

So these are the developments so far. There have been two Codes of Practice. Each has advised against coercion of patients into informal admission. The College and the BMA, presumably because of awareness of field experience, have not only endorsed this advice but seen it as inadequate to deal with the delicate situation that arises when the medical and social work opinions differ. They have recommended further safeguards against coercion.

In the most recent development, I understand that DHSS has abandoned the 1987 Code of Practice in the form that we have seen. A new Code is hurriedly to be written and placed before Parliament without further consultation.

I am concerned that this is just one of several areas of practice where an ill-conceived Code of Practice may do lasting damage to relationships between those who have to work together within it.

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- <sup>2</sup>ROYAL COLLEGE OF PSYCHIATRISTS (1988) Mental Health Act 1983: Revised Draft Code of Practice. *Bulletin of the Royal College of Psychiatrists*, 12, 68.
- <sup>3</sup>— (1987) Comments on the DHSS Code of Practice.

### *An alternative use for dothiepin*

DEAR SIRs

We report the anecdotal case of a 40 year-old woman, Mrs AS., who is receiving anti-depressant therapy and attending our clinic. One night, having returned home from a social evening, during which she had taken a quantity of alcohol, Mrs S refrained from taking her nocturnal dose of dothiepin. She had been troubled for a length of time by the presence of a mouse in her kitchen, so she opened a 25 mg capsule and placed the contents on a piece of cheese which she left out in the kitchen in the hope that the mice might ingest it.

The following morning she discovered the body of the mouse beside the piece of cheese, where it had ingested most of the dothiepin which had been left out for it. She has since continued her own prescribed doses of medication, but is somewhat wary of the possible side-effects it may have.

This case indicates the potential toxicity of dothiepin in small mammals! It is an interesting alternative use for a well tried preparation.

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### *Hooligans — everybody's problem*

DEAR SIRs

There has been great concern shown by the media recently on the apparent increase in hooliganism, especially football hooliganism abroad. The hooligan has been around for a long time but hooliganism on such a large scale, sometimes planned, organised and executed by fans in a foreign country, has only recently become such a worrying problem. The question everybody is asking is why? Why is it happening? Why are they doing this? Who are they, and what are their motives? Clearly we need to know the answer to these questions before we can begin to think of a solution. The best way of finding out would be to ask the hooligan. Prior to 1960 the development and testing of delinquency theory depended almost exclusively on official delinquency statistics. Police and court statistics have limitations as measures of delinquent behaviour and self-reported checklists of delinquency have emerged as alternative measures.<sup>1,2,3,4</sup>

Psychoanalysts will suggest to us that there are instinctual aggressive feelings in people and that these feelings are repressed. Although this view may go some way into helping us understand delinquency and aggressive behaviour, it seems to be an acceptance of the problem rather than an inspiration to look for solutions.<sup>5</sup>

'Strain' theorists will maintain that experiences of limited or blocked opportunities lead to a perceived anomie or alienation and an active seeking out of alternative groups and settings in which particular patterns of delinquent behaviour are acquired and reinforced by social learning.<sup>6,7,8,9</sup>

'Control' theorists of delinquency would treat the socialisation process and commitment to conventional norms and values as problematic (failure to internalise conventional norms).<sup>10,11</sup>

West was able to show from a prospective study in which he followed-up over 400 eight year old boys to the age of 25 that delinquent acts were commonplace. A third of the sample had acquired a conviction record by the time they had reached their 25th birthday. A minority of individuals went on to become repeat offenders or recidivists and they committed a majority of the offences. These individuals were much more likely to have started offending at a younger age and to have acquired a greater frequency of offences at a younger age, to have a very disadvantaged background such as poor parental attitudes and one or both parents to have had a history of conviction as an adult.<sup>12</sup>

What can be done to stop hooliganism? Does punishment have a positive effect? Some predict that offenders dealt with lightly should get worse while those dealt with more harshly should improve. Van der Haag (1975): "Delinquents are the products of

the leniency of the law". There is evidence, however, that the general trend is towards a worsening of behaviour following the first finding of guilt.<sup>12,13</sup> So contrary to the deterrent theory, most previous research suggests that severity of punishment and especially commitment to a penal institution is more likely than leniency to produce an escalation of delinquency.<sup>14</sup>

These facts surely point away from looking at punishment as a deterrent and focusing on preventive measures where we would need to look at the ways we bring up our children and the effect of parental attitudes and practices on them. There is a need for more community-based programmes and a move away from institutional treatment as an answer, although some institutional places will probably always be needed.

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### *Special Interest Group on Philosophy and Psychiatry*

DEAR SIRS

We are delighted that Council recently formalised the setting up of a Special Interest Group in **Philosophy and Psychiatry** – thank you to all those Members and Fellows who wrote in support of the group.

We are now well placed to set up an inaugural meeting which we are planning for early 1989. We will circulate details as soon as they become available.

In the meantime, the purpose of this letter is (a) to invite other colleagues who would like to hear more about the group to contact Jean Wales at the College in the first instance; and (b) to ask members and prospective members of the group to write to Dr Bill Fulford with suggestions concerning the form and activities of the group. This would help us with our own ideas as we plan the inaugural meeting.

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