NOCTURNAL ENURESIS EXPERIENCES WITH EVACUATED CHILDREN

BY

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During the first four days of the war about 14,000 children were evacuated from London and Croydon into Brighton, and homes were found for all of them on the days of their arrival. About ten days later the Guardianship Society was asked if it could help the billeting officers in the disposal of certain children presenting special difficulties in behaviour. By the end of the year we had seen and arranged special billets for about 140 children, of whom 102 were still on our books on December 31, 1939. About November the question was raised as to the suitability of "normal" children being billeted in houses where there were also mental defectives. Our reply to this was that we had not been asked to find accommodation for any normal children, all of them being socially defective in one way or another. The behaviour of some was bad, and we had to keep also in mind the possibility that they might upset the certified mentally defective patients whom we had in the same home. We have not placed any evacuated children in any home where there are low-grade cases.

About 80 per cent. of the children we have been asked to deal with suffer from nocturnal enuresis. I soon found that in a considerable proportion of these cases the cause appeared to be bad home training, but the question of nervous origin was also constantly before my mind.

Home Conditions and Educational Standing

By the end of the year I thought it might be useful to get information about the home conditions and the educational standing of each case. Through the kindness of one of the care committee organizers from London I received fairly full reports on the home conditions and the educational attainments, as assessed by the head teachers, of ninety-seven of these children. It may be of interest to give a résumé of the findings. The answers were not complete in every case, but out of ninety-four of those about whom the information was given I found that in eighty-one cases both parents were living together, in three cases the parents were separated, and in five cases only one parent was living. Two of the children were parentless and three of them had one step-parent. Three were illegitimate. Out of sixty-two cases for which returns were received forty-three fathers were in regular work and nineteen were not. Twenty-one out of fifty-eight of the mothers went out to work regularly. Of forty-seven cases about which information was received three of the houses had only one bedroom, eighteen had two, and twenty-six had three or more. Out of seventy-two cases twenty-nine parents occupied the whole house, thirty occupied flats (either in Council buildings or as part of a house), twelve were reported as living in tenements, and one lived in a small cottage of two rooms. I also inquired with regard to the lavatory accommodation, thinking possibly that certain difficulties in access to the lavatory might be a cause of the enuresis. I found, however, that out of the forty-nine cases in which information was received forty had access to indoor lavatories.

It will thus be seen that so far as general conditions under which the children were living are concerned very little fault could be found. There seems to be nothing pointing especially to any housing condition as a cause of enuresis. In two-thirds of the cases the father was in regular work; in about 40 per cent. the mother went out to work. But when one comes to the financial and social position of the families the majority were considerably below the average. Out of seventy-nine children, in nineteen cases the financial position of the parents was stated to be "good," in twenty-two "average," and in thirty-eight "poor." With regard to the

social status, out of eighty-eight children this was said to be good in thirty-one cases and poor in fifty-seven.

Educationally ten of the ninety-seven children were said by the head teachers to be above the average, forty to be below average, and forty-seven to be of average ability. If the grading had been in five instead of three categories two-thirds of the children would in all probability have been considered to be below the mean level of intelligence. There seemed to be very little difference between the boys and the girls. If anything, the general average of educational ability of the boys was slightly above that of the girls. The ages of the children suffering from enuresis varied from 5 to 6 (that is, the youngest of the evacuated children) to 13 to 14. Three (two boys and one girl) were over 14. Of the others, eighteen were aged 6, fourteen aged 7, nine aged 8, seventeen aged 9, ten aged 10, eight aged 11, ten aged 12, and three aged 13.

Evacuation and Bed-wetting

With regard to whether the evacuation had had any effect in increasing the number of those giving way to bed-wetting, I have questioned a large number of foster-parents about the parents of the children, and also have received a considerable amount of information from the children themselves. The amount of bed-wetting which has occurred among evacuated children has come as a considerable surprise to many of the teachers. They have told me that a number of these children have been sent to holiday homes, and have been able to stay the full fortnight, although the authorities concerned invariably return a child if he or she is found to be faulty in habits. They say it is very rare for a child to be returned home for this reason, and yet several of these same children have been faulty in habits whilst evacuated. From inquiries which I have made and from the statements of the children I am quite convinced that, in spite of the parents' denials, it is only in rare cases that the habit has started since being evacuated. A large number of children have told me that they did the same thing at home, and the majority add that their parents did not seem to bother about it! This tends to show that it is a social bad habit which can be overcome if there is any strong incentive to be clean. There is little doubt that in a very few cases the bed-wetting has been due to the child's desire to return home, and that it has been deliberate. In fact, there is reason to believe that, exceptionally, it has been suggested from child to child as a means of getting home again.

Prevalence of Bed-wetting in the Community

I have been making some inquiries with regard to the prevalence of bed-wetting in the community. A friend of mine who has had much experience in the Navy in sea-going ships tells me that in his time about 1 per cent. of the boys of 18 who had passed through the training schools and had gone on to sea-going ships suffered from nocturnal enuresis. It is significant that all those boys had had four years in training schools or ships before coming to him. Another friend, who has had a great deal of experience in certain schools, speaks of bed-wetting as a great problem, but does not give any percentages. When spoken to about his son's habits one parent said that the foster-mother need not worry about it, as he himself did it until he was 21.

One cannot help thinking that the habit is much more prevalent than is generally supposed. Up to the beginning of April the Guardianship Society has had roughly 200 enuretics referred to it by billeting officers asking for special billets to be found. This number gives a percentage of nearly 1.5 of the 14,000 children. We know that there are a large number of other similar cases of which we have not been informed officially.

A London care officer, after careful consideration, estimated that the total number would be about 600 or 700 cases. If this estimate is correct it would give a percentage of between 4 and 5 of all the children evacuated into Brighton. It must be borne in mind, however, that the great majority of our children come from parts only of London—Rotherhithe, Bermondsey, Camberwell, Battersea, and Clapham, and a few from Stepney, Wapping, St. George's, and Westminster—and of Croydon. The percentage estimated above would in all probability be much reduced if the whole of the London and Croydon areas were taken into account.

A number of years ago the late Miss Margaret Macdowall, who had had a wide experience in the care and training of low-grade mental defectives, said that she had noticed a distinct difference between the children coming from good-class families and those of a low social status in the reactions to the discomforts of their wetness. The former were much more restless than the latter under these discomforts.

In dealing with these evacuees the fact that they seem to be quite comfortable and happy even though they are lying in sopping beds has been very noticeable. Equally noticeable has been the absence of any sense of shame in a large proportion of them. By no means isolated examples of this are two cases.

In one, a brother and sister aged 5 and 6 slept together; one night the boy got out of bed and advised his sister to do so also. She refused, relieved herself as she lay, and went off to sleep at once. The other is the case of a girl of 7 who during the day would not let down her knickers, but relieved herself through them unless carefully watched. This child is one of four whose father is in regular work and is said to be a decent sort of man. The mother is a careless woman who takes but little interest in her home or the children, and seems to think of nothing but her clothes and appearance and amusing herself. The youngest child, a girl in another billet, was taken home by her mother as the foster-mother complained of her very wet habits. A brother of 9 often messes his trousers and is backward at school; and the oldest girl, aged 11, attends a secondary school, but is said to listen at doors and cause mischief. She is a nice-looking girl with pride in her appearance, and says she has never been faulty in her habits.

The point I wish to make is the absence of any apparent discomfort under conditions which to the majority of people would be very uncomfortable. I know of only one case, though there may be others, in which the increased comfort of a dry bed was appreciated. After a month of dryness a boy of 11 remarked that he would never do it again, as he was so much more comfortable in a dry bed.

Faulty Home Training

Why is the home training faulty? There are three children, aged 11, 8, and 6½, from one family, who are persistently wet at night, and often during the day. The oldest also messes his trousers, but all three are showing some slight improvement. The foster-mother spoke to the parents about it on one of their visits, thinking that a word from them might cause some improvement. The father was ashamed, but the mother said before the children: "Poor little things; they are only babies after all." The parents were nicely dressed and apparently in a fairly good position. A number of further instances could be given to show that the mothers do not seem to mind their children's faulty habits. Some have even been annoyed with the foster-parents for objecting to the extra washing and trouble entailed, and some have taken their children home for that reason only.

When one compares the amount of enuresis among these children with the conditions in good-class families, in which by careful training practically every child has learnt cleanly habits by the age of 2 to 2½ years, it is impossible to avoid the conclusion (and it is supported by my evidence) that there is a deplorably low standard of cleanliness and social behaviour in a considerable number of families living in overcrowded districts in London and Croydon, but not necessarily in overcrowded houses or tenements. As already stated there seems, from the information supplied to us, to be nothing specially pointing to any housing condition as a cause of the enuresis, though this statement is made with some reserve.

This want of cleanliness is undoubtedly associated in many cases with the parents' gross neglect of or lack of interest in their children, either because their mother is at work all day, or because of the desire for drink or amusement on the part of one or both parents; but this is additional evidence of a low standard of social behaviour. In many cases, however, parents in a reasonably good financial position, and apparently interested in and fond of their children, do not seem to expect them to be clean until they are 5 or 6, or older. It is reasonable to suspect that these parents themselves were of faulty habits until a similar age, though no doubt very few would confess it if asked. It seems quite likely that the late acquirement of clean habits by children coming from these overcrowded areas of our large towns is an inherited condition and an

expression of a low social standard which has for generations existed there. Lice and pilfering are other expressions of the same low social standard.

Treatment

In general the treatment (apart from medicinal) suggested to the foster-parents has been: no fluids after 5 p.m., regular meals, regular hours; and that the children should be encouraged to be clean rather than that they should be blamed for being wet. Some of the older ones are made to wash their wet or soiled clothing themselves. Some children have been taken to their own doctors, the principal drugs used being, I believe, bromide and belladonna. On the whole the results have been disappointing. A number of the cases have been noted as "improved," but very few indeed have been permanently cured.

Two tendencies have been noticed: first, a relapse is very likely to occur after about a month; and, secondly, in a considerable number of cases as the nocturnal enuresis lessens in frequency it is apt to be replaced by diurnal wetness and dirtiness. It seems as if the effort to please their foster-parents has been too much for them, and they cannot keep it up. My naval friend writes:

I never failed to cure cases of enuresis in the Navy, most of which were in boys who were about 18 years of age. I had them segregated and made to get up every two hours and go to the latrine; then after a period they were called four-hourly, and six- and eight-hourly as they improved. No fluids were allowed after 5 p.m., and their bladders had to be emptied on turning in. The treatment was not looked upon as a punishment, but as a labour-saving device to save them washing their blankets after an accident. This routine I doubt can only be carried out in an institution. In one institution there was a great reduction in the number of cases when my suggestion that the children (5 to 10) should have no fluids after 5 p.m., and their bladders should be emptied before going to bed, was carried out. One boy of 14, treated by several doctors, I cured by giving him a calendar on which he put a × on every date he had an accident. I got him interested in this, and praised good periods, until he was cured. Frequent baths and cleanliness of the genitals are essential; constipation and worms should be considered; circumcision is not often necessary. Belladonna is useful at first, but should be gradually reduced."

In all probability the great majority of enuretics tend to be spontaneously cured with increasing age, though it is possible that it is much more common among adults than is generally known. In both sexes the increased interest in appearance and clothes, and a sense of shame, will provide a strong incentive towards cleanliness. It is possible that the endocrine secretions which come into play about puberty may have some part in curing the condition, but the incentive mentioned above is, I think, of greater importance. In my opinion incentive is the most important factor in effecting a cure. If the child, in view of his parents' attitude, sees no reason why he should be clean, no amount of psycho-analysis or suggestion is likely to improve him. These methods may be very useful with children from good-class families with an inherited high standard of cleanliness, but they are not likely to benefit children coming from families with a low social standard, or only in very exceptional cases.

Summary of Conclusions

Among ninety-seven bed-wetting children evacuated from London and Croydon to Brighton as a war measure, particulars of whose cases have been obtained, there does not appear to be any special connexion between the housing condition (considering the areas from which they come), the presence or absence of regular work of the father, or other general conditions under which the children have lived, and their enuresis. It is suggested that the common factor for practically all, if not all, is a low social standard on the part of the parents, probably inherited.

Two-thirds of the children are below the average in their school attainments.

The number of cases cured by their being placed in good home conditions with foster-parents is very small indeed.

There is a tendency for them to relapse after about a month and for the nocturnal to be replaced by diurnal incontinence.

Incontinence has been found to be present in evacuated children of all ages from the youngest to the oldest.