Medical Act might be necessary. It remains to be seen whether this view is correct.

Social Security

The field of social security is a real stumbling-block to unity, though here again a liberal use of such vague expressions as "harmonization" and "equalization" means that there is a fair amount of room for adjustment. In theory a person going from one country to another ought to be able to take his insurance papers with him and hand them over in the next country, secure in the thought that he will receive the same coverage in much the same way. This is plainly impossible at present as regards health insurance because of the immense differences between the systems. There is no unified national health service abroad comparable to the British system, except in Scandinavia, and one of the worries of our colleagues in lands like Germany is that our entry into the E.E.C. might induce their Government to try to centralize their diversified and locally governed arrangements. "With all due regard to European unity," says the German Medical Association in its annual report, "it would hardly be in the interests of our patients or of the profession to sacrifice our diversified health insurance system in the interests of unification." Meanwhile health insurance in the E.E.C. is greatly varied; it is organized at different levels, it pays the doctors in different ways (in Belgium and Luxembourg by fee for service, in Netherlands by capitation, in France by fee for service but on two different scales, in Italy by three systems including fees, capitation, and salary) in different places, it has widely diverse fee schedules, and the only uniform thing about it is that every country seems to spend about the same percentage of its national income on medical care. What will happen? It may be that after years of argument the Community will settle for certain minimum standards of insurance and, apart from that, the diversity will continue.

Occupational Medicine

The present bone of contention here is whether prevention of industrial accidents and occupational health hazards should be dealt with by legislation of a very comprehensive kind or not. The Commission of the E.E.C. (not the Permanent Committee) seems to want to regulate by legislation, laying down rules for a course in industrial medicine and a diploma in this specialty. Industries employing 200 persons (later to be lowered to 50 persons) are to have an industrial doctor under the supervision of Government. Thus the work of the industrial doctor will be separated entirely from general medical care. The recommendations that more time should be devoted to the subject in medical schools and that chairs of industrial medicine and institutes for the subject should be created meet with no opposition, but in Germany in particular the Medical Association has protested against the compulsory features of the plan.

This survey of the work of the Permanent Committee is by no means exhaustive. There are many other problems, such as the questions dealing with ancillary medical personnel, all of whom have also to be "harmonized," or the unification of national pharmacopoeias, or the classifications of hospitals and hospital jobs on an international basis. The Committee's title would appear to have been well chosen.

H.M. PRISON, GRENDON

BY

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This autumn a new prison is being opened at Grendon Underwood, in Buckinghamshire, for the reception of selected sentenced prisoners requiring psychiatric treatment and management.

The foundation-stone of the new building was laid by the Rt. Hon. R. A. Butler, then Home Secretary, in July, 1960. The programme issued on that occasion included the following statement:

"In their report on 'The Psychological Treatment of Crime' the late Sir Norwood East and Dr. Hubert (H.M.S.O., 1939) suggested the creation of a penal institution of a special kind as the most satisfactory method of dealing with abnormal and unusual types of criminal. This prison, often referred to as the East-Hubert Institution, which is now being built, is designed for this special purpose.

"It will be a maximum security prison, and is planned to hold up to 350 inmates. The main part of the building will house some 250 men and there will be a separate wing for 50 boys of Borstal age. Women and girls will have a smaller separate section. The halls will contain both cellular and dormitory accommodation, and it will be possible to divide the inmates into groups to facilitate treatment according to their attitudes and needs. In addition to the usual offices there will be dining-rooms, association rooms, and quiet rooms in the different halls.

"The hospital will be divided into in-patient and out-patient sections with separate parts for males and females where necessary. In addition to the usual facilities for medical treatment it will include an operating-theatre and departments for special treatments such as electric convulsion therapy, physiotherapy, and dentistry. X-ray equipment and electroencephalograph may be installed when it seems desirable. The various forms of drug treatment used in mental illness and individual and group psychotherapy will be provided.

"The central administration block will have the necessary offices on the first floor, while class-rooms, hobbies-rooms, and library will occupy the ground floor. In addition to several workshops there will be a compound which may be used for games and market gardening.

"The regime must be flexible, with the accent on treatment; and success will depend above all on an enlightened staff/inmate relationship together with close co-operation at all levels between the different members of the staff."

The East-Hubert report concluded that "psychotherapy as an adjunct to an ordinary prison sentence appears to be effective in preventing or reducing the chance of future anti-social behaviour, provided the cases to which treatment is applied are carefully selected"; and went on to suggest that the proposed new prison should serve the following four functions:

1. As a clinic and hospital, where cases could be investigated and, if necessary, treated by psychotherapy and other means, and their disposal decided

on. This would serve also as a centre for criminological research, as well as for co-operating the various aspects of prison and after-care organization.

2. As an institution in which selected cases could live under special conditions of training and treatment. Many cases which proved unsuitable for, and unmodified by, the re-educative and re-habilitative influences of the modern prison system would be allocated to this section. Its aims would be, by the application of psychiatric experience, to achieve alterations where future behaviour is concerned.

3. As a colony in which a further type of offender could live, who had proved himself quite unable to adapt himself to ordinary social conditions but for whom reformatory measures, however specialized, seemed useless and the severity and hardship of ordinary prison life inappropriate.

4. As an observation and treatment centre for Borstal lads who because of mental abnormality appeared unsuitable for, or had failed to respond to, ordinary Borstal training and for various reasons were considered unfit for early licence.

Prisons to-day offer a wider range of treatment in varying conditions of security and control than was available when the report was written. These methods include vocational training, educational classes directed by tutor organizers, physical training under qualified instructors, recreational activities, and experience of a community life—all of which are designed to help the inmate become a better man, and better fitted to take his place in society. Of course there is loss of freedom and always a background of discipline, with sanctions for misbehaviour. A positive effort is made towards training, and the general treatment now provided calls for some adjustment in the groups to be catered for. These methods cannot be introduced into all our local prisons, which work under considerable difficulty not only on account of the old buildings but also as a result of the unprecedented and rapid increase in the prisoner population. It should be noted that in the last ten years the daily average population in the charge of the Prison Commissioners has risen in round figures from 20,000 to over 31,000 and that in 1938 it was 11,086.

Maximum Security

The new prison at Grendon Underwood is to be an integral part of the prison service. It will be a maximum security prison whose wall encloses an area of twelve acres, outside which is a compound of seven acres and a slightly larger area planned for use as a sports field. The whole is situated amid farmland, much of which will be owned and worked by the Prison Commissioners; the total area of this Prison Commission property is 132 acres. The adjoining open prison of Spring Hill takes some 120 short-sentence first offenders, who live in huts in the grounds of Grendon Hall.

The approach to Grendon Prison is by a long drive passing the staff village and fields and leading to the main gate. On entering, a shorter drive leads down to a not unattractive administrative block in two stories with hobbies and classrooms on the ground floor and offices above. To the right of the drive are the visiting-rooms and reception block and to the left the hospital and "out-patient" building, both of which are on two floors. The hospital is small and so arranged that

female patients can be accommodated at one end and males at the other, disposed on either side of a surgical unit with operating-theatre and the usual ancillary rooms. The out-patient block is joined to the hospital proper by a secure covered way and provides accommodation for a psychological department, a general treatment-room, dispensary, laboratory, dental surgery, physiotherapy room, x-ray department, and rooms for an electroencephalograph and electric convulsion therapy.

There is a well-equipped central kitchen, but inmates will dine in groups in dining-rooms in their own halls. Other buildings provide chapels and a large assembly hall which may also be used as a gymnasium and which gives facilities for film and other shows. In the laundry and workshops the emphasis will be on helpful occupation rather than industrial production. Education will be in the hands of a skilled tutor organizer, who will arrange classes in conjunction with the local education authority; the classes will be pursued during normal working hours and in the evening, depending on individual requirements. The teachers will, if possible, contribute towards occupational therapy and handicrafts. Horticulture and market gardening will be useful employments.

The intention is for the waking hours to be fully employed and most inmates will be out of their cells as much of the day as possible. The cells are smaller than those in the older prisons but are less unattractive, with built-in furniture and larger windows of a new pattern.

There have been for some time four centres within the Prison Service for specialized psychiatric treatment, given in the main by visiting therapists—namely, Wormwood Scrubs and Wakefield for men, Holloway for women, and Feltham for Borstal boys; in addition alcoholics are treated by a visiting specialist at Pentonville. It is not proposed at present to close these existing units but to watch developments and to assess the position at a later date, making such changes as then appear desirable. Meanwhile cases will be recommended by medical officers, and, if acceptable, will be transferred either to Grendon or to one of the above centres as seems appropriate.

It will not be within the province of Courts to order a prisoner to be treated in Grendon, although they may express an opinion or a wish that treatment should be given while a prisoner is serving his sentence, as they do now. These directions are often made as a result of medical reports or evidence given before the Court. On the other hand, a Court direction may be no more than the expression of lay opinion, which often is over-optimistic regarding the application of psychiatric treatment. In general it is found that for a Court to give such a direction or express such an opinion is often unfortunate. For one reason or another treatment may not be pursued; the attitude of a prisoner to treatment frequently changes after sentence, but nevertheless he may nurse a grievance which is not only harmful in itself but may well prejudice his co-operation and ability to derive benefit from ordinary prison training. Further, some prisoners regard such a Court pronouncement as an indication of diminished culpability or responsibility. They may attempt to exploit this in the future, and may have a lessened feeling of guilt and consequent anxiety, conditions which are often necessary to create a sincere desire for treatment.

Main Objectives

The main tasks of Grendon are thought to be covered by the following three headings, between which there are no rigid boundaries.

1. The investigation and treatment of mental disorder generally recognized as calling for a psychiatric approach.
2. The investigation of the mental condition of offenders whose offences in themselves suggest mental morbidity.
3. An exploration of the problem of the psychopath and the provision of treatment and management to which they may be responsive.

It must, however, be emphasized that inmates whose mental disorder is such as to require compulsory detention in a mental hospital are not to be regarded as suitable for treatment at Grendon; they will continue to be dealt with under section 72 of the Mental Health Act. At first transfers will be confined to convicted and sentenced adult male prisoners—the facilities for women, girls, and young male offenders will be introduced a little later.

Medical officers will have full discretion to recommend cases to the Commissioners who in their opinion would benefit from transfer to Grendon or to one of the other psychiatric centres. In general, inmates should have at least six months of their sentences to serve, although there may be exceptions to this proviso in individual cases. Willingness for transfer and likelihood of co-operation will be desirable, and it is hoped that the reputation of the prison and the facilities it offers will encourage co-operation even in those predisposed to be resistant. It must be remembered that these prisoner patients will not be compulsorily detained under the Mental Health Act and that willingness and consent to treatment will therefore be an important practical consideration.

Although the special problem to-day is the pressing one of the psychopath it is not intended that Grendon shall be just a prison for these cases. The character of Grendon Prison must be essentially therapeutic, and any attempt to transform it into a place for the mere collection of troublesome, uncooperative, refractory, and intractable prisoners would so alter its intended role that it would fail in its purpose.

There is a tendency when an individual has broken the law for it to be said that he is abnormal, suffering from this or that in consequence of some adverse influence in his early life; we must be careful not to carry this too far; it may be an explanation but not necessarily an excuse. Many of these so-called abnormalities may well be deviations within what we should properly regard as the normal range in the same way as we include a wide range of variation in intelligence levels as coming within normal limits. There is a danger that too ready an acceptance of these lesser deviations within normality as excuses undermines the individual's and society's morale, and still further obscures the real task of trying to discover and define more precisely the more serious abnormalities.

Degrees of Abnormality

Particular difficulty arises when we have to differentiate the psychopath from the bad man, the "thug,"

especially when the latter is persistently bad and becomes a habitual offender. Morrice pointed out that the recidivists he saw at Peterhead Prison had family backgrounds and personal histories which were almost interchangeable. This finding would probably be reproduced among English recidivists, but this type of history, although not so consistently pronounced, may be found among individuals who do not become habitual criminals. It is the sort of background history which renders the individual liable to a form of chronic mental ill-health, and the problem of elucidating the psychopath and the habitual criminal is often bedevilled by this "poly-morbidity." A careful history and examination of the individual is necessary together with prior experience not only of psychopaths but of criminals before a firm diagnosis can be made.

Psychopathic disorder is now defined in section 4 of the Mental Health Act, and it is necessary to distinguish between the "psychopathic personality" and "psychopathic disorder." The psychopathic personality does not necessarily reach the persistent degree of abnormality laid down in the Act. Under a congenial environment where he is not subjected to undue stress or testing circumstances the psychopathic personality may well run on a fairly even keel, although he remains a selfish individual with little thought for the future; there is a lack of foresight, judgment, and feeling, and episodically there may be aggressive or irresponsible conduct. It is a matter of degree; the evidence of the abnormality is less persistent, and he cannot be said to require medical treatment so continually. Many habitual criminals have psychopathic personalities of this kind but are hardly cases of psychopathic disorder needing compulsory detention in a mental hospital; this is a position well recognized by prison medical officers, who will not infrequently describe a man as a psychopath and, when pressed, will add that his condition would not justify compulsory detention under the Mental Health Act. We well know that many prisoners who can reasonably be said to have psychopathic personalities behave quite well for long periods under the controlled and regular life in prison. Often they are inadequate personalities who only rarely, and in some cases, react violently. To regard habitual criminality as synonymous with psychopathic disorder would in my view render the elucidation of the latter still further removed.

The true thug is in a different category, although when a case is seen at close quarters and his crimes over a circumscribed period of time are viewed there is a good deal of similarity, especially superficially. He is selfish, and callous towards his victims, but he is not so insensible to his own position either now or in the future. His crimes are more likely to be deliberate and more or less carefully planned and more often in collaboration with others, and usually he pays particular attention to his means of escape. He wishes to avoid the consequences of his ill deeds; he can foresee the future and may make plans for the welfare of his family and for his own future on release from prison if he is caught. He is a violent, selfish, and callous man who in my opinion is not commonly suffering from psychopathic disorder.

Statute Requirements

The effect of the Mental Health Act not only in respect of the psychopath but also of other forms of mental disorder in relation to offenders and the prison

population has yet hardly crystallized and there are bound to be differences of opinion as to the medical criteria and the legal requirements necessary to satisfy the Statute.

As stated above, those who would be properly dealt with under section 72 of the Mental Health Act will not be sent to Grendon Prison, and this will apply to those suffering from psychopathic disorder as well as to the other three categories of mental disorder. The safety of the public may require the confinement of the criminal under secure conditions, but justice to the offender may call for medical treatment. The relative demands of these two essential aspects must be balanced, the problem being to wed them without jeopardizing the effectiveness of either. The more mentally disturbed offender who commits serious crime will call for the secure mental hospital, the special hospital; and the less dangerous offender who nevertheless is seriously mentally disturbed may well be dealt with in the ordinary mental hospital: it is at this point that the controversial question of open or closed hospital wings for psychopaths arises, as does the disruptive influence they often have on the non-psychopathic patient. The dangerous offender and the repetitive offender who do not qualify for a special hospital, despite evidence of psychopathy, are likely to receive prison sentences, and it will be the responsibility of the Prison Service to provide appropriate treatment for them. If psychiatric treatment is indicated they are likely to be transferred to Grendon.

Co-operation

Crime is the sequel to a complex of socio-biological and psychological factors and in its treatment calls for a team of workers from various disciplines who must work in co-operation; this is particularly true of the psychopath and of the habitual criminal. Whatever else we may think about these classes of offender, it is true that they lack moral feeling; somehow they seem to lack the basis on which moral feeling is built, and it may be one of the more important pieces of research to discover more precisely than we know at present what is the basis for moral feeling. The absence of this basis may help to explain the intractable psychopath on whom no form of treatment appears to have any substantial or lasting effect. Moral feeling and a social sense go hand in hand and training must first be directed towards the development of a social sense, and any form of training which will help to inculcate this must be invoked. It is for this reason that harsh methods are useless; the need is to assist the individual in the development of insight into his own character, into his difficulties of personal relationship, and to provide the first lessons in community or social living. These men are rebels whose early life has taught them that they cannot consistently trust people or their environment. In their treatment it is necessary to go back to the initial development of anti-social feeling to uncover its origins and attempt to re-educate them. This may call for individual psychotherapy, but also he must learn from others and with others. His learning is assisted by custodial or disciplinary control comparable with the way the child learns in the family and in the school. The aim is for him to acquire such inner control that he can take over when these external props are removed, in the same way as the successful upbringing of children prepares them to stand on their own feet. Many

inadequate prisoners only feel at ease as members of a prison community, and it is difficult to get them to recognize themselves as members of a wider social community; insight, self-confidence, and realization that he has the confidence of others are necessary if he is to acquire this wider identification.

The problem is how best can the consequences of faulty upbringing of the kind we are discussing be modified. Prison does perhaps sometimes offer help here, in that the individual has to live where he is told, do what he is told, and mix with ready-made companions—in these ways his environment bears some sort of semblance to childhood family and school conditions. In fact, prisoners have often been said to behave like children, exhibiting a short-term view of their immediate situation with small matters assuming a temporary large importance. Difficult group situations may arise which lead to opposition to authority, temper tantrums, and antagonism to fellow prisoners. It is our business to make use of these resulting emotional reactions, using them as a means towards readjustment. It is important to utilize these emotional situations as they arise, otherwise the reaction tends to become more fixed. Sturupp has pointed out, for example, that when a detainee desires a move from one workshop to another a more or less open conflict may break out; situations which he says "are of an ideal nature for active therapeutic utilization." But it is essential that the prisoner realizes that although you are in authority you will not misuse it and that you are out to assist him. Much work of this sort is done in our training establishments, where the ratio of staff to inmate renders this possible. Grendon will provide greater opportunities for this sort of rehabilitation. Although the permissive atmosphere of the Henderson Hospital will hardly be practicable even in a special prison such as Grendon, no matter how enlightened the regime, the principle that insight and re-education and not repression and submission are more likely to achieve the desired result will be followed.

Conclusion

The prison will be in the immediate charge of a medical superintendent who has been chosen from among the senior prison medical staff with a wide experience in psychiatry. He will be assisted by psychiatrically trained medical officers, together with psychologists and social workers. An experienced lay assistant governor will co-operate with the medical superintendent on those matters within his special sphere. The officer staff will be drawn partly from the hospital side of the prison service, many of whom are State-registered nurses, and partly from the discipline side: all will be specially selected. The ratio of staff to inmate will be higher than in the ordinary prison. Specialists and technicians, probably on a part-time or sessional basis, will be required for radiology and electroencephalography. In order to make all the usual forms of psychiatric investigation and treatment available it will be necessary to invoke many outside sources, and it is hoped to achieve a close co-operation with the National Mental Health Services.

Grendon will thus be fitted into the psychiatric services provided by the Prison Commission, and, it is confidently hoped, will thus fulfil the spirit of the East-Hubert Institution to the benefit of the individual offender and the advantage of the community.