# PSYCHIATRY IN DETENTION

BY

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The report of the Oliver Committee, recently published, has drawn the attention of the public to the detention system used in the armed Forces, with special emphasis on the medical arrangements. In civil life the association of mental abnormality with delinquency is notoriously close, and it is not surprising that a similar association is discovered among Service offenders. It was thought to be of interest, therefore, to discuss the scope of psychiatry in detention establishments and briefly to describe the various types of abnormality which may be encountered there. Owing to the necessity for economy in medical manpower, it is impossible for us to copy the American practice of appointing a whole-time psychiatrist to each of the larger detention establishments; accordingly, it is incumbent upon the medical officer himself to utilize to the full such opportunities for psychiatric investigation as come his way.

## Diagnosis

A small proportion of the offenders received in Naval detention quarters have already been reported on by the psychiatrist at their depot before sentence, and yet others have earlier psychiatric reports included among their medical documents; but the majority, coming as they do from isolated ships and bases, have not previously been assessed from the psychiatric angle. The field, then, is large and the time all too short for undertaking a thorough investigation of every case. A compromise must be reached, and it is our custom here to interview each offender alone as soon as possible after admission (often on the same day) and to discover as rapidly as possible the salient facts relating to his health, previous Service record, early environment, school and work histories, and hereditary influences. These facts are recorded on a special form and filed for reference. It is possible in this way to gain a general impression of the mentality of each offender in less than a quarter of an hour; and though it is of course impossible to form a correct opinion in every case, there is still the whole sentence in which to review hasty and ill-judged conclusions. Nowhere in the Service is the medical officer in a better position to observe his charges, and though the atmosphere is an artificial one, it is certainly less artificial than that of a hospital ward: he can watch the men through the whole of each day's routine, at drill and physical training, at school instruction, at industrial work, and even engaged in such necessary tasks as washing clothes or peeling potatoes. In cases of difficulty or doubt he can confer with the instructors and officers, and more especially with the chaplain, who has his own records and is in touch with the home environment of the offender in many cases. Where it appears that we are dealing with an abnormal case, however, a more extended examination is necessary, and further interviews or even a period under observation in the sick-bay may be called for. The results obtained by these various methods are utilized in two ways: directly, to advise regarding the immediate treatment of any particular individual and modification of the detention routine if deemed necessary; and indirectly, in bringing him to the notice of his depot psychiatrist shortly before the expiration of his sentence. In grossly abnormal cases, however, direct and immediate discharge to hospital for invaliding or specialized treatment is our invariable rule.

## Treatment

The uncomplicated and regular life, hard exercise in the open air, generous hours for sleep, and the deprivation of alcohol and tobacco, all combine to improve the general physical condition of the average offender during his sentence, and, incidentally, to soothe and resolve the conflicts in his mind. Ocular demonstration is forthcoming in all but a small group of psychopaths, and the medical officer can observe how, in a few weeks, the sullen and resentful new arrival changes into a more placid and more co-operative individual. In the abnormal cases this process is generally obvious, and all that is required of the M.O. is a little moral support for the weak, reassurance and sedatives for the anxious in their earlier stages, and a certain allowance, tempered with firmness, for the idiosyncrasies of the psychopathic personality. The scope of psychotherapy in detention is strictly limited; for the medical officer is essentially an official in the eyes of the offender, just another link in the chain of Naval discipline. A similar disadvantage in the case of the prison medical officer was remarked upon by the Departmental Committee on Persistent Offenders in 1932. Moreover, the ordinary medical officer has other duties to perform, and even the time of the offender is limited; for so finely is his day adjusted for him that a long treatment session might deprive him of a bath or school instruction or necessary exercise. We have on occasion used narco-analysis to clear up periods of amnesia and other gross hysterical phenomena, but as a rule no advanced treatment is attempted. East and Hubert (1939) draw attention to the abuses which may creep in when the offender realizes that psychotherapy has possibilities for extorting concessions from the authorities in civil prisons; and the average Naval offender would not be slow to realize also that attendance for regular treatment is "a good wicket," and infinitely better than drilling or doing manual tasks. It is preferable to carry over those who can wait for the treatment of psychiatrists in depot; and those cases that cannot wait are transferred, as already stated, to hospital.

## Results of 1,000 Investigations

The following is a brief outline of the findings in 1,000 cases admitted to this establishment for the first time. Of these 773 appeared to be well adjusted to life in general and a Service environment in particular; their offences were occasionally due to pressure of external circumstances, but the great majority were due to causes well within the control of the individual. As a rule these men had gone into delinquency with their eyes open, took their punishment as a matter of course, and went back to duty afterwards duly deterred for the future. On the other hand, 227 were found to be suffering from conditions as set out in the following table:

| | | | |
|---|---|---|---|
| Organic cerebral causes | 3 | Mental defectives | 6 |
| Epilepsy | 5 | Mentally retarded | 59 |
| Schizophrenia | 2 | Anxiety-hysteria | 31 |
| Schizoid personality | 15 | Alcoholism | 13 |
| Depression | 1 | Homosexuality | 3 |
| Cycloid personality | 2 | Psychopathic personality | 87 |

44 cases in the abnormal group gave a family history of epilepsy—a percentage for the group of 19.4; similarly, 46 (5.9%) of the normal group gave a similar history.

44 (19.4%) of the abnormal cases gave a family history of psychosis, severe neurosis, or certifiable mental deficiency; 54 (6.9%) of the normal cases gave similar histories.

83 (36.6%) of the abnormal cases admitted to at least one conviction before a civil court on a serious charge and 131 (16.9%) of the normal group made similar admissions.

It is significant that nearly all the thousand cases in this series came from large towns, especially Glasgow, London, Liverpool, and Tyneside; that the majority were of low general intelligence and education, and had had no hobby, study, sport, or intellectual interest before they joined the Service. They included a large proportion of unskilled workers, and were almost all from the non-technical branches of the Navy. It is thus evident that education and mechanical ability are strong factors in preventing delinquency in Service personnel.

## The Abnormal Groups

*Organic Cerebral Causes.*—No final decision was reached about the 3 cases in this category. Two had strong presumptive evidence of severe head injuries in civil life, and the third was an ex-sparring partner who had been knocked out a number of times in boxing booths. All three were liable to become excited and confused on small doses of alcohol, but otherwise there was little connexion between their disabilities and their offences.

*Epilepsy.*—These 5 cases, of idiopathic type, were sent to hospital for invaliding. All five had suppressed their history when before a National Service Board. It is unlikely that their epilepsy bore any relation to their offences, which were all for absence without leave. Only one was seen to have a fit while under sentence.

*Schizophrenia.*—Only 2 incipient cases of this disorder were seen. One expressed the hope, in an apologetic manner, that he would not be mistaken for a German, and complained that others had been rapping messages about him on the walls; this was on the day of admission, and no further abnormalities were discovered during the rest of his sentence. On discharge he was referred to his depot psychiatrist for observation, and subsequently developed further delusions and was removed to hospital. The other patient drew attention to himself by acting strangely in detention, hiding under his bed, laughing at punishment, and appearing faintly amused at everything; he was sent to hospital, and was subsequently invalided as a schizophrenic.

*Schizoid Personality.*—These offenders were all above the average in intelligence, said they had never made friends, preferred their own company, and could not get on in the Service because of their inability to live at close quarters with large numbers of other men. They all admitted to over-indulgence in fantasy, and rather enjoyed the solitude of their cells, where they were free from interruption.

*Depression.*—Only one case of pure depression was seen—of a reactive type. It appears that this man's offence was directly related to his mental state, and he was discharged to hospital. He left hospital much improved, and continued under the care of his depot psychiatrist.

*Cycloid Personality.*—The swing of mood was abnormally evident in both these cases and justified their position under this category. These people are apt either to cause trouble through disregard of all orders when elated or to wander off and remain absent when depressed. Neither case approached a certifiable degree of abnormality.

*Mental Deficiency.*—This has become very rare in the Services since the introduction of routine intelligence tests, but occasionally a case appears in detention, having joined before the tests came into operation. Curran and Guttmann (1943) draw attention to the low standard of intelligence required for the performance of useful manual work in the Navy, and it is remarkable that men with mental ages of 8 or 9 frequently get along very well doing simple tasks and lead quite happy lives. On the other hand, others have been called up and have reacted to a strange and perhaps unfriendly environment by persistently deserting. Such cases are invalided as soon as they are spotted, but in a vast organization it is not surprising that an occasional defective goes unnoticed for some time. The following case is an example.

*Case 1.*—Stoker aged 25. Came from a good home, but was always afraid of animals and loud noises; he never got beyond Standard IV at school, and only owed this advancement to his age: while his fellows were at lessons he used to be told off to dig the garden. He then got a job in a small factory near his home, and performed a very simple task for nine years to the satisfaction of his employers. Called up early in the war, he went to sea in a destroyer, where he was terrified because of the noise of the engines; he was unable to learn the intricacies of his new duties. He then began to absent himself on every possible occasion, and served three short sentences in a civil prison. On admission here he stated that his sister was in an epileptic colony and that an aunt had committed suicide. He complained of pain in the back of the head of a "thumping" character, was afraid of being in a cell, and longed to get home; it appears that his wife looked after him like a child. He had never had a fit, but had had one short loss of memory. His M.A. was 7. He was immediately discharged to hospital for invaliding.

*Mental Retardation.*—This is often accompanied by other abnormalities, such as anxiety-hysteria and psychopathic personality, but all cases of backwardness encountered in this series are shown as such. Their mental ages varied from 8 to 11, though the higher figures predominated. These men came from families in which certifiable deficiency was not uncommon, never got beyond the lowest standards at school, and then drifted from job to job until they were able to find employment which did not require intelligent thought. In the Service they find instruction hard to follow, soon lose interest, waste their pay, and as often as not drink and smoke more than is good for them; many are habitual leave-breakers—more often from lack of imagination than wilful disobedience. Placed under strict supervision on discharge, they generally produce good work of a simple nature, and invaliding is only very rarely recommended.

*Anxiety-hysteria.*—In common with other recent writers I make no attempt to discriminate the two conditions; nearly all in this series showed both anxiety and hysterical symptoms. The Naval aspects of anxiety states and hysteria have been most thoroughly dealt with by others, and it is not proposed to discuss them further here. Acute cases of anxiety are very rare in detention, though chronic cases are not uncommon. A certain type of offender is ashamed of his fears, and fights shy of the medical officer both before and after his offence; unless he shows objective signs of anxiety, he is liable to escape detection until he appears in detention. Of hysterical manifestations, the fugue has the greatest possibilities from the point of view of delinquency, but such cases have generally received psychiatric investigation before sentence. I have dealt with hysterical reactions to punishment elsewhere. Typical mixed states are apt to be deceptive, but the following is an example:

*Case 2.*—A.B. aged 24. Complained on admission of "weakness, faintness, pains in the neck and chest, and a lump in the throat." He stated that a brother and a cousin were "nervous," and that he himself had had nocturnal enuresis until the age of 10. He never got beyond Standard V at school, but then worked fairly steadily for five years in a linen-mill and on a farm. After some months of unemployment he joined the Navy, about a year before the war. He got along well enough at first, but after the start of hostilities began to have strange feelings in his chest, and, when the medical officer could find nothing wrong, presumed that he had some unknown disease. He felt so unwell and inadequate that he twice absented himself from duty. On examination he showed objective evidence of anxiety, had a classical hysterical cough, but revealed no other sign of disease. He was put to bed on sedatives, and an attempt was made to investigate his condition; but he rapidly became more distressed in this environment and was discharged to hospital for invaliding.

*Chronic Alcoholism.*—The 13 men placed in this group had minor disorders which might have justified their inclusion in other categories, but their offences were directly due to their heavy drinking, and their behaviour when free from its influence was normal enough. Under punishment they proved amenable to discipline, and it was clear that if kept at sea, where there is no alcohol except the daily tot of rum, they would give excellent service. On shore leave, however, they were liable to degenerate into insubordinate, quarrelsome, and violent ruffians; more than one was prepared to steal to satisfy his craving. Two appeared to be typical though mild cases of dipsomania. A large proportion of the 1,000 patients claimed that their offences were brought about by alcohol, which they seemed to consider absolved them from all blame; but only the 13 quoted here satisfied one that drink was the primary factor. To add point to the necessity for placing these men beyond the immediate reach of temptation on discharge, one man seen in detention (not included in this series) had been under certificate in a mental hospital before entry, and reference to his records showed that this was directly due to chronic alcoholism.

*Homosexuality.*—Surprisingly few cases of this were seen, though the possibility was always remembered. All 3 had been investigated elsewhere, had most unsatisfactory personalities on other counts, and one at least had had a breakdown for a long period before the war. They were all discharged from the Service at the conclusion of their sentences, so that medical disposal was not required.

*Psychopathy.*—This term is unpopular with many authorities, but, restricted to the use defined below, I think that it is justifiable. It is necessary to have some generic term for that large mass of offenders who are markedly abnormal and yet cannot be included under other categories; the term "mentally inefficient" does not appear adequate, as their mentalities are efficient enough when necessary, and some verge on the brilliant within narrow limits. They all show one marked feature in common—emotional instability; it pervades their whole lives. They quarrel with their parents, wives, school-mates, fellow workers, and employers; they shift about from job to job, always hoping for something more congenial, less arduous, and more remunerative. "I can never settle to anything for long" and "I could not get interested in my work" are common remarks from these people. They often throw themselves out of work, remain unemployed for long periods, or wander about the country in an aimless fashion. They certainly do not lack

courage. In the Navy, they resent all discipline, shirk all responsibility, and squander their pay in a reckless fashion. A typical reaction was that of a rating who deserted to pay out his wife for some petty quarrel: "I knew she would lose her money while I was adrift," he said. They are drawn from all classes of society, and some of them have ruined excellent opportunities in early life by refusing to stick to anything. Many have been in approved schools, Borstal, or prison—some in all three; a few of them are habitual criminals, having taken to crime as a livelihood; but the majority have not enough stability even for that. It is not surprising that these men, more especially those of the aggressive type, appear in detention again and again, for violence, insubordination, and absence without leave. Under the transient stress of active service they tend to show up surprisingly well. It is not contended that crime is due to some strange disease, of which the psychopathic personality is one aspect: that conception has been abandoned by modern criminologists. On the other hand, it is significant that a very large proportion of civil and Service delinquency appears in those who have pronounced emotional instability. Such cases do not require hospital treatment or invaliding, and I have little faith in psychotherapy in these conditions. No satisfactory solution has been evolved in this country to deal with grossly psychopathic offenders, though special institutions for treating them were included among the measures in the Criminal Justice Bill of 1938. So far as Service delinquents are concerned, an attitude of understanding firmness, combined with careful placing on discharge from detention, is all that can be attempted at the present moment. The American system of heating the punitive furnace seven times for the psychopath does not appear attractive; but, in any case, the American Forces have the advantage over us of accepting no ex-criminals for enlistment. Many and interesting cases might be quoted from our experiences with psychopaths, but the following is an example of the problem which confronts us:

*Case 3.*—Stoker aged 45. Came from a poor home, but had no family history of crime or mental disorder. He came under the notice of the police at an early age and spent six years in an approved school. Later, he alternated for many years between the Army (which he entered three times, being three times discharged as incorrigible), the building trade (where he rose to be a foreman), and prison. He claimed to have spent ten years all told in prison, sometimes for burglary and once for robbery with violence. His face still showed the marks of razor-wounds received in racecourse gang-fights. At the outbreak of war he volunteered for the Navy without considering what that might entail; he soon found the life too arduous, and, without ever setting foot on a ship, disappeared. Three times he repeated this conduct, giving trivial and absurd excuses on each occasion. On examination he was the typical "old lag"—cheerful, plausible, and apparently friendly. His attitude while under sentence varied from a fawning subservience to truculence and open hostility. His general educational level was fair and his intelligence average. His disposal might have caused a serious problem, but he was found to have a high blood pressure, a trace of albumin in his urine, and his retinal vessels showed arteriosclerotic changes. At the conclusion of his sentence he was invalided on account of hyperpiesis.

### Comparison with Civil Delinquents

It is hard to find an exact parallel between Service and civil delinquents, as so much Service "crime" is of a purely technical nature. A man may have no wish to be considered abnormal, and yet fail to see the necessity for returning when his leave is up or for staying awake on watch. Civil crimes are usually those of commission, Service offences of omission.

| | Civil Prisoners | Service Offenders |
|---|---|---|
| Family history of epilepsy .. .. | 4·8% | 10·0% |
| Family history of insanity, neurosis, or mental deficiency | 10·9% | 9·6% |
| Psychosis .. .. .. .. | 7·5% | 0·2% |
| Defective .. .. .. .. | 3·3% | 0·6% |
| Backward .. .. .. .. | 14·1% | 5·9% |
| Epileptics .. .. .. .. | 5·5% | 0·5% |

The only comparable set of figures with which I am acquainted is that of East (1942) in his investigation of 4,000 young delinquents at Wormwood Scrubs; his cases varied in age between 16 and 20. The present series deals with a rather higher age group, varying between the extremes of 17 and 46, though the average age was 23½.

With regard to the above comparison, it must be remembered that civil prisons must take all comers, whereas the armed Forces impose a considerable degree of selection on their intake. It will be seen, however, that the same kind of psychiatric investigation is required, whether in a civil or Service environment, when dealing with gross or repeated forms of delinquency.

### Summary

The possibilities of psychiatric investigation and treatment of delinquents in Service detention establishments are discussed. It is suggested that the role of the ordinary medical officer is that of diagnosis, leaving treatment to be carried out elsewhere after discharge from detention.

It is shown that of a series of 1,000 Naval offenders who were briefly investigated 22.7% proved to be mentally abnormal.

The various types of abnormality seen in detention are briefly described, with a suggestion as to the bearing that those abnormalities have in promoting offences. A comparison between civil and Service delinquency is added.

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# PROTEOLYSED BEEF IN THE TREATMENT OF COELIAC DISEASE

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The importance of a diet rich in protein is well recognized in the treatment of coeliac disease and related conditions characterized by chronic jejuno-ileal insufficiency. The period of maximum incidence of coeliac disease is between the first and third years. The protein requirements per unit of body weight at this time of life are approximately twice that of an adult, while the ability to digest protein foods in infancy has an upper limit proportionately lower than in the adult. In coeliac disease gross impairment of the powers of absorption of the products of digestion, relating particularly to those of fat and protein, is superadded to the requirements and limitations already mentioned. These considerations, together with the apparent failure of any previous form of treatment to effect improvement in one of the cases reported, suggested to one of us (A. C. A.) the possibility of ensuring a high protein intake by the oral administration of proteolysed beef. The suggestion was therefore adopted, with encouraging results.

Our purpose is to present this method of treating coeliac disease. It should be made clear from the beginning that this line of therapy is based on the desideratum of a high protein diet in coeliac disease, and is on no account to be regarded as a substitute for or a replacement of the other accepted general principles of the treatment at present adopted for this condition; nor is it claimed that the striking progress observed in one of the two cases reported was brought about by this particular form of treatment. It is recognized that the natural history of coeliac disease could itself account for the improvement that took place, and that the part played by skilful nursing, a low-fat diet, and a high vitamin intake was no doubt important in determining this improvement. The method is therefore put forward on the grounds of having a rational and scientific basis and possessing distinct advantages over other methods of ensuring a high protein intake in the treatment of this disease. Finally, it is hoped these advantages, together with the freedom from technical difficulties in the preparation of proteolysed beef, will be considered of sufficient merit to promote further and more extensive clinical trials.