

**Annual report : 1931/1932 / Besford Court Catholic Mental Welfare Hospital.**

**Contributors**

Besford Court Catholic Mental Welfare Hospital (Worcestershire, England)

**Publication/Creation**

[Place of publication not identified] : [publisher not identified] 1932

**Persistent URL**

<https://wellcomecollection.org/works/he2htm7j>

**License and attribution**

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>



*Worcester*



# THE BESFORD COURT CATHOLIC MENTAL WELFARE HOSPITAL

THIRTEENTH & FOURTEENTH  
ANNUAL REPORTS  
1931-1932



*"Bespoke of our time"*



WELLCOME  
LIBRARY

Ann Rep

WLM 28

• BE 5

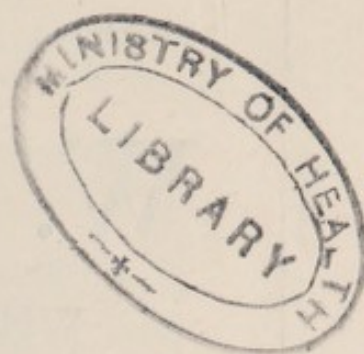
B 55

1931-32



22501438815

Worcester,





Established  
1799.

Telephone :  
Royal 6672 & 6673.

# W. Forster & Son

WHOLESALE AND EXPORT  
GROCERS AND STOREKEEPERS

---

## *School Specialists*

---

Suppliers of TEA, COFFEE, GROCERIES,  
CANNED GOODS, etc., to this Institution  
and many of the LARGEST SCHOOLS and  
COLLEGES IN ENGLAND.

The Business is unique in the fact that all orders  
receive the personal and individual attention of  
the PROPRIETORS which has proved a great  
benefit to a VERY LARGE CLIENTELE.

A considerable proportion of the business is  
obtained by recommendation, which proves that  
QUALITY, PRICE and general method of  
trading give every satisfaction.

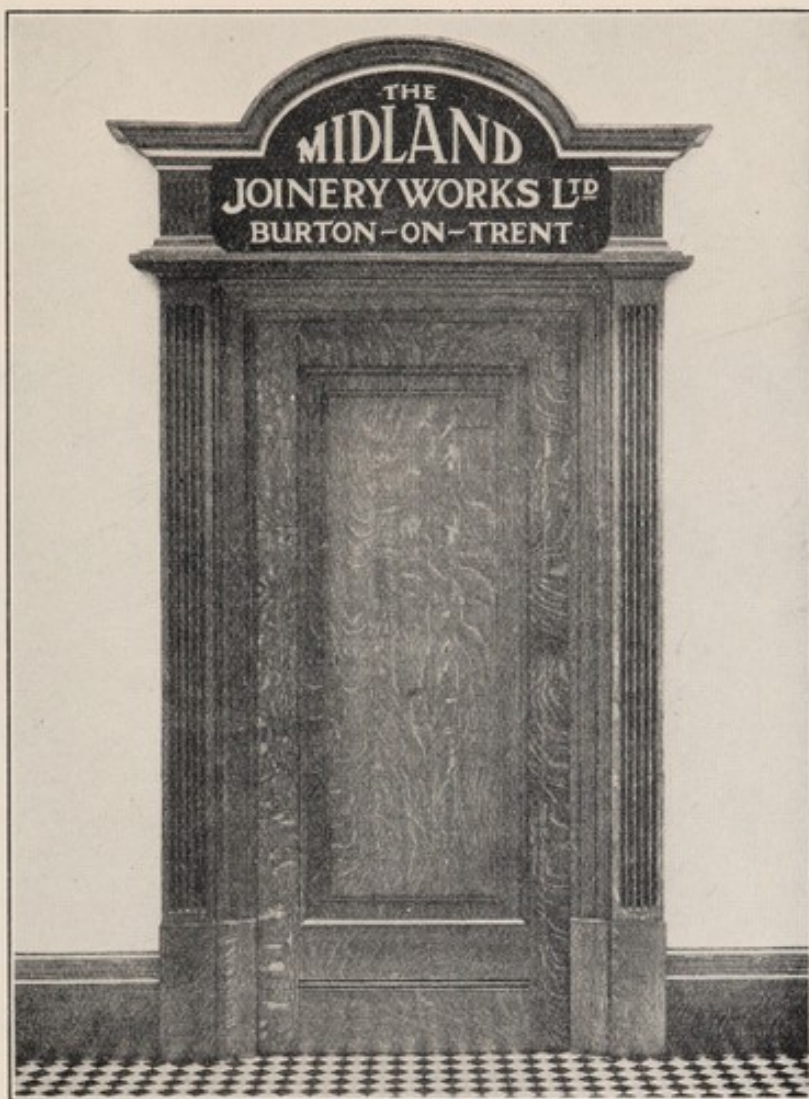
*Trial Orders are especially solicited.*

Philpot Lane, London, E.C.3.

## Makers of Guaranteed Goods.

Telephone :  
685 (2 lines).

Telegrams :  
MIDJOIN, BURTON-ON-TRENT.



*Specialists in*  
All Hardwood Joinery. School and  
Laboratory Fittings. Ecclesiastical Work.

We have supplied JOINERY to the  
BESFORD COURT COLONY ESTATE  
for the past eight years.

*Enquiries Invited.*





BESFORD COURT CATHOLIC  
MENTAL WELFARE  
HOSPITAL

THIRTEENTH AND  
FOURTEENTH  
ANNUAL REPORTS

*All correspondence should be addressed to*

The Resident Manager,  
Besford Court Catholic Mental Welfare Hospital,  
Defford,  
near Worcester.



# Besford Court Catholic Mental Welfare Hospital.

Certified by The Board of Education, The Board of Control  
and The Home Office



## President :

HIS GRACE THE MOST REVEREND THOMAS LEIGHTON WILLIAMS,  
D.D., M.A., Archbishop of Birmingham

## Administrator of the Estate :

THE RIGHT REV. MONSIGNOR NEWSOME

## Hon. Treasurer and Financial Advisor :

THE RIGHT REV. MONSIGNOR CANON HUDSON

## Financial Secretary :

MISS F. W. DINLEY

## Steward of the Estate :

FRETHY DANIEL O'NEIL, Esq.

## The Hospital and College

### Appeal Committee

#### Chairman :

THE EARL OF COVENTRY

SIR HERBERT AUSTIN, K.B.E., M.P.

HILAIRE BELLOC, Esq.

ALD. SIR WILLIAM BOWATER, J.P.

The RT. HON. SIR AUSTEN CHAMBERLAIN,  
K.G., P.C., M.P.

The RT. HON. NEVILLE CHAMBERLAIN,  
P.C., M.P.

G. K. CHESTERTON, Esq.

The RT. HON. VISCOUNT FITZALAN,

P.C., P.C.I., K.G., G.C.V.O., D.S.O.

The RT. HON. LORD NELSON, D.L.

SIR GILBERT VYLE

### Board of Managers

#### Chairman :

THE VERY REV. CANON VILLIERS

REV. JULIAN BAMFORD

REV. J. T. CONNOR

RT. REV. MGR. CANON HUDSON

RT. REV. MGR. NEWSOME (Resident)\*

ROBERT BERKELEY, Esq., of Spetchley

ROBERT G. BERKELEY, Esq.

J. B. WEBB, Esq.

\* To whom all correspondence, donations, etc., should be addressed.

**Rector :**  
THE RIGHT REV. MONSIGNOR NEWSOME

**Psychologist :**  
REV. AIDAN ELRINGTON, O.P., D.Sc. (LOUVAIN)

**Assistant Psychologist :**  
Miss E. HEWLETT

**Hon. Advisor on Method :**  
REV. EDWARD KING, S.J.

**Hon. Mental Analyst and Lecturer on Mental Science to Staff :**

J. C. SMYTH, Esq., M.B.E., M.D., M.R.C.S., L.R.C.P.

**Senior Department :**

Medical Officer	-	-	MARK BATES, Esq., O.B.E., M.B., B.Ch., F.R.C.S.
Matron	-	-	Miss G. CARNEGIE, R.F.N., R.S.N.
Dental Surgeon	-	-	G. AMESS, Esq., L.D.S.
Controller of Dietetics	-	-	GREGORY TOBIN, Esq.
Chief of Prefectorial Staff	-	-	J. A. McALLISTER, Esq., A.M.S.F.

**Vocational Manual Training School :**

Honorary Technical		
Advisor on Crafts	-	E. BOWER NORRIS, Esq., F.R.I.B.A.
Chief Instructor	-	F. D. O'NEIL, Esq.

**Junior Department :**

Medical Officer	-	-	E. PROTHEROE SMITH, Esq., M.R.C.S., L.R.C.P.
Matron & Head Mistress	-	-	The REV. MOTHER ALPHONSINA
Dental Surgeon	-	-	ALLAN SHOVELTON, Esq., L.D.S.

**Honorary Medical Board :**

Physicians	-	-	{ STANLEY BARNES, Esq., M.D., D.Sc., F.R.C.P. PROFESSOR W. H. WYNN, M.D., M.Sc., F.R.C.P. K. DOUGLAS WILKINSON, Esq., O.B.E., M.D., F.R.C.P.
Endocrinologist	-	-	Ivo GEIKIE COBB, Esq., M.D., M.R.C.S., L.R.C.P.
Advisor on Diet	-	-	G. E. FRIEND, Esq., M.A., M.R.C.S., L.R.C.P.
Oto-rhinologists	-	-	{ J. BERNARD CAVENAGH, Esq., M.C., M.B., B.Ch., M.R.C.S., L.R.C.P. D. J. EVANS, Esq., M.B., Ch.M., M.R.C.S., L.R.C.P., F.R.C.S.
Ophthalmic Surgeon	-	-	B. H. ST. CLAIR ROBERTS, Esq., M.D., M.R.C.S.
Orthopædic Surgeons	-	-	{ NORMAN DUGGAN, Esq., M.B., Ch.B., F.R.C.S., L.R.C.P. NAUGHTON DUNN, Esq., M.A., M.B., Ch.B.
Psychiatrists	-	-	{ G. A. AUDEN, Esq., M.D., M.A., Ph.D., F.R.C.P., D.P.H. T. A. DANBY, Esq., M.B., Ch.B.(Vict.), D.P.H.(Manch.)
Typological Psychiatrist	-	-	E. B. STRAUSS, Esq., M.A., D.M., Ch.B. (Oxon), M.R.C.P.
Consultants for Mental Disease	-	-	{ PERCY T. HUGHES, Esq., M.B., C.M. BARTHOLOMEW JOSEPH MULLIN, Esq., M.C., L.R.C.S. & P.I., D.P.H.
Radiologist	-	-	H. NEVILLE CROWE, Esq., M.D., M.R.C.S., L.R.C.P.
Dermatologist	-	-	A. DOUGLAS HEATH, Esq., M.D., M.R.C.P.
V.D. Specialist	-	-	G. L. M. McELLIGOTT, Esq., M.A., M.R.C.S., L.R.C.P.





In Memoriam.  
Dr. ROBERT HUGHES,  
Honorary Medical Referee.  
R. J. D.



# PREFACE

by

A. F. TREDGOLD, Esq., M.D., F.R.C.P., F.R.S.E.

Lecturer on Mental Deficiency at London University. Physician in Psychological Medicine at University College Hospital, etc.

*I have great pleasure in writing a short preface to this volume, comprising the 13th and 14th Annual Reports of Besford Court Mental Welfare Hospital. I have known these Reports from their first appearance and they have always seemed to me to have particular value for two reasons. In the first place, they contain information relating to the subject of Mental Deficiency and the care of defectives, which cannot fail to be of interest to all who are in any way concerned with this class of persons. In the second place, and even more important, these Reports afford evidence of the results which may follow the application of all the latest advances in knowledge to the treatment and training of high-grade defectives.*

*It is too commonly assumed that persons suffering from mental defect have little, or nothing, in the way of personality and individuality, and that all that it is necessary to do for them is to provide them with some kind of task which will occupy their time and keep them out of mischief. This is a complete fallacy. Mental defectives differ amongst themselves just as do their normally endowed and more fortunate fellows. Each defective individual has his weaknesses but also his capabilities; his particular trends and his special difficulties. If he is to be developed to the full extent of his inherent potentiality and to be made a healthy, happy, and, within his limitations, a useful member of the community, a careful study must be made of his particular physical and mental make-up; in other words each patient must be regarded and treated as an individual problem.*



*This principle of individual study and carefully selected and supervised training has always been the guiding one at Besford Court. Not only is particular attention paid to the environment as regards dietary, sleeping arrangements, recreation and hours of work; but each patient is the subject of individual investigation and nothing is omitted which can in any way contribute to his development or help him to overcome his difficulties. This, of course, would be impossible without a staff of special and enthusiastic helpers; but Monsignor Newsome is fortunate in having such a staff and in consequence he is able to point to the very gratifying results which may follow such a system. An account of all this, and much more, will be found in the present Report, which will well repay reading by all who are interested in this question.*

*A. J. Trevelyan*  

---

# THE RESIDENT MANAGER'S THIRTEENTH and FOURTEENTH ANNUAL REPORTS of the Besford Court Catholic Mental Welfare Hospital.



To the Chairman and Members of the Board of Managers.

Very Rev. Chairman and Gentlemen,

The Eleventh and Twelfth Annual Report for the years 1928 to 1930 were, for reasons already given, presented as a Biennial Report. In that Report were indicated the considerations and reasons underlying a new general scheme which the Resident Manager, with the approval of the Board, had begun to carry out. This provided a system of intensive training for the mental defectives sent to us which, it was hoped, would in many cases enable them to take their share usefully in the ordinary life of the nation. For similar reasons no lengthy Report was presented to the Managers last year, but another two years have been occupied with observing critically and from every angle the working out of the scheme and estimating the resulting benefits.

I have now the honour to submit for your consideration my Thirteenth and Fourteenth Annual Report, for the period ended March 31st, 1932.

## ❶. The Theme of the Last Report Resumed.

It will be remembered that much of the last Report was taken up with the preparations which had to be made before the Senior and Junior Departments could be provided with open-air dormitories for all. We had to make certain that our system of dietetics was scientifically sound, to arrange for weekly dietaries to be subject to repeated analysis, and for the system itself to be sufficiently plastic to enable quick adjustments to be made wherever the possibility of danger presented itself.



## II. The Dietetic Problem.

We had to deal with a problem in which there was an unknown factor. The output of energy and heat of normal individuals of various ages and engaged in various occupations has been calculated by many experts, the amount of protein without which the body is powerless to renew its wasted tissues or by the process of growth to build up additional tissues required by a growing boy under various circumstances has also been estimated; but since mental defect is only as a rule the most striking symptom of a defective psycho-physical organisation, as in so many other things, the nutritional index of a defective may also be assumed to be subnormal. Consequently the food is not used economically by the body, and protein, which is required for body-building purposes, is often used for energy production owing either to a deficiency of carbo-hydrates or fats or to a lack of fine discrimination in the mechanism which settles the ultimate use of food constituents.

Not only did the new system of intensive training call for the output of much more energy on the part of our boys, but also for an increase of heat production. In the very depths of winter, with frosts and biting winds, the boys had to maintain their bodily heat in bed, with only a moderate supply of blankets.

All difficulties were finally overcome and the absence of complaints from the boys, their outspoken preference for sleeping in the open-air, and their general hardiness and excellent physical condition showed the plan was working successfully.

## III. Oxygen and Growth.

Elsewhere in the Report will be found a reference to the unexpected and remarkable mental progress made by a number of the senior boys and to the occurrence of a second period of physical growth after a period of quiescence. The mathematical enquiry which is now being made into this phenomena will probably have some suggestive results, but it may be pointed out that just as there is a food control in the body so there is also in all probability an oxygen control. Proper growth requires an abundance of oxygen. As this control also is likely to be subnormal in the defective, the only way to ensure that the finer tissues get all the oxygen they require is for the whole organism to be flooded with oxygen. In this connection, it may be worthy of note that in spite of the large amount of physical training which they enjoy, the boys at Besford Court exhibit a subnormal chest-expansion.



# THE BESFORD COURT HOSPITAL

---

## II. The Open-air Life and the Dietetic Precautions.

During the last two years the house dormitories of the Junior Department have been entirely replaced by out-door ones, built on the same plan as those in the Senior Department. Here again the dietetic problem was attacked and solved before the boys were allowed to sleep out. It was the problem again of the difference between the well filled child and the well fed child. Many of the children entering the Junior Department are hampered by faulty food habits. They have been brought up as "carbo-hydrate and fat children" and they have had to manage to snatch protein for growth as best they could. They come with eager appetities for bread and butter, for bread and jam and for sweet things generally. Meat they are apt to dislike and vegetables do not interest them. Gradually, under Mother Alphonsine's tactful guidance the appetities of the whole Department were educated and brought up to the proper standard.

The experiment was an entire success and the increased food bills pointed to quickened metabolism; and a quickened metabolism soon showed its results in a great increase in the general activity.

It may be interesting at this point to give the timetable of a normal working day in the Senior Department. It should be noted that boys up to the age of sixteen spend half their working day in continuing their scholastic education and the other half of their working day in laying the foundations of their craft training. After sixteen they become "all day workers."

## III. A Working Day in the Senior Department.

The timetable for the Senior Department for the normal working day is as follows :—

- 6.30 a.m. Reveille. Nasal drill, washing, teeth cleaning, dressing, etc., individual prayers.
- 7.15 a.m. Breathing Exercises.
- 7.30 a.m. Breakfast followed by Sick Parade.
- 8.20 a.m. Physical Exercises.
- 9.0 a.m. Fall in for Craft Classes
- 9.30 a.m. Fall in for Scholastic Classes (boys under 16).
- 12.30 p.m. All classes cease.
- 1.0 p.m. Dinner.
- 2.0 p.m. Fall in for all Classes.
- 4.30 p.m. Scholastic Classes end.



# THE BESFORD COURT HOSPITAL

---

- 5.45 p.m. Tea.
- 6.30 p.m. Sick Parade, Classes, Music, Boxing and Gymnastics.
- 7.30 p.m. Night Prayers, Bathing and Light Therapy.
- 8.30 p.m. Juniors to bed.
- 10.30 p.m. Seniors to bed. Lights Out.

The evening is occupied by reading in the library, voluntary classes in gymnastics, the dramatic society, boxing, dancing, billiards, the band and hobbies.

## ¶ Some Further Notes on Dietetics.

The Dietaries of both departments have during the past two years, been calculated out week by week and minor alterations made from time to time. We have fixed the protein minimum for the Junior Department at 90 grammes per day, and 140 for the Senior Department. These levels have not only been consistently maintained but generally exceeded slightly. In the Junior Department the boys have been encouraged to drink plenty of fresh milk, not less than a pint per day, in addition to the milk served as a constituent of puddings, soups or beverages. Milk is, of course, not only a well balanced food for children, but also it is relatively a much cheaper source of protein than beef. In the Senior Department where the boys lead a most strenuous life in the open air, it has been found that they require over 5,000 calories per day, which is 1,500 more than is regarded as the optimum for a strong man working hard out of doors. We now bake our own bread in a model bakery established at Besford Court. This bread, after cooling, is placed in sealed bags, thus ensuring perfect cleanliness. The flour is ground for us from a mixture of best English wheat and hard American red wheat in an old stone mill near Worcester. The flour contains the whole of the germ of wheat and a large proportion of the offals. These offals when present in bread act as gentle stimulants to intestinal action. In the United States, in order to make up for the deficiency of this stimulant in white flour, a prepared bran is served with milk as a breakfast food. In addition to the ordinary flour, a proportion of Soya bean flour is added, liquid malt and unrefined Droitwich salt. This salt is used throughout the whole institution. Refined salt which is pure sodium chloride does not contain those traces of other mineral salts which are necessary for the well being of the body. The bread has remarkable keeping qualities and has an attractive nutty flavour. Weight for weight it is much more satisfying and therefore more economical than the ordinary commercial whole-meal bread.



## ¶ The Vitamin Controls.

Vitamins A, B and D are abundantly present both in our summer and winter dietaries on account of the staple constituents of these dietaries. One of our pre-occupations has been to ensure an unfailing supply of the anti-scorbutic Vitamin C throughout the winter. Oranges are apt at certain times to be expensive and also when given as part of the dietary have to be watched very carefully in the refectory as boys will otherwise take them out in their pockets and use them as articles of barter. Swede juice is added to all stews and soups only until the end of February as this root crop will not keep longer. We have then to fall back for our principal standby more upon canned tomatoes, in which a high proportion of Vitamin C survives the canning process. Experiments have also been made with canned tomato juice diluted as a beverage. Carrots are a disappointment. When young and in the summer they are rich in Vitamin C, but this has been shown to disappear when they are stored in the autumn for winter use. Carotene, the derivative, which is a concentrate of Vitamin C, is far too expensive for general use.

Cabbage is not allowed to simmer for a long period until reduced to a mush. It is boiled rapidly for twenty minutes only, and in this way the oxygen is expelled quickly and does not remain in contact with the vitamin. The cabbage still has character and offers some resistance to the teeth when served at table. It scarcely need be said that bi-carbonate of soda or alkalis of any kind are never added. Such chemicals while preserving the bright green of the vegetable, destroy the vitamin.

Several times a week uncooked vegetables are chopped or minced finely and made into raw salad. A quasi mayonaise dressing can be made cheaply, and if scraps of ham or tinned salmon are added to the salad, an appetising dish results, which the boys eat eagerly.

We have no fixed days for certain dishes. Boys do not know when they enter the refectory, except from observation, of what the menu is going to consist. They are extremely fond of fried fish and chips, and we have installed a standard fried fish and chip cooking apparatus to meet this universal taste. Lastly, if the proof of the pudding is in the eating and in its after effects, the splendid physical condition of the boys and the negligible proportion of waste, point to a dietary as scientifically perfect as we have been able to make it.



# THE BESFORD COURT HOSPITAL

## Some Extracts from the Dietetic Records.

The following are a few analyses of the food constituents of the day's dietary, worked out from weekly returns and taken haphazard from our records:—

WEEK ENDING 25th MAY, 1931. FOOD CONSTITUENTS.

AVERAGE PER BOY PER DAY.			
<i>C.H.D.</i>	<i>Protein.</i>	<i>Fat.</i>	<i>Calories.</i>
569.3	154.5	241.2	5213.6

### Vitamin Control of the Anti-Scorbutic "C."

59 lbs. Onions	..	..	..	C.C.C.
32 lbs. Radishes	..	..	..	C.C.C.
160 lbs. Cabbage	..	..	..	C.C.C.
106 lbs. Greens	..	..	..	C.C.C.
110 lbs. Broccoli	..	..	..	C.C.C.
32 lbs. Tomatoes	..	..	..	C.C.C.
80 lbs. Lettuce	..	..	..	C.C.C.
558 Oranges	..	..	..	C.C.C.
86 lbs. Beetroot	..	..	..	C.C.
300 lbs. Prew	..	..	..	C.C.C.
1 gall. Orange Juice	..	..	..	C.C.C.

### Salad I.

80 lbs. Cooked Beetroot.  
20 lbs. Sliced Onions.  
Vinegar and Seasoning

### Salad II.

32 lbs. Radishes.  
40 lbs. Lettuce  
100 Hard Boiled Eggs.  
20 lb. Tins Tomatoes.  
300 Chopped Prew.  
Salad Cream.

WEEK ENDING 9th NOV., 1931. FOOD CONSTITUENTS.

AVERAGE PER BOY PER DAY.			
<i>C.H.D.</i>	<i>Protein.</i>	<i>Fat.</i>	<i>Calories.</i>
557.85	155.88	254.42	5251

### Vitamin Control of the Anti-Scorbutic "C."

80 lbs. English Onions	..	..	..	C.C.C.
56 lbs. Beetroot	..	..	..	C.C.
35 lbs. Carrots	..	..	..	C.C.C.
81 lbs. Turnips	..	..	..	C.C.C.
600 lbs. Savoy	..	..	..	C.C.C.
30 lbs. Lettuce	..	..	..	C.C.C.
237 Oranges	..	..	..	C.C.C.
3 galls. Orange Juice	..	..	..	C.C.C.

# THE BESFORD COURT HOSPITAL

---

## *Salad I.*

56 lbs. Cooked Beetroot.  
30 lbs. Lettuce.  
30 lbs. Sliced Raw Onion  
Vinegar Dressing and Seasoning

## *Salad II.*

30 lbs. Grated Swedes.  
30 lbs. Grated Carrots.  
50 lbs. Shredded Savoys.  
30 Hard Boiled Eggs.  
Salad Cream Dressing.

The remainder of the Swede Juice was used for making gravies, etc., the liquid being added after the foods have finished boiling.

WEEK ENDING, FEB. 1st, 1932. FOOD CONSTITUENTS.

AVERAGE PER BOY PER DAY.

<i>C.H.D.</i>	<i>Animal Prot.</i>	<i>Vegetable Prot.</i>	<i>Animal Fat.</i>	<i>Vegetable Fat.</i>	<i>Calories.</i>
563	93.3	62.17	144.5	82.28	5007.6
	155.47		226.78		

Vitamin Control of the Anti-Scorbutic "C."

116 lbs. English Onions	..	..	C.C.C.
74 lbs. Carrots	..	..	C.
330 lbs. Savoys	..	..	C.C.C.
260 lbs. Sprouts	..	..	C.C.C.
54 lbs. Tinned Tomatoes	..	..	C.C.C.
26 lbs. Germinated Peas	..	..	C.C.C.
1150 Oranges	..	..	C.C.C.
1 gall. Orange Juice	..	..	C.C.C.

## *Salad I.*

50 lbs. Cold Sliced Potatoes. 10 lbs. Cold Peas.  
50 lbs. Shredded Savoys. 50 Hard Boiled Eggs.

Dressed with Mayonnaise.

It should be noted that a minimum of diet, together with a minimum of exercise must hinder proper development and tend to the clogging of the tissues with waste products. A life of strenuous activity with a diet amply sufficient to meet all natures needs involves a high rate of metabolism and consequently tends to keep the tissues themselves in a healthier and cleaner condition.

There are three additional sources of supply which are not brought into our calculations. Every boy on rising eats a hard biscuit in order that he may not have any "sinking feeling" during the pre-breakfast breathing exercises. Last thing at night, before the boy goes to his dormitory, he receives half a pint of hot drink, which may be milk, soup, or cocoa. Lastly, there is the tuck-shop.



## **¶ General Appearance not an Index of Mentality in High-grade Defects.**

Visitors often remark that many of the boys at Besford Court are not defectives. Some who know, or who ought to know, a little about mental defect have stated that very few of the boys at Besford Court are mental defectives and that those who are defectives are to be found among the younger boys. Actually, such general statements, though absurd and easily disproved, are really commendations of our method and point to the good effects of socialization.

In the first place, nearly all the boys are sent to us through Public Authorities, and every Public Authority has to be very careful nowadays about expenditure. Consequently, as the contribution from parents is usually very small and generally merely symbolic of goodwill and principle, Committees will not send a boy away for residential special school treatment (and thus become responsible for a considerable expenditure each year) unless they are certain that the boy is actually a defective and that his needs cannot be met locally in a cheaper way. Such Committees are always advised by their Medical Officer, who has among other things to be an expert in the diagnosis of mental defect and who will not run the risk of being deemed an extravagant official by urging them to spend their money recklessly.

The statement, therefore, that most of the boys at Besford Court are not mental defectives implies that scattered about the country there are over three hundred Medical Officers who though they have signed the necessary certificates, are really incompetent to decide who is and who is not a mental defective.

On the other hand, the critic who makes this remark evidently supposes that he or she, though untrained in the work, has yet by intuition a far superior knowledge and possesses a power of passing sound judgment even after the most superficial and momentary observations.

Frequently such people will say, "He does not look like a defective." Certain things may be judged from the expression on a person's face, but generally judgments based on expression or lack of expression are fallacious. The writer knows a man with a brow like that of Shakespeare and features of singular beauty. His very silence is impressive and seems to indicate that his thoughts are too deep to share with the common herd. It is only when he begins to talk that one realises that Nature has put all the goods in the shop window and that inside the shop and in the warehouse of his memory, there



## THE BESFORD COURT HOSPITAL

---

are just a few oddments of ideas. On the other hand, highly intelligent people often look stupid and the reader is invited to look at his or her face in the glass in a condition of repose and to judge honestly whether it is lit up with indications of intelligence. Most people wear a mask and diplomats have to train their faces as well as their speeches in order to conceal their thoughts.

Let us suppose that such critical visitors paid a visit to some large general hospital with convalescent wards. They would say that half the people in the hospital ought not to be there—that certainly in some of the wards there were people who were seriously ill—but on the other hand there were many people going about their ordinary business who looked far worse than the so-called patients in the convalescent wards and those who were sauntering about in the grounds. But it would be a poor hospital whose only exit was to the mortuary.

Most of these critics imagine that mental defect is always advertised by the so-called stigmata of degeneration, whereas to experts it is well known that these stigmata are usually associated only with the lower grades, which any ordinary person can detect from observation without any further proof.

### **II. Socialisation an Object of Primary Importance.**

The course of training at Besford Court is intended not only to educate a boy in the scholastic sense, to promote by every means possible his physical development, to train him as an efficient craftsman or workman, but also to socialise him. The result is that most of our senior boys, when they attend public functions such as dances and entertainments, or meet normal people under normal conditions, contrast very favourably—owing to their charm of manner, their thoughtfulness for others, their reticence and their general poise—with the hobbledyhoys and the thoughtless obtrusive youths so frequently to be met with as products of our civilisation.

As noted elsewhere in previous Reports the work of socialisation of defectives is impossible unless they are granted as they grow older increasing measures of liberty. To give boys leave of absence for a whole afternoon and evening, to allow them to go out dressed just like other boys, to ask no questions when they return as to how their time has been employed, compels these boys to realise that not only are they put on their honour to behave as gentlemen, but that their superiors are assured that they will. It is said that you cannot make omelettes without breaking eggs, and we have often expected



## THE BESFORD COURT HOSPITAL

---

to get disturbing reports and have been prepared for things to happen. But astonishing as it may seem, it is nevertheless true, that nothing has ever happened to cause any anxiety.

On the other hand, though after dinner on Saturday boys can change into mufti, draw their pocket money and go off to Worcester, Birmingham, Cheltenham or Evesham to enjoy themselves, the number who actually avail themselves of this privilege is small compared with the number of boys to whom this privilege is given. From the boy's point of view there is much more to attract him at Besford and during the winter most of them prefer to watch our First Team playing a league match on our own ground or going with them when they play away, to visiting the "movies" in a neighbouring town and having tea in a café.

### **II. A Survey of Our Mental Ratios.**

When an application is made for a vacancy at Besford, the Mental Ratio of the boy is asked for in order that on this evidence, together with the other evidence afforded by the answers to the elaborate questionnaire that is sent, it may be ascertained whether the case is one that can be trained or not. Boys below a certain level of mentality cannot possibly stand up to the routine and must necessarily collapse under the strain. Such an experience is bad for the boy, and it is in his best interests that when it is seen clearly that a trial must end in failure, he should be placed in the milder, more suitable life, of a custodial home.

Owing to the shortage of vacancies in Institutions, Medical Officers can hardly be expected to act as absolutely impartial judges of the degrees of mentality that their cases possess. Their bias is bound to be unconsciously in favour of the patient—they want to show him in the best light possible. When a psychologist, without any interest whatever in the final result of the test, will refrain from repeating a question which elicits no response, the Medical Officer may think that perhaps the patient has not heard the question properly and may put it again or may vary the form of a standardised question in order to suggest the right answer. Consequently, the Mental Ratios sent with application for admission tend to be on the high side, and in spite of the fact that boys may be put a little off their stroke by the strangeness of the Medical Officer's Clinic, their mental ratios may always be taken to indicate the highest possible upper limit of their "general intelligence."



# THE BESFORD COURT HOSPITAL

---

Some time ago, a highly trained lady psychologist from a well-known London Child Guidance Clinic spent three months at Besford Court ascertaining the mental ratios where these were missing and checking most of the others that had been ascertained elsewhere. In this latter case, her findings were generally five to ten points below the original mental ratios and her findings correlated accurately with the scholastic powers and general reactions of these boys. The following classification has been made up of the total number of boys in both the Departments and shows the distribution of mental ratios :

29— 1	50—13	62— 6	74— 3
36— 1	51— 5	63— 5	75— 6
40— 2	52— 7	64—15	76— 2
41— 2	53—12	65— 9	78— 1
42— 1	54— 6	66— 5	82— 2
43— 5	55— 4	67— 7	83— 1
44— 3	56—12	68— 5	84— 1
45— 4	57—10	69— 5	85— 1
46— 5	58— 5	70— 9	91— 1
47— 4	59— 7	71— 3	95— 1
48— 4	60—17	72— 3	
49— 3	61—10	73— 4	

## REPORT ON THE DATA SUBMITTED.

1.—The statistics as supplied from Besford Court were treated by certain mathematical methods that are usually applied to such data, and gave the results which are shown pictorially on the annexed graph. The results thus obtained were then compared with the graphs obtained in similar cases.

2.—Two conclusions seem to follow as a consequence of this comparison :—

- (a) That the curve of distribution of marks among the candidates examined at Besford Court is very close to the corresponding curve obtained from other sources, and this fact seems to show that the type of question asked is very suitable for the work of Besford Court.
- (b) That the examiner or examiners have applied the tests in such a way that their scoring is reliable, i.e., they have not allowed subjective bias to influence their award of marks.

As a consequence, the tests used do help to form and give a true estimate of the general intelligence of each boy. This being so, it is easier to know at what rate of development each boy should grow



## THE BESFORD COURT HOSPITAL

---

as he passes through the regular course of Besford, and if he does not, to search for the causes that may possibly be hindering the normal course of development.

C. W. O'HARA, S.J., M.Sc.

One further observation has to be made before leaving this topic. The training of a young man begun at Besford may not be complete, even though he is a good craftsman and absolutely normal in his behaviour. He may be liable to break down when working in the company of normal men and youths through the lack of self-reliance and courage. These are the last two qualities to develop and until they are present to a sufficient degree, it would be disastrous to place a boy out, even on licence. The boy who goes out and fails ignominiously comes back wounded and crushed in his innermost soul, and it may take years to repair the mischief that has been wrought.

### **¶ Proper Classification of Defectives and Essential of Treatment.**

It is stated in some quarters as a reproach that at Besford Court we carefully select our cases before admitting them.

In a proper sense, this is true, and we do so just as any hospital or institution accepts suitable cases and refuses those which are unsuitable. Besford Court is not a custodial institution in which cases—where necessary—are maintained for life. It is a residential special school and a college of crafts, and it accepts only those cases which, on the evidence provided at the time a vacancy is applied for, are likely to derive profit from the course provided.

The whole object of our training is to return the boy sooner or later to the community as a stable and self-supporting individual. No system of training has ever been devised by which idiots or imbeciles can maintain themselves either in or outside an institution, even on a most frugal scale. The course of training at Besford is intensive. Every minute of a boy's time is used to the best advantage of the boy and no boy below a certain level of mentality could possibly stand up to the routine, and if such a one were foolishly subjected to the routine, those responsible could justifiably be accused of cruelty.

It must also be remembered that the gap between the high-grade defective and the low grade defective is wider than the gap between the high grade defective and the normal person. Properly educated high grade defectives can mix with normal people on terms



# THE BESFORD COURT HOSPITAL

---

of practical equality. In many cases their manners and their thoughtfulness for others are higher than those possessed by many normal individuals. Consequently, the high grade defective who ranks himself mentally with normal people is distressed by the presence in the same Institution of low grade defectives, and realising little by little that he is classed with these, he lapses into the apathy of despair.

The intensive training of a high grade defective naturally costs money. He must live in an environment of the highest efficiency, and his working hours must be utilised in training him in the craft by means of which afterwards he will earn his living. The rest of his time will be required for his socialisation so that he may be able to meet the stresses of ordinary society and to act in a balanced manner.

## **¶Length of the Educational and Craft Course of Training.**

Ideally, the education of a defective should begin at the age of seven, but it seldom happens in the case of a high grade defective that ascertainment is made at so early an age or, if made, that parents have the wisdom to arrange for a suitable form of education. They comfort themselves by saying that there is nothing really the matter, that what little is wrong will come right in time and that the teaching is bad in the school that the child attends. As a rule, therefore, nothing is done until the child has become a disturbing influence in the home and is probably excluded from school on the ground that he is hindering the progress of his class. Consequently, we are asked to begin the education and re-education of a defective boy at the age of eleven, twelve, or thirteen and often later.

Sixteen is the leaving age for defectives and, when all that can be done to make the boy educationally efficient has been done, then a course of training must be begun which will transform him from the industrially and socially inefficient boy into an industrially and socially efficient young man. The apprenticeship of a normal boy in a trade lasts five years. If two years more are added to compensate for the smaller capacity of the mentally defective boy it will be seen that twenty-three is the earliest age at which the finished product can be expected to be ready.

## **¶Various grades of Defectives require Widely Different Forms of Training.**

The distinction between the different forms of treatment required for the high grade defective and the low grade defective is stressed



## THE BESFORD COURT HOSPITAL

---

because to so many people a defective is just a defective and there is nothing more to be said.

The policy of such people is to put defectives in as cheap an Institution as possible, and to leave them there without further thought for their welfare and happiness. After all, the difference is only that of a few pounds annually, but whereas the treatment in the one case extends over a few years only, though the cost is slightly higher, the treatment in the other case is life-long and the accumulative and final cost many times greater. *One should ascertain, therefore, not only the annual fee of an Institution, but also what value is being received for the money.*

So far as high grade defectives are concerned, a low maintenance fee in an unendowed Institution must mean that the patients are exploited in the interests of the Institution.

Returning to the original point, Besford Court, being an Institution which trains boys to be self-supporting men, naturally does not accept cases that are untrainable. Generally speaking, any boy possessing a mental ratio less than fifty, unless he has extraordinary manual ability and energy not usually associated with so low a mentality must be regarded as untrainable and is suited only for treatment in a custodial home. In such a home his power urge will find expression in some simple and easy work and gradually he will be able to contribute to some extent in the terms of his own labour towards the cost of his maintenance and care.

Applications for the admission of boys with mental ratios between fifty and fifty-five have to be considered critically, but from fifty-five upwards the prognosis is hopeful and such cases are always regarded as acceptable, providing that there is not a physical disability which prevents them from profiting by the training of the craft classes.

### **❶ Bad Effects of Ignorant Treatment.**

Most boys come to us with the dominant idea that they are mental defectives. Over and over again in the past they have tasted the bitterness of failure and unthinking people have told them that they are not as others and that little is expected of them. Consequently, they depreciate their own abilities and lacking courage feel no incentive to use their will power. We have to accept the situation and make the best of it. From time to time it is explained to the boys that mental defect so far as they are concerned merely means that their scholastic ability is small, but that there are bigger things in life than writing letters. It is pointed out to them, and this is undoubtedly true, that many of our boys have greater manual ability



## THE BESFORD COURT HOSPITAL

---

than ordinary boys, though this is probably due to the energy of the soul pouring out through this as the most easy outlet. They are asked to imagine twenty Besford boys wrecked on one desert island and twenty ordinary school boys on another. On the one hand, the Besford boys could build huts for themselves, cultivate the ground, cook their food, make and mend for themselves while the other boys would find what they had learnt useless for practical purposes.

The diversity and distribution of abilities are also explained to them and it is shown that many people who are clever with their pens could do nothing with a hammer and a saw. Such people may therefore be regarded as defective so far as constructional work is concerned.

### **¶ Inconsiderate Behaviour of Some Visitors.**

Thoughtless visitors present difficulties to us. They are apt to discuss, in spite of prohibitions, the mental conditions of the boys within their hearing. Usually, they confuse amentia with dementia, —mental defect with lunacy. They imagine that the boys are afflicted with some mysterious thing they call a “kink.” The comments the boys make after such visitors have gone would not be pleasing to those whose conversation has been overheard.

### **¶ Attitude of the Senior Boys towards Life and its Problems.**

In spite of all our efforts, two years ago we were constantly faced with the difficulty complained of by the boys during the winter evenings that there was nothing for them to do. We are referring to the senior boys—the junior boys always found plenty to do in the library, in the gymnasium, or in one or more of the social activities. To a certain extent the provision of a billiard room with two tables, and the flood lighting of the playground, have met the difficulty, but the main part of the difficulty still remains, though its full solution has become clear.

The senior boys, numbering at least a hundred, are happily now dominated and even obsessed by the idea that in all things they must think, speak and act as men. In the main their standards of manliness are sound, but some are slightly erroneous and others are imperfect. They have a supreme contempt for those indoor games which they imagine are, and should be, played only by small boys. The senior troops take no interest whatever in card games and even a boy in the intermediate stages will gladly throw in his hand at



## THE BESFORD COURT HOSPITAL

---

whist if a volunteer is asked for, outside working hours, for heavy work such as concrete mixing.

In the earlier days there used to be a prevalent feeling that it was a good thing to get away from Besford at the earliest age possible. Boys came to us, and still do, with the idea impressed upon them by their parents or others that they were being "put away" for a number of years or else that they had to serve a sentence. This view often appears in the letters of parents to the boys and is of course, blacked out by the censor, though when possible it is always better to leave the letter uncensored and to correct emphatically the wrong ideas it contains. Now the general opinion of the House is that it is better to remain and to complete one's training at Besford than to go out in a half-trained condition and so remain an indifferent workman for life. They now realise that an employer of labour pays wages in exchange for the value of the work done and that he is not going to pay one workman to spend his time in training another, or the other workman to spend his time in perfecting himself in his trade at his employer's expense. This they now realise in spite, in some cases, of the parents' frantic efforts to get them home in order to "cash them out." We have then to deal not with the problem boy, but with the problem parent.

### II. The Problem Parent.

Often when a boy first comes his parents breathe sighs of relief; but when they realise, from seeing him at Besford or at home, that so far from being a nuisance and an anxiety, he is beginning to be someone of whom they can be proud and that he is learning a trade which later will put him on his feet for life, they become anxious "to cash him out." Such parents do not see both sides of the family budget simultaneously. They do not realise that with his coming home his future training is sacrificed, that as his character is still unstable, he is liable to collapse very speedily, and that though he may bring in a few shillings a week, his proper clothing and maintenance will be more than these few shillings of additional weekly income. One parent was most insistent upon her boy's return, and when the Local Authority patiently explored the situation it was discovered that the alleged job did not exist, and that the only reason for wanting the boy at home was that he might benefit and through him the family, from the additional dole.



# THE BESFORD COURT HOSPITAL

---

## ¶ The Desire to be Established in Life.

Many among the senior boys who have got no real homes are beginning to show a new independence and are no longer disturbed by the dream pictures of an imaginary home which many of such boys build up in the early stages of adolescence. They no longer write letters to remote relatives who have no interest in them and they are undisturbed by the fact that no one corresponds with them from outside the Institution.

Another point is that our senior boys now value everything according to whether or not it adds to their physical and individual fitness. New constructional work fascinates them, and boys have been known to sacrifice their holidays in order to continue work and thus extend their knowledge. Some of the senior boys who once were enthusiastic dancers now no longer dance because it seems to them to lead nowhere.

All this is entirely satisfactory. It shows that our system tends to deepen a boy's sense of social responsibility and to broaden his outlook upon life. He has a contempt for the wastrel and is animated by an overwhelming ambition to equip himself as a competent workman, able to earn a decent living.

Therefore, the way is open now for classes during the winter evenings, explaining the theory of building construction more systematically and fully than is possible during an actual manual class.

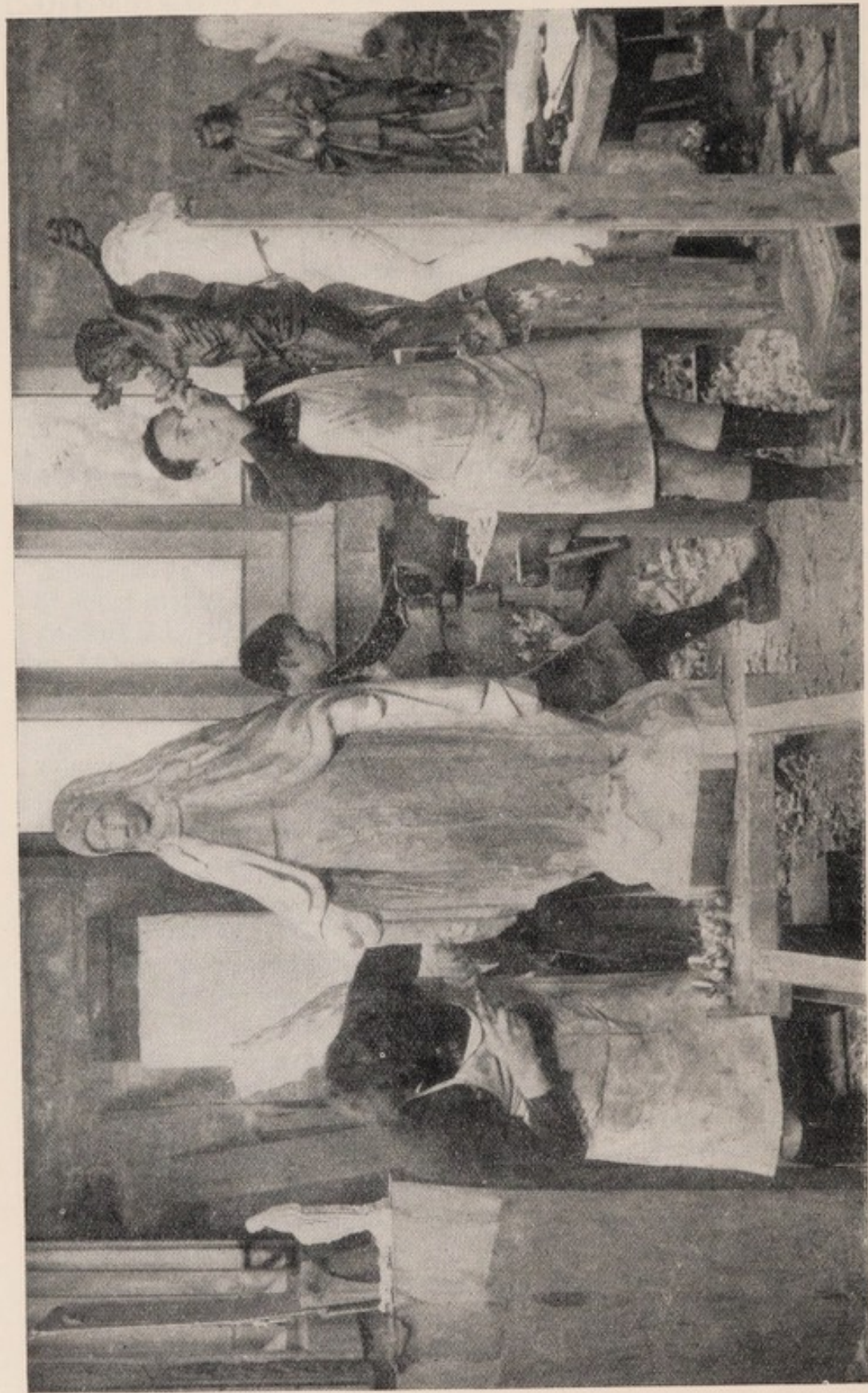
## ¶ The Parliament and the Court of Requests.

Two institutions inaugurated during the last two years have done much to build up the new mental outlook. They are the Parliament and the Weekly Gazette.

In the Parliament, the Resident Manager, surrounded by the Heads of Departments and any other members of the staff who are able to be present, meets first of all the whole House and later on in the evening the senior Troops only. The Resident Manager's speech, which is read, deals with outstanding matters that have been reported to him, expresses his wishes on certain matters and finally reviews progress and development. The boys are taken fully into his confidence in order that they may be intelligent and enthusiastic co-operators instead of mere unthinking parts in a general machine.

After the speech, suggestions, criticisms and complaints are asked for and matters are referred to Heads of Departments, who are thus able to explain the underlying reasons for what has been done





In the Carving School.



# THE BESFORD COURT HOSPITAL

---

in the several Departments and, in the case of suggestions, to show why or why not these suggestions can be regarded as helpful and acceptable.

After Parliament, which is held every two or three weeks, we always feel certain that the spirit of the college is sound and that the boys are not suffering from any sense of injustice. Parliament always clears the air.

General matters only are dealt with in Parliament, so that usually after Parliament there is held a private Court of Requests. If the Court of Requests is concerned with trades, the Chief Instructor, Mr. O'Neil, always sits as advisor. If it is concerned with anything else the Chief Prefect, Mr. McAllister, is present in the same capacity. This means that a boy can bring his private worries and be certain of a sympathetic hearing and of intelligent treatment.

## ¶The Weekly Newspaper.

The Weekly Gazette is not printed on a printing press, but on a very excellent multiplying machine which enables us to reproduce cheaply type-written matter, and even illustrations. Week by week the Resident Manager fills several foolscap pages with explanations of schemes, reviews of the activities of various Departments, suggested improvements and so forth. This has a unifying influence over the whole Institution, and helps everyone to work towards a common end. There are general notes and news, pages of special notices by the two Commanders, and finally, more than half of the Gazette is taken up with the contributions of the boys themselves. These are paid for at a low rate of payment and have been found to stimulate very greatly the interest of the boys in the place.

## ¶Lunar Influences.

For a number of years we have been smiling at the conviction that many of our staff have shewn—and this is shared by the boys themselves—that the boys are affected by the phases of the moon. It has often been noticed that a general restlessness of behaviour and outbreaks of bad behaviour have coincided with the full moon. Those who have most to do with the care of the boys in the Home are certain that this is the case, and are also certain that the disturbance does not arise from any shortenings of the hours of sleep or interruption of sleep due to the light of the moon. The phenomenon has been noticed when the full moon has been completely hidden by clouds.



## THE BESFORD COURT HOSPITAL

---

The fact that dementia has been for centuries believed to be associated with lunar influences is indicated by the derivation of the word lunatic, and although it is no longer possible to regard the moon as the cause of lunacy, it may yet provoke some by subtle and yet undiscovered rays an increase of activity in a diseased or unbalanced brain or may have a noticeable effect upon those who, though not insane, have nevertheless not the same strength of mental control as normal people.

When Dr. Muldoon, of Dr. Fernault's Institution for defectives of Waverley, U.S.A., visited Besford recently, she assured us that the staff of that eminent Institution shared this view and had also noticed what we next proceed to describe.

### **¶ A Curious Phenomenon.**

Often in the past a complaint has been made to the Resident Manager that he had disclosed some plan to the boys before mentioning it to those members of the staff who were most intimately concerned with its execution. This, of course, is quite contrary to his practise, and is a procedure which is never adopted, yet those members of the staff who made the complaint were always able to indicate the boys who were their informants, but, who in turn, were only able to say that it was generally known to the boys and it had been talked over by them.

It would appear that mentally defective boys have an uncanny power of tapping the secrets of the minds of those who are looking after them, but beyond saying that it may have some relation to the means by which—apart from signalling by drums or other means—news rapidly spreads over big areas among uncivilised races, no explanation is forthcoming.

### **¶ The Fewness of Rules.**

There is no written code of rules at Besford for the boys, but there is a very elaborate and detailed code of rules for the Masters, which is to be found in the Masters' Book. For the boys there is a tradition, and while they live under the best form of government in the world—that of the paternal despotism of the Resident Manager—the system by which order is maintained is that of self-control, rather than control.

The tradition to which we refer expresses itself in rights and privileges rather than in negations. The trend of the tradition is one of "do" rather than "don't." The boy who is animated with a spirit of ambition for his own advancement and for the common



# THE BESFORD COURT HOSPITAL

---

good and whose daily programme is continuous, varied and strenuous, is not tempted overmuch to use opportunities for mischief.

## II. Some Besford Customs.

There are certain things that strike the visitor as odd, but which appear to be reasonable after reflection. For instance, as children we were told what a bad thing it was to read in bed. With a bad light this is true, and also if the book is held at an awkward angle and eye strain caused. We encourage our boys to read in bed, and the whole range of open-air dormitories is brilliantly lit for an hour and a half each night so that the boy who is physically wearied, but not mentally tired may rest his body and recreate and so occupy his mind.

Most colleges have rigorous rules against smoking, and everyone knows that many boys in colleges smoke to excess simply because it is forbidden, and therefore the habit is invested with the glamour of daring and romance. A rule that cannot be enforced and which is constantly broken is a danger to discipline. Authority itself is weakened because in this matter its regulation is dodged, if not defied, and other regulations are liable to be treated in a similar way. Boys are allowed to smoke at Besford, with the result that many of the elder boys do so, but to a very limited extent. They find that there are other and better things on which their money can be spent.

One of the primary objects of our training is to help the boy to become really responsible for his own behaviour. To surround a boy with elaborate external controls which make it extremely difficult for him to deviate from the straight lines of conduct is to train him to be utterly dependent upon others, so that ultimately, when these external controls are withdrawn he will fail utterly. We find that provided absolute trust be placed in our boys their sense of responsibility grows with their years, so that the older boys are models of stability and, without realising it, exercise a strong restraining influence throughout the whole college.

## III. Truancy a Rare Event.

In previous Reports it has been pointed out that neither Besford Court nor Sambourne have high containing walls. There is no need for a boy to run away—all he has to do is to walk away, and until the next "call-over" his absence may not be noticed. A Home Office case arrived about a year ago in the company of two stalwart policeman, who asked how we proposed to retain the boy



## THE BESFORD COURT HOSPITAL

---

after they had gone, where our observation tower was to be found and where the search-lights were placed. We assured them that we had no need of any of these things.

Only on the rarest occasions does a boy disappear. There may be at most three or four instances during the year. As a rule the boy is recovered within twenty-four hours, is brought back in a car, bathed, fed, and later asked if he can give any reason for his absence. No punishment of any kind is imposed. It is treated purely as a psychological symptom. It is of the utmost importance to us to know what this symptom indicates, because we are generally able to get from it valuable knowledge of some special trait in the boy's make-up or some special difficulty that he has been facing in his innermost mind. It may be a case of wanderlust. That is easily cured by letting him join in a hike. It may be that he found himself bored with the routine, in which case a change to one of the Hostels is indicated. It may be a special form of home-sickness which impels a boy to set out for himself to look for a home that has not existed for years or to seek for parents who died when he was a tiny child. He has heard other boys talk of their homes and their parents until he has become obsessed with the idea that somewhere there is a home with parents waiting for him and that he must go and find them for himself. It may be the simple love of adventure, developed by the movies and by novels, which determines him to set out for himself and try his luck with life.

In the early Spring of 1932, there were complaints in the neighbourhood that bicycles had mysteriously disappeared. All these were eventually traced, and it was found that in all six bicycles had been acquired by Besford boys, used by them and garaged in secret places in the countryside. The boys concerned were intermediate boys, whose characters had not solidified, and who were still unable to withstand strong and strange impulses. Spring was in the air. Even as an English summer the previous summer had been a total failure, and it had been followed by a long autumn and a trying winter. Evidently, the open road was making a strong appeal to some of our boys. The wish was a reasonable one. They wanted to get out and about, to explore the countryside beyond the restricted limits of even a day's walking. As usual, we decided to meet this need rather than to suppress it. Half a dozen second-hand bicycles were purchased cheaply and a Club formed. Boys could hire a bicycle for sixpence an afternoon, and rides with a master in charge were arranged in the long evening and half days. The trouble ceased.



## **II. Behaviour Explosions of Great Diagnostic Value.**

So long as a boy's mind and character is known to us only in faint outline, we feel dissatisfied. Vague and diffused symptoms have but little diagnostic value to a medical man. A notable rejection of routine or an escape from it always leads to a better understanding of the boy, and increases greatly our ability to meet his needs. The deliberate breaking of windows, though expensive in its results, is of great psychological interest. One boy some years ago used to smash a row of windows every six months. He was of a very dynamic character and found it hard to work off in the winter evenings his abundant energy. He would race madly round and round the cloisters night after night until he had exhausted himself, but sometimes even this was not sufficient and the remaining energy had to express itself in destruction. With the years the controls have grown up, and though the energy is still there he has found sufficient means of using it up and is now one of the most stable boys in the college.

Another champion window breaker was a tiny boy who was a new admission at the age at which a boy leaves the Junior Department to come to the Senior Department. Consequently, he was tried out in the Senior Department, and though his quaint appeals for special notice and recognition received what was thought to be a sufficient response, he felt himself nevertheless to be submerged by the number of boys with whom he was living. His power urge compelled him to attract notice to himself. First of all, he slyly kicked boys older than himself, but the notice that he got from them—though satisfying—was not of the kind that he wanted. He hit upon the idea, therefore, of smashing windows. It became a daily habit until finally he came, radiant with smiles, to one of the staff and proudly said, "I have broken ten windows with my fist and haven't hurt myself." It was decided to transfer him to the Junior Department, where he would be one of the Senior boys. After he had been there for a day, he announced of his own accord that he would not break any windows. In a year's time he will probably fit in perfectly with the environment of the Senior Department.

## **III. Stored Emotion Dangerous.**

As motion is the expression of emotion, mental hygiene requires that emotion should not be stored up unused. To do so is to court danger. It is an explosive and after a certain limit has been reached some trivial incident may act upon the hair trigger mechanism and



## THE BESFORD COURT HOSPITAL

---

cause an unintelligible outburst of anti-social behaviour. This phenomenon is frequently to be observed in ordinary life. A person is harassed by some secret worry which is continually engendering emotion which is banked up because no expression is provided. The word or action of some entirely innocent person is misunderstood, with the result that all this emotion is poured as a deluge of anger upon a mystified individual.

Though the chicken hatched from the incubated egg seems perfectly contented with the genial, impersonal warmth of the artificial foster-mother, no institutional upbringing can satisfy the secret needs of the human heart. Only when man is fully grown can he find contentment in his club, but even then he is in danger of being turned into a crusty, selfish old bachelor unless he is helped by the comforting influences of domestic or family life. However kindly the life of an Institution may be, it is still institutional life, even though conducted on family lines, and it can never be family life because it is dealing with numbers far in excess of that of the largest family.

An otherwise perfectly conducted boy was reported to have chased a flock of sheep round and round a field. Under a long and sympathetic examination, it was discovered that he was worried because his people had not written to him for some years. Investigations showed that his mother had died many years ago, that his father subsequently married a widow with several children, now grown up and married, that there had been no children from that marriage, that the father was dead, that the step-mother had only a faint interest in our patient and that, as she said, she was far too busy getting a meagre living for herself to be bothered with letter writing. Yet to him that was his family, although he only knew them slightly and had not seen them for many years.

### ¶ The Need of Family or Quasi Family Interest.

Then there was another boy, who stole anything and anywhere. Again it became clear that he was suffering from a similar unsatisfied need. It was not sufficient for him to be well cared for, well clothed and well housed—he wanted that something behind the institutional life which family life always provides; namely, someone to take a personal and special interest in him and his doings. The family history of this boy was a blank, but someone was invited to meet him and to get to know him, to write letters to him and to show a personal interest in his difficulties, his failures and in his successes. Stealing stopped at once, nor was there any recurrence, which shows that it



## THE BESFORD COURT HOSPITAL

---

was due not to any criminal propensity, but to an attempt to achieve emotional balance by a substitution.

It would be an enormous help to us if we could get an "uncle" or "aunt" for every boy who finds himself left without any family ties. One of the most pathetic instances of the overwhelming strength of this yearning was given by a boy whom an Instructor discovered in a shed trying to hang himself by a rope which he had fastened round a beam. He told the Instructor, with tears in his eyes, that he was wasting his time in endeavouring to stop him, that he meant to get possession of a knife and that he was determined to commit suicide. For an hour he maintained an attitude of sullen opposition when he was brought to see me. Then, when he saw that my attitude was unreproachful and entirely friendly, he pointed out his difficulties. He had no complaint whatever to make about Besford, and the way in which he was treated, no one had been unkind to him, he liked his trade and was getting on well, but he said, "My family take no interest in me and never write to me."

He saw letters written to every relative he could think of and whose addresses were known to him. The letters were sealed and stamped and he was taken to the pillar box outside the Court to post them. There was one satisfactory reply and it satisfied him. He has gone on smilingly with his work ever since.

### **Boxing a Cure for the Inferiority Feeling.**

Our ambition has been, with certain exceptions made on medical grounds, to teach every boy the elements of boxing and to get him to take part at least in the competitions of his own troop. These events are keenly looked forward to, and practically every boy in the house has competed at least within his own troop. Later, the big events are fought off in a proper ring before much larger audiences and everything is done to make these contests in the matter of equipment and organisation to be exactly similar to big amateur contests elsewhere. Recently, we have not only entertained strong teams from Midland towns against whom our boys have been creditably and in one case successfully matched, but we hold the Schoolboy Championship of the Midlands. We have also been successfully represented at the Imperial Club, Birmingham, and the Town Hall, Worcester. In each of these cases our boys won easily on points.

Our original impression that boxing enables some boys to get a much needed command over their tempers, and in others, tends to



# THE BESFORD COURT HOSPITAL

---

counteract the inferior feeling, have been amply justified by the results.

In the Summer our open-air swimming bath is in constant use. Every day a fresh quantity of an oxygenising compound, which we produce electrolytically from common salt and water and which is analagous to a solution of bleaching powder, is added to the water into which nightly a stream of fresh water flows. Most of the boys are excellent swimmers and divers, and it rarely happens that a new admission fails to swim during his first summer at Besford.

## II. The Problem of Nocturnal Enuresis.

The high incidence of nocturnal enuresis among mental defectives is one of the problems which have to be dealt with in residential special schools. The delayed appearance of controls of spinal reflexes is among the early indications of mental defect. Consequently, as the physical organisation of mental defectives is generally below normal, we should, on *a priori* grounds, expect to find more instances of this distressing weakness in a group of defectives than in a numerically equal group of normal children. Experience shows this to be the case.

The control of the bladder is partly voluntary and partly involuntary, but how these two functions interact is still uncertain. The localised sensation of fullness gives rise to an urge to micturate, but this urge may be increased by outside causes, such as things causing fright or anxiety. An emotional disturbance, in spite of a distinct wish to the contrary, may cause involuntary micturition.

During sleep the "threshold of stimulation" in the brain is raised and noises and other outside disturbances become referred to the unconscious mind rather than to the conscious, where some of these become transformed and woven into the fabric of dreams, thus protecting the sleep state of the individual.

In the properly balanced organism, when the urge to micturate becomes imperious, it is allowed to act upon the conscious mind and so awaken the individual in order that the need may be met. This is the result of social education. But sometimes, owing to a faulty organism, such messages do not reach the conscious and are therefore dealt with by those nerve centres in the lumbar and sacral regions of the spinal chord which control the bladder functions.



# THE BESFORD COURT HOSPITAL

---

## II. Psychological Aspects.

So far as this matter is concerned, a mentally defective boy may in his sleeping state be still in an infantile condition and intensive education, as described later, is indicated. On the other hand, the incontinence may be due to the defensive force protecting slumber being too strong. The urge, instead of awakening the boy, then merely suggests to him a dream in which he finds himself in a suitable place for relief. The will, therefore, agrees to the act that follows.

Our excretory habits are so formed as to give as little offence to others as possible. This arises from the desire to be pleasing to others rather than to be distressing. Bed-wetting may be the expression of an anti-social grudge. The home environment of a mentally defective child is often not a happy one. There is ample material both in the home, at school and elsewhere from which a strong anti-social grudge may be built up, and dirty and offensive habits will be maintained and indicate the general reaction and basic mental attitude of the boy towards his surroundings. There is an animal in the Zoo which expresses his detestation of visitors by suddenly micturating on them.

Fear has already been spoken of as being a cause of involuntary enuresis, even in the day-time. The old method of punishing bed-wetters and holding them up to public ridicule was the most certain means of strengthening the habit and making it almost incurable. The overpowering dread of it happening during sleep is often directly responsible for its occurrence. Allied to this mechanism is that of the compulsive counter will, by which we experience the uncanny inclination to do things which we ought not to do. A person afraid of heights is tempted to throw himself down from a height. A public notice warning people to keep off the grass often awakens a strong wish to walk on the grass.

We have noticed at Besford that boys who usually are quite free from this weakness have, when under the stress of great emotional excitement, wet the bed several times during the night. When such cases occur the boy is always examined to discover what are the disturbing influences from which he is suffering. It may be that he has bad news from home, or that he has lost in some competition.



# THE BESFORD COURT HOSPITAL

---

## II. The Beginning and Elaboration of the Besford Treatment.

Four years ago, with about one hundred and twenty boys in the Court, there were thirty-four regular bed wetters and twelve occasional bed wetters. More than one boy in four, therefore, was a problem from this point of view, and unless cured would be subject to great social embarrassment when he left Besford. Under the advice principally of Dr. Robert Hughes and with much that was learnt from experience, a routine was gradually perfected, which we have found most helpful. In the first place, it was laid down as a principle that the patient is "never to be blamed." Even if a boy wets his bed every night and even several times in the night, he must be supplied with dry clothing without comment and the wet things put away out of sight into a special receptacle. There must be no publicity and no reproaches. It was pointed out to all the boys concerned that unless the habit was cured it would be difficult for them later on to find people willing to offer them lodgings. They were asked to co-operate intelligently and enthusiastically in the treatment. Their success was made the subject of commendatory remarks and failures were minimised by telling them that everything would come right in time. The boys caught the spirit of optimism, anxieties were banished and a mental calm obtained.

## III. Captain McAllister's Methods.

Our next object was to form and strengthen the automatic mechanism. Mr. McAllister, the Head Prefect, reports on this matter as follows :—

"Successful treatment was carried out in the following way. All boys subject to bed wetting were placed in a dormitory known as the "Treatment Dormitory." This came under the special care of the Master who did late patrol. For three weeks boys were wakened at mid-night and taken to the lavatory. Should any boys be found to be wet when roused, a clean night-shirt and bed-linen were issued to them. At the end of this period the Master made a report on each boy and it was found that the causes could be classified under the following headings :—

- (a) Fear of darkness or of punishment.
- (b) Lack of proper control.
- (c) Physical weakness.
- (d) Anti-social tendencies.



## THE BESFORD COURT HOSPITAL

---

"The time had now come for making a special study of each case individually. At least half of our number were found to be wet about mid-night. Others, who wet their bed about 10 p.m., generally required wakening again about 2 a.m. After a few months, those who required rousing at mid-night were awakened at 11 p.m. and as no ill resulted from this, they were awakened at 10 p.m. After further treatment, it was found to be sufficient to see that these boys went to the lavatory before retiring.

"In about six months time all of the boys in this category were discharged from the "Treatment Dormitory." Those who were subject to bed-wetting twice in the night were induced not to drink water before retiring and extra blankets were issued to them. The result was so satisfactory that we have not, I believe, a boy in the House requiring to be roused twice in one night.

"There were still cases of anti-social tendencies to be dealt with. It was found that should any of these boys fall asleep with some grudge, or an annoyance causing a fit of depression, he invariably wet the bed as many as four times during the night. Each of these cases has been gradually cleared by sympathetic handling and for two years there has been no re-occurrence.

"My experience is that well lit lavatories, passages and dormitories play a very important part in the treatment of nocturnal enuresis. Few children will rise from a bed in the darkness.

"It may be of interest to note that two of our cases did not respond to our method of treatment. As a last resource both these boys were turned out of their beds and made to stand in their night-shirts for five minutes. During this time the bed blankets were rolled back in order to allow the wet bed to cool, and without changing night-shirt or bed sheets both these boys were sent back to bed. It was then that they confessed the reason why they had deliberately wet their beds. They wanted more than the usual amount of warmth, and this was their way of obtaining it. Having experienced the discomfort of a cold, wet bed, an immediate and effective cure was obtained.

"As proper control is a matter connected with the nervous system, lack of control is also nervous in its origin. Scolding, ridicule, or anything which tends to impress a recognition of this failing of the boy tends to strengthen the habit. He knows all about his disability himself and if his attention or that of others is called to it, the feeling of dread is strengthened and the feeling of dread in many cases is the direct cause of the trouble. It is certain, therefore, that



## THE BESFORD COURT HOSPITAL

---

if this feeling of dread had not been induced by previous mishandling of the case, the boy, in many instances, would have outgrown this weakness. Therefore, during treatment every effort should be made to impress ultimate success on the boy's mind and to encourage him. This treatment acts through the conscious mind on the unconscious, and as I have said before, the object is to destroy the fear complex and to diminish anxiety, to induce mental calm and to build up an internal awakening mechanism."

### II. Notes from a Medical Conference on this Subject.

At a Conference held at Besford on this matter, a number of medical men being present, the Besford treatment was commented on very favourably, and certain suggestions made which may be effective in cases of special difficulty. It was suggested by one Doctor that bed wetting may sometimes be a masturbation equivalent or surrogate. The question of the value of exercises immediately before bedtime was also discussed and regarded as probably helpful.

A certain balance of clothing, it was noted is also required. If there are an excessive number of blankets the sleep of the patient may become so deep that the threshold of stimulation is raised to an undue height, with the result that the control passes from the brain and is left entirely to spinal reflexes. If there is too little clothing the amount of liquid excreted through the skin is lessened and greater strain thrown on the kidneys.

The Ultra Violet Light Therapy, it was thought, had no direct effect, but might indirectly bring about an improvement by increasing the general tone or may be by suggestion be beneficial.

Certain cases at Besford ceased to be bed wetters when circumcised. Again, it was thought that the connection was not that of direct causation, but was merely incidental. The pain of micturation after this operation prevented the act being involuntary and offered a good basis for the formation of a new habit.

In certain cases one Doctor had found mild hypnosis to be effective. This seemed to point to the fact that boys might under direction help themselves by strong self-suggestion. With small children a card should be kept with the successes noted, but not the failures, and a system of rewards arranged as an encouragement.



# THE BESFORD COURT HOSPITAL

---

It is important that there should always be at least a dim light in the bedroom or dormitory. A child may be a bed wetter through fear of the dark. Sometimes, where there is a physiological insufficiency, the administration of thyroid will prove successful.

The problem has many lines of approach and all persistent cases should be studied with care. The psychological approach, integrated with others where necessary, is the most important. Restriction in the amount of fluid drunk in the late evening is also helpful, but this as far as possible should be voluntary.

## II. A Character Survey of the Senior Department.

During last winter a survey was undertaken in order to ascertain what were the behaviour characteristics of the four Troops. The method used was a variant of that of Yepsen, devised by Mr. Z. K. Eccles, B.S., of Newark, New Jersey.

To each of the eight leading aspects of social behaviour was assigned a five-point scale. The aspects of behaviour covered :—

Sociability.	Respect for property.
Industriousness.	Care of personal property.
Verbal honesty.	Obedience.
Language and manners.	Disposition towards others.

These, together, give a fairly complete picture of a person in the community. The five-point scale can be illustrated with that of honesty :—

- (1) Tells the truth and rarely deceives.
- (2) Tells exaggerated stories just to get attention.
- (3) Tells the truth except when mild deceit will avoid a scolding.
- (4) Lies to companions, but not to others.
- (5) Goes out of the way to invent lies.

Each boy is reported upon by those who know him best—the two Scout Masters of his Troop—but all reports were considered and queried where necessary, by the Chief Prefect. The results when mathematically worked out gave us the following pictures of the typical boy of each Troop :—

“ The typical ROVER is considered one of the crowd, does not show much emotionality, works willingly with the rest, tells the truth and





Rural Handicrafters off to work The tractor is driven by a boy.



## THE BESFORD COURT HOSPITAL

---

rarely deceives, acts courteously and is neither profane nor vulgar, shows strict regard for the property of others, is neat and clean and careful, obeys implicitly and can be relied upon."

"The typical boy of the FIRST TROOP is one of the crowd, does not show much emotion, works gladly with others, tells little "fibs," acts courteously and is neither profane nor vulgar, shows strict regard for the property of others, is neat, clean and careful, obeys implicitly and can be relied upon."

"The typical boy of the SECOND TROOP keeps much alone, does not show much emotion, works only when pushed or rewarded; tells little "fibs," is not marked for either rudeness or refinement, takes ordinary care of things used, does as directed, under supervision."

"The typical boy of the THIRD TROOP is one of his crowd, does not show much emotion, works with the rest, tells little "fibs," acts courteously, shows strict regard for the property of others, takes ordinary care of anything used and does as directed, under supervision."

"In general, the Besford boy is one of his crowd, does not show much emotion, works gladly with others, tells little "fibs," is courteous, honest, is neat and careful and is obedient and reliable."

### II. Dr. Auden's Distinction.

The amount of general intelligence that a human being possesses is obviously not a constant. It varies greatly among individuals and depends largely upon the developmental power of the germ plasm. If a sufficiently large sample of the general population were taken and the mental ratios worked out, we should expect to find that the distribution of general intelligence would conform to the curve of probability, which is an elongated bell-shaped curve with flattened lips. This means to say that, while obviously the largest number of individuals would enjoy the average amount of intelligence, the percentage of which we therefore label as one hundred, there is also a slightly lesser number of individuals in our sample who enjoy degrees of intelligence, on the one hand slightly less than normal and, on the other hand, slightly supernormal. Next we should notice it would be a balanced curve, so that finally the idiots and imbeciles on the one side would have to be set against the out-



## THE BESFORD COURT HOSPITAL

---

standing geniuses on the other side. The type of defective whose existence is considered in this survey we may call the evolutive defective. To a greater or lesser extent, the developmental power inherent in the embryo fails before the full term of development is reached, with the result that there are many individuals of stunted mental growth and probably, in a number of instances, of stunted physical growth.

### **II. Race Poisons and Mental Defect.**

But no large group of defectives taken at haphazard and graded by means of mental tests would conform to such a curve. The actual curve would be found to be heavily overweighted on the sub-normal side. We have, therefore, to look beyond the varying degrees of success achieved by the developmental force, for extraneous influences hindering and distorting the natural growth. The additional cases belong to what may be termed the devolutive type, and in these the race poisons of alcohol, syphilis and, to a much slighter extent, tuberculosis and those toxins which result from specific diseases, have acted upon the child in its pre-natal life through the maternal blood stream, and have involved the embryo in conflicts in which it has sustained grave and lasting injury.

Of all the determinants in the germ plasm the neuronc determinant, from which the brain, the nervous system and the skin are elaborated, is the most delicate and the most liable to injury. Therefore, although the whole organism has suffered both anatomically and physiologically, the most notable effects will be in the highest functions of the human body. Not only is there a lack of anatomical completion and distortion of cellular development to be noticed in the super granular layer of the cortex, but also the delicate normal balance of the secretions of the ductless glands upon which the health and the proper functioning of the human body depends, is upset and an imperfect balance only achieved. Such individuals belong to the devolutive type, and these are the factors which so obviously upset the normal distribution as we descend to the lower parts of the mental curve and cause the result of mathematical calculations to fall far short of the actual number of mental defectives in the population.

### **III. Congenital Syphilis rarely Active in Defectives.**

Many of the defectives of this type have strongly marked indications of congenital syphilis. Out of the large number of Wasserman tests that have been made upon such cases, only two have produced



# THE BESFORD COURT HOSPITAL

---

positive results. The reason is that when these defectives come to us the battle is a thing of the distant past and the organism has achieved a victory, but has suffered severe casualties in so doing. But, apart from this, it should be noted that it is among defectives of the devolutive type that the so-called stigmata of mental defect occur with a greater frequency. In the devolutive type also there is a far greater unevenness in the distribution of various abilities, and it is also in this type that the exaggerated liability to sepsis is more noticeably found.

## ¶ The Contrasting Types.

Whereas the evolutive type may be regarded as natural variations of the normal, the devolutive type, which is the result of forces that tend to degradation and degeneration, is pathological and, even in its external characteristics, suggests abnormalities. On the other hand the evolutive type differs in no way in appearance from his fellows. The devolutive type does not necessarily belong to the lower or even the middle portion of the negative side of the curve of normal distribution. We have cases at Besford of boys who belong most distinctly to the devolutive type, and who yet have high mental ratios. The educational attainments of one of these boys is easily up to the Standard V level, and though he is not covered by the legal definition of a feeble-minded child, he does come easily under the legal definition of the feeble-minded person. His social abilities are low and he has the most marked stigmata of degeneration of anyone in the institution.

## ¶ Socialisation and Mental Ratio.

It is difficult to believe that as the socialisation of a defective progresses favourably, there is no increase in the Mental Ratio. In many cases there are apparent increases when the Mental Ratio is re-taken after an interval of several years. Old emotional inhibitions which beset the pathway to success have disappeared. The individual is happier in, and better adjusted to, his environment. The condition of general health has been raised, there is a greater amount of confidence, powers of concentration have improved, and the native ability that was there has now a far better chance of expressing itself. Such an increase in the Mental Ratio is not the one referred to here.

It is difficult to define what precisely is expressed by the term, "General Intelligence." What we wish to discover is the ability



## THE BESFORD COURT HOSPITAL

---

that a given person possess to adapt his thoughts purposefully in dealing with new situations and therefore the degree of power to solve successfully the innumerable problems of daily life. The solution of these problems must come from the individual and therefore behaviour carefully built up by others is excluded. We want to determine how a person is likely to succeed or fail when placed in entirely novel situations which demand thought.

### ¶ The Apparent Variability of the Mental Ratio.

A considerable amount of work has been done already in the U.S.A., and probably in England, and the findings all tend to show that by prolonged education and training the Mental Ratios of a proportion of cases gradually increase.

Binet and Simon did not maintain that the degree of intelligence a person enjoyed as a child of a certain age was to be a life-long possession. "It is understood that these diagnoses hold only for the time being. Some day someone, who to-day is an imbecile, may with the years become feeble-minded; or, on the contrary, remain an imbecile all his life. No one can tell; prognosis must be withheld."

For a long time we have observed at Besford Court that in the case of our boys puberty is more often than not delayed for one, two, three, or even more, years. Before the onset of puberty, the social and industrial outlook of the boy is childish and his mental make-up generally is that of a child. Strength of character wherever it appears is only apparent and under any strong stress is apt to crash into ruin.

During pubescence elements of character grow at uneven rates and when the change is complete there comes a long period of quiescence, during which time apparently the personality is gathering together once more the magnified materials of character, fitting them together, bringing them into control and shaping the whole result to harmonise with the environment in which he is placed. During this period a boy lives a more or less normal life interspersed with occasional peculiar outbreaks of irregular behaviour, makes but little progress in his craft and, seemingly, has no particular interest in his future.



## THE BESFORD COURT HOSPITAL

---

Suddenly, an extraordinary change takes place. Within a few weeks the boy becomes a man. He shows for the first time the quality of reliability; he takes his trade seriously, begins to progress in his craft at a most satisfactory rate; and his height, which for some years has remained stationary, begins to increase.

It does not appear that any anatomical investigation has been made of the brain of high-grade mental defectives, but one wonders whether the convolitional pattern has altered; have new associational paths been opened up; have new neurons actually developed?

### III. Some Trial Tests.

In order that we might find out whether an extensive research will be likely to yield helpful results, the head prefect was asked to select a number of boys who two years ago were social and industrial problems, but who now can be regarded as steady and to a large extent reliable members of the house. From his list eight cases were selected whose mental ratios had not been taken for some years and whose original mental ratios had been taken either by Dr. R. Hughes or Mother Rose, then the head mistress of the Junior Department, whose findings always agreed closely with those of Dr. Hughes. In order to ascertain these mental ratios both these experts used Burt's London Revision of the Binet Simon tests, it was decided to take the mental ratios afresh by applying the Stanford Revision of these tests. This revision tends to give a slightly lower result. A was found to have gained 3.5 per cent., B 1 per cent., C, whose examination towards the end of the test was hurried owing to unforeseen circumstances, lost 7 per cent., D and E gave absolutely the same result as previously. All these may be regarded, allowing a small margin for error, as having maintained their early mental ratios after a five or six years interval. C, when due allowance has been made for the emotional interference with the results of the test, may be grouped with those not altered, as in no respect whatever has this boy shown any sign of deterioration, but F, G, and H showed themselves to possess a much higher mental ratio than previously. The gains being 9 per cent., 10 per cent. and 14 per cent.

The matter has not progressed any further, but later a much larger sample will be taken and the results obtained by the Stanford Revision compared with the mental ratios as revealed by the Drever Performance Tests.



## II. Mental and Physical Health.

A human being is often thought of as an elaborate mechanism of flesh and blood with an astounding variety of interdependent and interacting functions whose activities culminate in the products of that thing which we call the mind. Even the best machine is nothing more than an arranged assembly of its parts designed and fitted together to produce some definite result. If a machine goes wrong its defect must be studied by a mind and its defect put right by some outside agency. The human body consists, in its basic essentials, of a huge assembly of chemical substances the natural activities of which are sometimes allowed to be operative and sometimes are inhibited. It is clear there must be some central dominant force, other than the powers so controlled, directing and restraining them. That force is the human soul. When the human soul leaves the body its government ceases and the result is chaos or, in another word, corruption.

All the marvellous mechanisms of the human body are under the control of this same unifying force but this, again, must work through a physical mechanism and evidence shows that in the defective organism this mechanism is also defective.

This underlying, unifying and vivifying force has two hidden but all-important faculties—the unconscious mind and the spontaneous will. The bodily health and general well being is brought about and managed by them. Both are concerned in the building up of good physiological habits, which are essential. Habits begin with a voluntary act, but each recurrent act requires less conscious intellectual effort and less conscious willing. As habits become numerous the strain of living is relieved and the conscious mind and the free will are left with leisure and free activity for the nobler work of the mind. This is what Dr. Newsholme, M.O.H., Birmingham, calls the mind-and-body mechanism which depends upon the neuro-somatic balance. Many cases of mental defect, if not caused by this imbalance, are exaggerated by the constant struggle of the individual against the hostile environment. Consequently, the unconscious mind and the spontaneous will are drained of much of the energy they require for the proper ordering of the bodily functions and the defence of the body against disease.

\* “The adverse circumstances bringing to light a faulty habit of emotional control or intellectual function, which has, perhaps, passed

---

\* H. P. Newsholme, “*Health, Disease and Integration*,” pp. 249, 250.



# THE BESFORD COURT HOSPITAL

---

muster until those adverse circumstances arose, may appear at any stage of childhood, adolescence, or adult life, producing the delinquent, the erratic, the eccentric, the mentally enfeebled, and the insane. It may act before birth, during the period of gestation, and possibly earlier still, before ever the parent cells have met, to produce the child who is 'congenitally' dull, feeble-minded, imbecile, or idiot. Much of the mental defect which we now attribute to heredity may be actually environmental, from influences acting before birth."

Whatever may be the value of this theory, and modern thought begins to admit more fully the extensive influence of mind over matter, two things stand out. The first is that, granted a helpful environment of restful calm, the mental ratio can probably be raised, and the second is that, with proper attention to food requirements and the general physical conditions in which defectives live, the general condition of health can be greatly improved when focal infections have been cleared up.

## **¶ Defective Defensive Forces.**

The body has many defences against diseases. Some of these are chemical defences such as in the acid of the gastric juice, which is able to destroy hostile bacteria present in the food. Other defences depend upon the bactericidal powers of the blood and the lymph.

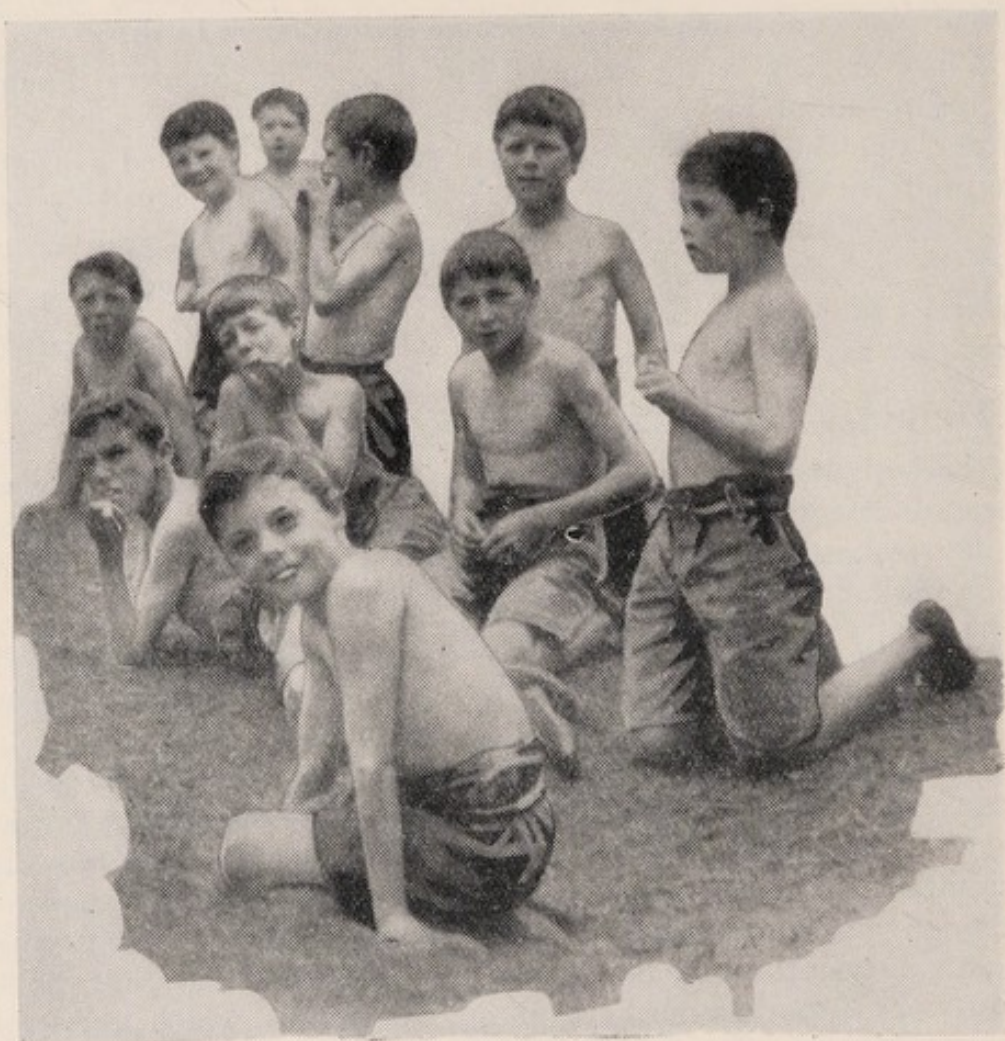
The body has the power of increasing to a very great extent, both generally and locally, its more obscure defences when it is called upon to deal with an intense bacterial attack.

The life-long campaign which the body is compelled to wage against disease in its many forms is but little understood even in the present stage of medical knowledge, but it is certain that all these activities are ultimately under some single control and that this control, although it may be almost an immediate expression of something which is quite distinct from the body—one activity of the soul—nevertheless must work through a most complicated mechanism which seems able to over-ride wherever necessary normal routine.

In most defectives this mechanism is probably also defective, and consequently extraordinary external aids are necessary if this less perfect system of defence is to achieve a normal measure of success.

This is connected with the well-known fact that mental defectives are extraordinarily prone to septic conditions, and that hovering in the background as the termination of an illness or an injury from which normal people would without difficulty recover, is the possibility of fatal septicæmia.





Sun Bathing.



# THE BESFORD COURT HOSPITAL

---

Our medical, nursing and dental routines are devised to discover and to overcome at the earliest possible moment focal infections, wherever they may be found, and the whole routine is shaped to increase to the utmost the active immunity of the patients.

## ¶Notes on the Medical Routine Examinations.

In order to ensure that the Medical Officer shall not be occupied merely with endeavouring to set right things that have gone wrong and that each boy shall be the object of individual medical treatment, routine examinations take place of the whole house three times in the year. The whole boy, and not merely the boy from the waist upwards, is offered to the scrutiny of the Medical Officer. A resume of all previous findings and the results of treatments is handed to the Medical Officer as each boy appears. His observations and his wishes are noted as the examination proceeds. At the end of a routine examination the results are tabulated and all cases suitable to specialists are at the earliest possible moment referred to them. It has been already pointed out that as an effect of the lower general health of mental defectives, they are peculiarly liable to focal infections, especially those of the nose and throat. Every boy of the Junior Department is examined annually by our operating specialist for that department, Mr. Evans of Birmingham, and all necessary operations are performed by him in the department as soon as possible after the examination. In view of the large number of operations that he has performed on our new admissions, he has kindly provided us with a special report, which is as follows :—

## ¶Report of Oto-Rhinologist of this Junior Department.

Modern medicine is increasingly looking for focal points of infection in the treatment of many general diseases. In the majority of cases the focal points are to be found in the nose, ears and throat ; and the removal of these foci is a vital part of the treatment of the general disease. This is especially so in diseased or defective mentality. It is with this in view that the boys have been periodically examined by me.

Out of 218 boys examined, 107, or about 50 per cent., were found to have infected tonsils. In some the infection had passed through the tonsils and caused enlarged glands. Fifty boys, or 23 per cent., had nasal discharge, indicating infection of one or more of the accessory sinuses. Twenty-five, or 11 per cent., had discharging ears.



## THE BESFORD COURT HOSPITAL

---

These figures are well above the usual. In a Clinic where I operate on tonsils and adenoids of school children, it has been noticed that about 20 per cent. of those being operated on have discharge from the nose, against 47 per cent. (i.e., 51 out of 107) here.

In all, 126 operations have been performed and at the present time there are only six boys in whom the nasal discharge has not yet been eliminated, and three boys whose ears are not yet dry. It is expected that further treatment will also remove these remaining infections.

The question therefore arises, is the higher incidence of these forms of infection among mental defectives in any way connected with their special disability. The answer is that there is in all probability a basic connection, inasmuch as mental defect is not necessarily a localised pathological phenomenon, but is often part of a general picture of an under-vitalised physique. It is well known that among defectives the resistance to sepsis is subnormal.

Although the elimination of this local sepsis does not actually raise the boy's mental ratio by increasing his brain power, it does so apparently by removing pathological conditions which have been acting as brakes on his mental energy. It is therefore not surprising that we find in nearly every case, in addition to an improved general condition of health, a marked acceleration of scholastic progress.

*(Signed)* D. J. EVANS.

### II. Dental Treatment.

The boys' teeth are inspected daily by the Scout Masters and each Sunday their numbered tooth brushes must be shown on parade. Lost tooth brushes are replaced, but at the boy's own expense. Surprise examinations are made from time to time by the Dental Surgeon to see whether the boys are cleaning their teeth properly, and the tooth brushes are also inspected and worn ones replaced.

The Dental Reports are as follows :—

#### SENIOR DEPARTMENT.

The first dental routine examination was held on January 11th, 1931.

It was found that, although many boys had good clean, healthy mouths, there was much urgent cleaning up work to be done, septic teeth to be removed and badly carious ones to be filled or removed.

There were very few cases of abnormality in bite, irregularity in position of teeth, hypoplastic or Hutchinson's teeth.

One case of Suppurative Peudontitis (Pyorrhea) was found but only a few cases of mild Gingivitis—surprisingly few, in fact, and it was obvious that the cause of these was general want of cleaning as



## THE BESFORD COURT HOSPITAL

---

they appeared, for the greater part, in boys who neglected themselves in other ways.

An interesting feature in quite a number of cases was the retention of the last deciduous molar in boys of 14 years or thereabouts, resulting in the non-eruption of the corresponding permanent tooth.

One could not but help take particular notice of the wonderful development of the jaws and teeth of the older boys who had been at the College from an early age. They possess strong, powerful masticating machines, that bear excellent testimony to the very careful dietetic study that must have always been a predominate work in the administration of Besford Court College—and one brought to a state of great perfection.

Of the 185 boys examined

- 55 required no treatment,
- 129 fillings were required,
- 96 extractions were required,
- 22 scalings were required.

The number of scalings may appear high, but many of these were really not due to a tartar deposit but more of a polishing up of the teeth to show the boys how clean and nice their teeth could be made to look and so to encourage them in keeping them clean.

A percentage of 29.75 good healthy mouths is very favourable and compares quite well with many schools the scholars of which have received routine examination and treatment for many years. On account of the age of many boys it is also interesting to note that in the Army report for 1930 the recruits examined at Aldershot showed only 14 per cent. good healthy mouths, whilst in the Royal Air Force recruits passed as dentally fit was only 5.9 per cent.

The second routine examination was held on June 4th, 1931.

A very careful examination was made with probe and mirror, every small defect, however small, being noted for treatment.

223 boys were examined, 41 of whom were not included in the first routine and had not received treatment as they were freshers.

- 68 required no treatment.
- 297 fillings were required.
- 64 extractions were required.
- 32 scalings were required.

It was pleasing to note that, in spite of so large a number of new boys, many of whom required a great deal of treatment, the percentage of good healthy mouths shows an increase up to 30.49 in so short a time.



## THE BESFORD COURT HOSPITAL

---

All treatments were completed and there is no doubt the boys begin to realise the advantage and value of good, sound clean teeth. It appears they do not feel pain as much as normal boys. A tooth can be extracted practically painlessly with a much smaller injection of local anæsthetic. Naturally some of the boys were very nervous about treatment or even examination but, their first fears having been allayed, they become assured and it was then quite easy to perform any operation without further trouble. In doing all the above treatment only once was it found necessary to obtain assistance, except in the few cases when nitrous oxide was administered.

During the year the question of tooth brushes and cleaning material has been thoroughly discussed, whilst under the scheme arranged for the cleaning of teeth there should be no excuse for any boy having a dirty mouth.

(Signed) G. AMESS.

### JUNIOR DEPARTMENT.

During the somewhat limited period in which the mouths of the boys at Sambourne have been under close inspection and supervision, I have been impressed by the differences observable between the pupils of the Institution and patients of similar age met with in private practice.

In general my experience is that the teeth of these boys are less affected by caries than those seen in private practice and, judging largely by published statistics regarding school children of the corresponding age group, it seems quite clear that there is a much higher percentage of mouths *entirely free* from caries than is usual.

More extended observation will be necessary before expressing any opinion as to what factors have a bearing on this state: the carefully regulated dietary and systematic tooth-brush drill must, without doubt, have a material influence on pupils of longer standing, and the fact that many of the recently admitted boys show unfavourable dental conditions appears to indicate that developmental influences are unfavourable.

Turning to the practical side of dental treatment, it is most noticeable that when the confidence of these patients has been gained they appear to accept the generally dreaded ministrations of the dental surgeon with a remarkable degree of equanimity.

One is forced to the conclusion that the structures cannot be of such sensitiveness as is normally associated with teeth, and this can



## THE BESFORD COURT HOSPITAL

---

doubtless be explained on the supposition that the nerve tissues generally do not respond with normal readiness to stimuli.

(Signed) A. W. SHOVELTON.

It will therefore be observed that, while every possible effort is made to produce and to maintain a good condition of bodily health, very special attention is also given to all those parts of the body through which microbic enemies might come and produce focal infections, and any focal infection that can be discovered is cleared away as speedily as possible.

### ¶ Emotional Pyrexia and other Medical Notes.

Certain points of interest arise in this connection. Mental defectives are apt to have imperfect temperature controls. They appear to be liable to systemic panics, when without sufficient need the bodily temperature is raised to such a point as to suggest an acute illness. Boys frequently run a high temperature also for trivial emotional reasons and the alarm of the night before is dispelled on the following morning by a normal temperature and every appearance and feeling of normal health.

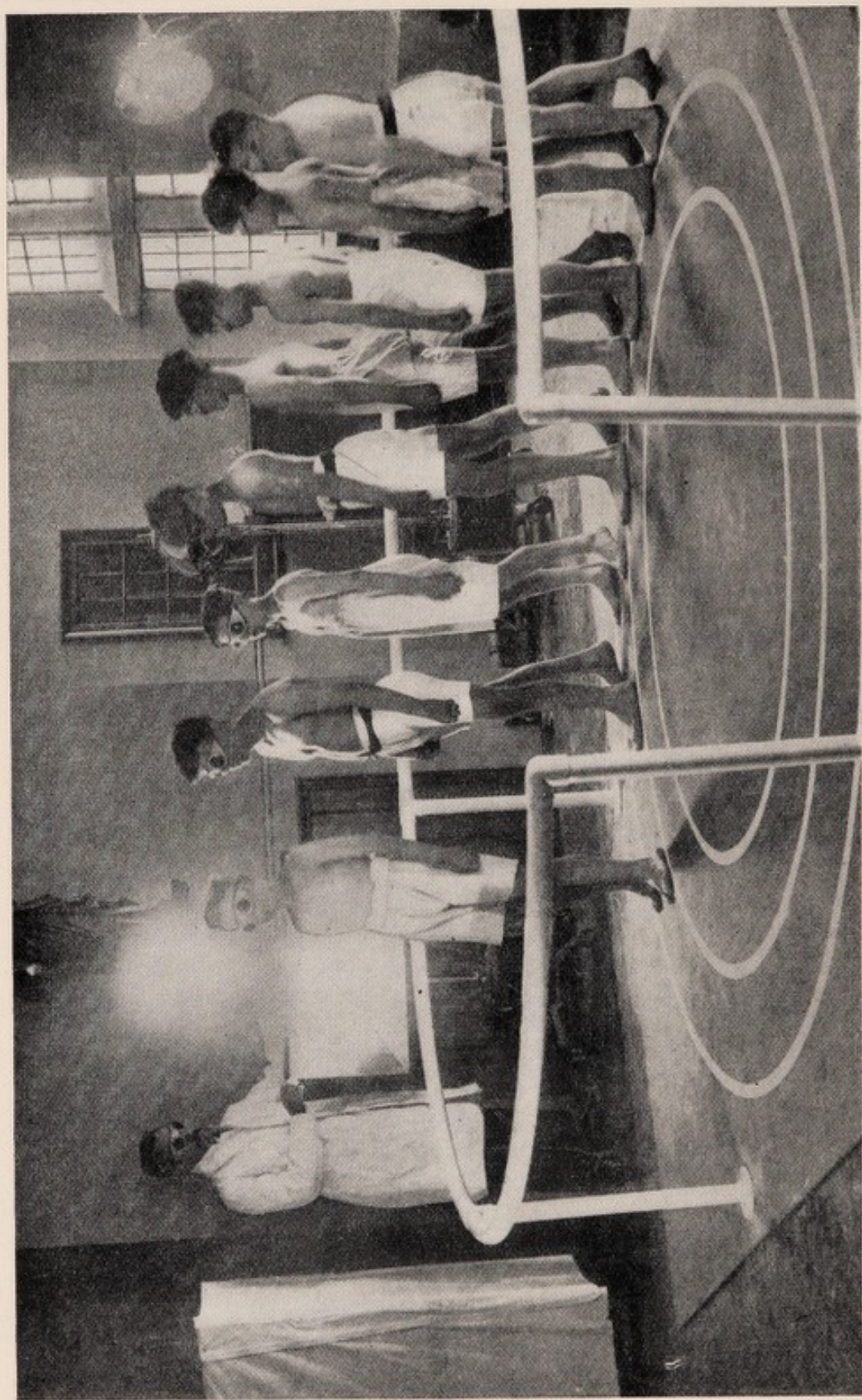
Owing also to the open-air life, our boys have not the same opportunity as ordinary folk of meeting many specimens of microbes in the course of the day, and of building up those minor immunities which provide us with a valuable first line of defence against serious microbic invasion. The result is that a disease like influenza sweeps through the school with tremendous rapidity. It is not a long-drawn-out epidemic—it reaches its peak point in about a week and subsides almost as quickly. Granted that there is an abundance of proper nursing, there appear to be fewer sequelæ than among normals. Over two-thirds of our boys in both Departments were down with influenza simultaneously in the December of 1931, but all except four or five were back in routine well before Christmas.

Naturally in the Senior Department the incidence of focal infections is smaller owing to the fact that many of the boys have been dealt with at Sambourne, but all to whom treatment appears to be necessary are referred to Mr. Cavanagh of Worcester for inspection, and for operative treatment if he regards this as advisable.

### ¶ The Endocrinological Approach and the Work of Other Specialists.

There are a number of obvious cases of endocrine imbalance. Some in which there is a thyroid deficiency, some with an outstanding





The Light Therapy room. A group of juniors under Treatment.



## THE BESFORD COURT HOSPITAL

---

indication of hypo-pituitarism and others of long delayed puberty. All such and many others in which the nature of the imbalance is obscure are referred to Dr. Geikie Cobb, our honorary endocrinologist, and the results in a number of cases have been gratifying and well worth the expense of the prolonged treatment. Mr. Duggan of Worcester and Mr. Dunn of Birmingham hold their general inspections of the Senior and Junior Departments respectively, and also deal with individual cases sent to them for special treatment. Many minor abnormalities have been wiped out by means of special exercises, boots and apparatus, and during the past two years the proportion of orthopædic cases throughout the institution has fallen in a remarkable way. Dr. Roberts personally examines every boy's eyes, prescribing glasses and treatments and operates where necessary in the Eye Hospital at Worcester. Glasses are undoubtedly a problem. An ordinary active boy is apt to damage them frequently in the rough and tumble of school life. The problem of maintaining spectacles in good condition for our boys has no general solution. Our boys seem to be singularly affected by the taunt of "four eyes," and when this name is hurled at them by an adversary will often become so enraged with their glasses as to smash them, often beyond repair. Other boys when about to play a game will remove their glasses, crumple them up and put them in their pockets. Other boys lose them continually, probably on account of an unconscious wish not to be bothered with them. Spectacle parades are held by the Medical Department from time to time and the necessary renewals made.

### III. The Radio Therapy Department.

The report of the Radio Therapist of the Senior Department is as follows :—

When we had only two Ultra Violet Lamps, it was a matter of extraordinary difficulty to give each boy a weekly general treatment. The installation of a magnificent battery of Hanovia Lamps, consisting of four powerful Ultra Violet Lamps, each coupled with an Infra Red, enables the treatment time to be cut down to a half, and large groups of boys to be dealt with simultaneously. For individual special treatments, we have also an Ultra Violet and Infra Red Lamp mounted separately on pedestals, and for highly localised treatments, a Kromayer Lamp with a complete outfit of quartz rods.

Practically all the boys receive two general treatments weekly throughout the Autumn, Winter and early Spring. Light therapy is contra-indicated on medical grounds only in two or three cases.



## THE BESFORD COURT HOSPITAL

---

One is inclined to attribute the infrequency of colds in the College during the last winter to the general treatments, and this has been noticed and commented upon by other workers in this field. I have no doubt that these Light Treatments played their part in building up the splendid general health and fine physique of the boys. Obviously it is impossible to disentangle this factor from so many others and to estimate its comparative value.

Special treatments have been carried out always with caution, and until one was certain that good effects were being obtained the treatments were not pushed even as far as the minimum dosage laid down in the text books. Later, a greater degree of erythema was established.

With our boys, septic conditions are apt to arise from these slight causes, but by working in close co-operation with the surgery, have been treated with unvarying success and more serious developments averted.

In two very stubborn cases of nocturnal enuresis the irradiation of the perineum with the Ultra Violet Lamp, fitted with a blue filter, has proved beneficial. In one case a complete cure was obtained and in the other, a partial cure sufficient to give the boy hope that if he co-operated with the special routine for such cases he might expect to become entirely free from this distressing weakness.

Various skin conditions have also been successfully treated, and the Ultra Violet Ray in conjunction with the oral administration of calcium has been found to be of very great service in curing chilblains.

The Infra Red Lamps have been very helpful in dealing with ear-ache and painful swellings resulting from sprains.

Records have been kept of all special treatments.

W. FLAMENT.

### **¶ The Department of Mental Analysis.**

Throughout the two years our Honorary Mental Analyst, Dr. Smyth, has week by week lectured to the Masters and Instructors on the psychological basis of the work that they are carrying out, and on the means and methods to be used in dealing with behaviour problems. Side by side with this work for two afternoons a week, Dr. Smyth, with extraordinary patience and skill, has carried out mental analyses of the obscure causes of conduct aberrations in our more difficult cases, and this work has been rewarded with remarkable success. Boys who withdrew themselves, or who had to be excluded



## THE BESFORD COURT HOSPITAL

---

from the general routine as absolutely intractable material, gradually returned to and lost themselves in the ordinary routine of the Institution.

The case of "Jeremiah Jones" is a famous case, dealt with at considerable length by Professor Cyril Burt in his book entitled "The Young Delinquent," and it was suggested to Dr. Smyth that he should give an account of the Besford history of this case and of his own findings.

### THE CASE OF JEREMIAH JONES.

Over ten years ago Dr. Cyril Burt made the acquaintance of a small boy of seven and a half, whose identity he disguises under the pseudonym of "Jeremiah Jones."

This child had committed murder and, owing to the natural hostility—openly and violently expressed by the father of his victim—and in view of the fact that he had no father of his own to protect him, he had to be taken from the care of his mother and placed in new surroundings. This boy has never been able to return home; he has justified the natural fears felt in those early days for his emotional and moral stability by being troublesome and uncertain in temper.

Moreover, there is some mental deficiency, which can be expressed mathematically by stating that his intelligence quotient is 61 per cent.

For some years this boy was looked after in various Homes, and every effort made to build up a stable character and to educate him for a useful life. Progress was very slow, and two years ago he came to Besford.

What can Besford do for this boy? Probably no child has been more thoroughly and systematically observed than Jeremiah Jones. Dr. Cyril Burt, whose notes I have had the privilege of reading, has bestowed an enormous amount of time and interest on the boy. Since his admission, reports from masters and instructors have been carefully recorded and together constitute a valuable contribution to the elucidation of a puzzling personality.

Last autumn Monsignor Newsome asked me to see the boy and go into his case. So, for several months, twice a week for half an hour or more at a time, Jeremiah Jones and I have faced each other across the table and talked of many things. Often we drink a cup of tea together in a friendly fashion while so engaged, and have become well acquainted if not exactly close friends. For Jeremiah is, it must be confessed, not exactly a lovable boy. Who can blame him? Since the age of seven he has not known a mother's love or experienced the intimacies of home life. Passed from one place to another, he



## THE BESFORD COURT HOSPITAL

---

certainly has had "no abiding city." Such experiences may partly explain his present characteristics. But something more than this is at the root of his shifty eye, unstable behaviour and tendency to underhand dealings. What effect has the recollection of his dreadful deed had upon him? As a matter of fact, he says he remembers little about it. He knows he went to the canal side with a little boy acquaintance, and that somehow the boy got into the canal; but the details of the affair have faded from his memory. When, however, the depth of his mind is explored by analytical methods, there constantly appears the presence of an enemy. In dream after dream he is being attacked by a man. Whether in his dream he goes overseas to find work, or whether he indulges in the wild escapades of the dream life of young men, there always appears someone who threatens him or interferes with his success. Who is this person? It is always the same man in one disguise or another, namely, the father of his victim.

If, then, there is constantly present in the patient's mind, although not consciously so, a fear connected with the death of the poor little boy ten years ago, surely we should expect it to have some marked effect on his character. And this is undoubtedly the case. The weaknesses shown in his behaviour at Besford and his very *facies* are explained by a haunting fear deep down in his mind. He fears he will be made to suffer for what he now refuses to admit, his wilfully causing the death of his companion on that morning at the canal side.

It may be asked, what good can be expected to result from stirring up memories of bygone troubles? Should we not endeavour to turn the patient's mind to the future, and urge him to learn his trade and be a happy and healthy boy? We must remember that for ten years this line of treatment has been tried, and though there has been some measure of success, no one who knew Jeremiah a few months ago would consider his future assured. On the contrary, he appeared a problem of problems. But it is hoped by bringing into consciousness all that took place that fatal day, to clear the ground for a fresh start, with a mind unhampered by unconscious feelings of fear and guilt.

Let us consider what would be the probable effect on his personality of such circumstances as marked this boy's birth, infant years and life till the age of seven. He never knew his father, nor his father him. He was brought up by a mother and grandmother, the only child in the home. The two women had to work for their living and seem to be of little education. The small boy would be left much alone and



## THE BESFORD COURT HOSPITAL

---

would gradually find playmates amongst the children in the streets around his home. Undisciplined and spoilt by his mother, his schooldays were marked by truancy, sulks and tempers. It was in a fit of revengeful temper that he pushed his victim into the canal, where they and a third small boy, who witnessed the event, were "fishin" for tiddlers. And it was in the same remorseless mood that he frustrated the drowning boy's efforts to escape his fate.

Then came the enquiries, inquest, visits by the police and revengeful attacks on himself and his mother by the dead boy's father; until at last it was necessary to remove Jeremiah to a Home where he would be out of harm's way.

This is the course of his history till the age of seven years. We see in it possibilities of early damage to his personality. Illegitimacy may not be quite the stigma in the class to which he belongs, that it is in a higher walk of life. But the *unconscious* effect is very great, and is a potent cause of a deep feeling of inferiority, with all its subsequent efforts at defence—efforts which mould the character to a degree which is only slowly being recognised by psychologists.

His mother and grandmother did not make things easier for him. "Spoiling" is often merely another description for failing to discipline and control the natural, wayward instincts of infancy and early childhood. So we see this boy growing up without adequate self-control, liable to storms of temper and to fits of sulks, gradually becoming more and more difficult to manage. Here, indeed, is a case of tragedy from the very beginning, punctuated with tragedy at the age of seven, and tending, it would seem, to tragedy at the end—a ruined life. For, his earliest start in life was all wrong and he had little chance.

But we have as yet not mentioned his mental deficiency. This poor mental equipment must have been a further grave handicap to his chances in life. The child who is slower in learning the three "R's" than his fellows, soon realises that he is backward and strives to compensate for the feeling of inferiority induced thereby. His tempers, truancy, mischief and bad language are often the outcome of his attempts to minimise his natural feelings of self-depreciation at being backward at his lessons, by attracting attention to himself and adding to his self-importance. He likes to appear in the eyes of his playmates as a hero or bad man; to be or do anything, in fact, which brings him into the limelight.



## THE BESFORD COURT HOSPITAL

---

This is but an inadequate and indifferent account of the effect on a personality of mental deficiency. An adequate picture of the result of this inborn state has yet to be written. But some day, let us hope, we shall be in possession of a description, which will bring home to all concerned the soul-shaking results of the realisation of his deficiency for the patient, and the tremendous responsibility of the adults in whose environment the child finds himself.

So Jeremiah at the age of seven was taken away from home and placed in fresh surroundings. He immediately became a problem. The seed sown in his first few years of life began already to bear fruit. His history since those days is one of heroic struggles on the part of devoted men and women to be of assistance to him, and of failure on his part in any degree adequately to benefit from their efforts. He is described, on entering Besford two years ago, as being morally unstable, revengeful, prone to use obscene language, as doing nothing willingly, not mixing well with other boys, unpopular, and so on. And yet he is said to have a charming smile!

Again we ask, what can Besford do for him? In the first place, everyone concerned is trying to understand him; for this step is essential to successful treatment. It must be admitted that he is a difficult boy to handle and that progress has not been rapid.

As I realise how hard it is to get his confidence and trust, as I see the poverty of the material of which his personality is composed, I ask myself is this a genuine case of "moral imbecility," as it used to be termed, a hopeless condition of moral outlook and standards of life? Have his inheritance, early surroundings and experiences left a mark upon him which is indelible, a kind of brand of Cain?

Meanwhile he works as a carpenter, and all teaching him his craft are alive to the difficulties of his case and are trying their best to assist him.

The future alone will reveal whether the environment in which he finds himself, with all the interest shown him, the increased knowledge of himself and his difficulties which he is acquiring, and the discipline exercised by his fellows, will result in his becoming a useful member of society. If, ultimately, this should be the case, I think we may fairly claim that Besford Court was not founded in vain.



## II. Further Notes on Mental Analysis of Defectives.

Two years have passed since I gave an impression in the last Report of my experiences as Honorary Mental Analyst at Besford Court, and I am now asked to write some further notes with regard to this modern form of treatment as applied to cases of mental deficiency.

One of the disadvantages under which work of this description is sometimes carried on, is the lack of co-operation on the part of the patient. It can well be understood that acute mental and nervous suffering compels the individual to come for treatment, and supplies the necessary incentive to undergo such a long and trying therapeutic process as the one we are studying. But in the absence of the incentives of suffering, the necessary urge to patient and persistent endeavour is naturally lacking. Thus it happens that some of the boys who come for treatment—boys in good physical condition and rather problems to the authorities than puzzles to themselves—present difficulties which are not generally encountered in private work. They come, in fact, for treatment because they are so commanded, rather than because of any serious mental suffering. Naturally, it is not always easy to get such comparatively care-free patients to co-operate with the Analyst.

But with this exception, as always so with the inmates of Besford Court, the greatest difficulty lies in the resistance offered by the patient's unconscious mind. Here we meet with the real difficulty. And under the heading of the unconscious I would include those general character traits, tendencies and weaknesses which have developed in the course of the patient's life. These boys have been through the mill of adversity, have passed between the upper and the nether grindstone, and the resultant form of their minds is not to be altered in a few weeks, or by any process other than prolonged re-education. In fact, the more I see of nervous patients of all classes and descriptions, the more I marvel at their rubber-like powers of return to their original mode of thought and response to stimuli, even after a bombardment of analysis, which might be expected permanently to change their personalities.

One of the difficulties to which I have referred is that of securing dreams for examination. The boys do not relate all the dreams they experience, either from fear of ridicule or from mistaken false modesty; and this adds to the Analyst's perplexities. What is he to do in the absence of material? He can only wait as patiently as he can and urge the necessity for the production of dreams for analysis.



## THE BESFORD COURT HOSPITAL

---

Whether as a result of their inferior mentalities, or as a consequence of the unhappy early experiences so many of the boys have undergone, it is remarkable how poor are their memories for the events of their early years. This is characteristic also of many neurotics. They seem to have blanked out of their minds early recollections which were of a painful nature ; and thus one finds many gaps in their histories, gaps which they seem helpless to fill. Even in so-called normal people, there are very great differences in the power of remembering early events and childhood's days. But with defectives the gaps in their memories are in many cases so marked as to constitute almost total amnesia for their early years. It would seem that normal forgetfulness is in their case accentuated by an added force, derived from their inferiority feelings and experiences. For we must never forget in dealing with mental defectives, that life for them has been harder than for those more plentifully endowed with brains. But the deficiency from which these boys suffer is not so much in their affective centres as in their cortical cells ; hence we can suppose that they are capable of suffering acutely, even though they are incapable of expressing their feelings, as more intelligent individuals might be expected to do. Thus it comes about that one of the difficulties of dealing with these boys analytically lies in their poor power of memory, which again results in a paucity of material for examination.

Another difficulty, perhaps peculiar to work amongst boys of this type, is the faulty enunciation, pronunciation and grammar which they employ, and which at times render comprehension of what they are trying to express far from easy.

Till now I have been dealing with the difficulties of mental analysis of defectives ; let us turn to the consideration of the advantages we may expect from its application. We might take as one of the satisfactory results which accrue the case of " M," which was described in the last Report. His was not an easy case, nor was his treatment short, but the effect is shown in the great improvement in his work, and in the disappearance of those moods which threatened completely to spoil his chances in life. He is now not only no trouble, but is an actively useful member of the School.

So, too, in the case of the boy with the so-called " blood lust," also mentioned in the last Report. His unpleasant tendencies, which at one time promised to bring his career at Besford to an abrupt termination, have disappeared and been replaced by a harmless and very interesting substitutive acquirement.



## THE BESFORD COURT HOSPITAL

---

We may, in fact, aver that the treatment is of great utility in some of the difficult "character" cases, of which Besford has, of course, a large selection.

Another advantage to be derived from mental analysis is diagnostic. It is sometimes impossible to be certain of what is the cause of a boy's truculence or anti-social behaviour. Ordinary questioning elicits little or nothing. But in the prolonged confabulations, and in the atmosphere of complete confidence inherent in a course of analysis, a glimpse is obtained of what is passing in the depths, conscious and unconscious, of the patient's mind. Thus the underlying cause of the trouble is ascertained and, hand in hand with the diagnosis, goes the healing process of re-education. How intimately the two processes are related is revealed in the well-known aphorism, "In psycho-therapy the diagnosis *is* the treatment."

Very many of the inmates of Besford suffer from severe "inferiority," for which they try constantly to compensate. Quite apart from the recognition of these unconscious efforts, analysis, by supplying proof of the interest taken in the case, tends to produce a more hopeful outlook and a more propitious type of reaction to environment. The boy thus becomes more approachable, ceases to be continually "at bay," and becomes able to make friends and share in common and healthy interests. To the condition just described is applied the name "transference." It is absence of the possibility of obtaining this reaction to the approaches of the Analyst which stamps a case as hopeless, or, at any rate, hopeless for the time being.

Of course, this is seen typically in early cases of dementia præcox; but in some degree it is met in difficult cases at Besford, and is suggestive of underlying character defect of very serious type. As might be expected to be the case, such boys do not mix well with their fellows and are unpopular. If the analysis ultimately goes well, it will be due to the appearance of transference, and a similar condition of *rapprochement*, or sympathy, will then be possible in the boy's relationship with his comrades.

Thus the analysis liberates the patient from the dominance of his unconscious trends, and also helps to break down barriers between him and his environment.

Something has already been said of the results of the analytical method of dealing with Besford boys, but this important matter calls for further consideration. I recorded my opinion in the last Report, that the mentality of the patient determined the possibility or otherwise of mental analysis in a particular case. It might be well to differentiate,



## THE BESFORD COURT HOSPITAL

---

however, between analysis being possible from the point of view of understanding the mind under examination, and the analysis resulting in cure of the patient's symptoms or mal-adaptation to life. With intelligences of low order, the former may well be possible, while the latter is impossible. Ordinarily, the two go together, so that Analyst and patient share in the beneficial results. The former obtains a knowledge of the mentality he has been studying, together with an insight into the mental mechanisms responsible for the particular difficulties the patient has encountered in facing reality. The latter finds in his increased knowledge of his psychology, a power sufficient to re-orientate himself with regard to his environment, and to help him to escape from his sufferings and inhibitions.

Of course, the analysis is undertaken primarily with the object of assisting the patient and rendering his life happier and more useful; but where this is not possible—and psycho-therapeutic processes are not alone in Medicine in failing to cure all the cases attempted—much knowledge is to be obtained which ultimately will be of service in the treatment of disorders of the mind.

But we must not forget that Medicine is continually striving to commit hari-kari, by preventing the occurrence of those conditions which it is its function to alleviate or cure. And so with nervous and mental diseases, it should be our constant care to keep in view the possibility of their prevention, by discovering the causes that led to the mal-adjustment or mental breakdown, and educating parents and teachers in this all-important matter. It is one of the functions of Besford, as a pioneer in work for mental defectives, to carry on this duty of research and bring its findings before the notice of those concerned. From this point of view, mental analysis is in a peculiarly advantageous position; and I feel keenly the responsibility of my position as Analyst and deplore my limitations and deficiencies.

Such are some of the results which are being attained and at which we aim in our work at Besford Court. It would be vain to say we are satisfied with our achievements, for in no walk of therapy is a holy discontent more to be expected than in psycho-therapy. But we feel that the work is well worth while, and are hopeful of an increasing benefit to be derived from it as time goes on.

I should like to record my indebtedness to the members of the Staff for their sympathy with, and assistance in my work. There is a splendid team spirit at Besford, with every member pulling his or her weight. One and all are imbued with a keenness for this pioneer work which is most stimulating. And so I can only affirm that any



# THE BESFORD COURT HOSPITAL

---

good results for which I am nominally responsible are in great measure due to the help I have received from my colleagues.

Meanwhile we conclude as the result of our combined efforts, that the inmates of Besford are sufferers from more than inborn mental deficiency, whosoever responsibility that may be : they are greatly what they are through the neglect, mistakes and ignorance of parents, teachers and friends of early days. They are thus object lessons of the need for psychological enlightenment on the part of all those concerned in the care and education of the young.

## II. A New Approach.

We are fortunate in having on our staff of honorary specialists, Dr. Strauss, who is now acting as our Typological Psychiatrist, and it is felt that his studies will be of considerable value to us in our attempts to adjust character.

The results of a recent survey, together with his remarks, now follow :—

There are innumerable approaches to the various problems of mental defect. Purely descriptive psychiatry has more or less had its day after having fulfilled a useful function. Recently, Kretschmer's multi-dimensional, empirical approach to psychiatric problems has awakened very great interest in all countries. It was inevitable, therefore, that Kretschmer's methods should come to be applied to the study of mental defect. It is interesting to note that, that purely empirical psychiatrist is at bottom a thorough-going Thomist in so far as he insists on the psycho-physical unity of man. K. is by no means the first scientist to attempt a correlation between a man's physique and his mental attributes ; but his scheme is by far the most complete and satisfactory which has yet been presented.

Roughly speaking, K. distinguishes three chief groups of physical types—the *pyknosomatic*, *leptosomatic* and *athletosomatic* ; and he discovered that these physical types show an affinity for certain temperamental characteristics. The two chief temperamental groups are termed *cyclothyme* and *schizothyme*. Furthermore, he discovered that the type of psychopathy from which a person suffers tends to be modified by his physical type, and again that the two great groups of the biogenetic psychoses tend to be similarly physically linked.

The *pyknosomatic* type of physique is characterised in middle age by a deep chest, a rich distribution of fat about the trunk resulting in a doming of the abdomen, graceful extremities and a shield-shaped



## THE BESFORD COURT HOSPITAL

---

type of face. The temperament for which the pyknosomatic shows an affinity is the *cyclothyme*. The cyclothyme tends to be sociable, good natured, friendly, genial, cheerful, humorous, jolly, hasty, or sometimes quiet, calm, easily depressed and soft hearted. The psychopathic temperament corresponding to the cyclothyme is known as *cycloid*. The cycloid individual suffers from shifts of mood, the extremes of which are mild hypomania and depression. The type of psychosis from which a pyknosomatic individual of the cyclothyme or cycloid temperamental make-up is likely to suffer is *manic-depressive psychosis*. The essential characteristic of the lepto-somatic type of physique is a relative deficiency of thickness combined with a (relatively) lessened length. Leptosomatics form by far the greatest proportion of individuals in Great Britain. The athletosomatic type is characterised by strength and thickness of the skeleton, strong musculature, thick skin, wide projecting shoulder-girdle, broad deep chest and a trunk which tapers from the shoulder-girdle down to the waist line, large hand, high head which not infrequently exhibits slightly acromegaloid characteristics. Both leptosomatic and athletosomatics tend to exhibit the *schizothyme* or *schizoid* temperament; and the correlated type of insanity is *schizophrenia*. Very roughly speaking, schizothyme and schizoid individuals can be summed up by some of the following adjectives—unsociable, quiet, reserved, serious, eccentric, timid, shy, with fine feelings, sensitive, nervous, excitable, fond of nature and abstractions, pliable, kindly, honest, dull, silent.

All gross anomalies of physical make-up of a kind which cannot be covered by the K. physical groups or mixtures thereof are described as *dysplastic*. The various dysplasias commonly met with are more often than not related to endocrine imbalance.

The present writer was one of the first to study mental deficiency from the K. point of view. In a paper published in 1930, in the *Journal of Mental Science* his results were summarised as follows:—

(1) 110 cases of endogenous oligophrenia in males over the age of puberty, and presenting on casual inspection a normal physical exterior, were examined.

(2) Anthropometry and somatoscopy, carried out in accordance with the principles laid down in Kretschmer's "*Körperbau und Charakter*," and "*Medizinische Psychologie*," showed that in 100 per cent. of these cases the basal physical habitus was complicated by lesser or greater degrees of dysplasia. The most prominent dysplastic stigmata were of a dysgenital nature.



## THE BESFORD COURT HOSPITAL

---

(3) The degree of intellectual defect in each case was evaluated and tabulated against (a) physique and (b) temperament. The results suggest that there is no correlation between intelligence and either of these two factors.

(4) An investigation into the family histories of our cases reveals the extreme frequency of morbid inheritance in oligophrenia. The existence of defects of various kinds in the parents is so striking that it seems likely that such defects are to be reckoned amongst the determinant or causal factors in the genesis of oligophrenia.

(5) Each patient was assigned to a temperamental group. The results showed that the ordinary physique-temperament ratio does not apply in these cases, temperaments which are apparently cyclothyme-cycloid appearing in excess in persons with anomalous physique.

(6) In order to explain the above-mentioned anomaly (vide supra No. 5), a phylogenetic theory of the genesis of temperament is tentatively offered in outline. According to this hypothesis, the patients presenting apparently cyclothyme or cycloid temperaments are in reality fixated at an undifferentiated psychic level, which is normal in babies, in very young children, and in adults of backward races. These temperamental categories would possibly be better designated as *proto-cyclothyme* and *proto-cycloid*.

This particular piece of research was done in Germany, but the author's observations on the boys at Besford amply confirmed his original conclusions. In quite 90 per cent. of the Besford boys he examined and measured he discovered marked dysgenital stigmata chief amongst which were retardation in the development of sexual secondary characteristics, feminine curvature of the pelvis, excess of glandular tissue in the breasts, feminine distribution of fat and pubic hair, the persistence of the fine soft velvety skin of childhood. Other observations of interest were the marked tendency to extremely thick, coarse (more often than not blonde) heads of hair with low growth over the temples and frequently a bridge of hair uniting the scalp-hair to the eyebrows. Another dysgenital anomaly which struck the observer was the frequency of a quite enormous size of the penis, often combined with small testes and more often than not with a complete absence of other signs of secondary sexual development. The picture is very striking. One sees a possibly undersized, rather infantile looking boy of 13 (or he may be 16 or 17 presenting the appearance of a boy of 12 or 13) with a penis larger than that of a fully grown man, and yet with no trace of pubic or axillary hair or of a beard. In the writer's experience that particular



## THE BESFORD COURT HOSPITAL

---

form of genital development is very largely restricted to mental defectives.

To K. we also owe the conception of the epileptoid type of psychopathy. This form of temperament is of importance in the present connection as it is a form of psychopathy which is so frequently exhibited by mental defectives. The chief characteristics of the epileptoid make-up are explosiveness, violence of temper, irritability, "waves" of Wanderlust and a tendency to exhibit what the Germans call the "*Kurzschlussreaktion*" (literally short-circuit reaction). By the *Kurzschlussreaktion* is meant the impulsive release of emotional tension by the performance of a simple violent action in no way related to the emotional situation of the moment. Thus, an epileptoid patient of the writer's, relieved his feelings over a disappointment in love by setting fire to the hay ricks of a complete stranger. It seems likely that the type of boy who frequently runs away from Besford Court without being able to supply a satisfactory reason for his conduct exhibits the epileptoid type of mental make-up.

At first sight, the typological approach roughly outlined above might appear to be a gloomy one for the person who is trying to effect radical changes in the psycho-physical make-up of mental defectives. Fortunately, even though we are born with a fixed type of physique and a fixed temperamental pattern, character is by no means an unmodifiable thing. In normally balanced people it is the character which is utilised to overcome undesirable or anti-social temperamental tendencies; and of course the same thing applies to mental defectives. At Besford Court the whole "person" is treated, and the boy is enabled to develop a character-pattern which can act as an efficient control over temperamental disabilities.

The writer hopes that the unique material at Besford Court will continue to be utilised in the interests of research into typological psychiatry.

### ¶ The Practical Side.

The final object of the Besford Court training is to return to the community in place of the enfeebled, unhealthy practically useless boy, a strong, sturdy young craftsman. The aim of the craft classes is to turn out the self-supporting, or at least partly self-supporting, young man.

The report of the Chief Instructor, Mr. O'Neil, on the progress of the work done by these classes during the two years now follows:—



## II. Report of the Chief Instructor.

It is often asked what are the problems encountered by the instructional staff of this College during the daily routine of the Manual Classes. For comparisons between the teaching of Defective types and of normal boys from the difficulties in the former are numerous and useful.

First of all at the commencement of the training, an Instructor discovers there is no real, equal basis of comparison because of the difference that actually exist between the chronological age and the mental age. This necessarily means that when a Class is being formed, a great deal of attention must be given to the estimated intellect of the individual rather than to the actual age.

A Class formed on these lines, would appear to the casual observer, to be incorrectly balanced, but actually with the mental ratios of the pupils comparing favourably, an Instructor has before him teachable material upon which the whole of his attention may be concentrated rather than diverted through unfavourable cases, unfitted for the subject, being included in the Class.

Boys in whom the inferiority feeling is predominant are classified in smaller groups within the Class. For instance, a small boy working with two much bigger boys, though of his own age, will feel physically incapable of the tasks of the others. He rarely gains the assurance that though physically handicapped, he is equal in ability to the bigger boys. Confidence is created and maintained by grouping the smaller boys and then introducing the bigger boys into small sections of the Class. Then at a later date when the pupil is thoroughly secure in the knowledge gained and in competence in the Craft, the false fear of the superiority of the bigger boy being the better man disappears.

A problem of major importance met with at the outset arises among cases that come to us from outside sources, always excepting our Junior Home at Sambourne. It is that in the past they have lacked guidance and instruction that will be of any real benefit, and therefore have a wrong and utterly hopeless outlook—in many cases no sign of any outlook at all—towards life as individuals expecting to be taught a Trade and to become a self-supporting member of a Craft. What perhaps is really meant is that there is a complete lack of personal control with also a total absence of interest. This is common, and therefore much thought and consideration must be given at this stage. Despite the attention given, the interest aroused may disappear because the boy is not manual-minded. Boys



## THE BESFORD COURT HOSPITAL

---

in this category are easily discovered, for they gradually drift away from the other members of the Class with the hope that they may avoid taking part in the work. These are the more difficult problem-cases. It should be said here that a boy who settles down at once invariably makes good. The others will be found attending the "Court of Requests" asking for a change of Trade. In the greater number of cases the request is made without any thought of the work they will encounter, but simply with the idea that any change must be easier than the Trade they have been drafted to. Lack of vision perhaps, more than lack of concentration is the problem at this stage. There is no thought of the future and no real idea of self maintenance.

Sambourne boys, when coming to Besford rarely confront the Instructors with this problem.

Absence of ambition, weakness of observation, low powers of retention are other handicaps together with the lack of initiative which the cases present to the Instructor. When this is the case with a large percentage of the boys in any Class, the Instructor meets the difficulty by giving individual attention and instruction until he is satisfied that each boy has got the correct and fundamental assistance which starts him off with some idea of what a career means, and some imagination in regard to it.

Another important problem is of dealing with the boys who have no knowledge of Arithmetic. Addition, multiplication and so on, are essential where training in a Craft is attempted. Their lack of knowledge in these matters is such as to demand the whole-time attention of the Instructor during the early part of the syllabus undertaken. Assistance is rendered by more experienced boys in the Class, who, by their position of comradeship, acquire the confidence of the younger boys in matters such as these.

Patience and precision are a difficulty with the majority of the boys, preference being given to any form of construction which appears easy to the eye. But perhaps this is not so much a problem of the defective boy, but is really a general problem encountered in the teaching of all types of young people learning a Craft.

In presenting this report or rather record of progress made by the Manual Classes during the foregoing two years, I am convinced it has sufficient intrinsic value to interest readers whether connected with the work of the College or otherwise.

The development of the Trades continues by very carefully regulated methods as an instructional centre. In the interim, the number



## THE BESFORD COURT HOSPITAL

---

of pupils has increased two-fold, until Besford College Manual Training School must surely be one of the largest, if not actually the largest of its kind, in the country.

The scheme, or system of training is still based on the original syllabuses—described fully in previous reports. Whilst maintaining this standard, opportunity has been taken to amplify a great deal, with one exception, always keeping within the possibilities which the building industry offers.

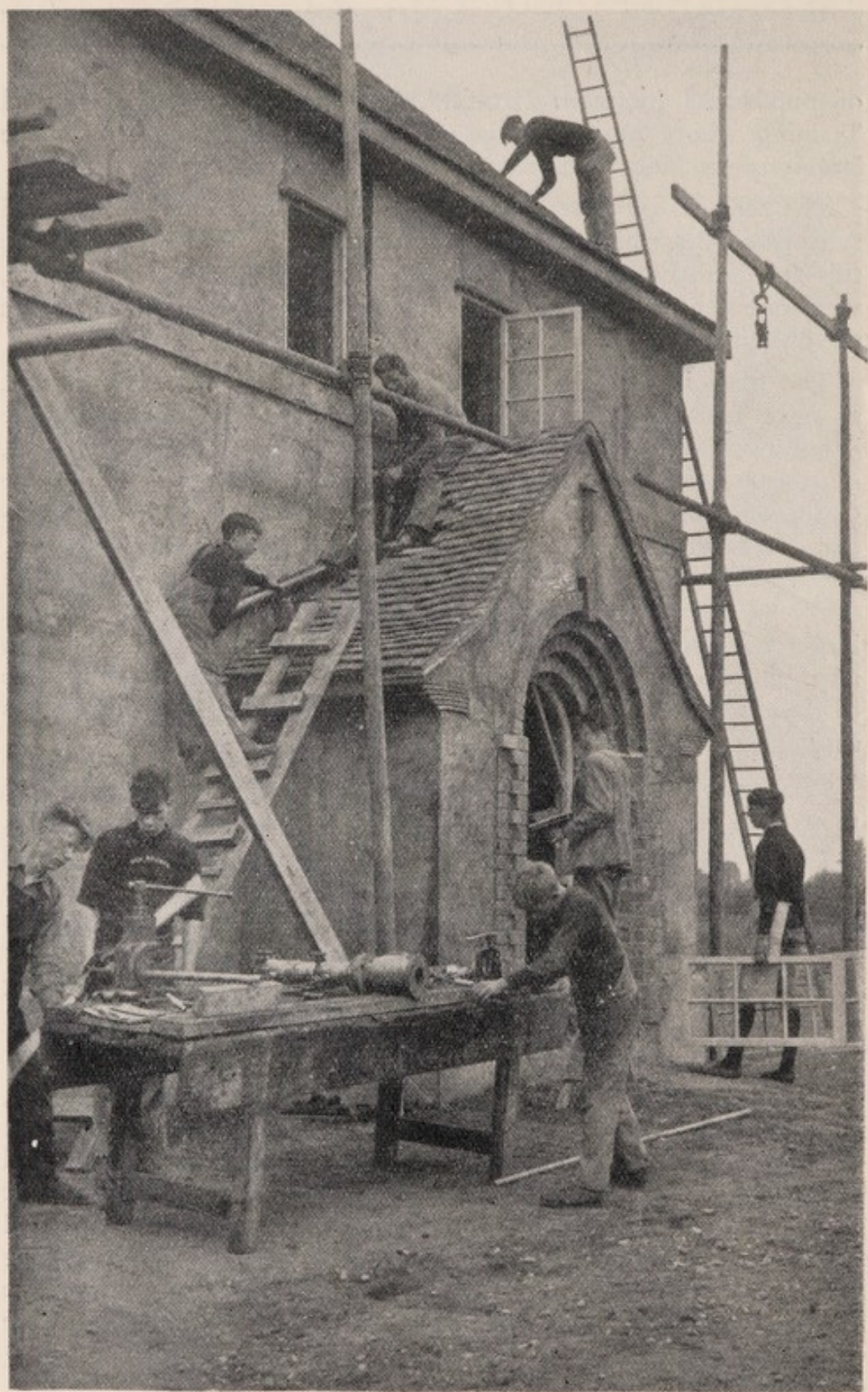
The large increase in the number of boys will be apparent if I at once mention that there are undergoing instruction fifty-one Woodworkers, forty-six Bricklayers and Plasterers, fifteen Plumbers, nineteen Furniture Makers, twenty-three Painters, thirty-three Gardeners, and lastly, but none the less important, the General Handicrafts, comprising four Sections—Estate Workers, Estate Carpenters, Estate Blacksmiths and Estate Painters. In this category we have thirty-six boys. There is also one additional Class in which eight boys are receiving a thorough and practical training, in Cookery. So much for the personnel of the Classes. Now let me indicate some of the results and achievements they have accomplished during this short period.

Previously, when giving a summary of the work, I have described the Classes separately, taking the work in order of merit and rotation, but this time I do not consider it necessary. For this reason. Much of the elementary work which we were doing in those days has, with the increased efficiency of the Classes, disappeared. Now all Classes are encountering the many jobs on hand in the same way that any Firm or Contractor would. The unison of all Trades on a particular job is now so evident that the work is not taken sectionally, but is taken by Plan, and several Crafts work together at the same time.

They have erected and completed an additional open-air Dormitory, making altogether four in number. It will be remembered that these buildings are large enough to accommodate fifty boys and have built on each end two observation rooms in which the Master sleeps, a linen room and a drying room. They have also continued and completed very satisfactorily No. 2 Sanitary Block. This building is constructed of concrete blocks and rendered on the outside, the roof is covered with Cotswold Grey Tiles and the internal fittings are white glazed.

Other works of importance and of some magnitude include "Greenways" and the New Scullery. The former—a repetition





New staff house, built by the boys, approaching completion.



## THE BESFORD COURT HOSPITAL

---

of the Architect's house in the Isle of Man—is a very substantial house, situate in Webb's Hay at the end of the playground.

The New Scullery is a building of two storeys, which although described as a Scullery, includes a Dairy, a Meat Store and also a Fish Store. These are in the Basement. On the Ground Floor, the new Scullery built of concrete blocks and rendered on the outside, contains beneath its flat roof, Steam and Electrical Apparatus for washing and cleansing the Refectory utensils. There are also installed an Electrical Bread Cutting Machine, and cupboards and fittings to the requirements of the Domestic Staff.

Another job is the new wing to the Court over the Kitchens, which is soon to be the new Spray Bathroom, including Footbaths and Washing accommodation. This large building, constructed of concrete blocks, made to match in every way the old part of the Building, is not yet complete, but is in a very advanced stage. It is anticipated that in two months' time the building will be ready for the opening ceremony. It has been a gigantic task considering that two 1,000 gallon tanks and appurtenances have been installed in the roof and that forty lavatory bowls, sixteen Shower Baths and Twelve Footbaths will be its complement. Mention of this will show how Bricklayers, Carpenters, Plumbers and Hot and Cold Water Fitters have worked together in harmony to produce the most excellent results.

New concrete playgrounds have been made on the East side of the Court where once was a sea of mud. Concrete terracing connects these playgrounds to the open-air Dormitories. A row of concrete seats in the centre of the playground adds to the appearance of the work and is practically useful.

The huts which were once part of our old Camp at Trevoise Head have been taken down and transported to Besford. Most of them have been re-assembled and are usefully occupied as Camp Store Huts and for other purposes. The largest of all has been re-assembled in the Lower Drive, altered, and made into a half-timbered black and white building with thatched roof and is now known as the Woodcarving Studio.

In the Basement of the Court itself, a Bakehouse with a single-decker peel oven, complete with Bread Storage Rooms and other Accommodation for the storage of materials, has been built and is now in use, so yet another of our developments has been the baking by ourselves of the bread we eat.



## THE BESFORD COURT HOSPITAL

---

Another important item of work is the complete turn-over we have made from our old D.C. supply of Electricity to the A.C. supply of the Shropshire, Worcestershire and Staffordshire Electric Power Company. This may not give very much idea of what had to be done, but we have, in this short space of time, almost completely re-wired the whole of the Court, added heating and power circuits to a great part of it, and have constructed overhead mains connecting the open-air Dormitories and out-buildings with the result that we have the great convenience of being able to illuminate at will any part in the vicinity of the Court.

I must also mention the battery of Flood Lights which has been installed on the outside of the East end of the Court building. Consequently, the new concrete play-grounds can be flood-lit at night and darkness does not interfere with the play of the boys.

I could go on to describe the work of the Gardeners and the Lower Farm. Owing to the increased numbers for whom they have had to provide, they have taken into service very much more land. Under cultivation, this signifies a greater area of work. I would like to mention that this year we have added as an extra, roughly eight acres of land, planted with green foods alone, and more than fourteen acres of potatoes. This means that all the other work connected with the Gardens and Farm has increased similarly and what we once did with horses, we have now been obliged to tackle by mechanical power.

Our Big Farm continues to increase in numbers and at the time of writing this report we have over one hundred pigs, which include bacons, porkers, stores and Breeding Stock.

I was going to say that another innovation, but the correct term is Industry, has been added to our programme in the form of the Poultry Farm. Twelve months ago we had four pens of pure-bred birds. Last season we increased this number by incubation and rearing to 400 birds, and next year, if we have the same good luck and good service rendered by the boys, as we have every reason to hope we shall, 4,000 will be our aim. This all means that we are drawing nearer to the day when we shall truthfully be able to say that we are self-supporting, and that our produce is equal to the best obtainable elsewhere.

This does not end our activities, because the increased numbers at Sambourne also gave us added and increased labour. We repeated there, what we had already done here in a larger way. We made at Besford, but erected and completed at St. Joseph's, four large open-



## THE BESFORD COURT HOSPITAL

---

air Dormitories, transformed two cottages into a Hostel for the reception of the working party residing at Sambourne, and in addition, built an efficient new Sewage Disposal scheme, later passed by the local Authorities, of which work we are justly proud. Again at Sambourne, we repeated the change-over from D.C. to A.C. Electricity. Here again, we had practically to re-wire the whole place. The open air Dormitories and outer buildings were connected up and heating points put in.

I almost omitted to mention that early this year we completed a new Sanitary Block of sufficient size to satisfy the requirements of St. Joseph's Home, built of old English rustic Brick and roofed-in with Grey Cotswold Tiles. It does not in any way disturb the amenities of the beautiful grounds.

This record of the work we have accomplished in two years, no doubt explains the reason I have thought it undesirable to dwell upon the activities of any one Class. It has been a huge and colossal task, but to the credit of the boys themselves in a large way, and also to the Instructors who have not shirked the issue, all tasks have come alike to them, and the fact that they have completed them to the admiration of all who have viewed the work, is proof of the success of the scheme, and also explains why it has not been necessary for me to differentiate between Classes in this Report.

To complete the list, I must record that another important building is being erected near the entrance gates of the Court. I refer to the Shop, together with the Store and psychological Testing Rooms; these later will be important wings of the main building. This work is now only in its early stages, but when finished it will be a very imposing building resembling old stone and roofed in Thatch.

Perhaps the most important step we have taken in the Manual Trades during this period, is the acceptance of the suggestion that our boys who have received from four to five years' training in the Crafts, are equal in ability to normal boys or youths occupied elsewhere in the Building Industry. A challenge was given to the boys themselves—which they readily took up—that they could not build a house or bungalow without the aid of or direction by their instructors. Some years ago a bungalow was built in the Lower Drive to provide and explain to the boys the value of collective instruction. It was agreed that this bungalow should be repeated and that a certain number of our more advanced boys be detached from their Instructional Classes, take the Plan, and build and complete the job without reference to any outside influence excepting that of the Clerk of the



## THE BESFORD COURT HOSPITAL

---

Works, who in his turn would render no more assistance than he would ordinarily in the course of his duties on a building outside, working for a Contractor.

What is the result? It is too soon to be definite, but so far the Bricklayers have set out the work from the Plan, and have completed the carcase of the building in a remarkably efficient way, comparable to, if not excelling that of an average Builder. The Carpenters have roofed in the building, and at this stage prove that we need have no fear of the eventual result. We do not anticipate the bungalow being completed until the Autumn, but suffice it to say all has been done so far in a thorough and practical manner, giving no room for criticism, and by their efforts the workers have provided a great incentive to the remainder of the personnel of the Manual Classes.

I cannot close my report to you, without again repeating the satisfaction I have felt all through from the splendid way the boys have reacted to the training set before them and of the very loyal and faithful service I have received from each and all the Instructors, in the carrying out of the Scheme you have so much at heart.

### Some Case Studies.

In the last Report there was included a selection of case studies from our files. Space may not allow us to print in this Report more than one or two examples from the mass of deeply interesting material now accumulated. But space must certainly be found for an account of the boy who may best be described as—

### A Human Calendar.

E. F. is a boy of 13 plus and has been with us a year. He belongs to a type of defective which appears to have its origin in the result of maternal anxieties or illnesses during pregnancy and is a type which socially (not industrially) is highly efficient. It is characterised by a delicate skin, highly emotional make-up and strongly affectionate disposition. All such cases as have come under observation at Besford have been boys with pleasant and even handsome faces. Industrially this type is almost hopeless. They lack grip on reality and tend to let life slide past them, snatching whatever pleasures they can from it as it goes. Under environmental pressure they are apt to regress.

E. F. has taken a deep interest in calendars for some years. It was noticed by his parents that a mere date to him was insufficient and that he was always able to tell relatives and friends the actual day of



## THE BESFORD COURT HOSPITAL

---

the week on which important events in their lives had happened. This ability was discovered soon after he came to us and his power of giving the day of the week on which a date will fall any time during the next hundred years or did occur in the remote past was tested out.

The boy was probably conscious of this power at an early age and, knowing that the calendar has been arbitrarily arranged, studied it in order that he might become familiar with its arithmetical structure. When first tested it was interesting to note that he did not know that the year 1800 was not a leap year but that 2000 will be. He had acquired the information that 1900 was not, so that his calculations depending upon this fact were correct and those for 1801 were also correct, but for the early part of 1800 were incorrect as also those of the previous century ; it was clear that he was working backwards.

With the calendar reaching for a century forwards and a century backwards, such as is used by banks, it was possible to give a wide range of tests without the trouble of making elaborate calculations on paper and the danger of getting the answers wrong.

The question takes the following form :—On what day of the week did the 7th August, 1853, occur ? The answer is given absolutely correctly and with perfect confidence in a period of from two to ten seconds. If the boy is not at his best a reply to a question dealing with a date many years back has been known to take twenty to twenty-five seconds to formulate.

The boy looks at the ceiling, neither his hands nor his fingers move, and there are no outward indications that he is making any conscious calculations. Suddenly with an emotional jerk he gives the answer. On every occasion when he has been asked how he works out the answer he appears to be embarrassed. His reply, if any, is : " You think of the leap years," and almost immediately he makes some totally irrelevant remark or asks an irrelevant question, showing great anxiety not to be bothered. It is obvious that he is not concealing his method but that he himself does not know how the result is arrived at. He knows that he can answer these questions and also answer them correctly and, moreover, flushes with irritation if it is suggested that the answer is a wrong one.

Our conscious mental activities performed often with great difficulty and ever-present liability to error are carried out by the one portion of our mind, perhaps a portion of the mind which is only a small fraction of the whole. As remarked elsewhere in this report, the unconscious mind has probably an immense work to do in regulating the basal life of the organism but, more than this, it is the scene



## THE BESFORD COURT HOSPITAL

---

of hidden activities, swift and unerring in their operations, the result of which, as a rule, impress themselves upon our conscious mind in the form of premonitions, clear judgments for which there appears no foundation in conscious thought, brilliant ideas, flashes of wit and alike. It is more than probable that these calendar calculations are carried out by the boy's unconscious mind and that there is, in his case, some peculiar mechanism by which the results can escape into his conscious mind. His ordinary arithmetical powers are poor, he is quite unable to work on paper anything but the simplest sums. He has tried to commit to memory the days on which Easter falls in future years.

Suggestions that he is able to sum up a mental picture of the calendar of each individual year may therefore be disregarded as he has not an abnormally powerful visional memory.

This case was mentioned to Dr. Earl of Caterham Mental Hospital when he visited Besford Court. The case study which he supplied to us is as follows :—

### **Dr. Earl's Study of this Case.**

He was seen on two occasions with an interval of two months.

At the first interview conversation was confined entirely to "dates." He was rather vague and absent in his general manner. He answered rapidly and entirely accurately the day of the week for any named date for 50 years back, and he gave the dates of any movable feast of the Church up to 1950. His reaction times were astoundingly quick, most answers were given in from two to five seconds, a few taking ten seconds, and one or two, twelve seconds. He was entirely confident and inclined to resent being doubted. It was impossible to discover the actual mechanism he employed.

To such questions as "How do you know?" he replied "Because—because it's three months after Christmas and Christmas is on a Tuesday that year." Asked "How do you get back so far," he replied "You do it—you do—you do it by fours." It was thought best not to press the question further. It is almost certain that he does not know himself how he does it, indeed his speed seems too great for any conscious process of calculation or mnemonic.

It was noteworthy that he suddenly broke off his conversation to ask abruptly "Is that a calendar?" On being told "Yes," he promptly trotted over and inspected the article—to relinquish it at once when he realised it was of a patent "date indicator" type and quite useless as an almanac.

It seems fairly certain that the dates have little or no chronological  
So



# THE BESFORD COURT HOSPITAL

---

or historical value for the boy; i.e., he knew the date and day of the commencement and ending of the Great War, but could not say against whom it was fought.

## PSYCHOMETRIC EXAMINATION.

### SUMMARY OF TEST RESULTS.

- (a) Applied by Miss E. Hewlett on March 1st, 1932. Subject's Life Age 13 years 5 months.

Stanford Revision .. Mental Age 8-11 years, I.Q. 67.

Porteous Maze .. Mental Age 10-8 years.

Drever's Scale .. .. Mental Age 10 years.

- (b)

Applied by myself on September 26th, 1932. Subject's Life Age, 13 years 11 months.

Kent-Koh Block Design :—

Upper Scale, Score 42 .. Mental Age 13

Lower „ „ 19 .. „ 8

Profile „ Nil .. „ 8

Drawing (Goodenough) .. .. „ 8

Whipple Healy Tapping Test .. „ 9

Kent Emergency Test .. .. „ 9

### COMMENT ON TEST RESULTS :—

He has a mild speech difficulty ; his words “ pour out in a tumbling rush.”

General knowledge is below the average for his mental age. Verbal rote memory is poor. Forward digit span — 4, reverse — 5. The discrepancy is probably due to failure of attention.

Visual ability is far above verbal. Visual memory is quite good, and the designs from Year 10 in the Terman-Binet were flawlessly reproduced. The Kent Koh block designs were rapidly and accurately built and only once did he encounter any real difficulty. The discrepancy between his upper and lower scale scores is due to an attempt at speeding on the latter—to which he responded by slowing down very markedly and becoming obviously uneasy.

His high ability, and obvious interest in drawing or building abstract designs contrasts remarkably with his poor attempts at tests involving the drawing or building of the human figure or the representation of everyday activity. His drawing of a man is of a type commonest amongst the unstable defective.

He has no special ability for mental arithmetic verbally applied, failing at quite simple money change. On the other hand, he counted, spontaneously and at lightning speed, the total number of blocks



## THE BESFORD COURT HOSPITAL

---

thrown down in the block design test, and also the total number of squares, 92, tapped in the two halves of the tapping test.

His emotional reaction is interesting. He is docile and polite, but his manner is vague and absent, and he shows little real interest in the proceedings. He retreats at once from any situation involving difficulty, wherefore the test results cannot be accepted as a true index of his potential intelligence; they are obviously largely influenced by emotional inhibition. For this reason too, his memory—apart from his special ability—cannot be adequately tested.

I can offer no adequate explanation for his amazing ability with dates. Tentatively, however, I would suggest the following:

- (1) He appears to learn his dates visually and is known to look at calendars and almanacs when the chance offers.
- (2) He probably does not employ actual calculation, but rather some form of association which he himself does not understand. As he is known to be strongly a "visualist," it is probable that the associative process (in so far as it is conscious at all) is in some way visual—which may in part account for his inability to explain it verbally.
- (3) His special interest in dates—which is symbolic rather than chronological—affords him a means of retreat from reality, and he obtains emotional satisfaction by withdrawal from his environment into a subjective process over which he has obtained a mastery.
- (4) If the above speculations are correct, it would be but natural for him to ruminate over dates a great deal, which would increase and enrich his field of associations.

The general type and distribution of his test abilities indicate High Grade Amentia with borderline intelligence and an emotional difficulty of schizoid type. The findings correspond fairly closely with those in two other cases of so called "Idiots Savants" of which I have records.

I am very grateful indeed for the privilege of examining so unusual a case.

C. J. C. EARL.

### II. The Case of G. H.

While we were encamped in Wales, one of our patients, G. H., caused us anxiety on account of his vivid and disturbing dreams, which affected his behaviour during the day. Dr. Heath, the Honorary



## THE BESFORD COURT HOSPITAL

---

Medical Officer of our Camp, made a careful study of G. H., and his analysis is as follows :—

### **G. H. Aged 18 years.**

This boy, who has been described elsewhere as a big, awkward, irresponsible child of the negative and devolutive type, has a Mental Ratio of 45, and his inertia and lack of concentration coupled with his low-grade intelligence make him impossible to teach.

In appearance is a smiling mass of inert humanity, with a bulky body suggesting pituitary obesity. In address, he is affable and loquacious, with an occasional gleam of infantile sagacity in his eye and a suggestion of shy humour which is not obviously part of his mental make-up.

He has suffered from nightmares for a long time, most of which conform to type, and contain a common machinery. These have, on many occasions, been followed by somnambulism and screaming.

He is most anxious to discuss both his life history and his dreams. His biographical details are nebulous and inaccurate. On the other hand, his dream experiences appear to be both vivid and clear and obviously more real and important than his life-history. Moreover, when recounting the latter, he describes incidents that could only have been dreams and when challenged looks puzzled, and admits that they probably were dreams after all, but he is obviously uncertain about it.

His dreams are always of violence and murder, contain a knife and bloodshed. I am told that he talks incessantly of murder. In the earlier dreams, the boy himself apparently was the murderer, but in more recent times, a "cat's paw" appears to have crept in, in the shape of the "gangster." The origin of this is obscure, but according to the answer to a leading question, the "gangster" may quite possibly have been culled from the cinema screen. That the dreams definitely colour his own estimated life history is shown interestingly in his talk about his father. In point of fact, his father is a labourer with irregular employment. In 1930, G. H. described him as a sheep-shearer. When I question him in 1932, he described him as a Scotland Yard Detective, whose job was to round-up gangsters and who told him as a boy all the details of the murder cases he had been involved in. It would appear, therefore, that his retrospective biography is a world of phantasy based on his dream life.

When I talked to him about his life before coming to Besford, he said he had lived in London, and was very fond of his mother and little sister, but hated his elder sister because she always groused



## THE BESFORD COURT HOSPITAL

---

at him. His father did not "take much notice" of him. When asked about his previous schooling, he said that when he was two years old, he was at an infant school, and an elder boy threw a black-board at the head of his lady teacher, and that her head was badly cut open, the blood gushed down all over her dress and that afterwards he was thrashed for it, although he was too small to have done it. When asked whether he had ever hit anybody in real life, he replied, "Yes, a girl with a cockney accent in London, who made fun of me in the street, so I hit her in the face." (His imitation of the girl's affected manner was a strangely creditable piece of acting.) When asked what subsequently happened, he said that he met the girl next day at the same place, and she said she forgave him and asked him to tea, after which they had a nice talk.

When he discusses the dreams he is much more definite. As a whole, they all contain a violent murder, usually with a knife, resulting in death and a pool of blood.

It is very significant that at first G. H. was the murderer, but of late the murders have been committed by gangsters, or ghosts, and that the boy, although often implicated in the blood and sometimes wounded, has been the saver of the situation.

It is unfortunate that an exact chronological arrangement of his dreams is impossible, but the following list of dreams is arranged as far as possible from remote to recent:—

### DREAMS.

- (1) "I woke up in the middle of the night and took a revolver that I found under my father's pillow and I shot him dead. Then my mother woke me."
- (2) "In the middle of the night I walked into my elder sister's room, and began strangling her, but then I woke up and was frightened at what I had done."
- (3) "I was 'walking out' (*sic*) with mother down the street when two men rushed out over some palings and cut off both her legs with a carving knife."

(A variant of this occurred when on one occasion he approached the Besford authorities with tears in his eyes and informed them that his mother had lost both her legs in an accident.)

I asked him if he loved his mother very much and he said, "Yes, but she is too old to be of much good now." I asked him whether she ever appeared in his recent dreams and he replied, "No."

It is interesting to note that having rid himself of his father



## THE BESFORD COURT HOSPITAL

---

and sister, he "walked out" with his mother. This suggests an Oedipus complex. If this is so, the suggestion of the loss of his mother's legs may conceivably be a means of anchoring her, or, more probably, of making her sexually more accessible.

(Two recent dreams appear typical of many others and by now the gangsters appear as agents.)

- (4) "I was sitting on a seat in the park with a servant girl having a nice talk, when the gangsters appeared and shot the girl in the chest, and she fell in a pool of blood. The detectives appeared and they, with my help and that of an old man, drove the gangsters off and the old man was wounded in the arm. I helped to lift her into a car and we drove her to her home and placed her on the bed in the dark. She was not killed, and in the middle of the night she came round, and then, in the light, I saw her husband stretched out beside her and he was holding her chin."
- (5) "I was going for a walk with Sister — and we came to a haunted house, full of ghosts. The ghosts stabbed Sister with a knife and she fell down in a pool of blood and then I was stabbed and lay in the blood. Then lots of other boys came with women and they were all stabbed and lay in pools of blood."

This last dream occurred recently in Camp and caused him to wander down to the beach in the dark. He then walked back into Camp and went to sleep again. When asked to give an account of his actions, he said he went down to the beach to get away from his dream.

Although he recites the dreams complacently enough, he appears to have some hazy knowledge of his tendencies and to be afraid of them. Two years ago, after one of his murder dreams, he said to the Chief Disciplinarian, "Ever since that night I have been so afraid because my brain is bad, that I will murder someone in my sleep. There is always a knife and murder in my dreams."

Dreams No. 4 and 5 are typical of many others and recent ones. He is with a girl—the girl is murdered usually with a knife, but sometimes with a revolver. There is a pool of blood. Often he shares her fate, but usually leads the rescue party which drives off the murderous and masked gangsters. In only one of the recent dreams recorded did he witness the murder of a man, and the motive of that outrage seems to have been robbery.

In attempting to draw any inference from these dreams, it should be noted that when awake he is subject to fits of uncontrollable temper and is distinctly a-social.



## THE BESFORD COURT HOSPITAL

---

If we now examine the material out of which these dreams are made, it would appear that they are definitely sadistic. If we admit this, it is interesting that, as the boy grows older, his mother disappears from his dreams. Girls appear, and at that point he ceases to be the murderer himself. It is therefore probable that as time went on he began to realise subconsciously his deficiencies and disabilities, and his dreams depict a sort of transferred sadism, the transference being made on to the desperadoes, who possess all the intellectual cunning and mental and physical agility that is lacking in himself.

As a dream compensation, he often becomes the saver of the situation. The frustration of the criminal shows him that their attributes are really undesirable. He is thus able to express his subconscious sadism in spite of his disabilities and to compensate for these by assuming the role of hero and demonstrating the undesirability of what he lacks.

There is no evidence that he has shown any active sexual propensities in his life, and I can get no history of nocturnal emissions, although his sexual development is not far below normal. On the other hand, I am told that he shows himself to be sex-conscious in the presence of young women. A rather sinister proof of the sadistic tendency is given by the fact that recently he has been reported to have threatened a servant in the kitchen with a knife.

In planning the boy's future these things should be given very serious consideration.

In the past he has not been a source of danger to other people on account of his mental inertia and negativism. But there is surely a possibility that now he has attained puberty and has become sex-conscious, the subconscious transferred sadism might suddenly become conscious and kinetic.

### II. Supplementary Note by Dr. Smyth.

Dr. Smyth, the Honorary Mental Analyst of Besford Court, having read Dr. Heath's contribution, has added the following notes :—

Dr. Heath's brilliant analysis of G. H. is of great interest, and reveals the remarkable insight that he has obtained into the workings of the boy's mind.

It is unfortunate that this diagnostic material cannot be used for therapeutic purposes. G. H.'s mental equipment is of the poorest, and he is quite incapable of benefitting by the application of the facts of Dr. Heath's thesis.



## THE BESFORD COURT HOSPITAL

---

But while we deplore this inability on his part, we can, at any rate, appreciate that such a lowly evolved mind renders less onerous the task of investigation.

The poverty of the mental resources under examination renders easier an analysis, the difficulties of which would, under other circumstances, be greatly enhanced. The depths are laid bare as though by a psychical denudation, and a valuable view obtained of mental depths not often so easily accessible. Of this fact, Dr. Heath takes full advantage, and his findings reveal the truth of some of the teaching of the Psycho-analytical School.

The practical point of the boy's future, and his potential danger to the community is raised by Dr. Heath. Will these unconscious mechanisms proceed to conscious manifestations?

In more normally minded persons, the curb of conventions and the influence of environment prevent such commonly experienced sadistic tendencies from becoming conscious without undergoing change. Sublimation leads to an outlet within the limits of safety for the community and of sanity for the individual.

But the boy in question is not able to benefit in a normal manner by the assistance afforded by the pressure of public opinion, and his powers of sublimation, probably never great, seem to be insufficient for his problem.

The safety of those around him may be involved in this boy's future conduct, and Dr. Heath sounds a caveat. But, should the opportunity of watching the further process of G. H.'s fight against the foes within him be granted us, it will doubtless prove a matter of absorbing interest.

If Dr. Heath can give a further report after next year's Camp, we shall look forward to it with a pleasure heightened by the interest his present analysis has afforded us.



## THE BESFORD COURT HOSPITAL

---

A detailed report, covering each year of the period now under review, has been duly presented to the Board of Managers and, after adoption, forwarded to the Board of Education. It is not proposed to repeat the details in this more general report. It is sufficient to note that on April 1st, 1929, there were one hundred and ninety-two boys in the Institution, and on April 1st, 1932, there were three hundred and sixty-two.

The additional accommodation was provided at a very small cost per bed, and the greater number has enabled the Resident Manager, by allowing the overhead expenses to be spread more extensively, to reduce very considerably the annual deficit. For nearly the whole period of the two years, the Resident Manager has been assisted by his distinguished colleague, the Reverend Dr. Elrington, O.P. In addition to the ordinary psychological work that he has carried out, Dr. Elrington has made a profound study of our records with a view to ascertaining "the influences, if there be any, of home condition and heredity on mental defect in general and on character traits and abilities of individual boys in particular." Rather than incorporate this in the Report as one of its sections, it has been thought better to add it separately as an appendix.

I have to thank Heads of Department and, through them, the members of their respective staffs, for the loyal way in which they have always adopted my plans and made them their own and the efficient way in which they have carried them out. To them principally is due the extraordinary developments which have taken place not only in buildings, but in the perfection of the organisation during the two years; especially also must we thank the Reverend Mother, and the Sisters, who have been with us since the beginning, and who, with such extraordinary patience, skill, and success, manage the Junior Department.

My thanks are also due to our Medical Officers for their skill and unremitting care and vigilance, and to those many eminent specialists who have helped in so many ways to set right what has been wrong in individual cases.

Much, unfortunately, has had to be omitted from this Report. Our records on each individual case are becoming voluminous and offer not only to us, but also to the psychologists who study them,



## THE BESFORD COURT HOSPITAL

---

human documents of extraordinary interest from which much can be learnt.

It only remains now Mr. Chairman and Gentlemen, for me to offer you my thanks for the support that you have always given to us in this work and for your valuable advice on any matter of difficulty which has been offered to you for your consideration.

I have the honour to be,

Yours faithfully,

*W. A. Newcome.*

*Administrator and Resident Manager.*

*At a meeting of the Board of Managers, held at Besford Court on the twelfth day of December, 1932, it was moved from the chair and carried unanimously—*

*“That the Resident Manager’s Reports be adopted and presented to His Grace The Archbishop of Birmingham.”*





Plumbers with their bench in the open air.



## Appendix.

### Board of Control Reports.

Reports received from the Board of Control of statutory visits paid during the period covered by this Report:—

#### BESFORD COURT.

*8th and 9th April, 1930.*

I have spent the whole of the 8th April in a visit to the Besford Court Institution, all parts of which I have seen, and have been accompanied by Monsignor Newsome, who has given me all the help and information necessary. On the second day I spent the morning at St. Joseph's, Sambourne, in the company of the Mother Superior and of Mr. McGovern, Monsignor Newsome being unable to be present.

The number of patients in the two Institutions is 234 to-day, of whom 81 (all under 13) attend school and live at St. Joseph's, 131 are in Besford Court itself, and 22 reside in one or other of the two Hostels. Two of the boys from the Court are boarded out, one at the farm, and one with one of the instructors. One patient is on long leave.

There are 83 patients dealt with under the Mental Deficiency Act, two only being under the age of sixteen. The number of admissions since the last visit is 27, and 6 patients have left the Institution during the same period.

The general activities and aims of this interesting Institution were fully described by Dr. Adamson after his visit nearly a year ago, and there is no necessity to describe them again beyond saying that a serious attempt is being made to prepare higher grade defective youths to take a satisfactory place in some of the skilled building trades. The results of the attempts are being watched with much interest and sympathy.

The open-air dormitory, which was in course of instruction a year ago, was completed soon after Dr. Adamson's visit. The results to health were regarded as so considerable and the boys appreciated the fresh air to such an extent, that it was decided to erect three more dormitories of the same kind. One of these is already in use, another is nearly ready for use, and the fourth will be begun as soon as the third is finished.



## THE BESFORD COURT HOSPITAL

---

Each is a long wooden structure open at both sides from end to end, the roof overhanging the raised floor, on which the beds are placed in two rows, by about 6 feet on each side. Canvas curtains on runners can be drawn along both sides to prevent rain reaching the beds, but above the curtain is an open space reaching to the roof about 4 or 5 feet above the curtain pole, allowing for free circulation of air. At one end are two bedrooms for staff, and at the other, an earth closet and room for cloaks, etc. When completed, each dormitory will take about 50 beds, which will allow of a considerable increase in the number of patients. The vacation of the indoor dormitories allow the rooms to be used as workrooms and recreation rooms, including a good gymnasium which is nearly ready for use. It is proposed to build a lavatory and bathrooms on the flat roof alongside the new gymnasium, from which a staircase will be necessary to provide a second means of exit. I understand that the walls of the kitchen below this flat roof are sufficiently strongly built to bear the addition of a room above.

The new workshops are progressing and will form a beautiful, as well as useful, addition to the Institution. Work on them has been delayed by the erection of the new open-air dormitories.

Another important alteration being carried out is the erection of new outside lavatories near the eastern end of the building. When completed, the present lavatories will be removed and the concreted yard will be enlarged to double its present size.

I have, I believe, seen all the boys and have talked with a number of them. The general health judged by the records and by the boys' healthy appearance is, and has been, excellent. Two of the Besford boys were in the hospital, one convalescent from appendicitis, and the other with an attack of shingles.

I saw a very good dinner served of meat, vegetables and pudding. The dietary arrangements show the same care which is evident in the other departments of the Institution. A fresh diet sheet is drawn up each week, a calculation being made of the amount of proteins, carbohydrates and fats, and their calories contents for each day. These vary to some extent, but the general average is well up to that required by a man doing fairly heavy work.

During my visit to St. Joseph's, I saw all the children in school with the exception of two, who were in bed with slight attack of tonsillitis.

The premises were in excellent order though somewhat upset by the building of a new refectory and dormitory.



## THE BESFORD COURT HOSPITAL

---

The children are all of high grade, capable of learning 3 R. work, the teaching being based on Montessori methods. I was particularly interested in seeing some new apparatus which has been brought from Belgium, its objects being to increase and simplify the training of the senses. The children seemed very happy and contented and to enjoy their work.

S. E. GILL,  
*Inspector, Board of Control.*

11th June, 1931.

The four open-air dormitories at Besford Court have now been completed. Each of the dormitories has a capacity for about fifty beds and these are now occupied. The erection of these dormitories has made available for other purposes a number of rooms in the main buildings, and these have been distributed as follows :—

1. One of the dormitories has been provided with a wooden floor and is now a fully equipped gymnasium.
2. The large dormitory is a library and an assembly room for "Parliaments," and is also used during school hours for classes.
3. The ballroom is used on Sundays as a chapel, and on other days for boxing tournaments, displays, dances, etc.
4. A smaller dormitory adjoining has become a Light Therapy room and is now fully equipped with U.V.R. and I.R. lamps.

Other extensions and improvements effected since the last visit are as following :—

1. The refectory accommodation has been extended by taking down the partition wall between the larger refectory and the adjoining class room and also that between the class room and the old library. The furniture of the refectory is substantial, hygienic and artistic.
2. The old cellars beneath the Court have been fitted with an oil fire oven and are now a fully equipped bake house and bread and flour store rooms.
3. The old gymnasium has been provided with two billiard tables, one full size and the other half size, for the use of the Senior boys.



## THE BESFORD COURT HOSPITAL

---

4. The old sanitary block has been demolished and has been replaced by two new blocks fitted on most modern principles with squat seats for the W.C.'s immediate delivery, communicating cisterns and there are in all twenty seats.
5. A very large area has been laid with concrete and added to the old playground. Ornamental stone seats have also been provided in this playground.

On the Sambourne Estate two cottages have been united and made into a No. 3 Hostel. The Senior boys are sent there under the Hostel Master for periods of three or four months at a time. Their work consists of the maintenance of the Estate at Sambourne.

Since the last visit forty-two patients have been admitted and four have been discharged. The total number of residents at present is two hundred and seventy. The erection of the new dormitories has made it possible to admit many more patients to this Colony, and I understand the Committee will, at an early date, apply to the Board for a modification of the Certificate so as to allow for the reception of a considerably larger number of patients.

The experiment, many features of which may be regarded as quite novel in this country, of training lads in the skilled trades is being pursued with the greatest keenness and enthusiasm. In some respects this work can be said to have now passed beyond the experimental stage, because it has been shown that numbers of the lads have been able to acquire considerable skill in the various trades, and a few who have left the Colony have been able to hold their own in the open industrial market.

At present, a number of lads are engaged in building a new house for one of the staff. The conditions of work are made to approximate as nearly as possible those found generally in the building trade. The most recent extensions of the practical activities of the Colony are those of the blacksmith and wood-carving shops.

The most assuring feature of the work at this Colony is the emphasis placed upon intensive case study. Amidst all its varied activities, the patient occupies the centre of the field. Much time and effort is spent in the study of each lad's capacities and limitations, and careful thought is given to the methods of training best suited to meet his individual needs. The special features of each case are studied by experts and all this information is co-ordinated and applied to solve the practical problems of his life and conduct.



## THE BESFORD COURT HOSPITAL

---

The general health of the lads is good and no epidemics have occurred during the last winter. The newly fitted gymnasium will doubtless enable a still higher standard of physical fitness to be attained and maintained. The good health of these lads is to be attributed to a great extent to the nutritious and varied dietary which is carefully prepared upon a scientific basis.

E. O. LEWIS,  
*A Commissioner of the Board of Control.*







In the Smithy. All rural handicrafters take a six month's course, but specialists remain there.



# THE BESFORD COURT HOSPITAL

---

## A STUDY OF THE RELATIONS BETWEEN THE FAMILY HISTORIES, HOMES, EDUCATIONAL CAPACITY, MANUAL ABILITY AND GENERAL CHARACTER, IN TWO GROUPS OF MENTALLY DEFECTIVE BOYS.

By G. A. ELRINGTON, D.Sc.

### ❶. Introduction.

A mass of detail concerning the points mentioned above has been steadily accumulating in the files of the Case Studies of the boys admitted to Besford Court and to Sambourne.

It seemed to the writer of this note that an analysis on statistical lines might yield some facts of general interest showing the distribution of these data and the influence, if there be any, of home conditions and heredity on mental defect in general and on character traits and abilities of individual boys in particular.

### ❷. Material.

The material on which this study is based consists of one hundred and eleven cases (111) from the Junior Department at Sambourne and two hundred and two (202) from the Senior Department at Besford Court.

Owing to the differences in the age and environment of the boys in these two Departments it was thought better to examine the relative data separately.

### ❸. Method.

The preliminary step towards this study was the preparation of a chart on which the essential data could be recorded in such a way as to make them readily comprehensible.

The chart shows actual age of each boy and date of admission ; his mental ratio ; heredity, environment whence he came, and details concerning physique, educational ability, and character traits summed under the heading Personality.

We were unable to make a statistical survey of physical conditions, since these are subject to much variation and change. They might form the subject of a separate enquiry.

Having got the necessary data into a convenient form for inspection, our first enquiry concerned the kind of homes from which the boys come.



## THE BESFORD COURT HOSPITAL

---

These were graded as follows :—

- A. Good.
- B. Fair to medium.
- C. Poor—respectable.
- D. Bad.
- E. No homes.
- F. No records furnished.

Our next step consisted in arranging the boys in three groups according to the estimated quality of their educational capacities and general character and behaviour, denoting each group by the sign + ; + — ; —.

In the group + (education) we have placed those boys considered to be making good progress and to show attention and concentration according to their capacity.

The + — group contains those who are of medium ability and rate of progress ; whilst the — group consists of boys who are decidedly below the others in educational ability.

With regard to character traits, three groups were again formed and indicated by +, + —, — signs.

+ Boys are those who may be described as stable. They are, or at least show promise of becoming, socially efficient, well behaved, with a sense of responsibility and discipline.

+— Boys include those who may be described as negatively stable. They are for the most part inclined to be lethargic with little initiative, often docile in a passive way. They may be good workers but lack energy and foresight.

— This group includes those boys who are unstable, emotional, excitable, inclined to be unruly, destructive of property, untidy and generally difficult to deal with.

A certain number of the latter give indication of future promise. The instability is a phase in their development which in time may be overcome. Others, on the contrary, are to be considered as definitely unstable.

These gradings, of course, are only approximations and one meets intermediaries which are not easy to place with assurance in the category to which they are actually assigned, but on the whole the grading is fairly in accordance with the reports recorded in the Case Papers.

The grading of the boys of the Besford group according to their manual abilities and character will be dealt with presently, as further



# THE BESFORD COURT HOSPITAL

---

sub-divisions have been introduced. We are indebted to the Chief Instructor, Mr. O'Neil, for this information.

After having graded the cases under consideration with regard to homes, education and character, tables were constructed showing the relative associations.

We next turned our attention to the examination of family histories to ascertain in the first place how many of such histories have been obtained and, secondly, in how many of these there was ascertainment of mental deficiency, insanity, alcoholism or epilepsy.

The educational capacity and character traits of boys coming from such "tainted" families were then arranged in a table.

Tables were also compiled showing the relative association between

- |   |                  |
|---|------------------|
| A. Homes and education.   | Sambourne Group. |
| B. Homes and character.   | " "              |
| C. Education and character.   | " "              |
| D. Distribution of "tainted" families in regard to the quality of the home. |                  |
| E. Education and character in a group of boys from "tainted" families.      |                  |

FOR THE BESFORD GROUP, we have drawn up tables showing—

- |  |
|--|
| F. Different kinds of homes.   |
| G. Homes and character.  |
| H. Grading in manual ability.  |
| I. Association between this grading and the grading according to report from the School. |
| J. Association of education and character in boys from "tainted" families.               |
| K. Distribution of "tainted" families, in regard to homes.                               |
| L. Summary of details of morbid heredity in the two groups.                              |

## Group I.—Sambourne.

RESULTS : TABLE A.—HOMES AND EDUCATION.

Taking the Sambourne group of 111 cases first. Table A shows the relation between homes and educational ability.

It will be seen that the good homes (A) prevail and provide also the large number of boys graded as + in regard to education.

The sign O in this and the following tables indicate no record available.



# THE BESFORD COURT HOSPITAL

TABLE A.

		<i>Education.</i>				
		+	±	—	O	
<i>Homes :</i>						
Good	A	12	8	10	1	31
Fair	B	4	9	6	1	20
Poor	C	4	5	5		14
Bad	D	3	3	1	1	8
No Homes	E	1	2	4		7
No Reco ds	F	15	9	4	3	31
Totals		39	36	30	6	111

TABLE B.—HOMES AND CHARACTER.

From this table we find that the larger proportion—59 cases in all—are graded as +, among which 11 are from A homes, 7 from D homes of which there is a total only of 8.

TABLE B.

		<i>Character.</i>				
		+	±	—	O	
<i>Homes :</i>						
Good	A	11	11	8	1	31
Fair	B	10	2	7	1	20
Poor	C	9	4	1		14
Bad	D	7	1	0		8
No Homes	E	1	2	4		7
No Records	F	21	6	3	1	31
Totals		59	26	23	3	111



# THE BESFORD COURT HOSPITAL

TABLE C.—EDUCATION AND CHARACTER.

It will seem here that there is a general correspondence between superiority in educational ability and general character, although a small number—8 in all—graded as — in education are rated as + in regard to character, but on the whole the lower ability in education is associated with a lower grade in character.

<i>Education</i>	TABLE C. <i>Character</i>				Total
	+	±	—	O	
+	29	7	5		41
±	21	9	6		36
—	8	10	11		29
O	1		1	3	5
	59	26	23	3	111 Total

TABLE D.—HEREDITY.

With regard to the incidence of mental defect and/or insanity, alcoholism or epilepsy in the family histories, it was found that out of 111 cases, 59 family histories had been obtained, among which 29 show morbid heredity.

Among these cases mental defect or dullness in parents occurs in 14 cases, in 5 of which both parents are dull or defective.

Alcoholism is met with in 5 cases either of father or mother.

Distribution of these "tainted families" with regard to the quality of the home:—

<i>Homes</i>	TABLE D.					
	A	B	C	D	E	F
	31	20	14	8	7	31 :—111
<i>Tainted Families</i>	3	7	4	5	5	6 :—30

*Note.*—In this table one home was counted twice as it contained two boys, both at Sambourne.



# THE BESFORD COURT HOSPITAL

From the above it will be seen that of a total of 8 D homes in 111 cases, 5 belong to families affected in some degree with mental disorder or alcoholism. Also among those boys recorded as having no homes, who have been brought up under guardians, etc., 5 come from tainted families.

TABLE E.

Represents the relation subsisting between the educational abilities and character of 30 boys coming from "tainted" families. With regard to educational ability, we find that the greater number are centred round the  $\pm$  and — grades. To six only is the + grade assigned.

But with regard to character the majority are graded as +, the total being 17 out of 30—more than half, only 7 being graded as —.

<i>Education</i>	<i>Character</i>				Totals
	+	$\pm$	—	O	
+	4	1	1		6
$\pm$	9	1	2		12
—	3	3	3		9
O	1		1	1	3
Totals	17	5	7	1	30

TABLE E.

Further details regarding these families will be found at the end of this paper.

## Group II.—Besford.

The different kinds of homes in this group are distributed as follows :—

A	B	C	D	E	F	Total
43	36	21	39	16	47	202



# THE BESFORD COURT HOSPITAL

TABLE F.

Again, it will be seen that the majority of boys come from homes which are good or medium. Thirty-nine have bad homes.

The character grading of boys from these different classes of home is shown in Table G. From this table it will be seen that a larger number of boys are grouped in the + — class—81 in all, 57 are graded as + and 60 as — ; only 1 — —.

When we consider the character gradings in association with homes it is seen that out of the 43 A homes, there are only 4 + boys, 22 + —, 17 —, whilst from the total of 39 D homes we get 14 +, 16 + —, and 9 — boys.

The distribution of character gradings is fairly even among the 16 boys who are stated as having no homes.

TABLE G.—HOMES AND CHARACTER.

<i>Homes</i>	<i>Character</i>				<i>O</i>		<i>Total Homes</i>
	+	±	—				
A	4	22	17			43	
B	13	10	12		1	36	
C	6	7	7	1		21	
D	14	16	9			39	
E	5	6	5			16	
F	15	20	10		2	47	
Char- acter	57	81	60	1	3	202	Total

TABLE G.

## GRADING FOR MANUAL ABILITY AND INDUSTRY.

In the following table the grades are divided in seven classes, in which the sign + signifies average intelligence ; no problem arising as far as the subject's intelligence is concerned.

- (1) + + + Very efficient ; most satisfactory.
- (2) + + Indicates a successful case of average working ability.
- (3) + + — Intelligent but inclined to be lazy.



# THE BESFORD COURT HOSPITAL

- (4) + — Satisfactory as far as intelligence is concerned, but of a lazy idle type (—).  
 (5) + — — Extremely lazy but intelligent ; a slacker.  
 (6) — + Indicate intelligence of a low order but a willing, energetic worker.  
 (7) — — An altogether hopeless case from the standpoint of manual trades.

From the total of 202 cases under consideration 22 have been eliminated for reason of discharge or decease during the past year. This leaves a total of 180 cases. These are distributed as follows :—

Grade	+++	++	++—	+—	+ - -	— +	— —
	2	83	5	47	10	13	20

TABLE H.

This group, which for present purposes has been taken as homogeneous, contains, however, 46 boys below sixteen years of age. In order, therefore, to see how these compare with the senior boys in regard to manual ability, a separate table of gradings was compiled in which the junior group may be compared with the senior group.

	+++	++	++—	+—	+ - -	— +	— —
Under 16	0	20	2	14	5	2	3
Over 16	2	63	3	33	5	11	17
Totals	2	83	5	47	10	13	20

In Table I we shall see the corresponding values for character derived from the reports in the Home. Of the total 85 + + +, + + 55 are graded as + in regard to character. Among the — — group 11 are graded + — and 8 — for character.

The total character gradings for the 180 cases are distributed as follows :—

Character	+	+—	—	O	No Record
	55	73	48	4	= 180



# THE BESFORD COURT HOSPITAL

<i>Manual Ability.</i>	<i>Character.</i>				
	+	+—	—	O	
+ + +	2	0	0		2
+ +	40	28	13	2	83
+ + —		3	2		5
+ —	8	23	15	1	47
+ — —	4	2	4		10
— +	1	6	6		13
— —	0	11	8	1	20

TABLE I.                      55        73        48        4        180

## Besford Cases.

### FAMILY HISTORIES.

A total of 79 family histories were obtained, out of which 44 (i.e., 55.7 per cent.) presented cases of mental disorder.\*

*Mental Deficiency* was found in 18 cases, among which there were 3 cases of fathers only; in eight cases the mother was defective, and in 5 cases siblings, and finally 2 cases among relatives. In no cases are both parents defective.

*Alcoholism* is reported in 8 cases, of which in 7 the father alone is reported as alcoholic and in one case both parents.

*Insanity.*—Details concerning the nature and duration of the insanity are not forthcoming. Statements to the effect that the father, mother, an uncle or an aunt are said to have died in an asylum is about all the information given.

The chief point to be noted is that, out of 79 family histories investigated only 18 give evidence of mental deficiency.

In the following table we have set forth the association between education and character in the group of boys coming from these 44 families.

\* The details of these families are given at the end of this paper.



# THE BESFORD COURT HOSPITAL

		Character			
		+	+—	—	
Education	+	5	1	1	7
	+—	6	5	7	18
	—	5	8	6	19

TABLE J. Totals 16 14 14 44

Out of 39 D or bad homes, it will be seen that 16 are provided by families which have some taint of mental disorder, and from the case histories it appears that these families are on the whole more afflicted than those which are able to provide the A or B quality of home. The differences, however, are frequently slight and no general conclusion can be drawn from the data.

In regard to the quality of the homes in this group they are found to be distributed as follows :—

A	B	C	D	E	F
5	8	7	16	3	5

## Summary of Family Histories with Morbid Heredity.

### *Sambourne Group.*

1. Mother mentally deficient. 2. Father and mother mentally deficient; father's uncle insane, manic depressive. 3. Mother reputed alcoholic. 4. Father reported insane, paternal grandmother in mental hospital. 5. Mother mentally deficient (low mentality), epileptic, has two sisters epileptic, alcoholism suspected. 6. Mother epileptic. 7. Father dull. 8. Mother nervous, neuropathic family history. 9. Father and mother suspected alcoholism. 10. Father dull. 11. Father road-sweeper, his brother died in an asylum, maternal grandmother alcoholic. 12. Father and mother both dull but not certified defectives. 13. Mother became insane when boy was two years old, is in mental hospital. 14. Father probably defective; mother defective, said to be cretinous, two boys defective. 15. Father alcoholic. 16. Father mentally deficient. 17. Mother mentally deficient. 18. Paternal uncle in an asylum, mother alcoholic



## THE BESFORD COURT HOSPITAL

---

—died of drink. 19. Mother alcoholic, father commercial traveller ; three defective sons. 20. Paternal grandmother died in an asylum ; mother's family nervy, parents intelligent. 21. Father and mother mentally deficient, ; mother has two brothers imbecile. 22. Father alcoholic ; father's sister in mental hospital. 23. Mother certified mentally defective. 24. Mother certified mentally defective. 25. Father and mother reported defective. 26. Father's sister epileptic. 27. Paternal uncle reported mentally defective vicious paternal grandfather alcoholic. 28. Mother and mother's sister in mental hospital. 29. Mother nervous.

\*14. This family has been counted twice in the other tables as there are two boys in the Institution.

### *Besford Group.*

1. Sister epileptic. 2. Brother idiot ; sister defective, very troublesome ; no information concerning parents. 3. General family history of acquired insanity. 4. Mother subnormal intelligence. 5. Psychopathic family history. 6. Family history mental defect and insanity ; paternal grandparents normal, maternal grandmother died in an asylum ; two paternal uncles mentally defective, another alcoholic and married to normal woman whose sister had fits, son mentally defective, nervous, chronic enuresis. 7. Father agricultural engineer, mother mentally defective ; four children, two girls defective, one boy imbecile, and one boy mentally defective. 8. Father alcoholic ; mother died of meningitis when boy was three years old. 9. Father died in an asylum. 10. Mother in an asylum, psychopathic antecedents, father a hawker. 11. Paternal uncle in mental home. 12. History of acquired insanity and epilepsy. 13. Father probably defective, alcoholic ; paternal uncle illiterate ; paternal aunt prostitute. 14. Father and mother alcoholic. 15. Mother certified mental defective. 16. Father formerly in an asylum, discharged not cured ; alcoholic, vindictive towards boy. 17. Mother poor intelligence, now in institution, has a feeble-minded sister ; father said to be alcoholic. 18. Mother died in an asylum ; has two brothers epileptic ; one other son in the army became insane—committed suicide. 19. Mother neurasthenic ; has an uncle insane. 20. Mother died in an asylum. 21. Mother pauper inmate of institution. 22. Mother reported defective as also her brothers. 23. Mother in an asylum during pregnancy. 24. Father dull, shift. 25. Father a hawker ; drunken, dissolute. 26. Three children defective ; parents dead ; no records ; thirteen in family—nine living, looked after by eldest daughter, mother of an illegitimate child. 27. Father skilled workman but alcoholic—



## THE BESFORD COURT HOSPITAL

---

deserted wife. 28. Suspected alcoholism; father farm labourer; three children defective. 29. Three children attending Red Cross Special School for Mental Defectives. 30. Mother in mental hospital, reported insane. 31. Father died in an asylum; mother mentally defective; maternal grandmother died in an asylum. 32. Father excitable; mother cinema actress, very unstable, drug addict; maternal grandfather alcoholic. 33. Maternal aunt epileptic and consumptive. 34. Father alcoholic, not quite normal. 35. Mother's uncle epileptic; died in an asylum. 36. Reported insanity in family; no details given. 37. Maternal grandfather died in an asylum. 38. Maternal uncle in home for mental defectives. 39. Father said to be in mental hospital—religious mania. 40. Maternal great grandfather suicide—financial worry; maternal great-aunt epileptic; aunt neurotic depressed; mother delicate, nervy; father a 'bus driver. 41. Father and grandfather alcoholic. 42. Maternal uncle an epileptic idiot. 43. Mother mentally defective. 44. Father probably defective; a labourer.

### Summary.

In the absence of similar data from other sources the points brought to light by the present investigations will be applicable only to the special groups we have studied.

It would appear from the various tables of associated qualities that the general level of educational capacity, manual ability and character is satisfactory and full of promise for the future careers of many cases.

In both groups it will be seen that the greater number of boys are placed on the "plus" rather than on the "minus" side in respect of their various qualities.

A study of Table H (Besford group) shows that among the boys under sixteen years some 75 per cent. show good intelligence for manual trades and though all are not equally industrious, at least 44 per cent. are very satisfactory workers.

A similar proportion is observed among the boys over sixteen years. Here it is found that about 75 per cent. are intelligent workers and 47 per cent. are also industrious and energetic.

In the group taken as a whole not more than 11 per cent. are considered as being at present hopeless cases from the standpoint of manual trades.

In regard to the family histories it was found that the proportion of boys coming from families in which no mental defect or other



## THE BESFORD COURT HOSPITAL

---

mental disorder is recorded was slightly smaller than the number in which there is some degree of either mental defect or insanity. The actual number of mentally defective parents is, however, on the whole, small, for out of a total of 138 histories we found only thirty-two families in which one or other parent or in a few cases, both parents were said to be dull or defective.

With regard to the homes, the majority of the boys in each group come from good to poor, but respectable homes, the definitely bad homes being in the minority, whilst many of the boys coming from the latter have turned out to be quite satisfactory.

These facts lend support to the conclusion reached after lengthy investigations by the American Authority, Dr. Stanley P. Davies, that there is a special type of mentally deficient. "Many of this type come from homes of the better sort and have parents who are of average or high intelligence, and are otherwise mentally normal. Careful investigations of the family history discloses no trace of hereditary taint. Very many of this type are quite obedient and affectionate, capable of instruction and kept at home without great difficulty."

The writer also quotes the late Dr. Fernald to the effect that fully half of all cases of mental deficiency are of the non-hereditary type. (*The Social Control of the Mentally Deficient*, 1930, page 158.)



# BESFORD COURT MENTAL

## Dr. STATEMENT OF INCOME AND EXPENDITURE

EXPENDITURE.		£	s.	d.	£	s.	d.
TO MEDICAL SERVICE—							
Medical Officers, Dentist, Nurses, Record Clerks		1,212	12	6			
Dispensary, Surgery, Infirmary, Ambulance ...		736	12	9			
Seaside Camp (Six Weeks—Travelling, Additional Maintenance, Renewals of Equipment, Rent, Rates and General Expenses) ...		1,153	13	3			
					3,102	18	6
„ EDUCATIONAL SERVICE—							
Salaries of Resident Masters and Mistresses, including Psychiatric Staff and Prefects ...		1,138	13	5			
Salaries of Staff of Manual Training Instructors, without Maintenance ...		1,994	6	1			
Chaplains' Honoraria ...		223	8	6			
Books, Stationery, Apparatus, Tools and other Materials for purposes of Instruction ...		825	11	8			
Superannuation—Employer's Contribution ...		76	8	0			
					4,258	7	8
„ MAINTENANCE SERVICE—							
Wages of Domestic Staff ...		1,122	19	10			
Board of Patients and Resident Staff ...		8,766	14	1			
Clothing for Scholars ...		1,778	18	2			
Laundry Expenses ...		1,141	14	5			
Lighting, Heating, Water and Fuel for Cooking		1,984	5	11			
Maintenance and Upkeep of Grounds ...		599	13	6			
Maintenance and Upkeep of Buildings and Machinery ...		869	1	5			
Maintenance and Upkeep of Equipment ...		1,543	3	7			
New Equipment ...		1,294	14	1			
Extensions and Alterations to Premises ...		873	7	7			
Rent, Rates and Insurance ...		645	12	6			
Sundry Maintenance Expenses, including Travelling ...		720	8	1			
					21,340	13	2
„ FINANCE AND CLERICAL SERVICE—							
Salaries of Clerical, Buying and Accountancy Staff, Auditor's Fees for Continuous Audit ...		440	7	6			
Printing, Postages, Office Expenses, Telephone, Telegrams ...		498	17	5			
Bank Charges ...		208	4	5			
Loan Charges ...		67	12	3			
Sundries ...		109	7	3			
					1,324	8	10
					£30,026	8	2

I certify that I have examined the above Statement, together with the Books,  
PERSHORE, WORCESTERSHIRE,

17th June, 1931.

Adopted by The Board of Managers at their annual meeting held at Besford



# WELFARE HOSPITAL

FOR THE YEAR ENDED 31ST MARCH, 1931.

Cr.

INCOME.					£	s.	d.	£	s.	d.
By CONTRIBUTIONS FROM PUBLIC AUTHORITIES IN RESPECT OF PARTIAL MAINTENANCE OF CASES—										
Local Education Committees	...	...	...	...	12,408	17	10			
Local Mental Deficiency Committees	...	...	...	...	7,828	11	0			
Public Assistance Committees	...	...	...	...	2,595	5	8			
Other Sources	...	...	...	...	145	0	3			
								22,977	14	9
„ Grant from Board of Education towards cost of educating Private Cases	...	...	...	...	310	0	0			
„ Grant from Home Office towards cost of maintaining and educating Problem Cases	...	...	...	...	596	8	7			
„ Grant from Home Office towards Improvements	...	...	...	...	30	0	0			
„ Per The Administrator—										
Maintenance of other Patients in Home	...	...	...	...	891	1	0			
Collected from Subscribers	...	...	...	...	4,487	0	0			
								6,314	9	7
„ Sundries	...	...	...	...				55	0	0
„ Superannuation :      Repayment — Employer's Contribution	...	...	...	...				41	15	11
„ Deficiency for Year	...	...	...	...				637	7	11

£30,026 8 2

Accounts and Vouchers relating thereto, and I find the same correct.

ARTHUR J. FEEK, F.S.A.A.,

*Incorporated Accountant, Public Auditor under the Friendly Societies, etc., Acts*  
Court on the 22nd June, 1931.—Minute No. 211.

A. H. VILLIERS, *Chairman.*



# BESFORD COURT MENTAL

## Dr. STATEMENT OF INCOME AND EXPENDITURE

### EXPENDITURE.

	£.	s.	d.	£.	s.	d.
TO MEDICAL SERVICE—						
Medical Officers, Dentist, Nurses, Record Clerks	1,020	11	4			
Dispensary, Surgery, Infirmary, Ambulance ...	846	3	8			
Seaside Camp (Six Weeks—Travelling, Additional Maintenance, Renewals of Equipment, Rent, Rates and General Expenses) ... ..	415	4	2			
				2,281	19	2
„ EDUCATIONAL SERVICE—						
Salaries of Resident Masters and Mistresses, including Psychiatric Staff and Prefects ...	1,974	1	5			
Salaries of Staff of Manual Training Instructors, without Maintenance ... ..	2,338	0	8			
Chaplains' Honoraria ... ..	235	17	0			
Books, Stationery, Apparatus, Tools and other Materials for purposes of Instruction ... ..	1,328	5	8			
Superannuation—Employer's Contribution ...	85	18	9			
				5,962	3	6
„ MAINTENANCE SERVICE—						
Wages of Domestic Staff ... ..	1,196	9	8			
Board of Patients and Resident Staff ... ..	11,449	15	1			
Clothing for Scholars ... ..	2,370	9	7			
Laundry Expenses ... ..	1,367	16	11			
Lighting, Heating, Water and Fuel for Cooking...	2,819	1	7			
Maintenance and Upkeep of Grounds ... ..	298	11	11			
Maintenance and Upkeep of Buildings and Machinery ... ..	584	6	2			
Maintenance and Upkeep of Equipment ... ..	1,694	2	6			
New Equipment ... ..	2,150	14	11			
Extensions and Alterations to Premises ... ..	1,743	18	10			
Rent, Rates and Insurance ... ..	617	1	10			
Sundry Maintenance Expenses, including Travelling	592	13	0			
				26,885	2	0
„ FINANCE AND CLERICAL SERVICE—						
Salaries of Clerical, Buying and Accountancy Staff, Auditor's Fees for Continuous Audit ...	467	12	0			
Printing, Postages, Office Expenses, Telephone, Telegrams ... ..	484	1	10			
Bank Charges ... ..	299	9	5			
Loan Charges ... ..	181	4	11			
Sundries ... ..	22	14	7			
				1,455	2	9
				£36,584	7	5

I certify that I have examined the above Statement, together with the Books,  
 PERSHORE, WORCESTERSHIRE,  
 30th June, 1932.

Adopted by The Board of Managers at their annual meeting held at Besford



## WELFARE HOSPITAL

FOR THE YEAR ENDED 31ST MARCH, 1932.

Cr.

## INCOME.

	£	s.	d.	£	s.	d.
By CONTRIBUTIONS FROM PUBLIC AUTHORITIES IN RESPECT OF PARTIAL MAINTENANCE OF CASES—						
Local Education Committees ... ..	16,164	16	2			
Local Mental Deficiency Committees ... ..	11,335	10	0			
Public Assistance Committees ... ..	2,226	1	11			
Other Sources ... ..	90	0	0			
				29,816	8	1
„ Grant from Board of Education towards cost of educating Private Cases ... ..	29	0	0			
„ Grant from Home Office towards cost of maintaining and educating Problem Cases ... ..	726	14	8			
„ Grant from Home Office towards Improvements ... ..	50	0	0			
„ PER THE ADMINISTRATOR—						
Maintenance of other Patients in Home ... ..	1,227	7	4			
Collected from Subscribers ... ..	2,986	0	0			
				5,019	2	0
„ Sundries ... ..				43	10	7
„ Superannuation: Repayment — Employer's Contribution ... ..				38	4	0
„ Deficiency for Year ... ..				1,667	2	9
				£36,584	7	5

Accounts and Vouchers relating thereto, and I find the same correct

ARTHUR I. FEEK, F.S.A.A.,

*Incorporated Accountant, Public Auditor under the Friendly Societies, etc. Acts.*

Court on the 25th July, 1932.—Minute No. 220.

A. H. VILLIERS. *Chairman.*



# Contents.

	Page		Page
Preface - - - - -	9	The Problem of Nocturnal	
The Theme of the Last Report		Enuresis - - - - -	36
Resumed - - - - -	11	Psychological Aspects - - - - -	37
Oxygen and Growth - - - - -	12	The Beginning and Elaboration	
The Open-Air Life and the		of the Besford Treatment	38
Dietetic Precautions - - - - -	13	Captain McAllister's Methods -	38
A Working Day in the Senior		Notes from a Medical Confer-	
Department - - - - -	13	ence on this Subject - - - - -	40
Some Further Notes on		A Character Survey of the	
Dietetics - - - - -	14	Senior Department - - - - -	41
The Vitamin Controls - - - - -	15	Dr. Auden's Distinction - - - - -	43
Some Extracts from the		Race Poisons and Mental	
Dietetic Records - - - - -	16	Defect - - - - -	44
General Appearance not an		Congenital Syphilis rarely	
Index of Mentality in		Active in Defectives - - - - -	44
High-grade Defects - - - - -	18	The Contrasting Types - - - - -	45
Socialisation an Object of		Socialisation and Mental	
Primary Importance - - - - -	19	Ratio - - - - -	45
A Survey of Our Mental Ratios	20	The Apparent Variability of	
Proper Classification of		the Mental Ratio - - - - -	46
Defectives an Essential of		Some Trial Tests - - - - -	47
Treatment - - - - -	22	Mental and Physical Health -	48
Length of the Educational and		Defective Defensive Forces -	49
Craft Course of Training -	23	Notes on the Medical	
Various grades of Defectives		Routine Examinations - - - - -	51
require Widely Different		Report of Oto-Rhinologist of	
Forms of Training - - - - -	23	this Junior Department - - - - -	51
Bad Effects of Ignorant		Dental Treatment - - - - -	52
Treatment - - - - -	24	Emotional Pyrexia and other	
Inconsiderate Behaviour of		Medical Notes - - - - -	55
Some Visitors - - - - -	25	The Endocrinological Approach	
Attitude of the Senior Boys to-		and the Work of Other	
wards Life and its Problems	25	Specialists - - - - -	55
The Problem Parent - - - - -	26	The Radio Therapy	
The Desire to be Established		Department - - - - -	57
in Life - - - - -	27	The Department of Mental	
The Parliament and the Court		Analysis- - - - -	58
of Requests - - - - -	27	Further Notes on Mental	
The Weekly Newspaper - - - - -	29	Analysis of Defectives - - - - -	63
Lunar Influences - - - - -	29	A New Approach - - - - -	67
A Curious Phenomenon - - - - -	30	The Practical Side - - - - -	70
The Fewness of Rules - - - - -	30	Report of the Chief Instructor	71
Some Besford Customs - - - - -	31	Some Case Studies - - - - -	78
Truancy a Rare Event - - - - -	31	A Human Calendar - - - - -	78
Behaviour Explosions of Great		Dr. Earl's Study of this Case	80
Diagnostic Value - - - - -	33	The Case of G. H. - - - - -	82
Stored Emotion Dangerous - - - - -	33	G. H. Aged 18 years - - - - -	83
The Need of Family or Quasi		Supplementary Note by	
Family Interest - - - - -	34	Dr. Smyth - - - - -	86
Boxing a Cure for the		Appendix—	
Inferiority Feeling - - - - -	35	Board of Control Reports -	91



# CONTENTS—*continued.*

	Page		Page
A Study of the Relations between the Family Histories, Homes, Educational Capacity, Manual Ability and General Character, in two Groups of Mentally Defective Boys—		Income and Expenditure Accounts—	
Introduction; Material,		For the year ended 31st	
Method - - - -	97	March, 1931 - - -	110
Group I—Sambourne - -	99	For the year ended 31st	
Group II—Besford - -	102	March, 1932 - - -	112
Besford Cases - - -	105		
Summary of Family Histories with Morbid Heredity -	106		
Summary - - - -	108		



Telephone :  
Central 1782 (2 lines).

Telegrams :  
GIZ, BIRMINGHAM.

*Wholesale Suppliers*  
*to the*  
*Electrical and Allied Trades.*

Price's  
Electrical Supplies Ltd.,

(DIRECTORS : W. FRANCIS COX ; J. T. DUTTON.)

Caxton House,  
59-60, Gt. Charles Street,  
Birmingham.

---

*Stockists of all*  
C.M.A. CABLES. ELMA LAMPS.  
D.C. and A.C. MOTORS. SWITCHGEAR.

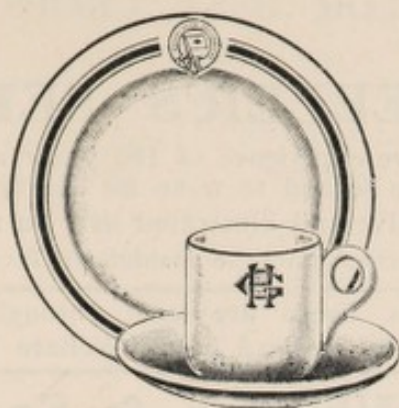
ACCESSORIES  
of British Manufacture  
and of all descriptions.

PROMPT DELIVERIES.



## China

Large  
Stocks of  
Plates,  
Cups and  
Saucers,  
etc., in  
white.



## Glass

Variety of  
Patterns  
to select  
from.

All kinds  
of Glass.

Rutland Ironstone.

Specially strong and suitable for School, etc., use.

Prices with Crest or Badge on application.

Suppliers to this Institution and many of the leading Schools  
and Colleges.

Jas. Green & Nephew Ltd.,  
5 & 6, Upper Thames Street, London, E.C.4.

## Sunbaths indoors

The inmates of Besford Court  
take their winter sunbaths with  
Hanovia Quartz Lamps.

## Why not yourself ?

obtain up-to-date information on  
actinic rays and their uses in health  
and disease. It will be readily  
furnished free of cost on request.

*Simply write to Department P :*

*The*  
**BRITISH HANOVIA**  
QUARTZ LAMP CO

SLOUGH

*Ltd*

BUCKS



FOR BEST CROPS

*sow*

## WHEELER'S SEEDS.

With a cumulative experience of 180 years as Seed Growers,  
our stocks are second to none for Purity and Quality.

Descriptive and illustrated lists on request.

*Special growers' prices to Institutions, Hospitals, etc.*

Wheeler's Seeds are used throughout the Gardens of Besford Court Welfare Hospital.
---

J. C. Wheeler & Son Ltd.,

*Seed Growers,*

GLOUCESTER.

Established  
1753.

Telephone :  
2457.

## Discerning Buyers of Printing & Stationery

regard their work, whether large  
or small, as of the utmost  
importance. We share their views  
and take the greatest care to satisfy  
our customers, by offering them

Good Work,

Keen Prices,

and

Conscientious Service.

## A. O. JONES,

Printers, Stationers, Envelope Makers,

Telephone  
135.

WORCESTER.

Telegrams  
135.



