

Section of Pædiatrics

President—D. W. WINNICOTT, M.A., F.R.C.P., M.R.C.S.

[November 28, 1952]

A Two-Year-Old Goes to Hospital

A Film Shown By

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Dr. John Bowlby: The theme of this film is a very commonplace one—simply the story of a child of 2½ years who spends eight days in hospital for a minor operation and who frets a good deal of this time. It may be asked why bother to make and show a film of something so commonplace?

The reason is that we believe that fretting should no longer be looked upon as an unavoidable inconvenience but as something of serious importance and worthy of scientific study. There is now evidence that prolonged periods of maternal deprivation in very young children can, in some cases, give rise to extremely serious psychiatric disturbances. There has been a succession of papers and monographs on this subject during the last fifteen years and two years ago WHO published a review of this evidence (Bowlby, 1951). Furthermore, it is becoming fairly well known that the majority of children under 4 years old who have spent only a brief period in hospital, or otherwise away from their mothers, show emotional upsets of shorter or longer duration.

Since the existence of the problem is no longer in doubt, the Research Team investigating it at the Tavistock Clinic is concentrating its attention on the *psychological processes* which lead to these adverse effects. We are giving special attention to the emotional responses of very young children during the first days and weeks following separation from their mothers. After a number of semi-systematic studies we decided eighteen months ago to attempt as full a coverage as possible of one child throughout her stay in hospital. It was during this pilot study that this film was made.

It is because we believe it permits of an objective examination of what actually happens when a young child has this experience that we think it may be of value in furthering our understanding of fretting and the emotional disturbances to which it can lead. We believe that it is only on the basis of this knowledge that improved methods of care can be developed.

REFERENCE

BOWLBY, E. J. M. (1951) *Maternal Care and Mental Health*. WHO Mono. Ser. No. 2. Geneva.

Mr. James Robertson: There are special difficulties in the way of getting objective data on the meaning of separation to children under 4. They can tell little in words, so that understanding has to be sought largely through interpreting their behaviour. As fieldworker I discovered that there were often limits to the agreement to be had in discussion with nurses and pædiatricians not only about the meaning of behaviour in certain young patients but also about the actual facts of that behaviour. There was a gap in observation and interpretation which could not be bridged. It seemed that emotional factors in the pædiatricians, nurses, and myself were suspect. I was thought at times to be diminished in my objectivity by becoming over-identified with the children; I in turn considered that a contrary phenomenon tended to occur in hospital staffs, namely that defences had built up in them against the painful recognition of the extent to which young patients are unhappy—not only in the initial phase of overt fretting but in later stages of being “settled in”.

In the film I have tried to provide a record which will be accepted as objective, and which has the merit that the behaviour can be viewed as often as desired in discussion between interested groups. Thus I hope our mutual interest in discovering what is true will be advanced. Objectivity was sought

by several devices. A schedule of filming was agreed beforehand with the ward staff; it consists of documentary record of main events—such as admission, anæsthetic, parents' visits—and a daily "time sample" covering the same period and at intervals determined by a clock which is seen in the film. The child was selected at random by a hospital clerk from the list of those awaiting operation for umbilical hernia. Filming was done by myself with a hand camera in natural lighting. There was no other apparatus to disturb the ward and the child was not segregated. The only departure from routine was that a nurse was detailed to play with the child during the daily time sample.

SYNOPSIS OF FILM

Laura is 2 years 5 months old, a first child and so far an only one. She is intelligent, mature, and has unusual control over the expression of feeling. She rarely cries. She is about to go into hospital for eight days to have a minor operation for umbilical hernia.

Although her parents had tried to prepare her for going into hospital, when she meets the admitting nurse she is cheerful and friendly and clearly does not realize that her mother will leave her. Going through the ward she seems less confident, and when she is undressed to be bathed she screams for her Mummy. Within ten minutes, however, her unusual control over feeling asserts itself and she is apparently calm.

She is put in a cot and breaks down again when nurse takes her temperature—"Don't like it. I want my Mummy". A few minutes later her mother comes to say good-bye, and leaves for her consolation a piece of blanket she has had since infancy and which she calls her "baby". Throughout her stay this "blanket baby" and her Teddy make a link with home and are clung to when she is sad or frightened.

When alone she appears calm, but if a kindly person stops to talk with her her feelings appear. Sister comes to greet the new patient and Laura's face crumples "I want my Mummy". This occurred throughout her stay: and the camera shows that what may easily be taken for calmness is often a façade which contact with a friendly person breaks down.

When the surgeon comes she clutches her Teddy and blanket "baby" for comfort, and despite his tact she is apprehensive and resistive. Occasionally during the day she asks quietly for her Mummy, but without insistence.

On the *second day* she looks strained and sad, and has difficulty in responding to the nurse who comes to play with her. Then her feelings appear and she cries a little for her Mummy. But though she cries little throughout her stay she takes great interest in the children who cry—as if they cry for her who is too controlled to cry. The rectal anæsthetic is kindly administered, but the strange experience frightens her. Thirty minutes after recovery from the anæsthetic her parents visit. She is very distressed—"I want to go home"—tries to get to her mother but has to be restrained because of the stitches, and rolls about on her pillow crying. As her parents leave she is subdued and seems perplexed. She waves slightly in response to their cheerful going.

On the *third day* she is seen quietly clutching her Teddy and blanket baby, not crying or demanding attention and likely to seem "settled" to busy ward staff. But when a nurse comes to play with her she is at first withdrawn, then in contact with the friendly person her feelings break through again and she cries bitterly for her Mummy. When the nurse leaves her control gradually reasserts itself. This cycle of withdrawal, breakdown, and resumed control is repeated shortly afterwards when the nurse again plays with her. In the afternoon her mother visits, but although Laura has been sitting up all morning and has wanted her mother she makes no attempt to get to her. Mother would like to take her in her arms but is deterred from doing so by what she believes to be hospital regulations. Ten minutes later a nurse sits her up, but it is fifteen minutes before Laura thaws out towards her mother. Then she becomes increasingly animated and friendly, and is transformed by a radiant smile seen for the first time in three days. When her mother says she has to leave Laura is immediately anxious, and as her mother leaves she turns her head away. She does not cry, but shows her feeling clearly by the change in her face and the restless movement of her hands. Although it is the middle of the afternoon she asks to be tucked down with all her personal possessions tucked around her and forbids the nurse to remove the chair on which her mother had been sitting.

On the *fourth day* the record is brief and featureless. She is not visited.

On the *fifth day* her mother visits in the afternoon, and again there is a period of withdrawal before she warms up to her mother. She asks to go on mother's lap, but when mother says she cannot she does not ask again. When her mother has to go Laura is pained, cries a little, then quietly recovers and with pursed lips.

On the *sixth day* a new child is admitted who cries a lot, Laura, very controlled herself, watches him with a tense face. (When she got up she went to him and said "You're crying because you want your Mummy. Don't cry. She'll come to-morrow.")

On the *seventh day* both parents visit and Laura is up for the occasion. Although she knows chairs are being set out for them she shows no excitement, and when her mother comes she makes no attempt to go to her. She remains subdued. When Daddy comes from the office ten minutes later he gets a warmer welcome. Daddy leaves first and his going is apparently almost ignored. She asked to go with him but does not insist. When her mother leaves, Laura apparently ignores her going.

On the *eighth morning* she is shaken by sobs. Her mother had told her the previous evening that she would be going home to-day and her control has given way. When her mother comes Laura remains cautious, however, and not until her outdoor shoes are produced does she accept that she is going home. She insists on taking all her possessions home with her, even a tattered old book she refused to leave behind. When she dropped that book on the way out and a nurse picked it up, she screamed in temper and snatched it away—the fiercest feeling shown during her whole stay. On the way out she is seen walking apart from her mother.

Dr. D. W. Winnicott (President of the Section) welcomed the film as a highly successful first effort. Here, as he saw it, was a normal child. She came into hospital and gradually became affected as a normal child must. She was fortunately spared that phase of false recovery to which the child reaches if the break from the home lasts too long, and which may make the child cling to the nurse in fear when at last the mother or father comes to take the child home.

The main comment Dr. Winnicott wished to make was that from long experience he could say that this film was definitely about a real problem. The effect of separation of small children from their mothers was so often serious, even producing irreversible changes, that every time when a child is to be taken into hospital there ought to be a careful weighing up of the value on the physical side against the danger on the psychiatric side. This principle is not vitiated by the undoubted fact that in certain circumstances certain children (not young ones) derive benefit and even enrichment from a stay in hospital—perhaps because of the relief that this affords on account of a parent's anxiety state or depression mood.

It is interesting that the child who *feels* ill seems to be less harassed by being taken into hospital than the child who feels well, but who is considered to need something done. A verbal explanation given to a young child, whatever is said, is of no value as compared with the child's own feeling that help is needed. On feeling better, however, the child begins to have an urgent need to go home.

[January 23, 1953]

Congenital Valves in the Posterior Urethra (Two Cases).—D. INNES WILLIAMS, M.D., M.Ch.

Case I.—The child was first seen at the age of 4½ months when he was admitted to the Hospital for Sick Children, Great Ormond Street, under the care of Mr. Twistington Higgins. He had previously been taken ill when 1 month old, with a high temperature, "pink" urine, and dribbling micturition; these symptoms had subsided rapidly with Chloromycetin, and he had not been referred for a urological opinion. The present attack commenced with abdominal pain and hæmaturia. The urine was infected with *B. coli*, and had a specific gravity of 1003. The blood urea was 51 mg./100 ml. The symptoms again subsided with Chloromycetin, but the bladder was found to be chronically distended.

A micturating cystogram (Fig. 1) was performed and showed a grossly dilated and elongated posterior urethra with reflux into an enormous right hydro-ureter. Intravenous pyelography showed no shadow on the right, and only poor secretion from the left kidney.

Operative treatment was by the method of "perineal valvulotomy". The bulb of the urethra was laid open and the membranous urethra dilated up. A miniature gorget was then passed in anteriorly, and a flat retractor posteriorly (Fig. 2). By the use of a head-light and a sucker it was then possible

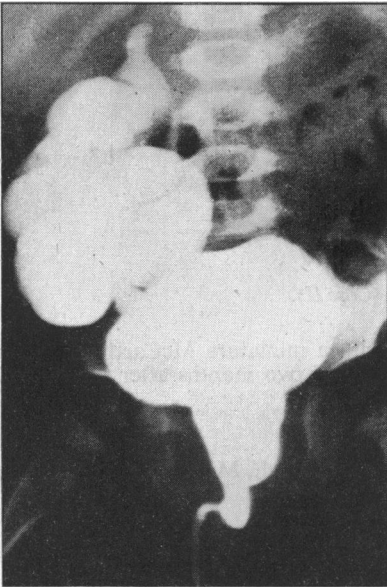


FIG. 1.—Micturating cystogram (*Case I*).

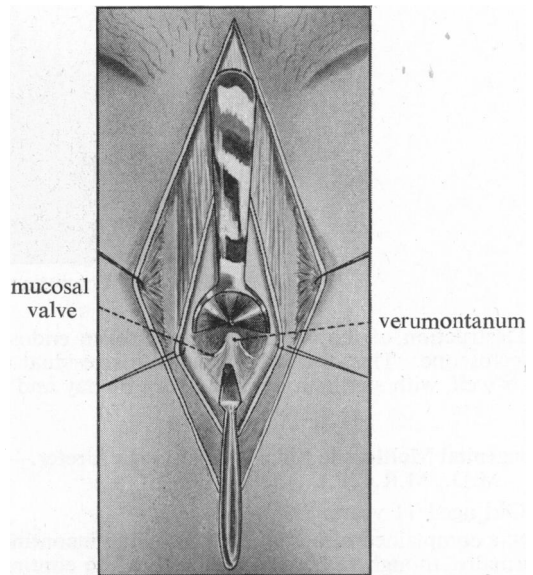


FIG. 2.—The membranous urethra is dilated up with sounds: a gorget is inserted anteriorly, and a narrow flat retractor posteriorly. The verumontanum and valves are thus exposed: the valves can be caught with a blunt hook and destroyed with the diathermy.

to visualize the verumontanum, and the valvular folds descending from it. The folds were picked up and destroyed with the diathermy. The bladder was then drained via the perineal urethrostomy.

A tender swelling appeared in the right loin and flank soon after the operation: it was clear that the right ureter had become kinked and acutely obstructed. Drainage of urine from the bladder