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*Institutional Treatment of Mental Defectives, with Special Reference to Occupation.*<sup>(1)</sup> By A. M. McCUTCHEON, M.B., F.R.F.P.S.Glasg., Resident Medical Superintendent, Monyhull Colony, Birmingham.

THE problem of the treatment of defectives is somewhat different from that met with in regard to the patients in mental hospitals. In the case of mental hospital patients most of them have filled useful positions in the world, and also the percentage of possible recoveries is hopeful, and many of them are able to resume their former occupations. But mental defectives are social misfits, many with anti-social traits, others neglected and ill-treated, and again others of a much lower grade, many of whom are helpless and even cot-cases. None of these have ever taken their proper place in society, and their educational attainments range from only fair to practically *nil*, and in all too many cases they will never be discharged to outside life. A certain number of defectives, it is true, can be trained at day special schools and occupational centres, and even advance to doing some elementary form of work without the necessity for being sent to institutions, and a certain number, after receiving training in institutions, can be discharged and work for a number of years. But it must be borne in mind that these people become old men and women so far as their mind is concerned quite early in life, and the amount of work which may be obtained from them under these conditions is not very great. We are, however, just now concerned more with the institution side of mental deficiency, and institutions for defectives fall under two headings—training and custodial. The latter institutions, of course, take the lowest grades of defectives who are incapable of work, whereas the former take those cases which might be called “improvable.” The objects of treatment in such institutions are :

- (1) To correct their anti-social conduct.
- (2) To develop their self-respect and ensure their happiness.
- (3) To teach them various kinds of work for which they are best fitted by reason of their mental and physical condition,

<sup>(1)</sup> A paper read at the Annual Meeting held at Birmingham, July 10, 1925.

and to recover from them some contribution, however small, towards the cost of their maintenance, to lead up to discharge if possible.

(4) To prevent the procreation of children, and so to stop the handing on of the blight to successive generations.

It seems to me that all these objects can best be achieved by segregation in institutions, preferably of the colony type, whereas sterilization, which is advocated by some, solves, in my opinion, only one of the objects, namely, that of preventing the procreation of children. It certainly does not tackle the conduct aspect, nor the work aspect, and it is surprising the number of defectives that one finds attempting to carry on jobs with very indifferent success. These are the people who drift about from place to place, unable to hold a position for any length of time, and this surely constitutes a distinct menace to our industrial position in the world.

The keynote of our work in an institution must obviously be largely classification, and after careful consideration I decided to classify all my cases on four factors taken in conjunction one with the other: Age. Mental age. Physical condition. Conduct.

Epileptics we do not grade as such, but grade them in the light of the above enumerated factors. The aim is to obtain, as far as possible, a group of people having much the same capabilities and outlook, which prevents patients being discouraged if they find themselves among others who are able to do a much better type of work than they can themselves, or who are stronger physically. It also prevents better behaved patients being upset by bad conduct cases. As these four factors are constantly changing, so, of course, must re-classification go on continually.

Types of defectives needing institutional treatment may be enumerated as follows:—

(A) *Children* :

(1) High-grade cases who have been conduct problems, outside, or who are markedly unstable, particularly during the period of adolescence, and also those who come from very bad homes. Of these a number may later on be discharged after training, and when their conduct has become more stable.

(2) Epileptic and physically defective children.

(3) The lowest grade children, imbeciles and idiots, many of whom are custodial cases.

(B) *Adults* :

(1) The high-grade conduct cases, those displaying marked instability, and those with bad homes. Many of these have already been in trouble, and come to us from police courts and workhouse maternity wards.

(2) Medium grade defectives, such as the lower grade of feeble-minded and the higher grade of imbeciles. All these high- and medium-grade cases may be taught trades with a view to discharge later on to ordinary life or to guardianship under some suitable person.

(3) Epileptic and physically defective persons who are obviously unable to earn their living outside in the ordinary labour market.

(4) Lowest grade imbeciles and idiots, who are again rather custodial cases.

Industrial colonies for the treatment of defectives are still, in this country, not very numerous, and some account of the working of such an institution may be of interest. My observations are based on the work done at Monyhull, which has accommodation for over 1,100 patients. It is a mixed colony, accommodating men, women and children of all ages and of all grades. The children's section of 350 beds is a certified special school recognized by the Board of Education and by the Board of Control, and the remaining beds are in the adult section. The institution is built on the villa system, the homes accommodating on the adult side 50 patients, and on the children's side 45 patients in each home. The estate covers over 300 acres, of which about 50 acres are taken up by the buildings. I am quite well aware that there are those who do not believe in such institutions accommodating both sexes and also children. Our children, however, are kept quite separate from the adults, and derive advantages from being associated with a larger institution that would otherwise be impossible if the children's section were run as a separate institution. We believe that the men are able to perform work which is useful to the women, and *vice versa*, while the men and women together are able to do much which is of great benefit to the children. But it must be admitted, however, that this type of institution involves risks and much greater responsibilities for those who are administering it, but the advantages certainly outweigh all the disadvantages. There are no locked doors in the colony except at nights, when there is a much smaller staff on duty, and the estate is bounded in most parts by low hedges and fences which can be climbed anywhere, and the patients are permitted to move about as freely as possible within the institution to encourage the feeling of liberty. The grounds are laid out as tastefully as we are able, and it is surprising what a great help this is in obtaining the goodwill of the patients and their friends. They come to the institution in the first place prejudiced and hostile, and ready to regard it as worse than a prison, but the sight of the gardens and the patients moving freely about rapidly dispels

their fears, and so we are frequently able to obtain their confidence at a very much earlier stage than would otherwise have been the case.

#### TREATMENT.

We regard treatment as coming under three heads, each being of equal importance—medical, occupational, and recreational.

*Medical treatment.*—Great care, of course, must be taken to overhaul every patient regularly in the endeavour to correct any disability present. Many of the patients are subnormal physically, and we pay great attention to their diet and eliminate monotony as far as we are able. Throughout the winter, and in some cases, indeed, throughout the year, weakly patients have their diet supplemented by cod-liver oil and malt, with marked benefit. To this and to the liberal diet and to the general attention paid to hygiene we attribute our freedom from tuberculosis. The villa system on which the colony is built has proved of great benefit in enabling us to cope with any outbreak of infectious disease with the least possible dislocation to the rest of the institution. Epilepsy is a factor in about 25 *per cent.* of our patients. In these cases we have tried dieting and most of the usual drugs used in such cases, but I am coming more and more to believe that the most important factors in keeping our epileptics well and fairly free from attacks are general hygienic treatment and freedom from anxiety as to where to-morrow's breakfast is to come from. Frequently we find the number of fits is much diminished, or even *nil*, as the result of treatment, but in the case of most of them if they are discharged we have found that the attacks recommence as soon as the patient is faced with the worry of fending for himself in the outside world. In a certain number of cases of thyroid involvement gland treatment gives fair results, and I am of the opinion that there is a good field for research in the study of the endocrines, and I understand that such research is being carried out by the Birmingham Joint Board of Mental Research. It may be as well here to refer to the beneficial results of exercise as apart from games. Some four years ago I was very much struck by the bad carriage and lack of alertness of our boys and younger men, and it was decided to institute an elementary form of physical drill amongst the children and men. After six months the difference was almost incredible. The patients moved much more alertly, carried themselves better, and altogether seemed much more responsive to their surroundings. Amongst the women we have substituted dancing for physical drill, and this has proved also of very great benefit. The Boy Scouts and Girl Guides movements for the children have certainly proved to

be excellent institutions, giving the children healthy exercise and broadening their interests and outlook very considerably. If I venture to make a criticism with regard to these movements, it is that they seem to me to be very expensive with regard to outfit and so on, and some of their record-keeping appears to me to be rather complicated.

With regard to general medical and surgical treatment, we are fortunate in being associated with the largest hospital in the town, and are able always to obtain extra advice on any case in which it is necessary, and also any special treatment that could not conveniently be carried out in the colony.

Of late years much greater attention has been paid to dental treatment, and a review of the dental charts reveals several rather interesting features. We seem to have two very distinct classes amongst our people: those with excellent teeth—in fact some practically perfect—and the other extreme, a large number with very bad teeth. I have not had an opportunity recently of inquiring as to whether this state of affairs is found amongst the insane, but it struck me as being rather remarkable that we should have two such different classes.

*Occupational treatment.*—We are always told that ordinary people do not benefit from idleness, but it is astounding how quickly defectives go downhill mentally and physically if they are not kept suitably occupied. It is regrettable that, in a number of institutions where defectives are housed, one can see them ranged round the walls at almost any hour of the day, doing nothing except getting into trouble and making a nuisance of themselves, and at the same time deteriorating generally. The possibility of trouble increases in proportion to the amount of idle time that a defective has on his hands. We have therefore made it a rule that every one, man, woman or child, each working day, goes out to some definite occupation unless he is under medical treatment, or unless he is kept in the home for some other reason. Thus each home is emptied during the day of all but the sick and those engaged in domestic duties. The patients get a change of surroundings, of faces, and to a certain extent of staff, and this seems to keep them much more contented and happy.

(a) *Children.*—The four grading factors enumerated above apply to the placing of the children in their respective homes, and everyone is tried out carefully at school, where there is a staff of specially trained teachers, and where the children are carefully placed after testing. Those who are able to benefit by continuing their general training (three Rs work) go on with this, combined with various forms of handicraft work, physical training, gardening and organized

games. The lower grade children who cannot benefit from "three Rs" work, after examination and testing, are put on handicraft work with gardening and physical training and games. Fortunately for us the syllabus for special schools laid down by the Board of Education is very elastic, and we are so enabled to draw up our syllabus that the handicraft work gives not only definite educational benefit, but leads directly to the occupations which are carried on afterwards in the adult colony. We also run a nursery class, where we place children who are too low grade to benefit from any usual school instruction, and this enables us to get the greatest number of our children out from the homes every day. There is finally a certain percentage of the children, about 2 *per cent.*, composed of idiots and the lowest grade of imbeciles, who cannot be sent to school at all, and who are cared for entirely in the homes.

(b) *Adults.*—Our grading factors, as well as placing a patient in the home, determine largely the occupation that he will follow. We endeavour to place him at an occupation that will benefit his mental and physical condition, and will turn him from a useless and often troublesome member into a person doing his own share of the work of the community. Great importance must, of course, be placed on the fact that the amount of work done by any individual patient is of very much less importance than the fact that he is fully occupied, because one must be sure that no element of sweated labour is allowed to creep in, and no one is asked to turn out a given amount of work in any given time. In fact this is one of our difficulties, as we can never really depend upon the output of any industry, because this varies very considerably, depending upon the patients' mental condition and upon their conduct generally. When we first gave serious attention to the question of industrial training, the process of finding the right occupation was, I am afraid, rather one of "trial and error," but we have improved on that very considerably now, as a result of the school organization. There, as I have mentioned above, the handicraft work is designed to lead on to the various industries in the adult section, and after observation and trial in the school, we are nearly always able to place the boy or girl at the job for which the greatest aptitude has been shown.

Now what can we do in the way of providing suitable occupations in an institution? Obviously, of course, there is always domestic work, for both men and women, and outdoor work on the land. These can be provided at any institution, no matter how small, but it seems to me that we should aim at something a great deal better than these—occupations to provide more variety and to give scope for the expression of the patients' real capabilities, so



that they are not merely domestic drudges nor agricultural labourers. It is surprising what a stimulus it is to defectives actually to achieve the making of something, so we decided to push on with occupations which involve constructive work, but we were faced with the lack of accommodation and suitable outfit. This we remedied by erecting army huts for workshops, and the greatest part of the outfit benches, etc., we made ourselves. Now the men are employed in mat-making, brushmaking, tailoring, basket-making, shoe-making and upholstery, in addition to working with the gardeners and on the farm and in their own domestic duties. All the joiners, painters, bricklayers and engineers have patients working with them, and it is extraordinary how keen and interested these men have become in their work. The women, in addition to doing their own domestic work, work in the kitchen, bakehouse, laundry, and administrative quarters, and there are also large sewing-rooms where every type of sewing and knitting is done, woollen rug-making shops, and basket-making shops. Gardening is also now taught, and a considerable amount of work in connection with the children, both in the homes and in the school, is now done by selected adult female patients. Throughout all these occupations, wherever possible, the higher grade and better patients should be led up to doing something a trifle more artistic, as this is a very great incentive to keenness. With this end in view we hold a sale of work every two years, and our patients produce a large number of articles for this sale, and so we are able to give greater scope and variety in the work which they are doing. Our grading factors have to be kept very clearly in mind when we are placing patients at these various occupations, and a constant review must be made to ensure that the man or woman is really in the right place, and, as mentioned previously, it cannot be too strongly emphasized that the patient is first and the output very much second. The point which will arise in connection with starting industries is, of course, one of expense. Our industries were started at a time when everything was at its highest price and when there was very urgent need for economy, but I do not think that any institution, however small and however badly off, need be deterred unduly on the grounds of cost. Rooms can be adapted or huts or sheds erected and simple equipment provided, which will lead to the occupation being started, and refinements can be added afterwards. There are institutions which run very excellent workshops with power plant and greater refinements, and of course they are able to turn out a very large amount of work, but the same good to the patients can be achieved in small institutions and in others not so fortunately placed as these already mentioned, by starting in a small way and

not using such elaborate equipment. A point that is worth considering is that one must not go on producing articles without providing means for their disposal. In the case of voluntary institutions this is usually a very simple matter, as philanthropic persons are usually only too glad to buy the output to help on the work. In the case of rate-aided institutions the position is a trifle more difficult, but it can be got over by organization. What we have done is to arrange for our output, wherever possible, to be taken by other institutions belonging to the same Board. There seems to me to be no reason why a working arrangement should not be made between various local authorities to help one another in this direction, but of course one simply cannot go on making articles and piling them up in store without some attention being paid to their disposal, otherwise the cost of running an industry would become prohibitive. Another point in connection with industries is that it would appear to be very desirable to have that industry started by someone who has been trained at that particular work, preferably a tradesman who has a thorough knowledge of the work from every point of view, and this is the method that we have adopted. We have then brought in attendants and nurses to be trained, as far as we are able, as understudies, but it seemed necessary that when the industry was started it should commence on the right lines, and not be muddled through by some nurse or attendant attempting to teach a trade without real knowledge. It is extraordinary how proud patients become when they advance somewhat in these occupations, and I have found among my patients a very much happier and more contented spirit, which I am sure is largely due to the new interests that the occupations have given them, and to the fact that the patients in their own way feel that they are actually doing something, and are no longer regarded merely as useless members of society.

*Recreation.*—As we have to teach the patients to work, so, of course, we have to teach them to play, and it is the off-duty hours frequently which cause the greatest anxiety, particularly amongst the higher grade patients. It is then that difficulties arise and bad habits of various sorts are contracted. We therefore decided to provide much increased facilities for the teaching and playing of various sorts of organized games. The children in school are taught organized games of different kinds, and these naturally play a considerable part in the school curriculum, but quite apart from these we have games taught to the children by nurses and attendants outside school hours, and we have recently provided extra playing-fields for this purpose. The men have a fine cricket and football ground and a bowling green, all of which are kept



in full use. Added interest is gained by having matches with outside teams who visit the colony and play specially selected teams drawn from amongst our own people. It is a recognized part of the duty of nurses and attendants to play games with their patients. Cricket and football provide plenty of outlet for the energy displayed by the more able-bodied men, and the bowling green allows even the cripples to get healthy and interesting recreation. These games, together with the Swedish drill, which I mentioned earlier, provide ample healthy occupation. For the women we have recently provided large playing-fields, with tennis-courts for the more active and younger ones and croquet greens for the older and crippled women, and various forms of ball games can now be taught to practically every one of the females. In addition to all these outdoor games, the usual indoor games are provided, and we find that the teaching of dancing to the patients generally has been very much appreciated. We run weekly concerts provided by our own staff, by our own patients, and by kind friends from outside, who visit regularly, and cinemas, of course, are very helpful. We have in mind the provision of a band, but of course with our patients this will take years to bring to any degree of proficiency. All these games naturally provide us with an excellent means of maintaining discipline, and remove that dreadful monotony of institution life—a reproach that is so often levelled against our work. Pianos and gramophones are provided throughout the institution, and are much appreciated, although the poor instruments naturally get very sad usage! We encourage walks and shopping expeditions, and for specially selected patients trips to places of interest round the town, and we attach the very greatest importance to the granting of short leave from the institution. In the latter cases very careful inquiry is made as to the home conditions and means of supervision, and at stated intervals, if the patients' mental and physical condition allow of it, they are permitted to be absent on the usual 48 hours' week-end leave. The children under similar conditions go home, many of them at the usual school holidays.

Considerable attention of late years has been paid everywhere to the raising of the standard of nurses in mental institutions, and I am strongly of the opinion that the work among defectives stands or falls very largely on the efforts of the nursing staff. If they are not properly trained, if they are not honest, and if they do not set the right tone with the patients, no amount of work done by the doctors or matrons can ever hope to succeed. From my own experience in mental hospitals and with defectives I consider that the defective is, if anything, the more difficult patient to deal with, and on the whole I think he makes more demand on the nurses'

patience and good temper, and that is why I consider that the nursing staff really determine the success or failure in an institution for mental defectives. I think it will be generally conceded that too much attention cannot be paid to the selection and careful progressive training of members of the staff, and in this direction the Association has always been very encouraging and helpful.

Our method of discharge for some time past has been that adopted by the Board of Control, namely, long leave of absence "on trial," and I think this is undoubtedly the best method. This may be further developed by the institution of hostels, but in this matter one must bear in mind the very bad state of the labour market over the whole country. One also has to remember that the cases which might reasonably be expected to be discharged are those of the highest grade, and unfortunately it is amongst these that we have the greatest number of potential wrong-doers, especially among the women, and this is a point which has to be firmly borne in mind when the question of discharge or of leave on long absence or of transfer to a hostel is recommended.

Mental deficiency inevitably costs the nation money, but the kindest and most economical way for suitable cases is, in my opinion, institutional care. Neglect to deal with this problem means a cost in misery, vice and industrial inefficiency which cannot be properly estimated, and all the time the problem becomes more and more serious, and is bound, in the long run, to affect our position among the other great nations of the world.

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*The Iodine Content of Thyroid Gland.*<sup>(1)</sup> By F. A. PICKWORTH,  
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At the Annual Meeting of this Association held at Belfast last July, Sir Frederick Mott gave you an address on the thyroid gland and promised a further contribution with regard to the iodine content. This paper is an attempt to correlate the iodine content with histological structure and with the mental and bodily condition of the patient. I must apologize for the work being far from complete, as most of the time since then has been taken up with the examination of the published methods for the estimation of iodine in the gland, and owing to certain objections to these methods it

(<sup>1</sup>) A paper read at the Annual Meeting held at Birmingham, July 9, 1925.