A SURVEY OF PATIENTS IN TWELVE MENTAL DEFICIENCY INSTITUTIONS

BY

N. O'CONNOR, M.A., Ph.D.

AND

J. TIZARD, M.A., B.Litt., Ph.D.

Medical Research Council Unit for Research in Occupational Adaptation

During the months of November and December, 1951, and January and February, 1952, we carried out a survey of a 5% sample of patients in mental deficiency institutions in the counties of London, Kent, and Surrey. The survey was concerned primarily with factual information relevant to the patients' occupational potentialities and behaviour, but, in addition, opinions on conduct were obtained. Some of the questions relating to conduct were included at the suggestion of Dr. R. F. Tredgold, regional psychiatrist to the South-East Metropolitan Region, to whom a preliminary draft of the proposed investigation was shown. A clinical classification of the patients, following A. F. Tredgold's (1947) system, which was obtained from medical officers at the time of the investigation will be discussed elsewhere.

A list of questions asked is given in summary form in the Appendix. By no means all the information obtained has been summarized in this paper, and anyone interested in other aspects of the survey is invited to get in touch with us.

Population and Sample

The population from which the 5% sample was drawn consisted of patients in all hospitals in the counties of Kent, London, and Surrey which had been classified by the Board of Control (1946) as certified institutions or institutions approved under Section 37 of the Mental Deficiency Acts. Approximately 100 patients housed in five approved homes in Surrey and Kent were excluded from the survey. The survey covered all other institutions in the selected area.

The size of the sample by hospitals is given in Table I. The population from which the sample was drawn consisted of approximately 11,850 patients, nearly one-quarter of the total number of institutional defectives in England and Wales. It should be noted that only patients certified under the Mental Deficiency Laws were included. In the case of Leavesden Hospital, for example, approximately one-third of the patients were either senile or for other reasons not certified under the Mental Deficiency Acts.

TABLE I.—Hospitals and Institutions Visited, with Size of Sample, by Sex

Hospital	Male	Female	Total
Botleys Park	43	37	80
Darenth Park	61	40	101
Farmfield	12	12	24
Fountain Hospital	15	17	32
Leavesden Hospital	33	40	73
Leybourne Grange Colony	28	35	63
Leytonstone House Hospital	1	17	18
Manor Hospital	36	39	75
Princess Christian's Farm Colony	4	6	10
Royal Earlswood Institution	19	11	30
St. Lawrence's Hospital	49	42	91
St. Teresa's Home	—	7	7
Total	301	291	592

Method

The physician or lay superintendent of each hospital was written to for permission to undertake the survey. They

were told the purpose of the investigation and a copy of the questions to be asked was sent to them. Permission was obtained in all cases—indeed, the assistance given us at all hospitals was most generous. In each hospital the sample was selected by drawing every twentieth name from a nominal role of patients on the books, listed alphabetically, the first name to be selected being determined by lot from the first twenty names in the book. Case records and orders were examined. Additional information was obtained by questioning senior members of the nursing staff. The clinical classification was obtained subsequently from the medical staff. Patients between 16 and 29 years of age who were classified as feeble-minded and were not on licence or on leave were tested by the investigators on the progressive matrices test, in groups, but without a time limit. Between one and three days were spent at each hospital. The coded information was punched on Hollerith cards and machine-sorted.

Distribution of Patients by Sex, Age, and Grade

The distribution of patients by age, sex, and grade is given in Table II—43 (8%) were admitted under Sections 8 or 9 of the Mental Deficiency Acts, and 435 under Section 6, or other section. The data in Table II have been arranged so that the number of adults and children appear separately.

Children formed 12.33% of the patients, the majority of them being of low grade. (The Report of the Ministry of Health for the year 1949 gives the proportion of children in institutions in England and Wales as 12%, which agrees with the figure obtained in the survey.) There were 43% more males than females among the children. In Table III

TABLE II.—Distribution of Patients by Sex, Age, and Grade

Age	Male				Female				Totals			
	0	1	2	T	0	1	2	T	0	1	2	T
0-4	2	4	0	6	1	4	0	5	3	8	0	11
5-9	5	12	3	20	5	6	2	13	10	18	5	33
10-14	4	6	3	13	2	5	2	9	6	11	5	22
15	0	3	1	4	1	2	0	3	1	5	1	7
Total (children)	11	25	7	43	9	17	4	30	20	42	11	73
16-19	1	12	17	30	1	9	13	23	2	21	30	53
20-29	3	33	42	78	4	27	30	61	7	60	72	139
30-39	2	24	37	63	2	17	39	58	4	41	76	121
40-49	1	15	38	54	0	26	41	67	1	41	79	121
50+	0	13	20	33	1	29	22	52	1	42	42	85
Total (adults)	7	97	154	258	8	108	145	261	15	205	299	519
Total	18	122	161	301	17	125	149	291	35	247	310	592

0 = Idiot. 1 = Imbecile. 2 = Feeble-minded person. T = Total. Age is given as from last birthday. The number of patients aged 15 years is given separately in order that the number of children (aged 0-15) and of adults (age 16+) can be calculated.

TABLE III.—Percentage of All Adult Patients (519) by Age and Grade

Age	Grade			Total
	0	1	2	
16-29	2	15	20	37
30-39	1	8	15	24
40-49	—	8	15	23
50+	—	8	8	16
Total	3	39	58	100

is given the percentage of adult patients by grade and age. The most recent report by the hospital authorities to the Board of Control was consulted in order to determine the grade of each patient.

Of the adults, 58% were classified as feeble-minded. Most of these were under 50 years of age.

Distribution of Patients by Type of Nursing Needed and Behaviour

There were 26 male patients and 28 female patients on resident licence from the institutions (8.6% of male patients and 9.6% of females). In addition 21 patients (16 males and 5 females) were on daily licence. The distribution of patients by sex, grade, and type of nursing needed is shown in Table IV.

TABLE IV.—*Number of Patients by Grade and Type of Nursing Needed (on Day of Survey)*

	Grade			Total
	0	1	2	
Chronic sick	1	9	11	21
Temporarily in hospital ..	0	3	4	7
Cot and chair cases ..	12	10	3	25
Low-grade ambulant ..	13	74	14	101
Open wards ..	0	75	154	229
Locked wards ("special supervision") ..	8	72	62	142
Hostel	0	0	6	6
On leave	0	0	1	1
Abandoned	0	0	6	6
Resident licence	1	4	49	54
Total	35	247	310	592

Supplementary questions added something to the picture so far as behaviour was concerned. Thus only one male and one female patient had attempted suicide during the previous year; 12 (2%) had been charged with stealing; 55 (9%) had had one or more clashes with staff or patients serious enough to be recorded in case notes; 18 (3%) had absconded. Ten (3.8%) of the female patients had been pregnant or had had V.D. at some time in their lives, and 16 (5.8%) of the male patients had histories of homosexuality, indecent assault, or indecent exposure. Some of the incidents listed as indecent assault in case papers or orders were of a trivial character and had occurred many years previously. Seventy-seven patients (13%) were doubly incontinent, and 27 (5%) enuretic; 68 patients (11.5%) suffered from epilepsy, 17 being severe cases (suffering grand mal attacks once a fortnight or more), 14 moderate, and 37 mild. Numerous other patients were recorded on case sheets as being epileptic, but had had no attacks during the last year or, in some cases, at any time during their stay in hospital.

There were marked differences in the proportion of patients in different hospitals who were in locked wards. No doubt the type of patient was in part responsible for this, but hospital policies appeared also to differ. Of the 538 resident patients, 75 (13%) left the hospital grounds once or more on day parole during the month preceding the date of the survey (29 females, 46 males). During the previous year 76 male patients and 47 female patients (25% and 16% respectively) went on leave. Over two-thirds of these patients were on leave for less than three weeks.

Rewards to Patients

The "wages," or rewards, given to patients varied somewhat from hospital to hospital. For low-grade patients rewards consisted of sweets or cigarettes. High-grade patients

TABLE V.—*Cash Value of Rewards of Pocket Money Paid During Week of Survey to Patients Resident in Hospital*

Value in Shillings	No. of Patients	Per Cent. of Total
1 or less	225	42
2	77	14
3	91	17
4	54	10
5	34	6
6-10	34	6
11-15	5	1
16+	10	2
Not ascertained	8	2
Total	538*	100

Total amount disbursed to 530 patients, £70 18s. 6d.
* Total excludes 54 patients on resident licence.

usually had rewards paid partly in kind, partly in cash. The figures given in Table V refer to the cash value of the rewards, whether or not the patients received money, tokens to be exchanged at the canteen, or actual goods.

For patients not on either daily or resident licence the rewards represented total earnings. Those on licence, however, earned wages which were often in excess of the amount of pocket money allowed them. (Additional amounts, when deductions have been made for board and lodgings, are credited to patients' accounts.) Hospital policies differed in the extent to which they allowed patients on licence control over their own affairs, and wages earned by patients on licence, as well as the amount of money or goods they were given to spend or use during the week of the survey, also varied greatly. Those employed in factories and as labourers earned higher wages than those engaged in domestic service. Table VI gives the length of time patients had been on licence.

TABLE VI.—*Duration of Licence of 54 Patients out of Hospital at Time of Survey*

Period on Licence	Daily Licence			Resident Licence		
	Male	Female	Total	Male	Female	Total
Less than 3 months ..	1	0	1	5	2	7
3-6 months ..	1	0	1	4	5	9
6-12 ..	0	0	0	4	5	9
1-2 years ..	4	0	4	6	8	14
2-5 ..	6	0	6	5	5	10
More than 5 years ..	1	1	2	2	3	5
No information ..	3	4	7	0	0	0
Total ..	16	5	21	26	28	54

Occupations of Patients

The numbers of patients employed on different types of jobs both inside and outside the hospitals are given in Table VII. About 40% of those on licence were employed in domestic service of one sort or another. Only one hospital

TABLE VII.—*Occupation of Patients During Week of Survey*

Type of Occupation	Patients Working in Hospital				On Licence		
	Grade			Total	Daily	Resident	Total
	0	1	2				
Farm or garden	0	9	19	28	6	2	8
Domestic service in hospital ..	0	8	27	35	0	6	6
Other domestic work (private, hotel, or kitchen) ..	0	0	3	3	5	22	27
Labouring	0	6	4	10	5	4	9
Factory or laundry ..	0	8	11	19	2	6	8
Messenger or van boy, shop assistant ..	0	0	7	7	3	2	5
School or occupation centre	4	19	10	33	0	1	1
Occupational therapy ..	0	19	20	39	0	0	0
Ward work	0	57	54	111	0	0	0
Hospital workshop ..	0	16	51	67	0	0	0
No information	0	0	9	9	0	6	6
Unemployable	30	101	25	156	0	5	5
	34	243	240	517	21	54	75

made a practice of sending defectives to factory work. Surprisingly few patients were employed on farms or gardens—possibly the sample of defectives on licence was too small to enable us to generalize about the kind of jobs done by patients on licence.

Intelligence of Patients Classified as Feeble-minded

As mentioned above, patients between 16 and 30 years of age who were resident in hospital and available at the time of the inquiry, and who were classified as feeble-minded, were given the group matrices test, using an untimed procedure. The distribution of raw scores is given in Table VIII. The numbers are small—25 males and 24

TABLE VIII.—*Distribution of Matrices Raw Scores* for Sample of 49 Patients Tested*

Raw Score*	Males	Females
0-9	2	1
10-19	9	11
20-29	5	6
30-39	8	4
40+	1	2
Total	25	24
X	23.9	21.4
S	10.4	10.0

* For subjects between 20 and 30 years of age a raw score of 23 points is approximately equal to an I.Q. of 74 on a test whose mean is 100; S.D. = 16 points. For an unselected adult population 20-30 years of age the mean raw score on this test = 44 points; S.D. = 10 points.

females—and little reliance could be placed on the findings in the absence of other data. However, the results for male patients agree very closely with those obtained from testing 360 patients at Darenth Park, Harperbury, and the Manor Hospitals (Tizard and O'Connor, 1952). There is thus a considerable amount of evidence to support the conclusion, at least so far as male patients are concerned, that the mean I.Q. on this test of young adult patients classified as feeble-minded is about 74 or 75 points. The mean for females may be somewhat lower. As has been shown elsewhere (Tizard, 1950) norms for the progressive matrices test agree closely with those obtained from other tests more commonly used with defectives. Hence, if these findings are valid over the country as a whole, more than half of the adults classified as feeble-minded in mental deficiency institutions have I.Q.s of over 70 points.

Summary

A survey, based on case records, was made of a 5% sample of nearly 12,000 patients in twelve mental deficiency hospitals in the Home Counties, representing nearly one-quarter of the total number of mental defectives in institutions in England and Wales.

Over half the patients were found to have been classified as feeble-minded. Less than 5% were idiots and just over 40% imbeciles.

Intelligence quotients, measured by the progressive matrices test, in those feeble-minded patients between 16 and 29 years of age who were available, indicated, in conformity with a previous finding, that the average intelligence quotient of young adult feeble-minded defectives in hospitals near London is above 70.

Half the patients did not need special nursing or supervision; a further 24%, while needing no special nursing, were thought to be in need of close supervision.

One patient in eight was on daily licence or resident licence. Only one hospital sent patients out to factory work. Rewards to patients averaged between 2s. and 3s. for the week of the survey, 56% of the sample receiving less than 2s. and 13% more than 5s.

General behaviour of the resident patients was apparently good. Sexual perversion, pregnancy, or venereal disease was recorded in approximately 5%. Three per cent. of the patients in the sample had absconded at least once during the preceding twelve months.

Our thanks are due to the hospital authorities of the 12 hospitals and institutions visited for their kindness in allowing us to carry out the survey, and for their great assistance to us, usually at considerable inconvenience to themselves. Dr. J. M. Crawford, Dr. L. T. Hilliard, Dr. J. K. Collier Laing, Dr. Vera Norris, and Dr. R. F. Tredgold gave advice on questions to be included and treatment of results. We are indebted to Mr. J. G. F. Singleton for carrying out the Hollerith work.

REFERENCES

- Board of Control (1946). *List of State Institutions, Certified Institutions, Certified Houses, and Approved Homes for Mental Defectives in England and Wales*. H.M.S.O., London.
Tizard, J. (1950). *J. ment. Sci.*, **96**, 889.
— and O'Connor, N. (1952). *Lancet*, **2**, 620.
Tredgold, A. F. (1947). *A Textbook of Mental Deficiency*, 7th ed., p. 534. Baillière, London.

APPENDIX

Survey of Patients in Institutions in London, Kent, and Surrey. Information Obtained

1. Hospital.
2. Sex of patients.
3. Number.
4. Date of order.
5. Years in present hospital.
6. Section of the Act under which certified.
7. Age in years last birthday.
8. Grade (taken from last report to Board of Control).
9. Last I.Q. on case paper.
10. Test used to obtain last I.Q.
11. Type of nursing needed—as in Table IV of text.
12. Occupation.
13. Pocket money during previous week.
14. Paroles during previous month.
15. Number of visits per year.
16. Whether or not relatives were living.
17. Days' leave during past year.
18. Number of times absconded during past year.
19. Attempts at suicide during past year.
20. Times caught stealing during past year.
21. Clashes with patients or staff during past year.
22. Homosexual behaviour—any history of.
23. Indecent assault—any history of.
24. V.D. or pregnancy—any history of.
25. Behaviour with patients—rating.
26. Behaviour with staff—rating.
27. Epilepsy—recorded as in text.
28. Incontinence.
29. Whether or not on daily licence at any time.
30. Type of work done.
31. Reason for failure in past, if any.
32. Resident licence.
33. To whom licensed.
34. Type of work.
35. Failure?
36. Duration of licence.
37. Wages on licence.
38. Matrices raw score.
39. Clinical classification.

Professor D. R. MacCalman, Nuffield Professor of Psychiatry at Leeds, was the chairman of a World Health Organization expert committee which has recently considered the mental health aspects of adoption. In its report (*Technical Report Series No. 70, 1953*) the committee stresses that the well-being of the child is the real aim of adoption. The family composed of father, mother, and children constitutes the normal and enduring background for a child's education, and the object of adoption is to create a relationship between adopted child and adopting parents which will resemble this as closely as possible. The child must feel certain that those around him are well disposed towards him so that without too much anxiety or sense of guilt he may be able to give expression to the complicated and often hostile feelings aroused in him by the frustrating realities of ordinary life. In former times, according to the report, the adopting family was judged merely from a standpoint of material welfare, but now there is a tendency to pay far more attention to the capacity of the adoptive family and parents to meet the child's other needs. Parents who think they could find satisfaction only in a very gifted child should be dissuaded from adopting young infants: adoptive parents must be ready to run the same risks as other parents. Other advice included in the report is that the child should be adopted at a very early age; the earlier the child knows about his adoption the better; and it is wrong to adopt a child in order to patch up an unsatisfactory marriage.