an excellent Service, but there will never be enough while the present farcical over-use of them is allowed, nay, encouraged, to continue.—I am, etc.,

Liverpool 23.

NORMAN S. BARNETT.

Physical Disability and Crime

SIR,—Your interesting leading article on this subject (5 June, p. 1448) was doubtless intended to provoke comments, and those I offer are mine alone, not of the department in which I serve.

The good work of Dr. Ogden at a Borstal institution recorded in the *B.M.J.* in 1959¹ was a more systematic attempt to follow up some suggestions made by me in an unpublished paper to the Prison Medical Officers' Annual Conference in 1951.

For many years it has been Home Office policy to offer convicted persons surgical or other treatment of disabilities which would otherwise leave the patient more likely to be rejected by society on release or less capable of earning an honest living. One reason for this is that temporary incapacity during a sentence does not involve the patient or his family in financial hardship, with the natural tendency to place return to a job before it is lost higher than full recuperation. Such treatment has been given in some penal establishments—of which Grendon is one—or in outside hospitals. In any case it is only possible with the full and generous co-operation between the National Health Service and Prison Medical Service.

In 1951 I told my colleagues of other lads in a Borstal institution specializing in the training of those handicapped physically or mentally. I had suggested to a few boys suffering from marked strabismus and also too dull for orthodox psychotherapy, "If we can get your eyes straightened by a very great specialist, will you co-operate in trying to straighten the rest of you?" There was no question of imposing conditions. Those who were willing and suitable for the operation had it regardless of any implied promise of reformation. Firstly, the surgery was very successful—as it was performed by an eminent consultant—but, secondly, I was astonished to find these convalescent dullards really anxious to co-operate in such measures as very minor psychotherapy. There was an obvious improvement in social sense and a willingness to be trained which clearly benefited both the patients and the outside world, as shown by increased integration and lessened drifting back to crime. There was also a youth with a psychopathic record who had graduated from being a "blue baby" to an exceedingly "red" young man. Successful surgery and prolonged convalescence were followed by rehabilitation and marriage.

There was no very scientific basis for my thesis; indeed, part of the success may well have been the achievement of a full doctor-patient relationship, which had previously been hampered by the fact that both doctor and patient had to accept each other without free choice. Ogden developed the idea, widened the scope, and before publication took adequate steps to test his findings.

It is gratifying to find tribute paid to the late Sir Norwood East, of whom it was truly said during his long and dynamic life, "He found forensic psychiatry an argument, he left it a science."

The criticism in your article of the absence of a control group is invalid. The removal by the law of a person's liberty does not and must not reduce him to the status of an experimental animal. All the cases considered had real disabilities from which they sought medical relief, and were considered to need and be suitable for the treatment given. A control group could only be obtained by the inhumanity of denying a proportion of such people wanted and necessary treatment, and then recording whether they become more obviously antisocial after such malpractice. Whatever the scientific value of such observations, neither the Prison Medical Service nor the Home Office would tolerate such cruelty.

The correction of physical disability is only a part of our ceaseless struggle against crime, but as it is potentially beneficial it must be developed, despite the risk that in a few cases it may enable a man to become a more efficient criminal.

Similarly, in the "free" population, it would be monstrous to suggest State surveillance on secret police lines of groups of handicapped and healthy citizens in the hope of finding whether and to what extent the partially disabled proved more prone to develop criminal behaviour. No short cuts in our long and arduous work would justify such persecution, and until our civilization crumbles there can be no question of cold science turning our penal institutions into true criminological laboratories.—I am, etc.,

H.M. Prison,
Maidstone, Kent.

J. L. BROWN.

REFERENCE

- ¹ Ogden, D. A., *Brit. med. J.*, 1959, 1, 432.

Urinary Infection by *Serratia marcescens*

SIR,—*Serratia marcescens* infection complicating peritoneal dialysis as reported by Dr. A. W. McCracken and Dr. F. E. Lipscomb (12 June, p. 1536) has also been experienced in this hospital, and a number of case histories are being prepared for publication.

In addition there have been seven isolations in recent months of *S. marcescens* from mid-stream specimens of urine. Only one of the seven patients was suffering from a urinary-tract infection; the urine contained pus cells, and a mixed growth of *Escherichia coli* and *S. marcescens* was obtained on culture. No pus cells were found in the urine from the other six patients, and the organisms were regarded as contaminants.

As McCracken and Lipscomb point out, *S. marcescens* can easily be missed in laboratory cultures, and in our experience this is aggravated by the fact that some strains produce very little pigment even if incubated at 22° C. for 48 hours. A remarkable feature of our strains, however, and one which greatly facilitated recognition, was the formation on MacConkey's bile-salt agar after overnight incubation at 37° C. of colonies with a remarkable pyramidal shape. These were so unusual that a full account of the phenomenon has been reported elsewhere.¹

It is becoming increasingly obvious that under certain circumstances *S. marcescens* can act as a dangerous pathogen, and it is unfortunate that it is resistant to many antibiotics. All of our strains were sensitive to

10 µg./ml. of chloramphenicol, 10 µg./ml. of neomycin, and 30 µg./ml. of nalidixic acid, and all but one were sensitive to 5 µg./ml. of kanamycin.—I am, etc.,

F. L. CONSTABLE.

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The Royal Victoria Infirmary,
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REFERENCE

- ¹ Constable, F. L., and Smith, A. N., *J. Path. Bact.*, in press.

Foster Parentship

SIR,—We have been interested to read the correspondence concerning foster parentship and the assistance that pre-school playgroups can supply in helping parents and young children during their formative years.

The Save the Children Fund's work among distressed children overseas is more well-known than the work in this country for children of all ages. Since 1930 the S.C.F. has helped to alleviate the problems of the less fortunate pre-school child in this country. Because of our experience in this field we were able to help the National Association of Pre-School Playgroups in its early days.

The S.C.F. now runs sixty such playgroups, for children aged between 2 and 5 years, in areas of London and some of the larger provincial towns where the need is greatest. Trained nursery nurses, or others experienced in work with young children, staff these groups, all of which are closely supervised by qualified headquarters staff. Our aim in these groups is to provide the opportunity and facilities for the safe, free, and creative play that is so essential for the happy, normal development of the child, and which is all too often denied to children, especially those living in high flats or in the appalling slum conditions that still exist in so many of our cities. A large proportion of the children attending our groups are recommended to us by local doctors, medical officers of health, health visitors, and others as being in very special need of such play facilities. Children suffering from speech difficulties, various degrees of minor emotional disturbance, and the emotional effects of a slight physical handicap are among those who have shown marked improvement from playing with normal children in our groups. Many of the mothers, also, find they can draw strength and gain helpful advice from our staff by discussing their problems with them.

Our playgroups would welcome the children of foster parents, and we feel that the happy, secure atmosphere of the playgroup could be of great value to such children in overcoming some of the emotional problems to which they are prone. We are about to help launch a pilot scheme in Birmingham, in which we hope to bring help and advice to child minders and to encourage them to bring the children in their care to a demonstration playgroup where they may see how some of the children's needs can be met.

Many medical officers give us their invaluable support in this work, and in a few cases health—and education and housing—authorities assist us with financial aid. It is our hope that it will not be long before the need for such playgroups is fully recognized by local and Government authorities and supervised play provision for the under-fives becomes universal.