patients discharged recovered, 54 per cent. were discharged within six months of admission, and a total of 77 per cent. were discharged within twelve months. At Shenley he anticipated that 40 per cent. of all new certified admissions would recover within two years, and of those who so recovered one-half would do so within six months. These figures illustrated how beneficial it would be for those patients to be admitted on a temporary basis.

Dr. T. P. REES asked Dr. Lewis what facilities it was intended to provide in the psychiatric hospitals which were not provided in the mental hospitals. If the answer was "None," he did not see any point in having psychiatric hospitals.

Dr. T. LINDSAY (St. Laurence's, Caterham) said that personally he thought Dr. Lewis's idea that the sooner the patient was treated the better was excellent, but the question was as to who would look after these patients. One had come into contact with school medical officers who had done merely a six weeks' course and considered that this was equal to holding the D.P.M. Such a course did not give them sufficient insight into the patients' conditions.

Dr. R. A. NOBLE (Cambridge) desired to support what Dr. Ström-Olsen had put forward in his important paper. It was most necessary that teaching hospitals should have adequate teaching facilities, and for this purpose that they should be associated with general hospitals. With regard to the question of treatment, the whole matter hinged upon diagnosis and prognosis, and that came with experience and knowledge. Much time was wasted on psychological analysis because men did not know the basic principles of psychiatry.

PAPER.—"Mental Subnormality and Forensic Psychiatry," by DR. NOEL BURKE.

The first subject set down for this part of the discussion is mental subnormality. All of us in our own experience have found how many are the cases which do not fit into ordinary types of mental deficiency classifications, but yet need something done to them, and something which is as a rule only practicable under our machinery. We are constantly being brought up against people who do not fit into any category of mental deficiency, but who are below normal and unfitted for the normal routine of life. That is why our own Committee and the B.M.A. Committee have both made the same recommendation—that the work of mental deficiency should be enlarged to include within its scope mental subnormality as a whole. I do not think that that needs any apology.

The points about administrative and legal procedure are already rather simple. Not only we as doctors, but people who work as social workers or school medical officers, etc., find themselves constantly up against the difficulty that people who as individuals show different degrees of mental subnormality fall into certain categories for administration by law, as, for example, if they are over 14 and not yet 16 they fall into one category, and if over 16 into another. It is extraordinarily difficult to know how to deal with this matter in a really practical way, and we want the law to act so as to allow people to become patients without a lot of unnecessary fuss, and without being impeded by such matters as their particular age.

The same sort of argument applies to the question of schools. The education people who run special schools have in my experience got an idea that their children are very superior patients, quite different from those in a mental deficiency institution, and that in fact they are not defective, and they must never be confused or mixed with the population of a defective colony but must be kept strictly apart. But when one comes to look at the children, they are exactly the same as the others. They are very like the better ones in our colonies, and a considerable proportion of the children of our colonies are children who in no way differ from the special school children. It is a matter of degree and of social quality, and it should be possible to provide for any child the education which he needs.

As an interesting suggestion I would point out Recommendation 23 (*e*), which would provide that a certified institution might, when advisable, admit patients on a "voluntary" basis on the application of a relative and one medical recommendation, as in Section 1 of the Mental Treatment Act, 1930, and also in conformity with Section 5 of the Mental Deficiency Act. This would mean taking such patients without necessarily having them certified straight away. That would be in a measure equivalent to our voluntary admission to mental hospitals. It is true that they cannot in the absolute sense be voluntary, but I imagine that most people who enter mental hospitals as voluntary patients are not logically and strictly

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voluntary. Certain very high-grade patients might be allowed to benefit by this method. They could come in for a period of observation before anyone made up his mind whether it was right and lawful to label them definitely defective or not.

Again, we have those people who are very difficult. Are they, strictly speaking, defective, or are they only emotionally unstable? Some authorities have been so much bothered by this group that they think it is unfair on the strength of an hour's interview, without full knowledge of home surroundings or past history or experience of their behaviour over a prolonged period, to say that they are necessarily feeble-minded, and it would be an advantage to have these people in an institution and watch over them for a little while in order to see how they act and react; to see, in a word, how their behaviour straightens out. This should be done before there is any question of certification under the Mental Deficiency or other Acts.

Recommendation No. 24, that the medical officer of mental health, if not sufficiently experienced in mental subnormality, should be advised by a recognized specialist in this field seems to have caused some heartburning. I believe I am right in saying that the wording of that implies, *vice versa*, that if the medical officer of mental health happens to be one who has spent most of his life in work on mental deficiency, he would need to have someone with him who knew more about mental diseases. Cannot we recognize the facts? Most of us gravitated to one or other group of psychiatrists or consultants or experts or whatever we may be called because of our interest in a particular side of the work, or perhaps because of our opportunities. Some of us like the mental hospital atmosphere; some are fond of children and like the mental deficiency side; others are fond of children in a different way and prefer to spend their time in child guidance. Surely it is obvious that some of us know one subject better than another, and will tend to specialize in one subject rather than another, even though we may be pretty well trained in all the aspects of psychiatry. Therefore, let us recognize that there are specialties within the specialty and that they need to be catered for.

I do not want to enlarge on the next recommendation, that the entire service of the subnormal should be transferred from the Public Assistance authorities to the Mental Health Committee. We all agree that there is a blot on our present service here. One more point about the subnormals who are above the deficiency level: Some of them will want a period of care and rehabilitation in some new kind of residential establishment, something like deficiency colonies or labour training centres, and it is suggested that some provision should be made of this sort, and that it would be best run in association with the deficiency service. My own feeling is that the staffs of the two would be largely interchangeable, especially those who were engaged in instructing the patients in such things as handicrafts.

One more point. It is laid down in Recommendation No. 30 that no medical practitioner without special experience and qualification should be empowered to certify mental deficiency. I would beg you not to quibble about words. I do not think this memorandum was produced with a strict consideration of the precise meaning of every word. Somebody raised the question, "Can you certify a high-grade defective?" You cannot, on paper, but that is what you mean.

On the question of ascertainment—and this relates to this morning's discussion—we would put forward that the ascertainment and certification of a person as a mental defective is a special job requiring special knowledge—knowledge of what the person is like over a period of time, and how he lives and behaves and reacts. Therefore, ascertainment and certification should be done by people who know deficiency. The education people think they can ascertain, and we know that some of them can, but others cannot. All sorts of other people think they can ascertain, and those of us who receive and see the patients know that ascertainment and certification are not very well done. Therefore the plea is put forward that ascertainment and certification should be regarded as expert jobs requiring expert knowledge. The Education Act will probably try to continue the present custom whereby school medical officers do the ascertainment. Can we first make all school medical officers into psychiatrists, or can we bring pressure to bear on the education people so that they will agree that this is a psychiatrist's job? Those are the most important points, I think, in this subject. The provision should be extended to the subnormal group, the work should be carried out by people expert in deficiency, and there should be advice from such experts at all levels.

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