

are going over into a deformed position. He no longer likes to go outside the house and meet people. For a child who has got to live every day of his life in a wheelchair, it must be realized that it is part of him and his personality, and if he is to mix socially, he needs a good, efficient chair of the right size. Another example is that of a boy of good intelligence with athetoid cerebral palsy who has difficulty in speaking, has to be fed and is now needing to be shaved by his mother. How does a child like this achieve his independence when so much has to be done for him? Surely it will help his social adjustment if we find some way for an intelligent child like this to do at least something for himself?

The need for continuing care and training of personnel

The problems of the adolescent, handicapped child do not begin in adolescence. The care of the handicapped child begins in the early years and it has to take the form of continuing care. During these years the child comes into contact with many people, general practitioners, school doctors, paediatricians, surgeons, teachers, nurses, and therapists, and all their effort and work is being directed to producing as full and independent life as possible for the child when he reaches adolescence and adult life, and what happens in the early years determines the success of what happens later on. The parents' own attitude following the initial interviews when the handicap is discussed with them for the first time determines how much they are going to over-protect the child, and deny him the independence which he needs so much.

We need to introduce into our teaching of medical students a much greater understanding of the needs of the individual, which is well illustrated by the care of the handicapped child. We need to provide more postgraduate training in this connection. We need to be able to help people deal with parents, for the quality of parent guidance is reflected throughout the life of the handicapped child. More than anything else we need to think carefully of how we can produce and train the professional staff who have to take clinical responsibility in the community for the problems of the continuing care of handicapped children.

Discussion

Question: Would it be reasonable to give a mentally handicapped adolescent girl the pill as a routine, both to prevent her from having children should she be abused, and to enable her to lead a happier life should she later on find a male companion?

Dr Holt: I don't think that mentally-handicapped girls are taken advantage of anywhere near as frequently as is often thought to be the case. There is no reason why the pill should not be used if this was considered desirable in any particular case, and I know several cases where this is being done.

Dr Dimock (Shepton Mallet): Would Dr Holt say something about deaf children. I went to a deaf school and found that the children passed very few 'O' level examinations, and I am interested to know what happens to them when they are older.

Dr Holt: In the past we have concentrated too much upon the hearing deficit of the child; we make a diagnosis of deafness, supply a hearing aid and then sit back and feel that we have solved the problem. In fact we should concentrate more upon the child's language and speech development; if we checked the progress of this aspect, we would

spot those children who are not making progress. Like you, I am dismayed by the lack of scholastic progress in a number of deaf children. Last week I saw a boy of good intelligence and only partial hearing loss. It was felt that with a hearing aid he should be able to manage in any ordinary school, but he did not have the resilience and flexibility to keep pace with the others; he could not hear things quickly enough and when he missed the teacher's first comment, he was lost and so he began to fall behind. If we had concentrated on that child's language, speech development, verbal comprehension and learning, we would have spotted his real difficulty much earlier. We should pay more attention to the all-round problem of these children's needs as growing, developing, learning individuals rather than thinking that only their hearing loss needs to be corrected.

Dr Evans (Andover): How much should we concentrate on the patient and how much on the parents? This question comes to mind because of one of the most remarkable demonstrations I have ever seen of difficulties overcome by a spastic boy who had been pushed around to all the various departments the country could possibly muster; shoes had been bought for him and worn out, he had been sent from one end of the country to another for examinations. Eventually his parents realized that they had had enough of this, and told the boy that he would have to go home and get on with it. This was an extraordinarily Victorian attitude, but it paid off. This boy learnt to cycle to work in the early days when he could not walk, and he has now passed his driving test and drives a car. How much should we teach parents how to put this across?

Dr Holt: We should not think of a handicapped child, but of a family with a handicapped individual, and our plans should include the parents and parent guidance from the beginning. The parents are probably the most important members of the team helping the handicapped individual. If their efforts and attitudes are helpful, the child does much better than if the reverse applies, and I am quite sure that the success of many handicapped children is due more to their parents' efforts than to anything we have done medically.

Dr M. L. Grove-White (Cirencester): I can confirm that story. At my approved school we had a girl with petit mal and with great care we selected the right type of training for her. She was intelligent, and clever with her hands, but she could not hold the job because her mother would not see that she got up in time each morning. She has now gone back to filling shelves in a supermarket.

Dr Morgan (Bristol): I know of two educationally-subnormal girls who became pregnant and this was a tragedy.

Dr Holt: There is some evidence that if intellectually-handicapped girls who become pregnant are helped to look after their children, they do very well. We have perhaps too readily assumed that the child of an intellectually-handicapped mother will be similarly handicapped, but this may be due to poor mothering, poor resources and so on. Given real guidance and help, the children may become healthy and intellectually-normal individuals.

Professor Hubble: Are they brought up by their mothers or removed from them?

Dr Holt: Brought up by their mothers, but with a hostel supervisor to help them.

Question: I am a medical officer to a school for physically handicapped and also delicate children. I am mostly concerned with minor handicaps, especially asthma. This is a family problem rather than an individual problem because the parents will not let the child do things and the child does not want to do things. When these children leave school they are often handicapped by the type of job available to them in the outside world. We find that when they are seen by consultants in hospital, once in six months or once a year, the problem is one of medicine or treatment. Nobody seems to take an interest in the individual child in the outside world, where it is working, where it is

living and what is happening to it 24 hours of the day all through its life. What can be done?

Dr Holt: There is far too big a gap between the specialist services in the hospital and the needs of individuals in the community. I liken this to the problem of the army in the field. There may be base headquarters and also troops in the field, but you do need intervening field units in the middle to be concerned with helping many of the individuals. I am afraid that as paediatricians we must take some responsibility for this state of affairs, because in past years we have concentrated too much on what has been described as the hard scientific aspects of medicine in contrast to the soft aspects of medicine. The somewhat nebulous social, psychological and learning aspects are of really fundamental importance. Instead of turning inwards and becoming a hospital-based speciality, paediatrics ought to look outwards more than it has done in the past. We have to create a group of doctors responsible for community health. These must be experienced physicians who can carry the clinical responsibilities for all the community problems of children and their families. This is something which is badly needed in this country.

The difficult teenager—can the community help?

The Rev. E. Marvin, M.A. (OXON) (*Member of the Iona Committee*)

On one of the several occasions when it has been my business to speak for naughty boys in court, after the recorder had dismissed the case, a policeman came up to me and said: "Why don't you stick to religion and leave us to do our job?" I do not know what image you have of the church and of the parson or where you stand yourself in relation to the faith, I simply want to get rid of one or two erroneous ideas that may be in your mind about my work. A favourite true story of mine concerns a railway journey from Swansea to London via Cardiff, where I had been conducting a wedding of a friend of mine. I had been to the excellent reception so I was feeling rather drowsy, I was in a compartment trying to have a little sleep when a lady schoolteacher got in and talked all the way from Swansea to Cardiff. Luckily she was not coming to Bristol and I breathed a very visible sigh of relief as she got off at Cardiff. She noticed it and apologized profusely for having monopolized the conversation to which I said, 'That's quite alright, I'll get a compartment to myself all the way to Bristol'. This seemed to puzzle her because the platform was crowded and she asked me why. I said that wearing a dark suit and a back to front collar was one way of getting a compartment to yourself on a train (the other way at the time was to be a Pakistani going up to Bradford). However, she did not believe this and said she was going off for a cup of tea in the buffet and would come back and see if I was still there by myself. When she came back I must admit the laugh was on me as I was still in the compartment but with me were five nuns.

This story has a point. Many people, especially young people, who think of religion are very tolerant towards it. They feel that if you like music you can go to a concert hall and listen to it, if you like pictures you can go to the art gallery and look at them and if you like religion you can toddle along to church. You can engage in this kind of thing if you want to and as long as you do not interfere with them, they will not interfere with you. The idea is spread abroad that religion is to do with a compartment of life, that religion is to do with that which does not matter at all. It never impinges