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Case Studies of Four Negro Elementary Pupils With Common Physical Defects

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CASE STUDIES OF FOUR NEGRO ELEMENTARY PUPILS
WITH COMMON PHYSICAL DEFECTS

A Problem Submitted to the Department of Education
in Partial Fulfillment of the Requirements
for the Course in Research Problems 390b

By

Arthur Lee James

Arthur Lee James
1954

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KANSAS STATE TEACHERS COLLEGE

Pittsburg, Kansas

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CHAPTER I

INTRODUCTION

Statement of the Problem and Its Purpose

This problem is written to consider the common physical defects which invade our schools each year. The writer is particularly interested in emphasizing the elementary level, for he firmly believes that it is at that time that the problem is most susceptible to correction. The four pupils from Lincoln High School, Joplin, Missouri, represent, in his opinion, typical problems which exist within a given school plant.

The writer attempted through methods of measurement, analysis, and observation, to arrive at an estimate of the physical and mental make-up of the individual. He aimed to interpret human behavior and to define its limitations and possibilities in relation to practical problems which require responsible diagnosis and a degree of prediction. The methodology included:

1. Determining the mental and physical status of the individual.
2. Diagnosing the cause to determine the factors which have produced the discovered deviations; the interpretation of the individual's behavior in the light of his social background.

3. Formulating or suggesting plans for remedial or corrective work to alleviate the difficulty.

Case Study as Method of Research

The introduction of the case study method may be summarized by an introductory statement of Good, Barr, and Scates.¹

It is becoming generally recognized that in dealing in any practical way with human relationship and adjustments there is considerable advantage in using the case study method.

The case study method is well known in certain professions. The social workers, psychologists, psychiatrists, and mental hygienists make use of this method and consider it basic to their understanding of the whole personality.

The public schools, faced with the problem of mass education and the recent tendency to redirect education to take account of individual differences, have gradually come to recognize the necessity for case studies of individual pupils. "The needs of the obviously exceptional child, the blind, the deaf, and the seriously mental defective, have been recognized as well as those of the truant."²

According to Traxler,³ its major function is to bring

¹Good, Barr, and Scates, The Methodology of Educational Research (New York: United States Press, 1935), p. 566.

²Loc. cit.

³Arthur E. Traxler, Techniques of Guidance (New York: Harper & Brothers, 1945), p. 131.

together the information collected by other tools and techniques in such a manner that these data can be systematically reviewed and analyzed. Basically it is an individualized, discriminating, systematically planned method of record keeping and interpretation.

This method as described by Gordon Allport,⁴ is the most comprehensive of all, and lies closest to the initial starting point of common sense. It provides a framework within which the psychologist and the educator can place all of their observations gathered by other methods. It is the final affirmation of the individuality and uniqueness of every personality. It is a completely synthetic method, the only one that is spacious enough to embrace all assembled facts. Unskillfully used, it becomes a meaningless chronology, or confusion of fact and fiction, of guesswork and misinterpretation. Properly used, it is the most revealing method of all.

The condensed outline given below will show more clearly the general nature of the method:⁵

The Complaint

The Child

Present status
Age
Sex
Grade - class - teacher's names

Physical appearance

General impression made by the child
Obvious physical or mental limitations
Neatness and conditions of clothing, mannerism

Personality traits

General emotional tone; for example, cheerful, moody, etc.

⁴M. E. Hahn, Malcolm S. Maclean, General Clinical Counseling (New York: McGraw-Hill Book Company, 1950), p. 136.

⁵Harry N. Rivlin, Educating for Adjustment (New York: D. Appleton Century Company, 1936), pp. 107-114.

Attitude toward his family
 Attitude toward his school
 Attitude toward his friends
 Attitude toward himself, his abilities, and
 problems
 Play life
 Hobbies
 Educational and vocational ambitions
 Marked likes and dislikes
 Unusual fears
 Any special personal problem?

Educational status

Present school achievements
 History of retardation or acceleration
 Special deficiencies and proficiencies
 Past record in work and conduct

Results of medical examination

Physical defects
 Efficiency of sensory organs
 General condition of health
 Nutritional status
 Comparison with normal height and weight
 Muscular coordinations
 Reduced or exaggerated reflexes
 Twitchings, tics, tremors
 Peculiarities of gait or speech
 Previous health history

The Environment

The family
 The individuals living at home
 Apparent economic level
 Apparent social status
 Parental methods of discipline
 Parents' emotional disposition
 Attitude toward this child
 Possibilities of securing the home's cooperation
 Record at other social service agencies

The Neighborhood

Recreational facilities
 Housing and living conditions
 Desirability of his playmates
 Any special obstacle to adjustment

Diagnosis

Treatment

The writer has faithfully attempted to gather pertinent

information in terms of a case study pattern which is similar to that quoted above.

Need for the Study

According to Hildreth, "The wealth of the human race lies not in ocean, soil, or sunlight, but in the mind of man. Imperfect and inadequate mental functioning result in inestimable loss to society. Part of this loss is attributal to maladapted educational procedures and failure on the part of educators to study the present and future needs of pupils."⁶

Dr. Woods and Dr. Grant state⁷ that statistics regarding physical defects in school children are startling. In Philadelphia in the year 1949, a total of 210,528 pupils were given complete physical examinations by the medical inspectors. One hundred ten defects were discovered. Of the defects 12,276 were of eyes; 38,321 nose, throat, and mouth; 1,699 ear; 12,119 teeth; 8,391 orthopedic and 10,087 nutrition.

It is estimated that about a third of the four million children who enter the elementary school each year fail of promotion because of mental immaturity, physical or mental defect. These repeaters, it is estimated, cost the school annually from seventy two to eighty dollars a pupil, according

⁶Hildreth, Psychological Service for School Problems (New York: World Book Company, 1942), pp. 23-24.

⁷Thomas D. Wood and Hugh Grant, Health Supervision and Medical Inspection of Schools (Philadelphia: W. B. Saunders Company, 1949), p. 260.

to estimates of the United States Bureau of Education.⁸

The elimination of school failure will not solve all educational problems, but it will indicate the advancement of the school system in meeting pupils needs. If schools can develop an understanding of the effects of physical defects on the normal maturation of children, they will meet another need of some of the children.

Selection of Cases for Study

The four pupils selected for this study are actually persons with physical disorders chosen from the student body in Lincoln High School, Joplin, Missouri. These four cases, which will be presented in separate following chapters, were observed and reported to the writer by the teachers of the pupils. The writer was informed that these pupils had emotional problems that should be corrected. It might be noted that these are not exceptional cases; they are fairly common problems which could be found in any school plant.⁹ Each case represents some problem of physical defectiveness which could lend itself to correction.

Related Studies

Among the many related studies using the case study

⁸Loc. cit.

⁹E. Q. Detjen, M. F. Detjen, Elementary School Guidance, Understanding the Physical Needs of Children (New York: McGraw-Hill Book Company, 1952), p. 27.

technique, only a few will be mentioned.

Arthur E. Traxler,¹⁰ former Associate Director of Education Records Bureau, published Techniques of Guidance. In that volume Dr. Traxler has marshalled, organized, and clearly presented the best modern techniques and procedures available for the complex and all important job of counseling and guidance. His chapter on "Case Study Procedures in Guidance" has been especially helpful to the writer in making this study possible.

Delvere A. Cockrell,¹¹ a former **core** curriculum teacher at Nevada Junior High School, Nevada, Missouri, and a graduate of Kansas State Teachers College, Pittsburg, Kansas, in his thesis, made a case study of eighth grade pupils under his supervision who had problems of maladjustment which needed to be ferreted out and corrected.

Rosa Anna Hawkes,¹² Guidance in Public Secondary Schools, includes a chapter, "The Cumulative Record and Its Uses." Mrs. Hawkes takes the reader step-by-step through the process that an administrator, teacher, or guidance officer should follow in interpreting the wealth of data that are collected about each individual through objective tests and other means.

¹⁰Arthur E. Traxler, Techniques of Guidance (New York: Educational Records Bureau, 1939), p. 14.

¹¹Delvere A. Cockrell, "Eight Pupils with Problems of Maladjustment" (Unpublished Master's Thesis, Kansas State Teachers College, Pittsburg, Kansas, 1952), p. 3.

¹²Rosa Anna Hawkes, Guidance in Public Secondary School, the Cumulative Record and Its Uses (New York: D. Appleton-Century Company, 1939), p. 215.

Jessie D. Grandle,¹³ a core curriculum teacher and a graduate of Kansas State Teachers College, Pittsburg, Kansas, used the case study technique to determine the reading growth and achievement of four slow learners in the sixth grade of Horace Mann Laboratory School during three and one-half months of remedial instruction. The problem was to determine the cause of reading disabilities of those children and to determine, plan, and carry out a remedial program with the group deficient in reading.

Harry N. Rivlin,¹⁴ former Assistant Professor of Education, College of the City of New York, in his book, Educating for Adjustment, emphasizes the positive aspects of assisting the pupils' adjustment. The book takes the mental hygiene point of view into the classroom and indicates how the principles of mental hygiene can be applied effectively through the teacher's attitude, school activities, and procedures without involving the teacher in the responsibilities and duties of the trained psychiatrist. The case studies in this text concern not patients in psychiatric clinics but pupils and students now enrolled in our schools.

Thus, from the enumeration of these studies, it may be seen that the case study method is growing in usage among the schools and school children of the nation. It is the writer's

¹³Jessie D. Grandle, "Determined Reading Growth and Achievement of Four Slow Learners" (Unpublished Master's Thesis, Kansas State Teachers College, 1952), p.

¹⁴Harry N. Rivlin, op. cit., pp. 3-7.

intention of making a small contribution in this area with Negro elementary school children with emotional and physical defects.

Limitations of Study

This study was limited to the diagnostic and recommended remedial treatment of the individual case studies presented with physical defects from the third, fourth, fifth, and sixth grades of Lincoln High School, Joplin, Missouri.

The sources of data were interviews with parents, pupils, teachers, a case worker, cumulative records, and observation of pupils behavior.

Each case study follows the same general outline and contains a summary and interpretation of the pupil's behavior, diagnosis, and recommendation for corrective treatment.

CHAPTER II

CASE NUMBER ONE

Description

The writer's attention was called to Case One when her teacher consulted him about the child's unusual behavior. Her teacher stated that Case One is very good academically. She does superior work in all her classes, but she seems to be shy and will not take part in any extra curricular or social school activities. An attempt was made by the writer to determine the causes for poor social adjustment, and, if possible, recommend treatment.

Results of Mental Examination. Because of the writer's inexperience and lack of training to administer tests, only Case One's cumulative record and teachers' opinions can be offered as indicators of mental ability. The Otis Group Intelligence test showed an intelligence quotient of 137 in the third grade. The California Test of Mental Maturity which was administered this fall gave her I.Q. 140. Case One's progress and achievement record showed superior performance.

Health and Physical Record. Case One is 5'1" in height and weighs 172 lbs. According to the Metropolitan Insurance Weight and Height Chart,¹⁵ she is forty pounds overweight for her age and height. Her record showed that her skin and eyes

¹⁵"How Old Are You," Pamphlet, Metropolitan Life Insurance Company, New York, p. 4.

were normal. Her hearing was excellent. Case One's heart examination revealed an irregular pulse with a slight heart murmur. Her posture and carriage were markedly poor. She has been vaccinated for smallpox and diphtheria. Her feet were flat. It has been reported by the teacher this year that the doctor discovered that she has an improperly functioning thyroid gland that is overdeveloped, a condition which could have a direct bearing on Case One's behavior. This dissability was reported to the parents by the writer, and Case One is now taking a series of injections from her family doctor.

Early Developmental History. Case One's father and mother were in their early thirties at the time of her birth. Pregnancy was a full nine months. Weight at birth was seven pounds and six ounces. The baby was bottle fed, and was reported by the mother to have made normal growth until the seventh year. Case One walked and talked at thirteen months. Case One's health status can be said to be normal except for her abnormal growth during the seventh year.

Physical Appearance. Case One's hair is always carefully arranged. She is neat and clean, but shabbily dressed. Her clothes, usually made at home, are often too small for her, allowing adipose tissue to protrude around her waistline. She walks with heavy, awkward, waddling gait which literally jars the room. She constantly maintains a pleasant smile when in conversation. She has very attractive facial features.

Personality Traits. Case One is cheerful, although some-

times moody. She has few friends, and is accepted by the group scholastically but not socially. She appears to be conceited; she depends on no one in class work. However in other situations Case One has very little confidence in herself. Once the teacher gave her the leading role in the Easter Pageant but Case One refused, saying she could not learn the lines, and was oversized, and would only be in the way.

Case One is very slow and does not participate well in playground activities. Her classmates are reluctant to choose her in games because of her inability to run swiftly and freely. She has not attended any of the school affairs this year. She would rather stay home and watch the television. Case One has some hobbies: handicrafts and stamp collecting. She also likes to read and has read such books as "Macbeth," "Tom Sawyer," and "Huckleberry Finn." When asked about her vocational choice Case One stated she would like to be a nurse.

Case One's mother stated that she likes to eat and that she eats practically all the time. Sometimes at midnight she gets up and eats. Case One reported to the writer that she hates gym class and wished they would dispose of it. She mentioned her size and wished she could be pretty like the other girls. She said some of the boys are always calling her "big fat mamma" and stated she just hates that name. Case One's favorite foods are ice cream and apple pie. Last year she said, "Mother made some spiced pickle sauce and it was

really good." She ate a jar of it all by herself.

During the interview Case One was courteous and polite. One could tell that she has been reared well by her family. There were certain behavior traits detected by the writer; she bit her finger nails, pulled her hair, and looked toward the back of the room during the interview. It was reported by her mother that she has always been sensitive about her size, "but her mind has always been joyous and pure."¹⁶

Educational Status. Case One received all of her grammar school education in Lincoln School in Joplin, Missouri. She entered Kindergarten September 6, 1948 at the age of 6. Her report card marks for the major subjects she has taken in elementary school are as follows:

	<u>1st year '49-50</u> ¹⁷	<u>2nd year '50-51</u>
Writing	S.....	S
Geography	S.....	S
Spelling	S.....	S
History	S.....	S
Art	S.....	M
Physical Ed	S.....	I
Science	S.....	S
	<u>3rd year '50-51</u>	<u>4th year '51-52</u>
Reading	S.....	S
Language	S.....	S
Arithmetic	S.....	S
Music	S.....	S
Writing	S.....	S
Geography	S.....	S
Spelling	E.....	S
History	S.....	S

¹⁶ Interview with Parents, November 3, 1953.

¹⁷ Explanation: E-Excellent; S-Superior; M-Average; I-Inferior.

ArtM.....S
 Health & Physical Ed.S.....S
 ScienceS.....S

5th year '52-53

ReadingS
 LanguageS
 ArithmeticS
 MusicS
 WritingS
 GeographyS
 SpellingS
 HistoryS
 ArtS
 Health & Phy. Ed.....I
 ScienceS

According to Case One's report card marks she has excellent native ability and is superior in all departments except physical education. When asked about low grades in physical education, she explained that her classmates ridicule her when she does take part. Her physical education instructor stated that Case One's behavior during gym hours is abnormal and that she tends to play by herself. Because of her size a special gym suit had to be ordered for her this year. During gym class the boys whistle at her.

In interviews with Case One's other teachers the following data were obtained.¹⁸ Case One is a girl of remarkable ability and she has real interest in many things. She plans, organizes, and uses every minute of her time to the best advantage. Her deficiency is inability to mix socially. Her attitude in class is beyond reproach, and she applies herself diligently all the time. She is alert, responsive, quick to

¹⁸These data were based on several personal interviews of Case One's teachers, Mrs. Bradshaw, Mrs. Meeks, and Mrs. Smith.

grasp the point, and usually scores among the highest in her class. According to one teacher, the girl is one of the best students she has ever had. In reading class her independent attack on new words and general reading ability are unusual. At the present time much of her reading is independent of the class, and she is progressing most satisfactorily. She constantly gives a solution to problems which the rest of the students have failed to master. This was particularly noticeable this year when she represented her school in the spelling contest given by the Chamber of Commerce of Joplin, Missouri. Case One was the winner of the city wide contest.

Home and Family Background. Case One's home background is considered average in culture. She lives in a two story house next to the church she attends.

Her physical needs are adequately met. The father is employed at the Spencer Chemical Company as a custodian. The mother is a house wife and does part time laundry for a small fee. The mother and father both have limited education which was terminated in high school. The parents seem very intelligent and conscientious despite their limited schooling. They appear to be well read. The family is quite religious and well respected in the community. The father is a good provider. He is affiliated with such social groups as the Masons and the American Legion, and he is a Deacon in the church. The mother is a member of the Eastern Star and a teacher in the Sunday School.

The reading material in the home consist of a local newspaper, "The Joplin Globe," "Life" and "Time" magazines, and a few books of the classics, including some volumes of Shakespeare. The home is equipped with television which is possibly one of the reasons for Case One's tendency to remain in the home too much. Other members of Case One's family are a sister, aged 24, who is married and now in St. Louis, Missouri; a brother aged 7, who lives at home and is in the first grade, and a baby sister 4 years of age.

Case One's parents seemed quite concerned about her social status and physical development. They had not the slightest idea that she had glandular trouble. Their other children are normal in height and weight. The parents assumed that the only trouble with Case One was that she was over-eating. The mother stated she has been a heavy eater and that obtaining clothes for her is quite a problem. Neither of the parents had any solution to offer to the problem, but they hoped someone could help her.

Summary and Interpretation. A consideration of Case One's cumulative record brings forth some important objective data. Her educational testing indicates that there is no deficiency in Case One's mental ability. She is superior in all of her work in school except physical education. In the report from Case One's teachers, nothing but high praise was given for her. Her physical education instructor says her biggest fault lies in her withdrawn behavior. In gym class

she tends to play by herself. The physical report is most indicative, since there is indeed serious evidence of physical abnormality. She is overweight for her age and weight. She has an improperly functioning thyroid gland and slight nervousness. Another contributing factor which aggravated Case One's physical disability is her excessive overeating.

Diagnosis and Recommended Treatment

Diagnosis. It is the writer's opinion that Case One's unusual physical development is the cause of her abnormal behavior. It may be that she overeats because of her feeling of insecurity, due to lack of affection and appreciation from her friends and loved ones. The physical disability which exists is so powerful in its inhibitory effect that it has deprived Case One of social success.

Recommendation for Treatment. The writer suggested to the parents that Case One needed medical attention, and the recommendation was followed. At the present time Case One is taking a series of injections from her family physician. She is losing weight and shows some improvement in her social adjustment. The writer also recommended that Case One's physique could be improved through a balanced diet and plenty of exercise with her doctor's sanction and directions. The slight heart murmur and nervousness are symptoms which may improve when her body is burning up the food energy at the

proper rate. As Case One's physique improves, her social interests will increase to the point that she may not over indulge in food. The writer has suggested that the family insist that Case One adhere to the diet and exercise prescribed by her physician, and that they encourage her as she loses weight by praising her and by buying her "becoming" clothes which fit properly.

CHAPTER III

CASE NUMBER TWO

Description

At the beginning of the study Case Two was eleven years and two months of age and in the third grade. He was the tallest and most bashful boy in his class. He was referred by the teacher to the writer for study because of extremely poor posture, failure to mix with other pupils, and academic difficulties. The teacher thought that he seemed to be well on the way toward becoming a mental health problem.

Result of the Mental Examination. Because of the writer's inexperience and lack of training to administer tests, only Case Two's cumulative record data on testing are given.

Case Two's former teachers said he was of low intelligence. The Otis Group Intelligence Test showed an intelligent quotient, of 64 in the third grade. His reading comprehension and his speed of reading scores were far below average for his group. The Revised Stanford-Binet Scale gave his CA, 11-2, and his I.Q., 64. His progress and achievement scores fell below the median. His report card showed that he repeated the second grade.

Health and Physical Record. Case Two's medical record showed that he has been examined this year by the school physician. He has had whooping cough, smallpox, and diphtheria.

His eyes, nose, throat, and heart were found to be normal. He has been innoculated against diphtheria this year. The record showed his general health to be normal except for his posture, dry skin, and nutritional deficiency. Case Two is 5'2" tall and weighs ninety-eight pounds. According to the Metropolitan Life Insurance Health and Weight Chart,¹⁹ Case Two is thirty pounds underweight for his age and height. It is impossible to measure objectively Case Two's neuromuscular coordination. However, Case Two's physical education instructor has observed the boy's behavior and stated that his coordination is poor.

Early Development History. In an interview with Case Two's mother, the following data of Case Two's early physical development were obtained. Case Two was born in Kansas City, Missouri in the General Hospital. Case Two's father was thirty-two and the mother twenty-nine years of age at the time of his birth. Because pregnancy was interrupted at seven months, Case Two was placed in an incubator. Development during the next few years was normal. Case Two has never been ill except for the normal diseases he contracted during the first and second grade. Case Two has always been slightly delicate. The mother stated she has often given Case Two cod liver oil to make him gain weight, but it seemed to have no effect. Case Two takes cold easily and sometimes has hayfever.

Physical Appearance. Case Two is tall and thin with

¹⁹"How Old Are You," op. cit., p. 4.

stooped shoulders. He has large brown eyes, high pitched voice, and wears a "hang dog" expression on his face. Case Two's clothes are dirty and seem to hang from his shoulders. When he walks he shuffles his feet and carries his left arm akimbo as if it were paralyzed. His whole appearance suggests some sort of physical disability.

Personality Traits. Case Two is said by his teachers to be shy and sensitive but very polite. This is displayed each morning when he greets each teacher as he enters the building. Each day during recess periods instead of playing with his classmates, he seems to prefer to help the janitor clean the building. Case Two has a feeling of inferiority and lacks confidence. This is particularly noticeable in class discussions. Case Two never volunteers information or raises his hand during class discussion. When he is asked to recite, he answers in a low voice that can hardly be heard. Case Two appears unhappy at school because he is often ridiculed about his poor physique. It has been stated by some of his classmates that even his brothers take part in teasing him. Case Two's favorite sports are baseball and basketball. Despite his lack of skill in these games he still enters into them readily. Case Two attends movies when he can afford it. He says he prefers western stories to love scenes. He has never participated in any group activities of the school. In discussing his vocational choice, Case Two stated he would like to be a cowboy like Roy Rogers. When asked what he thought

about girls, he only sighed and said, "They are all right as long as they stay in their place."

As for Case Two's family, he has love for his mother, but does not care much about his father. When the writer questioned him about this, he stated, that his father spanked him all the time, but his mother was a little more liberal with him. While his mother tends to ignore Case Two, the interview indicated that he is very dependent upon his mother for decisions. The only fault he finds with his mother is that she has a tendency to take his earnings, made working at the fruit market. Case Two adores all his sisters but there seems to be antagonism between him and his brothers. His brothers are always calling him "slim." Case Two appeared to be cheerful during the interview. He didn't enter readily into conversation. Case Two was cooperative in answering all questions. He did exhibit some favorable emotion when questioned about his mother. His cumulative record reported his emotional status as "fair."

Educational Status. Information gained from Case Two's teachers and his cumulative record showed that Case Two started school two years late. According to his mother's statement, he was kept from school because of his size. He entered Lincoln Elementary School at Joplin, Missouri, at age eight. He was retained in the second grade for a year. Case Two's teachers report that he has very little aptitude for any academic school work and has required considerable reteaching.

His report card which follows shows him unsatisfactory in all of his grades.

	<u>1st year '49-50</u> ²⁰	<u>2nd year '49-50</u>
Reading	F	F
Arithmetic	F	I
Language		
Music	F	I
Writing	F	I
Geography		F
Spelling	F	F
History		
Art	I	I

	<u>2nd year '51-52</u>	<u>3rd year '52-53</u>
Reading	I	F
Arithmetic	I	F
Language		
Music	I	F
Writing	I	F
Geography		
Spelling	I	F
History		
Art	I	

Case Two's cumulative record reveals that he has been absent from school twelve days in September. According to the principal's statement a letter was sent to the mother asking her to explain the son's absences. Her only reply was "I had chores for him to do."

Home and Family Background. Case Two's home background is lacking in culture, and his physical needs are inadequately met. Case Two lives in a broken down house that is without any plumbing and needs repairs badly. The house is dirty practically all the time and whiskey bottles are evident daily.

²⁰Explanation: E-Excellent; S-Superior; M-Average; I-Inferior; F-Failure.

The children sleep together, four in a bed. The only reading material in the home consists of comic and sex books. Case Two's mother and father separated when he was six years of age. The education of both parents terminated in the fifth grade. According to a case worker's story, the family had become such a problem to the welfare agency in Kansas City, Missouri, that they recommended and insisted upon their moving to Joplin, Missouri, as a place where the family might be happier. The State of Missouri supports the family through its charity program. The children are poorly cared for and are dirty most of the time. Two years after moving to Joplin the mother was stricken with arthritis. This disease has left her crippled to the extent that she is unable to do anything for the children. However, according to Case Two's teacher, her room and body are always neat and clean. It has been reported by her neighbors that she indulges in alcohol excessively.

There are nine other children in Case Two's home. His two sisters, one aged ten in the fourth grade, four brothers, one aged eleven, twins aged nine, one aged seven, in the second, fourth, and fifth grades respectively; and three other children who are not of school age. It has been reported by his teachers that Case Two's mother nags at him constantly. His mother already has an older son in a reformatory at Boonville, Missouri for stealing and Case Two is constantly reminded that such a fate might befall him. To forestall this

she has set a time for Case Two to be home at night, but the rule is not rigidly enforced.

Neighborhood Environment. The writer is well acquainted with the community in which Case Two lives. The community is below par for providing recreational facilities and entertainment for satisfying Case Two's social needs. He lives in the east end of Joplin surrounded by railroad tracks and a dump yard. The majority of the families rent their homes and provide a living by doing jobs in the Joplin city business district, as custodians, maids, etc. In the community there is a church that needs repairing badly. The school which Case Two attends is located in the west end of town about two miles from his home. There is a playground in the west end of town which is too great a distance from Case Two's home for him to utilize.

Summary and Interpretations. Evaluating Case Two's cumulative record, one can form the opinion that Case Two is considered low in intelligence. His school report cards for the past four years from the Lincoln Elementary School which he has attended have been unsatisfactory. Case Two's personality traits from his former teachers revealed that he is naughty at times but has a courteous disposition. He is said to be shy and sensitive. In social standing he has few friends. He prefers to play alone and shows signs of having an inferiority complex. Considering Case Two's health and physical records it seems likely that part of the trouble may be there. Case Two being the tallest boy in his class and the weight

chart reveals he is thirty pounds under-weight and his noticeable appearance could have a bearing on his social status.

Diagnosis and Recommended Treatment

Diagnosis. From the objective data that has been gathered and carefully analyzed, the writer has formed the conclusion that one of the most significant factors in Case Two's difficulties is his physical condition. In addition, his poor environment and low intelligence are contributing factors. Since Case Two is the tallest boy in his class and is constantly reminded of his size by his classmates and brothers, and since he has a feeling of not being wanted by his social group, Case Two's reaction was a submissive and withdrawing attitude. It is possible Case Two's poor posture could have started when he noticed that he was the tallest boy in class. Unconsciously, to overcome this he has lowered his head and bent his shoulders in an attempt to be short like the other boys in his class. He formed poor posture habits which caused his difficulty. Case Two's home background and mental examination revealed contributing factors to his difficulties. Case Two's broken home and a family of low intelligence have a definite bearing on his poor adjustment.

Recommendation for Treatment. It is recommended that Case Two's physical education instructor give him the following exercises to correct his abductor scapula. The exercise should

be as follows: The first exercise should be in the supine lying position because with gravity tending to pull the spine forward and the necessity for effort in balance in the standing position. The pupil should exhale drawing the abdomen in and tries to touch the floor with the small of his back. He then inhales raising the chest keeping the abdomen in and back on floor. On inhalation, the same pressure and method is used. The main object is to teach abdominal and lower back control. The pupil standing erect should place his buttocks against the wall and the heels four to six inches from the wall. The abdomen is retracted and the lower back is forced against the wall as the expiratory movement takes place. Then an inhalation is made and the pupil attempts to retain connection. All the movements are done slowly and definitely. The idea is perfection of movement and not number of times done.

As to Case Two's academic work, with his low I.Q. he will not progress much beyond the fourth or fifth grade. However, correcting his poor posture and helping him grow straight and strong, may store some self-confidence. He will need it, since he has so many other handicaps. Case Two still likes school and should be encouraged in directions in which he may find some success. It would be excellent if he could be encouraged in the field of crafts and woodworking. A remedial teacher, if available, should work with Case Two.

CHAPTER IV

CASE NUMBER THREE

Description

The beginning of the study, Case Three was nine years of age and in the fourth grade. He was brought to the attention of the writer because of stuttering and poor school achievement.

Results of Mental Examination. Case Three was said to be of normal intelligence by his teachers. The Otis Group Intelligence Test which was administered this fall gave an intelligent quotient of 109. The Revised Stanford-Binet Scale gave his CA 9-1 and his mental age 10-4. His school subject achievement was shown to be normal for his grade in arithmetic, but far below in spelling and somewhat below in reading. Tapping and grip tests showed the boy to be normally right-handed. Case Three has made normal acceleration through all grades. According to one of Case Three's teachers the boy is very deliberate in his attack upon problems. And there is little doubt that the boy has sufficient mental ability to do acceptable work in the elementary school.

Health and Physical Record. According to Case Three's cumulative record he appears to be normally vigorous and healthy, with perhaps two exceptions: his speech difficulty and weak eyesight. However, his medical card showed improvement

in his eyes this year, evidently the result of the glasses he now wears. He has been inoculated against diphtheria and smallpox this year. His eyes, nose, throat, ears, and posture were either marked "good" or "normal." He is 4'7" in height and weighs 96 pounds. According to the Metropolitan Insurance Height and Weight Chart²¹ his height and weight are normal. Case Three's medical record reads "Large tonsils." Case Three states because of his tonsils his father has forbidden him to go into the school pool as the chlorine in the water tends to give him sinus trouble. He expects to have his tonsils removed this summer. According to Case Three, however, and in spite of his evident vigor, he and his brother have had most children's diseases. He had scarlet fever while in the second grade and was also out of school this year for a week when his older brother had the same disease. Case Three's physical education instructor stated that the boy's coordination is normal. His health record revealed that his general health is good except for his speech difficulty.

Early Developmental History. Case Three was born in Kingold, Louisiana, in St. Mark Hospital, June 21, 1944. The mother and father were in their late thirties at the time of his birth. As a small baby he was nervous, slept lightly, cried a good deal, and was very fussy. Talking and walking were reported to be at about twelve months. He was breast fed. The mother went through a normal pregnancy, uninterrupted,

²¹"How Old Are You," op. cit., p. 4.

according to her statement. Case Three made normal progress through his infancy and early childhood except for the speech difficulty. The difficulty appears to have developed at the age of two and a half or three years. Whether or not emotional shock was the cause of the difficulty is not known. The mother recalls, however, that the boy slipped and fell on some ice near the kitchen door, when he was three years of age and that the speech difficulty appeared at about the same time. Poor achievement in school subjects, particularly in reading and spelling, was largely attributed to the speech difficulty. So far as is known, the boy has always been righthanded.

Physical Appearance. Case Three is a slender boy, with thick lips and a wide mouth. The writer found him to be very willing and cooperative in the interview. At no time was there any reservation on his part in talking about himself. The writer found it difficult to terminate an interview with him because the boy liked to carry on a conversation. Case Three was neat and clean and his hair was combed. He presents a pleasing appearance. He is bright eyed and alert. His skin is clear and rosy. From his eager responsive attitude, one would expect him to produce a fine caliber of work.

Personality Traits. Case Three's teachers reported that the boy has the usual work and play interests of the normal boy of his age. He enjoys all types of outdoor activity, and he cooperates with the other pupils in playing games. He is a good loser as well as a winner. Case Three is said by his

mother to be somewhat babyish, and is characterized by the writer as a very lovable and interesting boy. He is well-behaved, cooperative, and has a pleasant personality. His schoolmates like him and he gets along with the group. Despite his speech defect there is no unusual shyness, fear, or embarrassment evident. Case Three likes school and all of his teachers. His liking of school could be attributed to his gregarious attitude. He likes to mingle with the group. His major hobbies are drawing and collecting jazz records. He has done a considerable amount of drawing this year. Most of his drawings were copies from pictures in magazines, and his drawing teacher states that he did not seem to have better than average ability. He has specialized particularly in drawing airplanes from pictures which he has collected.

Case Three also likes to attend movies and go bicycle riding on the new bike he got for Christmas that year. As for movies he likes all kinds but prefers western scenes. Case Three would like to get a paper route like his older brother. But he states, "He is not of age as yet and his mother won't let him until he becomes of age."

Case Three loves his mother. His father died when he was small. It has been stated by the teachers that the younger boy has always been the "great" of the family. He has been treated with rough contempt by his brother, pampered and babied by his mother. Nevertheless he is fond of his brother.

The older boy is ashamed of the younger one because he

stutters and would prefer not to have him around, although he will tolerate him if necessary. Case Three is sensitive about his brother's attitude toward him. This is indicated by his constant effort to merit his brother's confidence and esteem.

Educational Status. Case Three's cumulative record showed that he started school at an entrance age of six. And the major portion of his schooling has been in Joplin, Missouri Elementary School. According to his former teachers and his report card he has made normal progress through all grades, except he is slow in reading and has made no progress in spelling during the four years he attended Joplin Elementary School. Case Three shows normal interest in his school work and is eager to improve in the subjects in which he is now deficient. The writer has recommended Case Three to a speech correctionist who visits the school one day out of a week and the results have been gratifying. The defect is still apparent, but it causes the child little embarrassment now and is only severe when the boy is greatly fatigued or has been under unusual strain. Much of the improvement, particularly over the holidays and summer vacation when no speech training was given, appeared to be the natural result of growth and maturity coupled with the child's own efforts to improve. The boy has become much interested in and has achieved success with industrial and fine arts, and greater self confidence is evident. The writer also recommended remedial work in reading and spelling. This

program has been successful because of the child's intelligence and splendid cooperation.

Case Three's report cards which follow show that for the past four years of his schooling he has had inferior or failing marks in reading and spelling.

	<u>1st year '50-51</u> ²²	<u>2nd year '51-52</u>
Reading	I	I
Arithmetic	M	M
Language		
Music	M	M
Writing	M	M
Geography		
Spelling	F	F
History		
Art	M	M

3rd year '52-53

Reading	I
Arithmetic	S
Language	
Music	M
Writing	S
Geography	
Spelling	F
History	
Art	M

Home and Family Background. Case Three comes from an intelligent appearing family, but since his father's death five years ago, the mother seems inclined to shift to others her responsibility for the care and support of the boys. The father who was a conscientious man and was employed by the federal government as a railway transportation mail clerk, left the widow a home and small bank account. The home is modern in every respect. It has seven rooms with ample space for the

²²Explanation: E-Excellent; S-Superior; M-Average; I-Inferior; F-Failure.

children. The children's physical needs are well met. Their meals are well balanced, and both children get sufficient amount of sleep. Both parents were well-educated. The father was a graduate of Langston University, Langston, Oklahoma. The mother has completed two years of college work at the same school. The father who took an active part in the community was affiliated with such social groups as the Shrine, and Parent-Teachers Association and was a Deacon in the church. The mother, a very attractive young woman, also took an active part. She belongs to the Eastern Star, is a member of the church choir and other social groups.

Inside the home there was evidence of culture. Included were: a radio, "Joplin Globe" newspaper, "Life," "Time," and "Reader's Digest" magazines, and other literature. The home is well kept and clean. Despite the fact that the mother does part-time work in a cafe. Other members living in the home are Case Three's older brother who is fourteen years of age and in the ninth grade, and his aunt who cares for the children while the mother is at work. It is interesting to note that all of Case Three's family have normal speech.

Summary and Interpretation. The following is a brief summary of Case Three's facts discovered and their interpretation: Case Three comes from an intelligent appearing family, but the father died leaving the mother to care for and support the boys. The school records that were available and his former teachers showed that he was normal in intelligence. The Otis Group Intelligence Test gave the boy an intelligent

quotient of 109. The Revised Stanford Binet Scale gave his CA 9-1 and mental age 10-4. His school subject achievement revealed that he was normal for all grades in other subjects but below average in spelling and reading. His health record showed that his general health is normal. His developmental history indicated that the boy made normal progress through infancy and early childhood except for the speech difficulty. The speech difficulty appeared when the child was injured in a fall at about three years of age. Poor school achievement, particularly in spelling and reading, was attributed to the speech difficulty. Speech work by a specialist from the guidance bureau was begun with good results reported. The speech difficulty embarrassment now is only severe when the boy is fatigued. Because of the writer's recommendation, remedial work in reading and spelling has been carried on with good results.

Diagnosis and Recommended Treatment

Diagnosis. The writer has already reported Case Three to a speech specialist, who stated that one of the chief causes of Case Three's reading and spelling deficiency was his speech difficulty. The boy has formed the habit of changing the pronunciation of words to suit his ability to produce sounds easily. The sounds which he tends to alter are those on which he is most likely to stutter. He says for example, "dunner" or "danner" instead of "dinner." He has difficulty in

pronouncing words beginning with C and R following initial A. It was stated by the specialist that the reason Case Three does a little better work in reading than in spelling is that he is bright enough to guess the meaning of a word from the content and does not need to identify each word to get the meaning.

Recommendation for Treatment. With the suggestions from the speech specialist, it is recommended that Case Three's remedial work should be directed toward:

1. Accurate word pronunciation.
2. Improvement in distinguishing the sound of letters and syllables, giving the sounds of syllables and phanagrams, and spelling sounds produced.
3. Practice in spelling words with silent letters. It is believed that as Case Three progresses in reading his spelling ability will improve also.

CHAPTER V

CASE NUMBER FOUR

Description

Case Four was twelve years of age and in the sixth grade at the beginning of the study. He was reported to the writer because of partial deafness and inferior school work.

Result of Mental Examination. Because of the writer's inexperience and lack of training in administering mental tests, only Case Four's cumulative record and teacher's opinions can account for his testing.

The Stanford Achievement Test which was given in the fifth grade showed his score one of the lowest among those of twenty in his class. The Revised Stanford Binet Scale gave his CA 12-1, and MA, 10-3, and his I.Q. 89. The California Test of Mental Maturity gave his I.Q. as 80. The Otis Group Intelligence Test showed an intelligent quotient of 97 in the third grade. According to his cumulative record all grades were below-average, and all tests revealed that he is doing work at the fourth grade level.

Health and Physical Record. Case Four's cumulative record disclosed the following data. His vision chart showed both eyes defective. He has glasses, but the teacher said he does not use them. When he was six years of age he was out of school for a month with pneumonia. He has been innoculated

against chickenpox, smallpox, and diphtheria. Case Four's teachers state that the boy is partially deaf. Because of his slight deafness and inferior school work, the teacher has suggested to the parents that it might help solve his school problems if a hearing aid is purchased for the boy. The recommendation has not been followed as yet. Case Four appears to be underweight. He is 4'9" in height and weighs 105 pounds. According to the Metropolitan Height and Weight Chart²² Case Four is just at normal for his age and height. One of Case Four's former teachers states that the boy has a slight peculiarity in his speech which may be a carry-over of baby talk rather than a defect. His enunciation is very poor. Whether the cause is physical or due to poor ability has not yet been determined. Case Four is said by the teachers to have no sense of phonics. He works diligently, but he cannot spell. The same word may be misspelled differently on different days.

Early Developmental History. The mother went through normal pregnancy. Case Four started walking and talking at a normal age. The mother was twenty-six and the father was twenty-eight at the time of his birth. The boy was bottle and breast fed. Case Four is said to have made normal progress through his early childhood.

The writer, interviewing the parents, could not get any information on Case Four's partial deafness, except that it

²²"How Old Are You," op. cit., p. 4.

appeared when he was quite young.

Physical Appearance. Case Four is thin and slender. He presents an anemic appearance. His skin is sallow and at times he looks pale, but according to Case Four's health report and statements of his mother, he is a healthy specimen. The boy is unattractive, although always neatly, becomingly, and appropriately dressed. In the interview with Case Four this year, the writer noticed that his head drooped so low that his eyes were barely visible. Possibly at some time a fear complex has been established. Case Four was cooperative in answering all questions. He seemed to be shy and extremely timid. His response to all questions was a very flat "yes" or "no." If this did not suffice, no reply was given.

Personality Status. From all indications, Case Four has a normal but dull personality. He seems to have no special interests or hobbies; however, he says he likes to play tennis and ride his bicycle. Case Four is said by the teachers to be very irritable when someone disturbs him while working. The boy has few friends. One of his closest friends is a presumptuous, unpopular boy who is able to lead Case Four about. The boy likes school and all of his teachers. He is happy with the other children of his room who are considerate of any differences in him which they may notice. Case Four has little confidence in himself, but always tries to do his best. During class discussion Case Four is usually eager to participate in activities. He raises his hand and offers when

someone is to be chosen for some task. He likes to take part in dramatizations. Several times he has been chosen to lead the Lord's Prayer. He has unhesitatingly gone to the front of the room and begun, "Our Father . . .," and that is as far as he gets. According to the father, when the boy is out with him his attitude is quite different from a timid and reticent child. He says that the boy is very alert and observant and is an adept conversationalist.

Case Four is exceedingly eager for praise, which is given whenever possible. He was praised by the teacher this year for a model airplane that he made. The teacher states that he beamed, and next morning he presented her with two beautiful roses. This year his mother bought him a saxophone to play in the band. He played for a while and when he was not specially noticed for playing in it, he dropped out, saying there were other saxophones and that he was not needed. Case Four has four cats which he loves dearly. He enjoys feeding his cats and running errands for his mother. According to Case Four's mother, he is more active and responsive at home than is his brother who is a few years older.

Case Four loves his mother and father. He gave his mother particular praise for being so nice and wonderful. He states that his brother is always calling him "sissy." The boy's sister, who is nearer his age, is more congenial with him.

Educational Status. Case Four's cumulative record showed he was born March 6, 1941 at Joplin, Missouri. He entered

Joplin Elementary School at age six, September 1, 1947. He was retained a year in the second grade. His report card marks for the major subjects he has taken in elementary school are as follows:

	<u>1st year '47-48</u> ²³	<u>2nd year '48-49</u>
Reading	I	F
Language	I	I
Arithmetic	I	I
History		
Spelling	I	F
Writing	I	M
Music	M	I
Art	I	I
Health & Phy. Ed. ..	M	M
Science	I	I
Geography		

	<u>2nd year '49-50</u>	<u>3rd year '50-51</u>
Reading	I	I
Language	I	I
Arithmetic	M	M
History		
Spelling	F	F
Writing	M	M
Music	M	M
Art	M	
Health & Phy. Ed. ..	M	M
Science	I	I

	<u>4th year '51-52</u>	<u>5th year '52-53</u>
Reading	M	I
Language	I	I
Arithmetic	I	I
History	M	M
Spelling	F	I
Writing	M	M
Music	M	M
Art	I	I
Health & Phy. Ed. ..	M	M
Science	I	I

²³Explanation: E-Excellent; S-Superior; M-Average; I-Inferior; F-Failure.

According to Case Four's report card, he is between average and inferior in the fundamental elementary school subjects. He is inferior in reading, language, arithmetic, history, spelling, and science. He did make some improvement in reading during his fifth year. Case Four's former teachers gave the following data:²⁴ Case Four does not waste time in class. He immediately begins working when an assignment is given and strives most diligently to do what is required, but seemingly to no avail. No child seems more in earnest or works harder and accomplishes less.

In arithmetic, he is attentive, listens to the explanations and assignments, but cannot do the work. He does not know his multiplication tables and knows nothing about common fractions or decimals. He seems to have established many false number concepts and consistently applies them. For example, in the addition of fractions, he always adds large numerators and brings down the largest denominator. The same principle carries over into subtraction. Case Four's extreme timidity prevents his seeking extra help. According to his arithmetic teacher, she considers him educable because he is able to generalize though faultily. She states that at the present time she is giving him help by means of very elementary number cards.

Interviewing Case Four's physical education teacher, it was stated that the boy never asserts himself, does not like to

²⁴These data were based on several personal interviews of Case Four's teachers, Mrs. Bradshaw, Mrs. Meeks, and Mrs. Smith.

play, avoids association with other boys, and always has an excuse for not taking a shower.

Home and Family Background. Case Four's parents are typical average people. The mother and father were born and married in Fort Worth, Texas. The parents moved to Joplin, Missouri, in 1932, seeking employment. The father, a tall, robust, well-built young man is employed at a service station. The mother, an attractive young woman, does house work to help support their family. Because of the high cost of living, both parents work and pool their money to provide an adequate living for the children.

The parents have limited education which ceased in high school, although the mother and father are gifted with superior musical ability. The mother plays the piano very well, while the father has a nice baritone voice. The parents are intelligent appearing and are accepted in the community. The father belongs to the Masons and is a member of the Church Choir. The mother is president of the Church Choir and is a member of the Eastern Star. The home was average in culture. A radio, a local newspaper, "The Joplin Globe," "Time" and "Ebony" magazine, and a television set was noted in the house. Living in the same home with Case Four are his sister, aged thirteen, and his brother, aged fourteen. Both sister and brother are normal in health.

Summary and Interpretation. Case Four's cumulative record and teachers opinions revealed the following data:

He is below-average in all of his tests and is doing work at the fourth grade level. The boy has a chronological age of twelve years and one month. His report card showed him to be between average and inferior in the fundamental school subjects.

Case Four's former teacher's statements in regard to his attitude toward his work were most favorable. The boy is said to strive most diligently to do the work but with no avail. He is said to be shy and extremely timid. His arithmetic teacher considers him educable because he is able to generalize, although faultily.

Case Four's physical report showed that his general health is normal. The teacher reported that the boy was hard-of-hearing and she has already suggested to the parents that a hearing aid might solve the child's school problem. However, the recommendation has not been accepted as yet. The child's parents state that when the boy is home he is more active than his older brother, perhaps due to lack of timidity in the familiar home surroundings.

Diagnosis and Recommendations for Treatment

Diagnosis. Considering all the data that have been gathered and carefully analyzed, the writer is of the opinion that Case Four's physical disability is not the sole underlying factor in his slow progress in his school work.

The child's defective hearing can definitely be considered

as a contributing factor. The writer believes that Case Four has developed the wrong study habits in mastering the fundamental elementary subjects. The shyness and retiring behavior may have developed when he noticed that he could not keep up with his school work; consequently, he withdrew from the group. Without the aforementioned handicaps, Case Four should have progressed slowly but normally, if his I.Q. of 89 is correct.

Recommendations for Treatment.

1. The writer recommends that Case Four be given another thorough otological examination to determine what extent his hearing is impaired.

2. According to the findings of the examination, the teachers and parents should follow the recommendation given by the physicians.

3. A remedial teacher if available, or someone who has had experience in guidance, should work with the child and try to teach him the elementary fundamentals which he is lacking.

4. The writer also recommends that Case Four's seat in the classroom should be assigned with a view toward making it easier for him to see and hear the teacher.

The teacher and his schoolmates can be of great help by looking directly at him and speaking clearly when addressing him.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The summary of this project can be three-fold:

First, the study considered common physical defects which invade our schools each year, often leaving some form of emotional maladjustment with the child. The elementary level was particularly stressed because the writer believes that is where these defects should be recognized and corrected. If they are allowed to continue into our high schools and colleges, the deviations become more deeply rooted and more difficult to treat. The sooner remedial measures can be taken, the more effective they will be and the less time they will require.

Secondly, an attempt was made to further emphasize the value of the case study method as a superior guidance technique in studying the child's whole personality. The case study method is used by social workers, psychologists, psychiatrists, and mental hygienists, who consider it a basic method in dealing with human relationships. It is a valuable method of securing data about the background, environment, physical conditions, and social status of an individual.

Thirdly, each case study which has been presented is not found in this school alone, but is a typical example found in most schools. The four case studies revealed the following

behavior: Case One was found to be having social maladjustment problems due to overweight. Case Two was found to be low mentally and to have postural defect. Case Three was found to be making slow progress in school due to his speech difficulty. Case Four was found to be making slow progress in school due to wrong study habits and auditory defect.

Recommendations

The writer offers the following recommendations, which, if carried out, could be beneficial to all concerned:

1. Parents and school should share the responsibility for the child's physical defects, rather than the entire burden being placed on one alone. The parents can cooperate by heeding the recommendation of the findings of the child's defects, given by teachers, nurse, or the school doctor.

2. The parents should be present at health examinations, so that the defects may be explained and discussed. When this is not possible the school should notify the parents as to the defects that are discovered. Miss Stillson,²⁵ of the Grand Rapids, Michigan, Public Schools, states that the teacher can take part in screening for physical defects by:

1. Giving periodic preliminary tests for hearing, for visual acuity and observation for apparent speech defects and physical abnormalities.

2. By reporting her findings to someone who has authority to bring the pupils in contact with proper source for diagnosis and remedial measures.

²⁵G. M. Whestley, G. T. Hallock, Health Observation of School Children (New York: McGraw-Hill Book Company, 1951), pp. 13-20.

3. By keeping records of her observations and remedial measures, and report.

4. By noting cases which seem to her mentally atypical.

5. By helping children keep their own height, weight, and other health records, and to keep this information in such forms that it is available to school nurses, school doctors, etc.

The writer sincerely hopes that this project will serve a useful purpose in helping parents, teachers, physicians, and all others who are concerned with the welfare of the individual, to cooperate effectively in improving health of the child, both physically and mentally.

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