

# *The Journal of* MENTAL SUBNORMALITY

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## EDITORIAL

The "Daily Mail" of the 13th May carried a report concerning two subnormals "who spell danger" to the community, but could not be found hospital accommodation. The article quoted the Senior Mental Health Officer as stating, "The real trouble is that these people are practically incurable, which means that they are life-long patients." The solution: "We must have more institutions."

It is quite possible that the newspaper version of the Mental Health Officer's words was inaccurate and that his words were quoted out of context. Yet, such accounts help considerably in forming public opinion and influence the reception of subnormals after they leave hospitals. The fact that the new Mental Health Act of 1959 states that subnormality "requires or is susceptible to medical treatment or other special care or training" is, generally speaking, of less impact than the implication of a statement "which means that they are life-long patients."

At a time when new legislation, new research and new viewpoints make determined attempts to overcome the consequences of the outmoded belief "that these people are practically incurable," it is disheartening to read that the only "solution" is "more institutions," an opinion endorsed by the Regional Hospital Board of that region.

Though it is probably true enough that subnormality is "incurable," it is susceptible to treatment and training, as borne out by the increasing numbers of subnormals on licence or discharged from institutions. All workers in the field know that many of these subnormals survive often only precariously in the open community and frequently require some support. Nevertheless, they are able to carry on for longer or shorter periods, and often settle down to an ordinary un-

eventful life. Their cases suggest that treatment and training can have some considerable effect on the subnormal's social competence, and that the solution of the problem is not to be found in more institutions but in better training methods and better social support than have been available so far.

This journal has been in existence since 1952, and has consistently drawn attention to the many new developments in practical work which are consequent to new concepts and new findings. Most hospitals find themselves in isolation, geographical and professional, and the Journal has offered an opportunity for learning from the experiences and ventures of others tackling similar problems. Looking through the back-numbers of the Journal one cannot help observing that the prevailing tone is one of moderate optimism tempered by a realisation of the many difficulties facing us which are not entirely due to the shortcomings of the subnormal. Training methods were described, industrial workshops, educational work, community provisions, psychotherapy, hostels and many other aspects, but there was not one mention of the need for "more institutions," but always an insistence on "better institutions."

The contributors to this issue are unanimous in this respect. Dr. McCoull argues that much of the inefficiency of the present arrangements is due to a lack of clear thinking about the aims and how they are to be achieved. Miss Fitzpatrick echoes this by pointing out how traditions and customs actually impede rehabilitation and training. The following two articles deal with the subject of social relationships between men and women in institutions and describe positive steps towards tackling the usually carefully avoided subject of "sex" in the institution. The problem of how to increase a sense of responsibility and awareness of the social "give and take" is tackled by a psychiatrist, Dr. Craft, and a psychologist, Mr. Clarke. And the efforts by the community to ensure that the subnormal can support himself, or at least contribute to his support, are described in the articles by Dr. Hamilton and Mr. Middleton.

The theme of all these papers is more realistic training with the aim of rehabilitation, or at least amelioration of the condition. This will result in an increased turnover of patients, in freeing beds sooner and offering thereby more training opportunities for others. **Not "more institutions" but "better institutions."**

We shall welcome contributions to the Journal which describe in detail, and if possible supported by facts and figures, any work undertaken in the comparative isolation of hospitals, Occupation Centres, Sheltered Workshops, etc., which falls broadly under the definition "treatment and training." We hope that this will help to stimulate and encourage other work and will result in developing and making more efficient the resources at our disposal, which is surely a more positive course than perpetuating the "Colony" idea under a new name.