EDUCATION OF INCURABLY DEAF CHILDREN.¹

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It fortunately does not fall to the lot of many to observe the process by which a young child who, having in consequence of disease become incurably deaf, loses the power of speech; but it is most important that everyone should be familiar with the fact, because to a knowledge of the danger will frequently be added a means of its prevention. There are, it is well known, a number of diseases which induce complete or partial and irremediable loss of hearing; and if this incident or accident in the course of disease occur to a child before the age of seven or eight, in the ordinary course of events the child becomes dumb. To appreciate the physiological process (for the loss as well as the acquirement of speech is a physiological process) it is only necessary to compare the case of a child, say six years old, of ordinary intelligence who has in the course of a few days lost all hearing power, with another case in which a child of the same age and speaking the same language is removed to a distant country, where it never hears a word of its first language; at the time when the first child has lost all articulate language (a period to be counted by months) the second child will be found quite unable to understand a word of its first language, or to indicate any object by a word in that language. The fact of it having acquired a second language in no way affects this. The explanation of the loss is the same in either case; namely, in whatever degree young children reflect, their thoughts are seldom formed to themselves into words, (this does not come till much later in life, when it may be noticed that an adult who speaks two languages with equal facility, will detect himself thinking in either); children readily learn, but as readily forget; they depend for their thought so exclusively upon their immediate surroundings, that the relation of objects and acts to the words which denote them soon becomes dimmed and lost to them if they do not hear these words repeated.

Thus it will be seen that when a child has become suddenly deaf, he does not at once lose the facility of denoting objects by words, but the words are gradually clipped and spoken with increased indistinctness, as time goes on, until they become absolutely lost. Let me here say that a very moderate extent of irremediable deafness is quite enough to induce complete loss of speech in young children, but that any degree of hearing which is left, ought, I think, to alter the course and method of instruction which should be pursued.

The following examples of the condition under which children may be left as regards their hearing, and the plan of education which I suggest, will illustrate what I wish to say.

1. A child who has entirely lost hearing and can read, should be made to read several times during the day, and be taught lip-reading. The constant repetition of the words which it has already used will cause them to be retained by reading, and an increased vocabulary will be acquired by the lip-reading.

2. A child who has become totally deaf and cannot read, should at once be taught on the pure oral system, and words which it could pronounce will, by constant repetition, be retained.

3. If a child can understand words pronounced in its ear, still better if it can hear a raised voice, it can be taught to articulate new words by making use of the hearing; its articulation, whilst becoming deficient, can be corrected, and efforts in this direction, added to lip-reading, will enable it to retain speech.

It cannot be too urgently insisted on that the educational treatment of this character must be commenced immediately after the occurrence of the deafness. When this is not done—that is, when the originally acquired vocabulary has been lost, the education will have to be the same as that of a congenital mute, except for the important part of taking advantage of the partial hearing to correct the articulation; and thus speech will have to be acquired again. By processes carried out on these lines, but varied according to the circumstances of the case (of which skilled teachers will be the best judges), and especially regulated according to the amount of hearing left, numbers of children have, within my own knowledge, during the last twelve years, been saved from mutism. It will, I am sure, be freely admitted by those competent to form an opinion, that, up to a comparatively recent date, all children who suffered as I have described became dumb. It was the rule, to which I am unaware of an exception. If it be asked, Why was this? I reply, that before the introduction into this country of the pure oral method of education, no one could have been in a position to make the remarks which I have ven-

tured upon to-day. The mode of proceeding with these children could not have suggested itself to any one. It has become possible by means of a side path, so to speak, which could not have been opened unless the main road of the pure oral method had come into use. It is hardly necessary to say that a most complete revolution has taken place since the year 1871 in the mode of education of deaf children. When, in that year, on behalf of the Association for the Oral Instruction of the Deaf and Dumb, I had the privilege of directing public attention to the matter in a paper read at the Social Science Congress at Leeds, "On the Education of the Deaf and Dumb by Means of Lip-reading and Articulation," with the exception of two or three small schools, the pure oral method was not taught in this country. The progress of the change which has taken place has been so familiar to me, I have taken so active a part in it, and have written so constantly in the press upon the subject, that I hope I may be allowed to say a few words upon it.

In the first place, I would ask permission to pay a passing tribute to the honesty of purpose and the indefatigable industry of the teachers of the deaf and dumb. It was but natural that they should at first regard with some degree of jealousy the introduction of a system which so completely put aside one in which great facility in teaching had been acquired, and which in its way was very successful; but the whole subject was fairly and carefully examined, and the oral method had not only been gradually adopted, but enthusiastically propagated by large numbers, amongst whom may be reckoned many of those who were at first opposed to it. The Association for the Oral Instruction of the Deaf and Dumb, which inaugurated the revolution to which I have alluded, was in a few years followed by The Society for Training Teachers for the Deaf and Dumb at Ealing, a society which has been doing its work with great energy, and adding immensely to the general diffusion of the system. Then must be reckoned the influence of the members of the medical profession throughout the United Kingdom; for they have, through the medical press, been made acquainted with the existence of the oral method; and, as it may be taken for granted that the medical man is the first person who verifies the fact of the child being deaf, it has become his duty to inform the parents of every congenitally deaf child that the oral method is within their reach. And here let me say that, after all, parents are those who should select the plan of education for their child, and the merits of the system must be judged by its results as observed by the parents. In 1880, I wrote as follows:—"What is the opinion of the better educated classes upon this method, may be learned from the following circumstance. In my position as aural surgeon to one of the principal metropolitan hospitals, a very large number of deaf children of all classes come under my observation. It has been my habit, on all occasions, not to advise as to either method of education, but to afford opportunities for thoroughly observing both. I can confidently assert, that on every occasion during the past seven years the parents have selected the articulate method; and whenever this plan has not been followed out, it has been in the cases of hospital-patients, whose means were not sufficient to meet the expense, and who were therefore obliged to place the children in asylums, or completely neglect their education. From such experiences as these, whilst having no doubt as to the advantages of the articulate system, it has become a question with me whether, for the labouring classes of the poorer sort, this system is applicable; not simply because of the expenses that are incurred during the education, but also on account of the number of years during which it is necessary to keep the child at school." I may also add that the pure oral method is obviously unfitted for children with cleft palate, or those in whom sight is in any way deficient; and in one class of cases, where the loss of hearing is the result of disease, the vision is very frequently at the same time affected.

REDUCTION OF SALARY.—The Stafford Guardians and Rural Sanitary Authority, at a recent meeting, had under consideration the continued refusal of the Local Government Board to sanction the reduction of the salary of Dr. George Reid, the medical officer of health, from £75 to £50 *per annum*. After a short discussion, a resolution that a reply be sent to the Local Government Board to the effect that the authority could not come to any other conclusion than that previously arrived at, was proposed and carried by 11 votes to 3.

PRESENTATION.—On June 26th the students, etc., of Mercers' Hospital, Dublin, presented Mr. James Keenan with an address and purse of sovereigns in recognition of his courtesy, kindness, and ability displayed whilst acting as resident surgeon to the hospital. Mr. Edward Stainer O'Grady, M.B., etc., presided. Professor Charles A. Cameron, M.D., etc., made the presentation, accompanied by a neat speech, which was responded to in appropriate terms by Mr. Keenan.

¹ Read at the International Health Exhibition, June 30th, 1884.