a sense of inferiority from which many such children suffer if allowed to remain in the classes of an ordinary school. Finding that they can never keep up with their fellows, they give up such efforts as they may have made and fall further and further behind. If transferred to small classes with their mental equals, and taught some subjects which they can demonstrate in their homes, *e.g.* the mending of boots, they learn that they may be of some use in the world, and receive praise instead of continual blame, to the great benefit of

their self-respect. There is no question that these schools may be regarded generally as schools of partial recovery. The word "partial" is used since the truly mentally defective remain so throughout their lives; but whereas without special training their condition is one of progressive deterioration, with special training in many cases better work can be got out of an initially inefficient mental mechanism to the benefit of the sufferer, his family, and the community at large.

The aim of the special schools is to get the best possible combination of treatment and education and to secure the utmost co-operation between the school medical service, private practitioners and hospital physicians and surgeons. Should any questions of difficulty arise the school medical officer always welcomes communications from his professional brethren, either directly or through the almoner's departments of the hospitals, since such would aid in the common task of removing the disabilities of the ailing child.