THE INVESTIGATION AND TREATMENT OF DELINQUENCY

BY

EDWARD GLOVER, M.D.

Director of the Psychopathic Clinic; Chairman of the Scientific Committee of the Institute for the Scientific Treatment of Delinquency

Looking back over the development of clinical psychology during the past quarter of a century it is now perfectly clear that our understanding of ego-disorders has lagged woefully behind that of the neuroses and other varieties of "encapsulated" symptom-formation, using this term to convey that a given symptom does not infiltrate the normal layers of the patient's ego. Freud was often reproached for inferring the nature of normal function from a study of the abnormal; but we now know that the normal ego is infinitely more difficult to comprehend, and consequently to modify, than those abnormal formations which may, as it were, attach themselves to it.

But, granted that the ego and its disorders are more refractory to analysis than the disorders of instinct, it is still remarkable that the particular group of ego-disorders described as "delinquent" has been the last to stimulate the curiosity of the psychopathologist. Actually we know more about the mechanisms of the psychoses than we do of the causes of crime. No doubt this neglect is due in part to the same deep prejudices that are responsible for the attitude of moral reprobation with which most laymen greet criminal behaviour; for the view, in short, that "sinful" conduct must not be "condoned" by the discovery that it is frequently a sign of illness. Anyhow, it is significant that in psychiatric clinics the diagnosis and treatment of delinquency is still regarded as rather an esoteric interest. Even in child guidance clinics, where it is freely recognized that delinquent behaviour is a common sign of abnormal development, it is not yet fully appreciated that this group of ego-disorders deserves and requires the attention of specially trained investigators.

It was this latter consideration that led to the formation of the Institute for the Scientific Treatment of Delinquency, a title which may now appear cumbersome and tendentious but at the time described precisely a current need. Indeed there seems to be little question that as medical psychology expands it will inevitably create a number of "specialties," corresponding to the specialties of organic medicine. Each of these will be concerned with the investigation and treatment of conditions that are at present merely regarded as types of mental disorder.

Already the work of the Institute has indicated the focal point at which the energies of a future generation of trained workers must be directed. For although study of representative samples of case-material has established the incidence of different types of delinquency—e.g. neurotic, psychotic, psychopathic, mentally defective, organic, etc.—it is in the psychopathic group that most of the unresolved problems of delinquency lie. Naturally the term "psychopathy," like its congener "schizophrenia," is one of these omnibus labels that serve to conceal a regrettable lack of understanding. But, like schizophrenia, psychopathy represents a well-defined clinical group with recognizable subdivisions. The delinquent psychopath, for example, is frequently also a sexual pervert even if this abnormality has not been marked enough to lead to the commission of detectable sexual offences. Admittedly the constitution of delinquent groups is influenced by the penal codes sanctioned by the community. A large proportion of the cases seen at the Institute are charged with exhibitionism and homosexual offences. But even excluding such cases, the proportion of delinquents diagnosed as psychopathic is a high one. It is no exaggeration to say that the investigation of psychopathy will shed more light on the normal development of the ego and of that remarkable instrument the super-ego (unconscious conscience) than any other clinical entity with the possible exceptions of schizophrenia and manic-depression.

Equal importance attaches to the therapeutic experience gathered at the Institute. In some respects the results obtained run contrary to psychotherapeutic expectation. It had always

been supposed that neurotic types of delinquency would respond readily; and, allowing for the fact that the patient commences his treatment in a state of "negative transference," this supposition has proved well founded. The contrary assumption—namely, that the psychopathic delinquent would be harder to treat—has not proved to be accurate. He certainly calls for more skilled handling, but, given this skill, the results are even more striking than in neurotic types. Even without any formal attempt at psychotherapy the effect of mobilizing the interest of a number of "supporting" figures (psychologist, psychiatrist, social worker, probation officer, teacher, employer, foster-parent, etc.) is quite remarkable. Allowing for the fact that neurotic types will also improve under such conditions, still the psychopath clearly demonstrates his amenability to "manipulation" of his psychic situation. Even the "old lag" is more amenable to psychological handling than the schizoid character.

It is clear that progress in the field of delinquency calls for research on every variety of delinquent or pre-delinquent conduct. And this is not within the scope of the ordinary psychiatric clinic. The case for special centres for the investigation and treatment of delinquency has been proved up to the hilt. Only when a number of centres or special departments are established throughout the country and linked up with an international organization can we hope to put the problem of anti-social conduct on a thoroughly scientific basis. Only in this way can we hope to secure full recognition of the authority of medical psychology by the judiciary.

Interestingly enough, the difficulties that beset the London Institute have not been clinical difficulties. For reasons already indicated projects for treating delinquents have little popular appeal; yet, like all pioneer efforts, they are bound to depend in the first instance on voluntary support. Even with the most rigid of State organizations, pioneer work on social problems is likely to come from extramural centres. Despite exiguous finances and consequent shortage of staff, the Institute survived the war: it is to be hoped that it will survive the austerities of peace.

LIVERPOOL MEDICAL SCHOOL

In 1847 the annual report of Liverpool Royal Infirmary recorded the completion of a medical school. So began the Royal Infirmary School of Medicine, the direct descendant of the present medical faculty of the University of Liverpool. Medical teaching had been going on in Liverpool some time before 1847. There is a record of lectures given in 1811, and it seems reasonable to suppose that at least a large number of the 634 candidates examined by the medical board of the Infirmary between 1789 and 1807 were trained in the city. Liverpool was involved in body-snatching before the Anatomy Act of 1832, and cadavers were sent from there to the medical schools in Edinburgh.

Students at the Liverpool Infirmary Medical School took the examinations of London University, and the University College, Liverpool, was created because in 1876 practical physics became compulsory for the London first M.B. examination. The need for an endowment for a chair in physics led to the formation of the University College, which in 1903 was incorporated as the University of Liverpool. In 1865 the number of students at the Liverpool medical school was 28. There are now 528 undergraduates and 304 postgraduate students. Liverpool, true to the traditions of Hugh Owen Thomas and Sir Robert Jones, has established a specialist postgraduate degree in orthopaedics; there are also courses for the D.P.H. and mastership in radiology.

Notable names connected with the Liverpool medical school include W. H. Duncan, the world's first medical officer of health, who was lecturer in medical jurisprudence at Liverpool, and Sir Charles Sherrington. Frank Thomas Paul, inventor of Paul's tube, was dean of the medical faculty for seven years. The present Dean is Prof. T. B. Davie, M.D., F.R.C.P.

A Gerontological Unit under Dr. N. Shock is to investigate kidney diseases in Baltimore City Hospital, U.S.A. A group of healthy subjects aged from 30 to 90 will undergo tests at intervals of 1 to 5 years.