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Subnormal Hospitals

SIR,—I have protested before (9 November 1963, p.1201; 7 March, 1964, p. 631) against the use of the term "subnormal" for human beings. You now apply it to hospitals—or do you? It's anybody's guess. If you want to get the lingo right, you must talk of "subnormal and severely subnormal hospitals." If the Secretary of State for Health and Social Services would like to carry out a massive reform at no cost at all, let him forbid the use of "subnormal" (which in one word manages to convey abuse, degradation, hopelessness, inaccuracy, and confusion), except where it must be used for those few patients legally detained under the Mental Health Act. Some local authorities have forbidden the use of the equally objectionable "educationally subnormal."

Has the writer of your leading article (23 August, p. 426) been inside a hospital for the retarded? Did he pay a visit to one years ago and has never been back? Or has he just been outside a very bad one?

Your description: "Not so hazardous in physical terms, but nevertheless offensive, are the grossly abnormal habits found mostly in subnormal patients. Incontinence, faeces-smearing, together with a variety of degraded sexual practices, are seen against a cacophonous background of banging and screeching" is a gross exaggeration of the scene. In this hospital of 2,100 patients (many of whom are severely retarded) a mere 30 do any faecal smearing, and rather fewer are persistent bangers or screamers. Abnormal sexual activities can occur in people of any degree of intelligence. Disturbed behaviour in patients is often the result of boredom, frustration, annoyance, hunger, thirst, or pain, and much of it is preventable.

It is most difficult—probably impossible—to convince anyone that advances in the treatment of the mentally retarded in this country have

been as great as advances in any branch of medicine. And yet it is true. One has only to take round a hospital a visitor from abroad to be persuaded of this by hearing his exclamations of surprise that severely retarded patients can work, be trusted with freedom, handle knives, have comfortable seats to sit on instead of wooden benches or nothing at all, have curtains at the windows, carpets on the floors, and pictures on the walls. The improvement in hospital care has come in several ways, among which I would rate highly:

(a) The general liberalization of patients; the opening up of wards; the mixing of sexes and age-groups; the better clothing, food, and heating.

(b) Television in the ward, which has brought the patient more sharply into appreciation of the outside world and has entertained and educated him.

(c) Industrial therapy, with its enormous effect on morale. In this hospital over 400 patients, previously unoccupied and leading aimless, useless, and bored lives, have by it become livelier, brighter, happier.

(d) The appearance on the scene of young voluntary workers from technical colleges and the sixth form of schools.

In the old hospital—and probably still in the bad hospital—boredom in patients and staff was the main cause of bad behaviour. In the good hospital, bad behaviour has been reduced to a minimum. We have done a lot; a lot more still requires to be done; and what we have done we carried out in spite of indifference in the old Ministry of Health, little teaching in medical schools, and inadequate representation on the General Nursing Council. The impending tragedy is that what we have gained we may well lose. It is difficult to get doctors of good calibre into this kind of hospital. Recent events will encourage no one to come, and three good ones I know are giving up. It is difficult to get nurses. They have now to be recruited from abroad, and the older ones,

who came into the work 30 years ago and who have been the backbone of the nursing service, are now dropping out, and it is folly to imagine that they can be replaced by the well-wishing part-timer who whenever there is a domestic crisis or a school holiday puts her family at home before the patient in the hospital. At the same time patients are living longer. The ones we admit today are likely to be very retarded, severely physically handicapped, or grossly disturbed; many of them will spend the rest of their lives in hospital, and it is more and more difficult to find a bed for them. If conditions in this hospital are a guide to conditions in others, there is very shortly going to be a complete blockage of beds all over the country. What happens then?—I am, etc.,

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Caterham, Surrey.

SIR,—Your leading article on "Subnormal Hospitals" (23 August, p. 426) prompts me to write to you on one aspect of the difficulties facing the psychiatric nurse which, while obviously appreciated by you, may not be fully appreciated elsewhere.

In spite of the many advances in psychiatric treatment there are still occasions on which psychotic illness produces violent outbursts of uninhibited aggression. In my own experience three such incidents have occurred in the past four months.

In the first a male patient, terrified by the sudden onset of visual hallucinations ushering in a state of delirium tremens, broke out of the single room in which he was being nursed, and then battered another door so violently that he removed its frame from the surrounding brickwork. In the second incident an aggressive psychopath literally went berserk and so damaged his ward that it had to be evacuated as temporarily uninhabitable. The charge nurse of