

The Life Expectation of Mentally Subnormal Patients in Hospital

By W. ALAN HEATON-WARD

The life expectation of even the most severely sub-normal patients in hospital with IQs below 25, has risen dramatically since the beginning of the century. This paper reports the results of a survey carried out by the author into the expectation of life of patients with IQs up to 50 in the Stoke Park Hospital Group, Bristol.

During the ten-year period 1 August, 1954, to 31 July, 1964, there were 108 female and 105 male deaths. The average age at death of the 53 male patients with IQs below 25 was 28.8 years and that of the 44 female patients was 29.3 years. The distribution of these deaths is shown in Table I, from which it will be seen that, whereas nearly 80 per cent. of the male deaths were evenly distributed over the second to fifth decades, nearly 60 per cent. of the female deaths were evenly distributed over the first three decades.

The average age of death of the 39 male patients with IQs between 25 and 50 was 40 years and that of 52 female patients was 49.8 years. The distribution of these deaths is shown in Table II, and it will be seen that in both males and females the highest number of deaths occurred in the sixth decade.

On 31 July, 1964, there were 845 male and 821 female patients resident in the Stoke Park Hospital Group. The distribution of the ages of patients with IQs below 25 is shown in Table III. The ages of 215 (71.4 per cent.) of the 301 male patients were

fairly evenly distributed over the second, third and fourth decades. The ages of 190 (77.2 per cent.) of the 246 female patients were evenly distributed from the second to fifth decades. The distribution of the ages of patients with IQs from 25 to 50 is shown in Table IV. The ages of 294 (69.3 per cent.) of the 424 male patients were evenly distributed over the fourth, fifth and sixth decades. The ages of 373 (80.4 per cent.) of the 464 female patients were distributed from the fourth to seventh decade with a peak of 125 in the sixth decade. Basing the calculation on the median age of each decade, the average age of the male patients with IQs below 25 was 29.0 years and that of the female patients 32.0 years. In the IQ range 25 to 50 the figures were 39.5 for male patients and 45.2 years for female patients. Using the same method of calculation, there were 120 male patients, average age 33.5 years, and 111 female patients, average age 46.0 years, with IQs of over 50. That these averages are not higher is largely due, not to limited expectation of life, but to the discharge from hospital of patients in this IQ range before they reach the higher age groups. This is particularly so in the case of males.

Because of the obvious problem of diagnostic criteria it is difficult to establish accurate statistics for specific clinical types of mental defectives. A notable exception is, of course, mongolism. On 31 July, 1964, there were in the Stoke Park Hospital Group, 76 male

TABLES I AND II
Age and IQ at Death—Period 1 August, 1954, to 31 July, 1964

		IQ < 25								
		Age in years								
		<10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
Males	7	11	10	11	10	3		1	53
Females	9	8	8	5	5	4	4	1	44
		IQ 26-50								
		Age in years								
		<10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
Males	2	5	3	3	8	17	1		39
Females	1	2	3	8	8	18	8	4	52

and 77 female mongols. The youngest was a male aged 1 year 4 months and the eldest a female aged 54 years and 2 months. The average age of the 42 male mongols with IQs below 25 was 25.3 years and that of the 46 females 29.3 years. For the IQ range 25 to 50 the average was 28.3 years for both males (34) and females (31). Thus in mongols there is not the striking difference in average age between the two IQ ranges noted in the Stoke Park patients as a whole. The age distributions of mongols for the two IQ ranges are shown in Tables V and VI.

DISCUSSION

Assuming that the incidence of all forms of mental defect does not change significantly, the increasing

birth rate, combined with increased expectation of life at birth of those persons with IQs below 50 likely to require residential care, must eventually lead to a need for more, rather than fewer hospital beds. This may well prove to be more than the ratio of 1.3 beds per 1,000 population envisaged by the Ministry of Health. The increased longevity of patients produces bottlenecks throughout the hospital, makes patient movement difficult, interferes with proper classification of patients and results in long waiting lists for admission. It is suggested that there is an urgent need for national surveys to determine accurately the number of extra hospital beds required to enable the mentally subnormal to be cared for in units of 20 to 30 beds.

TABLES III AND IV
Age and IQ of Patients with IQs Below 50 Resident in the Stoke Park Hospital Group, 31 July, 1964

		IQ < 25								
		Age in years								
		< 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
Males	22	75	62	78	34	25	5		301
Females	21	46	48	47	49	25	10		246

		IQ 26-50								
		Age in years								
		< 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
Males	12	37	58	100	100	94	23		424
Females	7	26	49	82	95	125	71	9	464

TABLES V AND VI
Age and IQ of Patients with Down's Syndrome Resident in the Stoke Park Hospital Group, 31 July, 1964

		IQ < 25								
		Age in years								
		< 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
Males	5	9	12	10	5	1			42
Females	6	7	8	12	10	3			46

		IQ 26-50								
		Age in years								
		< 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
Males	6	4	4	15	2	3			34
Females	2	7	8	10	2	2			31

W. Alan Heaton-Ward, M.B., Ch.B., D.P.M., *Consultant Psychiatrist in Charge, Stoke Park Hospital Group, Bristol*

(Based on a paper read at the First Congress of the International Association for the Scientific Study of Mental Deficiency, Montpellier, September, 1967.)

(Received 12 December, 1967)