children but also in supporting their wives, especially during pregnancy and labour and when they were under pressure from family commitments. This recognition of the importance of fathers led to the concept of family therapy, which was later developed by John Elderkin Bell. If fathers were not included they might sabotage the help given by professionals.

Bowlby’s ideas were not readily accepted. He aroused antagonism among those caring for sick children in hospital because they felt threatened by him showing how much the home mattered to the child. Feminists protested that Bowlby was demoting women to “Kinder, Kuche, and Kirche,” whereas what he was really saying was that the child’s need for warm caring mothers could be provided by grandmothers or other surrogate figures. Hospitals resisted for a long time Bowlby’s suggestions on more open visiting. Nurses would say, “You see how upset the child is after visiting time, he now has a fever and has started to vomit”: they failed to recognise that the child’s expression of fear and loneliness was rekindled on seeing his parents. Bowlby’s colleagues felt threatened because he recognised that non-doctors were as important as doctors.

Eventually resistance to Bowlby’s ideas gave way, and workers all over the world tested his ideas scientifically. Psychotherapists and psychologists recognised that the experiences that parents bring with them from their childhoods affect their relationships with their own children. This led to a fresh look at the experiences that children go through in unfavourable circumstances—such as socioeconomic hardship, parental unemployment, poor housing, and, above all, separation at vulnerable times in infancy. Bowlby was a synthesiser. He bridged the disciplines and started a vigorous appreciation of the far reaching effects of an infant’s experiences.

The celebratory conference aimed at showing how these early experiences affect emotional development and how when attachments are interrupted the result can be psychiatric problems and distorted human relationships—maternal depression, suicide, and murder. But mostly the conference was concerned with the ideas on prevention and treatment that flowed from Bowlby’s ideas. It was a memorable occasion made all the more so by Bowlby’s presence and his reflections at the end that much remained to be done. He was appreciated for his individual achievements, but the conference was essentially concerned to acclaim his influence and inspiration to others.

Davide Morris
Consultant Paediatrician,
London W11 4PE

Poliomyelitis vaccination

The widespread epidemics of paralytic poliomyelitis characteristic of the first half of this century in developed countries ceased with the introduction of inactivated injected vaccines and live oral vaccines. Sporadic episodes of natural poliomyelitis have continued. In the inquiry for 1970-9 conducted by the World Health Organisation in 13 countries the spread of natural poliomyelitis was limited to small outbreaks in 1970-2 and 1976-8 in four countries in Europe and North America and appeared to be part of a widespread inter-country outbreak of polio type 1 affecting unimmunised groups.¹ No spillover to the community was observed. In one of the four countries inactivated vaccine was used exclusively, in another both vaccines were used (in different areas), and in the remaining two live vaccines were used almost exclusively.

Four years after this report, between August 1984 and January 1985, one non-paralytic and nine paralytic cases of poliomyelitis occurred in Finland, apparently due to an antigenically altered poliovirus type 3 ²₃ This outbreak aroused considerable interest, as Finland relies almost exclusively on inactivated vaccine. Five of the patients had received five doses and two three doses; one had had one dose 20 years previously and the remaining two had not been vaccinated. Isolations of the virus from sewage suggested that at least 100 000 persons had been infected. The outbreak was controlled by giving inactivated vaccine to those under 18 years and oral vaccine to 95% of the population. No proved case of paralytic disease induced by the oral vaccine occurred and the circulation of the epidemic strain appears to be over.

In Finland it was considered that the outbreak was not due to a failure of inactivated vaccine in general but to the poorly immunogenic preparation then in use. A new vaccine is being introduced.

The results of studies between 1972 and 1986 of serum immunity to poliovirus in England and Wales suggest that the overall immunity level in the population is rising.²⁴ But these, and studies from countries using oral vaccine such as Belgium,²⁵ have found lower than average titres of circulating antibody, particularly to poliovirus type 3, in children aged 10-15. Joseph and others, reporting on the antibody state of first year university students born in 1965-6, when the uptake of poliovaccine was declining, showed that many British born students had adequate circulating antibodies despite incomplete immunisation schedules (p 171). Thus, from the age of 20 onwards the levels of immunity have remained high even though booster doses have not been given routinely. In Finland a survey in 1982, when only inactivated vaccine was used, showed that a low proportion of 3 year old children who had completed the primary course had circulating antibodies to type 3 but that by the age of 15-20 this was over 90%.

In England and Wales vaccine like viruses have replaced wild strains of the type circulating in the community. Vaccine like virus causes a subclinical illness and about once in 2 million doses may affect the central nervous system. As with the natural disease this occurrence is unpredictable and apparently unpreventable. Of the 70 cases of paralytic poliomyelitis in England and Wales between 1970 and 1984, 19 were due to wild, 27 to vaccine like, and five to “intermediate” viruses; the strains were not known in 10 and there was no isolate in the remaining nine.³ Although there was general documentary confirmation, eight adults had received inactivated vaccine in the past: in two cases wild viruses were responsible, in five they were vaccine like, and in one the strain was not known. Five had received oral vaccine in the past: two cases were caused by wild viruses and vaccination had been incomplete; in two the viruses were vaccine like (in one vaccination had been complete and in another incomplete); and in the remaining case the virus was not isolated and the patient became paralysed after a fourth (booster) dose. There were 17 cases (including the last) which occurred within 30 days of vaccination and 12 after close contact with recently vaccinated persons.

Over the years the number of recipient cases has appeared to increase slightly, possibly owing to better recording.
Managing psychopathic offenders: a problem that will not go away

One in four of the 1600 patients detained in the special hospitals in England suffers from a psychopathic disorder. Most have been sent there by the courts after conviction for serious crimes of violence. Their detention is of indeterminate length, and their discharge under section 41 of the Mental Health Act is at the discretion of the Home Secretary. Psychopathic disorder as legally defined depends on abnormal aggression or serious irresponsibility, and treatment must be likely to alleviate or prevent a deterioration. What treatment are such patients receiving and how are their doctors to decide when they are safe to be discharged?

Unlike the American fictional hero, Randle Patrick Murphy of One Flew Over the Cuckoo’s Nest, psychopaths detained in England do not receive electroconvulsive therapy or prefrontal leukotomies. The disorder is one of behaviour and socialisation, and the mainstay of treatment is the therapeutic environment of the special hospitals. In this environment—likened by one patient to that of a “grown up children’s home”—life is orderly, social interactions are controlled, the havoc unleashed by alcohol or drug intoxication is absent, and a perimeter fence protects the public from the patients and the patients from life. Grounds et al. have recently described the combination of group and individual psychotherapy, social skills training, and personality assessments used at Broadmoor. Measurements of penile tumescence as a putative indicator of sexual preference and drive have also been employed.

These techniques may be interesting time fillers in a special hospital, but what use are they in predicting the future behaviour of psychopaths? The answer, though important, may be irrelevant in the light of important findings from Dell and others at the Institute of Psychiatry in London. They showed that the main determinant of the length of stay for the psychopathic offender is not what happens to him in hospital but the nature of the crime he committed before he ever got there. For psychopathic offenders violent assaults (particularly if directed against a stranger or if sexual) were associated with longer periods of detention. By contrast, in those patients suffering mental illness (mostly schizophrenia) severity and chronicity of the illness and not the nature of the offence were associated with longer detention.

Since 1984, in common with other patients detained under section 41 of the Mental Health Act, psychopathic offenders have had the right of appeal against detention to a mental health review tribunal. Called on to explain the clinical and not the protective reasons for the continued detention of psychopaths, psychiatrists may find themselves on shaky ground. Of 38 psychopathic offenders discharged by tribunals from special hospitals in two years, four have subsequently committed a serious offence similar to their original crime. The Home Office, which actually opposed some of these discharges but was powerless to prevent them, wanted legislative change. Consequently a consultative paper that identified the problems was put out last year jointly by the Department of Health and Social Security and the Home Office; its discussion was short on objective evidence, and the recommendations met with opposition. After an interdepartmental wrangle the proposals were abandoned.