

William Chambliss, "A sociological analysis of the law of vagrancy" Social Problems, Volume 12, pp. 67-77, Summer, 1964.

- A. Chambliss describes the social conditions under which vagrancy became a crime.  
(This is a restatement of the title of the text; it may need to be said but indicates nothing about how, or when, or the conditions under which vagrancy was criminalized. It does not say what the reader understands about the criminalization of vagrancy.)
- B. Chambliss describes how vagrancy became a crime in England in the 14th century as a result of other changes in the social structure.  
(This is a minimal level of description and suggests, correctly, the major theoretical insight: that law is a product of social structure; however, it still lacks sufficient specificity to illustrate both the reader's understanding of social structure and the relevance of Chambliss' example.)
- C. Chambliss describes how changes in the social organization of English society, specifically the decline in labor supply and rise in wages, resulted in the laws against vagrancy.  
(This formulation names the specific changes in English social structure but still fails to fully describe the range of phenomenon that led to the law.)
- D. Chambliss describes how changes in the social organization of English society following the Black Death, the consequent decline in labor supply and pressure on wages, was opposed by the landed gentry who attempted to limit labor competition by the passage of laws against vagrancy which prohibited travel from one community to another and refusal to work.  
(This summary requires more than a skimming of the text, indicates the salient facts and their historical role. At the same time, it does not completely describe Chambliss' argument.)
- E. Chambliss uses historical sources to illustrate how particular social settings influence the emergence, interpretation, and enforcement of criminal law. In particular, he describes how changes in the social organization of English society following the Black Death, the consequent decline in labor supply and pressure on wages, was opposed by the landed gentry who attempted to limit labor competition by the passage of laws against vagrancy which prohibited travel from one community to another and refusal to work. During the following century, when labor supplies increased and wages fell, the law was regularly ignored and unenforced. However, during a period of expanding trade in the sixteenth century, vagrancy laws were resurrected and redesigned as vehicles for policing and regulating traffic on the public roads where commercial transfer of goods and person had become common.  
(This paragraph summarizes Chambliss's general point: law is a product of particular social forces, specifically economic conditions of labor and trade. It also provides the illustrations of the general points. It also names the kinds of data the author uses to make his general argument and specific illustration.)

Peter Conrad, "The discovery of hyperkinesis: notes on the medicalization of deviant behavior," Social Problems, October 1975, pp. 12-21.

A. Conrad describes the discovery of hyperkinesis as an example of the medicalization of deviance.

(This is the title of the text: it needs to be said but indicates nothing about what the reader understands, the author's argument or evidence.)

B. Conrad describes both clinical and social factors underlying the discovery of hyperkinesis as a medical disorder.

(This is the minimal level of exposition and indicates one further level of distinction or detail beyond the words of the title.)

C. Conrad describes a series of clinical and social factors that explain why hyperkinesis was "discovered" when it was and why.

(This indicates a broader scope of analysis or judgment by suggesting that discovery is not self-evident but is problematic, something that needs to be explained.)

D. Conrad describes the role of pharmaceutical research and advertising, and parental and professional lobbying for governmental action, as major factors influencing the timing of the "discovery" of hyperkinesis as a childhood disorder.

(This requires more than a skimming of the text, and indicates the salient facts, and their historical role in the "discovery" or "creation" of hyperkinesis as a medical disorder.)

Peter Conrad, "The discovery of hyperkinesis: notes on the medicalization of deviant behavior," Social Problems, October 1975, pp. 12-21.

This paper describes (1) how certain forms of behavior in children have become defined as a medical problem. (2) how medicine has become a major agent for their social control since the "discovery" of hyperkinesis.

Defines discovery as (1) origin of the diagnosis and treatment and (2) identification of children who exhibit this behavior.

Part I, why hyperkinesis became popular in the 1960s; provides clinical and social factors that set the context for the "discovery" of hyperkinesis.

Provides medical diagnostic category: minimal brain disorder, hyperactive syndrome, hyperkinetic disorder of childhood and several other terms. Usually refers to extreme motor activity, short attention span, restlessness, fidgetiness, oscillating mood swings, clumsiness. Six times more prevalent in boys than girls. Then explains how this combination of behaviors get identified as a medical syndrome.

a) clinical factors; describes sporadic citations in medical journals from 1930 through 1950s that amphetamines had paradoxical consequences for children who exhibited certain behaviors and learning disorders. Note positive result in 15/30 children. The medical literature was unclear about an organic cause and had various groupings of symptoms. IN 1957 Laufer described, named and categorized as hyperkinetic impulse disorder, similar to those with clear cut organic cause (still does not name organic cause). In 1966 US Task Force settled on terminology of minimal brain damage. Since then this has been main diagnostic label.

In mid 1950s new drug developed Ritalin with qualities of amphetamines without undesirable side effects. In 1961 FDA approved for use with children. Much research on the use of Ritalin, became treatment of choice. Since 1960 more research on hyperkinesis, 3/4 about use of drug, literature citations absent before 1967, by 1970 over 40 per year. By 1975, the most commonly diagnosed psychiatric disorder among children.

b) social factors:

Pharmaceutical revolution: identifies role of drug research and increasing acceptability of using drugs therapeutically for social, mental problems. Central to the discovery of hyperkinesis. Much advertising directed at medical profession about the positive consequences of using the drug.

Government action: also supported medicalization of these behaviors, proposed that ONLY doctors diagnose and treat children's activity syndromes.

## Part II. Ramifications of medicalization of (deviant) behavior:

- a) How deviant behavior became conceptualized as a medical problem? B) Why this occurred when it did? C) Implications?

Assume that before discovery of hyperkinesis, behavior seen as disruptive  
Label emotionally disturbed sometimes used, managed in context of

family and school

how became a medical issue:

treatment available long before disorder conceptualized

only in 1950s both treatment and label available

increased interest in child psychiatry and pharmaceutical  
revolution provided favorable ground

agents outside medical profession were significant moral

entrepreneurs: pharmaceutical companies and association

for children with learning disabilities

ramifications: treatment simple, results sometimes spectacular

minimizes guilt of parents (removes fault)

allow non-punitive control

sometimes aids in classroom performance

children like magic pills

probably benefit from reduced stigma

## Part III: Medicalization of Deviant Behavior

A little history, why has this occurred, asks the same questions again in a larger  
Historical framework.

- (1) much scientific research
- (2) application of pharmaceutical technology related to humanitarian trend in  
conception and control of deviance, no longer sin, or weakness, is illness  
disease
- (3) problem of expert control, withdrawal of more and more social life to realm of  
of specialists, non democratic, non participatory, removed from public  
realm where can be discussed by ordinary people
- (4) medical control allows something done that would not otherwise. E.g.  
psychosurgery
- (5) individualization of collective/ social problem (e.g. social conditions that  
might generate behavior, e.g. stimulus, food supply, lack of physical  
activity)
- (6) depoliticization of deviant behavior