Reading Disorders

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(To be published in extenso elsewhere)

Various factors suggest that this is a specific clinical entity: the typical mistakes (certain omissions, inversions, etc.) , the clear hereditary pattern, persistence into adult life and the frequent association with other symbol defects.

There is little difference of opinion about reading disorders but there is less unanimity about other defects which may be associated with developmental dyslexia, e.g. in the fields of perception of form, localization, dominance and disorders of speech.

Some of these associated anomalies suggest disease of the parietal lobe. They are usually regarded as epiphenomena.

As regards the optical sphere the peripheral organ is not involved. Various authors have investigated a possible association between defects of higher visual functions, particularly binocular vision, and reading defects. The various results are not in complete agreement and the documentation is often very incomplete. In recent symposia and monographs disturbances of binocular vision, heterophoria, are no longer considered to be a significant factor.

As there is quite a large group in the Netherlands who emphasize the visual component in reading disorders and apply therapy accordingly, we set up an investigation, in association with the Pedologic Institute in Amsterdam (Director: Prof. de Wit), into the incidence of reading disorders in 32 strabismus patients and, at the same time, carried out an extensive binocular examination on a group of 19 children without reading disorders and 36 children with reading disorders, all pupils of the Pedologic Institute. The result of this investigation was negative.

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The best way to handle the child must be found by co-operation between the doctor, psychologist and teacher. The pedagogue, with great ingenuity and patience, must try to help the pupil to overcome his difficulties.

Discussion

Waardenburg: Formerly it was said that the problem in alexia was that the total concept of the word was not at hand so that the word had to be read by spelling, which is troublesome and time-consuming for long words. Is this still the accepted theory? The expressivity is very variable, even in one family. An intelligent person can learn how to write, rehearse and deliver a speech. The condition cannot be cured but a certain amount of adaptation can be acquired.

Velzeboer: Reading by spelling is certainly part of the therapy. Difficulties in analysing the total word are often an important feature of dyslexia; a decision has not yet been reached as to whether this is an essential feature.

Hagedoorn: Will you tell us what our attitude must be towards therapy?

Velzeboer: The therapy consist in special methods of teaching, either in a special school (LOM-school) or by remedial teacher in a special institution.

Janssens Capriles: My impression is that the diagnosis of dyslexia is made more frequently where special investigation methods are available. One seldom hears such complaints in adults, however; does the condition not exist then or how does it express itself?

Velzeboer: The diagnosis is made more frequently because these children were formerly considered to be mentally deficient. The intelligent patient manages, even without special training, to learn to read with this handicap.

van Balen: 1. Have these children got a special psychological pattern? I am thinking of 'constitutional restlessness'. 2. More disorders were found where reading instruction was by the 'sight-reading' method. Should emphasis be laid on the analytical method during therapy?

Velzeboer: 1. Some investigators consider that some psychological patterns, such as Precht's choreatiform syndrome, are associated with relatively larger incidence of reading disorders. 2. Both the sight-reading and the analytical method are used in the treatment, but the emphasis is laid on the analytical method.

Donders: I should like to compliment Prof. Velzeboer on her investigation. I was particularly glad to hear her results because, especially in the north of the country, exaggerated importance is sometimes attached to the ophthalmological examination and treatment of these children. We have also examined a large number of children with reading disorders ophthalmologically and orthoptically (Miss C. J. Leeftvaar) with the same results. I should like to ask if there is an explanation for 'mirror writing' in children.

Velzeboer: Mirror writing is usually seen in very young children and it can also occur in patients with dyslexia. It can then be interpreted as a sign of general unripeness.