

# *The Journal of* MENTAL SUBNORMALITY

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## EDITORIAL

“ To see the Mental Deficiency Institutions of the future at all we must see them against their background; we must see them as an integral part of a Mental Health Service for the Subnormal which in its turn must be integrated with the Mental Health Services in general. Where are the cases found which require — and God knows they cry aloud for it — the care of specialists in this branch? Well first — purely for old time’s sake — the Institutions, the Colony. Then the special schools, both residential and day. The oncoming approved schoolchildren, child guidance children, many — a great many — delinquents, and quite a good few of the cases that drift to the psychiatric clinics are subnormal, though not certifiably defective, and their problems are coloured, and very often caused, by their subnormality. We must extend our field to cover all these. We must fight our way into the clinics, where they are to be found, and we must show that something can be done for them. We want a mobile staff for the Mental Health Service for subnormals, a staff whose members are **not** congested within an Institution but who have their in-patient work, their out-patient work, certifying work, and after care, a staff whose members know at first hand how the subnormal react in the community.”

These prophetic words were spoken by the late Dr. C. J. C. Earl in 1942 at a time when Hospital tradition was very strong. He had realised at that time that the Mental Deficiency Service as such, divorced from the community and as segregated from it as the patients of the “Colony,” was destined to a slow, lingering death.

The Mental Deficiency Service was regarded as a medical psychiatric cul-de-sac, and intermittent and limited research work was not sufficient to overcome the impressions of unattractive work with no future to it. “ Going into mental deficiency ” was, and still is, considered professional suicide, and the isolationist attitude and pronounced withdrawal tendencies of those working in the “ colony ” did not exactly contradict this impression. Even today the specialist in mental subnormality is not only based on the hospital but is **confined** to the hospital and makes only sporadic excursions from his stronghold. Earl’s concept of the mobile health service for the subnormal in the community as well as in the hospital has not yet been realised. This narrowness of the traditional approach and the limited field of action can at least partly be held responsible for the fact that there are too many vacancies in senior positions, that appointments have to be made from very short ‘ short-lists ’ and that very few people enter the service despite attractive financial rewards and quick careers.

As has been pointed out in the Editorial of the previous issue, much of the

fault can be traced to the apparent unattractiveness of a field which seems to be of interest only to those who narrowly specialise in gross pathological conditions. That the field is so much wider is little recognised, and the weighty textbook literature gives little inkling of the existing scope.

Once more over to Dr. Earl who does not mince his words: "Mental Deficiency has been a neglected subject. It has been dealt with by charitable bodies, by a few interested laymen, by cranks and by busybodies: with the net result that the man-in-the-street thinks he knows as much as the expert. I lately gave evidence at Assize concerning the mental status of a boy and I said he was unfit to understand the meaning and nature of an oath. The Judge said: 'Doctor, I have already decided that he is fit to do so.' No judge would dare to say that about a lunatic.

"Now if we want our service to be any good at all, we must get ourselves a real status. We must demand it, even at the expense of a few rows, because if we don't we will not attract men to our service. We must break away from the old idea of the Certified Mental Defective just as our colleagues have broken away from the certified Lunatic. I want to reach the day when the Mental Defective and Mental Deficiency Institutions shall be as out of date as the Lunatic and Asylum. My proposal is to say 'Goodbye to all that,' to show what we can do and kick up hell until we are allowed to do it, to insist that we shall no longer live as Mentally Defective Non-Aryans within a Psychiatric Reich. I want to claim that our legitimate field is not the Certified Mental Defective, but the Psychiatry of the Subnormal."

Dr. Earl's book "Subnormal Personalities," which has just been published posthumously is the first attempt to introduce the subject of the Clinical Psychiatry of the Subnormal to those who can still only think in terms of Mental Ages and I.Q.'s when talking of the Subnormal. The publication of this book could be a momentous event in the history of Subnormality, a turning point and a rejuvenating influence on a concept which has resulted in stagnation. Many workers in the field will probably violently disagree with Earl and will be unable to see the problems at all which he points out and discusses at length. There are no doubt many loose ends which Earl, if he had lived, would have tidied up properly before the publication. But despite weaknesses, shortcomings, and the typical overstatements and sweeping generalisations which were characteristic of the "grand old man" of Mental Deficiency, there is no denial of his exciting, imaginative and unusual approach. The novel outlook of this book, resting entirely on the intuitive perception of an experienced and sensitive clinician, could provide the stimulant which demands a new appraisal of an apparently well known and thoroughly explored situation. A work like this is a treasure chest full of valuable and intriguing finds, destined to invigorate an ageing subject, to attract and inspire potential entrants to the work and to make them view it from an entirely new angle.

Let no one assume that Earl's book, "the distillate of much of the clinical experience and wisdom of one who has perhaps the most original mind of those engaged in the study of subnormality," is the work of an old and dying man who lived in the past and that the advent of the new Mental Health Act has made obsolete what he has to say. On the contrary the "wind of change" in mental subnormality heralds a widely extended service outside the hospital confines which is particularly concerned with preventive measures before social mishap occurs. Earl's book, dealing in much detail with the young subnormal as found outside the hospital, comes most opportune. It stands at the beginning of a new epoch when there is a wide demand and an urgent necessity for new approaches and new people to tackle a social problem which has very often only been put out of sight in the hospital, but which has never been properly approached where it should be: at the beginning.

Quotations from "Post-War Institutions" by C. J. C. Earl, Address to the Royal Medico Psychological Association, 1942.