through the Police Research and Development Branch, the Home Office Research Unit, the Prison Department and the Scientific Committee and the universities.

Doctors assess dangerousness of illness in a variety of ways: mortality, degree and length of disability, infectiousness, response to treatment, ease of detection and thus of early treatment; they know that diseases can be effectively tackled at several different points (draining marshes, spraying houses and dosing humans with anti-malarial drugs); they know too that the most infectious and killing illnesses have sometimes been the easiest to prevent, once the necessary research or serendipity has shown the way. It would seem from Professor Radzinowicz's discourse that this analogy applies in every way to dangerous criminals.

#### P. D. Scott.

### Controlling Delinquents. Edited by STANTON WHEELER. London: John Wiley and Sons. 1968. Pp. 332. Price 755.

This is a symposium on methods of preventing and treating delinquency—what is done, what the agencies think they are doing, and what delinquents themselves feel about it. Most of the contributors are sociologists, but there are also psychologists, physicians, a lawyer and an anthropologist.

A variety of areas are touched upon. Two police systems are examined and compared (the more enlightened one has the higher delinquency rate). Problems arising between different disciplines (police, magistrates, probation officers, psychiatrists) when working in the same field, are considered; as expected, the emphasis is on the need for better communication, but other interesting facts emerge, e.g. the more widely the juvenile court judge is informed. the severer his dispositions. Perhaps of more direct interest to psychiatrists are the two chapters on child guidance and court clinics; doubt is cast as to whether in their present form these clinics are effective in the delinquency field; they tend (as O'Neal and Robins indicated some years ago) to avoid the aggressive and acting-out cases and concentrate on the younger age groups, and even the two court clinics only accepted one-third of referred cases for treatment; many families found their access to these agencies 'strewn with barriers and impediments', and some of the agencies were inclined to define their aims in terms of the special skills of their workers rather than their clients' needs. There are two studies of how the delinquent views himself and his admission to a corrective institution; these are limited by the fact that the interrogations and tests

took place at only one point soon after admission, and we know from other studies that reported introspections vary greatly with the stage of the incarceration. There is consideration of the need of juvenile delinquents for legal aid, and a chapter on actuarial versus clinical prediction of delinquency; this latter does not distinguish early treatment from prevention, and thus leads to some confusion of objectives. An interesting chapter on the variety of styles of the 'detached worker' (the professional, the ideologist, the moralist, the socializer) and the satisfactions which each derive from their work, is not difficult to transpose to some other disciplines. There is a demonstration, also, of how a computer can be brought to bear on the problems of working with juvenile gangs.

The book will be of most use to those involved academically or through research with juvenile delinquency, but all child psychiatrists and forensic psychiatrists will certainly find something of interest in it.

P. D. Scott.

# Aspects of Social Control in Welfare States. Edited by NILS CHRISTIE. London: Tavistock Publications. Pp. 184. Price 55s.

This is the second volume in the Scandinavian Studies in Criminology, and like its predecessor contains a series of short articles by different authors. The Welfare States referred to are those of Norway, Sweden, Denmark and Finland.

As the editor comments in the preface to this volume, interest in criminology now extends beyond the criminal to the study of the control systems which both designate him criminal and deal with him thereafter. It is with these systems, and the possible evaluation of their functions, that this book is concerned.

The nine articles include a discussion of the legal framework that underlies the various systems of the four countries, the perception of the various processes by different levels of society, possible methods of evaluating sentencing processes, and studies of conflicts between different organizations within the system and within the staff of a given organization.

To some extent one feels, after reading some of these articles, that concern for human beings, the criminals, is being replaced by concern about the system and how it can be perfected. However, as the first contributor claims, although Scandinavian trials may be rather dull and boring performances they may result in a more rational and reasonable way of finding out the truth and evaluating the conduct of the accused. One also perhaps detects a movement

# **492**

towards the concept that within a Welfare State we should not be asking what is wrong with the offender that he offends or continues to offend, but what is wrong with the system.

Clearly written and presented with excellent short abstracts of each article, this book will be of interest to all concerned in the development of Welfare States and transfer of controls from individuals to society.

T. G. TENNENT.

### **COMMUNITY SERVICES**

# Emergent Approaches to Mental Health Problems. By EMORY L. COWEN, ELMER A. GARDNER and MELVIN ZAX. New York: Appleton-Century-Crofts. Pp. 474. Price \$9.

The first five chapters of this symposium summarize current discontent with community psychiatric services in the U.S.A. The authors launch a number of attacks on the principles and practice of contemporary American psychiatry, whether psychoanalytically or biologically oriented. They consider that the service is seriously undermanned, that it discriminates between privileged and underprivileged groups, that it has blocked progress which might have been made, that it over-estimates the value of psychotherapy, and that it is irrelevant to the needs of large numbers of people who ought to be helped. Although there is a good deal of disagreement as to what precisely has gone wrong, one target receives fire from all quarters. What is referred to as 'the medical model, is the villain (or the Aunt Sally) of the piece. In Turner and Cumming's chapter, the model is actually reified—it can accept a notion or earnestly subscribe to an aphorism. Although the medical model is variously described and interpreted, what most of the authors have in mind is a narrow and authoritarian application of the biological concept of disease to psychiatric conditions by doctors who are quite unaware of the social implications of what they do.

This rigid assumption that psychiatrists are unable to use any other model but the one described, however inappropriate the circumstances, gives rise to a fallacy which crops up many times in the first five chapters. Albee, for example, discussing mentally retarded children, juvenile delinquents and young schizophrenic patients, argues that 'once it is finally recognized and accepted that most functional disorders are learned patterns of deviant behaviour, then the institutional arrangement which society evolves to deal with these problems probably will be educational in nature'. This confuses the disease concept itself with the way it is used by a few hardware specialists. A biological theory of causation is compatible with the most socially progressive forms of treatment, while a social theory of causation is compatible with institutionalism at its worst. Mentally retarded children should receive special education whether or not they have organic disabilities. The evidence that schizophrenia is a 'learned pattern of deviant behaviour' is very thin indeed, but whether it is or not, schizophrenic patients should not be cut off from the world nor condemned to idleness.

If the authors had recognized the concepts of social medicine and of rehabilitation as complementary 'medical models' to the disease theory, they would have been able to use some of the excellent scientific work now becoming available to illustrate their thesis. The importance of biological factors in severe subnormality is unchallenged, but there is no need to treat a retarded child as ill. Studies of the attitudes of nurses compared with those of house-mothers make it clear that the training of the former makes it relatively difficult for them to provide a rich social and emotional environment for a retarded child. (They have other virtues.) The child's responses to an understimulating hospital ward, on the one hand, and to an environment more like a family home, on the other, provide eloquent witness to the dangers of narrowly treating a disease process instead of considering the total needs of an individual. The problems of juvenile delinquents are not different in principle because delinquents are not regarded as suffering from handicaps which arise directly from a biological disease process.

So much attention is given in Part 1 to criticizing 'the medical model', that mental health, the central topic of the book, receives little attention. Turner and Cumming emphasize the importance of 'executive functioning' (for example, employment adequacy), and argue that it is as important to enhance it as it is to uncover the pathological source of symptoms. This is an unexceptionable statement, but it is puzzling that it should be presented as an alternative, instead of a complement, to a disease theory.

Part 2 is concerned with alternative sources of man-power. The helpful work of college students who act as companions to chronic patients in a State mental hospital is described. Other chapters are concerned with training mental health counsellors or human service aides. A fascinating contribution describes Neighbourhood Service Centers in the Bronx, which provide practical help for the poor (ranging from obtaining a service from the appropriate agency to writing letters for clients), organize 'the inactive poor' for 'community action' and attempt to induce lasting changes in the organization of other community