formis has deepened the mystery. The enteropathy is glutendependent, but a gluten-free diet improves the eruption only in a minority of patients. Conversely, suppression of the lesions with dapsone does not benefit the enteropathy.

Owing to the recorded association of the disease with thyrotoxicosis and pernicious anaemia N. G. Fraser sought autoantibodies in the sera of patients with dermatitis herpetiformis. He found thyroid antibodies to be commoner and gastric antibodies not significantly commoner than in controls. His conclusion is that the disease is unlikely to result directly from autoantibody developed against the skin, but he thinks nevertheless that the skin lesions may depend on some kind of immunological reaction. O. C. Pock-Steen and A. M. Niidsons described a patient suffering from gluten enteropathy. When she was given milk with a gluten-free diet she developed dermatitis herpetiformis, which disappeared when milk was withdrawn, only to reappear when milk was reintroduced. (Fraser had encountered a similar patient previously.) The immunoglobulins, especially IgM, tended to be raised during periods of milk ingestion. J. O'D. Alexander and colleagues investigated the absorption and excretion of labelled dapsone in patients with dermatitis herpetiformis and controls. They showed that dapsone was not concentrated preferentially in skin lesions, that it was metabolized normally in patients with dermatitis herpetiformis, and that the enteropathy of this disease did not interfere with the absorption of the drug.

Thus no clear aetiological hypothesis is possible at this stage, but the two most promising lines of inquiry seem to be immunological and pharmacological. Perhaps more attention should be focused on the old observation that patients with dermatitis herpetiformis are often hypersensitive to ingested halogens.

2 British Journal of Dermatology, 1969, 81, 228.
3 Fraser, N. G., British Journal of Dermatology, 1970, 83, 609.

Hooligans and Vandals

In a paper presented recently to the Medico-Legal Society, T. C. N. Gibbens discusses some interesting aspects of the disturbances caused to society by hooligans and vandals. The epidemiology of such behaviour is incomplete for two reasons. Firstly, doctors see few hooligans or vandals, and they are only rarely arrested or detected. Secondly, because of the end results the social aspects overshadow medical or psychological factors. Several local authorities are taking active steps to try to deal with this problem, and it would seem advisable for the medical officer of health and an interested consultant psychiatrist to be included on their advisory committee.

The tendency to hooliganism is not abnormal in human behaviour. In fact, it is only when it extends beyond acceptable limits that it becomes reprehensible. The borderline between high spirits in a group of young people and rowdiness leading to actual violence is small. Many group impulses for demonstration are natural, and it is only when they get out of hand that they are unacceptable to society. Drunkenness does not play a large part, especially in football rowdiness among youths. There seems to be a tradition in some forms of violent behaviour, as is shown by the antagonism which exists between supporters of certain football teams. Though rugby and cricket are the centre of much less hooliganism than is soccer owing to the different type of spectators at rugby matches and the less exciting pace of cricket, yet scenes of near hooligan behaviour have recently been witnessed at both. Hooliganism can in fact occur among any class in the community, but the magnitude of the crowds at football matches undoubtedly produces more scope for them to get away with their antisocial acts. These may vary from gang fights to frightening and molesting frail and ageing people who cannot protect themselves. The bully boys have existed in all ages and cultures, and the behaviour patterns have similarities.

Much of the crowd behaviour at football matches, such as singing and scarf waving, is innocuous, but with a small minority it is the prelude to violence or vandalism which tends to bring excessive disrepute to many gatherings of people. The 50,000 soccer fans who go home quietly after the match are not news, but the dozen skinheads who have a fight make the headlines. It is particularly interesting to observe how the police have developed in present conditions probably the most effective means of control of mass rowdiness. They do not try to compete with threats and violence, but exercise forbearance and firm restraint often in the face of considerable provocation. But at the end of the day they are almost invariably the victors, as mass hooliganism is effective only so long as the gang and its ringleaders are together. Once the members are separated the emotional stimulus rapidly diminishes.

When we come to consider the equally important problem of vandalism—namely, the destruction of property rather than personal violence—we again see a common form of behaviour carried to excess. Children like to break things and there can be some satisfaction in destruction. Moreover the broken objects attract attention. So the hooligan who takes to vandalism leaves behind a trail of destruction and annoyance, but still preserves his anonymity. This type of behaviour takes a number of forms—from the senseless, such as defacing telephone boxes or railway compartments, to the wilfully and criminally destructive, as illustrated by arson. It may be political with writing up of slogans or painting statues, or acquisitive, varying from souvenir hunting to actual thefting; or again it may be vindictive to pay back some score against an individual or society.

Whatever the background, hooligans and vandals throw extra stress on many of the community services. In the health field probably the most immediately involved are the ambulance services. They are regularly called to the scenes of such episodes, and while they may have to work in difficult surroundings it is of some interest that there is no record of an ambulance crew ever having been molested. But damage to telephones can have serious consequences in making medical aid difficult to summon. Damage to other services, such as disruption or contamination of water supplies, can equally endanger the lives of innocent people and often serve to harden resistance against the vandals' cause.

As Gibbens indicates, the real hope of diminishing such disorderly behaviour lies in a better quality of family life, a greater effort by parents to understand their children and to co-operate with them in creating a socially adjusted community.