

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.