MEDICAL PRACTICE

*Contemporary Themes***The one with the elephant (a further reflection on adolescence)***

Sir RONALD GIBSON

British Medical Journal, 1976, 2, 1541-1544

In 1774, two years before the American Declaration of Independence, there was a revolution at Winchester College. The boys insisted on the sacking of an unpopular master.

In 1793 there was another, when the whole school was punished for one boy frequenting the Cathedral Close to hear the band of Bucks militia playing martial music. The boys contended that the warning had been that "if one individual is present, he shall be severely punished; but if numbers are seen the whole school shall be punished. . . ." Forty senior boys took an oath of mutual solidarity and wrote to the warden, saying that he had contradicted his own statement, "by punishing many for the fault of one, thus afflicting great hardship on the innocent—we hope that in future you will act differently." Later, receiving an inadequate reply, the College gates were shut and barricaded, the red cap of liberty was hoisted over the gate, and cobbles from the courtyard pulled up as ammunition. An amnesty was declared, and the warden promised in the future not to punish the community for the sake of one individual. Peace, but not goodwill, for Winchester lost 37 of her sons that day, among them several distinguished soldiers and a Bishop who later wrote "Bright the vision that delighted once the sight of Judah's seer."

*Address given at the Kent Postgraduate Medical Centre, Canterbury, on 2 October 1976, and Princess Margaret Hospital, Swindon, on 21 October 1976.

Winchester, Hampshire

Sir RONALD GIBSON, FRCS, FRCGP, general practitioner, a medical officer to Winchester College and St Swithun's School, Winchester

In 1818 a boy's diary records that he went in to dinner at 1 o'clock, "very bad roast beef, had pudding afterwards, ate half of it, saved the other half with great difficulty as I had no paper—wrapped it in the tablecloth, tablecloth taken away, poor pudding on the table exposed to the full view of Swin, put it into my pocket, sine paper, better have greasy pockets than no pudding." Later a prefect is recorded as licking another boy: "he hurt him so much that he was taken up quite senseless and the surgeon said that if it had been an hour later he would have been a corpse."

The position worsened. Porters were locked up. "We opened every place and took possession of the towers, whilst another party nailed up the Warden's doors." Watchers were placed on the towers. Three pickaxes were taken. The bread and cheese room was opened. Amateur cooks prepared breakfast so that "when the lids of the tureens were taken off there appeared two inches of lukewarm fat; under that was a quantity of extremely solid dough, and at the bottom of all a mass of raw potato. We ate it, as savages eat dirt, because we could get nothing else. At 8 we were ordered to arms. There was an immense crowd in the street, some soldiers were sent for but none appeared."

The boys were later told by one of the tutors that if they laid down their arms and walked out quietly they should have their free will. They all went out. Making their way to the High Street, at the narrow passage to the cathedral, they were stripped by soldiers who even charged them with their bayonets pointed, and the colonel commanded them to cut at one of the boys. Twenty boys were expelled, one of whom later became Lord Chancellor.

I am grateful to the Reverend S Hopkinson (a chaplain at Winchester College) for permission to use these quotations and for the final commentary, which says, "Serious outbreaks—marked, it seems, on the boys' side by a remarkable solidarity and dignity. Their case was presented courteously but firmly,

their discipline admirable, their carriage beyond praise. All these qualities appear in the later lives of many of those expelled; it is good to see that neither the universities, the law, the services or even the church failed to give them responsible honours to which their conduct in rebellion had qualified them."

The warden's share is summed up charitably: "In these unfortunate events must be attributed an incapacity not uncommon in good and able men to understand and deal with boys."

Adolescents today

Now, without comment at this stage, let me move to the 20th century. A few months ago two boys passed me and said "Hello." My wife, a broadminded and understanding person, asked how I could take this. "They used," she said, "to raise their hats and say 'Good morning, Sir.'" I told her that in those days I would say "You don't look very well, Jones" and the reply would be "Don't I, Sir?" Now I say "My God, you look shagged," and, maybe with some relief I am told "Well, as a matter of fact, I am, Sir, can I tell you about it?" In the case of a girl, the same applies to a secondary, or even a primary, amenorrhoea. Both sexes will talk out loud to those they trust, be they of their own age group or older (for age groups don't mean much to adolescents. You are either their age or older than God—there is no in-between). In return, therefore, it is fair that I should willingly accept and understand "Hello." "Good morning, Sir" and the raising of the hat could presage the lifting of the cobblestones or the pickaxes, unbeknown to me, my awareness of an impending crisis being postponed until the stones come showering down from the tower.

It will be said, of course, that my knowledge of the adolescent is limited only to those who attend boarding schools. Let me disillusion you. As a family doctor in a city relatively overpopulated with young people and as one who has been a medical officer to remand homes and special schools I can claim to cover a broader spectrum and, moreover, it is clearly true that nowadays similar problems exist in all sections of adolescent society from any of which today it is possible to produce a lord chancellor, a bishop, a field marshal, a doctor, or a university professor.

In the past few years there has undoubtedly been an enlightening change in society's view of and attitude to this age group. Many more people, including parents, are trying to understand them and, in return I hope, are enjoying the benefits of this understanding. For adolescence has not changed since 1774. By its very nature it cannot. Yet also by its very nature it may respond sympathetically to understanding, no matter how amateur and clumsy, in the same way that it may react adversely, and has done so—particularly in the 1960s—to the stubborn obsession that anything an older person does must be right; connoting, as this does, that the adolescent must, ipso facto, be wrong.

"Fourteen-year-old, why must you giggle and dote,
Fourteen-year-old, why are you such a goat?
I'm fourteen years old, that is the reason,
I giggle and dote in season."

And "giggling and doting" in season includes standing upright as one scales an apparently unclimbable cliff in South Wales while parents, who by now couldn't move more than a few yards on the same cliff without being breathless, bent double, and groaning with the ache of it, watch in horror, and the deep sea below waits in eager expectation. Inevitably we think of the aching back and the deep sea while they, with unassumed innocence, give thought to neither. This climb is more perilous to parents than to the young, for they have to chew their lips, recall their own youth, and understand that their clever boys are expecting congratulations and not censure.

When we reach the stage in our lives known as the menopause

(better known as "having the time of our lives") there is understanding, expected symptoms, pacifying pills, and a hope, shared by all, that it will soon be over. When young people reach adolescence, their first change of life, they are literally having the time of their lives, there is no reason to understand it so far as they are concerned, they need no pills (with one possible exception), and, if only they knew how lucky they were, they would hope never to see the end of it.

Yet, of course, it is not as simple as all this. I cannot describe all its difficulties. I hardly need to, since they are well known, but after three decades of working among adolescents I can now enjoy so much the happier relations that exist between the generations today and, assuming the unchanging yet receptive nature of adolescence, would like to suggest how we can proceed to help still further this enlightening process. We have seen from examples I have quoted that society can gain a great deal even from their rebellious conduct, if properly channelled and motivated.

Organic illnesses of adolescence

But first to speak briefly of some of the organic illnesses to which adolescents are especially vulnerable. In doing so we must remember that in the main they have no doctors "of their own." They are in "the years between." The paediatrician finishes with them at the age of 13. The GP and the hospital specialist rarely see them. So it is the school doctor and the school health service between them who bear the responsibility for care until early middle age arrives. In return the school doctor accepts that to many parents he is the lowest form of animal life, from whom their young should be protected at all costs, and the school health service goes quietly on its way, maintaining a high standard of health in our younger generations.

A few comments, then—in no way intended to be a comprehensive list and excluding the frequent calls on accident and emergency departments as a result of motor bike or other ill-advised, adventurous, and hazardous activities (such as falling off a cliff into the sea).

Orthopaedic crises include slipped upper femoral epiphyses; avulsion of the anterior, inferior spine, with or without a tearing of the long head of the rectus femoris; soft-tissue injuries resulting in deep and quite often extensive haematomata which, if ignored or too lightly regarded, may be complicated, perhaps most seriously by myositis ossificans. Chondromalacia patellae is, in my view, a common cause of complaints of knee-joint pain. Cartilaginous injuries of the knee joint seem to occur less often today but symptoms due to a congenital racquet-shaped lateral cartilage must not be overlooked. Osgood Schlatter's disease is a frequent presentation, and, since it is a painful swelling that will subside with time and restricted activities, the patient must be protected from parents, who naturally (not having seen the phenomenon before and having only the school doctor's opinion) may actively resent glorious inactivity.

One of the commonest reasons for abdominal pain is constipation. The young make a gesture to the traditional daily ritual but I doubt whether we can expect them to worry about whether the gesture is adequate or not. Hence, eventually, complaints of abdominal pain. I have never found an apt word to describe the appearance of the abdomen on these occasions. I think perhaps, "doughy" is the most apposite. The result of one or perhaps two enemas will surprise the patient as much, if not more, than it delights the nurses. And the doctor's worries are over until the patient returns for further servicing—as he may well do.

Undoubtedly, with acute abdominal pain I tend, in my old age, to look earlier towards the surgeon than in the past. I have already, I think, overemphasised the part parents play in their adolescents' illnesses, and I think that abdominal pain so often highlights the need for treating the parents as well as the child. (There is less trauma and both tend to recover at the same time.) So, preceded of course by a full investigation, including a chest radiograph and microscopy of the urine, I give way to the

surgeon even though I know that the number of normal appendices removed would, end to end, encircle the Royal College of Surgeons, with some room to spare. An acute appendicitis can present itself in such varied ways in the young, and progress so rapidly, that I am sure surgery in the early stages of symptom-presentation is the safer procedure. A mesenteric adenitis is proved by laparotomy and any possible and very unwelcome alternative diagnosis—such as intussusception—uncovered in good time.

Another "lump" from which the male adolescent needs protection from his parents is gynaecomastia. I will say only that the regressing breast can be less of an embarrassment to the boy than the scar of a premature operation; ("Look, he's had his breast cut out"). On the rare occasions when surgery is deemed necessary this should clearly be the function of the plastic surgeon.

I will not comment on undescended testicles, other than to say that, since orchidopexy is now advised at about the age of 6 years, they should not be the concern of the adolescent's doctor. Care should therefore be taken not to cause unnecessary concern to boy or parents by doctors fretting over retractile testes.

When I first became a school doctor it was my regrettable impression that most girls had normal periods, in relation to both loss and regularity of cycle. I also thought that girls talked happily and freely to friends and doctors about their periods. I was wrong on both counts. I truly believe that we are in the process of emerging from the so-called "permissive" society healthier and wiser, since—having been there—we now know that the prophecies of how much good it was going to bring to all of us have been satisfactorily, if sometimes traumatically, dispelled. Yet we cannot dismiss it so peremptorily for undoubtedly we have gained from it in some respects (if only from the fact that we *have* been there), and one of the benefits it has brought us—and I have touched on these already—is that girls will now discuss their period problems more openly, and with them, if necessary, their request for contraceptive advice. I must stress how useful this latter is, since with a sympathetic hearing and a longer than five-minute consultation, repeated more than once, the doctor can do useful work in reaching agreement to three-monthly meetings and even, with greater triumph, in getting permission for parental involvement.

Even so, and even in these days, one must be on the alert for the girl whose parents think she is "run down" and needs a tonic. She may be grossly anaemic as a result of excessive loss at fortnightly intervals that she has accepted without complaint or comment.

Again, in this context, I will cover a wide field with only four further comments: the need for careful investigation of secondary amenorrhoea; for specialist advice in the case of primary amenorrhoea (not due to pregnancy) by the age of 16; and the wisdom of not delaying referral of cases of vaginal discharge (which may not be beyond the limits of what may be considered normal but which, nevertheless, causes great concern and embarrassment to the girl) to a gynaecologist. Similarly, breast deformities should not be denied the immediate advice of a plastic surgeon. It is for him to decide if and when any action is necessary and his very presence will give the girl the support and reassurance she needs.

I will mention enuresis and acne together for one reason—that both seem to me to do best if they are treated by repeated and sympathetic conversations with a known doctor. Enuresis, after full investigation to exclude any congenital abnormalities, urinary infection, or diabetes (which, again, should have been completed before adolescence), responds best to a sort of secret game played between doctor and patient, away from school, whereby they keep a diary of progress, meeting weekly to discuss points scored. If a "pill" is necessary at all I resort to imipramine, but I have little faith in drugs for this disability. I have, however, a terror of punishment and recrimination and a great belief in encouragement, understanding, and positive support. No time can be too long in talking to parents on these lines for they also need to understand and be supported.

Similarly, acne—so worrying to the girl in particular. It may respond to lotions, ultraviolet light, and broad-spectrum antibiotics, but it also needs recurring conversations at almost weekly intervals to acclaim and encourage or perhaps to modify the treatment (if psychologically or otherwise necessary).

I would urge that all cases of acute tonsillitis should not be labelled as such without steps being taken to eliminate the possibility of glandular fever. I have, too, suffered from an epidemic of infectious hepatitis, the incubation period of which, as with mumps, is of such a length that the disease can leap the holidays and appear again at the beginning of the next term to disrupt still further the teaching programme.

In girls' schools one has to be alert to the possibility of epidemics or, perhaps, pseudoepidemics of what I suppose must be called hysteria. There will, for example, be an "epidemic" of weight consciousness or dysmenorrhoea. I have been fortunate in never consciously meeting a true anorexia nervosa, but I have had to deal with 30 or more girls at a time who suddenly decided not to eat for some reason or other, usually because they thought they were all overweight.

I am sure that everyone is aware that adolescents are not immune to depression and anxiety. Indeed, they may suffer greatly from these ills in that they may not be recognised either by the patient, the parent, or the doctor. Like the acute appendicitis, they have various presentations, few so florid and obvious that they can be seized on and dealt with in minimal time. I remember so well, because of my failure to diagnose it, one of my worst cases: it presented as a painful shoulder, so severe that the arm could not be moved; the recent death of a mother that must not be talked about; yet the two so carefully disguised that I failed to associate the one with the other until a wise man—not a doctor—advised me to leave the boy alone—or, at least, to *appear* to leave him alone. The arm, so dead that it could not be moved yet so painful that its owner could not sleep, duly recovered, and the boy's previously happy existence returned. We are now friends again and I hope I am forgiven. Yet I am so ashamed of this incident that I can faithfully use it as an example to others. It is a preferable case to cite than the actual adolescent suicides one has encountered, usually without any previous warning. Moreover, left untended, this is the sort of boy who might get into trouble later and, perhaps, take others with him. Depression, unrecognised by us, is certainly, and understandably, often unrecognisable to police, magistrates, and probation officers.

Could I remind you once again of the "bolt hole" bed, into which an adolescent may be allowed to retire for 48 hours without any questions being asked. They can be fed and kept warm, allowed to sleep, read, or listen in peace. These act as a wonderful safety valve for those in need—overworked, over-worried, or overtired. Only if, after two days, they still want to stay is it advisable to suggest that a doctor sees them.

Finally, I should say, that whereas I used to carry out a full physical examination of school leavers (each of whom had had a complete examination on first meeting), I now think it sufficient to check hearing and vision, any abnormal history, and the progress of height and weight; to examine the urine; and take a blood pressure reading. All of these can be of value to those responsible for ongoing care.

Needs of adolescents

So, after these meanderings, I come back to the point at which we were going to ask ourselves what more these adolescents require of us in the 1970s. We now recognise so much better than we did that they need our understanding and that some, if not many, of the faults which in the past we attributed solely to them we acknowledge as being partly ours as well. We can afford to develop this by offering them more positive companionship at the "man to man" level, eliminating the "in my day, my boy" (which is anathema to them) and replacing it with "How do we cope with this in your day?" This is not

throwing away our responsibility for their present or their future: it is a sharing process calculated to get them to understand and to acknowledge what we want for them, why we want it, and how we realise that it may be achieved in their day by different methods than we applied in ours.

Today they are showing a far greater sense of social and personal responsibility than they did yesterday, and this must be encouraged by us. I think we are helping them a good deal by asking them to join us in looking after the elderly and the lonely in their homes and the sick and disabled in hospitals.

So far we are doing well. But what of those with whom we just cannot cope no matter how we try—those who display every sort of irresponsible behaviour, up to the point of opting out altogether. For these we require that the welfare state should be organised so that it can provide total care, in which we will play our part. It is likely that a policeman, a probation officer, a social worker, or even the drug squad will see them before the doctor. Yet none of these working alone can solve the problem (and most certainly not the doctor who haphazardly prescribes sedatives and tranquillisers). What is needed—and what is missing at present—is the planning of a machinery or pattern of care whereby all those concerned can work together.

Most adolescents, as in 1774 so today, as we have seen, will accept justice, no matter how severe, if such is merited, explained to, and understood by them. Capricious idleness is, perhaps, their greatest enemy. The results, in gang warfare, mugging, stealing, and rioting, may be both terrifying and completely destructive. They need, therefore, to be given an occupation that may well be difficult and tiring but must also be productive and have a clearly defined end-product. The family may not be able to arrange this. It may even be beyond the resources of the caring team. So we must fall back on the State

itself. This is not a foolish gesture, for the future of the State rests on the future of its young and I submit that today's young are more capable, more amenable, and more responsible than any we have seen for generations. We must build on this and profit from it. It may mean a period of national (as opposed to military) service but in whatever form it takes it must be calculated to fill the months or years between leaving school and starting on a life's career outside it.

I am convinced, therefore, that two major responsibilities are required of society today: to achieve a machinery of total care and to arrange a system of meaningful employment—statutory or voluntary—for adolescents in their immediate post-school years.

I wonder if you have read Gerald Durrell's book called *Rosy is my Relative*. In it a boy called Adrian Rookwhistle is left an elephant in his uncle's will. In desperation he takes it to his friend, Mr Pucklehammer, to ask what on earth he should do with this vast pachyderm.

"Stop fretting yourself," says Mr P, "We'll think of something."

"It's all very well for you to keep soothing me," replies Adrian, "but I'm the one that's got the elephant."

All of what I have said may have sounded too simple, yet I hope a little soothing. My children and many of you here are the ones now coping with these elephants. But elephants are gentle, willing, and helpful animals, whose strength they will happily use to the advantage of man. Yet they do not like being ruffled up the wrong way and they, too, have their rogues as we do.

But let's stop fretting ourselves. Adolescence isn't forever. Our main concern should be that, like the elephant, it never forgets.

ONE HUNDRED YEARS AGO It was with great pleasure that I read an article in the journal of 9 December headed "A Cold and its Cure," by Dr Jukes Styrap, as I have a personal and peculiar interest in this subject, having been considerably plagued—and that frequently—with coryza. The antimony and morphia treatment was not unknown to me; it is clearly laid down in Sir T Watson's *Lectures*, and is undoubtedly very good—perhaps the best that can be followed when dealing with private patients, who can be nursed in the house if necessary. I have several times tried it myself—certainly with some relief; but I cannot say that I have found it to shorten or cure the attack, though I am far from denying that it may do so in many individuals. It is, however, a method peculiarly unfitted for medical men and others who cannot remain indoors for a few days, and perhaps would not if they could; and its chief weakness is shown in Dr Styrap's words, "Confinement to the house for a day or two should be insisted on whenever practicable." Exposed as we are to night-work and sudden changes of temperature, it will not do to be sipping morphia and antimony. What we really require is a method of cure sure and speedy, during which our usual daily work and exposure can be gone through without incurring fresh danger; and such a desideratum has certainly been described by Dr C J B Williams. It may be widely known, but I fear it is not so extensively appreciated and practised as it deserves. It has been called the *dry plan*, and consists simply in abstinence from drink of any kind until a cure is effected. The theory upon which it is based cannot be better expressed than in the words of Sir T Watson. "The principle here concerned is that of cutting off the supply of watery materials to the blood. The wants of the system exhaust from the circulating fluid all that can be spared for the sustentation of the tissues, or for the natural evacuations, and there is nothing left to feed the unnatural secretion from the inflamed mucous membrane. Its capillary vessels cease to be congested; the morbid flux is diverted, and the inflammation starved away."

For several years I have made personal trial of this method, and have the highest opinion of its efficacy. The only drawback is the great thirst, which is at times distressing; but this is felt more, I believe, during the first twenty-four hours than subsequently, when one seems to become accustomed to it; and really it is as nothing, compared with the advantages of a diminishing defluxion, a freedom

to follow one's occupation, and a certainty (I believe) of cure. But the chief advantage of the *dry method* has yet to be stated, and that is, it almost never leaves even a trace of bronchial irritation or cough of any kind; and I think this result is rarely attained by any other plan, especially where there is a tendency to anything of the sort.

Good as the method is, I think it may be made more complete and satisfactory by observing the following simple directions.

1. Begin with a sharp aperient in the solid form of pills, swallowing them with as little water as possible.
2. The food should be rather less in quantity and more digestible than usual, and at first should be dry; later on, the moister forms of food are more easily swallowed and digested.
3. As much exercise as possible should be taken in warm clothing, to promote the action of skin and bowels.

The thirst often keeps one awake at night; but this may be prevented by taking a small opiate or fifteen minims of chlorodyne, if necessary; and it is probable that the cold is also benefited by such a dose, but with this difference, that, when the dry treatment has been carried so far as to produce great thirst, it is almost certain that opium will not produce diaphoresis, and therefore does not render exposure more dangerous.

How long must the abstinence from drink be continued? No fixed number of hours will apply to every case. "Until a cure is effected" is a good indication whereby to be guided. Imagine a sharp diarrhoea setting in, and probably the time required would be much shorter; and on that is my reason for adding an aperient to the treatment.

As a rule, I think it will be found that twenty-four hours give immense relief; thirty-six or forty-eight hours effect a cure; and sixty hours make it sure and certain. But, during the latter part of the time, I do not think the treatment is at all interfered with by a few teaspoonfuls of water taken with food; and in all cases the return to drink must be very gradual, commencing with small quantities of fluid, which, I need scarcely say, must be simple and non-stimulating.

I cannot but express a fear that my *dry* subject has taken up too much of the space of the journal, but I hope other practitioners will have something to say upon "A Cold and its Cure." (*British Medical Journal*, 1876.)