



Arts and
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‘Buzzers for Bedwetters’: Modern Histories of Childhood Incontinence and Their Uses Today

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The research project:

- ❖ AHRC Fellowship, ‘Buzzers for Bedwetters’: Incontinence and the Urinary Body in Britain, 1870-1970’: <https://research.kent.ac.uk/buzzers-for-bedwetters/>
- ❖ **Aim:** to demonstrate how incontinence and bedwetting came to be seen as serious medical and moral problems in this period. The child is a particular focus
- ❖ **Project partners:** Bladder & Bowel UK; ERIC, The Children’s Bladder and Bowel Charity

Today’s aims:

- ❖ to demonstrate the significance of the history of childhood enuresis (where no physical cause can be found)
- ❖ to consider how that history might be useful to you today

Structure:

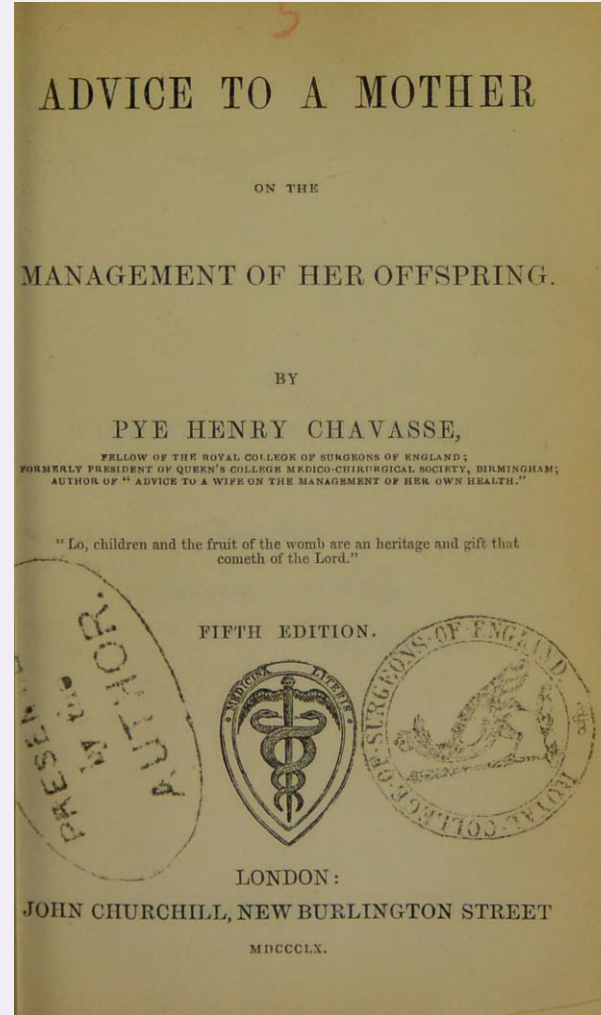
1. **C19th** – habit training. Mothers blamed for faulty/late training
2. **Interwar period** – rise of the ‘whole child’ approach, as well as the disciplines of psychology, social work, public health
3. **Post-WW2** – back to habit? The rise of the electric buzzer

Lots of historical change but also continuities (e.g. shame/stigma) – can understanding continuities help current practice?

1. Habit training (from c.1840)



Pye Henry Chavasse
(1810-1879)



General advice book recommendations:

- ❖ Limit fluids before bed time
- ❖ Ensure child goes to the toilet before bed
- ❖ Lie child on their side to sleep
- ❖ Rouse at intervals in the night
- ❖ Wake them early (with an alarm clock from 1890s)
- ❖ Give the child belladonna
- ❖ Put rubber sheeting under bed sheets
- ❖ Sea-bathe/cold douche



1. Habit training – when to start?

- ❖ Consensus that a child should be able to control their bladder during second year of life but control should be obtained as early as possible:

‘How soon may an infant dispense with napkins? A baby of 3 months and upward, ought to be held out at least a dozen times during the 24 hours; if such a plan were adopted, napkins might at the end of 3 months be dispensed with and he would be inducted into clean habits – a blessing to himself and a comfort to all around and a great saving of dresses and of furniture.’

Chavasse, *Advice to Mothers* (1869)

‘from the very beginning of life a baby should be trained to use a chamber for passing urine or motions.’

Brockbank, *Children, Their Care and Management* (1912)



1. Habit training – blame

Mothers (or nurse) to blame and NOT the child:

- ❖ ‘It may be confidently asserted that the nurse is much more to be blamed than the child, and if she would but be careful to pay due attention to the natural wants of her little charge, the malady might generally be speedily cured. The writer does not believe that one case in 20 arises from any other cause than that of inattention on the part of the attendants.’

John Tricker Conquest, *Letters to a Mother* (1848)

- ❖ ‘Teach your children to be clean. A DIRTY CHILD IS THE MOTHER’S DISGRACE’.
- ❖ ‘If a child be dirty, you may depend upon it, the right persons to blame are the mother and the nurse, and not the child!’

Chavasse, *Advice to Mothers* (1869)

2. The 'Whole Child'

- ❖ 1905 – first emphasis on explaining the condition/treatment to the child
- ❖ 1920s/30s – talking to child is well established, as is the importance of the doctor/child-patient relationship
 - ❖ Emergence of Child Guidance Clinics (psychoanalysis)
 - ❖ Rise of public health, social work and school medical officers
- ❖ Robina Addis (1900-1986), one of the first psychiatric social workers. Spent a year researching childhood incontinence in 1934 (over 1,000 cases):

'We find it in all types, in all environments, after every variety of training. Mothers are reluctant to talk about it ['at night he does the other'].'
- ❖ Critical of habit training – it has failed in many cases and mothers need a different form of help



2. The 'Whole Child'

- ❖ Habit training neglects the child's point of view
- ❖ 'How many miseries and heart-burnings would be saved if mothers realised that it is quite common for children to wet their beds in their 3rd years or even their 4th!...We really have no right to say that a child should be clean at a certain age.'

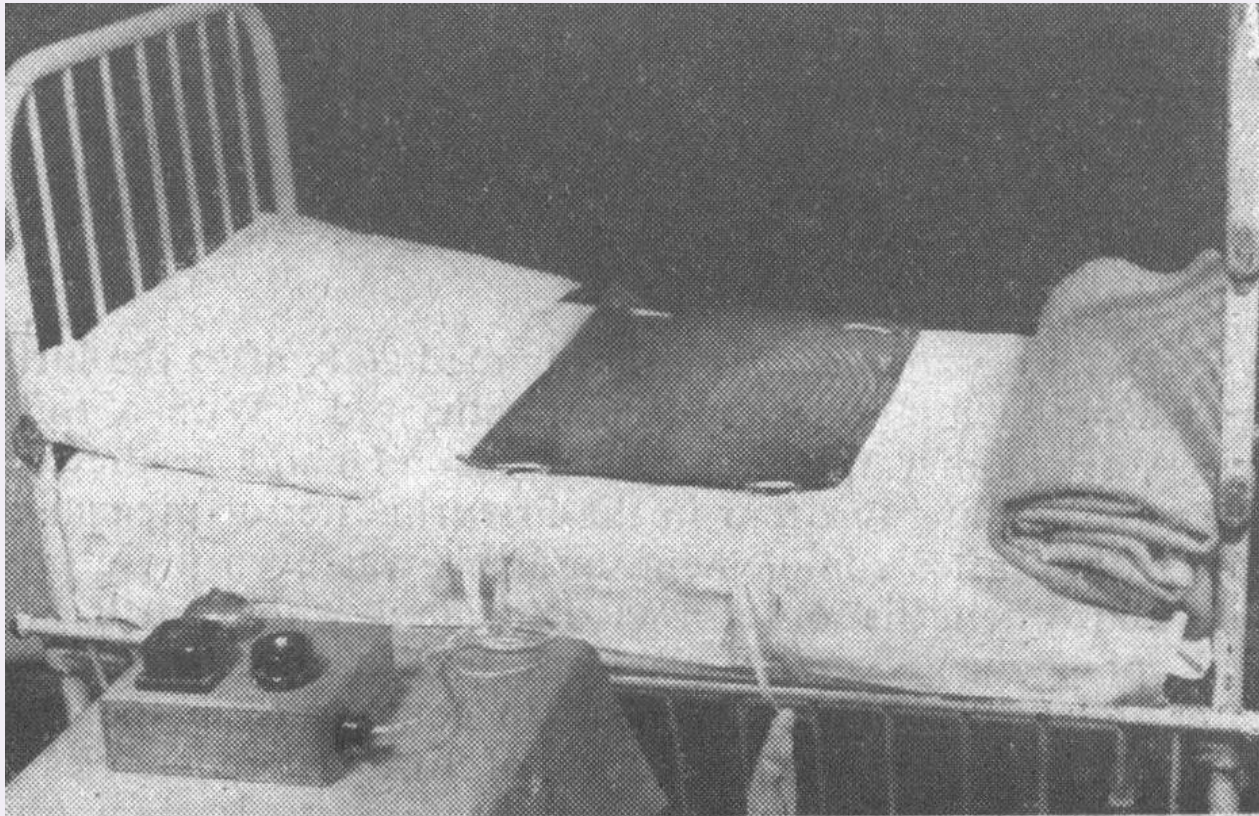
Susan Isaacs, 'Habit, with particular reference to training in cleanliness' (1936)



Susan Isaacs (1885-1948)

3. The return of habit?

'Buzzers for Bedwetters', *BMJ*, 1958



T. H. Gillison and J. L. Skinner, 'Treatment of nocturnal enuresis by the electric alarm,' *British Medical Journal* (22 Nov 1958)

- ❖ Argued that 90% of patients treated could be cured with this method
- ❖ Rejected the conditioning explanation - establishment of a normal physiological inhibitory mechanism.
- ❖ 'If psychological factors were paramount one would not expect this striking rate of recovery from the mere ringing of a bell.'

Conclusion

❖ Story of shifting conceptions but long continuities:

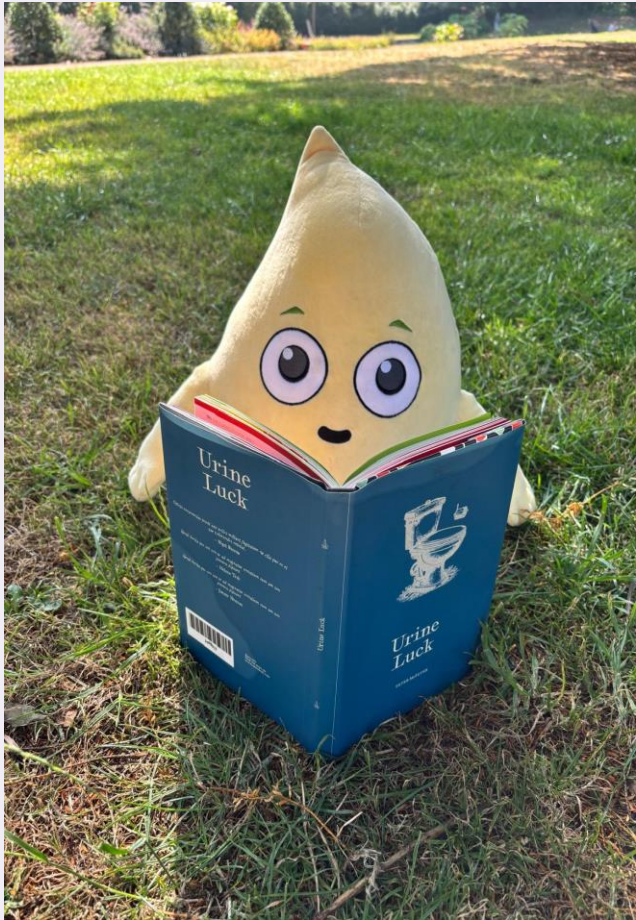
- ❖ **C19th – 1950s** – Habit formation/conditioning. Blame on mothers/nurses.
- ❖ **C.1910 – 1950s** – the ‘whole child’. Rise of psychology, social work, public health etc.
- ❖ **1950s** – rise of the buzzer. Shift back toward the body (and habits).

❖ How does this history help in the present?

- ❖ Can telling more continuous histories that link past and present help children/families feel less alone in their condition?
- ❖ Can the inclusion of history in open conversation help to reduce stigma and raise self-esteem?
- ❖ Can knowing this history make you a more informed and reflective practitioner? (i.e. Where do some of the ideas you put into practice come from?)

❖ Practical Resources

- ❖ Teacher and Pupil packs for self-delivered workshop – ‘A Tinkle Through Time’
- ❖ Information sheets - stories with historical characters



Resources – Information Sheets

Bladder & Bowel UK University of Kent
Arts and Humanities Research Council

Mary's Story

This resource forms part of an AHRC-funded Research, Development and Engagement Fellowship ('Buzzers for Bowdewiters': Incontinence and the Urinary Body in Britain, 1870-1970, AH/Y003683/1). For more information, please contact Dr Claire L. Jones (c.l.jones-26@kent.ac.uk).

1885

I am a servant for a wealthy family. I live in a small room in their house and am worried that they will find out that I wet the bed.

I have wet the bed for as long as I can remember. Instead of going to bed at night, I sit in front of the kitchen fire. It is easier to clean myself up this way.

I saw an advertisement in the newspaper for something called a 'urinal'. I would love to buy one, but they cost too much money. Instead, I put a napkin in my undergarments and change it when it gets too wet.

Doctors have given me medicines including cod liver oil, quassia, rhubarb and belladonna but nothing has stopped my bed wetting.

One doctor has tried a new treatment: electrotherapy. This involves applying an electric current to the skin above my bladder.

It can be painful, but it can help.

This new treatment has made me feel better about the future. A young man called Frederick wants to ask for my hand in marriage. A year ago, I would have said no because I felt ashamed of my condition.

Today, I will say yes.

Rich in Omega-3
Cod Liver Oils

Belladonna is a plant that could be poisonous!!!

Quassia is a plant with antiviral properties.

anti-inflammatory & antioxidant properties
Rhubarb

All new portable urinal

Mary, 17 years old

Illustrated by Sajjan Russell

Did You Know?

Wetting the bed was common among teenagers in the 1880s for a variety of reasons. Bed wetting stopped teenagers from

school work marriage families

But improvements in treatments, such as electrotherapy, could cure many like Mary.

A **URINAL** is a common device that you can wee into. There are many different kinds. You can find urinals in public toilets, and there are also portable urinals.

COMPARE

19th C Modern

male female
Rubber

Extends!
Unisex Plastic

detachable head for women

I'm missing out...
I wish I could afford a urinal!

In the 1880s, some urinals were meant to be worn all the time.

Girls like Mary would wear them underneath their skirts and petticoats, they were often attached by a belt tied around their waist.

Do you think urinals have changed much?

Urinals allowed wearers to travel without going to the toilet (a 'railway convenience'). Others were for use at night to stop the bed getting wet.

**Thank
you.**

