SUPERVISION OF MENTAL DEFECTIVES IN THE COMMUNITY

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The object of this communication is to place on record the changes which wartime has brought to those mental defectives who live in the community. This study is limited to those persons ascertained as mental defectives under the Mental Deficiency Acts (1913 and 1927) and therefore under the supervision of the local authority. This supervision was undertaken primarily to provide an immediate remedy where the defective was being cruelly treated or had been left without adequate protection, and also afforded an opportunity to give warning and assistance to the relatives where such were found necessary. The name of the ascertained mental defective is recorded in the National Register as a person not subject to the National Services (Armed Forces) Act, 1939; he is thus able to seek employment on his own without reference to the employment exchange. As a result of shortage of man-power some of those who before the war would have been looked upon as unemployable are now in full work.

To my knowledge no similar investigation has been recorded in the English literature, but Kannar (1942) has drawn attention to the comparable position in the United States of America.

Statutory Supervision

At the beginning of 1944 there were 323 ascertained mental defectives in Gloucestershire subject to supervision by health visitors. This total may be divided for the sake of convenience into three main groups, and it is the third group with which these notes are mainly concerned.

(a) *Unsuitable for School (96 Cases).*—These are the youngest cases under statutory supervision, and include children below school age and children of school age who are uneducable either at an

TABLE I.—Male Mental Defectives under Statutory Supervision

No.	Age	Mental Age	Source of Ascertainment	Employment
1	29	—	School	Forestry
2	19	8 years	"	Factory worker
3	18	9 years 7 months	"	Collier
4	25	8 years	"	Agricultural worker
5	22	6 years	"	Coal haulier
6	24	7 years 6 months	"	Agricultural worker
7	29	7 years	"	Builder's labourer
8	19	6 years	"	Factory worker
9	16	7 years 10 months	"	Agricultural worker
10	32	—	"	Works at saw mills
11	15	5 years 6 months	"	Thatcher
12	18	11 years 6 months	"	Agricultural worker
13	34	5 years 9 months	"	"
14	33	8 years	"	General help at hotel
15	24	9 years 4 months	"	Lorry driver's mate
16	28	—	M.O.H.	"
17	22	5 years 2 months	School	Errand boy
18	18	9 years	"	Agricultural worker
19	17	9 years	"	Collier
20	19	7 years 3 months	"	Checker, rlwy. goods dept.
21	22	7 years 6 months	"	Boot factory
22	30	—	"	Agricultural worker
23	17	9 years 9 months	"	"
24	25	8 years 7 months	"	Machinist at factory
25	21	—	"	Agricultural worker
26	22	7 years 6 months	"	"
27	39	—	"	Office cleaner
28	25	7 years 3 months	"	Haulier
29	31	8 years	"	Builder's labourer
30	19	8 years 4 months	"	Agricultural worker
31	38	—	"	"
32	20	9 years 9 months	"	"
33	26	6 years 9 months	Probation officer	Errand boy
34	24	—	School	Agricultural worker
35	17	7 years 10 months	"	Hotel kitchen worker
36	16	9 years 2 months	"	Agricultural worker
37	46	—	"	"
38	19	5 years	School	Errand boy
39	26	8 years	"	Agricultural worker
40	39	—	"	"
41	23	7 years 6 months	"	"

ordinary elementary school or at a special school for mental defectives. By reason of mental defect their names were removed from the school registers.

(b) *Unsuitable for Work (179 Cases).*—These are usually cared for in their own homes. The parents or relatives with whom they

are living find that they can deal with their physical needs, but require a varying amount of guidance and assistance from time to time in dealing with the special problems associated with the mental defect. In addition the occasional contact as provided by the health visitor at quarterly intervals is found to have a stabilizing effect.

(c) *Suitable for Work (48 Cases).*—Some 41 males and 7 females were employed in full-time work bringing in a reasonable wage, and 44 of the 48 cases were ascertained from the school records, whereas cases ascertained from other sources did not fit into this group. As will be shown later, this fact is by no means without significance in view of the changes introduced by the new Education Act.

Of 114 males 41 were in gainful employment, and 20 of these were engaged in agricultural work. Many of these men have low mental ages, but inquiry has shown that in spite of this they are able to drive tractors and to perform other tasks of farming which are by no means monotonous. No useful purpose would be attained by drawing attention to occasional cases where the defective was found to be drawing a high wage in a factory, a sum in excess of the wages of the health visitor carrying out the supervision. A defective with a mental age of 8-9 years is able to do certain repetitive work in a factory, but this does not seem to be a state of affairs to be encouraged, by reason of the ever-present danger of powerful and rapidly moving machinery. It is difficult to see how a boy with a mental age of 7-8 years can make a checker in a railway goods department. Even those working as errand boys provide something of a problem, but it has been explained to me that they memorize the whereabouts of the customers without reading the addresses. Those described as colliers were found to be only surface workers employed in sorting and grading the coal.

TABLE II.—Female Mental Defectives under Statutory Supervision

No.	Age	Mental Age	Source of Ascertainment	Employment
1	28	—	Public Assistance Committee	Factory worker
2	20	6 years 6 months	School	"
3	48	—	Public Assistance Committee	Domestic "
4	18	8 years 3 months	School	"
5	31	—	"	Laundry "
6	27	7 years 4 months	"	Factory "
7	20	10 years 6 months	"	Domestic "

Out of a total of 113 adult females only 7 were found to be engaged in work away from home bringing in a reasonable wage. These were all doing domestic work of one sort or another, either in private houses or in factories. Needless to say, many others of the remaining 106 worked in their own homes, taking on quite substantial domestic responsibilities; but, since there is no means of accurately assessing the value of this work, these have been disregarded.

Discussion

Since the great majority of ascertained mental defectives who subsequently have been shown to be employable are ascertained in school, it is clearly of the utmost importance to safeguard against any stigma such as was present under the classification required by the Education Act, 1921. Under the new Education Act it will be the duty of every local education authority to ascertain the children within their area requiring special educational treatment. The parent of the child may be required to present him for examination by a medical officer of the local education authority to determine whether he is suffering from any disability. It would appear that the child will hold a status of educational disability rather than acquire the label of a mental defective.

As regards the legal status of the adult, it would appear that he is either a certified mental defective or not, and, where he is an ascertained mental defective, presumably he has full legal capacity.

From study it has been found that those ascertained mental defectives in employment are conscientious and industrious, and in many cases use the money they earn to help maintain the household. The jobs at which they are employed are real and necessary contributions to our mode of life. They are not really misfits in the community; it is rather that in the normal peacetime labour market they are unable to get the jobs for which they are best suited. Kannar (1942) suggests that these persons should be described as of "intel-

lectual inadequacy" rather than of mental deficiency. He points out that the mental defective in the true sense of the word has no place in the war effort of the United States of America, but that the majority of the "intellectually inadequate" can very well be integrated into the defence industries.

The Central Association for Mental Welfare, in its 21st annual report (1934), considers that ascertained mental defectives can only be supervised in the community so long as this is done by trained workers, and where facilities are available for occupation and training. From the findings of this study, however, it would appear that with favourable conditions some ascertained mental defectives can find and keep employment, when this is made available to them, without the intervention of trained social workers.

Possibly the position is overstated by Dayton and Nugent (1941) in claiming that institutionalization should be the last resort when all other efforts have been exhausted. Rather what is wanted is some system of assisting these persons to find suitable employment near their own homes, as was done years ago in New York City, where a bureau was established to place such persons in suitable gainful employment—see Davies and Williams (1930). In addition to this some financial aid should be provided by the State, as in the case of blind persons; this would indeed be cheaper than institutionalization, and might well be included in any comprehensive system of social security. Further, it has been said that institutional training tends to adapt the defective to the institution rather than to the outside community. Supervised life in the community and assistance to find suitable employment with financial aid in peacetime would train a greater number of ascertained mental defectives who are intellectually inadequate to adapt themselves to the environment of the community and to become responsible and useful citizens.

Summary and Conclusions

Out of a total of 227 ascertained adult mental defectives under supervision in Gloucestershire some 48 are now in full-time gainful employment.

Out of this total of 48 cases in employment 44 were ascertained in school. This emphasizes the importance of the status given to such children by the new Education Act, in which they are regarded as children with an educational disability.

For male defectives farm work is the most popular, and by reason of labour shortage they are now able to secure such employment.

In peacetime conditions, however, they will once more fall out of employment, and it is therefore suggested that they should receive assistance to find suitable jobs and, if necessary, financial aid in order that they may have the opportunity of fitting in with any comprehensive system of social security.

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HOME AMBULANCE SERVICE

The Home Service Ambulance Committee of the Order of St. John and the British Red Cross Society in its twenty-fifth annual report recalls that the committee was set up in April, 1919, as an experimental measure, to provide a chain of ambulance stations throughout the country, primarily to serve the needs of rural areas. By October of that year 296 ambulances had been allotted and 171 delivered. To-day the total number of ambulance stations is 530—131 equipped by the committee and 399 affiliated stations. The report, though unavoidably delayed (it covers the year 1943), provides ample evidence of the value of the service to the scattered population of country areas. During the year 297,864 patients were carried, bringing the total number using the service since it started to 3,173,658. In an accompanying letter the committee's joint secretaries refer to comments that have been made on shortcomings in existing ambulance services. They point out that the Home Ambulance Service is administered throughout England and Wales

on a county basis with headquarters in London, and the organization lends itself readily to any regional or national scheme.

"The service, free from red tape, is always ready to meet emergencies as they arise. No ill-judged rules or regulations as to areas or boundaries are permitted to delay the prompt aid that may mean the difference of life or death to the patient. In such a service the welfare of the sick and injured must be the first consideration. These ambulances work in a field where they are self-dependent, to a very large extent, for the preparations of the patients for safe transport. They must not only be equipped with first-aid materials and sick-room requisites, but must include staffs trained and qualified to deal with casualties and invalids under the most difficult conditions. It is for just such work that the training demanded by the Order of St. John and the British Red Cross Society equips their members. Duties are more or less evenly divided between the men and women of the divisions and detachments. The nurse escort is an aspect of the work which has been developed considerably in recent years, and with the return to normal the ambulance staffs of the Order and the Society will be available as a trained and sympathetic body of men and women ready to take their place in the National Health Service."

AWARDS TO CIVIL DEFENCE M.O.s

The *London Gazette* has announced the appointment as M.B.E. (Civil Division) of Dr. Una Mary Mulvany (Mrs. Swanston), medical officer in charge of first-aid post, Civil Defence Casualty Service, Southsea, and Dr. Tertius Thomas Bryce Wood, officer-in-charge of mobile unit, Civil Defence Casualty Service, Watford. The citations read as follows:

Dr. Mulvany has been on duty during every heavy raid and has always been on her way to duty within seconds of the first bomb falling, never waiting to be called. By her unflinching courage and complete disregard of danger she has set a wonderful example, and her kindness and cheerfulness have given great comfort to many. On one occasion when a building received a direct hit Dr. Mulvany immediately went to the scene. She worked her way through the debris to reach three people who were trapped in the cellar and administered morphine to them. Although she must have known there was imminent danger of the place collapsing, she remained with them for nearly two hours.

A flying bomb damaged houses and people were trapped. During the early stages of the rescue work walls were still collapsing and fires were burning. Dr. Wood took risks on many occasions in order to administer morphine to the injured trapped in the debris. His cheerful leadership and devoted service were an inspiration to the other rescue workers, and his efforts not only contributed materially to the saving of life but were a real source of encouragement to the trapped persons.

ORTHOPTIC TEACHING AND TRAINING

'Orthoptic treatment has been on a scientific basis for ten to fifteen years. Formerly attempts to improve binocular vision were rather half-hearted and limited to the practice of a few progressive ophthalmic surgeons. Maddox devoted a great deal of time and energy to the subject, and, by his recognition of the difficulties and his systematization of treatment, may be regarded as the founder of the orthoptic treatment of to-day. The main object is to awaken a dormant or to stimulate a weakened desire for binocular vision. Undoubtedly there are cases where the mechanical difficulties presented by the alignment of the eyes, non-cooperation on the part of the patient, or the absence of any central area capable of response make all attempts to train binocular vision hopeless. Setting aside such cases, a large proportion of the remainder can be given full or nearly full binocular vision. The benefits to be derived from it, apart from the cosmetic effect, are such that the long and arduous training sometimes required is fully justified. The value of accurate depth perception, which accompanies full stereoscopic vision, is likely to be enhanced in the future when, it may be assumed, we shall take more and more to the air as a means of transit. Without depth perception judgment of distance is impaired and accurate landing of aircraft a hazardous proceeding. The work of the orthoptists attached to the R.A.F. may be cited as an indication of the importance of this field; by the use of orthoptics not only are men eliminated who are unlikely to be able to fly, but confidence is restored in those who, through stress and strain, find that flying is becoming difficult. Orthoptics is practised by medical auxiliaries who are certificated and registered. They are usually women, and before being trained they must give evidence of a certain educational standard. A course of about two years' training is followed by an examination consisting of written papers and practical work, the questions being set by ophthalmic surgeons and orthoptists, and the practical tests being carried out by orthoptists under the supervision of ophthalmic surgeons. On the results of this examination a certificate is granted by the Council of British Ophthalmologists. Orthoptists have to conform to a code of ethics agreed upon by the C.B.O., and everything is done to maintain the dignity of the profession. That the British Orthoptist Society is a live body is shown by its publication, the *British Orthoptic Journal*; the current number for 1944 contains many outstanding papers of interest to ophthalmic surgeons and orthoptists.