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## EDITORIAL

The year 1960 has seen two significant events in the history of Mental Subnormality in this country. The "London Conference on the Scientific Study of Mental Deficiency" took place in July and the Mental Health Act 1959 came into full operation in November.

So far as the new legislation is concerned, it is obviously better to defer comment at this stage until everyone concerned has gained more experience and has had an opportunity of becoming familiar with the spirit of the Act. At this stage one can however justifiably point out that the Mental Defective, now designated as a Subnormal and even a mentally disordered person will derive little new benefit from the tremendous work which has gone into the new legislation, if administration training and treatment are carried out in the same spirit as that which obtained widely under the Old Act. The change of name, the introduction of more adequate safeguards, the transfer of many responsibilities from the hospitals to the community, will bring but little benefit to the subnormal unless these external changes are accompanied by a genuine change in the attitude and approach both of those people who are concerned in the day to day dealings with the subnormal person and the administrators responsible for the provision of the necessary facilities.

No legislation can do more than create a framework, draw boundary lines, provide essential safeguards and apportion duties and responsibilities. It cannot infuse a new spirit or create a new attitude in those who will have to carry out the work. In this particular instance the Mental Health Act found its origins largely in the pressures of public opinion and not because those professions concerned with the problems of mental deficiency felt cramped or stultified within the then existing legislative framework. It is reasonable to ask not only whether the new Mental Health Act 1959 is **fairer** to the subnormal than the old Mental Deficiency Acts 1913-38, but also whether it represents a **New Deal** for him. Can it be regarded as a rejuvenating elixir putting fresh vigour into an organisation which seems at times woefully handicapped by the beliefs and often prejudices inherited from those who pioneered this work in circumstances so different from those of today?

It is often urged that the situation would be vastly improved if more money were available for the salaries of more and better qualified staff, for more accommodation, training facilities and so forth. Without doubt, money would play some part in attracting people to this work and could remove many difficulties of a purely technical nature. However, attracting more people does not guarantee that they would necessarily be more enlightened people who would bring with them new enthusiasm, energy and ideas. If we are honest we have to admit that so far Mental

Subnormality has not really been considered a worthwhile or even respectable field of work. Happily there are many exceptions but — generally speaking — the man who has undergone a vigorous training because he likes his chosen field of work feels that Mental Subnormality cannot offer sufficient scope, that it is too limited, holds no promise and above all no hope for the future. In fact, doctors, psychologists, educationalists, to mention but three professions, possessed of vision and ideas, whose contributions would be invaluable in advancing current practice, fail to see any attraction in the service and even in financial rewards because money does not compensate for having to labour, as they imagine it, in a static, sterile and frustrating field, offering no encouragement for those who want to see "results."

In this connection it is instructive to study the recent London Conference. To have a conference of international character and with such large numbers attending, is, without doubt of great significance and prestige value. Members of the Conference felt that they were on equal terms with everyone else, and not the poor "mental defective relations" as when attending other scientific conferences of a less specialised character. This conference boosted morale considerably. It also helped to advertise Mental Deficiency as an important field worthy of serious scientific study. Its programme ought to have indicated to other professions and disciplines that Mental Subnormality is in many parts still terra incognita, full of possibilities, open to new ideas and a fertile field for hard work.

But what of the facts? An analysis of the distribution of the main papers reveals that two thirds were concerned with diagnosis, etiology and measurement. As was to be expected the main contributions came from biology, neurology, biochemistry, genetics and psychology. The majority of the lecturers were medically trained and the contributions from disciplines like psychology and sociology were small.

Of the remaining programme only about a quarter was primarily concerned with treatment and training. There again the main contribution came from the medical profession which emphasised psychotherapy. Relatively few papers by other disciplines dealt with practical challenges. It was notable that the psychologists' contribution was small and that of the approximately 100 papers read to the conference only five dealt with education and only one of these with adult education.

It seems that this distribution of papers reflects with reasonable accuracy the balance of interests present in subnormality. Subnormality provides an ever widening hunting ground for fundamental and obviously necessary research concerning how subnormality comes about. It has as yet failed to attract and to inspire any wide research into the question of what can be done about it at the present time. This could lead us into a vicious circle: relatively little exact knowledge and research into the treatment and training aspects giving rise to the mistaken appearance of a static field, which, in its turn fails to attract those people who, with fresh ideas and different types of training, could bring about a "New Look." As a result there is a danger that knowledge of subnormality might remain by and large unchanged with the reinforcement of many current but traditional notions.

There can be little doubt that many professional workers outside the field of subnormality, are only vaguely familiar with the work described in the two-thirds of the papers, and know little or nothing of the work represented by the other papers. Until Mental Subnormality is no longer regarded simply as a deplorable happening providing primarily first class research opportunities in biology, biochemistry, genetics, etc., but also as offering a challenge to other workers to make worthwhile contributions in training and rehabilitation methods, any real advance in tackling the social implications of subnormality, which are the day to day problems of real people, may well be delayed.