

MEDICAL MATTERS.

THE INFLUENCE OF HEARING IN RELATION TO THE MENTAL AND PHYSICAL DEVELOPMENT OF THE CHILD.

The annual Conference of the various provincial societies for child study was opened on the evening of Thursday, May 9th, at London University, at the invitation of the London Child-Study Society. A reception was held by the President, Sir Richard Martin, Bart., and an address "On Measurement in Child Study" was given by Sir James Crichton Browne.

The two days' work of the Conference commenced on Friday, May 10th, at 10.30 a.m., under the chairmanship of SIR JOHN COCKBURN, when an important paper was read by DR. KERR LOVE, of Glasgow, on the "Influence of Hearing in Relation to the Mental and Physical Development of the Child." After a brief reference to the values of the senses of touch and sight, Dr. Love entered in some detail into the influence of hearing as the educational sense *par excellence*. He quoted a letter to himself from Helen Keller, in which she said:—"The problems of deafness are deeper and more complex if not more important than those of blindness. Deafness is a much worse misfortune. For it means the loss of the most vital stimulus, the sound of the voice, that brings language, sets thought astir, and keeps us in the intellectual company of man"—and compared the normal and blind child, who could obtain speech through hearing, with those who were deaf and could not. It was a mistake to confuse deafness with mental defect in children, and he emphasised the importance of residual hearing and speech in the education of the semi-deaf and semi-mute. In conclusion, Dr. Love put before the Conference three suggestions as follows:—

1. Young deaf children should commence some kind of language training at three years of age or as soon as the fact of deafness is discovered.
2. The school period in schools for the deaf should be extended to eighteen years of age.
3. Every effort should be made to use the remaining speech and hearing of deaf children, and the semi-deaf and semi-mute should attend special schools from which the true deaf and dumb should be excluded.

The discussion was opened by MR. MACLEOD YEARSLEY, F.R.C.S. (Otolgologist to the L.C.C.), who strongly supported the reader of the paper.

If anyone doubted the truth of Helen Keller's words, he would remind them that she was in a position to judge, for she is both blind and

deaf. The sense of hearing gave to the child his physiological education and was the key of the child's early training. The speaker exposed the extraordinary and absurd anomaly of the British law, which enacts that education shall be compulsory for the normal and blind child at five, and for the deaf child, whose needs are so much greater, at seven! and he compared the two when they entered school. Mr. Yearsley supported Dr. Kerr Love as regards the mistake that deafness meant intellectual inferiority, and quoted figures from his own experience as to the occurrence of true mental defect in hereditary deafness. He urged the claims of the semi-deaf and hard-of-hearing child to special classes, and described the result of an experimental class for such children.

Earlier education, he said, was essential to good results of oral training. Speech was man's birthright and it was the deaf child's birthright also, and was not to be filched from him by finger-spelling Esaus who would make the deaf a race apart with a language of its own.

He would, in conclusion, add a fourth suggestion to those before the meeting—"That every effort should be made by teachers in elementary schools to prevent the occurrence of acquired deafness in young children." The whole tendency of modern medicine is prevention, and teachers have unique opportunities for advising parents. Organised advice for prevention should bear fruit in the future, for the medical common sense of an age is the experimental science of its predecessor.

DR. SHUTTLEWORTH spoke of the difficulties that sometimes occurred in distinguishing deafness from mental defect in the very young.

MR. F. G. BARNES urged the adoption of certain tests for backward children.

MR. B. P. JONES demonstrated what could be done for hard-of-hearing children by the teaching of lip-reading.

MR. SWEENEY also spoke, and DR. KERR LOVE briefly replied.

DR. BISHOP HARMAN then read a paper on "The Influence of Defects of Vision," in which he dwelt upon the evils of eye-strain and the necessity for the strict limitation of the eye-work of the young child. The discussion was opened by DR. EDRIDGE-GREEN.

The morning's work concluded with a paper on "The Tuberculous Child," by DR. JANE WALKER. The discussion which followed was opened by MISS M. A. BROADBENT.

It is a matter for regret that the discussions had to be so ruthlessly cut short on account of the exigencies of time.

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