

of right and wrong, and whether we should take our children to church to teach them Bible stories or whether this has anything to do with adolescence problems today. It is terrible if this symposium is going to end without any discussion of this. I am not saying it is a relevant issue, for this morning we have had the wonderful scientific approach to all these things which can carefully put this question of right and wrong on one side as though we are now all behaving very rationally indeed. The past is not frightfully important but what matters is the future. Children must be allowed to rebel against everything we teach them; if we take them to church we must naturally expect they are going to reject Christianity for quite a long time. I do not think this symposium ought to be allowed to omit this question completely.

Rev. E. Marvin: People presume the parson is the man to answer this question. Young people today are sceptical in a very positive sense, and suspicious of people using big words, because they think that people using these words are simply talking to themselves. In nine cases out of ten they may be right and we are simply talking to ourselves when we use big words. It was not until the end of our Lord's ministry that He suddenly said to some of His disciples who had lived and shared life with Him: "Who do you say that I am?" and they said "You are the Christ, the Messiah". Through their life together He had been able to help them give content to this world which to a Jew would have meant a certain kind of Messiah, but now they knew the kind of Messiah He was. Communication is very important but communication is not just a matter of making statements about something. Our job as the Church is to reveal the presence of God in His world, and you do not simply do that by talking about Him. In one sense, immediately you talk about Him you are removing Him from where He is as far as people are concerned, and the great words of our faith like 'salvation' and 'atonement' and 'justification' mean nothing, absolutely nothing to these youngsters. It is not a question of their being given new meaning. They have got to be reinterpreted within the situation. Just as these words meant something to Paul when he used them because of the people's familiarity with the legislation of his day, so nowadays we have to find new concepts in which we can give some meaning to statements concerning right and wrong. The commandments are the results of scores and scores of years of trying to live together as a community, not somebody saying with a mighty voice that it is wrong to commit adultery. They discovered in community that if they did commit adultery their society was the poorer for this conduct; it was wrong to commit adultery because it was a social sin against the community, against the fellowship in the centre of which they believed was God. Before we can say what is right and what is wrong, we have to discover for ourselves what is wrong within the community, within fellowship. Often our statements about right and wrong are simply the result of our dispensing with our responsibility for relationships with people. The Gospel of course is not basically about being good; it is about being happy and we believe that if people are happy, goodness and morals will follow, and we believe that it is only within the context of mutuality that people can find happiness.

Panel discussion

Dr R. W. Bazeley (Radstock): Does Dr Warren consider that many behaviour disorders in adolescents are due to epilepsy?

Dr Warren: Epilepsy is a factor which I would think statistically affects only a small number of adolescents. It is a handicap which affects the child and the family;

the child may be overprotected and overworried about, therefore he may rebel or he may be uncontrolled. I think there are large social repercussions from this handicap and the way the child is handled. Then there is the question of brain damage, which I think plays a very small part indeed in behavioural disturbance. The only exceptions would be the very few hyperkinetic children who present extremely difficult problems of behaviour and who may need to be in hospital because of it. I would think that this is much more prevalent with younger children than with adolescents.

Professor Hubble: Do you not find that if you treat their epilepsy the behaviour difficulties improve?

Dr Warren: There is some improvement, but one still has to look at the social aspects within the family, the parental handling and so on.

Question: Would the panel please tell us what are the effects of chastity before marriage and fidelity in marriage on an individual and a nation?

Dr Spicer: There is a great deal of difficulty in making a scientific assessment of the effects of chastity before marriage, but there is a lot of information about the effects of infidelity within marriage. An appraisal on a scientific level of what happens to young people who have or have not been chaste before marriage is not only very difficult to achieve but it is difficult also to know what to measure it by, because those people who are chaste before marriage are perhaps more likely to maintain an unhappy marriage. Also among those people who marry and are chaste, there are a few who are going to be perpetual virgins and will make a marriage a very unhappy affair. As far as fidelity is concerned, what matters is, as the report brought out by the Quakers indicated, not so much whether a man and a woman are or are not totally faithful to one another but the whole concept that those two people have of their mutual love and the effects of that mutual love on their children in their total environment. So I would not like to answer this question too categorically, and I suspect the questioner did not expect me to.

Question: This question concerns the need for youngsters to be exposed to stimulating experiences. Does the panel think the reintroduction of National Service or of a commando type of training for a period of 12 months would be progressive and help to promote maturity and reduce delinquency?

Dr Herford: This is a very important point, I did a survey concerned with National Service some years ago on about 3,000 people from what I call the 'Newsom' section. They were overwhelmingly in favour of National Service, not only for themselves but also for many of their friends, but they did not seem to think that many young people as a result of National Service got free of mum's apron strings, though they did learn a certain amount of self reliance, they learned to mix and manage and some learned certain skills. I have met scores of youngsters who have learned to read and write in the army and I believe I have got a bee in my bonnet about what you might call 'beating swords into ploughshares'. Units today for training boys in the army have courses for officers and N.C.O's and they are doing work of the same standard as a college of further education. I believe that if they reintroduced into the services the opportunity to do a three-year training course and get skill as a driver-mechanic, with the possibility of getting a stripe or two, to do some adventure training and all that sort of thing, it would be a wonderful opportunity for people who at present have doors closed to them.

I would like to suggest that at some future date instead of talking about a service vote going to army training and something that's quite remote, we should think of three quarters of the grant for boys' training units going as an educational vote, and the services being able to give what they uniquely can give in comradeship and stimulus to adventure and man management. The services know more about man management than industry has begun to think about, and I think a large number of boys could be

exposed and would want to expose themselves to a very stimulating influence and it could do an enormous amount of good.

Question: We have used large doses of amphetamines in the treatment of child enuretics: Has this laid any foundation for drug addiction?

Dr Holt: I do not believe large doses of amphetamines make any difference to enuresis, and when I have seen it used I have not come across any cases of addiction.

Question: Would the panel discuss the effect on adolescents of the 'Red Guard' phenomenon?

Mr Marvin: All I can say about my own particular youngsters is that they have not heard of them. They just have not taken any note of the existence of the Red Guards.

Question: In my experience, anorexia nervosa is much more common than it used to be in adolescent girls. Is it fostered by the more expensive public schools?

Dr Warren: Anorexia nervosa is a rare condition, I treated 20 cases in the last decade and in this clientele there was a slight bias towards the grammar-public school type over the secondary modern type. I think a lot of these cases go to paediatricians rather than to people like myself, and there are also those who deal with them in private practice. I deal only in National Health Service practice, so that I realize that my experience is limited. On the whole I do not work among the upper middle classes. Psychiatrists feel that anorexia nervosa, although unique in itself and very worrying does often herald the unfolding of various kinds of psychiatric illness and I have confirmed this by following patients up. Only a small proportion are well; all the rest except for those who died (two out of 20) have become handicapped or ill with varying chronic psychiatric conditions. The most important factor that I have met in causation is the girls' personalities; they are nearly all prim, proper, and obsessional.

Professor Hubble: I will ask Dr Dawkins whether she would like to make a comment; she is in the department of Education and Science in Dr Peter Henderson's department. Would she talk for a moment on doctor-teacher co-operation in the school health service?

Dr Dawkins (Oxford): I was particularly stimulated by Dr Herford's talk, and I did wonder how many of you knew about some experiments in which doctors and teachers have been trying to explore together ways in which they can give support and guidance and insight to adolescents. One of these experiments is in Gloucestershire and I took part in one in Oxford City. Doctors do not know enough about schools and teaching and I would recommend you read the Newsom report; it makes compulsive reading as well as being highly educative about children. Curiously enough, doctors also do not know enough about so-called normal children, so that we all have much to learn from education. Teachers on the other hand do not know enough about emotional and sexual growth in adolescence and they look to us to teach them; we often do not know either but at least we have the basic tools to learn. I have found that one learns a great deal from adolescence. In experiments of this kind, work has started off under an umbrella of sex education or more respectably health education, and doctors have found themselves teaching in order to learn and then teaching the teachers. Very often the children have made what they have been taught into something far deeper and more important and more relevant to adolescent needs than simple health or sex education. The teachers if they are good ones, which they often are if carefully selected, develop a much closer relationship with their pupils who then bring to them problems which they are *really* worried about. Dr Spicer mentioned a development of this kind in which the teachers had been warned about the early signs of emotional breakdown and had been able to help in spotting children before they reached juvenile court or any other disaster. Teachers do need help and I think we are the people to help them, not perhaps in training colleges, though at this stage we may help them while they are

young to gain insight into their own sexuality. But I think in helping them we must be clear that the primary function is not to prevent pregnancies but it is to help them to accept and understand their own sexuality and, far more important, all the pattern of their relationships in life. There are about a dozen local authorities that are now undertaking this kind of co-operation, and it is one that the adolescents themselves welcome; one is aware of this because it is extremely difficult to get rid of them after the lessons.

Question: Does the panel think the approach to adolescence should be orientated more strongly to normal psychology than to psychiatry, especially in training school teachers? Should there not be more emphasis in the educational attitude to adolescence on fitting the individual for a place in society rather than on academic attainment as at present? Most of the problems of adolescence arise from difficulties in human relationships, and this state will persist from generation to generation unless the cycle can be interrupted. Will the panel please discuss how this interruption might be achieved?

Dr Spicer: I am not sure what this question about orientation towards normal psychology means, because if we are training school teachers we have to help them to understand child development and the child's needs, and also to give them an inkling as to what might happen if it goes wrong and how it can go wrong, so that they can be sensitive within the classroom to extra needs of their particular children, be they five-year-olds or 17-year-olds. This is not turning teachers into psychiatrists, but I do think that the link between the two should be more intensified and not less intensified. The other half of the question is really what Dr Herford was saying all the time, that education should be concerned with fitting the child to learn that he can by communication understand his own feelings and the feelings of other people. One of the things education can do is exactly what Mr Marvin was saying about this business of good and bad; I was very struck with the remarks of a group of teenagers in a club. A girl of 14 said: 'I am going to be a virgin until I marry because I want a white dress', a girl of 15 said, 'I am going to be a virgin when I get married because I do not want to upset my mother and father'. A girl of 16 said 'I am going to be a virgin when I get married because I have worked out that it is better for me and for my young man to keep our love until later'. Now it seems to me that these are the three levels of maturity and this is nothing to do with someone saying what is good, and what is bad; these children were at the appropriate levels but they had not got the background enabling them to reach this. To me this is what education is all about, and this brings me on to the other half of this question of how to break the vicious spiral if there is a spiral. I do not think our community and our society is as sick as we try to make out sometimes. I think it is a healthy society, but we have got vulnerable people and we are each vulnerable ourselves as parents with our own neurotic drives, which expose our children to terrible hazards. If we learn the fundamentals of children's needs and go on looking into what their needs are and try to help people at every level—school teachers, clergy, doctors, even architects and town planners and parents and the children themselves—then we are beginning to break through at every possible level. Many young teachers are not themselves as mature as some of the children; in selection for training colleges, is this sufficiently considered? And what importance within the training college is given to personal relationships? Vastly more could and must be done, and we are just at the beginning of what might be called a big revolution in these things.

I would like to tell you of a headmistress, who was very worried about unwanted pregnancies in her school, and how she dealt with this problem. First of all, she said, 'I have got to do something about this myself', so she studied the subject in great detail and then she got the more reliable teachers round her and she taught them and got their support. She then got an expert to talk to them in conjunction with some of the other teachers, and this created amongst the teachers an atmosphere of acceptance and encouraged the teachers to feel confident that they could do more (many of them were

doing a lot already quite unconsciously). Then they got an outside expert to talk to some of the children in the group, so that the children could express their thoughts freely without feeling that the teacher might pass things back and that it might be taken into consideration on another occasion. As a result the school began to develop a certain atmosphere in which all sorts of things began to happen spontaneously, and the outside experts were not needed. This is the sort of thing we want to develop in the schools instead of the idea that we have to depend on experts all the time. Of course, we want part-time specialists, and a certain number of experts. Some teachers, some doctors, some everybody else, are singularly unsuited to have anything whatever to do with sex education because they have not come to terms with their own problems and they have such personal differences; this is where I think the approach of selecting and training people for marriage guidance, with all its ups and downs, is so useful. First of all they attempt selection on the basis of personal suitability, marriage, understanding and maturity; then they insist on a certain amount of training, sketchy perhaps but at least it is a sort of training for a discipline in addition to the natural preferences, and then after that they have postgraduate studies. Thereafter, they come back to share experiences and to talk about things and there is a sort of postgraduate atmosphere. I think the best definition of marriage guidance I ever heard was that it made the bearing and forbearing of a mutual disaster less difficult. A little bit of this attitude is brought into teacher training colleges and if there are basic courses in training colleges for the whole social team who will at some point be concerned with these problems, tolerance and stimulation will result and spread through the whole of the teaching profession. Unfortunately we cannot get away from the fact that many young teachers go straight from secondary schools to teacher training colleges and then straight back to look after children. They have never known anything about life and they are limited in their outlook and many of them, had they not gone in for teaching, would have been clerks in offices. If they go into teacher training they get a place in a university with freedom and training and they get long holidays; then they get married within three or four months, which results in a great loss to teaching for the next 10 or 12 years. This is one of the things we have got to put up with. We could help a great deal if we really went about doing what Plato said about education, "unless education is the highest profession in the land, no nation can call itself civilized". Ultimately the proudest boast of medicine may be that it is an indivisible part of the teaching profession.

Question: Might a criminal tradition and practice in a hard core of families possibly defeat education at primary level?

Mr Marvin: I would say yes, but I am dabbling in things I know not of really. Two days ago a young man aged 18 came to see me, from a family who are to all intents and purposes very nice and quite well-balanced. He was worried about his adopted brother, 3 months younger than himself. This is a family of four brothers including his adopted brother, apparently adopted when he was two years old. Previously this family have had no history of delinquency but this boy had been in the courts three times over typically delinquent activities of his age group, and he had been taken from his clinical family at the age of two. This sort of thing can only be driven out by a great deal of caring. All I can say is, that no amount of good primary education is adequate; it is part of a whole that is required.

Question: Assuming he has the right personality who would be advisor to the adolescent? A parent who knows him too well, a teacher who represents authority, a doctor who knows his family and who he thinks might tell his parent, or a complete stranger, an anonymous person on neutral ground?

Mr Marvin: I think there are too many people clamouring to be advisers to young children. Children have too many voices to listen to and they are not quite sure to which

one they should give their attention; if they are willing to give attention at all. All young people need to have a good relationship with an adult outside their home. This is most essential. Young people do need advisers outside their own family to whom they can turn, but this right can only be won by the particular person—teacher, somebody else's parent, parson. It is something which will be accorded to him by the youngster when he sees integrity and sees somebody caring for him for his own sake.

Question: Many of the adolescent problems are related to the adolescent's home relationships. What guidance and help do the panel give to normal, often intelligent adolescents who become problems merely because they have problem homes? Do the panel recommend that they should be removed from their bad homes; if so, where to and with what help?

Dr Warren: Potentially healthy children are often brought up in emotionally difficult homes because of the parents' influences and quarrels. People like myself have to make up their minds whether the adolescent or child should be removed from home and where he should go. This is a serious decision to make and it should not be taken unless a lot of effort has been made to sort things out in the home situation. This means not only dealing with the child, one hopes at a much younger age, and then the adolescent, but also the parents and their difficulties, and it very often involves team-work and careful handling. At any rate a decision may have to be made and indeed the court may make it for them, but if the child is fairly young, that is 11, 12 or even 13, we do quite often send it to a boarding school. We owe an enormous debt of gratitude to these special schools for the way they handle these children and we have seen many successes. When the child has reached school leaving age it's alright if he is of grammar school intelligence, but the real difficulty comes with the 15 and 16-year-old people because there is a frightful lack of hostels. Also if a young person goes to a hostel he has to pay for it; he has left the education system and money has to be found from his wages. There is an enormous social need for more hostels, not only for normal adolescents but also for some of the difficult ones.

Question: How does Dr Herford's concept of the new factory fit in with Dr Holt's concept of the senior physician, who will be responsible for community medicine especially with regard to school leavers?

Dr Herford: I think it fits in well. The core of all good medicine is the general practitioner, and all specialties should have their roots in general practice. When I spoke of a *corps d'elite* of school medicine I was thinking of the school as a biological unit of its own and rather akin to the biological units which we find in industry. Industry has a large number of people coming from many different doctors. If all the different doctors tried to look after their own patients in that particular factory, the factories would be driven mad and the doctors would waste a great deal of time and none of them would know the biological atmosphere of that firm which is responsible for so much sickness or health. Therefore a specialist doctor is introduced into the firm, who is one of a group of doctors in the area who regard him as a colleague; he is a specialist, a member of a *corps d'elite* in that particular sphere of industry but specializing within the sphere of general practice. Almost exactly the same situation occurs in the schools. The doctor if he is going to play his part in the school must be a member of the school and treated and confided in as such. For instance, I know of one school where it is a condition of the contract that the doctor lunches in school twice a week. At present the real weakness of the school health service is not only that it is done by doctors who are simply on the administrative line for promotion or other reasons, but it is done by doctors who are on the whole so much on the periphery of the school and never have time to become part. Therefore, I think you need a *corps d'elite* of doctors from general practice to look after the schools but specializing within general practice. Now if you look at different spheres of specializing within general practice, I would like to think

that the general practitioner gaining experience could go from a school to industry to public health, and I think ultimately the idea of a senior physician would be somebody who had a very good basis, his ground roots in general practice, but who as a result of many years of experience and knowing people and knowing the situation of the ordinary doctor had qualified through that experience to be a leader in community health and, therefore, what you might call a senior physician. Conceivably, that might ultimately be the post of what is at present the chief medical officer of health in a county, a leader of community health organizing for the benefit of general practitioners, of whom he is very much a member, services which facilitate their work.

Summing up

Professor Hubble: The emphasis in all of these papers has been that we must give individual attention, personal care, to the problems of each adolescent and this is specially true as we discuss the diagnostic and therapeutic approach to the problems of adolescence. This was the dominant impression in my mind as Dr Warren was talking to us as he emphasized the importance of a broad clinical approach which must depend on a careful history taking and physical examination. The doctor has to be sure that he is not missing physical disease or mental subnormality, he has to be prepared for a long follow up and he must always be hopeful of the improvement, which often occurs in adolescent problems with the passage of time.

Dr Herford's talk was well organized, and eloquently delivered, it was as full of bright phrases as a Christmas pudding is of plums. He made a constructive attack on our educational failures.

Dr Spicer provided an experienced account of the sexual problems of the young. One thing we shall carry away from her talk was her discussion of why young people are today indulging in sexual intercourse before marriage. A question to which she gave important answers.

Dr Holt gave a very sympathetic account of the problems of the physically handicapped adolescent and illustrated this by several dramatic examples.

Much of Mr Marvin's talk was unforgettable. He showed so clearly that it was the caring for the individual which was the essential kernel of the therapy which he himself is practising so well in Bristol. How fortunate you are to be general practitioners, because by the practice of your daily vocation you are providing this personal approach even though you can only yourselves do a limited amount in a small field. In the aggregate it means that you, together with the other workers in this field, are seeking to provide the right framework in our society for the adolescent and it is in this that the best hope for the prevention of the problems of adolescence lies.

I would like to thank Dr Beddoe again for organizing this conference so splendidly, to thank all our speakers, and you the audience for your appreciative and concentrated attention.

Dr W. H. Hylton, M.R.C.S., L.R.C.P. (*Provost of the South-west Faculty*)

My first duty on your behalf is to thank Professor Hubble for brilliantly and efficiently chairing this symposium. Professor Hubble himself has expressed all the thoughts that are necessary, and it is only necessary for me on behalf of the faculty to thank you all for coming, to reinforce Professor Hubble's thanks to the speakers and to all of you who have sent up questions and taken part in discussions from the floor.