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Mental Health Aspects of Shoplifting*

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Summary

A ten-year follow-up of 886 shoplifters showed clear differences between women and men. Men tended to have previous convictions and to steal books (unknown in women). Of the 532 women nearly one third were foreign-born, and this group comprised 46% of offenders aged 17-30. The peak age among British women was 51-60.

First offenders accounted for 80% of the women, and their reconviction rate was 11%; among those with any kind of previous conviction the rate was 50%. The rate of admission to hospital for women shoplifters is three times higher than average.

Introduction

Attitudes to shoplifting, perhaps more than to any other crime, are stereotyped. Psychiatrists often stress that some respectable and usually middle-aged women shoplift for neurotic reasons with minimal motive of gain. This view is well accepted by magistrates, especially women magistrates, who can easily identify with these unfortunate women. On the other hand, shop managers and detectives draw attention to the large amount of casual shoplifting for simple gain by girls and women who are not maladjusted in any way. Both attitudes are correct, but recognition of one should not conceal the existence of the other. The problem is to place offenders along the continuum from casually dishonest to pathological and to throw light on the distribution. With this object in mind we studied the records of certain groups of offenders.

Firstly, with the help of local probation officers, we recorded brief details of all the 763 women dealt with by two magistrates' courts in the West End of London in a period of three months; 316 (41%) were shoplifters. Our main concern, however, was with the part mental ill health plays in shoplifting, so, secondly, we studied the subsequent 10-year history of 532 women convicted of shoplifting in 1959 (Gibbens and Prince, 1962), about whom probation officers supplied detailed information, and the subsequent history of 234 male shoplifters convicted in 1959, about whom less detailed information was obtained. Thirdly, we have followed up for 10 years 202 women shoplifters and 50 women convicted of other types of theft admitted in 1959 to Holloway prison on remand or sentence, and interviewed at that

time by Dr. Phyllis Epps, then a medical officer at the prison. Information on subsequent convictions in the 10-year follow-up periods was obtained from the Criminal Records Office and on any admission to a psychiatric unit from the Department of Health and Social Security. The latter, however, refers only to the five years 1964-9. Whenever there was a record of a period of probation or admission to a hospital we wrote for a report or case notes.

Results

COURT SAMPLE

Of the 316 women shoplifters appearing in West End of London magistrates' courts in a period of three months 60% were foreign girls mostly aged 17 to 25. They included 22 au pair girls and 51 students most of whom were foreign. They had little money to spend but many were apparently healthy, normally honest girls from stable, educated families—yet they compared notes about where to shoplift.

WOMEN CONVICTED IN 1959

Of the 532 women studied in 1959 525 were traced. The reconviction rate among them was 20%—similar to that of a group of cases convicted in the same courts in 1949. For the purposes of analysis four groups (A, B, C, and D) have been distinguished and are shown in relation to age in 1959 in Table I. In round figures 70% had not been convicted before or reconvicted after 1959 (group A); 10% were first offenders in 1959 who were reconvicted (group B); 10% had one or more convictions before 1959 but none since (group C); and 10% had had conviction both before and after 1959. Of the 80% who were first offenders, therefore, 11% were reconvicted; and of the 20% who had had one or more previous convictions of any kind 50% were reconvicted.

The distribution in Table I is fairly even but it includes rather different groups. Even in 1959 29% of the women were foreign born, mainly from Europe and Asia. They comprised 46% of the group aged 17-30. They were not all au pair girls or students, and a quarter had been in England for over five years. Ten per cent. were reconvicted. Among those born in the British Isles the peak age was 51-60. The most interesting figure in Table I is that out of 80 first offenders in their 50s as many as 22% were subsequently reconvicted.

In 1959 the detailed schedule of social and medical information (kindly filled in by probation officers in addition to their ordinary duties) was incomplete in some 42% of the 532 women offenders. However, among the 58%—that is, 304 women—in whom information was complete there had been a good deal of physical and mental ill health. Some 17% of those fully investigated (10% of the total 532) had been in hospital with a major physical illness (in half the cases in the last year); a further 10%

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TABLE I—Reconvictions Related to Age in 525 Women Shoplifters Convicted in 1959

| Group | <17 | 17-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | >70 | Total |
|--|---------|------------|------------|------------|------------|------------|------------|---------|-------------|
| A. Only conviction 1959 | 6 (75%) | 61 (81.3%) | 85 (73.2%) | 63 (70.2%) | 66 (76.0%) | 62 (58.0%) | 29 (78.0%) | 3 (60%) | 375 (71.4%) |
| B. First conviction 1959; one or more subsequent convictions | — | 6 (8.0%) | 12 (10.3%) | 4 (4.4%) | 6 (6.8%) | 18 (16.9%) | 2 (5.4%) | 1 (20%) | 49 (9.3%) |
| C. One or more previous convictions; none since 1959 | — | 2 (2.6%) | 8 (6.0%) | 12 (13.0%) | 6 (6.8%) | 17 (16.8%) | 4 (10.8%) | 1 (20%) | 50 (9.5%) |
| D. Convictions before and since 1959 | 2 (25%) | 6 (8.0%) | 11 (9.4%) | 11 (12.2%) | 9 (10.3%) | 10 (9.4%) | 2 (5.4%) | — | 51 (9.7%) |
| Total | 8 | 75 | 116 | 90 | 87 | 107 | 37 | 5 | 525 |

TABLE II—Inpatient Mental Treatment among 525 Women Shoplifters during 1964-9

| Group | None | 1 Admission | 2 or 3 Admissions | 4+ Admissions | Total |
|--|-------------|-------------|-------------------|---------------|-------|
| A. Only conviction 1959 | 353 (94.2%) | 12 (3.2%) | 5 (1.3%) | 5 (1.3%) | 375 |
| B. First conviction 1959; one or more subsequent convictions | 43 (87.8%) | 4 (8.2%) | — | 2 (4.1%) | 49 |
| C. One or more previous convictions; none since 1959 | 44 (88.0%) | 3 (6.0%) | 2 (4.0%) | 1 (2.0%) | 50 |
| D. Convictions before and since 1959 | 41 (80.4%) | 2 (3.9%) | 6 (11.8%) | 2 (3.9%) | 51 |
| Total | 481 (91.6%) | 21 (4.0%) | 13 (2.5%) | 10 (1.9%) | 525 |

had had minor illnesses or accidents in the last year; and 14% were recorded as suffering from chronic ill health or permanently disabled. There was no history of significant ill health in 58%.

Of the 304 women on whom information was completed 4% had been inpatients in mental hospitals, 3% had had outpatient treatment, and 18% were recorded as suffering from "chronic nervous tension." A history of abnormality, however, was evenly distributed among the four groups A to D.

The mental hospital admissions among the 525 women since 1959 (Table II) are rather more interesting. The register of admissions, however, has been kept only since 1964, half the 10 years under review. The rather higher proportion admitted on two or more occasions than on one probably results from the most recent admission being recorded in the period 1964-9, while single admissions during 1959-64, which one would expect to be more frequent, would not be shown. Most admissions (75%) were voluntary. Three women were admitted under Section 60 of the Mental Health Act following an offence. In addition, we traced 15 people who received outpatient psychiatric treatment, mainly at the suggestion of the prison medical officer or probation officer, in relation to a subsequent offence. In five of the inpatients we were unable to establish the diagnosis. Those recorded included depression, including suicidal attempts (24), schizophrenia (4), manic-depressive illness (2), dementia (2), psychopathy (2), alcoholism (1), personality disorder (1), and subnormal (3).

WOMEN IN CUSTODY IN 1950

Dr. Epps calculated that the 202 women shoplifters in custody in Holloway prison in 1959 represented about 2.5% of the cases before the courts at the time. The subsequent reconviction rate in the groups in relation to their custodial status is shown in Table III. The subsequent record of 33 could not be traced. Though this probably means that they were not reconvicted they have been placed in a separate category, group E.

The first offenders (groups A and B) have been reconvicted more often than the general average (about 18%). They

may have been more socially and medically disturbed than average, and those sentenced on their first offence were presumably thought to be professional thieves. They tended to persist in shoplifting rather than commit other crimes. Only 56% had no subsequent shoplifting conviction (eight women had from four to eight convictions in the next 10 years) and 70% had no other type of reconviction. Twenty-seven per cent. had previously been in hospital with a major physical illness, though in 60% of cases this had occurred over five years before. Another 11% had chronic ill health or permanent disability. The proportion was about the same in the different reconviction groups. However, there was a history of previous inpatient mental treatment in 14.8% (10% more than in the women convicted in 1959), of outpatients treatment in a further 15.7%, and chronic nervous tension in 9%.

Subsequent admissions to a mental hospital during 1964-9 are shown in Table IV. Comparison with the admissions among the 525 women convicted in 1959 is difficult owing to the 33 among the women in custody whose subsequent record is unknown, but the admission rate among the prison sample is apparently no higher except that 13.5% of those in group A were admitted compared with 5.8% in group A of the women convicted in 1959. The diagnosis was uncertain in nine cases but the remainder included schizophrenia (6), depression (5), manic depressive (3), psychopathy (2), alcoholism (2), and other (4). A further 12 cases (6%) were known to have received outpatient treatment.

It might be assumed that those subsequently admitted to mental hospitals would be mostly those who had been in hospital previously—a small group of sick women rather different from the rest. Table V shows subsequent admissions in relation to previous admissions for both the women convicted in 1959 and for the women in prison in 1959.

Subsequent admission to hospital, as expected, is commonest in those who had had recent treatment. Those classed as having had "chronic institutionalization" (those who had been in several or varied mental institutions for some time) had the highest rate, half being subsequently admitted. But chronic nervous tension without previous admission also seems often to lead to subsequent breakdown.

TABLE III—Subsequent Reconvictions in Relation to Custodial Status of 202 Women Shoplifters in Custody in 1959

| Group | Remanded in Custody | Remanded in Custody for Medical Reports | Sentenced | Total |
|--|---------------------|---|------------|-------------|
| A. Only conviction 1959 | 6 (33.3%) | 19 (19.8%) | 12 (13.8%) | 37 (18.3%) |
| B. First conviction 1959; one or more subsequent convictions | 2 (11.1%) | 2 (2.1%) | 4 (4.6%) | 8 (4.0%) |
| C. One or more previous convictions; none since 1959 | 3 (16.7%) | 29 (30.2%) | 27 (31.0%) | 59 (29.2%) |
| D. Convictions before and since 1959 | 5 (27.8%) | 32 (33.3%) | 28 (32.2%) | 65 (32.1%) |
| E. Subsequent record unknown | 2 (11.1%) | 14 (14.5%) | 16 (18.4%) | 33 (16.3%)* |
| Total | 18 | 96 | 87 | 202* |

* Includes one whose custodial status is unknown.

A lack of close correspondence between present state and subsequent admission is shown when the diagnosis of the prison sample is compared with subsequent admissions (Table VI). No fewer than 44% of the neurotics entered hospital

TABLE IV—Mental Hospital Admissions since 1964; Prison Sample

| Group | None | 1 | 2 or more | Total |
|---|-------------|-----------|-----------|-------|
| A. Only conviction 1959 | 32 (86.4%) | 1 (2.7%) | 4 (10.8%) | 37 |
| B. First conviction 1959; one or more subsequent convictions .. | 8 (100%) | — | — | 8 |
| C. One or more previous convictions; none since 1959 .. | 52 (88.1%) | 4 (6.8%) | 3 (5.0%) | 59 |
| D. Convictions before and since 1959 .. | 49 (75.3%) | 9 (13.8%) | 7 (10.8%) | 65 |
| E. Subsequent record unknown .. | 30 (90.9%) | — | 3 (9.0%) | 33 |
| | 171 (84.6%) | 14 (7.0%) | 17 (8.4%) | 202 |

at some time during 1964-9. The low rate of admission of the psychotics is probably an artefact. They were probably admitted earlier, though the psychotic offender is not always admitted in relation to such a minor offence when she is unlikely to benefit from inpatient treatment, refuses voluntary admission, and has a reasonable adjustment at liberty. The data at all events support clinical experience that there are considerable fluctuations in social adjustment and mental state in which shoplifting is often an incident.

One unfortunate consequence of the stereotype of shoplifting is that it encourages people to think that "ordinary" theft is always ordinary in motivation. The diagnosis and subsequent admissions to mental hospitals in 50 other women thieves are also shown in Table VI; 22% were subsequently admitted to mental hospitals.

MALE SHOPLIFTERS

Adult male shoplifters differ in almost every respect from female shoplifters. Half of the 234 men convicted in 1959 stole books (unknown in women), half had previous convictions of all kinds, and a third had been in prison before. Since 1959 48% have been convicted of mixed offences and 33% of shoplifting. There is, however, a small group of 16 (7%) who are persistent shoplifters. Admissions to mental hospitals since 1964 have been 6.5%.

TABLE V—Previous Hospital Admission in Relation to Subsequent Mental Treatment

| | None | Inpatient in Last Year | Inpatient 1-5 Years Ago | Inpatient 5 or more Years Ago | Outpatient in Last Year | Outpatient 1-5 Years Ago | Outpatient 5 or more Years Ago | Chronic Institutionalization | Chronic Nervous Tension | Previous Treatment Not Known When | Total |
|----------------------------------|------|------------------------|-------------------------|-------------------------------|-------------------------|--------------------------|--------------------------------|------------------------------|-------------------------|-----------------------------------|-------|
| 525 convicted women: | | | | | | | | | | | |
| No subsequent admission .. | 206 | 5 | 0 | 4 | 5 | 2 | 0 | 6 | 46 | 207 | 481 |
| Subsequent hospital admission .. | 7 | 2 | 1 | 0 | 3 | 0 | 1 | 6 | 11 | 13 | 44 |
| 202 women in prison: | | | | | | | | | | | |
| No subsequent admission .. | 72 | 10 | 5 | 8 | 10 | 7 | 10 | 6 | 15 | 28 | 171 |
| Subsequent hospital admission .. | 5 | 6 | 1 | 0 | 4 | 1 | 0 | 5 | 3 | 6 | 31 |

TABLE VI—Diagnosis and Mental Hospital Admissions during 1964-9 among 202 Shoplifters and 50 other Women in Custody in 1959

| | Normal | Neurotic | Psychotic | Mildly Unstable | Markedly Unstable | Psychopathic | Total |
|----------------------------------|-----------|------------|------------|-----------------|-------------------|--------------|-------------|
| Women shoplifters: | | | | | | | |
| No subsequent admission known .. | 47 (98%) | 18 (56.2%) | 23 (85.2%) | 67 (87%) | 7 (100%) | 9 (82%) | 171 (84.6%) |
| Subsequent hospital admission .. | 1 (2%) | 14 (43.8%) | 4 (14.8%) | 10 (13%) | 0 | 2 (18%) | 31 (14.8%) |
| | 48 | 32 | 27 | 77 | 7 | 11 | 202 |
| Other women thieves: | | | | | | | |
| No subsequent admission known .. | 11 (100%) | 4 (57.1%) | 2 (50%) | 17 (77.3%) | 3 (75%) | 2 (100%) | 39 (78%) |
| Subsequent hospital admission .. | 0 | 3 (42.8%) | 2 (50%) | 5 (22.7%) | 1 (25%) | 0 | 11 (22%) |
| | 11 | 7 | 4 | 22 | 4 | 2 | 50 |

Discussion

It seems that many casual or ordinary dishonest shoplifters regard it as normal behaviour and only technically illegal—rather as a motorist regards exceeding the speed limit. The record of many of the 316 cases of shoplifting dealt with at the London West End courts in a three-month period illustrates the point. They were normally honest, well brought up girls, yet they compared notes about where to thief. This shows the effect on morals of being relatively poor and isolated in alien, affluent surroundings with which the person is not identified—reinforced no doubt by being persuaded that "everybody does it."

There is a fairly strong tendency for shoplifters who continue to thief to specialize in shoplifting. Among the 49 first offenders who were reconvicted there were only four (8.2%) whose reconvictions did not include shoplifting. The 51 women with previous and subsequent offences (group D) were more generally socially disorganized and deviant, and 40% of them committed other types of offences (other types of theft, violence, drunkenness, etc.). But about 80% of them were guilty of further shoplifting, a third of them on two or more occasions.

The proportion of women shoplifters admitted to hospital in the second half (1964-9) of the follow-up period seems surprisingly high. At least 5.8% of those with only the single offence in 1959 had since been admitted; 12.2% of the first offenders subsequently reconvicted; 12% of those with an earlier record who were not reconvicted; and 19.6% of those with previous and subsequent convictions—an overall percentage of 8.4.

In any female population with a fairly high proportion of middle-aged women a relatively high percentage would be expected to be admitted to a mental hospital at some time. The age-specific statistics of admission of women to mental hospitals or units in the years 1964-9, kindly supplied by the Department of Health and Social Security, shows that the number does not rise above about 250 and 350 per 100,000 for first and non-first admissions respectively each year. For the five years, therefore, the general female middle-aged population would be expected to produce an admission rate of 2.5%. The rate for shoplifters is over three times higher.

In our original study (Gibbens and Prince, 1962) we remarked on the frequency with which shoplifting in the middle-aged seemed to be associated with depression, not necessarily of morbid degree. In fact, the clinical picture of this sort of woman is of a typically mixed variety of physical and mental

symptoms. She is a woman of 50 who a year before had a hysterectomy and has not felt well since. She has backaches, headaches, dizziness, insomnia, and a persistent sense of depression. She sometimes gets up in the night to turn off the gas or to see that the door is locked. She has no serious financial difficulties, but her husband and children take no notice of her and she feels that life in the future stretches out like a desert. She has been seeing her doctor regularly and receiving tranquillizers, but she has not been to him for three months because she feels she is wasting his time.

In many others there are no symptoms but the same life situation. In others there is an acute stress (the woman who shoplifted the day before taking her son, who had a sarcoma of the elbow, to see a surgeon). Rather younger women may have had a recent miscarriage, fear sterility, or mourn the death of children. Current menopausal symptoms are not more common than is to be expected for the age group.

Most women shoplifters of this kind, who represent not

less than 10% and perhaps more than 20% of those arrested, are convicted only once. Those of similarly good character who persist in shoplifting, the rare "compulsive" shoplifters, are often very different. They are of exemplary character, with an attitude of robust mental health, and unwilling to admit the existence of obvious stresses. From our figures, however, it is tempting to suppose that in a fair proportion of cases shoplifting is the first symptom of a frank depressive illness. It is also possible that the conviction has quite a traumatic effect. A number of middle-aged recidivists seem to feel that the first conviction ruined their reputation for honesty and that nothing will efface this memory.

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Prostaglandins and Glaucoma

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Summary

Human aqueous humour was found to contain a substance which contracted the rat stomach strip. The mean activity was significantly higher in specimens from open angle glaucoma cases than in specimens from patients with cataract. The pharmacological and chromatographic properties of the active material were studied in aqueous humour obtained from cadavers; activity seemed to be due to prostaglandin E_1 . These results suggest that prostaglandin E_1 may play some part in the aetiology of open angle glaucoma.

Introduction

Ambache (1959) showed that extracts of iris contained "irin," a hydroxy-unsaturated fatty acid with the ability to cause atropine-resistant meiosis in rabbits. Irin could be released into the aqueous humour (Ambache *et al.*, 1965). This activity of iris extracts was at least partly due to their content of prostaglandins (Änggård and Samuelsson, 1964; Ambache *et al.*, 1966), and it has been shown that several prostaglandins produce a sustained rise in intraocular pressure when injected into the rabbit eye (Waitzman and King, 1967; Beitch and Eakins, 1969). The question therefore arises whether prostaglandins might be implicated in the raised intraocular pressure characteristic of open angle glaucoma. To explore this possibility we studied aqueous from the eyes of 9 cadavers and 17 patients. Eight of the patients had typical open angle glaucoma, the others had cataracts.

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Methods

Aqueous was collected 3 to 13 hours after death from both eyes of nine cadavers. Sampling of aqueous from patients was done under cocaine local anaesthesia by needle puncture of the anterior chamber through the limbus. In the cataract cases this was done immediately before cataract extraction; in glaucoma cases samples were taken only from eyes with vision less than 3/60.

The samples were sealed into ampoules under air and frozen at -40°C for up to three weeks. They were refrigerated on CO_2 snow during transfer from Aberdeen or Edinburgh to London, where the assays were performed without knowledge of the clinical condition. The samples were assayed for prostaglandin-like activity on a rat stomach strip (Vane, 1957) suspended in a 3-ml organ bath of Krebs's solution containing hyoscine (10^{-7} g/ml) and methysergide (2×10^{-7} g/ml). To perform an assay the response of the strip was first calibrated with prostaglandin E_2 in the range 0.25-3 ng. Test samples were then assayed, the whole of each sample being injected into the organ bath in 0.4 ml of Krebs's solution. Further calibrating doses of prostaglandin E_2 were then given. The volumes of aqueous samples were estimated by weighing the ampoules before and after removing their contents. Material in cadaver aqueous was tentatively identified by chromatography on a 250- μ layer of silica gel G containing 3% of silver nitrate. The solvent system AII of Gréen and Samuelsson (1964) was used.

Results

The Table shows the levels of prostaglandin-like activity in the aqueous from the two groups of patients. For the cataract patients it averaged $1.2 \text{ ng/ml} \pm 0.12 \text{ S.E.}$ of mean and for the glaucoma patients it was significantly higher ($P < 0.025$, 1-tail t test) at $2.3 \text{ ng/ml} \pm 0.46 \text{ S.E.}$ of mean. The variance of the observations was also greater for the glaucoma cases than for the others ($P < 0.01$, F-ratio). The two most clinically severe cases of glaucoma had the highest prostaglandin levels.

The volumes of aqueous available from patients (0.05-0.25 ml)