THE MODERN APPROACH TO JUVENILE DELINQUENCY: OBSERVATION CENTRES.*

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I. THE JUVENILE COURT AND THE PSYCHIATRIST.

Once it has been established that a child has, in fact, committed the offence with which he has been charged, the interest of a present-day juvenile court is centred not so much on the nature of the offence itself as on the nature of the child and of the influences which may have contributed to the unconventional or antisocial attitude of which his offence may be the outward and visible sign.

This interest in the natural history of the offence and of the offender is the result of a change of outlook toward the social problem of juvenile delinquency which has been taking place gradually in this country since the end of the last century. Children under 14 are no longer sent to adult gaols, and young persons under 17 only in exceptional circumstances. By stages, of which the Children's Act of 1908 and the Children and Young Persons Act of 1933 are the important milestones (1), the attitude of the law towards young offenders has undergone radical change.

The courts now recognize that there is a process of development by which the child attains an adult sense of responsibility, and that this process may be far from uniform in different children as judged by its effects on their behaviour, while yet ending in a satisfactory attitude to society. While punishment has to remain among the means of dealing with an offender, the more enlightened courts now regard it as a poor substitute for removal of the causes of his social inadequacy. In establishing the method of remanding children pending an investigation of their circumstances once the facts have been ascertained, the courts have adopted a procedure which allows of a scientific approach to the problem. It is not surprising, therefore, that they have turned, in investigating the mental attitudes and the behaviour of the children who come before them, to those whose aim it is to apply the methods of science to problems of mind and of human behaviour in general.

Long before juvenile courts achieved legal recognition in this country, magistrates were well aware from their daily experience that juvenile delinquency was associated with poverty and neglect, with bad example or the lack of any example at all, with broken homes and lack of outlet for normal childhood energy. While many of these factors could only be dealt with by major social reforms, it was realized that their effects could be to some extent neutralized if better influences were brought to bear soon enough. Some

* A paper read to the Northern and Midland Division of the Royal Medico-Psychological Association on 27 September, 1947.

https://doi.org/10.1192/bjp.94.395.283 Published online by Cambridge University Press

children, on the other hand, on account of mental defect or disturbance or of physical ill-health or deformity, were more prone to get into trouble even when living in reasonably good circumstances. Those who were responsible for the Children's Charter of 1908 realized, in fact, the need for a systematic examination of the problem, for a scientific as well as a purely legal approach.

The response to this appeal for scientific method was seen in the series of surveys carried out in this country and in the United States, where juvenile courts are a considerably older institution. In the period up to 1930 surveys of this kind demonstrated that the technical worker could assist the magistrate in a number of ways. Those of Healy and Bronner in Boston (2) and of Burt in London (3) were outstanding in this respect, while the work of Goddard (4) demonstrated the importance of intellectual retardation as a factor in delinquency. By 1925 magistrates were beginning to accept the fact that a very large proportion of the children who came before them were constitutionally within normal limits, and that with relatively simple adjustment of their environment they could be expected to improve their attitude toward society. The writings of Clarke Hall (5), based on his experience at the Shoreditch Juvenile Court, had a great influence in bringing to this point of view magistrates who had previously viewed with suspicion any movement toward leniency in dealing with criminal tendencies in the young. It had by now been shown that in almost all cases a painstaking investigation would reveal circumstances which had favoured a delinquent attitude in the child. The offence might be the resultant of a variety of interacting factors. Ascertainment of those factors might point the way to treatment, and give the court the guidance they needed.

The next stage in the evolution of the present attitude of the courts arose out of the increasing interest in psychopathology which came with growth of the psycho-analytic schools and the application of the theory of the unconscious to other fields of human behaviour than the psychoneuroses. Attempts were made to apply psychopathological theory to the delinquent child, and to discover the intermediate mechanisms by which an unfavourable environment might produce antisocial conduct. Although at first there was a tendency to strain the facts of experience into a psychoanalytic mould and to underestimate the more obvious environmental factors, it was possible to demonstrate that delinquency was not uncommonly a symptom or a result of emotional disturbance, and that in certain cases psychotherapeutic methods might make a contribution to treatment.

This work was of great importance because it presented the delinquent objectively as an individual who, for reasons of nature or nurture, was unable to adapt himself to life in an organized society. The psychometric workers had already shown that there was a group of children whose constitutional handicap was so great that they had little chance of improving unless provision was made for their education in special schools or for their care in institutions, and that the presence of these children hindered the progress of others in the courts, on probation and in the approved schools.

The magistrates had thus to recognize that each case might set a difficult and involved problem, and that exceptions were likely to be encountered to

https://doi.org/10.1192/bjp.94.395.283 Published online by Cambridge University Press

any rules which they might make for themselves for the handling of even clearly definable types of case. It is not to be wondered at that those among them who were unable or unwilling to make the mental effort of understanding the human motives of the children brought before them, were only too glad to pass on the problem to anyone who claimed to be able to understand and to cure. The distrust with which psychiatrists are still regarded by some justices at the present time is to some extent the legacy of those who promised too much but showed so little contact with reality when asked to help the courts. That some magistrates transferred their faith to other systems is not surprising.

The more progressive magistrates, however, faced the fact that detailed investigation was necessary in a considerable proportion of cases, and in the Act of 1933 secured a framework in which it could be carried out. They realized the need for technical assistance. Many of them also saw that such assistance must have limitations until there was both an increase in knowledge and an adequate supply of psychiatrists and psychologists with experience and training in working with the juvenile courts. In a number of areas magistrate and psychiatrist have now worked together for some years, each gaining a knowledge of the other's province and his limitations. From such co-operation has emerged the present feeling that the system of investigation of delinquents can still be improved, firstly in order to inquire into the causes of the behaviour of each child at the earliest possible period in his life-history, and secondly to further the scientific investigation of the problem as a whole, so that techniques can be improved by constant criticism. The need for further evolution on these lines was emphasized by Lord Caldecote, Lord Chief Justice, who in 1942, referring to juvenile courts, wrote that "given the proper organization, it can hardly be doubted that the Act of 1933 can be made a much more effective instrument . . . than has so far been found possible" (6).

Since 1933 very great strides have been made in the organization of juvenile courts, and the co-ordination of the agencies which can contribute to their investigations and carry out their recommendations. Magistrates who have specialized in this work for many years and who have pooled their experiences are seeking constantly to improve their organization and technique, and their efforts have had the effect of gradually raising standards throughout the country.

The co-operation of magistrate and psychiatrist which now prevails in a number of areas was not developed without friction. The wide variation in practice between courts, as shown by the proportion of cases birched, fined, sent to approved schools, put on probation or discharged, was and to some extent still is an indication that there is as yet no sure and established treatment, and that those with bigoted views on the value of this or that system can apply their principles unchecked by the salutary disclosures which result from follow-up investigation. If psychiatrists have found much to criticize in this state of affairs, the attitude of those in their ranks who approached the work with the equally bigoted assumption that psychopathological theory based on work in entirely different fields of psychiatry could be applied unmodified to the

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delinquent child caused an equal discontent in the magistrates. Furthermore, in his contacts with the courts the psychiatrist, and especially the psychiatrist whose main background is in psychotherapy, has had to modify his fundamental attitude to his patient. In the earlier days of psychiatric examinations for the courts there was a tendency for psychiatrists always to report on their patients as if they had been called upon to give evidence for the defence, and to explain away what the child had done in an unfamiliar terminology. They were regarding the child as their patient, and had not adjusted themselves to their new role of providing objective evidence for the court's use, having regard not only to the needs of the patient, but of society as well. A similar state of affairs was seen in the army during the war, when a number of psychotherapists became army psychiatrists. Until they had re-oriented themselves and realized that their efforts were in the interests of the war effort as a whole, as well as of the individuals they were called upon to examine, psychiatry tended to be regarded as a new way of evading justice at courts-martial, or a new route through which men could get out of combatant duties or out of the service altogether. When later the army psychiatrist became the expert adviser to the court-martial, rather than the prisoner's friend, he had acquired an attitude comparable to that needed in advising a juvenile court. When they come to work with juvenile courts, as one hopes they will, these men will already have acquired this most necessary quality of objectivity, and the respect for the rules of evidence which goes with it. If he is to earn the respect of the courts, the psychiatrist must have a realistic conception of the circumstances to which the child is trying to adapt itself. He must acquire a knowledge of the background of his cases, and of the type of environment in which delinquency flourishes. He must see the problem as a social as well as an individual one.

In spite of the initial misunderstandings due to these and other causes, magistrate and psychiatrist have now in many areas profited by their own and each other's mistakes and, with a full realization that there is yet much to learn, have evolved a combination of British justice, scientific method and common sense with a leavening of sentiment which has allowed them not only to understand their cases better, but to pave the way for a better understanding of the problem as a whole.

The view has been expressed by a number of very experienced magistrates (7) that a psychiatric examination should be carried out on every child once his offence has been proved. At many courts in the United States every child is so examined even before this stage. This would not be possible at the moment in this country owing to the lack of psychiatrists with sufficient training. It is possible, however, that some sort of screening examination of every case placed on remand may provide a solution to this problem.

It is well to remember that the relationship between the psychiatrist and the court in this country differs from that in many other countries, notably the Scandinavian countries and the U.S.A. (8). In the former the court does not exist as a tribunal at which the child must be tried, and it is not necessary to establish guilt if it can be shown that there are other circumstances which make it advisable for the court to direct that social measures or special training

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shall be carried out. In Norway and Sweden the court is entirely replaced by a council, resembling a child guidance conference, on which are represented all the agencies concerned with the child (9). In the United States the juvenile court is not a criminal but a chancery court where the State may, if it is considered necessary, assume the duties of a parent when no one else is able or willing adequately to do so.

In this country, where the tradition of impartiality and fair trial is so strong, the psychiatrist stands in relation of adviser to the court. In a certain proportion of the cases he is able to examine the evidence in the light of his experience, and in his report confidently to recommend some course of action. If he is a man of experience in this work and is known to the Court his recommendations are almost invariably acted upon. He may feel that in effect he is deciding the disposal of the child, and may wonder if the complicated machinery of the court could be replaced by an organization more like his own clinic. This is particularly the case when, in the relatively rare instances where the psychiatrist has greater experience than the magistrate, his recommendations are upset because the latter holds views about children which have not yet been tempered by experience. The adaptation of the system of trial to the needs of the child should be assured by the provision in the Lord Chancellor's Rules, in which it is laid down that juvenile court magistrates must be specifically qualified to deal with juvenile cases, but it is now essential that the number of such specially qualified magistrates should be increased. The problem of training adequate numbers of either magistrates or psychiatrists has not yet been solved.

The child is a young citizen, and has the right to expect the same fair trial as is given to his elders. He has the right to refuse special examinations until they are prescribed for him after the charge has been proved. The system as practised at present is scrupulously fair. When one attends some of the juvenile courts, however, and sees the very large number of officials and the multitude of people involved, one wonders whether a little of the expenditure devoted to the dignity of the Court might not be sacrificed in the interests of fuller investigation of the child.

II. The Background of Delinquency and the Psychiatrist's Contribution.

Although it is not possible here to discuss in full the factors of which the interplay may determine delinquent behaviour, it is necessary to review the principal causes in order to show where the psychiatrist can contribute to the investigation and treatment of any given case.

Just as a child under investigation must be considered as a unit of humanity with its constitutional assets and liabilities, trends and vulnerabilities in process of being moulded by the environment it encounters, so it is expedient to consider the factors making for delinquency as divisible into constitutional and acquired, bearing in mind always that in no case are all the factors unfavourable to social adaptation either one or the other.

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TABLE I.

Constitutional.

1. *Mental defect:* Inability to acquire knowledge at the normal rate leading to compensatory mechanisms and inability to adapt as an average member of society.
2. *Psychopathic inferiority:* Inability to keep in step with the group, or to feel or make judgments like an average member of society.
3. *Moral defect:* Inability to acquire any outlook beyond an egocentric one —frequently combined with distorted emotional and hedonic impulse.
4. *Psychosis:* Functional or organic distortion of mental processes, with secondary alterations in attitude to other individuals and to society in general.
5. *Disorder of central nervous system:* Including those predisposing to social inadequacy, episodic impulsiveness, character change and neurotic mental mechanisms.
6. *Physical inferiority:* Disorders of sensation and locomotion preventing normal communication with the group. Metabolic and glandular disorders affecting psychological attitude. Deformities and inferiorities necessitating compensatory psychological mechanisms.

Environmental.

1. Lack of proper nutrition and care, education and example.
2. Deprivation of normal emotional ties.
3. Lack of outlet for ambition, interests and energies. Effects of frequent change of environment.
4. Psychological consequences of constitutional differences from the average.
5. Delinquency as a manifestation of psychoneurosis of whatever causation.
6. Uncertainty as to future, especially of emotional relationships.
7. Positive influences, such as cruelty, or tuition in crime.
8. Effects of misunderstanding of previous delinquency.

Where constitutional factors heavily outweigh the effect of circumstances, little can be done to alter the underlying defect, and the object must then be to ascertain its presence and to manipulate the child's environment so that he can do a minimum of harm to himself and to others. He must be afforded the optimum chance of becoming as contented and productive as his handicaps allow.

It is now many years since the relationship of mental retardation and defect to delinquency was first recognized, and court officials are always on the look-out for members of this numerically important group. If an adequate examination is carried out they can always be detected, though to advise on the subsequent management of some types may require much knowledge and experience. Many backward children are found to be so for the first time as the result of being brought before a juvenile court. The efficiency with which they are detected at present varies, and there is no doubt that in some areas not only are they recognized for what they are only after several appearances in court, but that children and young persons are sent to approved schools who are eligible for certification under the Mental Deficiency Acts (10, 11).

The need for expert assistance in this field is now recognized by all courts, but the fact that the actual testing can be carried out by a psychologist or a trained lay person has led to the belief among some court and local authority officials that the Intelligence Quotient so obtained is a sufficient guide to the

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disposal of a case without the further opinion of a psychiatrist. This is a dangerous belief, especially where it leads to amateur efforts at testing or to the placing of excessive reliance upon group tests. While it is not necessary for a psychiatrist to carry out the tests, the psychiatric examination of the child in the light of the results obtained is essential. Many backward children are stable and their potentialities as good citizens are great, while in others the degree of insufficiency is far greater in the social than in the intellectual field. We have as yet no satisfactory quantitative tests of social adaptability (12), and it must be assessed by the examination of the child in the light of his past history of successes and failures. Only on the result of such an assessment and its relation to his intelligence and temperamental qualities can a sound opinion be given as to placement.

In the field of constitutional psychopathic inferiority, with or without abnormality in the nervous system and in the more serious forms amounting to moral defect, it is likely that the psychiatrist will be able to make an increasing contribution as our knowledge of the subject increases. It is to be recalled that the juvenile court, dealing as it does for the most part with the children of a depressed class, acts as a filter which tends to separate off the inferior members of a constitutionally inferior group where inherited influences have played a large part in placing its members in the unsatisfactory environment which has conduced to their antisocial behaviour. It has long been known, for instance, that minor abnormalities of the central nervous system are more frequent in the children examined in remand homes (13) than in normal school children. In the same way it can only be expected that inherited tendencies to psychopathy of one kind or another will be more frequent, and that a greater proportion may be expected to become psychopathic or prepsychotic personalities when they reach adolescence and maturity. Recognition of such constitutional vulnerabilities is essential to the planning of realistic training and treatment. The ability to assess clinically this part of the child's personality comes only with much experience, but when acquired, it can be of the greatest value to the courts.

The group of moral defectives and of grossly psychopathic personalities is small, but of the greatest importance. Cases of this kind when not recognized for what they are can rarely find a satisfactory place in the administrative framework and are the cause of much embarrassment. They set a bad example in schools and training centres and retard the progress of other children. Since the nature of their disorder is unknown to laymen, differences of opinion as to its causation and correct management frequently arise. These children very often become test cases in minor disputes, and since many of them are of above average intelligence, they are able to take pleasure in fomenting discord. When everything else has been tried, the psychiatrist is often expected to find an answer for problems of this kind. It is extremely difficult to provide for the less severe cases of this sort, and even in the case of moral defectives there is great reluctance on the part of the medical officers of local authorities to co-operate in using the facilities provided by the Mental Deficiency Act unless the child shows a considerable degree of intellectual defect as well.

The presence of severe constitutional defects in a proportion of the cases

https://doi.org/10.1192/bjp.94.395.283 Published online by Cambridge University Press

seen need not lead to a fatalistic view of delinquency in general, nor a return to the view that the criminal is born and not made. Indeed such a view could not stand up to the obvious fact that the vast majority of children appearing before the courts eventually make a satisfactory adjustment to life. The follow-up results of all groups, whether first offenders, probationers, pupils at approved schools or trainees at Borstal, show that a minority appear at the courts again. There is a general tendency in the young to conform, which can express itself in spite of the most adverse conditions.

In seeking to give the maximum assistance to the child in his struggle to achieve a normal adaptation, the first and the safest contribution we can make is to remove difficulties from his path which prevent him from having as good an opportunity as other children. The reports of social workers and probation officers contain objective evidence of such factors as cruelty, underfeeding, lack of recreational outlet, poor school attendance, bad companions, poor housing conditions, inadequate sleep, friction between parents, or desertion. It is clear that to remove these adverse factors will do nothing but good, provided that the method of removal does not create problems of its own. Important as this work is, forming as it does the mainstay of the probation officer's approach, its value is limited unless an insight is gained into how these factors are involved in the child's difficulty. This is particularly necessary when empirical social measures do not produce the expected result.

TABLE II.—*Factors Which Can be Influenced by Social Measures.*

Alterable or modifiable.

Unsuitable school or work.
Lack of companions or recreational facilities.
Overcrowding. Neglect and indifference.
Bad companions. Discord with siblings.
Cruelty. Encouragement in crime.
Temptations. Unsuitable recreations in district.
Discord between parents. Overstrictness.
Psychoneurotic parents.

Effects which can be minimized but are not alterable.

Mentally defective, psychotic, drunken, psychopathic or unemployable parents.
Step-relationships. Illegitimacy.
Desertion by or separation of parents.

A more effective approach is to establish the presence of, and to try to eliminate, such factors as a feeling of unwantedness, a sense of inferiority, a resentment of injustice, a desire for revenge, a frustrated ambition, a disturbed sibling relationship, a desire to escape, perplexity as to what is right, a desire to emulate or outdo some other child or a resentment of ridicule. Feelings and impulses such as these may be largely the result of an abnormal social background and may be dealt with by purely social measures. If, however, the intermediate emotional factor is not considered, a drastic social measure, such as removal from home, may do emotional harm while doing material good. It is for this reason that the psychiatrist can by patient and methodical investigation help to provide a basis for the social treatment which is prescribed in the decision of the court.

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In particular, the psychiatrist can, by assembling the available information, see the child as an individual. He is able to realize how numerous are the possible reasons for the child's behaviour, and by what a variety of mental mechanisms the same social conditions may give rise to the same act of delinquency.

TABLE III.—*Possibilities of Disposal of a Child or Young Person Found to Have Committed an Offence.*

Judicial measures:
- Police caution.
- Dismissal.
- Bound over—without recognizances.
- —with recognizances.
- Fined.
- Ordered to make restitution.
- Birched.
- Put on probation—Without condition of residence.
- With condition of residence (hostel, boarding out).
- ,, recommendation as to recreation.
- ,, ,, ,, psychological treatment.
- ,, ,, ,, periodic psychological examination.
- Remanded in custody for further investigation.
- ,, on bail.
- Case adjourned *sine die*.
- Approved school—Short term.
- Classifying.
- Normal.
- Committed to Sessions. Borstal.
- Remanded to prison.
- Committed to care of Local Authority —for residential school.
- for foster home.
- Recommended for—Treatment in hospital.
- Convalescent home.
- Open-air school.
- School for physically handicapped children.
- Attendance at out-patient clinic.

Certified as mentally defective and recommended for—Hospital.
Training colony.
Statutory supervision.

Certified as morally defective.
Recommended for farm training school.
Deemed educationally subnormal and recommended for—
- Class for educationally subnormal pupils.
- Special school (resident).
- Special school (day).

Deemed maladjusted and recommended for—
- School for maladjusted pupils.
- Hostel for maladjusted children.

Recommended for private hospital or school for treatment.
,, ,, epileptic colony.
,, ,, Colony for post-encephalitic cases.

From the moment the hand of the law is on his shoulder and throughout his contact with the court and its apparatus, the child is going through a profoundly impressive experience. Many things which are said to him will be remembered, and attitudes taken towards him may have lasting effects. In the course of building up his dossier and of asking him about himself, oppor-

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tunities occur of answering questions, correcting misapprehensions and giving him much-needed reassurance. These opportunities are far more valuable than any which can be created at a psychotherapeutic interview. There is, in fact, a need for psychiatric first-aid in the early stages which may reduce the need for more deliberate psychological repair later. It is very important that the psychiatrist should be at hand not only to give aid himself, but to instruct his team to take such opportunities when they arise.

In a certain number of cases the emotional disturbance within the child may be such that there is little hope of a normal attitude to life without psychotherapy. Except for the first-aid mentioned already and for what might be called psychiatric probation, the number requiring deeper psychotherapy cannot be large. There is a tendency for psychotherapists examining delinquents to underestimate the readiness with which a child responds to a favourable change of circumstances. None the less, such cases occur not infrequently, and it is important that if psychotherapy is required it be commenced at once, in order to profit by the relationship established at the interview. In general, therefore, the contribution of the psychiatrist to the work of a court is to apply scientific method to the assessment of the child's condition and its relation to his behaviour, to inform the court in simple terms of what he has found, and to make any necessary recommendations regarding the amelioration of social conditions and physical or psychological treatment.

III. The Present State of Our Knowledge.

The investigations upon which our present knowledge is based (2, 3, 4, 11, 12) have been carried out, for the most part, on groups of delinquents, and have dealt with such problems as the effect of different kinds of treatment or punishment, the intelligence and physique of delinquents, their family histories, their psychopathology, and the incidence of different forms of delinquency in geographical or social groupings in the community. As a result of this work the general nature of the clinical material has become clear, but the figures available are in the main suggestive rather than conclusive. The time has now come to plan the next steps in this country so that further and more exact knowledge can be acquired.

It must be borne in mind that the effects of the forces which have led to delinquent behaviour in childhood are likely to be felt throughout the individual's life, and the final outcome of the conflict in him between antisocial behaviour and good citizenship can only be known as his subsequent life-history unfolds. Nothing, therefore, short of a very thorough investigation with a detailed follow-up of his subsequent career can tell us whether he has become a useful member of the community, or whether he has merely learned to subvert the social order in some way which does not conflict openly with the law. Only in such a way can we find out what proportion of our juvenile delinquents will later show neurotic breakdown, gross psychopathy, psychosis or recidivism, and how these trends can be recognized and possibly prevented at the earliest moment. Quite apart from the group approach, there is still much to be learned on the clinical side from the study of individual children.

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There are now a number of recognized syndromes in which an established set of causes has brought about an effect, but the number of psychiatrists working on this type of problem has been relatively small in this country, and the work of each only becomes of value when he has acquired experience.

A considerable body of figures has now accumulated from a variety of sources, but it is extraordinarily difficult to draw any but the most obvious conclusions from them. This applies particularly to figures relating to the results of different methods of treatment and disposal. Up to the present attempts to assess results have had to be based very largely on the proportion of cases which do not appear before the courts in a given period of time—say five years—and even five-year follow-up results are not numerous. In normal times, for instance, before the complications of war and evacuation were added, it could be expected that about 70 per cent. of cases bound over or discharged did not get into trouble again within three years (5), 67 per cent. of children and young persons put on probation were not charged again within three years, and over 70 per cent of boys sent to approved schools were not charged again within the same period (16). These figures tell us no more than that about 70 per cent. of cases seen by the juvenile courts are not caught again within three years—whatever is done to them. These results are consonant with the fact that the incidence of offences in general decreases with age. Of every thousand boys aged thirteen, 13·5 are found guilty of offences in the course of a year, by sixteen the figure has dropped to 10, and by nineteen to 6·8 (14). There is thus a tendency, as the individual passes through childhood and adolescence, and finally settles down to middle age, for those whose social maturation has been delayed gradually to conform to the codes of the group. This gratifying fact has led to much confusion in the interpretation of statistics relating to the treatment of juvenile delinquents.

Our objective is to improve the attitude to society of juvenile offenders and to make them into better citizens. We have also to prevent the juvenile offender from developing into the habitual adult criminal. These two objectives are not necessarily identical. Some juvenile offenders are constitutionally incapable of becoming normal citizens, and must be protected, specially trained or segregated if they are to avoid recidivism. The mental defectives, the physically handicapped, the moral defectives are members of this group, as are the grosser psychopathic delinquents. It must be an important part of future research to define as accurately as possible the extent of this group, who show a serious constitutional defect in social adaptation, and to plan for them a life in which they will be able to contribute as much as possible to the community and to do a minimum of harm by their behaviour and their example.

Surveys of adult criminals carried out so far indicate that a relatively small proportion of recidivists show gross evidence of an initial constitutional handicap (18). We are thus able to conclude that the criminal attitude of the majority might have been prevented if circumstances had not irrevocably moulded their attitude to society for the worse. If we are to help them, however, we must first understand the relationship between juvenile and adult criminal behaviour.

Among adult habitual offenders 70 per cent. have made their first appear-

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ance before the courts before the age of twenty (19). This figure has to be considered in the light of the fact that roughly an equal number of offences are committed by individuals of over and of under twenty-one, but it none the less indicates that the recidivists of the future are appearing in the juvenile courts to-day. We are still unable to detect with certainty those in the greatest danger, and the results at our disposal, confused as they are by the fact that most children recover anyway, give us no certain indication as to the best way of detecting them and diverting their energies into better channels.

Of the methods of treatment, that which is best studied and documented is one in which psychiatrists have played no part at all, namely, Borstal training. The reports of the Borstal Association show that over a five-year follow-up the percentage of the group who were doing well after release is in almost direct ratio to their age when first sent for Borstal training, over 80 per cent. of those committed under eighteen proving successful, as against little over 60 per cent. of those committed at the age of twenty (20). The results of approved school training in the lower age-groups show the same tendency (16). This leads us to the expected conclusion that training of this kind is more likely to be successful if it is begun early.

The general impression which emerges is that among the children who appear before the juvenile courts there are three groups which merge into one another. Firstly, a very large group in whom the offence has been merely an incident in the process of acquiring an adult sense of responsibility, who can be expected to recover in any case, and whose recovery may be helped by the adjustment of any environmental stresses which come to light as the result of the court's investigation. Secondly, a group whose delinquency is the symptom of a disturbed attitude to society due to adverse environmental conditions or to gross emotional stress, whose recovery requires active measures, social, educational or psychotherapeutic. The third group are the children with severe constitutional handicaps, and the figures available suggest that those whose handicap is one of inability for social adaptation may form a hard core of potential criminals for whom at present relatively little can be done. In the interests of the much greater number of hopeful cases whom they are able to corrupt, we must face the existence of this group of delinquent psychopaths. The work of Henderson (21) has drawn attention to the importance of this group among adults, and from it we see that the psychopathic tendency has usually been manifest, and therefore presumably recognizable, from early life. Yet there is a tendency on the part of those working with juvenile delinquents to minimize the importance of this group. One of our tasks in the future is to learn to recognize early these cases of poor prognosis and to consider, if they really are doomed to psychopathy, whether special legislation should eventually be provided to prevent them from leading others astray by having them live in communities of their own.

Fortunately it is with the more hopeful cases that we are likely to be more frequently concerned. We have to discover safe means of supplementing the natural tendency to recovery in the same way as a physician does in the absence of specific treatment. In some cases specific social or psychotherapeutic treatment may be possible, but the first principle of all treatment,

https://doi.org/10.1192/bjp.94.395.283 Published online by Cambridge University Press

"*prima non nocere,*" must be constantly borne in mind. In seeking to do good we must avoid doing harm.

The framework for investigation of the problem already exists if its parts can be linked up. At certain remand homes where psychiatrists have been employed, valuable records have been kept during the past few years, but in other areas such records are of an impersonal character, and are difficult of access in the files of courts, education authorities and probation officers. The records of the future must be planned so that they can have real meaning, and their keeping might be a legitimate function of any centre designed for the investigation and observation of delinquents.

In a number of areas the representatives of the different agencies concerned with delinquent children have, by working together with a common object, formed a team within which the work has been divided up. Such work has usually centred round a remand home. In 1927 the Departmental Committee on the Treatment of Young Offenders (10) recommended the establishment of observation centres, apart from the remand homes, at which children could be studied for a period of time. The Institute for the Scientific Treatment of Delinquency (22) has pressed for closer co-operation between social agencies and the establishment of observation centres and clinics. It might be that the functions of detailed investigation, emergency treatment, contact between agencies, voluntary and otherwise, and the training of personnel could be organized in connection with centres of this kind without seriously disturbing the present structures of the juvenile courts and their work.

A number of different groups have found that they can contribute. The organizers of boys' clubs, for instance, realize that they are able to divert potential delinquents to socially healthier interests. Those who have worked in approved schools have developed their own technique of training and have become confident of its value. The psychotherapist's experience with favourable cases has allowed him to feel that he has a large contribution to make, as has the probation officer and social worker. Magistrates have advocated techniques of their own, such as short-term punitive detention (23), but each group has tended to apply their rule to all or nearly all the cases they have seen. The psychiatrist, if he has a thorough knowledge of the subject and knows the possibilities and limitations of each method, is perhaps in the best position, if he is allowed the time and facilities to investigate each case, to make a *diagnosis*, and to assist the court in deciding which of the available techniques is, in the light of our present knowledge, the most suitable for the child. And if he is to do his work scientifically he must follow up his cases and learn by his mistakes.

IV. Classification and Observation.

The writer has recently had the opportunity of studying the problems of psychiatric examination of juvenile delinquents in an area where considerable progress has already been made in the application of psychological medicine to the problems of the courts. In this area a very experienced group of magistrates are anxious to see the best use made of the many specialists and social workers who might be available to help them.

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The object of this study was to explore the possibilities of modifying methods already in use, and to estimate what personnel would be required to carry out the work to an adequate standard. A temporary team was formed for the intensive examination of the cases passing through the remand homes during that period, and contact was made with all the agencies concerned in order to have their opinion as to possible improvements. Such contacts included magistrates, Home Office and juvenile court officials, psychiatrists, social workers, psychologists, probation officers, police officers, schoolmasters, remand home staff, school medical officers, mental deficiency authorities, the staffs of approved schools, and a variety of voluntary agencies concerned with the care of children. The conclusion was reached that the greater part of the children coming before the juvenile courts can benefit from a planned investigation of their cases, and that any treatment found to be necessary should be carried out at the earliest possible moment. A very large proportion of the cases can benefit from psychiatric survey, and of these a considerable number require observation under resident conditions if a satisfactory assessment is to be made.

If it is not possible, as at present, to investigate every child brought before the court, great reliance has to be placed on the magistrate's judgment in selecting cases for observation. In order to gain an idea of the efficiency of this method of selection, a series of cases referred by magistrates for psychiatric examination was compared (24) with a series of similar size of children remanded but not referred to the psychiatrist. There was little difference between the two groups, and the non-referred group contained a number of cases in need of careful assessment. In view of this finding it would appear that some other method of selection of cases should be employed, or that the magistrates should have the assistance of some sort of screening procedure in deciding which cases to refer. If, for instance, all children who were found by the courts to have committed the offences with which they were charged could be sent for a single day to a centre for group-testing and to eat and play under skilled observation, it might be a valuable addition to the material upon which the magistrate must at present base his judgment. One of the factors which often makes his task more difficult is the inadequacy of reports from schools.

Remand homes as we know them at present have many disadvantages as observation centres. If children remanded on bail are to be examined and if parents and siblings are to be encouraged to come up for interview, it may be necessary to establish special units or centres, unconnected with the remand homes, where the work can be carried out. Such centres would necessarily have a close relationship with the remand homes, and would, in fact, have to accommodate children on remand. It is, however, of the first importance that cases under observation should not come into contact with those awaiting transfer to approved schools, or undergoing punitive detention in the remand home. Novitiates in crime must be protected, at this stage at least, from the sophisticates who have to be held in custody while awaiting disposal. This factor is of particular importance in the case of girls.

The establishment of efficient observation centres is the logical next step in the scientific understanding of juvenile delinquents, and an extension of

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their scope to include follow-up work, teaching and research would provide a framework within which a far higher standard of service could be given to the courts than is at present possible. Observation centres are not a novelty and centres of this kind already exist, particularly in the U.S.A., but they are for the most part due to the efforts of isolated foundations and universities. The establishment of such a centre as part of a local or regional service would mark a considerable advance, owing to the greater ease with which the different social agencies could be co-ordinated. In brief, the functions of such centres, each of which could serve a large area of population, would be as follows:

1. To collect in one place all the available information about the child. Liaison with social agencies concerned in the case. Provision of opportunities to discuss cases. Interviewing parents and contacts both in their homes and at the centre.

2. Medical and psychiatric examinations under conditions allowing of thoroughness. Observation of children under school and play conditions. Psychometric testing, including vocational guidance and temperament testing.

3. Provision of a screening examination on group-test principles for children whose offence has been proved, in order to assist the courts in determining which cases are in need of psychiatric investigation. Examination of children on bail who come up to the clinic.

4. Provision of reports to the courts and to responsible persons in charge of children's training or welfare when placed by the court. Compilation of records. Carrying out of follow-up investigations.

5. Provision of "first-aid" psychological treatment. Arranging for longer term pyschotherapy elsewhere or for placement in hostels for maladjusted children. Assistance to probation officers with their cases. Assistance generally in implementing the court's decisions and recording the results.

6. Carrying out of statutory procedures, such as ascertainment of mental defect and classification of children under the Education Acts.

7. Research into the causation of delinquency from both the individual and social standpoints. Presentation of results of follow-up work to those who decide on treatment. Assessment of results of measures carried out. Study of methods of prevention.

8. Teaching, advice and training of personnel of all kinds who are to work with juvenile delinquents in the region or area supplied by the clinic, including magistrates, psychiatrists, psychologists, social workers, probation officers and the staffs of schools and training centres.

The essential purpose of the centre, therefore, would be to acquire enough information about each child to act as a guide to his treatment in the future. This is exactly what is meant by "classification" as carried out in the new classification schools built or in the course of construction by the Home Office. The great variety of children and young persons committed to approved schools and the wide variation in their needs from the point of view of training has led the Home Office to establish these schools, of which Aycliffe (25) is the pioneer example, where the child's needs can be assessed by allowing him

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to be trained for three months under the observation of an experienced staff. On the basis of their findings he can then be sent to an approved school, which can supply the needs of children in difficulties similar to his own. This system is a great improvement on placement based on such information as may appear in the child's records, or the availability of places at the time he was committed, but one ventures to think that it would never have been necessary if a more intensive effort could have been made to classify the child at a much earlier stage. It has the great disadvantage that, having just had time to settle down to life at the classification school, the child is moved to a new school to start all over again. It is probable that after thorough investigation at an observation centre enough would be known about cases for whom education and training at approved schools was considered necessary to make a definite recommendation as to the type of school at once. Not only is investigation at the earliest possible stage a matter of urgency in many children, lest the opportunity of carrying out effective treatment be lost, but on purely economic grounds it is advisable to carry out the correct treatment at once, and avoid the sequence of unsuitable disposals which too frequently mar the case-records of children who are sent to approved schools.

V. The Observation Centre of the Future.

In the course of my recent investigation it was possible to visualize many ways in which the experimental unit could have done better work had considerations of structure, time, lack of equipment and the need to train personnel not made it impossible during the six-month period. The system already in operation was a creditable attempt to interpret the letter of the Children and Young Persons Act, which had grown, by accretion rather than planning, as the result of intermittent pressure by interested social agencies. As the local authority concerned was a progressive one that had frequently led in the development of this work, the lessons to be learned from it were of great value. From the data and impression gained during the experimental period it is possible to form an idea of how an observation unit might be organized in which an adequate standard of service could economically be given without seriously altering present methods of juvenile court procedure.

An attempt will therefore be made to outline the features of such a unit and its relation to the basic administrative mechanism for the disposal of the juvenile delinquent. A list of the main social agencies interested in such a unit and with whom liaison would have to be established is given in Table IV, while some of the sources from which information about children would have to be obtained is given in Table V. It must be said at the outset that the greatest single difficulty in threading a child through the complicated legal and administrative machinery which provides for its welfare is to obtain adequate liaison between the different agencies and to reconcile their differing points of view. While the present incomplete facilities for children's welfare exist, decision about the disposal of a child may require the reconciliation of departmental interests and efficient compromise between the ideal course of action and what can practically be done. This would be less difficult if those who were con-

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cerned with the child could discuss the matter together with the common object of securing the best for each case; it is extremely difficult when the matter is purely a paper transaction to some of those concerned. It should be possible to provide liaison at the practical level as part of the function of the observation centre.

The functions of the observation centre will be dealt with under the headings of *Location, Size, Structure, Organization, Personnel* and *Economics*.

TABLE IV.—*Agencies Concerned in the Investigation and Disposal of Remanded Children.*

The magistrates, the court and the police.
The Home Office and the probation service.
The Local Authority Public Health Department.
Local Authority Education Department.
Local Authority Social Service or Special Officers.
Additional agencies who might be concerned with an observation centre:
(1) University or other body responsible for training and maintaining standards of—
Psychiatrists.
Teachers at approved schools (26).
Social workers.
Probation officers.
Educational psychologists.
(2) Authority concerned with training magistrates for work in Juvenile Courts.

TABLE V.—*Information Required and Its Sources.*

The offence—its background	The Court.
Police proceedings	Local authority officers.
Previous offences	Probation officer.
Personal history	Parents and contacts.
Family and social history	Social agencies, club officials.
Effect of previous measures.	
Educational history	School reports. Education authority files.
Behaviour under observation	Staff of remand home or observation centre.
Medical history	School medical officer. Reports from hospitals and clinics.
Intelligence level	Psychologist.
Special aptitudes and deficiencies	Psychologist.
Vocational suitability	Psychologist.
Temperament	Psychologist.
Physical state and handicaps	Physician.
Psychiatric status	Psychiatrist.
Stability and attitude to circumstances	Reports from clinics.

Location.

As the provision of an observation centre does not eliminate the necessity for a remand home, and as the children will frequently have to be transferred from one to the other, the two should, if possible, not be far apart. The principal disadvantage of housing both in the same or adjacent buildings is, apart from the possibility of communication between the two groups of children, the fact that the stigma of having to come to the remand home might deter

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parents from co-operating with the staff and where necessary bringing up siblings for examination. Owing to the need for visits from parents and social workers, the centre should be in the locality from which delinquents are mainly drawn and should form part of its Mental Health Scheme. It should be within easy reach of hospitals and clinics for special investigations and, if possible, of the court. Nearness to a school might allow of the use of a number of part-time teachers.

Size.

As the incidence of juvenile delinquency varies in different areas and fluctuates in any one area, it is difficult accurately to estimate the number of places required in relation to the population. Cases would for the most part need to stay only two weeks, with a minimum of one week and a maximum of three months, so that the number required is not large. It is thought that provision of 20 places per million of population would be sufficient for larger areas, although this could be greatly reduced if a greater number of children were remanded on bail and given a less complete investigation at a series of visits. It would be uneconomic to run a centre for less than 25 children, and observation would be difficult if the number were over 80. The need to segregate different types of case would lead to wastage of space, and it would not be possible to expect the places always to be filled. It is probable that a centre for 40 children, with an upper age limit of thirteen for residents, with places for 30 boys and 10 girls would be ideal from the point of view of observation.

Such a centre could deal with more children without admitting them, and could undertake the investigation of older boys and girls up to seventeen by arrangement with remand homes. Admission of this older group as inmates would add greatly to the difficulties of segregating elements who could do harm to others under observation.

Structure.

As it is necessary to segregate groups of children at night, a number of small rooms are needed capable of holding from one to three, as well as the dormitories, which in any case should not hold more than ten. Schoolrooms are needed, for older boys and girls separately and for the younger children mixed. Play facilities, both indoor and out, must be sufficient to bring out any tendencies worthy of note as well as providing adequate freedom. There would be no objection to a common dining-room entered from both sides of the building. There should be facilities for handicrafts and toys and materials which can to some extent act as test material in the hands of the teachers. A portion of the building should be unobtrusively escape-proof, although the majority of the children will need little persuasion to keep them in.

It is important that the resident portion should have a separate entrance from the offices and consulting-rooms, which should be arranged as a clinic with its own door opening on to the street. This part would comprise a registry and records room, separate rooms for physician, psychiatrists, social workers

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and psychologists, a playroom for visiting children, a waiting-room and conference room. A changing room for children, with lavatories, and a room in which visiting workers can write notes and interview parents completes the non-resident side of the centre. This side should have the outward appearance of a health centre or child guidance clinic. A most important feature is the provision of enough telephones, as a great deal of work of checking information about children or making contact with voluntary agencies can be carried out by telephone, and casual calling by workers thus reduced to a practicable level.

Organization.

It is clear that the courts who are to make use of the results of observation must be in full communication with the observation centre, and that they should be represented on its committee of management. The other agencies concerned must similarly be represented. Close contact is needed with the local authority and its facilities for child welfare, its hostels and special schools, and the centre itself would be best managed by a local or regional authority. It would not appear now to be necessary for the centre to be pioneered by a voluntary organization in the first place, as the need for something of the kind is clear enough for local authorities, or the central authority in charge of all deprived children (28), to interest themselves from the outset. The committee of management could well act as a co-ordinating committee between the courts and the local authority, such as that recommended in the Vick Report on the London Remand Homes (27).

From the point of view of teaching and research and the maintenance of standards, centres of this kind should be linked with a university where the teaching of psychiatry, applied psychology and social science is undertaken. In exchange for teaching facilities the university might be expected to provide consultant staff, and to attach trainees and research workers who could contribute to the service given by the clinic. There would be no objection to the centre also being used for statutory duties by the local authority, such as the examination of mental defectives and examinations under the Education Acts, provided that these children, using the centre as a child guidance clinic, were not admitted as residents. The treatment of maladjusted children, including delinquents, could not be undertaken at the centre, but would presumably be carried out at the schools and hostels for maladjusted children provided for in the Education Act. In a region where child guidance facilities are at present poorly developed, the observation centre could be planned as part of an integrated scheme for dealing with all psychological deviations in the young. In this the closest collaboration of the school medical service and the education authority would be necessary. The building of an observation centre presupposes a fair degree of development of other child welfare services which can act upon the results of observation.

The most difficult problem, perhaps, is to decide who is to administer such a centre. There is a case for placing it in the hands of a psychiatrist, who, of all the workers concerned, has contact with the greatest number of approaches to the subject. He could not, on the other hand, satisfactorily administer

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the centre as a residential school, and the best solution would probably be to have a lay superintendent for the resident care, with a psychiatrist as director of the clinical work.

Personnel.

While the number of trained workers employed and the amount of time they give will depend on the size of the centre and the number of cases attending for non-resident examination, certain specialities must be represented on the non-resident staff. For the examination of children the psychiatrist, the educational psychologist, the psychiatric social worker and those in charge of records; and for their care, observation and teaching, a superintendent, matron, housekeeper, teachers and handicraft instructors. Much of the collection of information and carrying out of the court's decisions will, as at present, fall to the probation officers and others, and much useful work can be done by trainees in the various specialities, the function of the clinic staff being to advise and co-ordinate. The teaching function of such a centre is of the first importance, as in this way the lack of trained personnel can be made up, and some idea of the aims of this work imparted to those who are engaged in social services whose contacts with juvenile delinquents are only occasional.

In many branches of children's welfare, and especially psychological welfare, workers frequently show strong emotional bias, or adhere to special views or schools of thought which render it difficult for them to approach the subject with real scientific humility. It is probable that the standards set by a university department would do much to maintain a sense of proportion among such enthusiasts, and to get the best out of their keenness to help the child in difficulties.

Economics.

Owing to the necessarily high rate of turnover, the cost of maintenance would probably approach that of a children's hospital, and it would certainly be greater than that of a remand home. When it is remembered, however, how much trouble and expense can be caused by a single child who cannot be fitted into the educational machine, and how much can be saved by finding out the right way to deal with such a child before it has upset and corrupted the others with whom it is placed, it can be seen that the service provided would be worth the expense. If it were designed as part of a general Child Health Service, the cost would not be so great.

VI. The Preventive Aspect.

No physician can work long with juvenile delinquents without being saddened by the thought that the unhealthy attitude to society which many of them exhibit could have been prevented, and that he alone is powerless to prevent potentially healthy children from having to pass their most impressionable years in an atmosphere of squalor and frustration. While he can examine the products of this culture medium and sometimes attempt to transplant them to a more suitable one, he can do little to alter the medium itself

https://doi.org/10.1192/bjp.94.395.283 Published online by Cambridge University Press

in which indifferent heredities breed in a milieu of suffocating discontent. The group from which the overwhelming majority of juvenile delinquents come is, like the unemployables and the problem-families, the portal of entry to a great social problem. A study of this depressed section of the community, who are unable for a variety of reasons to achieve the degree of social adaptation necessary for present-day civilized life, is inseparable from the study of delinquency.

Furthermore, juvenile delinquency may be regarded to some extent as a barometer of national and of local morale and cohesion. Delinquency increases with war, when civilization regresses, and it becomes out of hand in conditions such as obtain in Germany to-day, when confidence in the social order is at its lowest, and necessity drives parents to orient their lives only toward the immediate future. In the child it may be a symptom of a troubled mind. In the community, the district or the social group it is the symptom of inability to develop a social sense. In the examination of problems such as these by social survey methods an observation centre for delinquents could make a valuable contribution.

It is not enough to examine the individual delinquent whose conduct has caused him to merit the attention of the juvenile court. If we are to prevent his younger brother from appearing next year we must seek him out now. Even now one sees children who have tried hard to get help—have run away and given themselves up at police stations, have committed offences in the hope of being taken away from their homes. Cases such as this draw our attention forcibly to the hardships suffered by the underprivileged child at home, as have the findings of the Care of Children Committee (28) to the conditions under which the deprived child may have to live. Since the public conscience was first awakened to this problem much has been done, but there is much still to do, and the combination of sympathy with scientific method which the psychiatrist can bring to the problem must surely play an important part.

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